

Venue

Duration - Date

.....

# Introduction to Leadership & Management

.....

## Workbook

NAME: .....

ORGANISATION: .....

**This Workbook is Personal & Confidential to the Programme Participant.**  
It has been designed in modular fashion to accommodate Pre-Workshop Activity, materials provided in the Workshop and also to facilitate optional Post-Workshop further learning and development. The Work-Book content will be delivered in sections/segments.

**WE HAVE PROVIDED A PERSONAL ASSESSMENT FROM PAGE 97, FOLLOWED BY BLANK PAGES FOR ANY NOTES**



Health  
Development  
Consulting



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## WORKBOOK : INTRODUCTION TO LEADERSHIP & MANAGEMENT : SECTION 1

In this Workshop, part of a series of five for Information and Intelligence personnel, participants are encouraged to explore and better understand the worlds of marketing, promotion and communication, with a particular focus on self and team development via a series of practical healthcare/public health relevant scenarios and situations.

Whilst, as required, workshops will be provide insights into some of the basic and underpinning theories of marketing and communication, our accent throughout will be on inter-activity via individual and team practical exercises allied to encouragement for participants to develop their knowledge and understanding further, using the Workshop as a springboard for further development.

Use of a Learning Log provided to all those who attend Workshops in this series is intended to support this 'continuous learning' approach; additional Learning Log pages are included at the end of this Workbook.

**Linked website:** [www.healthknowledge.org.uk](http://www.healthknowledge.org.uk)

## Workbook Contents

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## Welcome

**To this inter-active workshop module on Introduction to Leadership & Management to Improve Population Health & Wellbeing**

**Within the Information and Intelligence development programme within 'Informing Healthier Choices'**

**FOCUSED: PRATICAL: INTERACTIVE: "ACTION LEARNING"  
CONTINUOUS LEARNING**



- 09.30 Registration and Refreshment**
- 10.00 Welcome & Introduction**
- 10.05 Introduction Objectives: The Fine Line**
- 10.20 Short Leadership Practical**
- 10.30 Introductory Slides/Workbook**
- 10.40 Introductory Practical MBTI**
- 11.30 Refreshments**
- 11.30 Motivation**
- 12.20 Teams / Team Building / Dynamics**
- 13.00 Lunch (30 minutes)**
- 13.30 Management Leadership**
- 14.30 Managing Upwards**
- 14.45 Change/Change management**
- 15.15 Refreshments**
- 15.30 Closing Practical / Feedback**
- 16.00 Close**

## Plenary Practical

In this workshop we will be taking some initial steps towards understanding ourselves, understanding others, understanding change and the impacts of change, understanding management, motivation, leadership, teams and team-building. We have included inter-activity and practical exercises throughout.

Let's start by asking you to jot down a few thoughts about the differences between Leadership and Management:

**Leadership**

**Management**

We'll use that which you have captured in a plenary practical

## Main Literature/Sources supporting this Workshop

### Leading in the NHS – A Practical Guide

- Rosemary Stewart, 1996, 1999

### The Leadership Skills Handbook, *Kogan Page, 2006*

- Jo Owen: 50 key skills from 1000 leaders
- 'Most leadership books try to answer the question "What is good leadership? This book is different, It starts with the question 'How can you learn to lead'

### John Adair:

- One of the leading management / leadership 'gurus' in the UK
- '*One of the foremost thinkers on leadership*', Sir John Harvey-Jones
- Authored over 30 books + papers on these subjects
- E.g 'Leadership & Motivation', 2006

**Managing Change in the NHS: series of publications by the Service Delivery and Organisation Programme is part of the [National Institute for Health Research](#)**

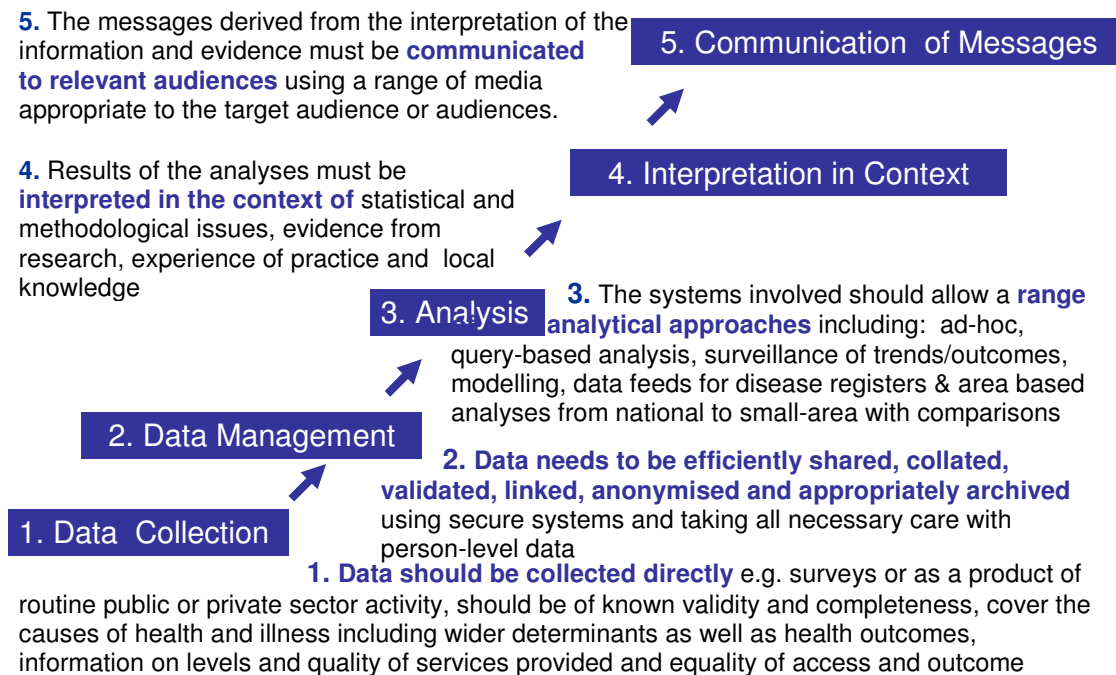




## Workshop Objectives

- Introduce and contextualise the Information & Intelligence Programme
  - “Informing Healthier Choices”
  - Managing Change in the NHS
- Understand ourselves (individually and as “I & I people”) and our impacts on others
- Understand the different models/styles and principles of leadership, the strengths and weaknesses of each, when they should be used and their potential use in improving population health and wellbeing
- Understand the differences between leadership and management
- Understand the concepts of team building and the different skills and attributes brought by different members of the team
  - team leadership
  - ‘self-managing teams’
  - team dynamics and ‘high performing teams’
- Understand different management principles and skills and their application
  - managing self
  - managing others
  - managing upwards
- Understand and be able to put into practice management models and theories associated with motivation and leadership
- Be able to identify and understand the frameworks and tools that support management of change
- Be aware of the drivers and levers of change

## The Information & Intelligence Continuum



## Contextualisation

The DH wishes to offer the opportunity for the Information and Intelligence workforce to attend five interactive learning modules that make up the component part of the skills identified to improve population health and wellbeing

- Leadership and Management
- Collaborative working
- Policy and Strategy Development and Implementation
- Getting the message across
- Prioritisation and Performance Management

## Towards Effective Leadership, Management & Motivation

**Before anyone can seriously think about developing leadership, management and motivational skills they need to achieve several things:**

- understand themselves
- understand others
- understand the impacts/effects they can have on others

There are many assessment tools - often called psychometric, psychological or personality assessments, many of them based on work by Carl Jung back in the 1920s – that can help this process.

Typically they use the ‘preferences’ of people to establish ‘Types’

You may well have undertaken such an assessment; some people undertake several on their journeys through life.

Please make a note here if you have undertaken one in the last few years:

Type/Name of Assessment undertaken: .....

Principal Outcomes:.....

.....

.....

Usefulness.....

.....

.....



## How important/useful are 'assessments'?

They certainly aren't in the 'essential' category but these Assessments can prove to be very useful to individuals. It should be noted however that they are simply 'Indicators', and - however cleverly they are constructed – are completely dependent upon the Inputs that those being assessed make in response to various statements and questions that are presented.

Most Assessments concentrate on attitudes, preferences and – to some extent - behaviours but they cannot really be **qualitative**, they are typically 'arms-length' – more and more of them use internet-based assessment tools – and are much more about the way you are, the way you see the world, the way you see, relate to and engage with others.

This is why we say they can be useful. The ways individuals engage and inter-act with others are particularly important, especially in the areas of leadership, management, motivation and team-working.

**NOTE:** It isn't possible for us to provide such an Assessment within the constraints of this workshop/learning module; we can however offer you some personal practical activity based on some of the rudiments of 'personality types' that should help develop self-understanding and improve your understanding of, and the way you work with, others (see Pgs 9 - 11: Personal Pre-Workshop Practical Exercise).

We can also point you to a number of online sources that you may, either personally or via your work context, consider undertaking in the future:

One **free** Report that can be undertaken immediately on-line is offered by SHL. Whilst it forms part of a 'Research Project' and is styled on tests typically used in connection with employment situations it does give some (virtually) instant and detailed feed-back that many will find useful.

