1 Leadership

'A few years ago I could not have used the word "leadership" without wincing and blushing, now I do use it.' (RGM)

LEADERSHIP, MANAGEMENT AND ADMINISTRATION

In difficult times, people need leadership as well as management. This is true in the NHS today, and in the foreseeable future. It is true, too, in many other organisations in Britain and elsewhere. Yet 'leadership' is a word that many in the NHS are chary of using,[1] even 'management' is often viewed with scepticism and the traditional term, 'administration' preferred. Each word has a different, though often ambiguous, meaning and each is necessary in the NHS today. Before we can focus on leadership, we must first understand how these terms differ.

The definitions below are more clear cut than is customary. In common usage, 'management' and 'administration' are often used interchangeably so are 'management' and 'leadership', and there are no generally agreed definitions. The three terms are sharply distinguished here because there are different roles to be performed that must be clarified if we are to understand the change that is needed in the NHS.

Leadership

The word 'leadership' has an emotive character that 'management' and 'administration' lack, and usually the emotions are positive ones. Most of us think that we can recognise leadership, though we may not find it easy to define.

Leadership is *discovering the route ahead* and encouraging and – personality permitting – inspiring others to follow. Hence leadership is most needed in changing times, when the way ahead is not clear. A good leader should both show the way and make others feel enthusiastic about following it. Change can then, depending on its nature, become positive, exciting and challenging rather than discouraging and threatening.

R. Stewart, *Leading in the NHS*

Managers have subordinates. Leaders have followers: people who recognise and find attractive the leader's sense of purpose. Leaders are those who can get the people with whom they work, whether subordinates or not, to be convinced cooperators. Leaders make others feel that what they are doing matters and hence makes them feel good about their work. Taking this description as a guide, look around you at work and ask yourself: 'who are the leaders?' Who are enthusiastic about what they want to do and convey that enthusiasm to others? Leadership should be fun, some of the time, both for the leader and for the followers.

Management

Good management is also important for the NHS. This has increasingly been realised, and was a major reason for the Griffiths reorganisation. Good management makes it possible for the leader's vision to be implemented by providing the discipline of objectives, targets and reviews to make the vision *concrete*. Management is different from leadership, though leadership is an aspect of management; an aspect that is essential in changing situations and less important in stable periods.

Mangement is a set of techniques and approaches that can be learnt. It involves planning, which includes strategy and setting objectives. There are textbooks that tell you how to *plan* and about the related process of *budgeting*. **Organising, in the sense of creating formal structures and procedures, is also part of management.** Textbooks can help the manager to decide what form of organisation is appropriate – for example, what kind of grouping will best suit the tasks to be done and the environment in which they have to be carried out. **Motivating and controlling are two other classic management functions, along with coordination.** Management textbooks and management consultants can advise on *motivational strategies*, on the techniques for *controlling* and on the methods of *coordination*. Plenty of such textbooks exist, including two by the author,[2] so this book does not describe such managerial functions.

The NHS has been deficient in the knowledge and practice of management, though these are essential for the effective use of resources. Gradually its officers – significantly now more often called 'managers' – have been learning to think more like managers: to recognise the importance of deciding what has to be done and of

ensuring that it gets done by agreeing objectives, establishing priorities and target dates, and monitoring whether plans are being implemented. Gradually, too, managers in the NHS are learning to be more concerned with cost effectiveness. More slowly, they are recognising the influence that they have on *staff motivation* and their responsibility for *creating an environment* where staff feel well motivated. This is where leadership rather than purely managerial ability can help.

Administration

In the past, only administration was thought to be necessary in public service; hence the public service had administrators and companies had managers and sometimes leaders too. **Administration is the carrying out of policies, and being publicly accountable for doing so.** Public accountability means that administration involves more paperwork than management because there needs to be *written evidence* of what is done, and why.

Administration in the NHS has also had the task of providing a service to the carers, who require and deserve efficient administration. This requirement has not changed nor has the public accountability. So administration is still needed. Managers should ensure that there is efficient administration. It will often be done more efficiently by one of their staff, provided they choose the right person, than by themselves. **Good managers are not necessarily good administrators, and a leader has a more important role to play away from the desk.**

1. Administrators **confirm in writing**.
2. Managers **direct**.
3. Leaders **point the way**: they identify and symbolise what is important.

