Leadership and management skills in health care

Peter Ellis and Jane Abbott explain some of the theories and concepts that new managers can draw on when leading a team. They then describe how the style of leadership can be adapted in relation to the situation and team where a new manager has to take the lead.

The terms ‘leadership’ and ‘management’ are terms commonly used to describe the roles of people who have some oversight and perhaps some say over the work other people do. There is a lot written about both leadership and management—some of which is quite heavy reading but little of which is based on research or any other forms of evidence. It is important to say that much of what we know, or think we know, about management and leadership is based on theory, supposition and experience.

In this article, a brief look is taken at what it means to be a leader in the health care setting and some of the theories about leadership and management are introduced. As with anything you read, it is important to think carefully about how the messages may apply to you and your team. To be effective in any area of leadership or people management, it is important to have a well-developed sense of who you are and of the personalities and their abilities in your team (Ellis and Abbot, 2009a,b).

The literature has many definitions and descriptions and descriptions of good leadership and some of these can be applied to leadership in the cardiovascular setting. However, all managers may be challenged to recognize and support leadership potential wherever they might find it.

Leaders vs managers
Unlike a manager, a leader does not necessarily have the power to enforce his/her will on others or the authority to get others to do things. Leadership is more about how people behave and how people engage with others. In the cardiovascular setting, you may be a team leader or you may be someone who takes the lead in a project, but you are not necessarily a manager. Some leadership and management theorists believe that leadership and management are essentially different and that one can completely divorce the one from the other. The best managers, however, are also good leaders. That is not to say that the two terms are interchangeable—not all managers are leaders and not all leaders are managers (Stewart, 1996).

An old proverb says that leaders do the right things and managers do things right. This suggests that they possess very different skills and traits—as are shown in Table 1. This is now believed to be a dated view and current thinking suggest that many managers can also be good leaders.

In people management and, more particularly, in people management on a busy ward, leadership is but one of the many skills that the manager will require.

Activity 1: At this point stop and think about what you think leadership is about. Who have been the best leaders you have worked with? What was it about them that appeared so good? What skills do you share or may be able to develop that mirror these traits?

What is leadership?
A good leader is someone who people want to follow. Huczynski and Buchanan (1991) eloquently define leadership as ‘a social process in which one individual influences the behaviour of others without the use of threats or violence’. When good leaders communicate an idea or a task, they ensure that they are understood and that people know what is expected of them. Communication is a fundamental aspect of leadership and management and is a skill that for many health professionals, translates readily from the clinical to the managerial/leadership role.

Early theorists believed that leadership is inborn and that some traits of a leader’s personality such as intelligence, initiative and confidence were what created leaders (Goffee and Jones, 2000). Others disagree. Kouzes and Posner (2002), for example, argue that the skills of a leader are observable and learnable. Certainly many of the facets of being a good leader can be learnt but in order to learn what these skills are, it is first important to understand what leadership is.

Models of leadership
Some theorists believed that people get intrinsic satisfaction from their work and, that if given control over their work, they tend to be more productive and better motivated (Likert, 1961; McGregor, 1960). The underlying suggestion here is that the role of the leader is to inspire, facilitate and direct rather than to dictate the way in which work is undertaken. Indeed this concept makes a lot of sense when engaged in the leadership of staff for whom one has no direct managerial responsibility and where motivational and diplomacy skills need to be utilized (Hartley and Allison, 2003).

John Adair (1973), a notable management and leadership expert, belongs to a school of theorists called contingency theorists who believe that group performance depends (is contingent) on a number of variables. He identified three interconnected elements of leadership within a particular situation. Adair’s...
Professional Development

When undertaking the next activity, you may notice that a number of issues around communication and clarity will arise. It is during times when good communication is needed most—at times of change or when dealing with uncertainty or in a crisis—that the best leaders will shine. They are able to bring clarity to a situation and are able to communicate what is happening, what they are thinking and why.

So far we have identified that leadership skills are important in managing situations and people and that the skills required are contingent on the situation. We have also argued that you do not need to be a ward or unit manager to be a leader. We now need to look at how the individual skills will translate into good leadership.

Activity 2: At this point stop and reflect on the range and scope of the tasks you are asked to lead on. The tasks that require leadership may appear quite ordinary to you, such as the day-to-day running of a coronary care unit, a ward-based cardiac team or a community-based heart failure team. Other leadership situations may require you to lead on a project involving other health professionals.

Identify one task and give some thought to the nature of this task and what is required to get the task done. What are the needs of the group undertaking the task and what are the needs of the individuals? How can you make the nature of the task clear to all concerned and how can you identify and meet the different needs of the group (such as understanding the roles of others in the group) and the individuals within the group (such as understanding their own role within undertaking the task).