Registering with SHL and taking the Test takes about 20-25 minutes. You get the Report almost immediately. And, as we say, it is free! [http://www.shldirect.com/practice\\_tests.html](http://www.shldirect.com/practice_tests.html)

## WORKBOOK : INTRODUCTION TO LEADERSHIP & MANAGEMENT : SECTION 1

Another 'freebie' – nothing much more than a 'teaser' really, uses a completely different, fun approach; its much quicker to complete and provides almost instant feed-back. It takes but a minute or two to complete, is based on visuals but provides as you'd probably expect, considerably less 'depth'. If you would like to try it, this can be found at:

<http://www.insightlearning.com/quiz/flash.htm>

The 'Industry Standard', the Myers-Briggs Type Indicator (MBTI) is an in-depth 'Type' assessment and can be purchased (85 US\$) and completed on-line via CPP.Inc You pay on-line by credit card and typically receive the Report within a few hours, max 12. The cost includes a short telephone consultation, or alternatively this can be conducted by e-mail, with a Myers-Briggs specialist about your Report. CPP in fact offer a variety of Assessment tools in packages, some include Leadership assessment with an MBTI. You may want to check-out their web-site for details and pricing.

<http://www.cpp.com/images/reports/smp261146.pdf>

## Your opportunity

*(Here we refer you to our Workshop Book – “The Leadership Skills Handbook”, Jo Owen, Kogan Page, 2006 – which will need to be supplied to participants)*

*Based on “The Leadership Skills Handbook”, Jo Owen, Kogan Page, 2006*

As we move into our key opening Section on Understanding Self we offer you here the opportunity to make a ‘quick’ self-assessment against the basic ‘dichotomies’ used in the well-known ‘MBTI’, and then use this to take you into further work on Understanding Others and also assessing the impacts and effects you may have on, and the ways you engage with, others.

The benefits of using type to gain understanding

### **Knowledge of type can help improve your life in several ways:**

- better understand yourself : knowing your own Type helps you understand the assets and liabilities of your typical reactions.
- better understand others : knowing about Type helps you recognize that other people may be different. It can enable you to see those differences as useful and broadening, rather than annoying and restricting.
- gain better perspective : seeing yourself and others in the context of Type can help you appreciate the legitimacy of other points of view. You can then avoid getting stuck in believing your way is the only way. No perspective is always right or always wrong.
- Better understand team dynamics, become a more effective team-player, make better contributions to team achievements

## Understanding self

### CARL JUNG'S TYPOLOGY AND THE MYERS BRIGGS TYPE INDICATOR (MBTI)

The **MBTI** is perhaps the best-known of the many Psychometric assessment tools that can be used these days, and as we say above, is probably still the Industry Standard, designed like several other Assessment tools around the work of Carl Jung conducted over 85 years ago. Here we are grateful to **Wikipedia who provide the following referenced entry (as at 18-08-08) that gives considerable detail, some of which we have used in what follows:**

[http://en.wikipedia.org/wiki/Myers-Briggs\\_Type\\_Indicator](http://en.wikipedia.org/wiki/Myers-Briggs_Type_Indicator)

The Myers-Briggs Type Indicator (MBTI) assessment is a psychometric questionnaire designed to identify certain psychological differences according to the *typological* theories of *Carl Gustav Jung* as published in his 1921 book *Psychological Types* (English edition, 1923).<sup>[1]</sup> The original developers of the personality inventory were Katharine Cook Briggs and her daughter, *Isabel Briggs Myers*. They began creating the indicator during *World War II*, believing that a knowledge of personality preferences would help women who were entering the industrial workforce for the first time identify the sort of war-time jobs where they would be "most comfortable and effective".<sup>[2]</sup> The initial questionnaire grew into the Myers-Briggs Type Indicator, which was first published in 1962. The MBTI focuses on normal populations and emphasizes the value of naturally occurring differences.<sup>[3]</sup> Fundamental to the Myers-Briggs Type Indicator is the theory of psychological type as originally developed by Jung - who proposed the existence of two dichotomous pairs of cognitive functions:

- The "rational" (judging) functions: **Thinking and Feeling**
- The "irrational" (perceiving) functions: **Sensing and Intuition**

Jung went on to suggest that these functions are expressed in either an introverted or extraverted form.<sup>[2]</sup> From Jung's original concepts, Briggs and Myers developed their own theory of psychological type, on which the MBTI is based:



## “Type”

The typology model originated by Jung (and further developed by Briggs and Myers) regards personality type as similar to left or right handedness: individuals are either born with, or develop, certain preferred ways of thinking and acting. The MBTI sorts some of these psychological differences into four opposite pairs, or "dichotomies," with a resulting 16 possible psychological types. None of these types is "better" or "worse"; however. Briggs and Myers recognized that everyone naturally prefers one overall combination of type differences. In the same way that writing with the left hand is hard work for a right-hander, so people tend to find using their opposite psychological preferences more difficult, even if they can become more proficient (and therefore behaviorally flexible) with practice and development.

The 16 different types are often referred to by an abbreviation of four letters, the initial letters of each of their four type preferences (except in the case of *iNtuition*), for instance:

- ESTJ - Extraversion, Sensing, Thinking, Judging
- INFP - Intraversion, iNtuition, Feeling, Perceiving

and so on for all 16 possible type combinations.



## The Four Dichotomies

<b>E</b> xtraversion	<b>I</b> ntraversion
<b>S</b> ensing	<b>I</b> Ntuition
<b>T</b> hinking	<b>F</b> eeling
<b>J</b> udging	<b>P</b> erceiving

The four pairs of preferences or **dichotomies** are shown in the table

Note that the terms used for each dichotomy have specific technical meanings relating to the MBTI which differ from their everyday usage. For example, people with a preference for Judging over Perceiving are not necessarily more "judgmental" or less "perceptive".

**Nor does the MBTI instrument measure aptitude;** *it simply indicates for one preference over another.* Someone reporting a high score for Extraversion over Intraversion cannot be correctly described as 'more' Extraverted: they simply have a *clear* preference.

Point scores on each of the dichotomies can vary considerably from person to person, even among those with the same type. However, Isabel Myers considered the *direction* of the preference (for example, E vs. I) to be more important than the *degree* of the preference (for example, very clear vs. slight).<sup>[13]</sup>

## Personal pre-workshop practical exercise 1.1:

### Discover your Personal Type

Here is the personal 'quickie' exercise we mentioned above that will help you find out where you might be on MBTI. (Bear in mind this is by no means a 'depth' assessment, for this you need to go to the web-site mentioned on **Pg 7** and pay for a full MBTI Assessment or any specific package.)

**BUT FOR NOW:** to work out basically where you might be on MBTI, here's what you need to do:

**Firstly:** please look at the table we have constructed on Pg. 10: you'll see that we have listed the 'four dichotomies' and also provided an outline description of the main characteristics of each; we've also shown just a few Positive and Negative characteristics that help define each.

**Next:** Using the information we've provided in the Table, we want you to choose between each of the dichotomies i.e. between Extravert (E) and Intravert (I), Sensing (S) and I(N)tuitive (N), Thinking (T) and Feeling (F), Judging and Perceiving.

Then make a Note in the Form '**My Personal MBTI Assessment**' we've provide on **Pg 11**; decide where you reckon you might fit; also, add some brief notes as to why you made your choices.

**Finally:** in the Space provided at the bottom of the Form simply write the four Initials of the Types you have selected e.g. INTJ, ISTP, ENTP etc

**NOTE:** In case you experience difficulty in achieving the above, we recommend you look particularly at the Negatives, this may help you decide what you are *least* like.



**WORKBOOK : INTRODUCTION TO LEADERSHIP & MANAGEMENT : SECTION 1**

<b>TYPES</b>	<b>BRIEF DESCRIPTION</b>	<b>+ IVES</b>	<b>- IVES</b>
<b>Extraversion (E)</b>	<ul style="list-style-type: none"> <li>draw energy from action &amp; others:</li> <li>tend to speak then think, act then reflect</li> <li>appreciate breadth</li> <li>action-oriented.</li> <li>if in-active, levels of energy and motivation tend to decline</li> </ul>	exudes energy & enthusiasm  action-orientated  comfortable networker	loud  over-bearing  tend not to include others
<b>Intraversion (I)</b>	<ul style="list-style-type: none"> <li>need time out to reflect in order to rebuild energy</li> <li>tend to think, then speak</li> <li>the Introvert's flow is directed inward toward concepts and ideas</li> <li>tend to be reserved, prefer one-to-one rather than one-to-many</li> </ul>	seeks 'depth'  thought-oriented  thoughtful  reflective  allow space for others	quiet, reflective  'backwards in coming forward'  poor communicator  uneasy networker
<b>Sensing (S)</b>	<ul style="list-style-type: none"> <li>tend to trust information that is in the present, tangible and concrete,</li> <li>tend to distrust hunches that seem to come out of nowhere.</li> <li>prefer to look for details and facts</li> <li>the meaning is in the data</li> <li>think mainly about the present</li> <li>see the trees, not the forest</li> </ul>	realistic  practical  pays attention to detail  results focused	unimaginative,  dull  indecisive  impatient
<b>Intuitive (N)</b>	<ul style="list-style-type: none"> <li>tend to trust information that is more abstract or theoretical,</li> <li>typically more interested in future possibilities</li> <li>tend to trust those flashes of insight that seem to bubble up from the unconscious mind</li> <li>meaning is in how the data relates to the pattern or theory</li> <li>think more about the future</li> <li>see the forest, not the trees</li> </ul>	creative  imaginative  innovative	'flighty'  unpractical  unrealistic  gets mired in facts at the expense of the 'big picture'
<b>Thinking (T)</b>	<ul style="list-style-type: none"> <li>tend to decide things from a more detached standpoint</li> <li>measure decisions by what seems reasonable, logical, consistent, matching a given set of rules.</li> </ul>	logical  rational  intellectual	cold  detached  heartless
<b>Feeling (F)</b>	<ul style="list-style-type: none"> <li>reach decisions by associating/ empathizing with the situation</li> <li>look at things 'from the inside'</li> <li>weigh-up a situation to achieve, on balance, the greatest harmony, consensus and fit</li> <li>considers the needs of the people involved</li> </ul>	empathetic  understanding  gentle  balanced	soft-headed  'fuzzy' thinker  'bleeding heart'
<b>Judging (J)</b>	<ul style="list-style-type: none"> <li>organised, scheduled, tidy</li> <li>more serious, focused</li> <li>dislike surprises</li> <li>hard-working, get things done</li> <li>prefer to "have matters settled."</li> </ul>	strong work ethic  focused  reliable	compulsive  rigid  rule-bound
<b>Perceiving (P)</b>	<ul style="list-style-type: none"> <li>tend to 'keep options open'</li> <li>more carefree</li> <li>often enjoys surprises</li> <li>are opportunistic</li> <li>prefer to "keep decisions open."</li> </ul>	enjoy work  exhibit good work-life balance  adaptive	aimless  unreliable  soft  disorganised



