



# Building Leadership for Health

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Nurse and AHP Leadership and  
Management



# Note for course leaders

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- This material is a toolkit from which you can develop your own programme.
- You can explore your own views and those of the participants on leadership.
- You can use your own case studies.
- Slides are points for discussion not lectures.
- For preparation ask participant to read
  - Tim Swanwick and Judy McKimm eds 2011 *"ABC of Clinical Leadership"* BMJ Books ,Wiley Blackwell London
  - John Daly, Sandra Speedy and Debra Jackson eds 2007 *"Nursing Leadership"* Elsevier Australia



# Leadership and Management Agenda

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- Day 1

- Introduction and learning objectives 45 mins
- Discussion of current leadership challenges in health 25 mins
- Discussion Leadership and Management for health 45 mins
- Lunch
- Style Assessment exercise 45 minutes
- Feedback discussion on leadership style 30 mins
- Reflections and learning logs 30 mins

- Day 2

- Discussions and exercises on authenticity and emotional intelligence 45 mins
- Leadership and authority 30 mins
- Building trust discussion and experiences 45 mins
- Lunch
- Moral leadership and courage case study and experiences 45 mins
- Reflective leadership, learning from experience 30 mins
- Feedback from learning logs 45 mins



# Leadership and Management : Introductions

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- Please sit next to someone you do not know well
- Introduce yourselves and ask each other to describe your experience of leadership:
  - What do you think makes a good leader?
  - What are your personal experiences as a leader?
  - Where do your ideas of leadership come from?
- Participants introduce their neighbour to the group.



# Lessons from Parenting

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- It is not the same as leadership but there are parallels
  - It is a relationship not a performance
  - What we say is less important than the example we set
  - Praise and building self esteem are essential to motivation
  - Too much control can be as harmful as too little (delegation?)
  - We need to recognise that everyone is an individual
  - And that we all have strengths and weaknesses
  - People of all ages are complex
- One of the most insightful books on parenting “Motivating Your Child” by Elizabeth Hartley-Brewer applies aspects of leadership and motivation theory to parenting. But you can also read it the other way round to apply lessons we learn from parenting to our own leadership development.
  - The LISTEN model (see next slide) is from this source



# The Skill of Listening:

## A basic skill for all leaders

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- Concentrated listening requires
  - **L**et go of your concerns to focus on listening
  - **I**ntent and commitment to listening
  - **S**oak up the message before responding
  - **T**ransmit your understanding back to the speaker
  - **E**cho to check your understanding
  - **N**on judgemental attitude until you respond
- How you listen is as important as how you tell.  
(Reflection on the introduction session)



# Communication is a basic leadership skill

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- Ability to communicate clearly depends on
  - Listening so you know what to communicate
  - Thinking what your audience want to hear
  - Courage to say what they need to hear
  - Giving a clear simple message
- So your introduction is also a lesson
- In the art of simple communication!



# Leadership and Management: Learning Objectives

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- Group learning objectives are to
  - Establish a common understanding of leadership and management in health
  - Identify leadership and management issues
  - Help individuals to improve as leaders
- Write your personal objectives in your learning log
- Look through the Leadership Diagnostic below





# Notes for course leaders

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- Please note there have been more additions and suggestions to this course than any others over the years so the current course is probably too long for one day you need to select from it and take it from where course members are at to where you can comfortably get them in 1 or 2 days. Whatever you do please don't teach theory at the expense of using discussion and personal case studies as these are the most powerful components.
- Leadership courses often start with the history of leadership theory from "great man", "traits", "autocratic vs democratic", "situational leadership" to "emotional intelligence" and "reflective" leadership. This may be coupled with the organisation theories of Weber, Taylor, Blau etc background reading at slide 2 provides this or you may give a lecture.
- But I find when teaching nurses it is helpful to start the learning session by reflecting on personal experience and the parallels between parenting and leadership because this emphasises the relationship and developmental nature of leadership, which can get lost if leadership is seen only in terms of theory.
- When introducing the learning log, stress that it is not just to record objectives but to write notes about what they hope to develop in themselves. The diary allows them to note critical incidents – occasions when they experience success or difficulties as a leader from which they will learn. This provides the basis for reflecting and learning from their own experience and possibly for discussion with a mentor.



# Key issues for Health Leadership

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- What are the main issues you face ? e.g.:
  - Introducing health reforms and system changes
  - Leadership of a hospital or community service
  - Leadership of professionals, e. g. nurses
  - Leading mixed professionals in clinical teams
  - Leading the introduction of new processes
- Discuss: “These issues require leadership as well as good management”



# Administration or Management

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- Administration = maintaining bureaucratic rules
- Management = taking decisions to achieve goals
- Risk taking is always part of management
- Managers should focus on people, systems and processes, work and structures in the context of the goals of the organisation, the technology and people's cultural beliefs and values (Charles Handy)
- What do you focus on?



# Leadership and Management

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- Leadership provides: direction, vision, purpose and commitment and defines the structure and process
  - It is required at all levels but must be consistent and it must be shown in actions
- Management operates the structure, process, systems and operational controls
  - It is also required at all levels and must be consistent
- Discuss can you have good leadership without good management or management without leadership?
- Would you follow a leader who was not competent?



