Is the NHS Leadership Qualities Framework Missing the Wood for the Trees?

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Abstract

This essay provides a short, critical commentary on The *NHS Leadership Qualities Framework* (i). The Framework describes a set of key characteristics, attitudes and behaviours that leaders in the NHS should aspire to in delivering the NHS Plan. It is a key area of current healthcare policy debate. We explore two, interrelated problems with the Framework: (1) methodological – the extent to which data collected from Chief Executives and Directors can be generalised to leaders at all levels in the NHS; and (2) epistemological – the Framework’s exclusive focus on the definite article – the *is* of individual identity and personal qualities. We conclude that leadership needs to be subjected to broader theoretical analysis and not more simply ‘popularist’ descriptions of individual leadership characteristics, if the NHS is to get satisfactory answers to the question of leadership development in the long term.

**Key words:** leadership, individualism, personal-qualities, social relations
Introduction

Those who find themselves in leadership roles in the NHS are in quite a predicament. With all the impossibly competing demands on leaders to be healers or saviours, in Plato’s descriptions, no wonder they need some help — and no wonder, perhaps, that this help tends to be motivated by simple measurement and ‘treatment’. Such treatment might work quite well for selecting future leaders if they could easily be identified as the ‘patient’. But do leaders really have a sort of ‘illness’ that can be identified, measured and treated, or is leadership, in reality, elusive, awkward and complex? In reply to this question this short essay suggests it is short sighted to think that leadership corresponds to certain personal characteristics. This tendency too quickly turns leadership development into a routine hurdle race, quite apart from any question of critical and appreciative study.
The Wood

What leadership is has been an enigma of social democracy since the classical philosopher-kings of Plato. It also remains a perennial issue in management theory, organisational behaviour, political and institutional studies, social anthropology, and philosophy, with significant debate concerning the problem of understanding the nature and development of leadership (ii; iii). Are leaders (extraordinarily) necessary? Do leaders pull their followers or do those behind push them? Are our theories of leadership too static? Are we mistaken when we attempt to cultivate individual capabilities (for example, charismatic/visionary/ transformational leaders) in isolation from the cultural and institutional settings that shape societal attitudes and cultural trends, emergent theoretical formulations and ideational preoccupations of leadership behaviour. Rather than locate ‘leadership’ as something resident in one or more individuals, should we instead think of leadership as something relational: shifting, migrating or infecting several or many people at once?
The Trees

Early approaches treated the individual personality traits of the leader as critical – the so-called ‘great man’ or ‘qualities’ approach (iv). In the contingency model, both the personality characteristics of the leader and the context of the environment determine the kind of leadership behaviour required (v), whilst transactional models define a good leader as someone who integrates getting the job done with concern for those actually doing the work (vi).

Modern leadership theories extend this focus on the transactions between leaders and followers. For example, situational analyses allow the individual leader a degree of flexibility in generating a repertoire of styles (vii). Elgie (viii) suggests that although leadership style makes a difference, this is exercised within a context of macro social and institutional structures, whose norms and rules govern behaviour. This is anticipated by Heifetz (ix) for whom the critical issue is whether people have the ability, motivation, and perhaps the freedom to intervene in those situations requiring ‘adaptive’ responses (i.e. leadership).

A problem with these approaches, however, is the assertion that certain key characteristics, attitudes and behaviours can be identified, measured and developed, and to which leaders in the NHS should aspire. They presuppose, for example, that only certain individuals can be ‘high performing leaders’, that certain leaders would be appropriate for certain contingencies, or that individuals could have sufficient flexibility in their leadership styles to match the needs of a number of different situations, and are
able to use this range of styles to make things happen and deliver service results. This literature represents a dominant, 'seductive game' (x) of performative leadership, in which leaders are seen as causal agents: it is leaders who set a vision for the future, leaders who are action-orientated and intellectually flexible, leaders who drive for results, leaders who inspire and motivate others to work with them, etc.

