

The **Thinking Global** series is drawing together a diverse collection of contributions to build a body of knowledge describing international coaching in all its facets and from multiple perspectives. In this contribution by series editor Jo Birch, she describes her personal experience of working globally, offering leadership support to the senior management team of a regional hospital in rural Mongolia as part of an international development project.

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Jo Birch is series editor for Thinking Global.

# Thinking global



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# Transformation and change starting with myself

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Series editor **Jo Birch** found herself having to learn yet again that to go forward often means letting go of pre-fixed plans, staying open to new opportunities, overcoming internal fears and trusting the process... how often had she heard that?

**A**s I look out the window, squinting past the strong sun's rays, I count... 18, 19... 20! I delight in watching the graceful, gentle movement of the Demoiselle cranes and their young as they paddle in shallow pools and streams. I look up into the pure blue sky and see countless birds of prey, some floating down to rest on fence posts - watching as the bus passes. At this time of year the steppe is littered with herds - horses and foals, sheep, cows, goats... camels here and there - young and old Mongolian herders ride, or walk, with their livestock. Mongolia - flourishing wild life, vast expanses of space, biggest ever skies. When I drove along this road for the first time in the winter I saw only three herds in the six-hour journey - now there are so many I can't count them. In winter it was like crossing the top of a

cake, slicing through frosted icing - through deep, deep snow and ice, at around -30°C.

Mongolia has over 300 sunny days a year, winter and summer. It's the second largest land-locked country in the world, said to have three million people and 43 million livestock.

'Airag-o, airag-o!', the young girl calls from the edge of the road. She hopes the driver will pull over, spilling passengers to buy from her tabletop stall. The family *ger* (a round tent like a yurt) has been moved near to the road for the season. She holds a round bowl of *airag* - fermented mare's milk - balanced on the palm of her hand, arm straight and outstretched. Countryside *airag* is the best - especially that from Uvurkhangai, the province where I live.

Mongolians eat meat in the winter, slaughtering animals in November when the

temperature drops well below freezing and into the winter averages of -30°C to -50°C. The meat freezes and lasts all winter. During the summer months traditionally only rice and dairy products would be eaten. Various factors, including greater wealth and wider availability, now mean Mongolians eat meat throughout the year. Vegetables are not too popular, except as animal fodder.

It's very common for Mongolian herding families to move up to four times a year. Everything is packed, in the traditional order, onto the van - previously onto camels or horses - and moved to the new location, depending on the season. Life in a *ger* is tough, with no running water, even in *gers* in the city or town, and fires need to be lit for survival in the extreme winter temperatures.



I'm travelling to the capital city, Ulaanbaatar or UB, from my home town, Arvaikheer. It's a seven or eight-hour bus ride - 470 kilometres. It's a slow journey but Mongolians are great travellers; they are nomadic people. The children on the bus rarely complain; they travel quietly, sleeping sometimes. No toys, books, crayons. Mongolians have a different concept of personal space to that in my country - during the ride it's not uncommon to find a nearby baby being draped across your knee, or a stranger's head resting on your shoulder.

The majority (96 per cent) of the Mongolian population are of one ethnicity. Foreigners, like me, especially outside UB, are still rare. Babies and children look and stare - adults are friendly and smile... especially at my attempts to speak Mongolian. We have a music video on the bus - I hum along to the now familiar tunes - and then some slapstick Mongolian comedy, which makes everybody laugh.

Sometimes the road ahead has crumbled and the bus needs to carve a new route through the steppe. The steppe may look gently undulating from a distance but anyone who has ridden across it in any motor vehicle can assure you it's bumpy and unpredictable... and soon becomes a journey for those with a 'good constitution'. There are very few roads here. Most travel is across the steppe on these turbulent tracks.

### A different terrain

I'm wondering. I am providing leadership support to the senior team of a regional hospital. How does the history, land, environment and culture of the people affect what I am doing? How is it similar and different from how I would approach the task in the UK?

