1 THE NATURE OF LEADERSHIP

Learning Outcomes

By the end of this chapter you will have had the opportunity to:

- Discuss the notions of leadership and followership
- Define leadership
- Discuss the importance of the changing context related to health care
- Compare leadership and management
- Debate the art and science of leadership.
INTRODUCTION

So you want to find out about leadership, but what does this mean exactly? How do you know that you are not already a leader? You may be thinking that you have only just started your career in one of the many health care professions and that the leadership issue will not raise its head for some years, but you could assume some leadership roles early on. Similarly, you may have been a qualified practitioner for some time and are about to move into a position that has a formal, recognised leadership role. Whatever the reason, this chapter will allow you to start to think about leadership and its role in your life and career.

The concept and theories of leadership have evolved and are continuing to do so, but how can a book on leadership help you to be a better leader? Daft (2008: 24) reminds us that it is important to bear in mind that leadership is both an art and a science. Leadership is an art because many of the leadership skills and qualities required cannot be learned and a science because there is a growing body of knowledge that describes the leadership process. By keeping this in mind we can understand how a variety of leadership skills can be used to attain the best possible care for our patients.

When first thinking about leaders in health care, we may identify people like Florence Nightingale (1820–1910), famous for her work at Scutari Hospital in the Crimea, collecting data (the beginnings of research in nursing) in order to improve practice. Mary Seacole (1805–1881), another nurse, was refused an interview to go to the Crimea. Such was her belief that there was a real need for her talents there, she paid for herself to go and went on to be known as ‘Mother Seacole’. She is now held up as one of the first black women leaders. Dr E.L.M. Millar highlighted the need for effective training within the Ambulance Service of the 1960s, which ultimately led to the current technician training and paramedic degree (Kilner, 2004). These people did much for caring, through their pursuit of improved standards and acting as role models in the health care work they did. In today’s society you might think of Tony Blair, Nelson Mandela, Barack Obama, Benazir Bhutto or Indira Gandhi as being renowned leaders. Whoever you think of as an influential leader, they must be enthusiastic and love their chosen profession in order to command such respect and to be able to infuse others with energy and enthusiasm. Leadership involves people being led, so there must be those who are happy to be followers. We must, therefore, remember that effective leaders and effective followers may sometimes be the same people playing different roles at different times. This book will try to engender this verve for effective leadership. In order to address the identified learning outcomes, this chapter will introduce the nature of leadership, comparing management and leadership, evolving theories of leadership, and the art and science of leadership.

RELATIONSHIPS BETWEEN LEADERSHIP AND FOLLOWERSHIP

Owen (2009: xix) postulates that one barrier in the definition of leadership is the belief that leadership is related to seniority. However, he goes on to state that leadership
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is not about your position but about how you behave. Think about the following situation in relation to leadership:

Sue Potter is a third year student on placement in the clinical area. During the course of the day, she notices that a second year student in the same placement area often comes to ask her for advice related to patient/client care for a given situation. Sue happily explains the procedure to the other student, highlighting the current research supporting the action. A qualified member of staff also approaches Sue for information related to the research, as it was an area of care he had not been involved with for some time. Sue was happy to tell the qualified person what she knew and then started to reflect on her own abilities in leading and teaching. She then started to examine why people felt that they could come to her for information and support.

Although Sue was not yet qualified, she was clearly seen as a leader within that situation. The skills Sue demonstrated – being approachable and teaching others willingly – are those of leadership. Sue’s example of supporting and sharing her knowledge can be applied to any field of health care provision.

It is important then to examine some of the variety of definitions of leadership available. Daft (2005: 4) states that: ‘scholars and other writers have offered more than 350 definitions of the term leadership’ and concludes that leadership ‘is one of the most observed and least understood phenomena on earth’.

Tappen et al. (2004: 5) suggest that there are a number of primary tasks involved with being a leader:

1. Set direction: mission, goals, vision and purpose
2. Build commitment: motivation, spirit, teamwork
3. Confront challenges: innovation, change, and turbulence.

