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Taking the lead: the leadership pillar in action

Abstract (175 words)

Leadership is a core pillar of advanced practice but can be difficult for clinicians to identify within their own practice. The sheer challenge faced in health and social care requires that practitioners translate this pillar into practice and unlock their full potential as leaders. For leadership to flourish in advanced practice it is essential to increase its recognition from the perspective of the individual and throughout an organisation. This article aims to challenge conventional notions of leadership by exploring the who, what, and why in taking the lead, offering a practical perspective for individual application. It recognises the unique challenges faced in health and social care settings, and emphasises the importance of candour and open dialogue as a means to embody leadership. Clinicians are encouraged to identify and cultivate their leadership skills through introspection and practical implementation. Advanced practice, synonymous with change, provides a network of emerging leaders capable of driving change through diverse and innovative approaches. Embracing the opportunities of advanced practice involves a movement to challenge traditional leadership paradigms, necessitating vision and compassion.

Keywords: Leadership, taking the lead, advanced practice, candour, change agent, leading for change

Introduction

Leadership is a core pillar of advanced practice as laid out in the multi-professional framework (MPF) (HEE 2017), but can be difficult for clinicians to identify with in their own practice. The sheer challenge faced in health and social care requires that practitioners translate this pillar into practice and unlock their full potential as leaders. An exploration of leadership through its practical application presents an opportunity to champion the role of informal and emerging leaders as agents of change at the forefront of care.

What is leadership?

This can feel like a big and unapproachable question and one that is often avoided. The literature on leadership is not an accessible place to find practical answers. It tends to start with complex theory and ambiguous discussions of behaviours, approaches, traits or context through which leadership could emerge. Definitions are extensively debated, although there is some consensus that what underlies leadership is a process of influencing toward a goal (Benmira, Agboola 2021). Clinicians can be left wondering how to translate or apply the literature to their day-to-day practice.

A more practical way to think about and identify leadership is by viewing it as when action is taken to improve a situation. Often this is done before thinking of it as leadership, before formulating a goal or considering it as a process of influencing. Examples of leading in practice can be as simple as giving an alternative perspective or challenging a colleague when something is not quite right. These actions are often overlooked as leading, but are key in changing the direction and outcome for other

clinicians and service users. Advocating for a service user is an underrated act of leadership, as is being a role model in delivering care. Identifying something that could be better and initiating action to change it, equates to many everyday examples of taking the lead to improve care. Once realised, clinicians begin to understand the extent to which they are putting the leadership pillar into action. Fundamentally it doesn't have to be complicated and often involves the use of communication skills at key moments. Box 1 lists examples of leading in action that are accessible to everyone, with reference to the related leadership capabilities in the advanced practice MPF (HEE 2017).

Box 1: Practical examples of leadership [related capabilities in HEE MPF]

- Bring clarity or shared awareness to a situation or group where shared understanding is lacking [2.1, 2.7, 2.8, 2.10, 2.11]
- Facilitate, direct or coordinate a task or others [2.1, 2.5, 2.7, 2.8]
- Create space to think, prompting pause for reflection in self or others [2.4, 2.8, 2.10]
- Give an alternative perspective, question others or challenge practice [2.2, 2.4, 2.7, 2.8, 2.10, 2.11]
- Contribute to change through supporting and encouraging others [2.1, 2.4, 2.7, 2.8]
- Initiate a dialogue with unfamiliar colleagues [2.1, 2.2, 2.6, 2.7, 2.8, 2.10]
- Ask for feedback from colleagues or service users (2.1, 2.2, 2.3, 2.4, 2.6, 2.10]
- Role model care delivery [2.2, 2.5, 2.6, 2.7]
- Advocate for a service user [2.2, 2.7, 2.8, 2.10]

Longer term or more substantive examples include initiating an audit [2.3], leading quality improvement or a change in process [2.5], identifying a gap in knowledge [2.9], delivering education to fill a gap [2.4, 2.7], or implementing a new care pathway

[2.5].

Who is a leader?

It can be difficult for a clinician to identify themselves as a leader. Traditional ideas of what makes a leader and a type of person fit for the job, have their legacy in the great man theory (Carlyle 1849). This bias can create a significant barrier to recognising leadership capabilities and erode confidence to lead in practice.