# Leadership qualities

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- Managers need leadership qualities as:
  - Leaders/Visionaries motivators and innovators
  - Goal/Priority setters, allocating resources
  - Entrepreneur/ Decision makers and risk takers
  - Communicator/ Organisers, people who make it work
  - Spokespersons /Negotiators keeping people focussed
  - Disturbance handlers who cope with crises
  - Monitors of performance, ready to learn from outcomes
- Discussion “How do these qualities apply to you?”



# Notes for course leaders

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- Note that some experts on nurse leadership stress that leadership and management are quite different – while I accept this, in my experience competence as a professional and as a manager are essential bases for building the confidence of others in a nurse leadership. To understand this better try reading Henry Mintzberg’s book “Managers Not MBAs: A Hard Look at the Soft Practice of Managing and Management Development” (2004) Berrett-Koehler San Francisco
- This is an opportunity for the course leader to spell out some of their strengths and weaknesses – maybe with examples of things you find difficult or easier and to encourage course participants to share their own stories.
- Experiences of specific problems in leading nurses at difficult times can be used as case studies to ask the participants what they would do in the same circumstances.
- You should introduce different case studies experiences and examples throughout the session.



# Health has features which make it very difficult to lead and manage

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- Every patient is different
- Low level of resources
- Wide range of professional skills required
- Lack of evidence based protocols or standards
- Lack of performance measures
- Need to cross organisational boundaries

■ Discussion “You cannot manage health without leadership at every level”



# Leadership and Shared Power

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- In health the patient is a key decision maker
- And often there are many others involved
- So it is important for leaders to share power and:
  - Understand the context for action –situational leadership
  - Develop shared vision and values– ethical leadership
  - Be true to yourself and your values – authentic leadership
  - Develop cross professional groups – team leadership
  - Improve the organisation and system – meta leadership
  - Have the courage of your convictions - leadership
- Is this your experience? Discuss



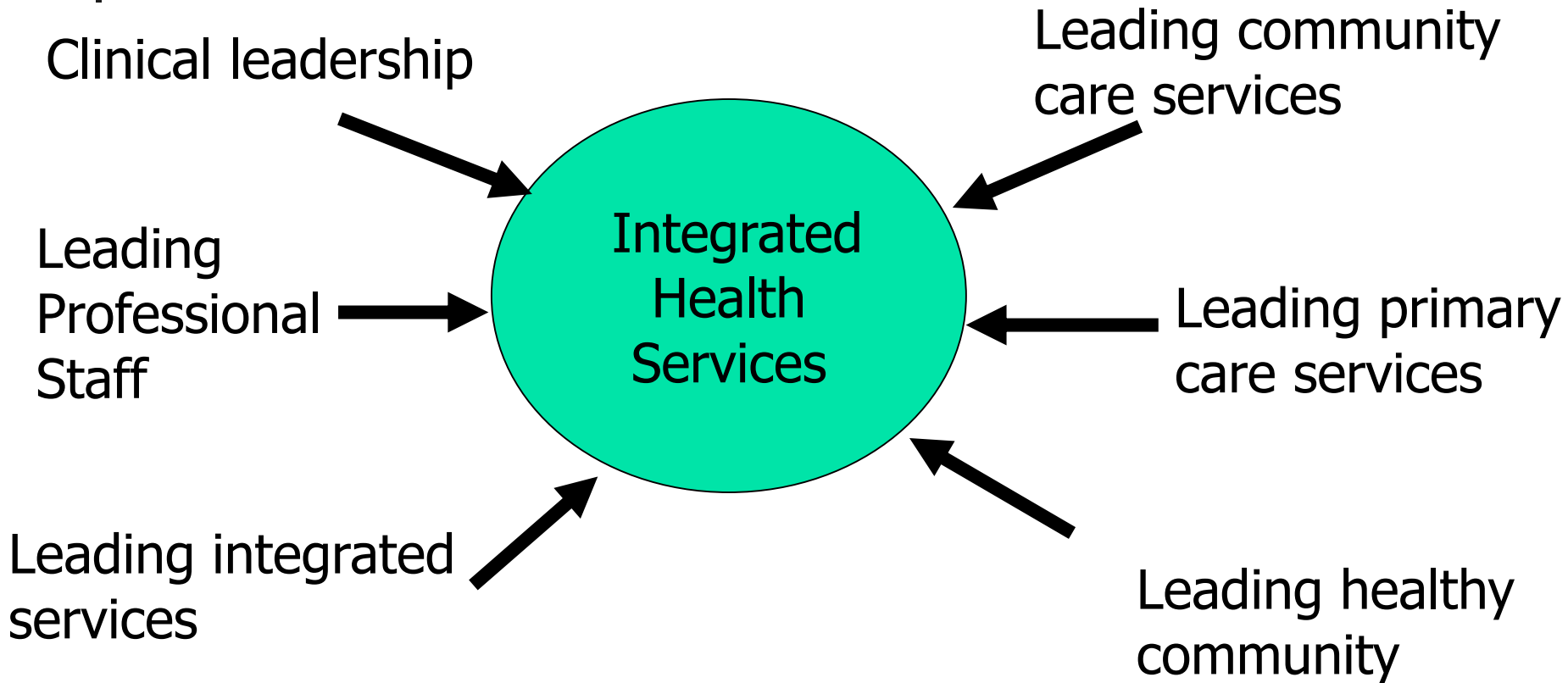


# Notes for course leaders

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- The slide Administration or Management comes from Charles B Handy, try:
  - Understanding Organisations (a good basic book)
  - The Hungry Spirit (an inspiration for leaders)
- Leadership qualities is from Henry Mintzberg a leading academic try:
  - Structure in Fives (this has a useful section on hospital management)
  - Harvard Business Review on Leadership (a very useful collection of papers)
  - Managers not MBAs (about the importance of learning from experience)
- "Health has features.. Is based on contingency theories of organisation, this was the starting point for my PhD in 1975 see
  - "The Contingency Theory of Organizations" by Lex Donaldson
- Distributed Leadership from James Spillane's book of the same name
- Also look at the work of Peter Senge and the MIT Leadership center:
  - The Fifth Discipline: "The Art and Practice of The Learning Organization"
- Shared Power comes from Crosby and Bryson
  - "Leadership for the Common Good"

