

# Practising inspired leadership: the use of applied theatre "prophetical" in the Executive Leadership Development Program for Queensland Health

Brad C Haseman, Meagan P Crethar, Jan N Phillips, Paul J Stafford

QUEENSLAND HEALTH as an organisation has been under a great deal of pressure in recent times. On 26 April 2005, the Queensland Government announced an independent review of Queensland Health's administrative, workforce and performance management systems. The review was established in response to public concern over the safety and quality of the public health system following events that took place at Bundaberg Hospital, particularly the appointment and practices of Dr Jayant Patel. Associated with the Patel case were issues of bullying and intimidatory behaviour at the workplace.

In response to the recommendations of the review, Queensland Health embarked upon a major reform program. One of the strategies for driving reform highlighted by the *Queensland Health Systems Review final report, September 2005* was leadership development. Strong leadership was identified as vitally important to both drive the reform process and improve workplace culture.<sup>1</sup>

The Leadership Development Program ("the Program") that commenced during May 2006 is a

key element of the reform agenda. The Program aims to achieve improvements in the leadership capabilities of Queensland Health leaders that will bring about real improvements in both clinical care and workplace culture.

Leadership development is such a priority for the organisation that participation in the program is mandatory for all senior executives and managers/supervisors. The Program comprises a range of initiatives including a residential workshop for executives, a non-residential workshop for managers and supervisors, 360-degree feedback, executive coaching, web-based support and online learning modules contextualised to Queensland Health. Over 500 executives and 4000 managers and supervisors will participate in the leadership workshops over 2006–2008. The component that we focus on in this article is the "inspiring leadership" residential workshop which senior executives attend.

One unique feature of the inspiring leadership residential workshop was a drama-based interactive case study developed and presented by a team of researchers and teachers from the Creative Industries Faculty at the Queensland University of Technology (QUT). This approach, which incorporates drama and other arts-based learning into management and leadership education, has been gaining increasing prominence over the past decade.<sup>2-5</sup> Seeking an alternative to the logico-rational approach which has informed traditional practice in management education, CEOs and program designers have sought "to find ways of engaging their staff in involving the new organisational cultures and commitments, rather than 'instructing' them in what to think, feel and believe".<sup>6</sup> (p. 744) One way forward has been to integrate forms of unscripted theatre into the

---

**Brad C Haseman**, BA, MA, DPhil, Assistant Dean, Research

Creative Industries Faculty, Queensland University of Technology, Brisbane, QLD.

**Meagan P Crethar**, BA, MLLR, Principal Project Officer  
**Jan N Phillips**, BSocWk, GradDipLeadership, FAICD, Senior Director

**Paul J Stafford**, GradCertMgmt, MBus, Director, Leadership Unit  
Workplace Culture & Leadership Centre, Queensland Health, Brisbane, QLD.

Correspondence: Ms Meagan P Crethar, Workplace Culture & Leadership Centre, Queensland Health, Lvl 14, Bldg 7, Royal Brisbane and Women's Hospital, Cnr Bowen Bridge and Herston Roads, Herston, Brisbane, QLD 4029.  
[meagan\\_crethar@health.qld.gov.au](mailto:meagan_crethar@health.qld.gov.au)

### Outline of the prophetical — The NSI at King George Hospital, Norfolk Health Service: District: Eastern Zone

#### Characters

Dr Peta Fulstaff	Dr Julian Lancaster	Ms Chloe Windsor	Ms Elizabeth York	Dr Casey Mailman
Deputy Director General, Health Department	Acting General Manager (Area), Eastern Zone (temporary promotion)	Acting District Manager, Norfolk Health Service (temporary promotion)	Director of Nursing, King George Hospital	Director of Medical Services, King George Hospital

professional development process for managers. These strategies have proved to be highly effective, resulting in fresh organisational conversations by stimulating new languages and metaphors for understanding and managing the workplace.<sup>7</sup> Many forms of improvisational theatre have been adapted for use, especially forum theatre,<sup>8</sup> process drama<sup>9</sup> and applied theatre.<sup>10,11</sup> As Monks, Barker and Ni Mhanachain<sup>12</sup> point out “it is critical to identify the appropriate methodological approach to fit the aims of the workshop” (p. 421). The QUT team developed a particular artistic and educational methodology, known as a “prophetical”, for use on the first night of the residential workshop. This prophetical had the all-important job of focusing the workshop participants on the issues at hand in a way which was both challenging but reassuring for participants.

### The prophetical as a methodology for adult learning

The prophetical is a form of applied theatre which draws inspiration from two words. In the prophetical, the players create a prophecy (which foretells of possible future events) which is also a hypothetical proposition — one “made as the basis of reasoning, without the supposition of truth”. (*Oxford English Dictionary*) The prophetical then blends truth and fiction to present dramatic scenarios which are reasoned speculations on the future. From the prophetical it is possible for participants to see versions of the future, especially flawed futures which can be corrected or transformed through their interventions and actions.