So leadership would appear to be a people activity and occurs within group life; it is not something done to people. Without followers there cannot be leaders and without leaders there cannot be followers (Haslam and Reicher, 2011: 2), so being an effective follower is as important to the health care professional as being an effective leader.

Can you identify situations when you have been a leader and when you have been a follower?

You might have been a leader during your time at school, as a prefect, sports team captain; or outside school as a girl guide, boy scout, youth club leader; or even a member of a parent–teacher association. Conversely, you might also have identified those same situations as being times when you were a follower. Similarly, there may be times in your clinical area when you were a follower due to being unsure of yourself; but other times when you were a leader like Sue. ‘Followership’ is not a
passive, unthinking activity. On the contrary, the most valuable follower is a skilled, self-directed team member who participates actively in setting the team direction; invests his/her time and energy in the work of the team, thinks critically and advocates for new ideas (Grossman and Valiga, 2000). Tappen et al. (2004: 5–6) suggest that there are a number of things you can do, in order to become a better follower:

1. If you discover a problem, clearly you would inform your team leader of the problem but you might also offer a suggestion as to how it might be rectified.
2. Freely invest your interest and energy in your work.
3. Be supportive of new ideas and new directions suggested by others.
4. When you disagree with the ideas explain why.
5. Listen carefully and reflect on what your leader or manager says.
6. Continue to learn as much as you can about your speciality area.
7. Share what you learn with others.

If you are to be an effective leader, it is vital that you recognise the opportunities for leadership all around you and that in these situations you act like a leader, influencing others in order to bring about change for a better quality of care provision. Leaders have to face some hard decisions in their work, remembering at all times that managing scarce resources – such as equipment, pharmaceuticals and transport – may not be easy, and that managing people is much more complex.

**DEFINING LEADERSHIP**

Leadership can be defined in a number of ways but is still an elusive concept. Indeed, key authors cannot agree on the nature or essential characteristics of leadership but offer a variety of perspectives. This indicates that leadership is thought to be about relationships. Leadership is a discipline that is evolving, indeed Alvesson and Spicer (2011: 4) note the understanding, interpretation and response to leadership is variable and complex. On the one hand, distrust and control are seen as features while, on the other, support and close contact may be dominant. Alongside this, on a more positive note, Rafferty (1993: 3–4) offers up the leadership notion that:

> vision is driven from an emotional front with some practical ability to achieve that vision; leaders inspire you, and others will follow and trust you. They will trust in your integrity. Leaders care for the people they are leading/serving. Leaders try to strengthen and promote these people. They facilitate and help and encourage and praise.

Bernhard and Walsh (1995), however, identify leadership as a process that is ‘used to move a group towards goal setting and goal achievement ... and can be learned’; whereas Stewart (1996) and Rafferty (1993) indicate that it is a combination of the two. Stewart (1996: 3) recognises leadership as discovering the way ahead and
encouraging and inspiring others to follow. She agrees with the idea that leadership involves ‘... the spirit, personality and vision’. Rafferty (1993: 3–4) thinks of leaders as people who ‘have that combination of conceptual ability’.

Can you find a definition that fits in with clinical leadership?

Clinical leadership is a relevantly recent term and is seen as being about facilitating evidence-based practice and improved patient outcomes through local care (Millward and Bryan, 2005: xv; Stanley and Sherratt, 2010: 115–121). Working with common definitions can lead into concept analysis: a deeper process involving antecedents, attributes and consequences being unpacked (Walker and Avant, 1994). At a deeper level, leadership could be seen from various perspectives as being:

- A characteristic trait – based in trait theory
- A position – based in the functional approach
- A quality – based in trait theory
- A process – based in functional approaches
- A power relationship – style, or the effect on group behaviour.

These perspectives will be developed further in Chapter 4. How you view leadership will influence your clinical beliefs, values and behaviours. Leadership must be a part of caring. Patients and clients deserve care that is well led at all levels of the NHS/health industry organisations.