# Health combines many different leadership challenges



**Discussion: What are the differences between the leadership and management styles required for these functions?**



# 4 Leadership Environments

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- Clinical leadership—inter professional teamwork
  - Clear common understanding of task, process and ethics
  - Horizontal and vertical communications with patient/ team
- Leading healthy communities - flexible learning style
  - Collegiate style shared responsibility
  - Horizontal communication workshops etc
- Leadership of health professional group
  - Communication and negotiating skills
  - Analysis and innovation
- Leading integrated services
  - Management of professionals and support staff,
  - Logistics planning and control, systems leadership

**Discussion: How can we respond to these demands?**



# Building Leadership for Health

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Leadership Style Introduction and  
Self Assessment



# Note for Course Leaders

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- The leadership style questionnaire can be printed out for participants.
- Go to the questionnaire below



# Style depends on you and the situation

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- Before discussing this please complete the Leadership style questionnaire
  - Circle answers which best represents your view
  - Transfer to the score sheet
  - Add the number of answers in each column
  - Transfer numbers to quadrant boxes
  - This is your preferred style
  - But now consider how flexible you are as a leader
- Remember there is no one best way to manage



# Relationship and Task orientation

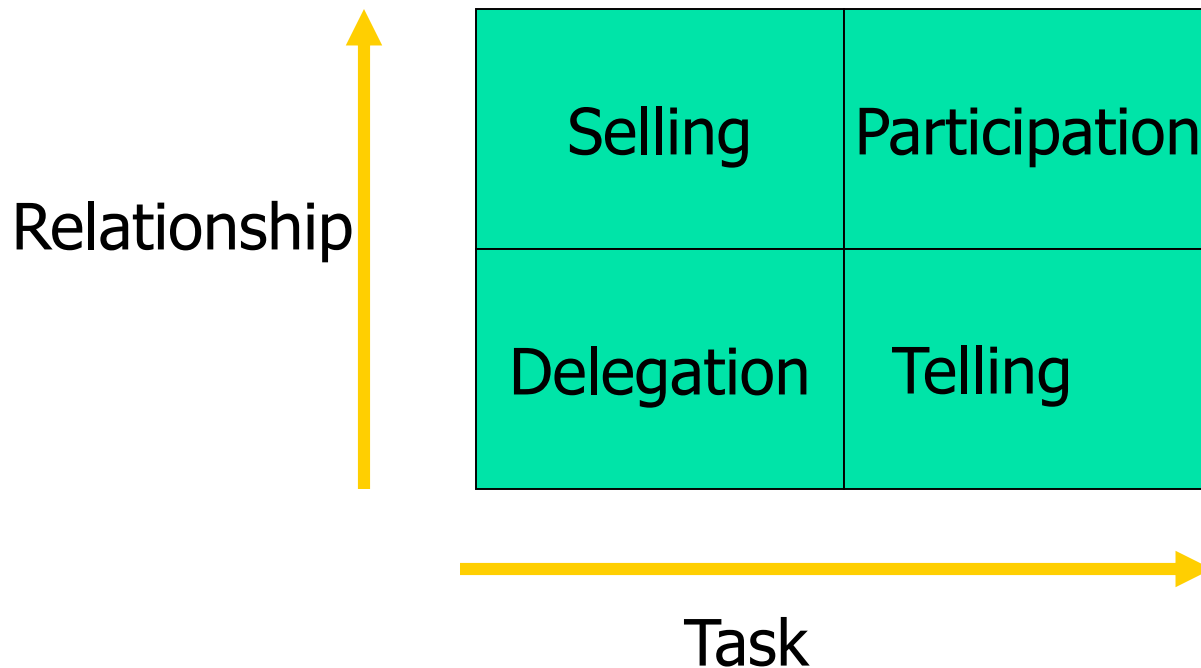
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- The questionnaire tests the extent to which you focus on task or relationships in different situations.
  - Low task low relationship = delegation
  - High task low relationship = telling
  - High task high relationship = participation
  - Low task high relationship = selling
- Delegation does not mean you do not care you may focus on values and trust



