
Leadership & Management In Adult Care

Differentiations of Concepts of Leadership and Concepts of Management

The difference between leadership and management can be summarised as leaders seek constructive change, whereas managers establish order (Northouse, 2017, p. 10). Northouse (2010, p. 3) defined leadership as a process of influencing others to achieve shared objectives/goals.

Management on the other hand has been defined as a process of planning, organising, resourcing, directing, and controlling various activities in order to accomplish desired goals (Ghuman and Aswathappa, 2010, p. 104)

Based on these definitions the key difference between management and leadership lies in the use of the words controlling and influencing. Management can often be viewed as a top down model with one person being responsible for ensuring the goals and aims of an organisation are clearly defined and obtained, whereas leadership can be more inclusive, with members within the team holding a leadership role, whether formal or informal. There are of course also similarities between the two, and it is possible to be both a good manager and a good leader.

Analysis of Theories and Models of Leadership

There are many theories and models of leadership and these can be implemented individually or in combination. The circumstances of the team and their goals should guide the leaders in applying the most appropriate style to best meet those goals.

Transformational leadership was first described by Burns (1978) and is a method in which there is a two-way development of members and the leader through encouraging and inspiring each other to follow a shared vision.

While focusing on the goals and objectives they also show care and concern for others. This care and concern also supports leader-member exchange theory, where the team can be broadly split into 2 groups, those that work well with and have a positive personality fit with the leader, and those that are less compatible. The challenge for the leader using this theory is to bring the whole team into a more cohesive group.

Adaptive leadership is used to support a team or organisation in handling challenges in a way that provides a positive outcome and is a useful method of implementing changes. An adaptive leader must be open and honest, and be able to acknowledge their mistakes, which can promote the rest of the team to follow and be inspired by the leader.

Strength based leadership is when the leader is able to identify and utilise their own and other team members strengths to achieve the best performance from the team as a whole.

All of these models can be used individually or in combination to effectively lead. Different situations and circumstances may be better dealt with when a particular method is used.

Theories and Models of Management

Classical management theory tends to focus on the structure and mechanics of the organisation, what is good for the organisation, and practical management. It can be used to discover and promote the most effective and efficient methods for completing a procedure, but ignores the human elements of the organisation, and can reduce the flexibility of the organisation to meet the changing needs of the consumer.

Human relations theories focus on those ignored human elements, individual and group motivation, and leadership.

Neo-human relations theories focus more deeply on aspects of human motivation such as incentives and satisfaction. They enable managers to identify different types of workers and how best to improve motivation, but can cause the manager to become too rigid in their treatment of the different types of worker.

Systems theories attempt to combine the previous theories and look at the organisation and those within it as a whole, as well as breaking the organisation down into separate components that work independently from and interdependently with each other.

Review of the Nature of Change in Adult Care

It has been said that change is the very fabric of health and social care (Tilley and Jones, 2013, p.89).

The care sector and organisations within it are subjected to continuous change. These changes can be driven by external factors such as the perceptions and expectations of service users and the public as a whole, or internal factors such as improving cost efficiency, or responding to poor or negative outcomes. Change can be planned but doing this can often ignore the realities of the service and the effect that the changes can have on staff and service users. It is therefore important to gain the support and input of key stakeholders to ensure the effective implementation of changes, and to continuously review the change process to identify what is and isn't working. It can often be necessary to take a step backwards within the process to ensure that further progress can be made and maintained. Those responsible for leading the change must be prepared to respond and react to previously unforeseen circumstances as they emerge and support their team in coping with these changes and the resulting outcomes.

Concepts of Quality in the Context of Adult Care

Good leadership and effective use of resources are necessary to ensure that services are safe, effective, caring, and responsive in providing person centred care. To ensure high quality, services must place the user at the centre of their care planning and delivery based on their individual needs, but also not compromise the quality of care provided due to any characteristic of the individual. Services should be encouraging and supporting ongoing improvement, responding to feedback, learning from any mistakes that may be made, and promote quality

through everything that they do. This will ensure that service users have a higher quality of life, provide positive experiences for all stakeholders, and promote safety. This in turn could encourage others to provide feedback that can then be used in planning future improvements and changes.

The Impact of External Influences on Leadership and Management in Adult Care

External factors can influence the styles of leadership and management that are implemented in order to better respond to those factors. It is likely that a more bureaucratic or authoritarian style may be used to ensure these external forces are satisfied. However, this can still have positive and negative effects. Authoritarian leadership focuses on completion of tasks and lone decision making, and provides clarity to the team, particularly if they are inexperienced. This can also be highly useful when dealing with emergency situations. Unfortunately, this style could also result in high levels of absenteeism and staff turnover due to conflict between the authority and the team members. Bureaucratic leadership focuses on policies, rules, and decision making based on standards, which is useful in highly regulated situations, but can, on the other hand, result in lack of staff initiative and satisfaction, and increased frustration amongst team members (Sullivan and Garland, 2010, p. 18).