## 1.1 Personal pre-workshop practical

### My personal MBTI assessment

THE 4 DICHOTOMIES	YOUR ASSESSMENT	REASONS FOR YOUR SELECTION
Extravert (E) <b>OR</b>  Intravert (I)		
Sensing (S) <b>OR</b>  INtuition (N)		
Thinking (T) <b>OR</b>  Feeling (F)		
Judging (J) <b>OR</b>  Perceiving (P)		
<b>ENTER YOUR FOUR LETTERS IN ORDER: ----&gt;</b>  e.g. ENTJ, INTP		

**FINALLY** make any Notes here about this Experience:

**HOW IT WAS FOR ME:**

**PERSONAL LEARNING:**

**THOUGHTS, IDEAS FLOWING FROM IT:**

**PLEASE REMEMBER TO BRING THE WORKBOOK WITH YOU TO THE WORKSHOP**

## Introduction to Leadership and Management

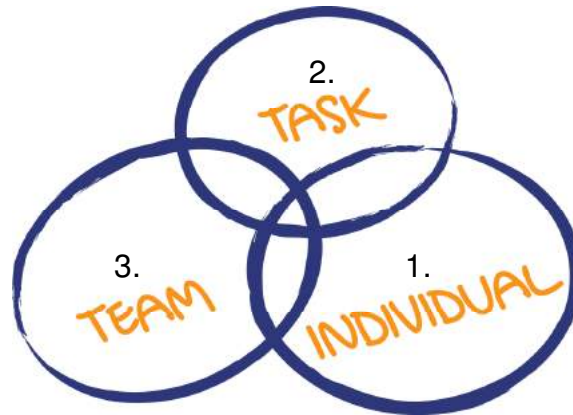
WORKBOOK

Section 2



## Our Driver For This Leadership And Management Module:

We will be using a quite well-known Model developed by management and leadership expert **John Adair**:



### THREE CORE MANAGEMENT RESPONSIBILITIES:

Achieving the Task : Managing the Team of Group : Managing Individuals

**Firstly** we will consider **(1) the Individual**, help to get to know **ourselves** – how we interface/engage with others and how we carry out the many and various **(2) Tasks** that together comprise the work that we do. Then via some insights into human **motivation** we will begin to consider how as individuals, we also engage and act as members of **(3) Teams**. We then consider the implications of this for the ways people **manage**, the ways people in leadership roles **lead**.

Here, by way of Introduction we give some biographical details of John Adair:

**JOHN ADAIR, born 1934, British**, developed his **Action Centred Leadership** model while lecturing at Sandhurst Royal Military Academy and as Assistant Director and Head of Leadership department at The Industrial Society. This would have been during the 1960's and 70's, so in terms of management theories, Adair's works is relatively recent.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

His work certainly encompasses and endorses much of the previous thinking on human needs and motivation by Maslow, Herzberg and Fayol, which we will be describing in later pages of this Workbook, and his theory adds an elegant and simple additional organisational dimension to these earlier works.

Very importantly, Adair was probably the first to demonstrate that *leadership is a trainable, transferable skill*, rather than it being an exclusively inborn ability.

Adair has helped change perception of management to encompass leadership, to include associated abilities of decision-making, communication and time-management.



## The Public Health Management & Leadership Challenges

**We need to understand *ourselves* as individuals and as 'I & I People'**

- Be aware of our strengths & weaknesses
- Be aware of and manage development needs

**We need to understand *others***

- As individuals
- As members of teams and collaborations in which we participate
- As other work areas, other stakeholders
- As 'customers'

**We need to understand management and leadership and the *similarities and differences* between them**

**We need to understand key motivational & support needs**

- Selves and others

**We need to understand how what we do/say, how we behave, affects others**

**We need to understand change and the impact & challenges of change**

**We need to discover our own 'framework for success'**

**We need to think about, develop and manage our own 'leadership journeys'**

**We need to flex our personal and management / leadership styles to suit our changing situations and contexts**



## 1. Understanding Yourself and others

- whatever your job role and responsibilities it helps to understand yourself...
- ... and also how you affect others...
- “without calling in a shrink or a new-age guru!”
- we all affect people in both positively and negatively
- it pays to understand both sides!

### Understanding Self & Others

Now we move to our extension Exercise, designed to build on the work (MBTI) that you have – hopefully – been able to complete before today.

**Lets first of all remind ourselves what it was you were asked to do.....**

*Reference : The Leadership Skills Handbook, Jo Owen*

#### Self ‘Type’ Assessment: helps you figure out your personal style/Type

- This is loosely based on the MBTI (Myers Briggs Type Indicator) but you don’t need a ‘full analysis’ – nor to understand fully how MTBI’s are worked out
- See Work-Book:
- Background: Pages 7 – 10
- Exercise: Pages 10 – 12

### Pre-workshop practical (1.1)

We mentioned that it is not possible to include a full Assessment on delegates within this programme; these can be obtained from numerous sources referenced in your Workbook. But here we look at what we say is an initial ‘rough and ready’ approach to using the well-known Myers Briggs Type Indicator (MBTI) to help us better understand ourselves ...and the people we need to engage with, work effectively with in our varied work environments: Please copy your Personal MBTI from Page 12 of your Workbook to top of next page...

**My Personal MBTI:**

--	--	--	--

**WORKSHOP EXERCISE (1.2)**

It is useful at this stage to complete a similar initial Assessment on another person with whom it is important you engage effectively with, within the work environments.

**Your Boss is probably one of the first people who spring to mind!**

**SO:** we want you to do the same for your Boss. Use the Form below to make assessments based on the 'Types' Table on Page 11 as to where he/she fits on the Types

**MBTI ASSESSMENT ON ...**

THE 4 DICHOTOMIES	YOUR ASSESSMENT	REASONS FOR YOUR SELECTION
Extrovert (E) <b>OR</b> Introvert (I)		
Sensing (S) <b>OR</b> INtuition (N)		
Thinking (T) <b>OR</b> Feeling (F)		
Judging (J) <b>OR</b> Perceiving (P)		

**Enter the four letters applicable to your boss in order: ---->**

**E.g. Entj, intp**

--	--	--	--

**Please go to next page for help with interpretation.**

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

Once you have made the Assessment of your Boss then use the Table provided below to think about how effectively you currently engage/work with your Boss, and how you might improve this into the future.

### HOW TO MAKE USE OF THE MBTI OUTLINES

(Source : Jo Owen, *The Leadership Skills Handbook, 2006*)

#### A Few Rules

- Don't try to be someone else
- Don't try to change the other person
- Be patient
- Be aware
- Find the right situation in which to work
- Build the team

YOUR TYPE	THEIR TYPE	HOW THEY MAY SEE YOU	HOW YOU CAN ADJUST
<b>Extraversion (E)</b>	<b>Introvert</b>	Loudmouth Doesn't include other people	Give others time to think/speak. Ask Open Questions
<b>Intraversion (I)</b>	<b>Extravert</b>	Have you <i>nothing</i> worth saying? Uneasy networker	Prepare in advance to have something to say. Look for collaborative forums, get involved with broadly-based teams
<b>Sensing (S)</b>	<b>INntuitive</b>	Dull Unimaginative	Take on some of the practical detail that Intuitive types dislike
<b>Inntuitive (N)</b>	<b>Sensing</b>	Flighty Impractical Unrealistic	Ask for help on practical things Form an alliance with a Sensing person
<b>Thinking (T)</b>	<b>Feeling</b>	Cold Heartless	Try to win a friend, not just an argument
<b>Feeling (F)</b>	<b>Thinking</b>	Soft headed Fuzzy thinker Bleeding heart	Let the Thinkers think, then work the people and the politics
<b>Judging (J)</b>	<b>Perceiving</b>	Compulsive neat freak Uptight Rigid, rule-bound	Ignore the chaos Quietly focus on the substantive battles
<b>Perceiving (P)</b>	<b>Judging</b>	Lazy Messy Aimless Unreliable	Clear up the mess on the desk! Make sure Reports get in on time

## PERSONAL POST-WORKSHOP PRACTICAL 2.0

### THIS EXERCISE WE ASK YOU TO DO AFTER ATTENDING THE WORKSHOP

It is designed for your personal use and we do not ask for any feed-back

We can use the Style Compass™, developed by Jo Owen, Author of The Leadership Skills Handbook to help us think about how we engage with other people, including people who are very different to ourselves.

