Leadership in Health and Social Care

Leadership in Health and Social Care is an accessible text for students and practitioners seeking to develop their leadership skills.

“I commend this book to you as a ‘way in’ to the leadership world for anyone working in health and social care. It treats you like an adult and expects you to take responsibility for your own leadership development.

We now know that good leadership has a direct relationship with good services and we can certainly no longer afford mediocrity. We need leaders to enable the disruptive innovation that will be required to improve the quality of care with less resource to do so.”

From the foreword by Karen Middleton, Chief Health Professions Officer for England.

Key features:
- Introduces the concept of leadership and its importance in health and social care.
- Discusses the skills and qualities that make for effective leadership.
- Analyses the role of the leader as a catalyst for change.
- Helps readers to explore their own perceptions of leadership through activities and scenarios.

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An Introduction for Emerging Leaders
Louise Jones and Clare L Bennett
# CONTENTS

Foreword vii  
About the authors viii  
Preface ix  

1 What do we mean by leadership? 1  
2 Theories of leadership 11  
3 The skills and qualities of effective leaders 28  
4 Leadership, values and culture 47  
5 Leadership, power and influence 61  
6 Leadership and change management 77  
7 Leadership in health and social care 94  
8 Leadership development – so where do you go from here? 112  

References 129  
Index 139
LEADERSHIP, VALUES AND CULTURE

LEARNING OUTCOMES:

When you have completed this chapter you should be able to:

4.1 Outline what is meant by culture
4.2 Recognise how values and beliefs link to organisational culture
4.3 Discuss the importance of alignment between personal and organisational objectives
4.4 Understand the relevance of values and culture to leadership.

INTRODUCTION

Having considered what we mean by leadership, the theory which underpins it and the skills and qualities that make for an effective leader, this chapter moves you on to think about the place in which you work and the people you are working with. This can be influenced by whether it is a single organisation (e.g. a private care home), local organisation with many parts, such as a local authority, or one part of a much larger organisation, such as the NHS.

WHAT DO WE MEAN BY CULTURE?

There are many different definitions of organisational culture, which reflects the diversity of organisations in existence. A definition which works well for health and social care is ‘the collection of traditions, values, policies, beliefs and attitudes that constitute a pervasive context for everything we do and think in an organisation’ (Mullens, 2005 in Barr & Dowding, 2008, p. 174). Another definition is that of Hofstede (2001), who identifies culture as ‘the collective programming of the mind that distinguishes the members of one
organisation from another’. However, Dowling (1993) has a much simpler way of defining what culture is; he defines it as the “glue” which holds many organisations together’. Informally, organisational culture is not uncommonly said to be ‘the way we do things around here’.

**ACTIVITY 4.1**

In relation to the organisation you work in currently, or have worked in previously, what are the things that you would consider make up its ‘glue’?

Culture can be thought about not just in terms of the organisation itself but also in relation to the nature of the health and social care area in which you work, such as the community or in an acute hospital, and the different professional groupings with which you work. Barr and Dowding (2008) identify that cultures are affected by:

- the past
- the climate of the present
- the involved technology
- the type of work
- the aims
- the kind of people who work there.

**ACTIVITY 4.2**

Looking at the list of bullet points above, is there anything else you would now add to your answer to Activity 4.1?

Although organisational culture may seem hard to put your finger on, it makes itself visible in a number of different ways to both those working within the organisation and those looking at the organisation from the outside. Hofstede and Hofstede (2005) use the terms ‘symbols’, ‘heroes’, ‘rituals’, ‘values’ and ‘practices’ in their model of organisational culture (Figure 4.1).

**Symbols** are the words or visual images that are meaningful for the organisation. This could include the language or phrases used verbally or in internal or external documents, the organisation or departmental logos, the dress code or specialist equipment used, e.g. stethoscopes.
Heroes are the people who are, or have been, associated with the organisation who are admired and are seen as role models for employees or a particular profession because of their expertise, leadership, personality, values or behaviours.

Rituals are activities which take place within the organisation which may or may not be essential but are bound into the organisation. Examples could include informal get-togethers, leaving parties, award ceremonies, etc.

Values are the ideas and beliefs that we hold as special; the things that really matter to us which influence the way we behave and act. They are often said to be innate and are particularly important in the health and social care arena. Many of the health and care professions have particular value sets and philosophical bases which underpin the way they work. These are learnt while they are training in the workplace or studying at college or university.