HEALTH CARE – A CHANGING CONTEXT

Due to the driving technological forces and rising expectations, our health service has expanded to encompass a much greater provision than that envisaged when the National Health Service (NHS) was set up in 1948. The NHS has its history in a liberal socialist ideology of health being a right for all, regardless of ability to pay. Its current complexity and philosophy has put great emphasis on leadership at all levels. It could also be said that the health service of today is seen by the public almost as a religion or a system of belief. This may be due to the expectation that the health service can cure all ills. The view that health is a much more sought after and accessible commodity is stronger than it was in the past. Sofarelli and Brown (1998) conducted a leadership literature review and then strongly argued for the need to move from the previous bureaucratic NHS management model to a model of a leadership-focused health service. This new model is useful in order to cope with the apparent dramatic change and uncertainty in the health service today.
Bishop (2009: xii) noted the emergence of significant policy changes. The Darzi ‘Next Stage Review’ (Department of Health (DH), 2008a) highlighted the emergence of more clinician-led services, and the critical and main leadership role of clinicians drawn from nursing and allied health professionals. More recent policy under the Coalition Government (DH, 2010a, 2010b, 2010c) supports this continued perspective.

In support of this, nurses and health care practitioners today need specific leadership skills and clinical development in order to help them deal with this rapidly changing situation in clinical care (MacDonald and Ling, 2002; Gopee and Galloway, 2009). Indeed, this can relate to all health care professionals as changes are occurring rapidly everywhere. Rippon (2001), however, argued that leadership training per se will not produce the quality of leaders required to bring through change. A more sustainable solution lies with the development of what he terms ‘growth cultures’ in order to develop leaders with emotional intelligence (see Chapter 10). It is emphasised that leaders need to focus on inward rather than outward bound experiences, enabling a spiritual growth based on relationships and awareness (Wright, 2000). ‘Inward’ could mean greater self-awareness and need for learning whereas ‘outward’ could relate to expected behaviours. Depending on the model, the notion of growth cultures, emotional intelligence and change will be discussed further in Chapters 10, 11 and 13.

COMPARING LEADERSHIP AND MANAGEMENT

There appears to be some ambiguity between the notions of leadership and management. Currently the terms leadership and management may be used interchangeably because the differences between them may not always be straightforward. Most of us think we can recognise leadership but we may not find it easy to find it in ourselves.

**ACTIVITY**

Jot down your ideas of the differences between a manager and leader in health care.

Current thinking indicates that managers have formal authority to direct the work of a given set of employees; they are formally responsible for the quality of that work and what it costs to achieve it. Neither of these elements is necessary to be a leader. Leaders are an essential part of management but the reverse is not true: you do not have to be a manager to be a leader but you do need to be a good leader to be an effective manager. Table 1.1 reflects the differences between leadership and management.

The amount of time taken up in leadership activities might differ from person to person (Sadler, 2003). Cunningham (1986, in Sadler, 2003) noted that leadership is
Table 1.1 Differences between leadership and management

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Management</th>
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<tbody>
<tr>
<td>• Based on influence and sharing</td>
<td>• Based on authority and influence</td>
</tr>
<tr>
<td>• An informal role</td>
<td>• A formally designated role</td>
</tr>
<tr>
<td>• An achieved position</td>
<td>• An assigned position</td>
</tr>
<tr>
<td>• Part of every health care professional's responsibility</td>
<td>• Usually responsible for budgets, hiring and firing people</td>
</tr>
<tr>
<td>• Initiative</td>
<td>• Improved by the use of effective leadership skills</td>
</tr>
<tr>
<td>• Independent thinking</td>
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an ‘integral part’ of the management role and as such may not be seen as a separate entity (Figure 1.1). However, Bennis and Nanus (1985) indicate that there are two other models to be considered. They are where leadership is seen as half-and-half of the same concept (see Figure 1.2) and where there is partial overlap (see Figure 1.3). In each case the time taken for leadership functions will differ.

