
*Healthcare and Project Management*¹

The Human Side of Healthcare Project Management²

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Abstract

"*Guanxi*" is a Chinese term that refers to the relationship or network of connections between people, businesses, or organizations. It is a critical concept in East Asian culture and business, emphasizing the importance of building and maintaining personal and professional relationships for mutual benefit and success. Success itself is defined and perceived by people. Understanding Guanxi helps build professional connections toward project success. For a project to succeed, we need proper support from the right people at the right time. Project management is managing the human side of the project and not just status reports, meetings, and deliverables.

The human side of project management in healthcare encompasses understanding and applying human values, emotional intelligence, empathy, and effective communication within project delivery. Healthcare projects involve the lives and well-being of patients, caregivers, and healthcare professionals. Healthcare project managers have interesting challenges to deal with. While they must be focused on the ultimate project goals, they must also recognize the need for collaboration, trust, and empathy to ensure that the human element remains at the forefront.

By focusing on the human side of project management, healthcare organizations can enhance patient experiences, improve outcomes, and create a compassionate and supportive healthcare environment. In this article, the authors discuss the role of human values and emotional intelligence in the context of project management in healthcare. The authors also outline the role of human aspects in dealing with Artificial Intelligence-

¹ Editor's note: This series of articles about project management in healthcare is by Dr. Deepa Bhide, a practicing pediatrician with additional experience in information technology and project management. She has recently experienced healthcare from a patient's perspective while recovering from a broken ankle. In this series, Dr. Bhide reflects on programs, projects and project management in all aspects of healthcare from industry, provider and human patient perspectives. Learn more about Dr. Bhide in her author profile at the end of this article.

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related projects. The article concludes by acknowledging the author's work in healthcare project management and expressing gratitude.

Key terms: Healthcare; project management; emotional quotient; human values; leadership, SCARF, mentoring; Artificial Intelligence

Mary*: Good morning, doctor. I have enjoyed the informative discussions for the last few weeks. Each conversation has led me deep into the fabric of the healthcare industry¹ and given me an insight into its nuances and needs. I can see the direct and indirect applications of these concepts in my day-to-day work. Recently, I was recognized for delivering a critical report for my department for an ongoing accreditation process for our hospital. The report was an important piece in the maze of all the documents that needed to be submitted on time. Amidst other priorities, the task remained elusive. I was lauded for my timely work, task outcome, and, most importantly, my knowledge of healthcare project management and my project management skills. I was overwhelmed to learn that my manager considered me for a novel project on disease management.

Author: Oh, that is excellent! Congratulations, and I am happy for you. I am glad our conversations have helped you. I am sure you will excel in your role. I am curious to know more about your novel project.

Mary: Sure. As I know, disease management programs (DMP) or structured management programs are about managing chronic diseases (cardiovascular diseases, cancer, diabetes, and chronic respiratory disease) in the population. The main goals of DMP are effective treatment of the current condition, preventing complications, and improving the patient's quality of life. The program entails collaboration between healthcare entities such as physicians and other healthcare workers, care delivery organizations such as hospitals and rehabilitation centers, government and non-governmental organizations supporting the programs, drug, and medical equipment suppliers, and so on.

Author: That's awesome. The DMPs are a felt need of population health today. The disease burden of chronic disease has increased exponentially. According to the World Health Organization (WHO)², chronic or non-communicable diseases are responsible for 41 million deaths yearly, accounting for 74% of deaths globally. Detection, screening, and treatment, including palliative care, are cornerstones of managing these diseases. According to a World Economic Forum³ and Harvard Report (2011), NCDs will cost the global economy more than US\$ 30 trillion, representing 48% of global GDP in 2010.

That's a staggering number and threatens the progress toward meeting the 2023 agenda for sustainable development goals (SDGs).

The disease management program is a macroscale program with wide-reaching impacts. What is the scope of your role?

Mary: Yes, I agree. Our Project Management Office (PMO) manages this program's technical and functional tracks. Given that the healthcare industry deals with "life," dealing with the human side of the program will be central to the program. To ensure we keep sight of human psychology in this mammoth operation, a couple of colleagues and I are tasked to work closely with the patients, their caregivers, and the healthcare workers. While I am excited about the upcoming opportunity, I am also apprehensive. I wanted to discuss the human side of project management, especially in the healthcare domain. Your extensive experience dealing with patients and their families will be valuable in guiding me to be successful in this role as a "patient-friendly" project manager.

