Part A
The Role of the Leader

Chapter 1

What is Leadership?

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Introduction

Leadership is crucial in any sphere of life. The meaning and functions of leadership are influenced by a number of factors, including culture and the role of leadership. Leaders lead because their role is to act with vision related to an organization or an institution. The task of the leader is to provide a blueprint for members or people to follow. This may include political parties, business organizations, membership organizations and social organizations. Leaders exist because there are followers. Often individuals put themselves up for such roles, or are thrust into leadership positions.

There has to be some degree of self-awareness in the first instance, whereas in the second instance it is the status of the individual or the family/kinship or organization they come from which pushes them into leadership roles. The latter has been repeatedly shown in politics, for example, in the Indian subcontinent, where children, spouses or siblings of leaders who die in harness are encouraged to take on their leading responsibilities, or in the United States, where the family names can provide a platform for entry into local or national level politics. Furthermore, leaders may take on the task for a single specific objective, whatever it is, for practical ends, or to deliver a specific result. The leadership styles will differ in a number of ways and may be influenced by the specific purpose for which leadership is sought or offered.

In this chapter, we propose to set out some broad principles for the readers of this book. The focus of the book remains on leadership in the mental health profession.

What is leadership?

Leadership can be conceptualized in a large number of ways.[1] Leadership is the focus of the group processes as described by Bass.[2] But it is more than that. It is a concept and a process, both of which are embedded in a single person, but rarely in a body of individuals. Northouse[3] illustrates leadership by the power relationship that exists between leaders and their followers. Leadership can be transformational, involving management of change, and carries with it a skills set to influence individuals, events and processes. The specific

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task(s) related to leadership roles can be carried out only with the implicit or explicit consent of followers.

Northouse[3] asserts that while some are leaders, those towards whom the leadership is directed can be seen as followers. Both are needed in our understanding of the process of leadership. Neither the leader nor the followers can exist in a vacuum. However, who initiates this relationship is an interesting question. Embedded within the question is the purpose, function or goal of leadership. Leaders are not above their followers, but often, in politics especially, the power differential is so great that there may be a chasm between the leader and the followers.

Leadership is both a trait and a process. Development of leader and leadership skills and traits can be attributed to the family and early life.[4] According to Zaleznik,[4] provision of adequate gratification in childhood can lead to a harmony between what individuals expect from life and what they achieve. On the other hand leadership skills can be developed within organizations due to the need for changes, or be honed through mentorship.

Skills needed in and for leadership roles

Leadership requires a certain set of skills. In an impressive explanation of skills approach, Northouse[3] points out that the skills needed are technical, human and conceptual, although levels required in different roles will vary. In some settings and at some levels the skills mix will be different. A crucial element is the role of technical competence. Technical skills are about proficiency in a particular specialized area with analytical ability in that field and to use appropriate tools and techniques.[5] Technical competence becomes incredibly significant in the field of mental health, where the leader has to be able not only to understand technical aspects but also be able to communicate these to the key stakeholders. Technical competence is critical in convincing the funders if services are to be developed in a certain framework. In the Northouse modified model of Katz,[5] it is argued that at higher levels (e.g. top management), technical aspects are not as critical; but in the field of clinical sciences as well as mental health, technical knowledge is helpful. In their model, technical skills are concerned with working with things. In clinical matters, it is useful to know about conditions and potential treatments, which also gives the leader a degree of credibility. Understanding of the complexities and nuances of mental health is crucial in understanding, advocating and garnering of accurate resource allocation. Interestingly, along with technical competence, clinicians also have to possess human and communication skills, which are concerned with dealing, negotiating and working with people. These skills enable the leader to work with followers, delegate tasks appropriately and mentor followers. With these skills, it is possible for the leader to trust others and create an environment of trust, where followers can express their views and feel listened to. A good leader is sensitive to the needs of others and will take them into account. These skills become increasingly relevant higher up the leadership ladder.

The third set of skills are conceptual and deal with the ability to work with ideas and concepts.[3] It can be argued that in some ways these are the most significant skills. These are at the core of strategic thinking and are central to creating a vision and plan for an

organization or functionality of the organization. These are the central essential skills that allow a leader to express their vision and bring about changes.

Individual style and competencies in problem-solving, effective communication, passion and courage are important attributes of leadership. Clinicians are aware of and trained in developing hypotheses and then testing these to devise diagnostic and management strategies. Therefore, they are better placed at problem-solving and looking at problems 'outside the box'. Creative abilities for solving complex management problems in the organization include good judgement in defining problems and formulating solutions, which is essential in the armoury of leadership skills.[6] Identifying problems and solutions is one aspect, but communicating these effectively and gaining the support of others are equally important in achieving change. Along with problem-solving and social judgement skills, the capacity to understand people and social systems is helpful. Mental health professionals, by virtue of their training, must be able to utilize these skills in working with others, enthusing, supporting and mentoring them. Part of the conceptual ability is to take a perspective that is equivalent to social intelligence[7] or emotional intelligence.

