Exploring leadership, leadership characteristics, styles and behaviours in the NHS

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Why is this important?

- It's significant to organisational development, wellbeing, effectiveness, and quality.
- Good / bad managers – biggest cause of staff turnover in the NHS.
- The factors determining quality and improvement are interrelated for both staff and patients.
- Achieving quality, improvement, and a positive culture and working environment requires specific leadership qualities and behaviours.
- The roles of clinical leaders are critical.
Summary....the story thus far

- Theories have been developed in independent boxes and often deal with one narrow aspect of leadership.

- Studies are quantitative, have emerged from the US and have studied white male, senior leadership only.

- Until 2006 only one study had been done in the NHS and no empirical work had explored current roles, issues and practices.

- Asking staff produces a very different model.

- No consideration of context, culture or complex environment of the NHS in any studies (bar 1-2 performance studies).

- Emphasis on facilitative, transformational models of leadership ....but with little understanding of what’s appropriate, effective, or valued by staff.

- One size fits all?
Aims of my study

• To explore the relationship between leadership, leadership behaviours and organisational culture

• Explore how leadership and leadership behaviours within the NHS and particularly nursing, function in practice

• Explore what part the environment, context, organisational culture play in how leadership behaviours and roles develop and function

• Explore how these may help us understand issues in modernising and implementing new leadership roles
Methodology and methods

• Qualitative

• Naturalistic & constructivist approach

• Case study in two Health Boards

• Interviews in three phases: Executive team, directors, lead nurses, specialist nurses \( (n = 28) \)

• Constructivist Grounded Theory (Charmaz 2004, 2006, Allan 2003)

• Thematic Network Analysis (Attride-Stirling 2001)
Today:

• What are some of the key issues and unanswered questions about leadership in the NHS?

• Literature and models

• Key findings from my study & others

• Consider and discuss what staff value in a leader and leadership and why

• What’s different about the NHS?

• Implications
Issues and unanswered questions in the NHS?

• Launch of major leadership initiatives, policies, courses, models….,

• Emphasis on facilitative, transformational models of leadership ….but…. 

• One size fits all?

• No consideration of context and culture and of the complex environment of the NHS
Reviewing the literature on leadership

• Definitions are complex and varied:
  • “Leadership is a process whereby an individual influences a group of individuals to achieve a common goal” (Northouse 1997:3)
  • This is an interactive definition & is about a process, not about a person, characteristic or trait. It implies leaders affect and are affected by followers.
  • “Leadership is the process of influencing others to understand and agree about what needs to be done and how it can be done effectively, and the process of facilitating individual and collective efforts to accomplish the shared objectives” (Yukl 2002:7)
Leadership and management: defining the differences; management produces consistency and order—leadership movement and change

Management is on activities; leadership focuses on interpersonal relationships that exist between leader and follower

Seen latterly in transactional / transformational debates
Approaches to the study of leadership

• Trait / great man 1930-50s
• Behavioural theories 1950s – 60s
• Situational theories 1960-70s
• Charismatic / transformational 1980-90s
• Enabling / distributed
• Clinical
Transformational

- *Idealised influence / inspirational motivation*: respect, trust, motivation, inspiration

- *Intellectual stimulation*: questioning, creativity, innovation

- *Individualised consideration*: development, coaching, mentoring, looking after followers needs

- *2 transactional components*: Contingent reward (approved actions rewarded..), Management by exception (performance), Laissez-faire..
Key issues

• Well validated but not always transferable
• All devised by studying senior, white males….(no women, no ethnic diversity…)
• All studied distant leaders………….
• Then applied to general population

• Relevance and applicability of NHS Quality frameworks???????
Alimo-Metcalfe study 2000, 2001

• First study in public sector Local Authority and NHS (still middle and top managers)

• Reflected gender and ethnic diversity

• Looked at factors staff viewed to have most influence on motivation, satisfaction, morale and performance
• A very different model emerged
• **Showing genuine concern’ for others and others wellbeing** emerged as most important factor and behaviours which relate to personal values, environment, aspirations and development

• **More human / personal aspects of leadership and what leaders can do for their staff**

• **About engagement with ‘people as partners’**
• **Not about vision or change**
• **Much more about servant models, vulnerability and humanness of leaders**

• …….Led to 360 degree appraisal
Aims of my study

• To explore the relationship between leadership, leadership behaviours and organisational culture
Findings were in relation to:

- Key leadership characteristics,
- Styles,
- Behaviours.
- Leadership roles
- Nurturing and developing leadership
- Role of culture / context

- Today – focus on first three of those &
- What do we value?
Findings.....
Leadership characteristics, styles and behaviours

Definitions:

- Characteristics
- Styles
- Behaviours
- How these are all applied in practice.
Leadership characteristics, styles and behaviours

- Leaders need to have the characteristics but also the skills to apply these.
- Critical factors
- Other skills
- Values are related to management and leadership style.
Leadership behaviours

• Considered critical aspects

• Critical aspects:
Leadership roles

- Complex and multifaceted
- Senior roles
- First line leadership roles
- Clinical leadership particularly important
Nurturing and developing leadership
Leadership, organisational culture, environment and context
What are some of the considerations and implications?
Implications

• The context in which leaders function has changed.

• Clinical leadership brings particular challenges

• Clinical staff value a clear set of characteristics, styles and behaviours

• Recruitment and development

• What’s valued? What motivates?
• Staff make judgements

• Evidence links all these factors to effectiveness, efficiency, performance and wellbeing.

• Development of leaders and leadership
Some key references