Take this journey for a start. In a good, strong car it could take six hours. It's the only way to the capital... in fact, there is no other town along the road. Therefore any time the hospital leadership team need to liaise with Department of Health or Ministry colleagues it's a trip of several days to get there and back. Up-to-date IT equipment might make those journeys fewer, but we don't have that. The hospital IT system is very basic.

Our regional hospital covers five *aimags* (provinces). People can travel for up to two days to get here - not a journey to be taken lightly and

therefore often left much later than is good for the patient.

The culture - there are so many things I could describe - where shall I begin? In rural Mongolia, nearest neighbours can be far away. Any passing visitor would expect to come into your home and receive a meal - imagine arriving in temperatures of -50°C... you would hope that door would open... not much room for chance. Visits are rarely announced. At home and at work, anyone can walk through a door - there would be no knock, no formality, no matter whose office it is... or what patient is being examined.

No goodbyes. The Mongolian word for goodbye is rarely spoken - only when it's certain there will be no reconnection; at some point in a conversation, people very often simply walk away.

Karaoke and competition - two great loves of modern Mongolia! A long tradition of song has been taken into a contemporary environment in small urban and rural spaces. Perhaps not a great influence on my work in the hospital! However, the national love of competition is evident at work. An internal innovation competition is rewarded by a trip to China. Young business leaders told me I should open workshops by distributing my cv and stating my credentials. The concept of rewarding participation was met with a blank look by colleagues: 'No, let's reward the *winner!*'

Modern Mongolia is changing. The world's largest undeveloped gold and copper mine is now located in the South Gobi. This, with its associated industry and services, is one of the largest influences of change. The leadership required in new Mongolia seems different. In the past, up to 1991, Mongolia was under Soviet influence. Independence was celebrated, and the relationship and trading with Russia remains strong. The administration took care of some decisions: the party in power; how many animals to rear; equal wages on a Monday regardless of job. New ways of thinking seem necessary - a different capacity for discerning options, considering consequences and benefits, making choices... and a new model of international collaboration.

Many of Mongolia's biggest dilemmas are associated with greater wealth and fast economic growth. We know that even change

that is seen as 'good' and welcome can be challenging. The questions for leadership are many and complex.... How do we ensure fair wealth distribution? How do we manage the gap between the rich and the poor? How do we up-skill our workforce to meet the needs of today's industry? What will happen to traditional farming, roles, society as we know it? And, as you might imagine, there are many, many issues to be explored with the source of this new wealth, and the impact of mining in the Gobi - on the environment, communities, tradition, on values and so on.

### Making myself at home

Where do I start to tell you how this impacted on my work in the provincial capital? Or maybe a better question is: how did I adapt to fulfil positive outcomes amid all the complexity of being within a new culture at a time of great change?

What was useful here from my life in the West? What supported me to retain my grounding and my sense of self in order that I could bring myself in as a resource for others? What was unhelpful?

At the beginning my counselling skills supported me to build a picture of my new environment and to create bonds with new colleagues: listening, setting aside assumptions, noticing without judgment, holding the unfolding of a complex new system without rushing to label, compartmentalise or to fully understand.

In orientating myself into the new environment, I didn't look to provide the *climate for growth* for others: I needed to provide this for myself as I entered this space where everything seemed different. I searched for the familiar. I extended compassion to myself as I conquered the exhaustion, struggled with Cyrillic and tripped over myself in my desperation to be culturally appropriate and respectful while, quite honestly, often groping in the dark.

Drawing on coaching skills, I extended my knowledge by asking the naïve questions, my curiosity opening cross-cultural dialogue and encouraging sharing. I laughed with Mongolian colleagues as I grappled with this newness and difference.

I was fully in the place of 'not knowing', so familiar to my years of counselling, and a principle that underpins my coaching. These sets of skills enabled me to stay in a place of discovery and open inquiry as I felt my way into understanding the system and systems within which I found myself.