Figure 1.1 Leadership within management
Source: Sadler, 2003 Reproduced with permission

Figure 1.2 Leadership alongside management
Source: Sadler, 2003 Reproduced with permission

Figure 1.3 Leadership overlapping with management
Source: Sadler, 2003 Reproduced with permission
Overall, management is defined in relation to the achievement of organisational goals in an effective and efficient way. This means that planning, vision, staffing, direction and resources are the main concerns that need to be controlled. Managers often seem to have a bad press, due to the emphasis focusing instead on effective leadership. It should be remembered that management and leadership should work together to achieve a common aim of effective quality patient care. Dowding and Barr (2002) discuss the potential effects of a wide variety of management approaches on practice. Examining these individually – or in some detail – is not the remit of this book. However, if you consider the history of management approaches, it is evident that the way in which leaders and managers function within the health care system is greatly influenced by the overall management philosophy in place. Miner (1980) suggested that organisational knowledge goes hand in hand with effective management.

Therefore, it is necessary to view the different elements of an organisation in order to understand why it functions in a specific manner. It can also help to clarify or structure how you might be expected to behave in a given situation in order to uphold the reputation of that organisation. Similarly, it may help us to adopt management practices which, while considered ‘old’, might be the most appropriate for a given situation.

THE ART AND SCIENCE OF LEADERSHIP

Donahue (1985) indicated that nursing has been called the oldest of the arts and the youngest of the professions. Stewart (1918, in Donahue, 1985) goes further to state
that the science, spirit and skill of nursing was beginning to develop as it became apparent that love and caring alone could not ensure health or overcome disease. Nursing education, in the past, has concentrated on the science element or ‘medical model’, whereby nurses were told what to learn and when to learn it in relation to the disease and the disease process. More recently, it has been recognised that the patient is a person and not just a collection of symptoms. Nursing then became more ‘art’ focused concentrating on holism rather than being medical/science focused, concentrating on the disease process. This has now changed to include a holistic approach, not only to deliver care in relation to a specific condition but also to include the family and regular carers.

Similarly, in other professions related to health care delivery, the initial purpose was to deliver care in relation to a specific condition, demonstrating little concern for the patient/client as a whole. Again, this is changing for the better and in the same way, the notion of leadership and team working is becoming the way forward for health care delivery.

The concept of leadership has evolved over the last century and continues to change. That isn’t to say that the old ways of doing things are not good but that in today’s business society there are different ways of getting things done; ways that enable ‘management’ and ‘leadership’ to work together. Leadership is both an art and a science. An art because of the many skills and qualities that cannot be learned via a textbook but a science because of the growing body of knowledge that describes the leadership process, leadership skills and the application of these elements within a given practice area. Knowing about leadership theories allows us to analyse situations from a variety of perspectives, to understand the importance of leading an organisation to success and to suggest well thought-out alternatives to enhance a quality practice. Studying leadership gives you skills that can be applied not only within the workplace but also in your everyday life. This book will lead you through a variety of situations as an individual and a member of a corporate body.

### Summary of Key Points

This chapter has briefly looked at various aspects of leadership in order to meet the identified learning outcomes. These were:

- **Discuss the notions of leadership and followership** This was achieved by examining how you might already be a leader in some situations and a follower in others.
- Also, we examined what a variety of writers have said leadership is, so that you can select the definition that comes closest to your own perception of the role.
- **Define leadership** By selecting and understanding the multifaceted nature of leadership the benefits of effective leadership can be examined: as Daft said ‘leadership (Continued)
is an emerging discipline that will evolve’ (2005: 4–5). Don’t expect to get it right every time but with knowledge of leadership approaches (see Chapter 4) you will get it right most of the time.

- **Discuss the importance of the changing context related to health care** The National Health Service (NHS) emerged due to a socialist ideology of health being a right for all, regardless of ability to pay. Leadership within the health service has always been seen as important because of the size of the NHS.

- **Compare leadership and management** This perennial argument related to the differences (or not) between leaders and managers. Much of the problem in understanding the concepts relates to the fact that the two philosophies are so closely linked and the words used are interchangeable, hence the possible lack of differentiation when we think and speak of leaders.

- **Debate the art and science of leadership** Stewart (1918) states that the science, spirit and skill of nursing was beginning to develop as it became apparent that love and caring alone could not ensure health or overcome disease.

**FURTHER READING**