# Management style

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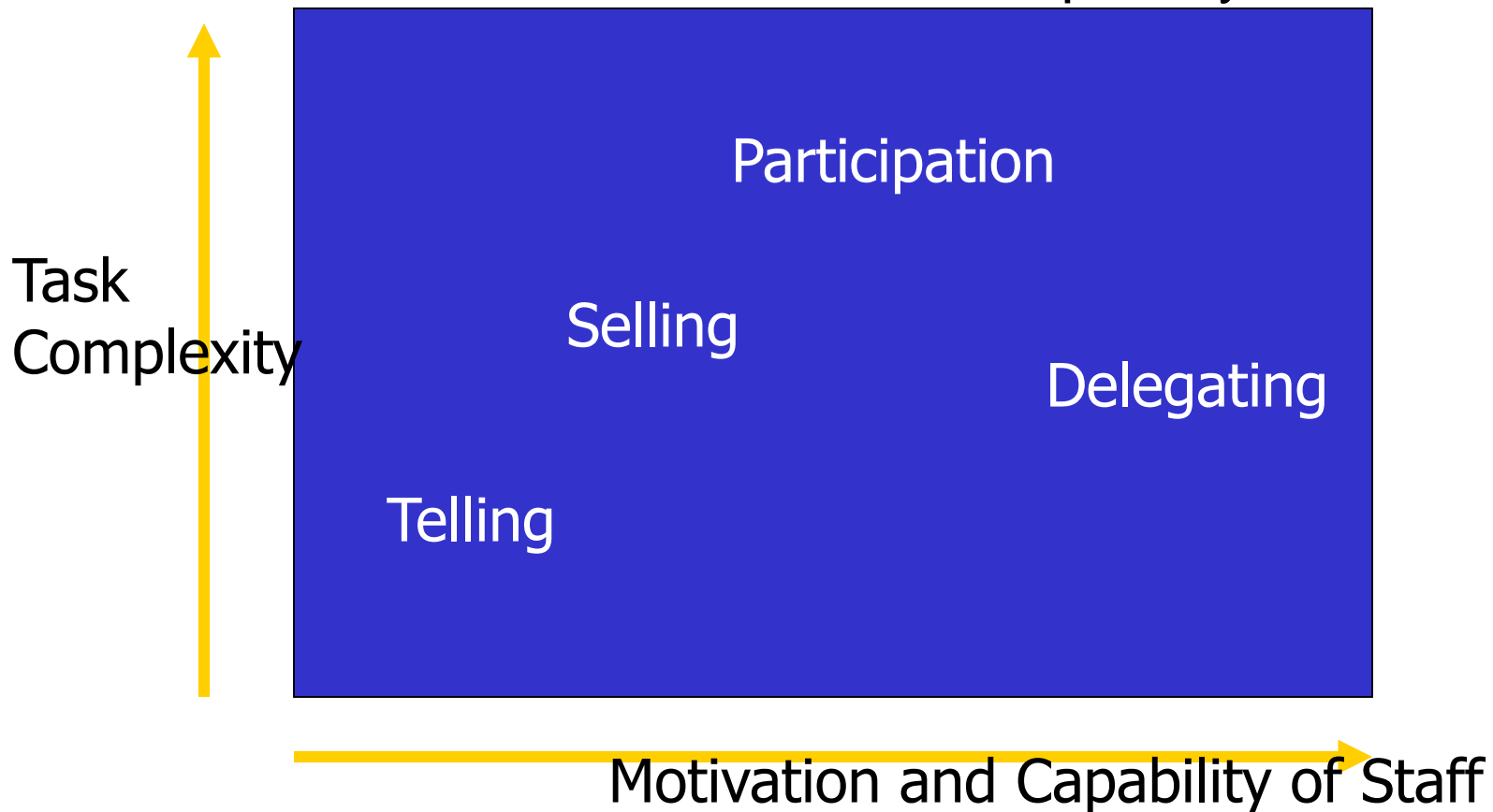
There is no "one best way to manage"  
it depends on the task to be undertaken  
And the capabilities of the people





# Adjusting style to situations

You need to adjust your style to the complexity of the task and the motivation and capability of staff