You are asked to complete a Style Compass for someone who is important in your working life. This might well be your Boss – but it doesn't have to be – it could be a key person in the organisation with whom it is critical from a work perspective that you engage.

You can choose from a number of axis provided below, we have highlighted those that we reckon you might find the most relevant and have shown an example below which you may well find suitable for your initial assessment work. However the choice is yours – whichever you reckon are most pertinent to the person you have chosen (you don't have to TELL them of course!)

SELECTED AS IMPORTANT BY PRACTISING LEADERS	PROMOTED AS IMPORTANT BY DIFFERENT 'SHRINKS'
<ul style="list-style-type: none"> <li>- <b>People focused v Task focused</b></li> <li>- <b>Process focused v Outcomes focused</b></li> <li>- <b>Risk Tolerant v Risk Averse</b></li> <li>- <b>Big Picture v Detail</b></li> <li>- <b>Words v Numbers</b></li> <li>- <b>Oral v Written communication</b></li> <li>- <b>Tactful v Blunt</b></li> <li>- Sensitive v Thick-Skinned</li> <li>- <b>Controlling v Empowering</b></li> <li>- Quick v Slow</li> <li>- <b>Open v Defensive</b></li> <li>- Morning v Afternoon</li> <li>- <b>Positive v Cynical</b></li> <li>- <b>Analysis v Action</b></li> </ul>	<ul style="list-style-type: none"> <li>- Intellectual v Instinctual</li> <li>- Withdrawn v Attached</li> <li>- <b>Idealistic v Practical</b></li> <li>- Alert v Settled</li> <li>- <b>Progressive v Conservative</b></li> <li>- <b>Future oriented v Past Oriented</b></li> <li>- Congenial v Coercive</li> <li>- Solicitous v Antagonistic</li> <li>- Receptive v Assertive</li> <li>- Submissive v Domineering</li> <li>- <b>Sensitive v Insensitive</b></li> <li>- <b>Socialistic v Materialistic</b></li> </ul>

*See Next Page*

### INTERLUDE:

Let's just stop here for a minute or two to consider our **own** role in Healthcare, our own roles *in improving population health and wellbeing*

We believe it could be useful here to 'step back' and consider how generally we might be perceived by others in the Organisation and within key Stakeholder Groups...

...and to think about the relevance/importance of management and leadership in this context.

### HOW GENERALLY ARE 'I & I' PEOPLE PERCEIVED WITHIN THE NHS/WIDER STAKEHOLDER GROUPS?

- Are we generally heads-down 'teckies', individuals who simply analyse and sort the 'numbers' and send them to others? OR
- Are we dedicated Team players who work together to provide not just data but Information, insights into 'evidence' and 'knowledge'?
- OR are we a valuable resource capable of making valuable contributions to decision-making, improving the health and well-being of our populations?

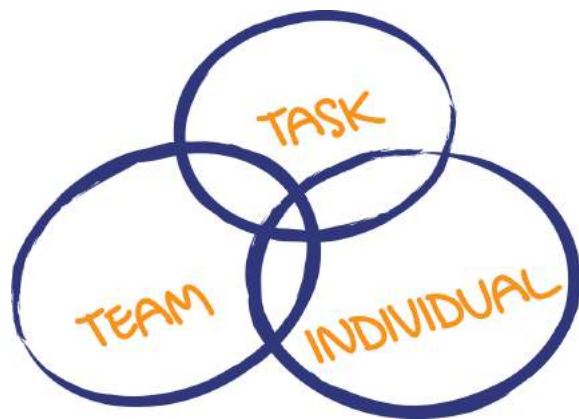
### Perceptions of "I & I" people...

- How do WE see OURSELVES?
- How do OTHERS see US?
- Are we – or should we be – managers/leaders?
- How Best can we impact on IMPROVING POPULATION HEALTH & WELL-BEING?

**TEAM TASK:** please consider the above questions in preparation for a short Discussion. Make a few Notes here regarding your own thoughts and perceptions:

### “Motivation”

**John Adair** approaches Motivation from a fundamentally Leadership and Management aspect. But as we have said this approach gives us a good framework form which to look also at the roles, responsibilities and contributions of **Individuals** – and how good managers, good leaders need to understand individuals, their personal motivations and drivers if they are to manage/lead effectively.



In this Section we will look briefly at the definitions of motivation and then consider some of the key contributors to motivational and management theory and practices before taking a good look at team and team-building aspects before then considering relevant management and leadership dimensions and the all important back-drop to everything these days – the effective management of change.

### What is Motivation?

- An individual is motivated when he or she WANTS to do something
- A motive is not quite the same as an Incentive:
- Whereas a person may be inspired or made enthusiastic by an incentive, his or her main motive for wanting to do something may be fear of punishment
- Motivation covers ALL the reasons which underlie the way in which a person acts

*“What motivates people – what makes them tick – is a subject of perennial fascination. Its is especially important for practical leaders in industry, commerce and public services, and indeed anyone who works with other people, to think about these questions in some depth.”*

**John Adair,**  
**Leadership and Motivation**  
**Kogan Prage, 2006**



## Adair's 50-50 Rule on Motivation

### FIRSTLY: What is motivation?

- A relatively 'new' word with much older origins: 'movidity'
- From the Latin verb 'to move'
- What 'moves' us to action?
- Internal drives
- External stimuli

*"Leadership and Motivation are like brother and sister: It is difficult to think of a Leader who does not motivate others. But Leadership embraces more than motivation."*

**John Adair, 2006**

Adair, in 'Leadership and Motivation' claims his 50-50 Rule is sound 'Rule of Thumb' – percentages will vary from person to person, circumstances to circumstances but he claims reasonable overall accuracy

**For more information on Adair and his 50-50 Rule and other Key Principles on Motivating Others we recommend you look at "Leadership and Motivation", John Adair, Kogan Page, 2006. We have drawn on this book in various parts of the material supporting this Workshop.**

**Space for Notes:**



**Space for Notes:**



## Motivational Theory & Practice

Here are some of the writers, researchers and practitioners who have over the last 150 years or so contributed to Motivational Theory, there are additional Notes on several of them

### “Motivational Theory” (1)

- **Abraham Maslow:** USA: (1908-1970)  
*A Theory of Motivation, 1943 : Hierarchy of Needs*
- **Douglas McGregor:** USA:  
*The Human side of Enterprise, Theory X and Theory Y, 1960*
- **Elton Mayo:** USA:  
*The Hawthorn Experiments, 1927-1932*
- **Frederick I Herzberg:**(1923-2000)  
*The Motivation to Work, 1959 : The Hygienes*
- **Henri Fayol:** (1841-1925) France  
*‘General and Industrial Administration’ (published 1918 but only gained prominence when translated into English in 1949)*

### “Motivational Theory” (2)

- **Frederick .W.Taylor:** USA (1856-1915):  
*‘Taylorism’ - ‘Scientific Management’, 1930s – early 1960s*
- **Max Weber:** Germany, (1864-1924),  
*3 types of legitimate authority , Traditional, Charismatic and Rational-Legal (bureaucracy)*
- **Tom Peters & Robert Waterman:** USA, (McKinseys)  
*‘In Search of Excellence’ 1982*
- **John Adair:** UK (1934-Present):  
*Action-Centred Leadership: 50-50 Rule*



### Henri Fayol

We begin with Henri Fayol as he was the first person to actually give a definition of management which is generally familiar today namely:

*'to forecast and plan, to organise, to command, to co-ordinate and to control'.*

He also gave much of the basic terminology and many of the concepts that would be elaborated upon by future researchers: such as division of labour, scalar chain, unity of command and centralization.

However, Fayol was describing the structure of formal organizations.

Absence of attention to issues such as individual versus general interest, remuneration and equity suggest that Fayol saw the employer as paternalistic and by definition working in the employee's interest.

He saw things as issues in the context of rational organisational structure and not in terms of adapting structures and changing people's behaviour to achieve the best fit between the organisation and its customers.

Fayol does mention the issues relating to the sensitivity of a patients needs, such as initiative and 'esprit de corps', he saw them as issues in the context of rational organisational structure and not in terms of adapting structures and changing people's behaviour to achieve the best fit between the organisation and its customers.