Author: That's interesting. What are your apprehensions?

Mary: Healthcare is about the emotions of people who are engaged in this setting of delivering patient care. Can I manage the project requirements from a psychological side? Last week, I witnessed a discussion between a terminally ill patient and his physician team about the treatment plan. I was a part of the observation team to study the communication between the patient and the physician. While the physician seemed confident and empathetic, I was disturbed by the content of the discussion and, at one point, had to excuse myself from the room. Physicians are trained to face emotionally challenging situations.

Author: Well, physicians are not trained formally for such situations. However, during our medical schooling or while on the job, we experience challenging situations that require us, as healthcare professionals, to display empathy, courage, and discipline. We imbibe these skills as we continue to work. Our engagement with patients and their families, even short-term, is a profound experience. We form relationships with the family that continue beyond the care episode. Grief and bereavement counseling courses are available in person and online; those interested can check them.

The project managers work closely with the healthcare professionals and may need to be acquainted with these emotionally demanding situations. Project managers can tap into securing mentorship to acquire the necessary resources for the project, which is very helpful. The mentor, who is seasoned in this "landscape," can help the project managers tide over the emotional turmoil. Humans always share some similarities, don't they?

Mary: Yes. How is emotional intelligence relevant in managing healthcare projects?

Mary: Emotional intelligence (EQ) is the ability to recognize and manage one's emotions and those of others. It includes self-awareness, empathy, self-regulation, and social skills. Demonstrating emotional intelligence is critical for healthcare projects to deliver better service and achieve superior outcomes.

Author: Yes, EQ is a good starting point to develop your capabilities as a community member, leader of teams or projects, and influence stakeholders. It also helps you stay mentally healthy, especially with self-awareness, self-control, and empathy. As leadership means influencing others, the 4th component of EQ, social competencies, or influence, is relevant.

In EQ, the upper quadrants (see image below) deal with myself, my awareness, and control of my emotions and motivations. I observe myself (self-awareness), and I act on myself (self-control). The lower two quadrant is about the others, how I observe them through empathy, and how I interact with them, engage them, and influence them.

Working on projects with other humans, e.g., patients, nurses, and relatives, requires empathy and influencing competencies on our side, a core human side of project management and healthcare.

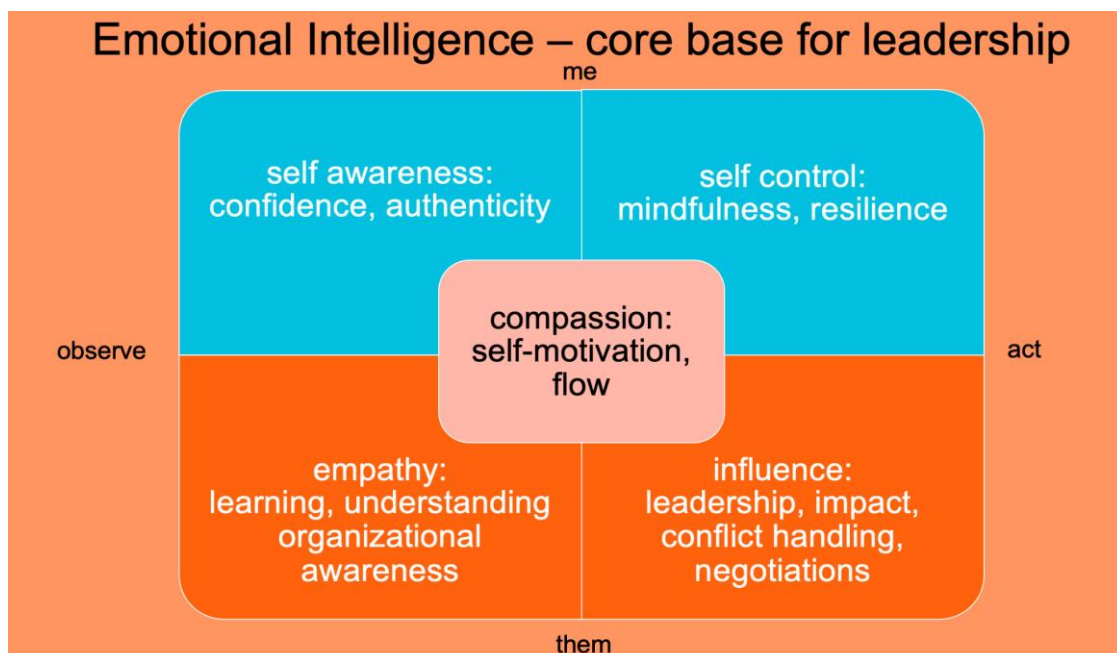


Fig1: Emotional Intelligence

Mary: Yes, noted. Working on self is as important as working on others. There seems to be more to project management than what has been taught in certification classes. I came across the relatively new term “The Project Economy.” What is this about? How do human connections tie into this concept?