The idea of leadership traits or a single type of person should be challenged because no single trait or even consistent list has been shown to define a leader (Northouse 2019). Instead it is about building on individual strengths, requiring different skills and qualities, such as determination, openness, confidence and social skills (Northouse 2019). More important to focus on the goal of effective leadership in finding ways to build trusting relationships with colleagues (Hays 2020). The list of qualities to do this is long and is determined by the needs of the team, the context and most importantly the situation (Hersey and Blanchard 1969). Through nurturing and embracing a breadth of leadership skills, a clinician can be more adaptable to take the lead when the situation calls for it.

Assumptions that leading is only possible through a management role or that seniority equals leadership, are common. This perspective can create potential blind spots to those occupying these roles and more junior colleagues. An expectation that leadership is provided simply because a senior colleague is present can lead to dire consequences (CHFG 2023). Management or seniority is not the same as leadership. Not all managers will demonstrate leadership and not all leaders will

have formal roles of authority. Authority is not the same as the power to lead. These elements can be complementary and can co-exist, but assumptions about what individuals will do in any given situation is a potential missed opportunity for taking the lead.

A distinction is often made between formal and informal leaders referring to those who demonstrate leadership behaviours in clinical roles, including at junior levels (Boamah 2019). This could be considered a misnomer if leadership is viewed as doing, as an action rather than about any role or title. Demonstration of leadership equates to being a leader and this is possible at any level, for anyone, as championed by the NHS Leadership Academy (NHS Leadership Academy 2023).

It should not be expected that individuals automatically recognise or can enact their strengths for leading. Individuals need support and training to build greater awareness and develop effective leadership skills (Hays 2020). Signposting and encouragement are equally important. Opportunities for development specific to health and social care are available to all clinicians through the NHS Leadership Academy (NHS Leadership Academy 2023).

The importance of recognising the self as a leader

There is a problem in clinicians not recognising their actions as leading and underplaying their strengths. Leadership development requires explicit focus on this area, identifying personal qualities and how they translate into leadership. Clinicians must identify examples of when they have led, even if they didn't know it then. Recognising what was happening in each example, i.e. what they did, what need

wasn’t being met and what caused them to step in to act to change something. Formulating individual stories of taking the lead and sharing these with others is empowering. It is an effective strategy to gain validation and better understand what leadership is. Using a reflective approach to defining leadership, either alone or with others, can build confidence to take the lead and hone skills for the future.

Leadership could be considered an inward journey and it is only by deepening understanding of the self that confidence can grow, providing the courage to take action (Greenleaf 1977). Only once leadership is recognised and understood can clinicians realise their full leadership potential.

Why lead?

Leadership is synonymous with change. Fundamentally there is a need for leadership when something about a situation needs to change. This may be to ensure safety, improve care, improve morale or ensure service user satisfaction.

There are valid reasons to lead or not to lead at any given moment. Someone else may have stepped in, spoken up or be taking an effective leading role. A requirement for leadership may not be immediate and action later may be more effective. It is not down to one person to lead, but in advancing practice there is a need to identify when leadership is required, when something needs to change and to ensure that someone is taking the lead at the right place and time.

The challenges of leading in health and social care

It is important to acknowledge that although leading is not as complicated as first

appears, it is not easy. Leadership often involves a personal cost (Bibby et al. 2009). It can be uncomfortable to speak up in opposition to others due to doubt or fear of the repercussions. Health and social care is full of uncertainty and challenging situations. Boundaries between professions can seem insurmountable. A sense of powerlessness and overwhelm under today's working conditions are common. Feeling a lack of authority or that senior colleagues know best is a legacy of traditional hierarchical structures in healthcare (Manning 2010). The NHS has been built around formal organisational structures with dominant managerial leadership and centrally led goals (Manning 2010). This can discourage individuals thinking of themselves as leaders and prevent real innovative change. Worse still, it can lead to unsafe practice. Some of the key issues in the Francis Report (Mid Staffordshire NHS Foundation Trust 2013) were around a culture that did not promote candour, opposition, openness or a willingness to speak up. The problem has not gone away.

Candour, an act of leadership

Being able to recognise when things are going wrong is essential, but to be able to speak up is a fundamental part of taking the lead. It is often very difficult to address the 'elephant in the room', but a culture of open communication can encourage everyone to use their voice effectively.

First there must be an expectation of open dialogue. The advanced practitioner is in a prime position to take the lead in developing this expectation by regularly asking for the opinions of colleagues, listening to other perspectives and being receptive to feedback. A leader who demonstrates a commitment to learning in this way can

transform a team to embrace open communication without fear of reprisal (Tombs-Katz 2014).