I could see how my coaching skills were supporting me - formulating, positioning and timing questions - and also how they were not supporting me! Sadly, one of my worst moments was in an early 'coaching' session with a senior staff member in which she so much wanted to pose the 'problem' and be informed of the one sure solution. She puzzled as to why anyone would be interested in asking or exploring questions. My interpreter also thought this seemed an unhelpful intervention and here it all unravelled, leaving me to learn some great lessons. First, the importance of clearly and fully preparing my interpreter with my purpose and intentions and, second, more importantly, noticing that, with the best of intentions, I still had not matched the system requirements. I had still come in with something that wasn't what was needed or appropriate.

So where did this leave me?

During the time I was in Mongolia, around eight months, I had one sheet of flip-chart paper... just one. I was going to use this wisely! I used a simple framework<sup>1</sup> to map my discoveries about the system. Around the edge I scoped the system - what was around me, what was I seeing, hearing, sensing and observing? I detailed the key features of the national, regional and local strategic documentation, getting a sense of the aspirational outcomes for optimum health services across Mongolia. I then moved into a more interpersonal space and documented conversations with all senior staff in the regional hospital and also with ministry officials and senior national and international officers in relevant development agencies. What were their most pressing issues? What did they hope for from me? What didn't they want or need? Last, I noted conversations with local people on their views and experiences. All was documented, including my early disastrous coaching session.

### Overcoming resistance

The most striking observation at this point was that nothing appeared coherent. Every part of the system seemed to hope for something different and certainly none of it seemed aligned to my placement description, which had been compiled two years before my arrival. The landscape had changed and I walked into a context that had moved on. This would be true of many consultancy contracts and there is place for re-evaluation in the early stages - to continually notice changes and not expect everything to be static.

Mapping the system on my flip chart helped me to see the pattern of complexity. What on earth would that mean I could or would do? What does this all mean to me now? This analysis emerged on my flip chart in notes of various colours turning inwards in a spiral as I considered options, benefits, consequences... in this phase only two points of convergence emerged: teach the meaning of outcomes/ outputs - and teach English!

No! No! No! My resistance kicked in.

The first part was easy: teaching outcomes and outputs. I worked out how to join an innovative national 'training-the-trainers' scheme focused on rolling out improved business planning within the national health sector. I could work alongside Mongolian Department of Health senior staff to deliver the programme in the regional setting. It was a great week of training and I was able to receive and contribute to group learning and also ensure that any of my subsequent local interventions were consistent with the national scheme. The two small details of 'outcome/output' (encompassed within the broader programme) would enable the hospital not only to develop better strategic plans but also to describe their work more clearly and bid more successfully for future resources.

However the notion of teaching English challenged me to the core. Internal fears of 'failure' lurked, nourished by my lack of experience, credibility - ability, even! I listened to myself, acknowledged my concerns, drew images, ran, rested, reflected and pretty soon something shifted in me. I decided to 'trust the process'. How many times have I said this, heard this - here I go...

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I embarked on an online Teaching English as a Foreign Language (TEFL) course before work and in the evenings to underpin the coming work and, to the delight of the whole hospital, especially the director, I announced that I would be running English classes with groups and individuals – both planned sessions and ad hoc. People could book me at any time of day or evening. This was an English-teaching intensive! I concentrated on anyone with motivation. The senior ‘young’ doctors came forward as a group. These were emerging leaders, heads of hospital departments, surgical specialties, traditional medicine etc. Mongolia is a country well used to young leaders. These young people would shape the health service to come and much of their opportunity for professional growth would depend on being able to access internet resources, conduct professional conversations with peers around the world and make applications for bursaries and resources – all requiring good English.

I became hugely excited about my English programme, and fortune intervened with the arrival of a new interpreter who was also an English teacher.

I tailored the whole English programme to the medical environment and to the challenges of leadership – first revising English basics and then moving into specific medical terminology. Fourteen years of hospital nursing combined with experience in community health service design all came together – the national culture may be different but the health setting was familiar. I made numerous games and resources from paper and ‘scotch tape’ – this staple ‘glue’ of Mongolia twisted and turned around my creations.