These descriptions personify the different approaches involved, though leaders will also have to manage. There are situations – though rare in the NHS today – where leadership is not required. Whether you need to lead as well as to manage depends upon which of the following is your most important responsibility:

1. stability, so managing *variations*;
2. managing *improvement*;
3. *radical change*.

Administrators should be able to cope with the first, maintaining stability, managers with the second. It is *leaders* who are needed for more radical change and for coping with a difficult environment.

CHARACTERISTICS OF LEADERSHIP

Pointing the Way

This is the leader's *first task*. The DGM in Case Study 4 uses the analogy of an arrow to describe his leadership role. Leaders can point the way only if they *know the direction that they want to go*. When you start in a new job, it may be all too clear to you what needs to be changed. Sometimes that will not be so; if you have been in the job a long time you may not see any new paths ahead. Subsequent chapters suggest the ideals to aim at which you can use as a starting point.

It helps to have a picture – what in writings on leadership is called a 'vision' – of where we want our part of the organisation to be in the future. (It is not only writers who use that word – Shell, for example, has been using 'visioning' as a process for some years.) Warren Bennis and Burt Nanus in their book on leadership explain what a vision is as follows:

> 'a vision articulates a view of a realistic, credible, attractive future for the organization, a condition that is better in some important ways than what now exists . . . With a vision, the leader provides the all-important bridge from the present to the future of the organization.'[3]

They see having a vision of what you want to achieve as distinguishing a leader from a manager:

> 'By focusing attention on a vision, the leader operates on the *emotional and spiritual resources* of the organization, on its values, commitment, and aspirations. The manager, by contrast, operates on the *physical resources* of the organization . . . An excellent manager can see to it that work is done productively and efficiently, on schedule, and with a high level of quality. It remains for the effective leader, however, to help people in the organization know pride and satisfaction in their work.'[4]

Symbolising What Matters

An essential role for a leader is to symbolise the *meaning* and *values* of an organisation – one DGM described himself as the 'keeper of the flame'. It is for this reason that a visible leader is important in encouraging others to contribute wholeheartedly to the goals of the organisation. **A leader shows clearly what he or she cares about.** Peter, the DGM in Case Study 4, led his staff in part by his passionate commitment to the NHS and its task of serving the community.

Getting Others to Share Your Ideals

Leadership means getting people to share the ideals, to attach the same meanings to what is happening and what needs to be done. As Gareth Morgan, a Canadian professor of administrative studies, puts it:

> 'the process of becoming a leader ultimately hinges on the ability to create a shared sense of reality'.[5]

And also, as Warren Bennis, an American professor, who has written about leadership over many years, says:

> 'The leader must be a social architect who studies and shapes what is called "the culture of work" – those intangibles that are so hard to discern but so terribly important in governing the way people act, the values and norms that are subtly transmitted to individuals and groups and that tend to create binding and bonding.'[6]

Creating Pride in the Organisation

Leadership involves getting people to identify with their part of the organisation and to feel proud of where they work. This is an aspect of leadership that the armed services understand well, though that understanding may not translate into the very different environment of the NHS.

Pride is linked to achievement and high standards. It is about being able to say – and being enthusiastic about saying – how we excel. Leadership sets high goals and is not content with statements like: 'we compare favourably with', and still less: 'we are no worse than'.

Making People Feel Important

This is closely linked to the next characteristic of leadership, of *realising people's potential.* **People have more energy and will set themselves higher standards if they think that they, and what they do, *matter*.** Feeling good about what you are doing is a major incentive. Peter in Case Study 4 pp. 143–58 is a good example of a leader who makes people feel like that. It does not require special skill, but an ability to treat each person as a *distinct* and *valued* individual.