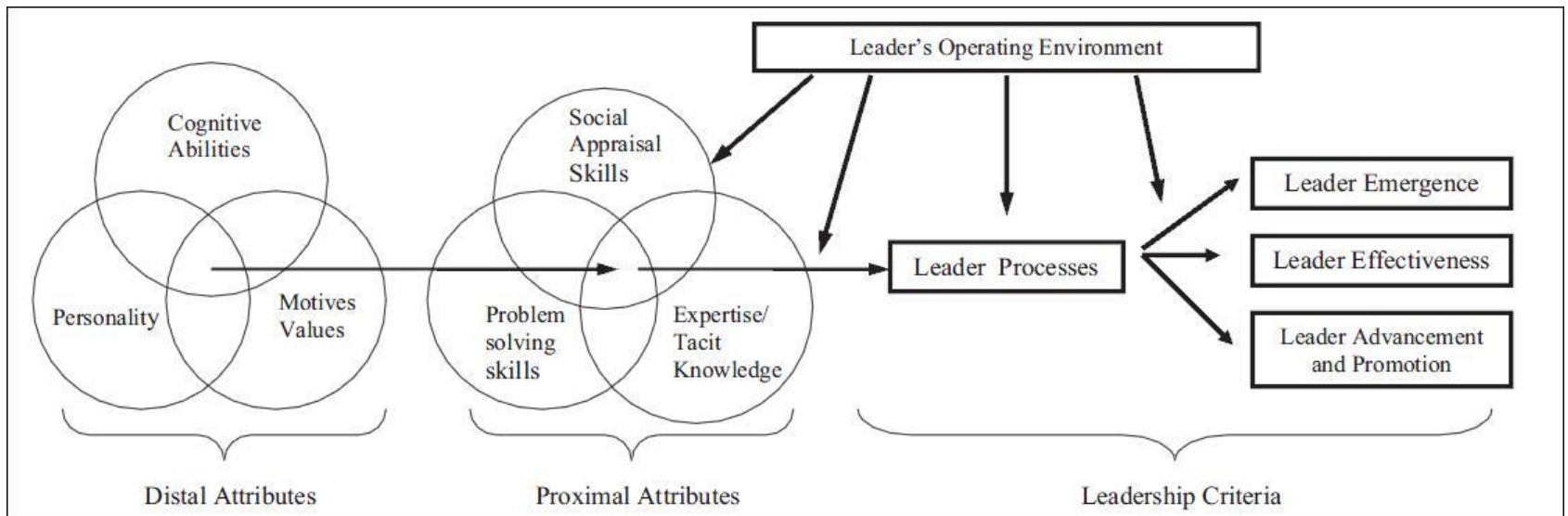
# Discussion in small groups

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- Describe situations in which you have used the different styles of leadership.
  - Telling
  - Selling
  - Participation
  - Delegation

# Notes for course leaders

- You may wish to discuss the idea of natural and learned qualities, or traits, as a leader. This has come back into fashion due to the work of Stephen Zaccaro see for example his chapter of 20024 with Kemp and Bader which is chapter five of "The Nature of Leadership" edited by J Antonakis A. T. Cianciolo and & R. J. Sternberg from Thousand Oaks CA Sage.





# Distributed Leadership

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- Leadership at every level = distributed leadership
- Requires common understanding and values
- Most appropriate to working with professionals = clinical leadership
- Implies loose /tight style
  - You allow freedom to tackle issues their way but
  - Demand performance and honest reporting
- Discussion “You have to trust the leaders you delegate to”



# Clinical Leadership: Leading Professionals

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- Specific problems in leading professionals
  - They may know more than you
  - They may be more powerful with colleagues
  - They may have a different perspective
- This requires a combination of
  - Listening
  - Diplomacy
  - Negotiating skills
- Discuss how you approach working with fellow health professionals.



# Clinical Leadership: Ethics

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- Ethical values are best demonstrated in practice
  - Showing compassion for patients by listening to them
  - Picking up and dealing with issues of hygiene and care
- This can be a good use of your time
  - Not “acting as a junior nurse”, but as a
  - Leader showing examples to other staff
- You also need to interpret ethical values as practical guidelines for staff
  - Read “Nursing Ethics”, Ian E. Thompson, Kath M. Melia, Kenneth M. Boyd and Dorothy Horsburgh. 2006 Elsevier Philadelphia
- Discuss how you set ethical standards for care, and how you demonstrate them in practice.



# Note for course leaders: Clinical Leadership

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- Clinical leadership is leadership of clinical teams, processes and resources focussed on patients.
- You should give some examples of your experience.
- This material is of most relevance to hospital based nurses you may need to adjust other aspects of the course to reflect their specific needs
- Read the paper on trends in clinical management below and discuss what makes clinical management difficult in your system.
- What do you think are the key requirements for clinical leadership?

# Being you: authenticity\*

- You can adapt your style to situations
- But working relationships are long term
- So have the confidence to be yourself
- Integrity and personal values are the foundation
- For a clear moral compass
- This requires leaders to understand themselves
- Discuss “Why do leaders need to know themselves?”