Communication

Table 1.
A classical view of the differences between managers and leaders

<table>
<thead>
<tr>
<th></th>
<th>Leader</th>
<th>Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Doing the right things</td>
<td>Doing things right</td>
</tr>
<tr>
<td>Perspective</td>
<td>Long term view</td>
<td>Shorter term view</td>
</tr>
<tr>
<td>Analysis</td>
<td>‘What’ and ‘why’ questions</td>
<td>‘How’ questions</td>
</tr>
<tr>
<td>Temporal perspective</td>
<td>Innovation, development and the future</td>
<td>Administration and the present</td>
</tr>
<tr>
<td>Culture bearing</td>
<td>Sets the vision, tone and direction</td>
<td>Sets the plan and the pace</td>
</tr>
<tr>
<td>Hopes</td>
<td>Hopes others will respond and follow</td>
<td>Hopes others will complete their tasks</td>
</tr>
<tr>
<td>Areas of intervention</td>
<td>Appeals to hopes and dreams</td>
<td>Monitors boundaries and defines limits</td>
</tr>
<tr>
<td>Expectations</td>
<td>Expected others to realize vision</td>
<td>Expected others to fulfil their mission and purpose</td>
</tr>
<tr>
<td>Inspiration</td>
<td>Inspires innovation</td>
<td>Inspires stability</td>
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Levels of leadership

Tannenbaum and Schmidt (1973) provide a simple leadership continuum model which throws some light on how the leader might act in different situations and what skills are called into play. In their model (Figure 2) the level of control exercised by the leader varies from being very high, an almost autocratic level, to being more democratic and involving all of the team. At no stage in the model are leaders 100% in control because regardless of the level of power

Figure 1. Adair’s (1973) Functional leadership model

model is a classic functional leadership model (Figure 1). It shows that for effective leadership there must be a balance between the needs of the task that is to be undertaken and the needs of the group and individuals who are to undertake it. A good leader within any given situation will therefore give thought to how to balance these different needs and priorities.
within an organization, they cannot totally control what happens when they are not with their team.

When operating at the ‘tell’ level, the leader is adopting an autocratic style. This may be suitable where there are defined levels of accountability and power and when the team performance has lapsed. In the cardiovascular setting, such a style might be appropriate when attending to an emergency situation, when there are poor standards or when a team member’s actions give cause for real concern. At such times, leaders need to be clear in their instructions and monitor to make sure the job has been done.

When ‘selling,’ a leader has to be clear in presenting a decision that has already been made to the team. Key skills at work include the ability to persuade the team while being able to encourage some input but ultimately working toward the decision that has already been made.

The more collaborative ‘consult’ style is perhaps one with which many leaders will feel most comfortable. Here, leaders know roughly what they want to achieve and how but are open and able to accommodate suggestions, comments and input from the team. Such an approach is said to enhance team morale but allows leaders to maintain some element of control.

At the ‘participate’ level, leaders define the limits of the task and what is needed but allow the team as much responsibility as possible to decide how the task is achieved. Leadership using this approach means that the leaders believe in the skills and motivation of their team, and are able and willing to delegate tasks in the belief that the team will be able to achieve them.

So the exercise of leadership seems to be a moveable feast. The style leaders adopt may need to vary according to their situations and their team. According to this theory, there are also a number of skills that are prerequisites of operating as a leader. These may be determined by the situations in which leaders find themselves operating.

The characteristics of good leadership

Good leaders should:
- Know what they want to achieve
- Care about the organization and the team
- Act ethically and with humility
- Act consistently with integrity
- Be able to get others to share their goals
- Be focused on the team members
- Be good communicators.

NHS Leadership Qualities Framework

Another source of information about the qualities leaders should have or aspire to is the NHS Leadership Qualities Framework (NHS Institute for Innovation and Improvement, 2009). It is tailored to the specific environment of the NHS and contains detailed descriptions of each quality and the levels that can be attained within each quality.

Transformational leadership

No discussion of leadership would be complete without some mention of transformational leadership. Essentially, transformational leadership is the embodiment of all that is potentially good in leaders and leadership styles. Transformational leaders are leaders who are good at motivating people and are able to inspire by appealing to the

Key Points
- Leadership can be exercised by any member of the team, not only managers
- The best leaders are people with vision, passion and good communication skills
- Leadership skills can be taught and learnt, but this does require some effort on the part of the individual
- Different leadership styles are appropriate for different situations
- To be a good leader one must have the ability to inspire others to follow
- A good leader always ensures that the messages they give out are understood and that staff have the resources and ability to undertake the roles they are given.
individual’s morals and values. They have a vision for the way in which they want their organization to operate and they are able to share this vision with others (Rogers and Reynolds, 2003).

Conclusions
This article introduced the concept of leadership, different styles of leadership and some of the skills good leaders may have or aspire to. It explained that good leader does not have to be a manager but that a good manager of people and teams, such as those found in a cardiovascular setting, is also a good leader.

Leadership has been portrayed as a collection of communication skills together with the exercise of integrity in advancing the team towards achieving a particular goal or set of goals. In the cardiovascular setting, leaders can be found among profession-specific teams or among the management, but also among health professionals leading on a specific task at a particular level of expertise or vision.

The challenge to managers and senior team members is to dare to give over some control to such individuals and allow them to flourish and in so doing allow the scope and quality of care provision to improve.
