
Theories Of Management And Leadership

Definition of Leadership

Leadership is about inspiring and motivating people; staff you work with, People we Support as well as people senior to yourself and outside your organisation to achieve goals and strive for continual improvement.

It is about behaviour, role modelling and positively influencing people around you and extends outside your place of work to your own personal life from how you interact with your friends and family to how you raise your children.

Concepts of Leadership

There are many concepts of leadership. Charles Bird developed the Trait Theory in which a list of common traits indicates what makes a successful leader.

Attributes a good leader needs to possess include having a good personality, being intellectually capable, demonstrating initiative in situations, approaching those situations with maturity and self-confidence, having flexible, being able to take responsibility, and being fair.

In 1974 Stodgill developed this concept further by listing traits and skills an effective leader shows including adaptability, decision making, ambition, persistence, energy, dominance, tolerance to stress, diplomacy, good social skills, and good conceptual skills.

There are a lot of aspects criticised in Trait Theory the main one being that a lot of the traits are ones a person already may have, as in born with, and are part of their personality or genetic makeup. It also inspects traits once someone has already become a leader.

Some traits are difficult to measure can be applied to a particular situation and not others so it is challenging to develop a definitive list of traits that define exactly what a leader is.

John Kotter developed the Eight Step Process for Leading Change:

1. Create a sense of urgency
2. Build a guiding coalition
3. Form a strategic vision and initiatives
4. Enlist a volunteer army
5. Enable action by removing barriers
6. Generate short term wins
7. Sustain acceleration
8. Institute change

This list is called the Eight Accelerators in the enhanced version of Kotter's theory and are accompanied by four Change Principals:

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1. Leadership and management: Capitalise on opportunities by having vision, action, innovation, and celebration
 2. Head and Heart: Ensure you give your audience the inspiration to buy into your concepts. If staff are able to visualise and relate to the changes you are trying to make the more likely it is that success will follow
 3. Select Few Diverse Many: Change doesn't happen when a leader tells people what needs to happen and asked them to get on with it. Providing individuals in a team with specific responsibilities will help move things forward and may also uncover more natural leaders in a team.
 4. Have To Want To: Giving others in a team additional responsibility can support the change process and motivate staff to join the cause.

Rogers and Maslow looked at leadership from the humanistic perspective using psychology and the notion that individuals want to better themselves in their work and by doing so gained a better understanding of themselves in how they interacted with their work and people around them.

Transactional leadership focuses on ensuring the operations of the here and now are maintained and uses discipline and incentive to encourage staff to perform at their best.

Transformational leadership looks past the day-to-day running of service and focuses on the next step of evolution of the service where performance and successes are increased. Goals are developed and communicated to staff with the expectation staff strive to achieve them which encourages personal and professional growth.

In most services within social care situations, both these strategies can be used simultaneously depending on what the situation is and what state of maturity the team is in. There are strengths to both approaches; transactional leaders get the job done quickly and keep staff aligned with the strategy of development. Transformational leadership helps develop services and teams by illustrating a vision of the future and enabling staff to buy into it and work towards common developmental goals.

Applying Theoretical Models of Leadership and Management to a Range of Work Settings

There is never a "one size fits all" scenario within any business including health and social care settings. The ability for a manager to apply different models of leadership to different situations is paramount in order to ensure success in the delivery and continuous development of the service.

For example, when new staff starts to work in a team a manager will need to induct the person into the team using a variety of leadership techniques from the more informative or instructional methods of transactional leadership in order for the new member of staff to understand what is required of them on a day to day perspective in relation to their role.

This would include going through their job description to ensure they fully understood the expectations a manager has of their day to day activities and illustrating how a shift might flow by going through in detail shift plans and other documented processes that need to be

developed and followed on a day to day basis.

As well as this there would need to be some transformational leadership included in the induction in order for the new member of staff to understand the direction the service is taking in terms of its development direction. The manager would need to be able to describe this in order for the new member of staff to be able to buy into the concepts and understand how they were going to fit into the pieces of work that were being set up.