One often overlooked avenue to creating cultures of open dialogue is in offering genuine praise to others regularly. This actually creates a legitimate platform of support from which to challenge others, making it easier to offer an alternative perspective or constructive criticism. It also makes critique more likely to be listened to and actioned. Giving praise is often the most pleasurable element of opening dialogue, but doing it well, constructively can still be a challenge. Praise cannot sound insincere, patronising or be unnecessary. In the same way that offering criticism should be specific, targeting the action, not the person, so should constructive praise. Making a critique about the action helps others to know what to change (criticism) or what to keep doing (praise).

Constructive dialogue can be demonstrated through praise or criticism, both giving and receiving to more junior and senior colleagues including those across multidisciplinary (MDT) boundaries. There needs to be an expectation of open lines of communication both up and down the chain of command and to colleagues of different professions. This is a skill that requires regular practise to build familiarity and embed in practice. If in doubt, posing a question to better understand someone's thinking, is one of the best ways to challenge a situation and make others stop and think.

A new kind of leadership to drive change

There is a need to challenge traditional thinking in healthcare. Leadership can be reframed as an action to create movement or mobilise resources and

others, thereby releasing energy for something to change (Bibby et al. 2009). This stands in contrast to traditional thinking of motivating others to do something. Bottom-up change through creativity, diversity, participation and empowerment is as important as top-down strategies of measurement, efficiency, effectiveness, process and pathways (Bevan and Slater 2019). The system has demanded change for a while, requiring leaders who can both oppose and conform (NHS Institute for Innovation and Improvement 2013). This requires individuals to become used to managing the tensions of "delivering services in standardised ways and disrupting the system to deliver care in new ways" (Bevan 2019, internet source). In other words, learning to rock the boat, but stay in it (Bevan and Slater 2019).

Advanced practice roles allow for networks of leaders to emerge as opposed to individuals who fit into a traditional hierarchy. A dynamic organisational structure like this built around people, nurtures leadership and provides significant opportunity for innovation (Schein 2010). The NHS Long Term Workforce Plan (NHS England 2023) stipulates advanced practice as a pathway for contributing to the improvement of leadership and culture, working differently to encourage co-design of care delivery (NHS England 2023).

In practice, change requires a leader who can move others to want to be involved in creating change through connecting with people's core values and what matters to them (Bevan 2019). An untapped area to look for inspiration is the social movement literature (Bate et al. 2004). Social movement thinking points us in the direction of networks of emergent leaders who can create change without formal structures or goals. Instead such change depends on

mutual motivation, commitment and voluntary participation (Ganz 2010). In this way leadership is not determined by the capacity of one individual, but the sum of the collective (Burgoyne et al. 2005).

Similar to being involved in a social movement or campaign, leadership for change requires engagement beyond the limits of performance targets. It requires emotional engagement and connection with the deep-seated values that attract individuals to work in health and social care in the first place (Bibby et al. 2009). The idea of disengaging the emotional self at work to fulfil an idea of professionalism might be unrealistic, but directing emotion in this way could harness untapped energy for taking the lead.

Sustainable change needs vision and to move others may require aspiring to standards that sometimes feel out of reach. The whole premise of advanced practice is about creating an agenda for change in health and social care, to do things differently so that services can sustain the needs of a changing population and individuals can live better quality lives. Asking clinicians to step into the realm of advanced practice is asking them to look critically at how the world is and to envision how it might be, to create and pursue visions of better care.

The advanced practitioner as a change agent

A change agent, also referred to as a facilitator of change or change champion (Kendra and Taplin 2004), is someone who supports or promotes a new way of doing something within an organisation (Lutevich et al. 2023). They are normally found operating at the frontline and can provide technical know-how or the social support

required for change (Hammer 2017). The ability to effectively communicate and build strong relationships are considered important skills. Individuals who have breadth of insight, who are excited for new opportunities and who are prepared to ask tough questions and deal with uncertainty are well positioned for success. Flexibility, creativity and credibility are important characteristics (Lutevich et al. 2023).

Change agency is inherent in the structure of advanced practice roles and explicitly evident in the core capabilities (HEE 2017) which describe how to demonstrate leadership at an advanced level (Box 2).

Box 2: Select phrases from the Leadership pillar core capabilities (HEE 2017) indicating change agency

2.1 Initiate, develop effective relationships

2.2 Role model values

2.3 Evaluate, participate

2.4 Peer review ….act

2.5 Lead new practice/service solutions…across boundaries… broadening sphere of influence

2.6 Actively seek feedback and involvement

2.7 Critically apply expertise ….consult across boundaries, influence

2.8 Team leadership, resilience, determination, managing complexity or unfamiliar/unpredictable situations …build confidence in others

2.9 Continually develop

2.10 Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns

2.11 Negotiate scope of practice

Advanced Practice presents an opportunity in leading for change. Leadership at this level can bring about change more quickly by pushing the boundaries of what is possible and mobilising others along the way (Bevan and Slater 2019). Through taking individual action role modelling, challenging and being challenged and influencing others, change can happen from the bottom-up. The advanced practitioner as an improvement leader is proactively developing the skills, confidence, relationships and courage to make a positive difference.

