Leadership of sensemaking for primary healthcare changes: Lessons from the Mitchells Plain sub-district, South Africa

Introduction

PHC facility managers and frontline staff influence how national primary healthcare (PHC) policies are implemented and services delivered through their routine practices. The South African health system has an autocratic history and inherited steep hierarchies, which discouraged initiative and ownership. Now both are encouraged and in fact are essential in improving service delivery.

As middle managers, sub-district managers play a critical role in engaging and supporting PHC managers to think and work differently, by helping them to make sense of new PHC policies and their relevance in everyday practice, and to take collective ownership of these policies.

This research brief highlights some of the sensemaking activities that have been introduced in Mitchell’s Plain sub-district, and identifies what leadership of sensemaking entails.

Supporting PHC managers through a leadership of sensemaking

Sensemaking is “the process individuals undertake as they try to understand what is going on around them, as they try to make sense of events and experiences”. For PHC managers and frontline staff, centrally-led policies or initiatives about how to strengthen PHC must make sense to them if they are to be incorporated into their everyday routines and practices. This incorporation is needed for effective implementation.

In Mitchell’s Plain sub-district, in a situation of multiple demands and challenges, PHC managers and frontline staff sometimes demonstrate passivity in their roles, and may be unwilling to take on new risks and responsibilities. These behaviours may influence implementation, perhaps even working against the goals of policy reforms aimed at better meeting population health needs. These challenges were identified through the DIALHS learning site, and activities have been planned and implemented to address them.

Activities to promote sensemaking: examples from the DIALHS learning site

Sub-district managers have initiated various activities intended to provide spaces of collective sensemaking for PHC managers, to encourage them to take ownership and of their performance and that of their staff. These activities, some deliberate and others spontaneous, have centred around supporting frontline staff to make small changes to their routines.

One activity was a new community profiling initiative to address the frustration of PHC facility managers that they did not know the communities they were serving. Workshops between health authorities and civil society encouraged conversations about local health needs and resources among different stakeholders, which has since led to joint health initiatives such as tackling environmental health problems in some communities.

Another revolved around key performance areas (KPAs), where PHC managers were supported to develop their own objectives, activities and outcomes where they were held accountable for implementing agreed actions.

A seemingly simple action of changing the name of the Performance Development Review meetings to Management and Communication, moved the top-down approach to more active engagement of staff. Using rounds to allow each person to give input, rotating the meeting’s chair and asking challenging questions demonstrated equality. This has allowed space for joint reflection on facility challenges and sharing of best practices, improved team work and constructive accountability.

Sub-district managers are role modelling systematic approaches to management by being on time for meetings and respectful to colleagues and coaching staff, while the research team have modelled reflective practice through their own approach to managing meetings.
Conclusion

Middle managers, located between the centre and the service frontline, have a vital role to play in providing a leadership of sensemaking in order to support PHC managers to take ownership of visions about PHC strengthening and incorporate them into their daily practices.

Sensemaking activities are often concerned with making small changes that can be easily accepted and implemented, but that have a ripple effect in the health system and generate longer-term and larger-scale benefits.

To effectively support organisational sensemaking, middle managers must be able to reflect on their own perspectives and behaviours, thinking about how they will help others through change. To do this, they need to create spaces for conversation, reflection and dialogue, and develop shared interpretations and meanings of change.

Authors

This brief was based on the articles:

- Crises, routines and innovations: the complexities and possibilities of sub-district management, *South African Health Review*, 2012-2013, Health Systems Trust

The authors thank collaborators of the DIALHS project in Mitchells’ Plain, the facility managers and participating staff, as well as members of the DIALHS research team. This work was funded by the Atlantic Philanthropies.

---

**Elements of sensemaking leadership**

By reflecting on the activities undertaken in the learning site, five elements of leadership practices that help to support PHC managers have been identified.

**The importance of middle managers’ personal values as a foundation for other leadership action**

Leadership values and capabilities of particular relevance to sensemaking for PHC include: concern for the population being served, recognising the potential in other people, and being reflective and willing to change one’s own practices.

**Nurturing the value and moral purpose of PHC staff**

Middle managers constantly and consistently affirm the importance of patients and the broader population in their engagements with staff, for example by encouraging facility managers to respond speedily to patient complaints.

**Building relationships and supporting the development of shared meanings about change**

Creating spaces and processes that bring PHC managers together, and with other local actors, enables them to share knowledge and ideas, challenge and learn from each other.

**Instilling a culture of collective inquiry and mutual accountability within the sub-district**

Meeting practices that allow more active engagement and ownership by all those present, for example by rotating the task of chairing, can provide opportunities to develop new forms of accountability and a shared understanding about what enables and prevents progress.

**Role model management practices**

Sub-district managers model more systematic approaches to management through their personal practices, for example by being on time for meetings and respectful in their treatment of colleagues.

---

**DIAHLS is a RESYST-related project. RESYST is funded by UKaid from the Department for International Development. However, the views expressed do not necessarily reflect the department’s official policies.**