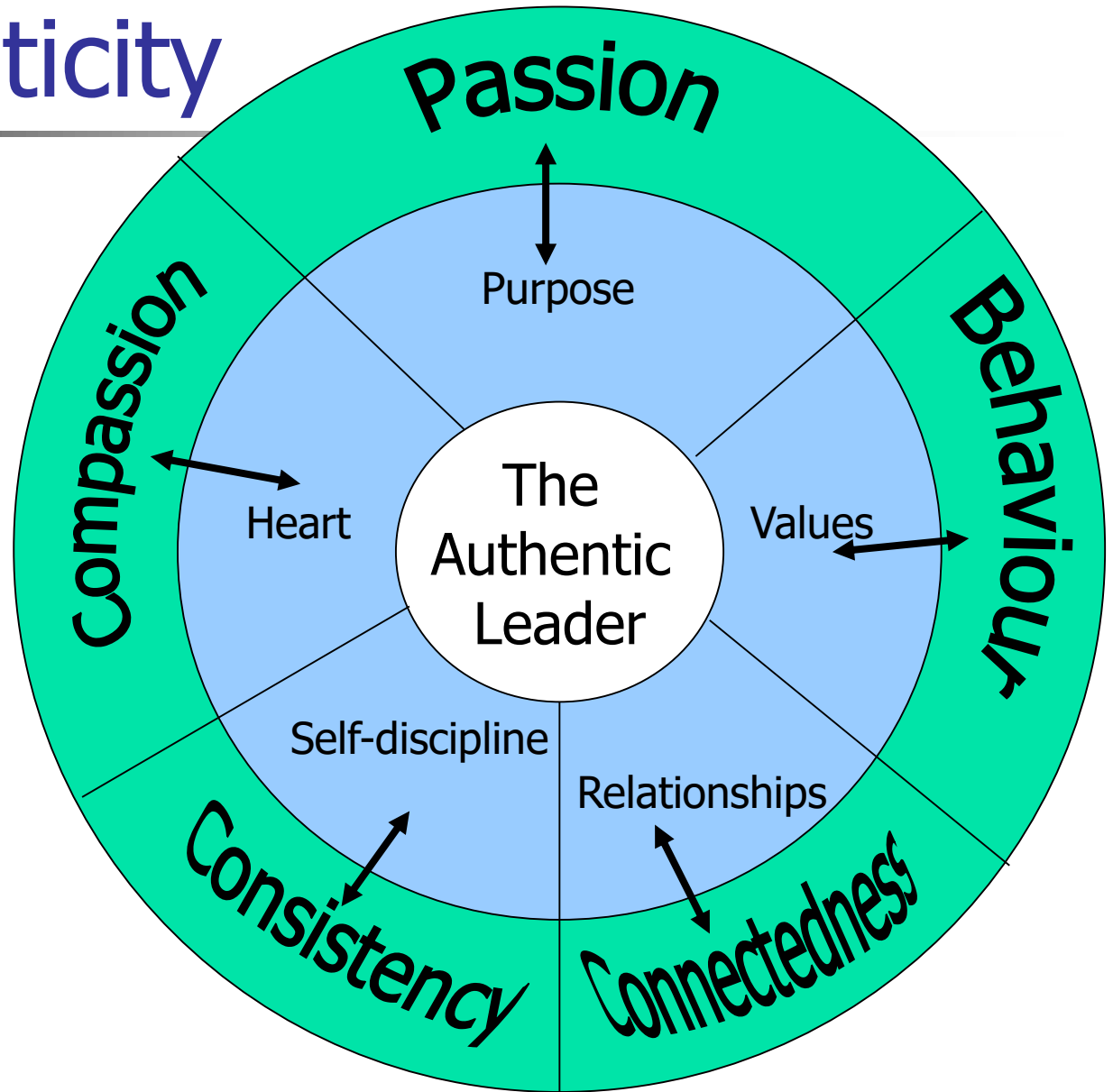


\***Read “Authentic Leadership: Rediscovering the Secrets to Creating Lasting Value**  
by Bill George. Jossey-Bass, 2004 (paperback).



# Authenticity

- Bill George identifies 5 dimensions of the authentic leader discuss
- Use this model to identify your strengths as an authentic leader



# Note for Course Leaders: Authenticity

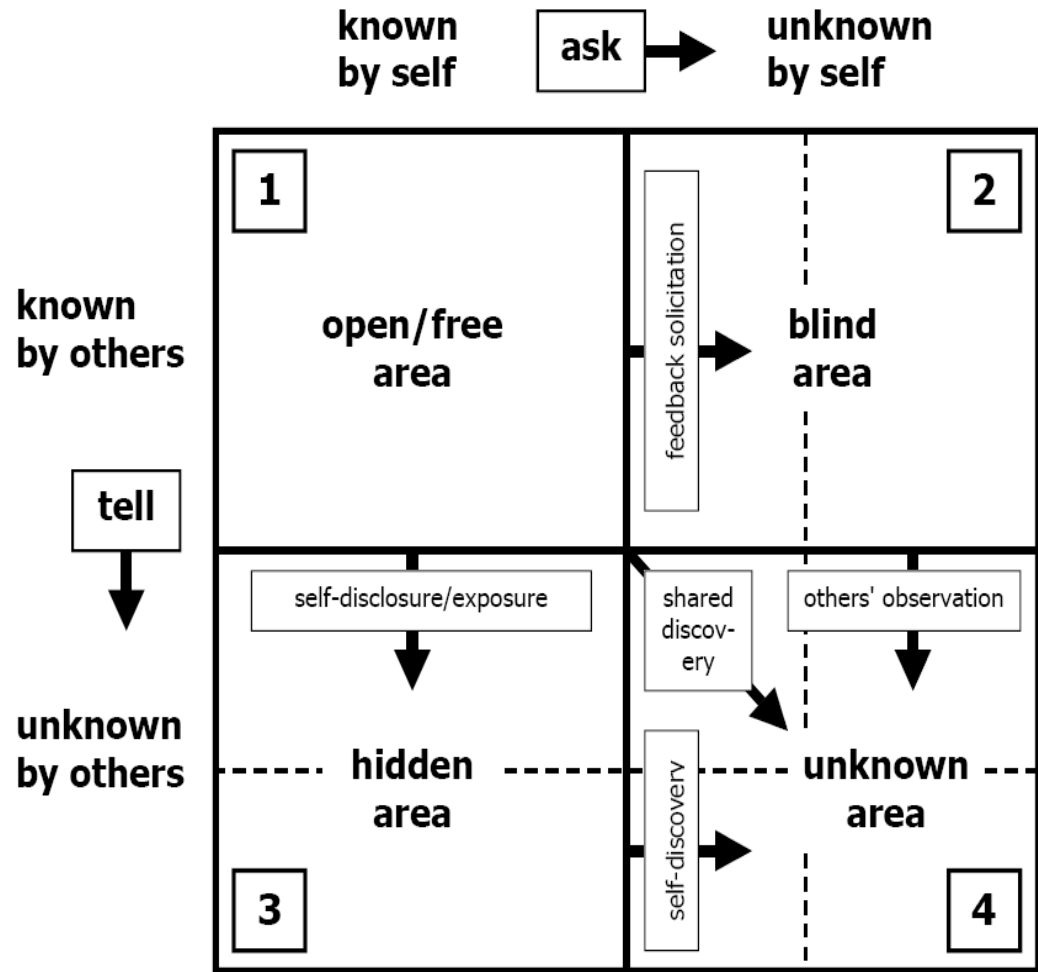
- If you have a good internet connection you might show some leader profiles from "True North" by Bill George and Peter Sims
- Also try asking the leaders to try to reflect overnight on how they experience their sense of values and direction as leaders.
- One way of doing this is to get team members to interview each other and introduce them to the group as authentic leaders (of the future)
- And you may be able to get senior nursing staff to visit the course to explain their motivation as health leaders