Author: The “Project Economy” is an umbrella term for all aspects of project management, including the human elements and a broader organizational view. It includes regarding the human side - for example - leadership, understanding human networks and their culture, and finding solution options for problems. All of this is important for successful healthcare, where problems are acute or longer-term health risks, which require appropriate treatments, diagnosis, and anamnesis, including the patient's environment and history, and optimizing the team of healthcare professionals includes their skills and their collaboration and experience.

Leadership and team performance benefit from high EQ of leaders but also team members as it helps establish psychological safety, often in the light of life-threatening aspects. Influencing tools and techniques can help with creating this psychological safety.

Mary: Can you share practical examples of influencing tools and techniques?

Author: One example of an influencing tool is the SCARF model, as described by David Ross in his book 'Your Brain at Work.' SCARF stands for five human values that can be positively or negatively triggered. If you activate them positively, people tend to feel safe and positive.

S - Status - showing respect for the individual, their achievements and capabilities, and what they think is part of their personality

C - Certainty - providing predictions of the near future, creating a perception of safety

A - Autonomy - the ability to decide between options, freedom

R- Relatedness - being part of a community, protected, sharing beliefs, loyalty

F - Fairness - being treated equally, not being singled out

If all these five values or emotions are triggered positively, there is a high chance you feel good and safe, as you feel respected, informed, free to choose, an integral part of a community, and fairly treated. If one or more of these are triggered negatively, one might

experience anger, fear, doubt, isolation, and unfairness – a set of negative feelings that might, over time, affect one's mental health and increase stress levels.

Mary: This is good to know. I wasn't aware of a defined model such as SCARF. It seems so relevant in patient care and, hence, any healthcare project.

Author: Many such tools exist. Developing yourself as a leader means learning a lot about such tools. It is good to start deep-diving into EQ and then read about specific tools like SCARF. For example, Joseph Grenny published "The Six Sources of Influence," a framework for mastering difficult, crucial conversations like conflicts, negotiations, or partnership problems. These tools always consider our emotions, how our brains work, and how we judge and make decisions. For a more in-depth understanding, you could read Daniel Kahneman's⁴ "Thinking Fast and Slow. Learning" about the communications models (sender/receiver or four beaks of a message or JoHaRi window) also helps develop your leadership maturity.

Mary: Do you know about specific applications of these in healthcare?

Author: Let's look at the context of the SCARF model in detail.

- **Status** - In a medical emergency, you can respect the patient by acknowledging their status, be it injuries, pains, or other symptoms. Empathy helps to make your respect authentic.
- **Certainty** - All patients need to gain certainty about their near future, how long the emergency will take, which treatments are necessary, and the long-term prognosis. Talking to patients honestly, conveying a sense of care and understanding, and telling them what might happen is good practice.
- **Autonomy** - Some decisions need to be made by patients, e.g., about treatments, and it is essential to practice patience and give all the information necessary to make a decision autonomously.
- **Relatedness** - Close relatives and friends are helpful, representing community, care, and support. The medical team should help build new communities for the patients to share their experiences in such forums.
- **Fairness** - It is of utmost importance to treat patients equally, so they see fairness. Minor deviations in the care of patients in the same room should be avoided and, if they happen, explained. In each case, the medical team members should have enough empathy to sense potential unequal treatments.

As healthcare concerns humans and their mental status, specific healthcare uses exist. You learn to convey different messages to patients and relatives as a physician. At times, you need to report news related to death/grief. Once this becomes common in your work, you get better at it and do it right to smooth pain and desperation and not add additional mental injuries. Communication goals with patients are showing empathy, building trust, being honest, and giving security. A patient getting a bad message is certainly distressed, and we know the stages of dealing with those situations: denial, anger, bargaining, depression, and acceptance. People need time and respect to move through these stages. Healthcare professionals learn to recognize the stage a patient is in and the appropriate responses.