Northouse[3] points out that, at an individual level, general cognitive ability, crystallized cognitive ability, motivation and personality all will play a role in leadership skills. Career experiences and environmental influences will also play a role in decision-making and leadership abilities.

A major challenge to this model is its breadth, which not every leader may be able to match. Although Northouse[3] indicates that its predictive value is weak, it is not entirely clear whether this poor predictive value also applies to clinical settings. Furthermore, an added problem with any competencies model is the actual level of competencies obtained. The behaviour of the leader may not be related to skills. The style approach of leadership focuses both on tasks and relationships. Both the task and the relationship will also depend upon the context within which leadership works – and this is where the situational approach to leadership may work. The situational approach sees the leader as having directive and supportive dimensions. Northouse[3] classifies leadership styles into:

- high directive–low supportive;
- high directive–high supportive;
- high supportive–low directive;
- low supportive–low directive.

These are self-explanatory.

Leaders: born or made?

As noted earlier, organizations help to identify and develop leaders. Peer review and training can be both productive and destructive, depending upon how it is carried out. Zaleznik[4] notes that peer reviews may influence managerial skills more than leadership skills. There is no doubt that our individual personality traits allow us to develop certain skills. For example, extrovert individuals may find it easier to communicate than introverts. In addition, other personality traits, such as aggression, may be more inherent. This means that some skills needed for leadership are innate, whereas others can be learned.

The abilities to manage conflict, to negotiate and to manage resources can be acquired through direct observation, training and mentoring. Learning to develop strategy and develop expertise in a field is possible through training. Leaders have to learn how to manage change and how to make the most of opportunities that can emerge from such change. Strategic direction for an organization can develop from extensive analysis of the functions of the organization and testing strategic scenarios in the context of complexity, technological advances, geographical factors and organizational structures.[8]

Some leaders, by virtue of their own personality traits, can manage change effectively, whereas others feel the need to maintain the status quo irrespective of what might be the needs of the organization at that particular time. Challenges related to change are strategic, technical, adaptive or rejecting. Individual personality traits will influence the type of approach used. Managing distress related to change and inherent ambiguity in change is important for any leader. Psychiatrists, by virtue of their training, should be more capable at sensitively dealing with ambiguity and uncertainty. It is also helpful that psychiatric training teaches individuals to deal with group dynamics and to explore not only what is being conveyed openly, but also what is not. These can help individuals and the organizations adapt to change. Heifetz and Laurie[9] observe that, at first, a leader must be able to create a holding environment which is a temporary 'place' or an ongoing safe space where ideas can germinate and grow. These skills are both inherent and acquired.

Heifetz and Laurie[9] propose that in adaptive work leaders have to take on the responsibilities for direction, protection, orientation, managing conflict and shaping norms requiring technical and adaptive skills. These authors suggest that good leaders encourage those below them to speak up, participate actively and contribute their skills. In addition, good leaders must also maintain disciplined attention to their views, and be able to give constructive feedback and justify their decision-making. Pilot training and working on a flight crew provide an excellent example of where any member of the team can point out problems without fear or ridicule, the primary aim of which is to reduce overall risk. In the healthcare services, certainly in the United Kingdom, whistle-blowing is still not widely encouraged. Technical orientations of the leadership role can be learned and this competence stands the leader in good stead.

Team leadership and managing teams

Different styles and competencies are needed work in teams. The structure and function of the team and the personalities of team members will play key roles in determining how the leader is allowed to lead. In this context, we identify a single leader for the team rather than the (entire) team in a leadership role. The latter model may work in some executive committees but a leader is still required to play a central role in allowing decision-making by the group and to liaise and negotiate with outside agencies and stakeholders, and to communicate outcomes back to the group. In mental healthcare delivery teams the leader is the driver in ensuring that the team is effective. Hill[10] points out that leaders must have a 'model' of a situation wherein the model reflects not only the components of the problems faced by the team but also the environmental and organizational contingencies affecting the smooth functioning of the team. Flexibility, vision and a broad range of skills are required

for this. As mentioned earlier, mental health professionals are trained to understand group dynamics; so, theoretically, they should be able to run teams effectively by managing them. However, this observation does not take into account individual personalities as well as their roles and functions within the team. A range of options is available to leaders. They will have to assess internal and external factors and monitor the situation and reach decisions. Mentoring team members and enabling them is part of the responsibility of the leader to ensure that the team works as an effective functional unit.

Manager or leader?

Mintzberg[11] notes that if managers are asked what they do, they are most likely to say that they plan, organize, coordinate and control; but when observed in their role, what they actually do often does not correspond to what they say they do. Managerial activities are said to be characterized by brevity, variety and discontinuity. Mintzberg[11] goes on to highlight that managers have formal authority and status and their interpersonal role as figurehead has associated informational roles as monitor and decisional roles as negotiator, allocator of resources and entrepreneur.