Realising People's Potential

Leaders in an organisation should be providing the environment – the *culture* – within which people's energies are released, and they feel able to innovate. This is now described as 'enabling' others to perform, a fashionable word that has its roots in Douglas McGregor's *Theory Y*. Writing in 1960 he said:

> 'the limits on human collaboration in the organizational setting are not limits of human nature but of management's ingenuity in discovering how to realize the potential represented by its human resources'.[7]

This is a lesson that many managers still find it hard to learn despite all the writings, teaching and practical examples that have reinforced it since McGregor wrote.

Leaders do not necessarily have to lead from the front. They can share leadership, as the second part of Chapter 5 on Sharing the Leadership describes. **One of a leader's responsibilities is to develop leadership qualities in others by giving them opportunities to lead.** This means giving them the *space* and the *opportunities* to grow.

Self-sufficiency

Being a leader can be *lonely*. You have to take tough decisions, which may be painful to individuals, and some that are more generally unpopular. So, you must not be too dependent upon being liked. The young leaders in Chapter 9 talked about this, as did many of the DGMs in the tracer study. You will also have to take risky decisions. **You must learn to accept yourself and to rely on yourself.** You have, as Heather-Jane says in Chapter 9, to accept that you did your best.

Leadership requires some innate abilities, but less than is popularly

thought. **Many readers could lead provided they knew what they wanted to achieve and could communicate that to others.** You can learn to recognise when leadership is required. You can also develop your understanding of yourself and of others, which will help you to be a more effective leader.

WHY LEADERSHIP IS NECESSARY

Much more is now expected of managers in most organisations, including the NHS, than it was in the past. Hence the need for them to be leaders who can show the way and help others to adapt successfully to the changing environment within which they work. Because the management job is more complex and difficult than it used to be, managers need to give more thought than in the past to what they and their staff *should be doing*: to map the way ahead. Even when this is done, it is easy to lose your way amongst the luxuriant growth of problems.

The NHS needs leaders to help people to cope – and to cope without discouragement – with the difficulties that confront it (and, indeed, any method of providing health care). It needs leaders who will do much more than that, however, who will think positively about what they can do to improve the Service, not merely negatively about how they can survive within limited resources.

The changes affecting the NHS have come from a variety of sources. Some stemmed from the policies of the Conservative government under Thatcher; others from the general problems of providing health care in affluent countries. The common pressures upon health care whatever the system of provision are well known. They include the larger number of old people, particularly the very old, the rise in chronic sickness, developments in medical technology and the 'iceberg' nature of health care, in that there is so much more care that people can ask for as their knowledge of what can be done for them increases. It is these problems that led a conference of health service academics, from France, the USA, Quebec and Britain, to publish their proceedings in 1984 under the title *The End of an Illusion*:[8] the illusion being that it was possible to provide everyone with all the health care that they wanted. It is not the purpose of this book to discuss the specific implications of the changes affecting the NHS, which are well documented elsewhere.

The changes that have been affecting the NHS are part of wider

changes affecting other organisations, both in this country and abroad. It is the *extent* and *rapidity* of change affecting many kinds of organisations that makes leadership so important today. This is widely recognised. In the UK, for example, there has been a growth of courses on leadership for managers at all levels. These take many different forms including being tested physically and psychologically in unfamiliar and exhausting conditions. One example of the interest in developing leadership ability at the top is that for some years a one-week programme on top management leadership has been regularly sold out at Templeton College, the Oxford Centre for Management Studies. Another example is the number of new books published in the USA in the late 1980s, a few of which are cited in this book, arguing that American companies urgently need to improve their leadership capacity.

The changes affecting the NHS have some parallels in other organisations, though the changes are often greater elsewhere. There have been, and are, major changes affecting managers in industry and commerce that stem from the great increase in competitive pressure, the internationalisation of business, the threat of acquisition, the rapidity of product change especially in the newer industries, and the growth of information technology.

A common aim of many of the changes both within companies and in the public service is to increase sensitivity to *customer needs*. In companies, this is seen as an important way of competing effectively. In the public service, it has been politically inspired, and is a response to the growth of a more knowledgeable and demanding public leading to the end of 'the grateful society' when the recipients of public service were expected to be grateful for any help they received.