I worked with the doctors to enhance their ability to speak about their professional specialty. We explored conversations between doctor and patient, extending their ability to reflect and question each other and give feedback. We played! We made videos and read news articles; we listened to ‘Adele’ and enjoyed exploring cultural differences. My choice to notice and release my own resistance had been a good one.

The intervention was ‘English teaching’; however the outcome was improved leadership,

as shown by the new long-term aspirations of group members, new skills, confidence and connections.

### Opportunism and optimism

Fortune struck once more. I heard a Merseyside accent in the post office in UB. I was immediately drawn to connecting, having lived on Merseyside most of my adult life. They turned out to be medical students from Newcastle University. In an opportunistic moment I saw an extension to my English programme! The students had a five-week placement in a specialist national hospital and were interested in experiencing facilities in the countryside. I could arrange that! And my doctors could have three days speaking English about their specialist areas. This was perfect. If I had not conquered ‘myself’ and my resistance, I would not have seen this amazing possibility.

I returned to the countryside and set in motion everything that was necessary. Obtaining permission from the hospital’s director was easy – Mongolians are generally very optimistic and hopeful; they expect things to work out well. Cheap accommodation was secured from one of the few English speakers in town – the owner of the Loving Hut vegan restaurant. I matched young doctors to med students and came up with wider social events for the whole group, connecting the students to local Peace Corps volunteers for evening activities. In my small town there were only nine foreigners in the population of 25,000.

I would not actually be there when the British students arrived. I was travelling in the Gobi that week. All I had to do was let go now and let it unfold.

In the sweltering +44°C heat of the desert I forgot about the project back in my town. On my return I gulped... oops... how had it gone? Over in the hospital I found the students dressed in scrubs, blending in with organisational life: working in outpatients, accessing information on the internet, supporting patients and staff, assisting in specialist surgery! This was a huge crescendo to my English programme. I was bursting with pride... some for me, for ‘going for it’ and most for this group of young professionals who had grasped the opportunity and were

using it to change lives. It had become a peer-to-peer exchange, not the visitation by foreign experts that is so often a feature of international development programmes but something that was relevant to this part of Mongolia’s national developmental journey. The doctors stretched their capability in English communication, the students gained incredible experiences, all built mutual respect and together they made a remarkable impact on the hospital and community life.

Leadership for the future depends on entering a new phase of growth – stretching and extending ability to be creative, to think through situations, consider options, engage others, to be collaborative. It requires a stretch and I used a number of other frameworks such as Action Logics<sup>2</sup> as background reference points to help me understand the systemic shifts required and how I could create conditions for this change to occur in the distinct sphere where I had influence.

Mongolia’s future may require a different kind of critical thinking than has been necessary before, new skills and abilities, embracing longer term and broader possibilities, and a willingness to enter unknown and uncertain domains with no sure answer.

I loved Mongolia and recognise this account is only a very small part of my experience. My work there now involves a different context: executive coaching with the most senior corporate Mongolian leaders, helping them navigate the complexities of their roles in multi-national organisations. The similarities and differences in our cultures remain a key consideration in my coaching work. The medical students have gone on to create a social business and remain in contact with the doctors.<sup>3</sup> Many people have a part to play in making Mongolia into the kind of nation its people want to see – a nation where wealth is shared; one that is driven by strong values and held by steady, confident leadership. My intention is to bring myself fully into the service of the people and the country that I grew to love so much, using the unique experience of living in the Mongolian countryside, learning with humility as I go along, and fully rejoicing in the successes alongside my Mongolian colleagues and friends.

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- 2 Torbert B. Action inquiry: the secret of timely and transforming leadership. San Francisco: Berrett-Koehler; 2004.
- 3 See Medics2Mongolia <http://medics2mongolia.com/> [accessed 27 August, 2013].

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