Practices are the final part of Hofstede’s model of organisational culture. This is the slice through the onion that shows the three outer layers and equates to how an outsider sees the culture of an organisation working. However, although the symbols, heroes and rituals are visible to all, it is only by being part of the organisation that they have full meaning and significance.

Hofstede and Hofstede (2005) compare their model to an onion with different layers, with the outermost being the most easy to peel off or change, and values at the core being the hardest to get to and affect. This is because values are something that we learn early on in our lives, at home and in school or college as we grow up. They are influenced by what we see and hear around us and by the time we get into the workplace most of our values are already
formed. Normally people tend to behave in a way that fits comfortably with their values and so they usually enter a career, or apply to work in an organisation, where the values align closely with their personal values. Within the field of health and social care, caring for others could be said to be a value, as would be respect for an individual’s personal dignity.

From a wider perspective, organisational values usually represent those things that the organisation really believes in. They guide the organisation and its employees towards its goals and they usually relate directly to the purpose for which the organisation exists. Human resource recruitment processes are often designed to ensure that the values of a successful applicant match those of the organisation. In addition to existing at individual and organisational levels, values are often considered at team or departmental level as part of staff development activities.

**ACTIVITY 4.3**

Reflect on a team that you work in and write a list of the values which you believe that team demonstrates.

Words you thought of might have included some of the following:

- commitment to team goals
- mutual trust and respect
- helpfulness towards one another.

The value terms mentioned above reflect a team where the members are working well together. It would be interesting to ask the other people who you work with what words they would use. The best teamwork happens when there is alignment between the values of the different team members, because this creates a positive climate in which to work, which is why they are often included in team ‘away days’ or staff development activities. If the different team members do not have similar values it can create conflict and tension, which means the team is less likely to be working effectively. This can also be seen at organisation level. If an individual’s personal or professional values do not align with those of the organisation the working relationship will not be as effective as it might be and could become a source of conflict.

Although many teams in health and social care are multidisciplinary, the individual professions seen, for example, working in the NHS or local authorities such as midwives, allied health professionals, social workers, pharmacists, clinical scientists, project workers, etc. will each
have their own cultural identity. As such they are often described as being a subculture with their own symbols, rituals, heroes and values particular to their professional identity. A subculture may be defined as ‘a subset of an organisation’s members who interact regularly with one another and identify themselves as a distinct group within the organisation, share a set of problems commonly defined to be the problems of all, and routinely take action on the basis of collective understandings unique to the group’ (Van Maanen & Barley, in Frost et al., 1985). However, it should be recognised that health and social care professionals will have two sets of values; their professional values and their personal values, both of which can impact on the teams and organisation within which they are working.

**ACTIVITY 4.4**

Make a list of the different professions that you have worked with recently. What differences or similarities do you see between them in relation to the cultural factors mentioned above? Were there any challenges created by the different cultural identities?

It is not uncommon for some subcultural groups to have difficulty working together or conflict with one another because of the differences in their cultural identity, particularly their values and professional philosophies. Within health and social care settings this is sometimes referred to as ‘tribalism’ and can be seen as a threat to full inter-professional or interagency working. However, an awareness of these subcultural issues by both team leaders and members of any multidisciplinary team can reduce their impact and in many instances, recognising these differences can strengthen rather than weaken the way that a team works, adding cultural richness.

**ETHICS**

One particular value which has come more to the fore in recent years is ethical behaviour and organisations often have this overtly within their vision or mission statement.

**ACTIVITY 4.5**

Think about an organisation or company which identifies itself as having ethical leadership or an ethical approach to its product. Consider why it might use that term and what benefits use of that term might bring to the organisation?

The ability to put yourself forward as an ethical company is seen as a positive thing to do, because it reinforces cultural characteristics that are perceived as important to the public.
This is particularly the case within health and social care organisations where integrity, truth and respect aligned to informed decision-making and confidentiality are perceived as essential ways of working and necessary values within their culture.

French and Bell (1990) modelled their perception of organisational culture on an iceberg floating on the sea, with formal aspects of the organisation visible (above the sea) and the informal aspects invisible (below the surface). This approach confirms still further why culture is seen as a mix of tangible and intangible elements.