There are three main challenges to leaders in the NHS. First, to envision what *should be done* by them and those who work with them to make their part of the Service better. Second, to realise, as the quotation above from Douglas McGregor says, the *potential in human resources*. Third, to *respond* to a more knowledgeable and demanding public.

FINDING THE WAY FORWARD

'Where there is no vision, the people perish'. (Proverbs xxix.18)

The new demands on managers are reflected in the use of different

words for talking about what they need to do. One of these is 'vision': a word that many would have thought to be odd, even quite inappropriate, in the 1970s or even the early 1980s. Now its value is as a spur for thinking more boldly about *what you want to do*.

There is a wide difference between those who have a vision of what a better future for their district, unit, department, section or ward would look like, and a set of objectives and targets for getting there, and those who have not lifted their head above their immediate concerns. These are the extremes; more commonly, managers will have objectives for improving and maintaining the work of their group, be it as wide as a district or just a small department, but lack the *vision* that is necessary for leadership. Setting objectives with target dates and reviewing their accomplishment are an essential part of management, but that is not leadership.

All managers can raise their sights, the first step towards developing a vision, if they ask themselves the 'Father Christmas' question: What would I most like Father Christmas to give me for my group? This can help you to think *what would be the ideal*. It helps also to try and picture what the ideal *would look like*, so that you can know when it has been achieved. Doing so is an aid to setting criteria for judging the steps along the way. Once you have made the ideal as concrete as you can, you can begin to work out how you can best move towards it. It is important to believe that success is possible, while recognising the obstacles that may need to be overcome.

In attracting others to your vision, you need to identify the *values* that underpin it. This is best done with your main subordinates, so that all can contribute and thus feel more committed to the values underlying the vision. This process can be done informally, but at the regional, district, and perhaps also the unit level it can be useful to agree a *written statement*. Doing this helps to clarify common agreement on values, provides a reference point for future action and, if necessary, for criticising action taken. An example of such a formal value statement is the one agreed for the West Midlands RHA at a June 1986 interface seminar of regional managers with the region's DGMs:

Set of Basic Values

The following are statements about some basic values which the RHA and DHAs have agreed should be the foundation of their management philosophy:

1. HEALTH CARE NEEDS – The importance of the health needs of

the community is paramount, and this must be constantly re-emphasised as the principle objective towards which all activity is directed.

2. CORPORATE IDENTITY – It is important to foster leadership and develop a corporate identity within and between Health Authorities in the West Midlands region. There is value in encouraging a sense of belonging to, and sharing in the work of, the region as a whole.

3. LEADERSHIP – The RHA has a responsibility to provide leadership to DHAs by clearly articulating policies and objectives, and involving them in the process of defining them.

4. REPRESENTATION – The RHA has a responsibility to define and represent the interests of the National Health Service in the West Midlands, in relation to national government, commerce and industry, the public sector, the media, patients and the public at large.

5. CONSENT – There is positive value in seeking, wherever possible, to lead by consent rather than coercion.

6. HONESTY – The RHA will constantly endeavour to be open and honest in all communications.

7. PARTICIPATION – There is value in encouraging participation by the Health Service professions and clients/patients in Health Service management.

8. CREATIVITY – Creativity and innovation in management is valuable, and must be encouraged.[9]

Similar statements of basic values have also been developed in some districts.

A statement of values can be used as the starting point for the first step towards achieving your ideal, that is your vision. One such example was submitted in 1986 for the Health Management Award of *The Health Service Journal*. It described what was done to help to improve the quality of life of the residents in a Swandean hospital for elderly long-stay patients in Worthing. Earlier the DGM and his senior staff had drawn up a statement of values. To make progress towards applying a value statement about patient care, the DGM and the CNO had called an informal lunchtime meeting where they 'brainstormed' ideas for entertaining and interesting patients. To take these ideas forward a group of interested people was set up consisting of the hospital's cook, two occupational therapy workers, a clerical officer, nurse, and porter who were joined by the district's voluntary services organiser, a local journalist and a supplies officer. The group became known as the 'energy team'. Their objective was

'to give patients something to look forward to by introducing a full diary of recreational activities by the time of the hospital's open day in September'.