Organisational culture of the wider organisation outside of the team can have positive or negative effects on satisfaction, outcomes, and staff retention/turnover. If there is an open friendly culture this can promote a greater sense of satisfaction for the team, which can help foster a greater level of teamwork and positive outcomes, making the leader/managers role easier and more rewarding. A negative culture, for example one that is punitive, excessively bureaucratic, or has unrealistic expectations of the workforce is liable to promote dissatisfaction, higher turnover and poorer attendance. This in turn can further increase the workload of those remaining, making it more difficult for leaders/managers to improve motivation.

Availability of appropriately qualified staff is more likely to have a negative impact, as without the right staff the team will not be able to provide the highest level of care they otherwise could. It can also place service users at risk of harm regardless of the motivation and dedication of the team or how well they are led.

The environment in which care is being delivered can have a major effect on the team and their ability to provide the required care. For example, poorly lit and ventilated areas can create feelings of discomfort and a reluctance to work in that area. Poorly designed or maintained areas can limit the ability to provide safe and effective care.

Availability of resources also has a significant impact as without the right staff and equipment it becomes difficult or even impossible to deliver the appropriate care in the safest and most effective way.

Operational Functions of Management in Adult Care

The operational functions of management include: Overseeing the day to day running of the service, leading and managing staff so they can perform their roles safely and to the best of their ability, managing budgets and contracts, making strategic decisions about the future and

growth of the service, and leading on specific projects or clinical areas.

The Role of Operational Activities in Contributing to Delivery of Adult Care

Operational management has been identified as one of the responsibilities of coordinating teams along with resource management and other coordination functions (King et al, 2008). The main resources that require managing in this context are staff, equipment, and time, and if these are not managed efficiently there will be a significant negative impact on the ability of the team to deliver the high quality care that is desired and expected.

How Leadership and Management Can Influence the Delivery of Adult Care

The importance of effective leadership and management was highlighted by the Department of Health (2012) when they described “Building and strengthening leadership” as an important area to focus action in order to improve patient experiences. An effective team requires effective leadership to perform to the best of its abilities.

Effective leadership and management are vital in ensuring that a team functions efficiently together to provide the best care they can. Appropriate delegation of tasks to individuals with the skills and knowledge required, fostering a culture of honesty, learning, teamwork, and a drive for continuous improvement are important aspects of effective leadership and management

Potential Conflicts in Applying Models of Leadership and Management in Adult Care, Suggesting Ways in Which These Might Be Addressed

The potential conflicts in applying models of leadership and management are perhaps best described by Lencioni (2002) as The Five Dysfunctions of a Team. Absence of trust, fear of conflict, lack of commitment, avoidance of accountability, and inattention to results. Each of these dysfunctions can be further broken down into multiple behaviours exhibited or absent from members of the team and must be dealt with in order to improve the level of teamwork and subsequent outcomes.

All of these factors could be addressed by the leaders and managers through the simple act of being open and honest about their aims and goals, reasons for any changes being implemented, and constructive assessment of the performance of individuals and the team as a whole.

References

1. Department of Health (2012). Compassion in Practice: Nursing, Midwifery and Care Staff – Our Vision and Strategy. p. 20. Available at: <https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf> [Accessed: 10 Oct. 2020]

-
2. Ghuman, K. and Aswathappa, K. (2010). *Management: Concepts, Practice and Cases*. New Delhi: Tata McGraw Hill, p. 104.
 3. King, H. B. Battles, J. Baker, D. P. Alonso, A. Salas, E. Webster, J. Toomey, L. and Salisbury, M. TeamSTEPPS™: Team Strategies and Tools to Enhance Performance and Patient Safety. In: Henriksen, K. Battles, J. B. Keyes, M. A. and Grady, M. L. (eds) *Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 3: Performance and Tools)*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Aug. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK43686/> [Accessed: 12 Oct. 2020]
 4. Lencioni, P. (2002). *The Five Dysfunctions of a Team: A Leadership Fable*. San Francisco: Jossey-Bass.
 5. Northouse, P. G. (2010). *Leadership: Theory and Practice*. 5th ed. Los Angeles: SAGE Publications Ltd. p. 3.
 6. Northouse, P. G. (2017). *Introduction to Leadership: Concepts and Practice*. 4th ed. Singapore: SAGE Publications Ltd. p. 10.
 7. Sullivan, E. J. and Garland, G. (2010). *Practical Leadership and Management in Nursing*. Harlow: Pearson. P. 18
 8. Tilley, L. and Jones, R. L. (2013) 'Managing change in health and social care' in McKian, S. and Simons, J. (eds) *Leading, managing, caring: understanding leadership and management in health and social care*, London, Routledge. p.89