![Figure 4.2 The ‘Iceberg’ model of organisational culture (adapted from French & Bell, 1990)](image)

A further model of organisational culture which helps to demonstrate the complexity of organisational culture, and how one element influences another, is Johnson and Scholes’ cultural web (2005). This is an expansion of the Hofstedes’ work which adds routines, stories, power structures, control systems and the organisational structure itself (Figure 4.3).

**Routines** are placed along with rituals as they reinforce the activities that take place within the organisation, particularly those which happen on a day-to-day or weekly basis, such as case conferences, ward rounds, team meetings, etc.

**Stories** are the way that members of an organisation share successes, failures, near misses and important events with one another and those outside the organisation, which reinforce what is perceived as being important to the organisation.
Power structures relate to where the sources of power sit within the organisation (see also Chapter 5). It is individuals or groups of people who hold the power to shape core values and beliefs and, therefore, influence organisational culture. Particular values can be encouraged or discouraged through workplace systems, e.g. appraisal or performance reviews.

Control systems place emphasis on what matters to the organisation, such as the achievement of targets, successful inspections and effective budgeting. Systems that measure outcomes can influence individual behaviour, particularly if they are linked in any way to reward.

Organisational structure reflects the roles and relationships and power systems that promote a particular culture. A hierarchical structure will produce a culture that is very different from that of a flat organisation where there are very few levels or grades between the highest and the lowest employees.

At the centre of the web is the paradigm, i.e. the assumptions that exist within the organisation. Johnson and Scholes (2005) identified that it is these assumptions that are often the most intangible and, therefore, difficult to identify and explain within an organisation.

Handy (1985) identified four different types of organisational culture, as outlined in Table 4.1.
Table 4.1 Handy’s four types of organisational culture (Handy, 1985)

<table>
<thead>
<tr>
<th>Role</th>
<th>Task</th>
<th>Power</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>– based around job</td>
<td>– central figure for strength</td>
<td>– successful solution to problems</td>
<td>– focuses solely on the individual</td>
</tr>
<tr>
<td>– hierarchical structure</td>
<td>– communication radiates from the centre</td>
<td>– performance judged by results and problems solved</td>
<td>– not common for the entire organisation</td>
</tr>
<tr>
<td>– predictable and stable</td>
<td>– dominance from the centre</td>
<td>– flexible</td>
<td>– usually in small areas of large companies</td>
</tr>
<tr>
<td>– inflexible</td>
<td>– responds to change quickly</td>
<td>– decisions made at junctions</td>
<td>– culture of educated articulate individuals</td>
</tr>
<tr>
<td>– rigid</td>
<td>– small organisations</td>
<td>– more loosely bound than role culture</td>
<td>– specialist with common interests, e.g. researcher</td>
</tr>
<tr>
<td>– barriers between different departments</td>
<td>– politics important, knowing what the boss wants</td>
<td>– power influenced from various positions</td>
<td>– operates independently</td>
</tr>
<tr>
<td>– impersonal</td>
<td>– can exert strict internal control</td>
<td>– respect and power from individual knowledge</td>
<td></td>
</tr>
<tr>
<td>– suppresses individuality</td>
<td>– conform or GO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– change is slow, brought about by fear</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Handy’s model of types of organisational cultures is useful when looking at both large and small organisations. For example, Barr and Dowding (2008) perceive that the NHS as a whole can be seen as a role culture, with small project teams within it working in a task culture. They suggest that research teams, high-dependency care and operating theatres are good examples where there is a power culture. Person culture exists to a lesser extent; however, it could be conceived where there is a very small department of just one person, for example a specialist practitioner. A similar diversity of cultures can also be seen within local authorities and independent or voluntary sector providers.

An alternative approach is put forward by Kanter (1983), who suggests that there are just two types of culture: segmentalist and integrative, as identified in Table 4.2.
Table 4.2 Segmentalist and integrative culture (Kanter, 1983)