The NHS Leadership Qualities Framework was commissioned by The NHS Leadership Centre. It describes a set of key characteristics, attitudes and behaviours that leaders in the NHS should aspire to in delivering the NHS Plan. There are fifteen characteristics within the framework, clustered around Personal Qualities, Setting Direction and Delivering the Service. The Framework aims to communicate rich data about those characteristics that distinguish what highly effective leaders should actually say, do, think and feel in order to achieve successful outcomes across the service. Whilst research grounded in the study of the leadership capacities and capabilities of individual Chief Executives and Directors from the service is informative, it is not definitive. Such descriptions tend to over simplify and may prove to be of limited, practical applicability within the climate of complexity, interdependence, and fragmentation that arguably characterises multi-disciplinary organisations such as the NHS. There are two, interrelated problems with this approach. The first is short and involves a simple methodological question, the second is longer and concerns broader epistemology. The first, methodological, problem concerns The Framework’s aim to provide the foundation for developing high performing leaders at all levels in the NHS. However, the sample of fifty in-depth structured interviews only collected data from Chief Executives and
Directors. How is this data then generalized to leaders at all levels? The second, epistemological, problem is more complex and concerns *The Framework's* exclusive focus on personal qualities such as self-belief, -awareness, -management, -improvement, and personal integrity.
The Problem

That the framework has been well received by the NHS is unsurprising. What organisation wouldn’t welcome a framework offering key personal characteristics, attitudes and behaviours in an area of strategic importance? Within the social sciences, however, at least three textbook concepts of personal-identity are well-rehearsed. These comprise enlightenment, sociological and postmodern theories (xi).

1. Enlightenment – ‘individualist conception of the subject; human person as fully centred, unified individual, whose centre consists of an unchanging inner core of Reason

2. Sociological – interactive conception of the self; inner core formed and maintained in relation to the culture s/he inhabits

3. Postmodern – identities are not unified around a coherent self; no fixed, essential or permanent identity, contradictory and partial identities which are continuously formed and transformed

The first is reductionist, it is limited to seeing the self as a fixed thing, as something given or imposed and not open to change. It represents a catagorical imperative of the definite article – the is of identity – and contains the implication of the one and only. The second is interactive. It retains an awareness of the self as centred ‘inside’ but leaves it open to possible influence from the ‘outside’ environment. The third illustrates a relation, free from the mechanisms of ego protection, and signals five important ‘decenterings’ of the self in social theory and the human sciences:
1. **Marxist thinking** – no such thing as individual agency; individuals can only act on the basis of conditions made by others; individuals situated in the continual relationship between labour and capital; production and consumption

2. **Freud and the unconscious** – process of identity formation on the basis of the unconscious, which does not function according to Reason. Individual is always split or divided, never complete, always being formed: love/hate, acceptance/rejection; good/bad; male/female

3. **Saussure’s linguistic turn** – language pre-exists us and is a collective not individual system. To use language is not primarily to express inner feelings but to access the meaning embedded in it. The ‘I’ is again in relation to ‘the other’

4. **Foucault’s studies of power/knowledge** – concerned with the regulation and surveillance of society and the human body. Aim of power/knowledge relation is to bring all aspects of the individual under stricter discipline. Paradox of large collective institutions whose focus was on the individual

5. **Feminist critique** – birth of identity politics; issue of how we are formed as gendered individuals. Reflects the weakening of large institutions and corresponding fragmentation of individual identities.

The leadership framework that highlights personal qualities and behaviours may usefully articulate some of the things that a person does, is or aspires to; but it may (a) be a
somewhat persecutory list of ‘oughts’, and (b) still do little to get effective leadership
done. One may be visionary, communicative and honest – and still find leadership to be
elusive. So these qualities turn out to be descriptive (not necessarily of leadership, but of
some qualities associated with people in the top jobs). Yet they are often presented as
prescriptive. Where leadership is lacking the boss may well need to do these things, but
simply doing them does not conjure up ‘leadership’. In fact, the possibility of doing them
is just as likely to be the outcome of collective desires and beliefs.
Beyond the individual leader?

What we are going to have to start dealing with in leadership is the emergence (expression) of leadership not the imposition (impression) of leaders. Boundaries (of leaders bodies) no longer have to be thought of as either beginning or end of the ego-protected edges of a 3-D container but as a middle, as ‘in’ the ‘between’ of consistent relations. Here, the critical issue is not the essence of what the leader is really like, but what are the processes by which leaders are constituted as successes or failures. The view is that the emergence of leadership qualities is mutually-constitutive with the various subjective accounts and interpretations of other stakeholders (ii). One in which leadership is seen as a process before a result. Although the existence of both leaders and leadership can be accepted, the meaning and significance of their forms and functions need not be taken for granted. Leaders can no longer be taken as individuals in abstraction, but as socially constituted phenomena (xii).