They enlisted support and voluntary help from many sources. This included getting the MSC to fund a recreation team through the Community Programme and substantial donations from the League of Friends. The patients' day was transformed by the project with opportunities for some form of recreational activity every day of the week. The morale of the staff and the image of the hospital in the community were also raised.

This is an example of how the enthusiasm and commitment of junior staff can be enlisted by top management providing the initial stimulus and encouragement. The vision was a better quality of life for elderly long-stay patients by the provision of varied activities. The objective and target date were agreed. Probably the *key decision* was setting up the mixed group of those known to care about the patients' quality of life. In Case Study 1 in Chapter 9 on Young Leaders, there is also a short account of what Heather-Jane Sears did with the same aim. The two examples show different ways of achieving a similar final aim.

This is a relatively simple example from the many good short-listed submissions for the Health Management Award that have been published in *The Health Service Journal*. Each was about a specific innovation, whereas the *Sunday Times*'s 1988 competition was to find the best district.[10] The judges chose North Manchester. Four criteria suggested by John Harvey-Jones helped to distinguish between the finalists:

1. *relationship* between managers and doctors;
2. *attitude to change* in the organisation;
3. approach to *staff*;
4. *clarity* of the district's objectives.

The first three are essential concerns for a good leader in the NHS and the fourth for a good manager anywhere. An impressive feature of the report in the *Sunday Times* is the variety of innovations cited in hospitals, clinics and community care. To give just one example: the use of chiropodists to provide vitamin D to women over 75 to reduce bone softening, which led to a substantial reduction in broken hips. This illustrates the value of greater flexibility in staff roles. Once leaders can enlist staff's interest in finding new and better ways of doing things, there is – as the North Manchester example shows – opportunity for useful innovation in most activities.

SPOTLIGHTING THE WAY

Statements of value are words, and words can be powerful, but words unsupported by actions are meaningless, or worse because they encourage cynicism. **What you *do* matters more than what you say, because that shows what you really treat as important.** Hence it is no good saying that quality matters, and then spending little or none of your time on it. Tom Peters in *Thriving on Chaos* has some powerful things to say about that:

> 'There is in fact no alternative to you acting as standard bearer for a dramatic strategic shift. You may, if you are chief executive, appoint a "representative" – a "quality czar", for example. But beware. He or she can be no more than your point person, and never a true surrogate. There can be no substitute when it comes to the way the members of the organization assess your priorities and the seriousness of your intent. You are either "on" the topic or you are not.'[11]

> 'What matters is that everyone who works for and with you observes you embracing the topic with both arms – and your calendar. What they need to observe is your obvious, visible and dramatic, determination to batter down all barriers to understanding, and then implementation.'[12]

By 'calendar' Peters means the time that you devote to the subject that you are saying is important.

You need to bear witness to the message that you want to put across by what you *say*, and what you *do*. Take opportunities to repeat the message, to use illustrations of what you mean, and (where you can) exemplify them in what you do. The Case Studies in Chapters 9 and 10 provide some examples: Heather-Jane Sears describes how she demonstrates good nursing as a way of raising standards (pp. 124ff). The DGM in Case Study 2 talks about being deliberately enthusiastic and energetic every day, and the DGM in Case Study 4 talks about using his speech at a retirement party as an occasion not only to show appreciation but also to 'spread some messages'.

All those who want to achieve a general change in attitudes and standards should remember that people respond to *symbols*, for example, a chief executive in an organisation with strong status divisions could symbolise that he did not support them by giving up

his reserved parking place. John Harvey-Jones, who was noted for his leadership as chairman of ICI, is talking about symbolic actions when he says in his book on leadership:

> 'There is almost always something in a large organization that can be changed which will give very strong messages . . . In this process of change, small actions have a tremendous catalytic and change effect.'[13]

Some of the DGMs in the tracer study also talked about their awareness in the early days in their new job of how quite small actions could symbolise the way things were going to change. One was making a night visit to the district general hospital, which was seen as the 'ivory tower' actually coming to see what staff had to put up with. Another was saying that a request for locks put in three months ago should be done the next day, and that when it was queried, that it was an order, not the start of an argument as to whose fault it was that it had not been done.