Bill George

# Johari\* Window on self awareness

- Asking others reduces the blind area, telling reduces the hidden area
- This can provide the basis for mentoring
- But be careful with this there are reasons for these boundaries
- \*Developed by Joseph Luft and Harry Ingham in 1954





# Emotional intelligence

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- Feeling, remembering, understanding emotions
- Is built on the basis of self awareness
  - Being honest and open with yourself and others
  - Listening and seeing things from other's viewpoint
  - Genuinely caring about peoples' lives
  - Dealing well with change and stress
  - Staying optimistic for yourself and others



# Social Intelligence

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- Social intelligence can be considered as an extension of emotional intelligence
- It refers to “the ability to understand the feelings, thoughts, and behaviours of persons, including oneself, in interpersonal situations and to act appropriately upon that understanding”
- Discuss “Why are emotional and social intelligence important for leadership?”



# Emotional/Social Intelligence Exercise

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- Write “success”, “failure”, “praise”, “blame” on the corners of a piece of paper
- 4 people touch their corner, close their eyes and recall an incident which brings the word to mind and the emotions it evokes
- Then turn the paper and repeat the exercise
- How did it feel – discuss what it tells them about how to handle these situations.
- Describe different social situations in which you would address such issues – what would you change?



# Note for course leaders

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- Please stress that self awareness and reflective leadership is not just about thinking through things on your own, it involves sharing reflection with a mentor or a learning group. Try reading about the Johari Window
- Try asking participants to produce a short essay or talk reflecting on their development as leaders.
- You may refer to “Emotional Intelligence: Why it matters more than IQ” Daniel Goleman Bantam Books 2005



# 360% Feedback

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- A process whereby self assessment of
  - Knowledge, skills and relevant behaviour **not**
  - Personal traits or styles
- Are compared with assessment of bosses reporting teams, clients and colleagues
- Draws on Johari's window
- Needs carefully moderated evaluation and supportive and helpful feedback otherwise it can destroy trust in an organisation





# Reflective Leadership

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- The ability to learn and grow from experience
  - A clear vision of goals and emerging career path
  - With clear values, commitment and passion
  - An understanding of the need to work with others
  - To develop the team and let them develop you
  - Lifelong learning and readiness for new ideas
- Discuss
  - “By three methods we may learn wisdom: first by reflection, which is the noblest, second by imitation, which is the easiest, and third by experience, which is the bitterest”  
Confucius.



# A leader draws on many different sources of authority

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- Legislative authority/ national regulations
  - Sets responsibilities and roles but may be inflexible
- Line management authority
  - Direction by superior but can be impersonal
- Professional standards
  - Allows judgement within shared standards but difficult
- But these provide only a starting point for the personal authority of a leader
  - Based on respect for ethical standards, common values and trust





# Which brings us back to the need for trust

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- Trust can be defined as the product of
  - Belief in competence and capability
  - Belief that you care about the individual
  - And that you share ethical goals and values
- Effective leadership builds trust by:
  - Personal example
  - Defining ethical values and common goals
  - Recognising and rewarding excellence
  - Taking responsibility and showing competence
  - Using reflection and emotional intelligence
  - Creative conversations which build mutual respect
- Discussion: How do you develop trust?



# Social exchange theory and trust

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- Formal authority establishes the basis for controlling the minimum level of behaviour
- Influence is built up by exchanges which go beyond this e.g. small scale rewards and sanctions
- Problems arise if there are only big steps e.g. formal warnings, firing or promoting the person
- You need a small currency of praise and criticism
- To build trust before issues get out of hand





# Discipline

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- This does not mean you will never discipline staff
  - Applying formal sanctions is sometimes necessary
  - To ensure consistent behaviour in line with standards
- Discipline should be a creative conversation
  - Explain why you are taking action
  - Both for minor sanction and in serious cases
  - What can be done to avoid future problems
  - And listen to the staff member
  - Remind the staff member but forgive when appropriate.
- Role play a disciplinary interview



# Creative conversations

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- Dialogue with colleagues is the basis for
  - Active listening (which is where we started)
  - Necessary conversations about problems
  - Having the courage to be creative
  - Developing a learning culture
  - Building mutual respect based on ethical values
  - Trust
- Discuss
  - “The superior man understands what is right: the inferior man understands what will sell”      Confucius





# Notes for course leaders

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- For more on Social Exchange theory read “Exchange and power in social life” by Peter Blau, which is the classic text. If this interests you look at current work of Professor Francis Flynn from Stanford.
- The “Authority without common values” and “Effective leadership builds trust” slides are based on models of the “dysfunctions of bureaucracy”. This is a term coined by Robert Merton in about 1940 and developed by Burns and Stalker in the 1960s. Most of their books are interesting but perhaps rather too old to provide reference points. However “The Management of Innovation” published in 1961 is a classic and well worth reading. Most modern authors have now revisited the idea of values as the basis for leadership – most notably Bill George’s ideas of authentic leadership.
- For more on the importance of trust, particularly in health management read Onora O’Neill’s BBC Reith Lectures of 2002 “A Question of Trust”
- For more on leadership through creative conversations look at the ideas of poet and management guru David Whyte for application to health
- Role playing disciplinary situations can also be very helpful.
- The following case study needs to be amended for different health systems I encourage you to develop your own case study reflecting a moral issue in leadership you have faced.