Leadership complements management and does not replace it

Kotter[12] argues that management is about coping with complexity, and its practices and procedures are in general a response to the development of large and complex organizations, whereas leadership is about coping with change. Both leadership and management require decisions, especially as to what needs to be done, thus creating networks of people and relationships that can accomplish an agenda and ensure that these tasks are carried out effectively. However, the manager and the leader do these differently: a manager will identify resources, whereas a leader will set the direction. Zaleznik[4] observes that the managerial culture emphasizes nationality and control and may adapt passive attitudes towards goals. The role of the manager and the leader may be entirely separate, embedded in each other, or may have slight overlap.

Psychodynamic understanding of leadership

Leadership as a process itself can be understood by looking at psychodynamic aspects. Similarly, the dynamic aspects of the personality of the leader are also of interest in explaining decision-making and leading. There have been various studies of leaders using psychoanalysis as a process by which the leader's actions can be understood.[4,13,14] There have also been studies of illnesses (physical and psychiatric) that various leaders have suffered and how these may have influenced their decisions in leadership roles.[15,16]

There is no doubt that childhood experiences and child rearing patterns will influence how an individual develops. In early life children start by idolizing their parents and older siblings and then, as they grow older and attempt to find an individual identity, they tend to identify external figures as role models, for example pop stars, teachers, leaders, film stars

or other celebrities. Hero worshipping can influence their subsequent behaviour, thinking, values and development. There is always a risk of attributing leadership roles to these role models, even if they are not true leaders. Stech[17] points out that the psychodynamic approach starts with the analyses of human personality, and these are then related to leadership levels and types. These personality traits are deeply ingrained. The psychodynamic approach also explores unconscious motives both of leaders and their followers. Stech[17] provides further details of transactional analysis and Freudian theories, which readers will find extremely helpful. Jungian personality types also provide an insight into the way a leader behaves.

Krueger and Theusen[18] remark that leadership involves the use of power, comprising both the personal and organizational. This is especially relevant when looking at the leadership roles of clinicians, particularly psychiatrists, as the latter have the legal power to deprive patients of their liberty and have the organizational power to medicate them against their will. The personality traits of the leader – whether they are an extrovert, introvert, thinker, intuitor, etc. – dictate the way they may respond to crises and how they reach decisions.

Leaders also have different ways of dealing with followers. In some cases, especially with extreme right-wing political ideology, the use of uniforms may be used to give a definite message,[19] as will wearing a white coat. The primary aim of the psychodynamic approach is to make both the leader and the follower aware of personality types and of underlying motives. In working with others, there may be unconscious motives that need to be identified, understood and explained if pragmatic decisions are to be reached. Stech[17] highlights the strength of the psychodynamic approach in analysing the relationship between the leader and the follower. Stech also recognizes weakness of the psychoanalytic approach due to its focus on personality traits. The approach remains attractive as it explores both the personality and the unconscious motives.

Key qualities of successful leaders

Communication

Even if the leader has an excellent vision of the development and direction of the organization, they may not be able to communicate their decisions effectively for the followers to realize and accomplish the vision. Charismatic leaders are good at listening and communicating with others. Effective and successful leaders convey their message in a straightforward way that allows followers to understand their roles and tasks clearly. Communication style may be intuitive but can also be learned. The basic communication model as described by Weightman[20] is about encoding the message, transmitting it in the context of the environment on the one hand, and decoding information and providing feedback on the other. The communication feedback loop is helpful in conveying even the most complex messages.[21] Communication networks can be of different varieties, such as chain, circle, wheel, all-channel, Y or inverted Y.[22] In order to succeed, good leaders follow both upward and downward methods of communicating with their followers. Effective

communication within an organization means giving the same clear message to everyone, changing behaviour, improving motivation or sharing information.[23] Active listening and paraphrasing are important aspects in the stages of learning.[24] Leadership carries with it ethical and confidential responsibilities. Informed decision-making is discussed in Chapter 8.

Managing conflict

In professional settings in clinical practice, it is inevitable that conflicts may arise within teams. Clinical leaders need to be aware of potential areas that may lead to conflict and have strategies in mind to deal with these situations.

Barr and Dowding[24] point out that conflict may be seen as negative and confrontational, but also can be a positive way of bringing growth to the team. Obviously it depends on the type of conflict, the reasons for it, and how the conflict is managed and resolved. These authors go on to describe various levels of conflict, which are: intrapersonal (i.e. within the individual); interpersonal (between two or more people perhaps related to their beliefs, values, roles and rules); and intergroup conflict, which may be across professional groups or organizations. The responses as a result of conflict also vary both at individual and group levels. Conflict can result from overt and covert objectives and motives, differences in perceptions at various levels of organizations, resource management, and poor clarity of roles and responsibilities. The 'symptoms' as a result of conflict can be poor communication, frustration, rivalry, jealousy, friction at individual and professional levels, and loss of control or increased control as a response to conflict. If not tackled appropriately, the conflict can adversely affect the organization as well as the individual.