<table>
<thead>
<tr>
<th>Segmentalist Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>• views organisational problems narrowly</td>
</tr>
<tr>
<td>• locates problems and hence responsibilities narrowly within department’s or individual’s remit</td>
</tr>
<tr>
<td>• has segmented structure divided into departments and functions, often working against one another</td>
</tr>
<tr>
<td>• shuns experimentation</td>
</tr>
<tr>
<td>• avoids confronting problems and conflicts</td>
</tr>
<tr>
<td>• has weak coordinating mechanisms</td>
</tr>
<tr>
<td>• emphasises precedent, policies, procedures and systems</td>
</tr>
<tr>
<td>• is inward looking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrative Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>• sees problems as related</td>
</tr>
<tr>
<td>• views problems and responsibilities as shared and connected</td>
</tr>
<tr>
<td>• has matrix or team/project-based structure</td>
</tr>
<tr>
<td>• innovates and tests, inviting experimentation</td>
</tr>
<tr>
<td>• creates mechanisms of coordination for sharing information and ideas</td>
</tr>
<tr>
<td>• looks for novel solutions</td>
</tr>
<tr>
<td>• is outward looking</td>
</tr>
</tbody>
</table>

The two lists of characteristics Kanter identifies are opposites in many instances and it must be recognised that few organisations will sit completely under either heading.

**Activity 4.7**

Do you work in a mainly segmentalist or integrative culture? Can you list the reasons why you believe this?

The particular value of Kanter’s two-type model can be seen in relation to change. She believes that organisations which have all or many of the integrative features are more likely to be able to cope with change or even thrive in a dynamic environment. She argues that segmentalist cultures are much slower to respond and can struggle when required to change.
CULTURAL IDENTITY BEYOND THE ORGANISATION

It is important to remember, however, that health and social care organisations seldom exist in isolation. There is often a local, regional or national organisational perspective which needs to be taken into consideration. Even if, for example, a care home or community project is a ‘one-off’ it will usually be linked into a network of organisations in one way or another.

The NHS is a prime example of a big national organisation which is influenced by the cultural identity of the United Kingdom. Brooks (2009) identifies what he considers to be the elements which impact on the society in which we grow up and work and so influence how values develop and lead to a national culture.

![Diagram of factors affecting national culture, adapted from Brooks (2009)](image)

However, although there is an over-arching organisational national culture, there are four regional subcultures relating to the four countries which make up the UK. This is apparent within the NHS; the way the NHS is structured and managed is very different in those four countries, as can be seen in Chapter 7. In addition, there are further differences, because each of those large regions is broken down into smaller parts. For example, in England there are a number of Strategic Health Authorities (SHAs) which demonstrate slightly different approaches to health care. Their approaches are dependent upon local factors such as population size, demography and geographical factors as well as the influence of the people employed within the SHAs themselves. It is, therefore, understandable that when organisations or structures separate out or merge, there are often tensions or sources of
conflict as the different cultures ‘collide’. This can particularly be seen where organisations which have significant cultural differences merge or have to work more closely together, such as the new combined community and acute NHS trusts. This is why the management of change (see Chapter 6) will often include attention to cultural issues, and an understanding of culture is vital in those leading the change processes.

WORKING BEYOND THE NATIONAL CULTURE?

A considerable amount of investigation and analysis has taken place in relation to the differences between the national cultures of different countries. Hofstede (1980, 1984, 1991) is seen as a major writer in this area and his model of four cultural dimensions is easy to use and understand. He collected a large amount of data on the attitudes of employees from 50 countries. These dimensions are referred to as power distance, individualism, uncertainty avoidance and masculinity/femininity.

Power distance is the social distance between people of different rank or position. In some countries subordinates are less likely to question the decisions or actions of their managers. In other countries it is the norm for subordinates to debate issues with their superiors and be part of the decision-making process.

Individualism relates to the extent to which an individual relies on a group approach (collectivism) to solving problems and making decisions or is more likely to take individual initiative.

Uncertainty avoidance reflects the attitudes towards ambiguity. Some cultures have a high level of avoidance whereas others have a low uncertainty avoidance.

Masculinity/femininity is a complex variable which reflects values that are widely perceived to be more masculine, such as assertiveness, competitiveness and results orientation. Femininity on the other hand is seen to be more cooperative and to show greater awareness of feelings and equal opportunities.

The awareness of the above factors relating to different countries’ national cultural identities is important in the world today as the global workforce is more mobile. In the UK the health and social care workforce is drawn from a multinational pool and an understanding of the different cultural dimensions is invaluable to leaders at all levels within the organisation, as these differences can either be a source of confusion leading to tension or add richness within the workplace.