The power of the prophetical as a method of transformatory learning arises from the playing out of a dramatic scenario which has been carefully constructed for the participants. The scenario results from a rigorous research process so that it is grounded in the lived experience of the participants who can recognise and critique what they see playing out before them. Participant interest is also heightened when the chronology of events played out in the prophetical are treated in a highly elastic way; with flashbacks and jumps in time to move the action (and the participants) backwards and forwards across time. The manipulation of the sequence of events, and the way the participants engage with them, is in the hands of a facilitator (known as a midwife — “the person who brings about change”) who uses the scenario and its reality as raw material to be adapted and extended to deepen learning for participants. The midwife’s interventions arise from assessing the impact of the action in the moment and quickly judging what would be most beneficial for participants.

To prepare the prophetical, titled *NSI at King George*, the team examined the newspaper reports and recent reviews of the Queensland Health system. Of particular importance was the *Queensland Health Systems Review final report, September 2005* presented by Peter Forster.<sup>1</sup> This review identified a number of negative features of the Queensland Health culture and was uncompromising in its claims that gaining the “commitment, support and trust of the staff will be essential in achieving the culture desired” (p. xiii). The research team also interviewed a number of key Queensland Health staff, including those who

would be required to attend the residential workshops.

Following this period of research, the team began to devise the scenario upon which the prophetic would be based. It was decided that the scenario should be around the problems associated with the acquisition of a new and potentially promising piece of medical technology — the “NSI”. The NSI is an entirely fictional creation standing for the Necro Systemic Infiltrator. It was also decided that the stakes should be high in the scenario, especially for one of the relatively junior players, an acting District Manager. By the end of the scenario this character, Chloe, would stand to lose her job.

What resulted was a scenario which could be played out in 12 scenes by five fictional characters (see the Box). As workshop participants followed the scenario they could identify the highly ambitious and youthful Area Manager intent on self-promotion through his political connections and his advocacy of the NSI. They could empathise strongly with young Chloe, the well-meaning but not always politically astute Acting District Manager, who failed to project manage the NSI into service. They were quite taken by the cynical and hard-nosed clinical staff, the Director of Nursing and the Medical Superintendent, who had little faith in the system (or Chloe) to deliver on its promises. And they had very little sympathy for the overworked senior bureaucrat, more concerned about the Minister and press reporting than patients.

Together these characters played out a scenario characterised by poor planning, high egocentricity, bullying and the failure to accept responsibility. As the scenes were played out, discussed, replayed and reviewed, participants drew on the Queensland Health Leadership Qualities Framework to critique the behaviour they saw, model alternative leadership approaches for the group and then compare these approaches.

The prophetic was not a one-off activity — the themes raised in the prophetic were examined by participants over the course of the workshop. The workshop facilitators frequently referred to the characters in the prophetic to highlight the issues being discussed.

On the second day of the workshop, a video of the theatre was played to participants. The objective was to examine more fully the issues raised in the prophetic. This involved participants role-playing the scenario based upon what they would do in the same situation, which allowed participants to clearly recognise that flawed outcomes can be corrected or transformed through their interventions and actions. This reiterated the key message of the workshop, that individual leaders can affect culture and change in their workplaces.

This session of the workshop also included an analysis of the leadership and conflict management behaviours that were exhibited in the prophetic, which were aligned with the Queensland Health leadership qualities. This discussion emphasised the link between these qualities and the reform agenda in Queensland Health.

### **The impact of the prophetic**

Responses of participants to the prophetic were overwhelmingly positive, with 70% rating it as “successfully opening up the key issues of the workshop”. Similarly, 71% of participants felt that the issues raised in the prophetic were effectively integrated throughout the workshop. In addition, about 82% of the executives who attended the executive leadership development residential workshops rated the workshop overall as excellent or good.

Quantitative comments on the evaluation sheets and verbal comments to workshop facilitators identify three principal benefits of the prophetic. The first of these was that the prophetic enabled controversial but important issues to be laid bare very early in the workshop. Because the cultural issues identified by Peter Forster in his report were embedded in the prophetic, staff were both surprised by the authenticity of this “warts-and-all” depiction of their reality and reassured that negative and destructive behaviours with which they were familiar, such as bullying, evading responsibility and avoiding being held to account, were being dealt with in the workshop.

Without exception, some participants in each workshop were prepared to join into the scenario when they were given the opportunity. They were quite comfortable about replacing characters to show “how things should be done”, and there was much good-natured support from other participants who rallied behind the brave volunteers who stepped into the hot seat. But in that move, from sitting as one of the participants in the audience to stepping into the playing space of the prophetic, these volunteers were not only demonstrating their own willingness and capacity to do things differently but were modelling it for others. These moments of interactivity and interaction were clearly signalling to all that the changing of behaviours was everyone’s business, and necessary and desirable change was not going to happen if this group of managers opted to sit on the sidelines as passive observers.