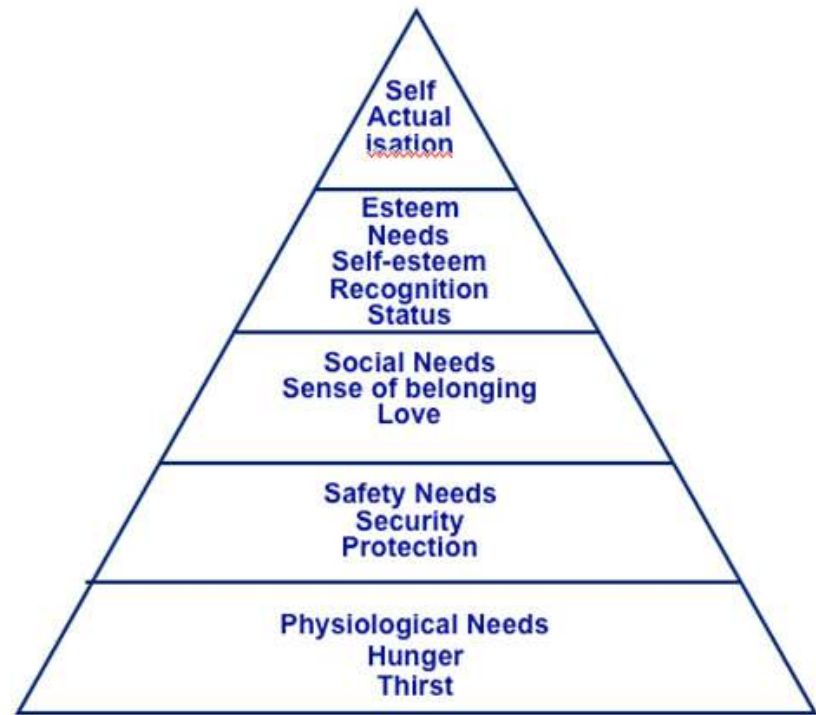
Many of these principles have been absorbed into modern day organisations, but they were not designed to cope with conditions of rapid change and issues of employee participation in the decision making process of organisations, such as are current today in the early 21st century.

### Space for Notes:

## Maslow's Hierarchy of Needs

### A Theory of Motivation 1943

'worth', 'contribution', perceived 'value' of the Individual in society, not simply 'at work'



### Abraham Maslow (1943)

This neo-human relations psychologist, from his studies, proposed a **hierarchy of human needs** building from basic needs at the base to higher needs at the top. He made assumptions that people need to satisfy each level of need, before elevating their needs to the next higher level e.g. a hungry person's need is dominated by a need to eat (i.e survival), but not to be loved, until he/she is no longer hungry.

Today the focus in most Western societies is on the elements towards the top of Maslow's hierarchy – in which work environments and 'jobs' (including 'having a job' and the satisfaction or otherwise such jobs provide) have become typical features. Notably the attainment of **self-esteem** and, at the very top of the hierarchy, what Maslow calls '**self-actualisation**' – fundamentally the synthesis of 'worth', 'contribution' and perceived 'value' of the individual in society.

### Advantages

Managers can/should consider the needs & aspirations of individual subordinates.

### Disadvantages

The broad assumptions in 2 above have been disproved by exceptions e.g. hungry, ill artist working in a garret.

Empirical research over the years has not tended to support this theoretical model.

Regarding monetary reward, sometimes beyond certain level of pays (e.g. consultant) other things become more important than another £1000 a year e.g. working conditions, boss, environment etc.

### Space for Notes:

## McGregor Theory X and Theory Y

In his 1960 book 'The Human Side Of Enterprise' Douglas McGregor presented his Theory X and Theory Y – which almost 40 years later are still referred to commonly in the field of management and motivation. Whilst more recent studies have questioned the rigidity of the model, his X-Y Theory remains a valid basic principle from which to develop positive management style and techniques.

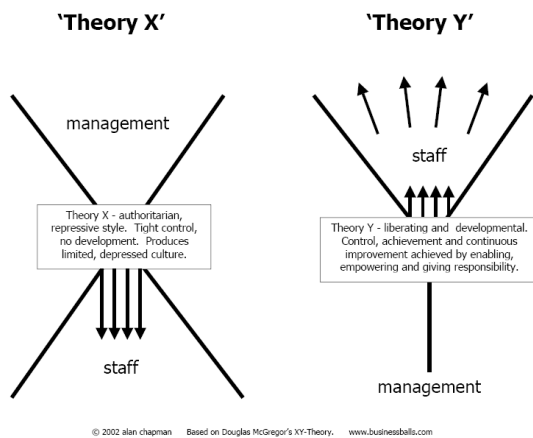
McGregor's X-Y Theory remains central to organizational development, and to improving organizational culture. It is a salutary and simple reminder of the natural rules for managing people, which under the pressure of day-to-day business are all too easily forgotten.

### McGregor Theory X and Theory Y

*'The Human Side Of Enterprise', 1980*

Type X	Type Y
<ul style="list-style-type: none"> <li>• Individuals who dislike work and avoid it where possible</li> <li>• Individuals who lack ambition, dislike responsibility and prefer to be led</li> <li>• Individuals who desire security</li> </ul> <p><b>Management Implications:</b> to achieve organizational objectives, a business would need to impose a management system of coercion control and punishment</p>	<ul style="list-style-type: none"> <li>• Consider effort at work as just like rest or play</li> <li>• Ordinary people who do not dislike work.</li> <li>• Depending on the working conditions, work could be considered a source of satisfaction or punishment</li> <li>• Individuals who seek responsibility (IF they are motivated)</li> </ul> <p><b>Management Implications:</b> to achieve organizational objectives, rewards of varying kinds are likely to be the most popular motivator. The challenge is to create a working environment (culture) where Y-type workers can show/develop their creativity.</p>

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2



McGregor maintained that there are two fundamental approaches to managing people:

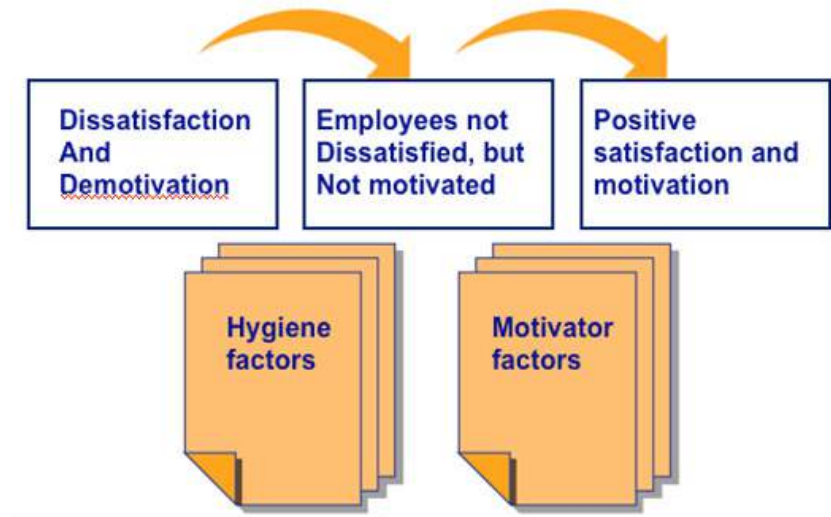
- Many *managers* tend towards Theory X, and generally get poor results.
- Enlightened managers use Theory Y, which produces better performance and results, and allows people to grow and develop.

**Space for Notes:**



## Herzberg's 2 –Factor Theory

*'The Motivation to Work' 1959*



Satisfaction and Dissatisfaction at work typically arise from different factors – they were not simply opposing reactions to the same factors. Herzberg differentiated between the Hygienes (Basics) and the Motivators

### Herzberg's Motivation Hygiene Theory

**Frederick Herzberg (1923-2000)**, clinical psychologist and pioneer of 'job enrichment', is regarded as one of the great original thinkers in management and motivational theory.

Herzberg's book 'The Motivation to Work', written with research colleagues Bernard Mausner and Barbara Bloch Snyderman in 1959, first established his theories about motivation in the workplace. His survey work, originally on 200 Pittsburgh engineers and accountants remains a fundamentally important reference in motivational study. While the study involved only 200 people, Herzberg's considerable preparatory investigations, and the design of the research itself, enabled Herzberg and his colleagues to gather and analyse an extremely sophisticated level of data.

Herzberg was the first to show that satisfaction and dissatisfaction at work nearly always arose from different factors, and were not simply opposing reactions to the same factors, as had always previously been (and still now by the unenlightened) believed.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

In 1959 Herzberg wrote the following useful little phrase, which helps explain this fundamental part of his theory, i.e., that the factors which motivate people at work are different to and not simply the opposite of the factors which cause dissatisfaction:

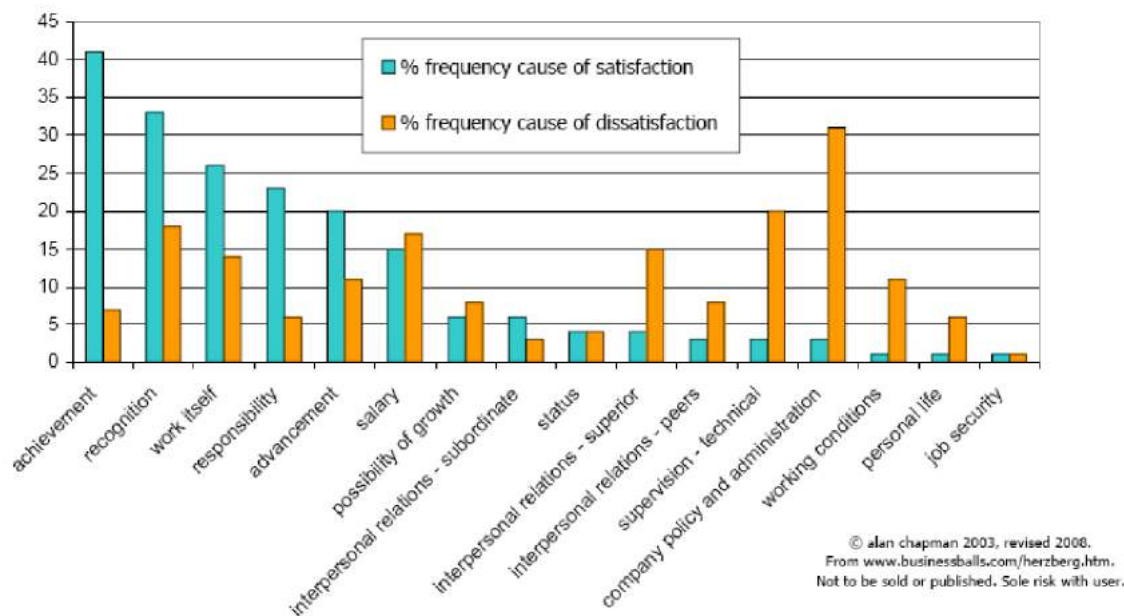
"We can expand ... by stating that the job satisfiers deal with the factors involved in doing the job, whereas the job dissatisfiers deal with the factors which define the job context."