A compassionate approach to leadership

Leadership can be an overwhelming proposition when faced with the challenges and uncertainty of health and social care. Small everyday acts are often underestimated, but are nevertheless examples of leadership that can build toward change. Recognition of one's personal leadership qualities and the opportunity to build skill in this area through daily practise is a good place to start. The most important act is recognising when things are going wrong, saying it out loud and where necessary bringing it to the attention of accountable management.

Taking the lead is not about being a sole leader or perfect clinician able to act independently in all eventualities. In the development of advanced practice roles, a network of leaders is emerging, offering either direct support or the knowledge of being part of a movement. In this context, leadership is a shared endeavour, not a job for one person. Shared leadership (NHS Institute for Innovation and Improvement 2009) requires recognition of leadership qualities in others, the lifting up of colleagues and supporting others taking the lead. Being the first follower

(Sivers 2010) or the first to recognise when someone else is taking the lead and visibly supporting them, is as much a part of leadership as being the first to take action. A culture of shared leadership creates space to empower a diverse range of individuals to take the lead on a flexible basis promoting widespread action and greater opportunity for change (NHS Institute for Innovation and Improvement 2009).

The act of developing into an advanced practice role is an example of role modelling to seek change for improvement. The knock-on effects of this will already be apparent and the act of leadership has begun.

Conclusion

A practical perspective of leadership acknowledges the small, alongside substantive actions taken by clinicians at all levels to improve everyday situations in health and social care. Too long unrecognised, such actions are vital to enacting the leadership pillar, a fundamental part of advanced practice. In the same way that advanced practice is defined by a level of practice not a role, leadership too is defined by action. The MPF (HEE 2017) provides a framework to translate this everyday action and demonstrate its significance.

Advanced practice is an opportunity to challenge traditional leadership ideas and promote accessibility to leading. Being an advanced practitioner does not give the authority to lead, but creates greater impetus and a platform to do so. It is a movement to challenge traditional ideas of formal leadership structures. For leadership to flourish in advanced practice it is essential to increase its recognition from the perspective of the individual and throughout an organisation. The unique

challenges in health and social care require that acts of questioning, candour and promoting dialogue across boundaries are appreciated as leading. Recognition and understanding can encourage the practising and refinement of leadership skills, alongside reflection and access to support.

Advanced practice provides a network of emerging leaders to build and share leadership capability, with the skill set and agency to create change through diverse and innovative approaches. This is an opportunity to reimagine health and social care toward creating cultural change to drive and sustain service improvements for the future.

Word count: 2959 (excluding boxes)

References

Bate SP, Bevan H, Robert G. 2004. Towards a million change agents. A review of the social movements literature: Implications for large scale change in the NHS [Internet]. London: NHS Modernisation Agency; [cited 13 Feb 2023]. Available from: https://discovery.ucl.ac.uk/id/eprint/1133/1/million.pdf

Benmira S, Agboola M. 2021. Evolution of leadership theory. BMJ Leader 2021(5): 3-5

Bevan H. 2019. Enabling Change and Change Leaders [Internet]. London: NHS Horizons; [cited 03 Jul 2023]. Available from: https://nhshorizons.passle.net/post/102fmvc/enabling-change-and-change-leaders

Bevan H, Slater K. 2019. How to be a brilliant change agent [Internet]. San Francisco (CA): Slideshare; [cited 24 Feb 2023]. Available from:

https://www.slideshare.net/HelenBevan/how-to-be-a-brilliant-change-agent-138542802

Bibby J, Bevan H, Carter E, Bate P, Robert G. 2009. The power of one, the power of many [Internet]. Coventry: NHS Institute for Innovation and Improvement; [cited 12 Jan 2023]. Available from: https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/The-Power-of-One-the-Power-of-Many.pdf

Boamah SA. 2019. Emergence of informal clinical leadership as a catalyst for improving patient care quality and job satisfaction. J Adv Nurs [Internet]. [cited 10 Jun 2023];75(5):1000-1009. Available from: https://onlinelibrary.wiley.com/doi/10.1111/jan.13895

Burgoyne J, Boydell T, Pedler T. 2005. Leadership Development: Current Practice, Future Perspectives. London: Corporate Research Forum.