CULTURAL GAP

There can also be a gap between the kind of culture that an organisation currently has and that which its senior management would like it to have. This is called a cultural gap, and much
Leadership in health and social care

time is often spent trying to understand what constitutes this gap so that the organisation can work towards closing it in order to create a stronger organisational culture. This in turn is more likely to lead to organisational success. Having a shared commitment to organisational goals and values increases levels of motivation, creates stability and encourages teamwork. It also facilitates good decision-making and more effective working (Deal & Kennedy, 1982). It should be noted that an organisation may also use the recruitment process to employ new staff who ‘fit’ the profile they aspire to, as well as working on closing the cultural gap.

SO WHY IS UNDERSTANDING OF CULTURE IMPORTANT IN LEADERSHIP?

Although organisational culture is created by a number of different factors within the organisation, it is important to remember that culture is dynamic and constantly evolving. Although it is recognised that it is difficult to change culture, it is possible to do so under the right leadership. However, you have to be able to recognise the existing culture before you can do anything about it and you need to be aware of the culture you want to move to (Brooks and Bate, 1994).

ACTIVITY 4.9

Choose an element of culture in your workplace that you would like to change in some way. This could be a negative feature that you want to stop or a positive one that you want to enhance further. What could you do or say differently that might have an impact?

Through recognising what the keystones of culture are, you can begin to influence the team, department or organisational culture through reinforcing positive behaviours, discouraging less welcome behaviours or through considering your own words, actions and the symbols that you use; you can shape the practices that others see. A knowledge of culture can enable you to better understand how your organisation works, or doesn’t work, or recognise when and how it is trying to change. Knowledge of culture can also help you improve your understanding of your own personal and professional values and enable you to gain an insight into your personal needs and motivations and reflect on why you appear to ‘fit’ well into a particular organisation or work context. One of the challenges of leadership can be ensuring that the decisions and actions that you take reflect and align with both your personal values and the values of the organisation.

Schein (1985) identified that there was a relationship between leadership and cultural formation within his model of organisational culture. He believed that leadership needed to be seen in context and in the culture of that context, as illustrated in Table 4.3. He suggested
that there were two continuums, and that neither one was better than the other; they were just different.

**Table 4.3 Schein’s relationship between leadership and culture formation (Schein, 1985)**

<table>
<thead>
<tr>
<th>operate independently</th>
<th>ideas valued from older, wiser and higher status individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>ideas valued from any individual</td>
<td>people are capable of loyalty and discipline in carrying out directions</td>
</tr>
<tr>
<td>people are responsible, motivated and capable of governing themselves</td>
<td>relationships are lineal and vertical</td>
</tr>
<tr>
<td>conflict is OK and can be sorted out through groups</td>
<td>each individual has a place in the organisation</td>
</tr>
<tr>
<td>group members will care for each other</td>
<td>the organisation is responsible for taking care of its members</td>
</tr>
</tbody>
</table>

As you can see, your actions and words as a leader will make a difference to the culture within your workplace and it is suggested that there is a correlation between a strong positive culture and organisational performance (Deal & Kennedy, 1982). It is usually the culture that a leader tries to change in order to improve the quality of the services being delivered and in achieving objectives. Most organisations welcome employee participation in strengthening the organisation and this is particularly the case within health and social care as this usually has a positive impact on the service user and carer experience. With a knowledge and understanding of culture you will put yourself in an excellent position to actively participate in such activities and so be able to raise your profile as a potential leader at team, departmental, organisational or even national level.

**CHAPTER SUMMARY**

Three key points to take away from Chapter 4:

- Different types of organisational culture exist and affect the sort of team you work in. It can be tangible or intangible, visible or unseen, and different models exist which can help you analyse how culture is expressed within an organisation.

- Knowledge and understanding of culture can help you as a leader; they enable you to influence it and so potentially improve team performance and/or the service user experience.

- The alignment of personal and organisational values is important in enabling a strong culture to support organisational success.
QUESTIONS

Question 4.1
Outline what you understand to be the meaning of culture. (Learning outcome 4.1)

Question 4.2
Using your own workplace as an example, identify how the values of your organisation reflect its culture. (Learning outcome 4.2)

Question 4.3
Discuss why it is important that personal and organisational values and objects are aligned. (Learning outcome 4.3)

Question 4.4
Outline why you believe that an understanding of the relevance of values and culture is important to a leader. (Learning outcome 4.4)

FURTHER READING