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## Herzberg's Motivators and hygiene factors

*(Achievement to advancement are motivators; the others are hygiene factors. Based on percentages of total factors causing high and low effects; Herzberg – The Motivation to Work, 1959)*



### Herzberg's Motivators and Hygiene Factors

Many decades ago Herzberg, like Maslow, understood well and attempted to teach the ethical management principles that many leaders today, typically in businesses and organisations that lack humanity, still struggle to grasp. In this respect Herzberg's concepts are just as relevant now as when he first suggested them, except that the implications of responsibility, fairness, justice and compassion in business are now global.

Although Herzberg is most noted for his famous 'hygiene' and motivational factors theory, he was essentially concerned with people's well-being at work. Underpinning his theories and academic teachings, he was basically attempting to bring more humanity and caring into the workplace. He and others like him, did not develop their theories to be used as 'motivational tools' purely to improve organisational performance. They sought instead primarily to explain how to manage people properly, for the good of all people at work.

Herzberg's research proved that people will strive to achieve 'hygiene' needs because they are unhappy without them, but once satisfied the effect soon wears off - satisfaction is temporary.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

Then as now, poorly managed organisations fail to understand that people are not 'motivated' by addressing 'hygiene' needs. People are only truly motivated by enabling them to reach for and satisfy the factors that Herzberg identified as real motivators, such as achievement, advancement, development, etc., which represent a far deeper level of meaning and fulfilment.

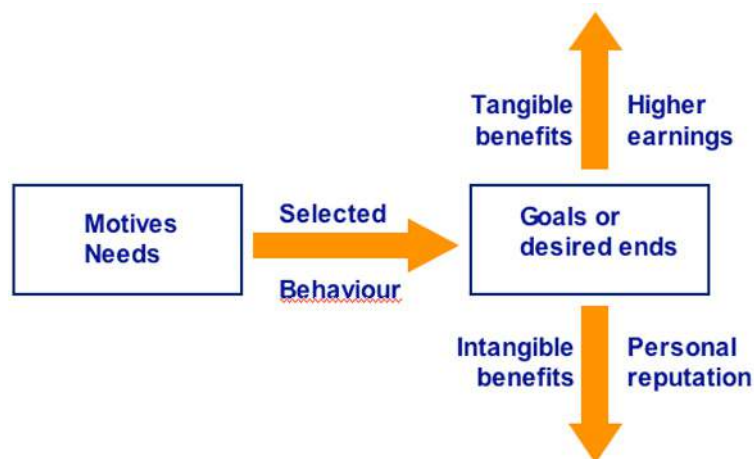
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## Elton Mayo

### *'The Hawthorn Studies, USA 1927 - 1932*

A 'motive' = a need or driving force within a person.

The process of motivation involves *choosing between alternative forms of action in order to achieve some desired end or goal*



Alternative forms of action of motivation depend on a manager's assumptions about his/her subordinates:

### Elton Mayo: The Hawthorn Studies

Where Classical theorists were concerned with structure and mechanics of organisations, the theorists of human relations were, understandably, concerned with the human factors.

The foci of human relations theory is on motivation, group motivation and leadership.

At the centre of these foci are assumptions about relationship between employer and employee. Best summarised by Elton Mayo

- they were academic, social scientists
- their emphasis was on human behaviour within organisations
- they stated that people's needs are decisive factors in achieving an organisation's effectiveness
- they were descriptive and attempted to be predictive of behaviour in organisations

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

The ground-breaking Hawthorne studies carried out in the **Hawthorne plant of the Western Electric Company (USA) 1927 – 32.**

### Stage 1 (1924 –27)

Study of the physical surroundings (lighting level) on productivity of workers. Control group and experimental group previously had similar productivity before study began: Control Group = constant lighting level Experimental Group = varied lighting level

### Result

Both groups' productivity increased – even when experimental group was working in dim light

Product leader called Mayo and colleagues to explain

### Stage 2 (1927 – 29) *'Relay assembly room stage'*

Still analysing effect of physical surroundings (rest, pauses, lunch break duration, length of working week) on output

### Result

Output increased even when worsening conditions :

Hypothesis was now that it was the attitudes of subjects at work and not the physical conditions. This gave rise to the 'Hawthorne Effect' – employees were responding not so much to changes in the environment as to the fact they were the centre of attention – a special group.

### Stage 3 (1928 – 30)

A Total of 20,000 interviews were collected with the workers on employee attitudes to working conditions, their supervision and their jobs.

### Stage 4 (1932) *'Bank winning observation room'*

This time the new subjects (14 men) put in separate room for six months

### Result

Productivity restricted due to pressure from peers to adopt a slower rate to circumvent company wages incentive scheme to generally adopt own group rules and behaviour

### ADVANTAGES

This represented a first real attempt to undertake genuine social research in an industrial setting; individuals cannot be treated in isolation, but function with group members ; Found that individual motivation did not primarily lie in monetary or physical condition, but in need and status in a group  
the strength of informal (as opposed to formal) groups demonstrated a behaviour of workers (formal supervisors were powerless in Stage 4)  
it highlighted need for supervisors to be sensitive and cater for social needs of workers within the group

### DISADVANTAGES

From 1930s –1950s some doubt was cast on the increased applicability of these theories to every day working life

### Neo-Human Relations Theory

This group were social psychologists who developed more complex theories:

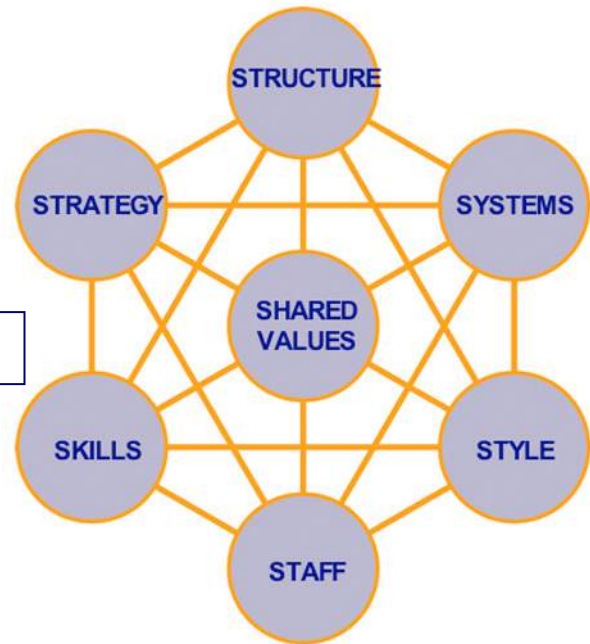
**Tom Peters & Robert Waterman** *“In search of Excellence”, 1982*

**McKinsey 7-S model elements**

- Structure
- Strategy
- Systems
- Style of management
- Skills – corporate strengths
- Staff
- Shared values

3 'hard' elements

4 'hard' elements



[http://www.mindtools.com/pages/article/newstr\\_91.htm](http://www.mindtools.com/pages/article/newstr_91.htm)

**ENSURING THAT ALL PARTS OF YOUR ORGANIZATION WORK IN HARMONY**

How do you go about analyzing how well your organization is positioned to achieve its intended objective? This is a question that has been asked for many years, and there are many different answers. Some approaches look at internal factors, others look at external ones, some combine these perspectives, and others look for congruence between various aspects of the organization being studied. Ultimately, the issue comes down to which factors to study.

While some models of organizational effectiveness go in and out of fashion, one that has persisted is the **McKinsey 7S framework**. Developed in the early 1980s by **Tom Peters and Robert Waterman**, two consultants working at the McKinsey & Company consulting firm, the basic premise of the model is that there are seven internal aspects of an organization that need to be aligned if it is to be successful.



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The 7S model can be used in a wide variety of situations where an alignment perspective is useful, for example to help you:

- Improve the performance of a company;
- Examine the likely effects of future changes within a company;
- Align departments & processes during a merger or acquisition
- Determine how best to implement a proposed strategy.