# Case Study Role Play

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- In the following role play you need
  - A Hospital Chief Executive
  - A Patient - Mr Person
  - A Nurse – Nurse Able
  - A Director of Nursing - Nurse Big
  - Hospital Board Members – the rest of the course
- Read and study the case for 5 minutes then the person selected as the CEO should direct the discussions and reach a conclusion



# Case study situation

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- As hospital director you learn that patient Mr Person complained that a nurse asked him to “show his thanks, for treatment”
- Nurse Able says “I did nothing wrong, I just thought Mr Person might like to make a charitable donation to the hospital” (this would be a first!)
- Actually “Gratitude Money” is quite common at the hospital
- Nursing Director Big who is also a local politician tells you that if you make an example of the nurse she and all the other nursing staff will walk out.
- Investigate the problem, meet Mr Person, Nurse Able and Nurse Big and then discuss what to do with your board (the other course members).

Note this case study may not be applicable to all health systems



# Case Study discussion

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- 1. Review the case study description carefully**
- 2. Define the basic problems, opportunities and constraints**
- 3. List possible clarifications and ask for information**
- 4. Draw on special expertise in the group**
- 5. Only then try to formulate possible solutions**
- 6. Evaluate possible options and select action**
- 7. Check if the solution solves the basic problems, if not recycle**



# What happened in practice?

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- **The hospital director realised she could not take legal action.**
- **But she could and did make an issue of gratitude payments.**
- **She made Nurse Able apologise publicly for any misunderstanding.**
- **She asked Nursing Director Big to establish a team to draft a notice informing people that gratitude payments were not accepted and to consider alternatives such as co-payments or voluntary contributions to a fund administered by the hospital.**
- **Nurse Big refused and so a more ethical nurse leader was chosen**
- **Who was prepared to lead a drive against gratitude payments.**
- **The Hospital director said “I realised from the start that my main problem was that Nurse Big was not providing ethical leadership”.**
- **It was a good day for the hospital when she left!**



# Leadership Courage

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- Winston Churchill liked to quote Aristotle...
  - *“Courage is the first of human qualities because it is the quality which guarantees all others”*
- It is an essential element of leadership
  - The moral courage to act on ethical principles
  - The courage to initiate change
  - The courage to trust others
  - The courage to speak out
- Discuss examples of the courage shown by nurse leaders you have known.



# Notes for course leaders: Exercises to build courage

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- To build self confidence and courage, ask trainees to do something challenging in the group:
  - Trainees could give brief talks about what they have learnt from their life that has formed their leadership philosophy- as a courage building exercise
  - Exercises such as falling backwards to be caught by colleagues are designed to build the courage to trust
  - Ask trainees to lead exercise breaks for the group – good for group health and it builds courage
  - Trainees should also organise and lead their own group activities – to build group leadership courage
  - Read “Moral Courage and the Nurse Leader” by Cole Edmonson, MS, RN, FACHE, NEA-BC The Online Journal of Issues in Nursing Sept 30, 2010



# Thoughts on Leadership

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- A relationship shown by example first, encouragement second and exhortation last
- Developed by reflecting on experience
- It requires an understanding of oneself, and
- The perspectives of others and their situation
- An ability to adapt the organisation and its processes
- And to handle and share power, so as to
- Build trust in shared values and behaviours
- But above all requires the courage to take action
- Discuss: Using “Management Thoughts” see below





# Servant Leadership

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- Nurse leaders motivated by a mission to serve, might discuss:
- Nelson Mandela (2000):
  - *As a leader... I have always endeavored to listen to what each and every person in a discussion had to say before venturing my own opinion. Oftentimes, my own opinion will simply represent a consensus of what I heard in the discussion. I always remember the axiom: a leader is like a shepherd. He stays behind the flock, letting the most nimble go out ahead, whereupon the others follow, not realizing that all along they are being directed from behind.*
- Lao Tzu (founder of Taoism 600 BC)
  - *"A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves."*



# Reflections, Learning Logs, Feedback

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- Take a moment to discuss with the person sitting next to you
  - What have you learnt?
  - Will this change the way you lead?
- Write notes in your learning log?
- Fill in feedback form
  - What was helpful
  - What will you improve when you lead the course?



# Notes for course leaders: Some further resources

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- **Conversation/dialogue as leadership** (sometimes linked to a view of the organisation as a complex adaptive, learning system): see Plsek and Wilson (2001) on “Complexity, leadership, and management in healthcare organisations”.
- **Distributed or shared leadership** (sometimes linked to network or nodal leadership) see a report by The King’s Fund (2012) entitled ‘Leadership and engagement for improvement in the NHS: Together we can’.
- **Servant leadership** is a concept first proposed by Robert Greenleaf in 1970. see the article by Schwartz and Tumblin (2002) ‘The Power of Servant Leadership to Transform Health Care Organizations for the 21st-Century Economy’.

# Module Contributed by Graham Lister

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- Lectured in 20 countries on health management
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