There will always be scenarios where mistakes are made. For example, medication administration is a key area of service provision where the management of errors is critical. The way an error is handled is crucial to the future performance of not just the person who made the error but the team as a whole who would need to be informed an error had been made and what the consequences of that error might be.

The situation could be handled from purely a one dimensional “management” perspective where the error is identified, the person supported is checked to make sure they are safe and well despite the error, the error is recorded and the member of staff is made an example of in terms of what not to do when it comes to medication administration.

Another way to handle it and, from my perspective a better way is to work with the member of staff who made the error to find out what happened and analyse why it happened. The process would be the same however the style of leadership in doing so would be one where the situation was handled as a learning experience.

I would use the following notions whilst working with the person and the team:

- Mistakes happen from time to time
- We need to analyse why the mistake happened
- We need to learn from those mistakes
- We need to take that learning to make sure they don't happen again

This would be done to promote a “No Blame” culture that encouraged staff to be open and honest about how they are performing and help contribute to the team growing in confidence, not hide their mistakes and instead have the maturity to hold their hands up and acknowledge an issue and be prepared to learn and move forwards from it as a team.

The management of change in a team is a wide ranging subject in which the quality and style of leadership can have a crucial impact on the team's success. Some of the drivers for change can come from external sources.

For example, when the outcome of the 2010 General election led to the largest squeeze on finances in the public sector experienced in recent memory as austerity cuts to social care budgets led to the closure of many services, and the outsourcing of residential services from the public to the private sector. This in turn led to the need to develop and change the way residential services were run when the focus of the private sector wasn't just about providing needs led support to individuals living in the homes but also about financial efficiency.

The regulator of social care, the Care Quality Commission (CQC) review and adapt the way they inspect services and this can have an impact of the way in which service organisations

themselves and meet the criteria for a successful outcome of their inspection.

There can be changes or additions to the legislative aspect of the governance of social care. The Equality Act 2010 replaced the anti discrimination laws that had previously been in place and encompassed them all into one act that was easier to understand and apply.

The Mental Capacity Act 2005 also changed the way capacity of an individual was assessed and treated with the Deprivation of Liberty Safeguards (DoLS) being a major contributor to the way social care services had to change their approaches to the support and enablement of individuals living in residential services.

Internal factors can also lead to the need for change management and effective leadership. Good practice would dictate the need for teams to self reflect on their own structures and performance through a process of continual review whether that be the management team of that service or through wider means including staff meetings.

Using staff, enabling them to contribute to the changes identified as necessary helps to demonstrate the transformational leadership techniques often needed in the development of a service.

This doesn't need to take place in the more public environment of staff meetings but can also form the basis of 1:1 supervision discussions, induction processes and the development of appraisals where changes to the practice of individuals can be agreed and formalised.

On the transactional leadership level these aspects can include analysis of development needs of the team and the individuals in the team to ensure opportunities for training and development are identified and completed.

Potential Conflicts Between the Application of Management and Leadership Models

Management of services can be viewed as the hands on push to ensure on a day to day basis the aims and objectives of the service are maintained and the bases are covered.

The leadership of services encompasses this but also has the added caveat of inspiring people to move forwards and develop themselves and the service they work in.

Management and leadership do go hand in hand however there can be conflicts between the two. For example, a member of staff who is key to the provision of a specific aspect of service provision may have a high sickness level.

On the one hand, the sickness level needs to be addressed by using management techniques following absence management policies and procedures and the need to inspire the member of staff who may feel beleaguered and suppressed by that process to continue with the development of themselves and their specific service area.

Management and leadership can be at odds with each other and the need for a manager to be able to demonstrate both sets of skills is paramount to ensure both the sickness levels and the development of the service are addressed whilst making sure the member of staff is motivated to address both issues at the same time.

Demands put upon the service from audits where actions are required for improvement can lead to a conflict between management styles and leadership styles particularly when there are tight timescales for delivery.

Often when timescales are short management of the situation lends itself to a more dictatorial style where a manager tells staff that action is required now and there is no negotiation about it.

This is at odds with leadership techniques which often need to have more time allowed to describe a situation, encourage buy-in from the staff team, facilitate planning and to actually get the job done.