*The McKinsey 7S model can be applied to elements of a team or a project*

### THE SEVEN ELEMENTS

#### Hard Elements:

- STRATEGY
- STRUCTURE
- SYSTEMS

**"Hard"** elements are easier to define or identify and management can directly influence them: These are strategy statements; organization charts and reporting lines; and formal processes and IT systems.

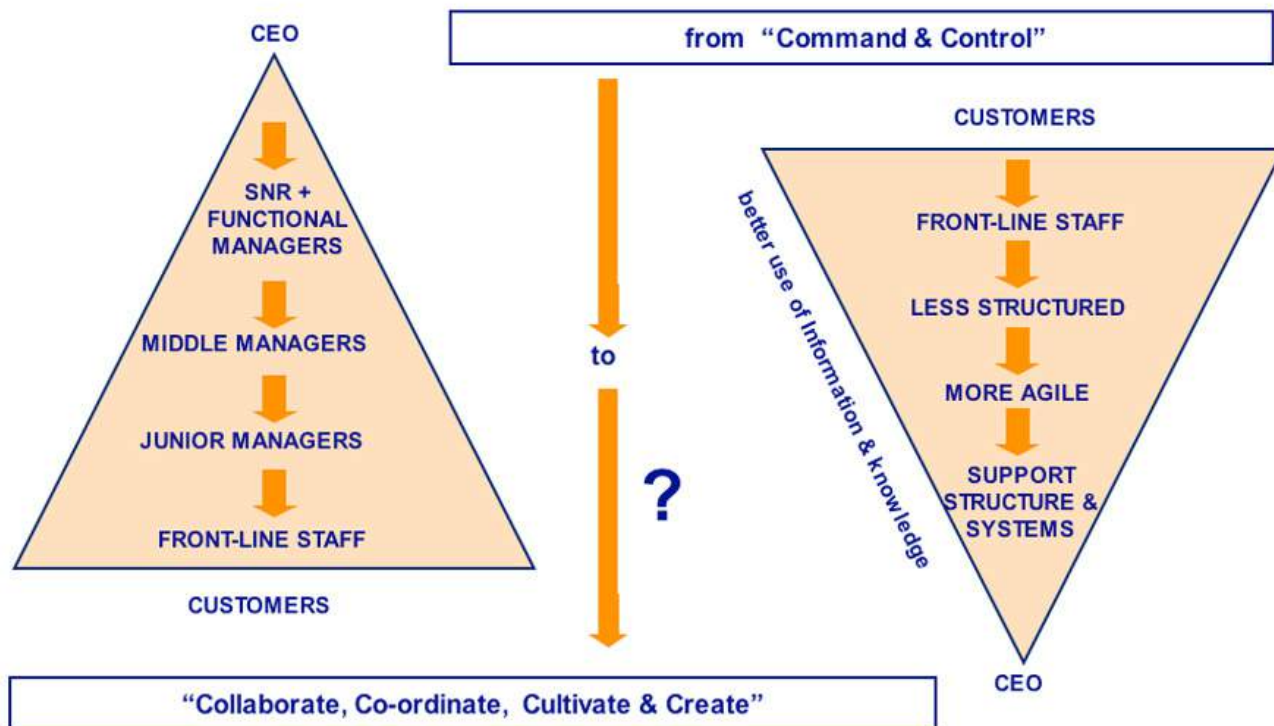
#### Soft Elements

- SHARED VALUES
- SKILLS
- STYLE
- STAFF

**"Soft"** elements, on the other hand, can be more difficult to describe, and are less tangible and more influenced by culture. However, these soft elements are as important as the hard elements if the organization is going to be successful.

*As MCKINSEY'S '7 S' model is one of the more recent and more 'holistic' we recommend that you think about your own organisation/part/area of organisation and how well it rates against the various Ss in the McKinsey Model and make in the space left below any Notes/Observations that you have on this after the Workshop:*





## and briefly to Theory Z.....

### William OUCHI (USA), 1981

#### *"Theory Z – How American Management can Meet the Japanese Challenge"*

- This is NOT a McGregor extension but it may well have been named to suggest it was!
- It essentially advocates a combination of all that's best about Theory Y and modern Japanese management, which places a large amount of freedom and trust with workers, and *assumes that workers have a strong loyalty and interest in team-working and the organisation*
- Theory Z also places more reliance on the attitude and responsibilities of the workers, whereas McGregor's XY theory is mainly focused on management and motivation from the manager's and organisation's perspective

## FROM COMMAND & CONTROL TO A FULLY EMPOWERED ORGANISATIONAL STRUCTURE

To some considerable extent influenced by Japanese approaches to 'management' and 'empowerment', many organisations, large and small, have over the last 10-15 years, made considerable moves to change the operating and management structures as part of efforts to achieve greater empowerment of their workforces. The above shows what an 'early adopter' engineering company, **Dutton Engineering**, achieved during the 1990s – but there are many other examples.

After two 'false starts' – the first encountered strong resistance, almost total disbelief by the workforce, the 2nd got started but momentum couldn't be maintained – the Management of the company, learning from their previous mistakes, were able to make a virtually full transition from Command & Control to a "fully empowered" operating model that saw a multitude of significant changes – to self-managing teams, a system of 'annual hours' flexibility, to training the whole workforce in budgets and costing – then allowing the workforce to set their own wages, even interview potential new staff!

The empowered model firstly recognises that the most important stakeholders in the organisation are the customers – in NHS terms read 'patients' maybe, consumers perhaps or, in public health terms, even the population of the U.K. It then seeks to transition the organisation from its existing operating structure towards one that, effectively, sees 'senior management', including the CEO, become, largely, 'facilitators' and 'supporters' - of a workforce that now has much sharpened focus on customers – and on meeting customer needs. Within a structured transitional plan everything – and everyone! - in the organisation is re-orientated towards the Customer: serving the customer, giving improved customer service, better understanding their needs, providing improved after-sales support etc.

Significantly the CEO becomes a facilitator, an active 'supporter' even perhaps a 'conductor' of the new structure and systems, focusing more of his time and efforts on market intelligence, new business strategies, new ways of meeting customer needs – in Dutton's case at an increased profit!

## A resource well worth Using:



**NHS**  
National Institute for  
Health Research

<http://www.sdo.nihr.ac.uk/>

"Change may be an imprecise science, but evidence is available on what works and what does not, and the NHS must make use of this. The NCCSDO will review existing research findings of relevance to change management and quality improvement in the NHS." **A First Class Service (DOH, 1998)**

### Managing change in the NHS

**Developing change management skills. A resource for health care professionals and managers.** [Download](#)

This publication and web based resource aims to help those leading change in health care to use the literature in this field to inform practice by:

**describing** some of the relevant theories and approaches that have been used to guide change management

**illustrating** the use of these theories in practice in a variety of settings in health

**encouraging** readers to reflect on and evaluate change processes and how they might apply these to different settings.

### “Welcome to the SDO Programme”

The Service Delivery and Organisation Programme is part of the National Institute for Health Research.

**The National Institute for Health Research** has been established as a part of the government's strategy *Best Research for Best Health* to provide the framework that will position, manage and maintain the research, research staff and infrastructure of the NHS in England.

The NIHR Service Delivery and Organisation Programme improves health outcomes for people by:

- commissioning research and producing research evidence that improves practice in relation to the organisation and delivery of health care, and
- building capacity to carry out research amongst those who manage, organise and deliver services and improve their understanding of research literature and how to use research evidence.



## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

The SDO publishes a range of booklets and guides, a very notable and useful examples of which is “**Managing Change in the NHS**”, a rich resource of practical advice and tools/techniques that support the effective management and leadership of change.

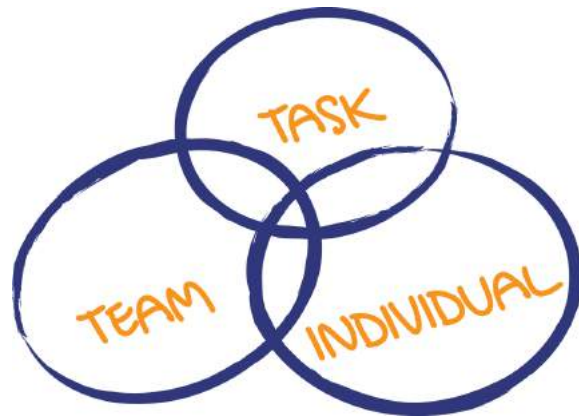
**MAKE A NOTE TO VISIT <http://www.sdo.nihr.ac.uk/> NOW, USE THIS VALUABLE RESOURCE WHICH IS CONSTANTLY BEING UP-DATED & IMPROVED**

**AND KEEP A WATCH ON [www.healthknowledge.org.uk](http://www.healthknowledge.org.uk) WHERE IMPROVEMENTS AND UP-GRADES ARE IMMINENT**

**Space for Notes:**

## 2. Teams

**Teams,  
Team-Working,  
Team Building,  
Team Dynamics**



TEAM-WORKING has become increasingly prevalent in organisations of all types and sizes and nowhere do we believe it is more relevant than in the NHS – and particularly in Public Health. It draws in Project Management, Collaborations, Partnerships, Multi-Agency working and Networking – and it builds on some of the fundamentals of Motivation, Management and Leadership – so virtually everything we will have covered in today's Workshop!

Later, we want to close today with an exercise based on self-organised Teams where we will ask you to pull together a short Presentation providing us with the vital feedback, comments, ideas that we need as part of delivering this Pilot workshop.