The proposition is that ‘successful leaders’ are not discrete individuals, independent of any system of social relations. Leaders may exist, but they can be either successful or unsuccessful only within a specific social process of constitution. The success of leadership is thus a consequence and not a cause of collective action (though not necessarily purposive action). Leaders and followers are parts of ongoing social networks and institutional structures within which individual identities, qualities and behaviours form part of an ongoing process. Leadership in this situation is the paradoxical in and between of driver and driven, (being neither one or the other); it is both constitutive of and constituted by often contradictory clusters of attitudes, behaviours, values, abilities
and beliefs that are perpetually in-tension and hence in a state of emergence. This distinction can be usefully summarised as follows:

**Leader as Causal Agent**

- Leadership is a concrete thing that can be independently possessed
- Successful leadership diffuses top down from a central source
- An analysis of the origin of leadership explains peoples behaviour
- Leadership is ostensibly defined by whoever is in authority

**Constitutive Leadership**

- Leadership is a consequence of collective action
- Leadership, if successful, also results from the bottom up actions of others
- Leadership is composed here and now through negotiation and debate
- The nature of leadership is negotiable, a practical and revisable matter of performance

Understood thus, successful leadership characteristics are less assuredly identifiable until after the event. In other words, we tend to understand leadership retrospectively not prospectively. What is needed is an analysis of leadership qualities, attitudes and behaviours *as they emerge and are constituted*. This constitutive focus is timely given the climate of political, cultural, and ideological diversity that characterises the NHS change literature (xii; xiii; xiv) (DoH, 1997; 1999; 2000). This climate involves the following themes:
- strong, regulated identities – health care professionals are driven by a strong sense of vocation; strong self-regulating professions with their own ethical codes of practice; potential disparity with national standards

- marginalized role of management – clinicians’ perception of management (and possibly management development?) are unsophisticated

- emergence of knowledge and understanding along with events so they are only partially generalisable – epistemological obscuring; management of change is rooted in a linear transmission or conduit model of change

- power relations – power encased in knowledge and visa versa; proposed devolvement but lack of clarity and increasing cynicism about the degree of significance of NHS changes born out of bitter experience

- conflicts over boundaries and demarcations – uneasy relationship between many professional groups; movement from informal networks to more formalized arrangements; difficulties in brokering between parties

- leadership challenge of ‘letting go’ and ‘holding to account’ – allowing health and social care services freedoms and flexibilities in achieving improvements but holding them responsible to deliver the targets and outcomes agreed
Conclusions

There is a pressing need to gain a more thorough understanding of the processes of managerial and clinical leadership across the NHS in the future. This should include empirically at least:

- studying of a representative range of stakeholders and approaches to managerial and clinical leadership in the NHS to assess their relative success,

- establishing whether the effectiveness of leadership style is related to individual qualities or to aspects of the collective network in which the leader is situated,

- exploring the implications of the consistent actions, competing accounts and informed interpretations of others for extending our understanding of the leadership function.

There is also a deeper, theoretical issue, however, and its complexity cannot be ignored. The trenchant divisions between professional groups and their experiences of leadership and authority certainly are not going to be solved merely by replacing one set of qualities by another analogous set. If leadership research and development, as a way of understanding and as a practicable programme of development is not to remain subjugated to the individualistic canon we first must 'relevate'\textsuperscript{3} alternative ways of thinking so as to gain new conceptual leverage on leadership’s essential relatedness. The

\textsuperscript{3} The term 'relevate' was first coined in discussion with Professor Robert Chia. A derivation of the verb elevate and the noun relevance it refers to the practice of raising the status and bringing to bear that which appears, in the first instance, to be 'irrelevant' to the world of leadership studies and practice.
difficulty, however, is conceiving a post-individualistic, relational thinking and language adequate for the removal of the individual without destroying its complexity and the leadership that depends on it.
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