Mary: There is a lot of knowledge we need to acquire in parallel to the ability our realm in healthcare requires. Yet our healthcare education focuses on the human body, illnesses, diagnosis, therapy, and similar areas. While we treat our patients, it is essential to understand how to apply this healthcare knowledge, especially in executing healthcare projects.

Author: Think about this. Without humans, there is no healthcare, and patients are humans! Historically, humans were centered around healthcare givers, like doctors, nurses, pharmacists, therapists, etc. While all these groups may have their skills, purposes, and even ethics, for the benefit of the patient, they need to collaborate, understand the overall patient care process, and share a purpose.

As humans, leaders, and healthcare professionals, we make daily decisions that impact ourselves and others. Some research says that of the daily 3500 decisions, only a fraction is made consciously, and even fewer are made after rational and "data-driven" processing. We possess a "gut instinct" that unconsciously makes most decisions. We often note that habits, rituals, and biases are more critical than checklists. That is why, having learned the skills and basic knowledge of the profession, a healthcare professional needs to have experience.

Habits, rituals, or biases can be established by ourselves, though communities we are a part of mainly impose them. Please think of the many communities that gave you their rules, values, and beliefs: your parents first, then family, class in school, sports team, work team, etc. Professional, ethical codes are examples of such rules and should be incorporated into our automatic decision-making. To unlearn and learn habits, you need self-awareness (EQ) and a strong will to change yourself.

Mary: How can we start learning ethical behavior?

Author: We have talked about ethics in an earlier discussion⁶. Kindly relate to that discussion as well. Ethical behavior can be learned like anything else: be aware of where you are, set targets, change, and reflect. An article in Harvard Business Review⁷ from 2020 presents a 3-phased approach to becoming more ethical, which also applies to healthcare professionals. In an earlier discussion, we discussed ethical behaviors in healthcare project management.

1. Understand your current moral values and virtues and decide to become a 'better' (more ethical) person. A mentor or just a trusted person can be beneficial in making up your mind, share observations, ask probing questions, and tell stories about your own experiences.
2. In the daily situation, when we make decisions, we sometimes face an ethical dilemma, primarily a conflict that contradicts ethical rules. Most times, we feel that dilemma rather than construct it rationally. The advice is to stay calm, exercise self-control (EQ), search for different perspectives, get advice if possible, and resist pressure from others to decide (social pressure). Be sure you are in charge!
3. After making and executing your decision, review it, obtain feedback, and identify any changes in your habits, rules, or biases you should initiate. You now have a scenario for which you can prepare yourself should it occur again. Ask yourself: what can I do if that happens again? But be aware that the context of a scenario should be considered, even if the problem or dilemma looks similar.