The final recurring comment from participants centred on their responses to the characters in the prophetic. Strong empathy, support and sympathy were felt towards Chloe, the well-meaning but poorly skilled middle manager who finally was held responsible for the unravelling debacle. On the other hand, open hostility and anger were expressed towards the superficial, politically manipulative and well connected bureaucrat whose style-over-substance actually orchestrated the events. The emotional engagement of participants with these characters was palpable and stimulated energetic discussion about their leadership and integrity, caused many to leap to their feet to demonstrate alternative behaviours, and sharpened insights into their strengths and weaknesses as leaders.

These three recurring comments account for the success of the prophetic since, in their recognition of the reality and authenticity of the scenario, the strong emotional engagement with the characters and their ability to enter and control the fiction when necessary, created a high degree of reflexivity for participants. They were not passive consumers of textbook approaches to “inspired leadership” merely reflecting on their situation. Instead, they encountered the complexity and messiness of the modern health care

workplace, recognised themselves and their colleagues in it, and investigated their reflexive relationship with it — namely, how the workplace was influencing them but also how they could affect it. As a result, by the end of the prophetic on the first evening, participants were talking about preferred leadership behaviours and acknowledged that it was they who would have to step forward and lead others to transform their situations.

### **Workplace outcomes**

Since the implementation of the program, staff opinion survey results have shown an improvement on all workplace culture measures including “trust in leadership”, “workplace health and safety”, and “workplace morale”.

In addition, workforce statistics have shown a distinct improvement since the implementation of the program: formal grievances have dropped by 56% in the 2-year period from 2004–05 to 2006–07; consumer complaints to the ombudsman have decreased by 28% from 2005–06 to 2006–07; absenteeism has dropped from 4.67% in 2003–04 to 3.99% in 2006–07; retention of staff has improved, with separation rates decreasing from 7.99% in 2004–05 to 6.65% in 2006–07; and recruitment (the number of new permanent employees as a proportion of the total permanent workforce) has improved, with an increase from the second quarter of 2004 (4.8%) to the second quarter of 2007 (8.2%).

The achievements of the program have also been formally recognised. The Workplace Culture and Leadership Centre was awarded the prestigious 2007 Queensland Government Premier’s Award for Excellence in Public Sector Management in the “Focusing on our People” category.

### **Conclusion**

The Queensland Health Leadership Development Program has been quite successful in engaging the Queensland Health workforce. In particular, the use of an innovative development experience such as the prophetic has been a powerful tool

in terms of reaching participants and invoking action learning. Queensland Health has a strong commitment to the sustainability of ongoing leadership development across the organisation, and in July 2007 the second stage of the Program commenced, which includes a number of new initiatives that build upon the learnings of the first 12 months. It has been recognised that it is extremely important to ensure that program development is evidence based, and as a result the outcomes of culture surveys and 360-degree feedback have been and will continue to be used to inform future program development.

- 9 Haseman B. Improvisation, process drama and dramatic art. *National Drama* 1991; Jul.
- 10 Taylor P. Applied theatre: creating transformative encounters in the community. New York: Heinemann, 2003.
- 11 Nicholson H. Applied drama: the gift of theatre. [Theatre and performance practices series.] Basingstoke: Palgrave Macmillan, 2003: viii, 196.
- 12 Monks K, Barker P, Ni Mhanachain A. Drama as an opportunity for learning and development. *Journal of Management Development* 2001; 20 (5): 414-23.

(Received 7/08/07, revised 29/05/08, accepted 18/11/08) □

## Competing interests

The authors declare that they have no competing interests.

## References

- 1 Forster P. Queensland Health Systems Review final report — September 2005. Queensland Government, 2005.
- 2 Davies G, Hancock R. Drama as a learning medium. *Management Development Review* 1993; 6 (2): 11-13.
- 3 Pitcher P. The drama of leadership: artists, craftsmen and technocrats, and the power struggle that shapes organizations and society. New York: John Wiley and Sons, 1996.
- 4 Brearley L. Transitional times: a creative exploration of organisational life [presentation]. Meeting of the Academy of Management; Toronto, Canada; 2000 Aug 4-9.
- 5 Moshavi D. "Yes and ..." introducing improvisational theatre techniques to the management classroom. *Journal of Management Education* 2001; 25 (4): 437-49.
- 6 Gibb S. Arts-based training in management development: the use of improvisational theatre. *Journal of Management Development* 2004; 23 (8): 741-50.
- 7 Nissley N. Chapter 2: Arts-based learning in management education. In: Rethinking management education for the 21st century. Wankel C, DeFillippi R, eds. Information Age Publishing, 2002: 27-61.
- 8 Boal A. Games for actors and non-actors. London, New York: Routledge, 2002.