PROBLEMS OF BEING A LEADER

We have been talking about leadership as it should be – the ideal – but there are difficulties inherent in being a leader.

Excessive Expectations

People's expectations of what you can achieve may be *unrealistic*. This comes from the wish to believe that leadership will cure the ills that face an organisation or even a society. The desire to attribute unrealistic power to leaders was shown in an American review of the meaning of leadership. It concluded that leadership is a romantic concept:[14] 'romantic' because of the belief that leaders can control the fates of the organisations in their charge. This belief is a double-edged sword for the leader, because it means that not only success, but also failure, are attributed (probably unduly) to the leader. However, the authors concluded that it is better for people in authority to believe that they can influence events, even if in doing so they exaggerate the extent to which they can control what happens, because this belief encourages them to *initiate* and to *persist*.

Undue Importance Attached to Your Remarks

People may pay too much attention to what you say, so that something you say casually may be noted and acted upon though you may not have wanted that. Most famously:

'Who will free me from this turbulent priest?'

Henry II, according to history books, which is said to have led to the murder of St Thomas Becket.

Attitudes to Dependence

A common problem is the ambivalence that many people feel about dependence upon the leader. If they still have problems with the relationship with their parents, either now or in retrospect, the ambivalence will be worse because you may be seen as a substitute parent. People can both want to be dependent, because they like to feel that someone else is coping, and yet resent their dependence upon you. The paradox for the leader is learning to cope with people's dependency needs, but without making them dependent. As one DGM put it:

'You should get on to a basis where they acknowledge your leadership without feeling dominated by it.'

Isolation

As a leader you can easily become isolated, rather cut off from reality as it is experienced by those who work for you. This can make it harder to understand how others are feeling. It can also make you feel lonely. These are common dangers; fortunately less common are *folies de grandeur* – that is, an excessive belief in your own importance. Traditionally the court jester was a guard against this, as he had a licence to make fun of his master, but all leaders can benefit from having someone who will challenge them.

Lack of Confidence

Leaders need to inspire confidence in others. This means that you may often need to appear more confident than you feel – a problem mentioned by several of the young leaders described in Chapter 9. It

is a problem that usually gets less with age and experience in the job. A number of the Templeton tracer DGMs said that after some time in the job they felt more confident than they did at the start of holding this new job.

STEPS TOWARDS THE IDEAL

These are described in the following chapters about leading in particular relationships, so only a few general guidelines are appropriate here:

1. **Do not be afraid to think of yourself as a leader** – the NHS needs leaders.
2. **You do not have to be superhuman to be a good leader, or even to be charismatic, but you must have a strong belief in what needs doing, a picture – even a vision** – of how you think the unit, department, ward, or whatever you are responsible for managing, **should be**.
3. **You need a willingness to convey that vision to others with enthusiasm and a visible personal commitment to its accomplishment.**
4. It helps to have what Tom Peters and Nancy Austin[15] have called **'passion for excellence'**.
5. **You should take a positive rather than a defeatist attitude to setbacks to your aims.**
6. **You should encourage others, but when you feel discouraged keep it to yourself**, though confiding in a friend or counsellor can be helpful.

SUMMARY

1. The NHS needs leaders so do not be afraid to *think of youself as a leader*. Good management and administration are necessary, too, but it is leadership that will enable people to meet the many challenges facing the NHS.
2. Leaders have a *vision* of what they want to achieve. They point the way and make others enthusiastic about following it. They show clearly what they *care about*, and the values that underlie that.

3. Leaders are *demanding*: they set high goals. They make people feel proud of where they work. Above all, they make people feel important; they enable them to realise their potential.
4. There are *problems* about being a leader. People may expect too much. They may attach too much importance to what you say, even to chance remarks. You will have to cope with ambivalent attitudes to dependency. You may feel isolated at times. You may have to appear more confident than you feel.
5. Don't be put off. **You can be a leader if you have a strong belief in what needs doing and can convey that commitment to others. Remember that what you do matters more than what you say, because it shows what you really treat as important.**