Carlyle T. 1849. On heroes, hero-worship, and the heroic in history. Boston: Houghton-Mifflin.

CHFG (Clinical Human Factors Group). 2023. CHFG: Our History [Internet]. North Marston: CHFG; [cited 18 Jun 2023]. Available from: https://chfg.org/chfg-history/

Ganz M. 2010. Leading Change Leadership, Organization, and Social Movements in Handbook of Leadership Theory and Practice. Boston: Harvard Business Press.

Greenleaf R. 1977. An Inward Journey, Servant Leadership. New York: Paulist Press 816 p.

Hays. 2020. Heads First. Hays J [Internet]. [cited 23 Jun 2023]; 19: 4-8. Available from: https://www.hays.co.uk/documents/34684/1182101/Hays-Journal-19.pdf

HEE. 2017. Multi-professional framework for advanced clinical practice in England [Internet]. London: HEE/NHS; [cited 20 May 2023]. Available from: https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf

Hersey P, Blanchard KH. 1969. Management of organizational behavior. New Jersey: Prentice Hall

Kendra KA, Taplin L. 2004. Change agent competencies for information technology project managers. Consult Psychol J. 56(1): 20–34

Lutevich B, Pratt MK, Flahiff J. 2023. Change agent (agent of change) [Internet]. Newton (MA): TechTarget; [cited 01 Jul 2023]. Available from: https://www.techtarget.com/searchcio/definition/change-agent

Manning K. 2012. How to inspire a generation of entrepreneurial leaders in healthcare. HSJ [Internet]. [cited 10 Jun 2023]; 29 March 2012. Available from: https://www.hsj.co.uk/workforce/how-to-inspire-a-generation-of-entrepreneurial-leaders-in-healthcare/5042490.article

Mid Staffordshire NHS Foundation Trust. 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary [Internet]. London: The Stationery Office; [cited 16 May 2023]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

NHS England. 2023. NHS Long Term Workforce Plan [Internet]. London: NHS England;

[cited 07 Jul 2023]. Available from: https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.1.pdf

NHS Institute for Innovation and Improvement. 2009. Shared Leadership: Underpinning of the MLCF [Internet]. London: NHS Institute for Innovation and Improvement; [cited 23 Feb 2023]. Available from: https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/10/776bc9c27b6e8741d0ff42e593ba44cf.pdf

NHS Institute for Innovation and improvement. 2013. Helen Bevan on what NHS leaders can learn from social movements [Internet]. London: NHS Institute for Innovation and improvement; [cited 28 Mar 2012]. Available from: http://www.institute.nhs.uk/quality_and_value/introduction/article_6.html

NHS Leadership Academy. 2023. NHS Leadership Academy: Home [Internet]. Leeds: Leadership Academy; [cited 31.07.23]. Available from: https://www.leadershipacademy.nhs.uk/

Northouse PG. 2019. Leadership Theory and Practice. 8th Edition. London: Sage

Schein EH. 2010. Organizational Culture and Leadership. 4th Edition. San Francisco (CA): John Wiley & Sons

Sivers D. 2010. First Follower: Leadership Lessons from Dancing Guy [Internet]. London: YouTube; [cited 09 Jul 2023]. Available from: https://youtu.be/fW8amMCVAJQ

Tombs-Katz M. 2014. Fostering a continuous learning culture in the NHS: The role of

leadership. In: Tate L, Donaldson-Feilder E, Teoh K, Hug B, Everest G editors. Implementing culture change within the NHS: Contributions from Occupational Psychology. Leicester, UK: BPS. p. 45-51

Key points

- Leadership is a core pillar of advanced practice but can be difficult for clinicians to identify within their own practice.
- Clinicians should challenge conventional notions of leadership by identifying and cultivating their leadership skills through introspection and practical implementation.
- Advanced practice, synonymous with change, provides a network of emerging leaders capable of driving change through diverse and innovative approaches.
- Embracing the opportunities of advanced practice involves a movement to challenge traditional leadership paradigms, necessitating vision and compassion.

Reflective questions

1. Identify an example where you took the lead. What did you do that made it leadership? Why did you take action, i.e. what need wasn't being met?
2. Consider if constructive praise is normal in your team? What was the last praise you offered to a colleague? Have you offered praise to a senior colleague or across the MDT?
3. What moves you to create change? How could or do you mobilise others to create change?

4. Can you think of a work-related elephant in the room that you could speak up about?