

The Who, What, Where and How of Exemplary Clinician Leadership

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Did you?

- Wake up this morning and say: “I’m a poor sensemaker” or “I just can’t relate to others.”

Ancona, D. et al. HBR, Feb., 2007, p.99.



Leadership?

- Grint says leadership is an essentially contested concept “...and because it remains contested **exactly how we recognize, train, teach, exert and limit leadership depends on the first definitional step**” (2005: 32).

The heroic challenge

- The problem of heroic accounts of leadership and leader development – the ‘magic bullet’ of health care reforms.
- Bolden & Gosling (2006:157) found the following differences in reflective reports and competency frameworks on key themes:
 - 68.60% difference on reflect
 - 68.40% on follow
 - 61.50% on moral
 - 59.90% on belief
 - 56.50% on trust
 - 55.60% on courage
 - 52.30% on challenge
 - 43.90% on humility
 - 39.40% on learn



The post-heroic challenge

- The challenge of post-heroic leadership and leadership development – relationships, collaboration, trust and context
- The high currency of sense making
- The **reluctant leader** and professional leadership of clinician managers – identity issues – the downside and **upside**
- The **hyper-challenging context** of hospitals – from crisis and ‘heedful interrelating’ to trouble, disruption and uncertainty



The Clinician Leadership Study

- Four part study
- Paper reports on part three – co-worker interviews
- How they talk about leadership



Grint's Framework for Looking at Leadership Talk

- Person or Who leaders are
- **Result or What leaders achieve**
- Process or How leaders get things done
- Position or Where leaders operate



Key Findings

- The main ways in which co-workers talk about leadership in their units is in a post-heroic way
- The main ways are through accounts that draw on Position and Process
- Trans-locational discourses of leadership



Implications for Leadership Development

- There is a disconnect between current leadership development programs for clinician managers and how they see leadership
- There is significant waste of resources and threats to health care reforms if we continue to reinforce this disconnect
- Requires different type of research beyond the competency approaches and heroic models
- Requires different types of leadership development programs that are post-heroic as well



To conclude

- **“Within the UK we increasingly hear talk of ‘distributed’, ‘collective’ and ‘emergent ‘ leadership yet the individualistic nature of most competency frameworks and the performance mechanisms they put into place severely limits the possibility of this occurring in practice ...We propose that it is precisely these varying concepts and representations of leadership that should be made open to scrutiny as they are pivotal to the processes of sense making in which the leader (and all other actors in leadership process) is engaged, and we feel this is only possible through more open-ended discursive, reflective and experiential approaches” (Bolden & Gosling, 2006: 159).**

Did you?

- Wake up this morning and say: “I’m a poor sensemaker” or “I just can’t relate to others.”
- Ancona et al. say we are **all incomplete leaders** and to recognise this is the first **big step to post-heroic leadership.**