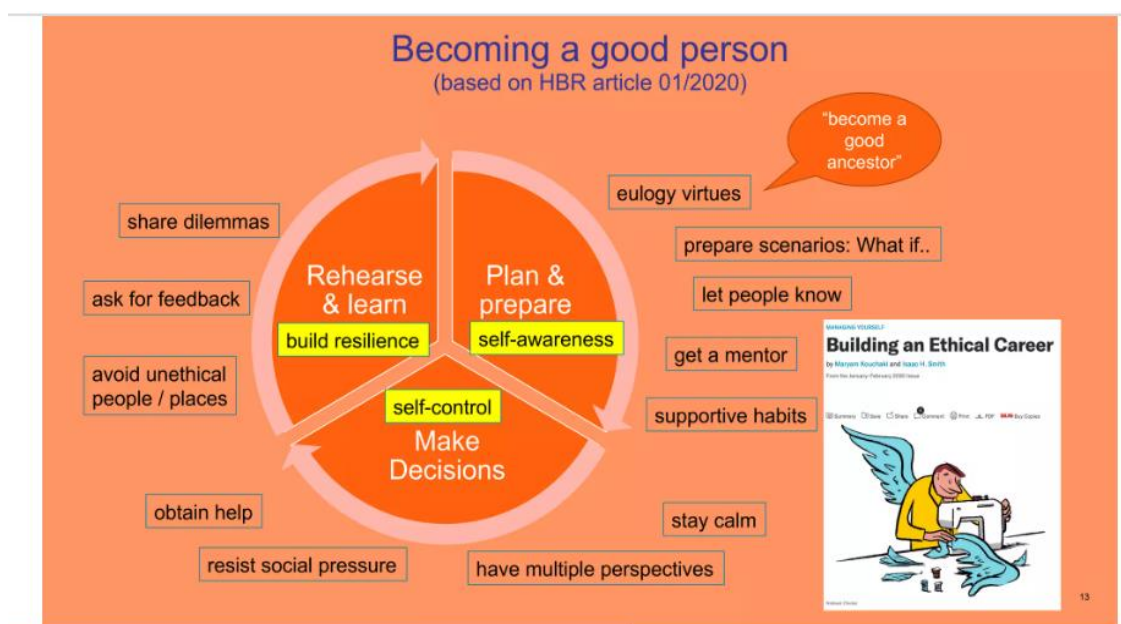


Fig 2: Becoming a good person

Many people do not think about ethics daily. They have intrinsic values that guide their decisions and behaviors, but they are unaware of them, so this is the first phase. An excellent piece of advice is to get a mentor who will listen to you, honestly share what they think and may give advice or at least a new perspective. In any case, talking to someone in hard times can be a relief. The rest will follow.

Mary: How can I find out which values are important to me?

Author: Rushworth-Kidder, who found eight human values that seem to be universal. If you read about those, you can feel how important each is for you. When you go through these eight values, you can explore yourself if you missed a value. The eight values cover most areas. It is good to find out which is more critical for you.

The eight human values identified by Rushworth-Kidder are as follows.

1. Respect
2. Responsibility
3. Honesty
4. Fairness
5. Autonomy, freedom
6. Community
7. Care, love, strive to help
8. Humility

If a value is triggered positively or confirmed, we feel good. If a value is violated or not followed, we feel bad. These feelings are universal, felt, and shared by most humans and, therefore, connect us across cultures and communities. If we follow them, we will feel good about ourselves and make others feel good, which is a positive outcome. Sometimes, we encounter situations where two or more values collide and cannot be followed simultaneously. This is an ethical dilemma, and we can only solve it (= make a moral decision) if we know our values and the contradiction. The HBR article I shared gives some hints about solving ethical dilemmas.

Take, as an example of honesty. If you violate this value, you risk destroying trust and endangering relationships. As you will have to do as a healthcare professional, conveying bad news can be perceived to go against the values of care and respect. So we have a dilemma. A solution is to perceive that care is not only a momentary thing. Telling the

truth, for most patients, is a long-term need. Delaying/hiding the truth and risking trust is not the best sustainable way forward. If we recall SCARF, status relates to respect, relatedness to the community, autonomy, and fairness. The emotion of certainty is not in the list of Rushworth-Kidder, but we can agree that humans feel it and fear if violated.

Mary: I can see how it all is coming to a point of thought. How does one use these values in the different care delivery settings? Do they and should they differ?

Author: Core values are constant regardless of the setting; however, there could be differences with the nature of the setting. Every care delivery setting, such as a hospital, nursing home, long-term care center, birthing center, or hospice, has a different vibe. The core patient care activity and the expected outcome drive this vibe. As you would note, the desired outcome (by and large) of a birthing center is much more positive than a hospice. The healthcare projects and the project teams must be equipped with the appropriate psychological gear to tackle the projects. It's important for those working in healthcare settings to understand these finer nuances of the psychological fabric of the profession.

Mary: I agree. I have found an able mentor in you, and I am grateful for your guidance in these sensitive matters.

What is the role of Artificial Intelligence (AI) in the human aspect of project management in healthcare?

Author: Another aspect of these human values is how much AI can observe them. Can we program AI to understand and follow these values? AI is intruding in every industry across the board. AI is huge; AI is everywhere, and it has the potential to magnify harm. That sounds weird, but it is the truth now. More research needs to happen to trust AI for decision-making.

The human side of using AI in healthcare is a delicate balance between cutting-edge technology and the deeply compassionate nature of healthcare as an industry and its workers. The human touch remains at the core of patient care even as AI makes strides to disrupt healthcare. AI may support decision-making by instantly processing vast data and spitting out recommendations. Still, beyond the data and algorithms, empathy, understanding, and the power of human connection remain unparalleled. Physicians, nurses, and other healthcare workers build trust, offer emotional support, and comfort patients, especially those in distress. AI might enhance efficiency, but human caregivers provide the warmth, reassurance, and holistic care that patients need. The integration of AI in healthcare amplifies medical professionals' capabilities and underscores the

irreplaceable value of human compassion in the healing process. This unique fusion of advanced technology and human kindness defines the future of healthcare, offering a more comprehensive, empathetic, and patient-centered approach to well-being.