A leader can manage conflict using a number of strategies. These include: creating a friendly atmosphere; helping everyone to feel valued and part of the team; supporting and looking after colleagues; showing public acknowledgement and appreciation; and demonstrating respect and consideration towards others.[24]

Conflict can be avoided but in some settings it may be worthwhile building this up constructively to reach a satisfactory conclusion. Various options available to the leader include avoidance, accommodation, compromise, creative management and collaboration. Conflict management style may be active or passive. Thus leaders have to choose a way of dealing with the conflict according to their personality style.

Clinical leaders may need to use both personal and organizational strategies to manage conflict. Within such management, skills related to negotiation, ethics, confidentiality and objectivity are critical. Furthermore, cultural conflicts may become more relevant if team members are not aware of cultural nuances and differences. Hofstede[25] described cultural context in five dimensions while studying culture within IBM. These five dimensions are: distance from the centre of power, uncertainty avoidance, individualism-collectivism, femininity-masculinity and long-term orientation. They are vital in the understanding of cultural values and managing conflict that may be related to cultural variations.

Most professional organizations and regulatory bodies have policies on working in teams and collaborating. A competent clinical leader will thus be fully aware of potentials for tensions and negative conflicts, how these can be avoided, and if they happen how

best these can be managed. Teams will have their own stages, whether they are new or old, mature and experienced. The type and degree of conflict therefore may be related to this setting as well, and the clinical leader may have to take this into account in managing conflict.

Gender and leadership

It is well known that gender plays a key role in leadership styles (also see Chapter 17). Rosener[26] argued that men were more transactional leaders and women had transformational styles. However, as Barr and Dowding[24] point out, in the last two decades this approach may well have become less evident. Certainly gender plays a key role in communication, collaboration and conflict management styles. Men and women socialize differently,[27] and their roles, how they relate to colleagues, and their perceived and real power in teams will also vary. These differences are important in our understanding of leadership styles.

Solving problems as leader

Problem-solving is part of the clinical role of the clinical leader. This allows a degree of conflation between decision-making and problem-solving, which is not entirely accurate. As problem-solving focuses on the root cause of the problem so that it can be understood and dealt with, this process is different from decision-making, which itself may be a part of the problem-solving activity. However, the organizational approaches of problem management are four-fold.[24] These include classical management, human relations, systems and contingency. Recognition of the nature of the problem is the first step, followed by assessment of the impact and the implication of the problem with an understanding of identifying outcome success criteria, actual decision-making and communicating solutions. The type of problem will obviously dictate how it is identified and solved. Problems have been described as simple (also called difficulties) or hard (complex) problems.[28] Complex problems may have more than one component and may be interrelated or even interdependent.

The steps in problem-solving are related to correct identification of the problem and gathering the right information and data, which will lead to the exploration of a range of alternative solutions, selecting the right option, implementing it, evaluating the success and communicating it effectively. Some of the solutions may have to be found by delegating matters to other members of the team.

Delegation of responsibilities

No leader can manage all the activities expected of them. It is inevitable that some matters will have to be delegated. This process is key in managing time as well as in managing teams, where the ultimate responsibility continues to rest with the leader but the person to whom the task has been delegated becomes responsible to the superior for carrying this out. Leaders may retain authority and responsibility as well as a degree of accountability. Accountability within the healthcare delivery system is within the regulatory structures of

the individual's profession as well as civil, employment and criminal law. The culture of any organization and type of leadership will determine what type of delegation is allowed to occur. The act of delegation is also part of the process by which individuals within the team are supported and, indeed, encouraged to develop skills to take on additional responsibilities. Leaders influence the culture of the organization and the organization itself will allow the development of leadership skills and strategies.

Conclusions

Leadership means different things to different individuals in different settings. The art of leadership can be both acquired and influenced by a number of factors. Theories of leadership provide an overview of tasks that a leader may face. The culture of the organization on the one hand, and gender, personality traits, education and experience of the leader on the other, will produce an interaction that will affect the growth and the strategy of the organization. Leaders need followers, and leadership styles will be determined by the type of task that needs to be completed. Skills related to problem-solving and conceptual and strategic skills are all key in any leadership role. Clinical leadership can mean both leadership by clinicians as well as by those leading on clinical matters in clinical settings and healthcare structures. Clinicians are generally aware of decision-making and problem-solving, which makes it relatively easier for them to take on leadership roles. Various models of leadership provide an insight into our understanding of clinical leadership.

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