As we wind down our discussion, I also wanted to touch upon some wisdom from ancient Indian literature on medicine, such as the Atharva-Veda and the Charaka-Samhita. Both these scriptures provide several examples of knowledge and practices related to Ayurvedic medicine, one of the world's oldest healing practices. It was developed more than 3,000 years ago in India and is in practice today. Modern scientific research and advancements have further contributed to the understanding and developing Ayurvedic practices. The doctor, known as Vaidya in Ayurveda, played a crucial role in the healthcare system of that time. The "Vaidyas", as they were called, focused on an individual's physical, mental, emotional, and spiritual aspects. In the face of a lack of modern-day diagnostic and therapeutic modalities, the Vaidyas would listen to their patients, observe their physician and emotional states, and develop a customized patient-centered plan that considered their constitution (Prakriti in Sanskrit), lifestyle, and specific health concerns. Vaidyas recognized the close relationship between the mind and body. They would provide counseling, support, and guidance to patients, addressing their emotional and mental well-being alongside physical symptoms. Yoga, meditation, and relaxation were often prescribed to promote balance and harmony. By addressing the human side of disease management, Vaidyas aimed to empower individuals to take an active role in their well-being.

Mary: That's awesome to know. Patients were project managers of their health. These ancient practices laid a sound foundation for today's modern medicine.

Author: Yes, undoubtedly!

We have been discussing various aspects of healthcare project management, and I would like your thoughts on your learning from these sessions.

Mary: I have, undoubtedly, learned a lot from our discussions that spanned varied facets of healthcare project management. The discussions helped me with

- Understanding that healthcare has many dimensions, from global⁵ to local, macro to micro, and can be approached from many angles, always keeping the human patient in mind
- Seeing how project management as a discipline can add value to many healthcare areas and how healthcare can benefit from other knowledge areas like project management or ethics

- Becoming a better person and wiser project manager

Author: That is awesome. Here are the high-level concepts we have covered over the past year of our conversations. They are vital to knowing the healthcare industry's landscape, and the knowledge will guide you in your projects.

Mary: Thank you so much, and I look forward to continuing these conversations with you. Have a happy holiday season and a fabulous year to come!

Author: Thank you, Mary, and same to you too.

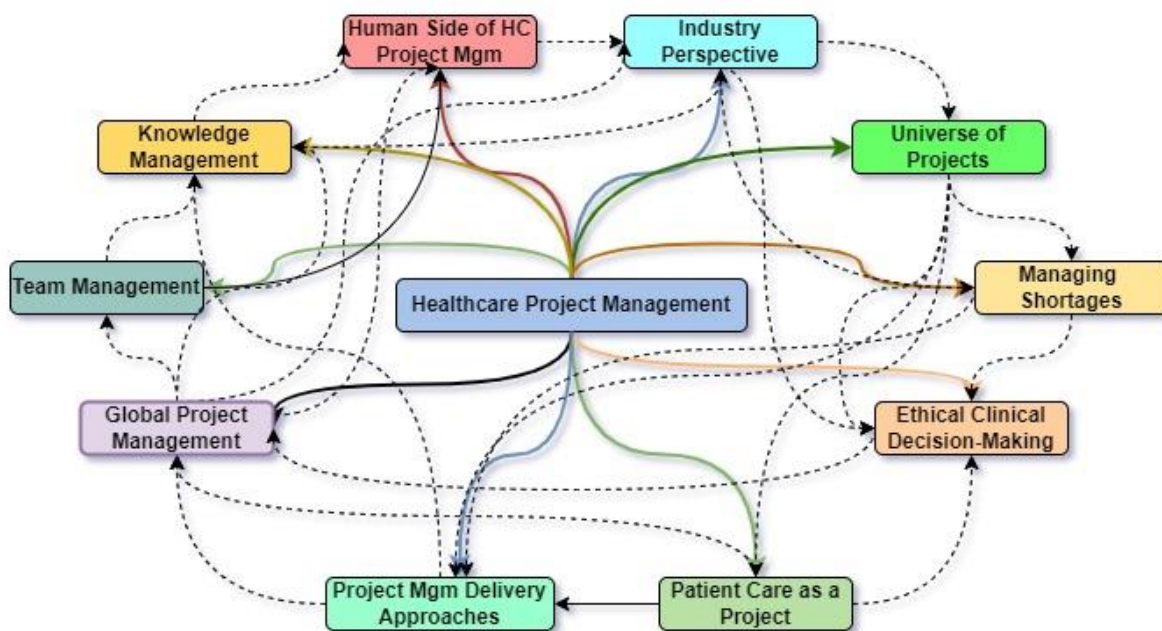


Fig 3: Concepts covered in Healthcare Project Management Series

Conclusion

Few other industries are as complex, comprehensive, and fascinating as healthcare! Human values play a role regardless of the project's type, complexity, and nature. Recognizing this element to be woven into the project fabric is vital to making the project environment conducive to success. We can effectively navigate different care delivery settings and project teams by aligning our actions with these values. Automation and integration of Artificial Intelligence (AI) in healthcare projects provide opportunities to observe and uphold these human values. This trend is likely to increase in the near future.

As always, reflecting on human values, healthcare professionals can positively impact patient care and contribute to a more compassionate and responsible healthcare system.

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Glossary

AI: Artificial Intelligence

DMP: Disease Management Programs

EQ: Emotional Quotient

GDP: Gross Domestic Product

NCD: Non-Communicable Diseases

PMI: Project Management Institute

PMO: Project Management Office

SCARF: Status, Certainty, Autonomy, Relatedness, Fairness

SDG: Sustainable Development Goals

UN: United Nations

WHO: World Health Organization

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Dr. Deepa Bhide, MBBS, DCH, PMP, has over 20 years of professional experience where she has blended medical practice and research with IT and Project Management. She juggles consulting, training, and operations and is proficient in clinical medicine, project management, and healthcare information technology. Starting her career as a medical practitioner, she has worked with varied organizations before her current stint as director and clinical expert for Inventurus Knowledge Solutions.

Deepa's growing interest and work in these areas, born from her day-to-day patient interactions, helped her view Project Management as a backbone of progressive healthcare. Her paper on "Patient Care - A Project Management Perspective" has received global recognition and acclaim. With a physician background as a solid foundation to leverage IT/PM skills and knowledge, Deepa has blended her broad-based experience and learnings to present a unified, holistic, and wholesome view of Project Management and Healthcare, a cross-domain confluence. Through various webinars, events, talks, and writings across platforms, Deepa has been an evangelist in championing global project management during the COVID-19 pandemic.

A Gold medalist from Osmania University for standing First in the MBBS course, she pursued her DCH in Pediatrics and Child health. Deepa has served various roles in local and global Project Management Institute (PMI) regions. She remains actively engaged with PMI and has been a participant and speaker for various national and global meetings and online events.

Deepa lives in Hyderabad, India, and loves traveling, singing, and experimenting with global cuisine. She can be contacted at deepa.bhide@gmail.com.



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Thomas Walenta, PMP, PgMP, PMI Fellow, was working as Project and Program Manager for IBM from 1983-2014. Most recently he was responsible for a program encompassing all business of IBM with a global client in the EMEA region, with teams in India, Japan and across Europe. Thomas build his first PMO in 1995 and started his first program from 2002. He led the PMI Frankfurt Chapter from 1998 to 2005, increasing membership from 111 to 750 and annual budget to 100K Euro. He teaches PM at the University of Applied Sciences Darmstadt and since 2014, he is a project management consultant.

Thomas had a variety of volunteer positions for PMI, among them being final juror of the PMI Project of the Year award, member of the PMI Board nomination committee, auditor for PMI's Registered Education Provider Program, writer/reviewer of PMP Exam questions and significant contributor to PMI's first standards about Program Management and Portfolio Management. Thomas has served as a member of PMI's Ethics Review Committee 2011-2016. He received PMI's Fellow Award in 2012. Thomas is also a member of GPM/IPMA since 1996.

He was elected by PMI membership to serve on the PMI Board of Directors, from 2006 to 2011, and for a second term 2017-2019. Being a speaker on global project management events in Tokyo, Moscow, São Paulo, Little Rock and across Europe, Thomas extended his professional network significantly and is regarded as an experienced and skillful advisor and mentor. He has been an honorary global advisor for the PM World Journal since 2019.

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