## Why Teams?

*“An effective team is the most powerful way to develop individuals and to maximise business performance”*

**Rupert Eades-White**

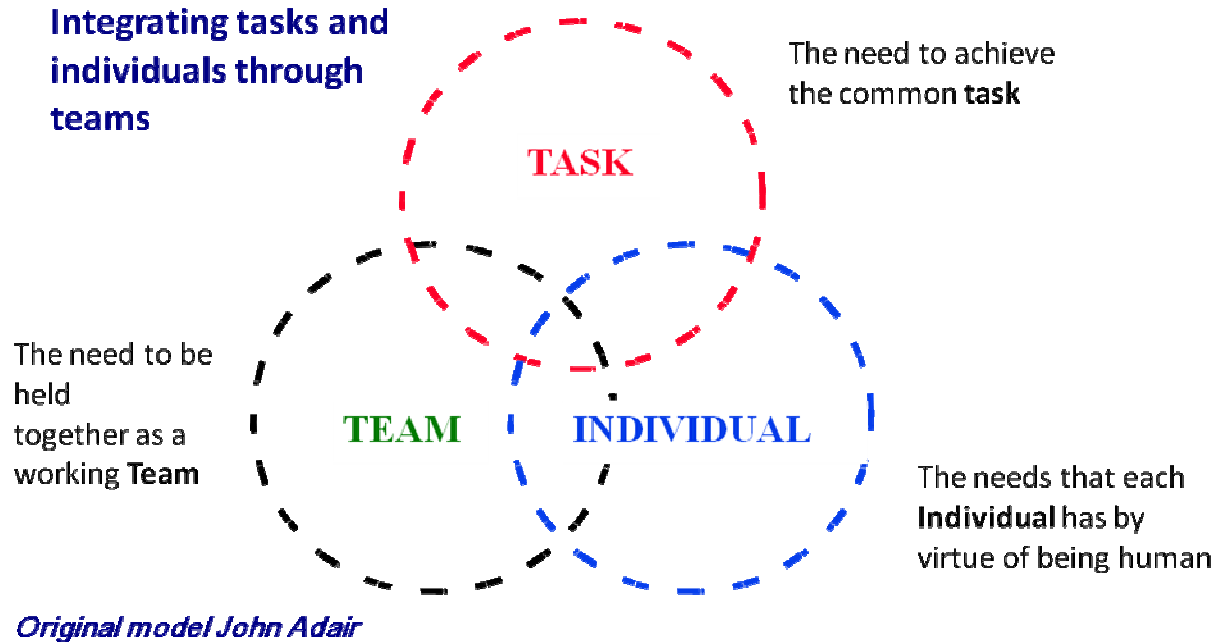
*“I observe that the power of the team is so great that it is often wise to violate common sense and force a team structure on almost anything...”*

*...organisations that do will achieve a greater focus, stronger Task orientation, more innovation and enhanced individual commitment”*

**Tom Peters**



## Adding-value through Team-Working



### INDIVIDUALS AND TEAMS

Much in Project Management and in major change programmes, but equally in Public Health initiatives, depends on the responses of individuals - and increasingly, on their contribution through participation in teams.

In our Adair illustration the individual is encouraged to think about his/her own work, about the various tasks which are to be performed. But also people are encouraged to participate in teams, where ideas can be selected, discussed, modified and developed.

Teams and effective team-building and team-working can help people support each other, unite together with a common purpose, a common focused set of aims and objectives, to work together to find solutions to particular challenges, particular problems.

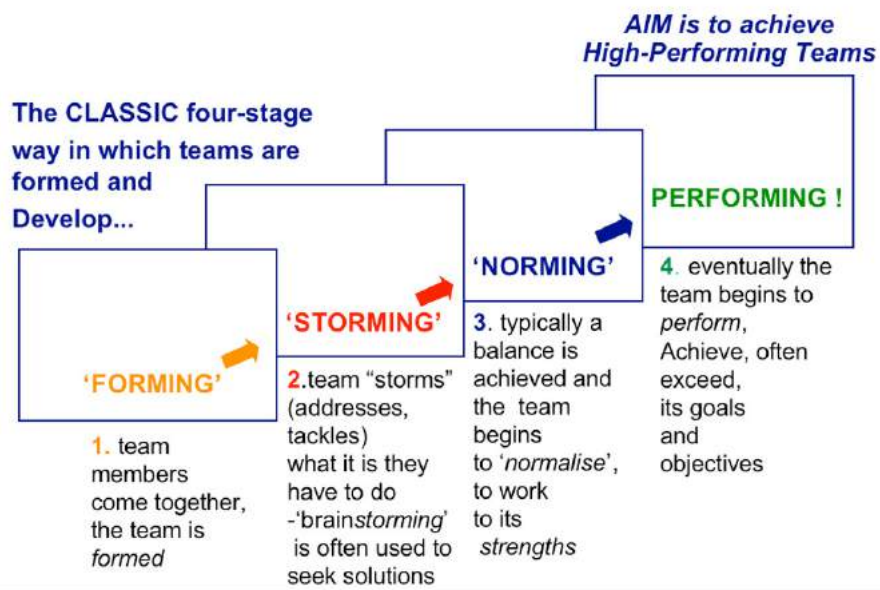


## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

But we must also consider team dynamics; it is important of course to draw on a good mix of appropriate skills and experience, but equally important to ensure we get a good mix of Types in our teams, achieving, wherever possible good 'chemistry' that can help us 'add value' by having a variety of people and Types working to their particular strengths – the building blocks of what is often claimed for 'high-performing' teams – that 2 + 2 can equal FIVE, or even more!

On the next Slide we show how typically teams are formed, and how they can progress to perform

## Team Dynamics



### KEY ASPECTS OF TEAMS AND TEAM-WORKING

In this and the following Slide we capture key features of teams and team-working:

**FORMING TEAMS:** In this Slide we show the classic model frequently used for forming and developing high-performing teams.

Firstly the team is brought together having regard to the responsibilities and functions required of the team - this is known as "forming". Efforts should be made to combine a good and appropriate range of skills and experience that will ensure harmony, efficiency, effectiveness - success! Often, but not always, a team has a Leader (who may be elected by the team members themselves, or appointed by others). It often also has a Mission Statement - a short but clear, concise written statement that says what the purpose of the team is, what its goals are - what the team must achieve and to what standards.

When teams are first formed there is typically a brief, often intense period of "storming" – in this stage the team members discuss and debate ("brain-storm") how best to carry out the work - who should do what etc. There then follows typically a period of "norming" - the team begin to establish procedures and working rules, they sort out systems and communicational matters - they start to get on with the work for which the team has been formed.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

Finally, well constituted, well motivated teams can move through to a final - longer - period where they begin performing - achieving that which they were formed to do, to good standards and timely delivery.

Here are some of the key features of high performing teams :

- they develop a certain group belief, group approach, that sees team- members working for rather than against - each other
- they typically achieve, frequently exceed, their Objectives.
- they develop high credibility, high levels of performance
- their achievements (outputs) often exceed the “sum of the parts” of the individuals

### Team Dynamics II

- most of us *seek* harmony
- but conflict is almost everywhere!
- but not *all* conflict is unhealthy
- *some* groups/organisations *thrive* on it
- but it does need to be managed
- conflict resolution is *not* the same as conflict management
- remember **Forming : Storming : Norming : Performing**

#### and on Leadership:

- some teams successfully self-organise and seem to manage without a Leader occasionally they operate as something like an informal ‘relay team’, handing over the ‘leadership baton’ as and when necessary
- but more typically they have a team Leader, either someone appointed from the outset, or selected by the team members as they work their way through the development phases of team-building

### SOME DYNAMICS OF TEAMS :

Individuals can often feel “lost”, particularly in the midst of fast-moving change and transition processes. Teams help people to draw support for one-another, to develop “common purpose”.

A majority of individuals are believed to seek harmony in team and work environments but that is NOT to say that there won't be conflict within teams. In fact many reckon that a degree of conflict can be beneficial; some particularly high-performing teams are known to thrive on conflict - but we don't recommend that you encourage this!

Teams and team-working need to be managed – teams need to work within stipulated “frameworks”. Sometimes where real conflicts break out and cannot readily be resolved, the manager responsible for the team (not always the team leader) will need to intervene; to try and find a resolution for the conflict outside the full, formal team environment.

If you bear in mind the “Forming - Storming” model described in the previous Slide you may well find this useful when considering how to deal with conflict within your team(s). e.g. expect - and encourage! - lively debate and discussion in the “storming” phases, this can be healthy. But if conflict carries into the “norming” and “performing” stages then you will need to manage it, manage it carefully.

Let us consider what management ‘guru’ Peter Senge, author of The Fifth Discipline and originator of the Learning Organisation concept, has to say on the subject...

## Team Learning

*“The best teams are ones which are able to use conflict productively”*

*“Avoiding the pitfalls of defensive communications, they ‘learn by practice’ and achieve energy, power and insight.”*

**PETER SENGE**

*“The Fifth Discipline”*

## Team ‘Types’

Teams/groups often resemble Individual persons, have their own ‘personalities’, characters and appearances

### ***Integrating tasks and individuals through teams***

Leaders need to ensure that the forces making for unity are stronger than those making for division or disintegration

## MBTI and TEAMS

### Centre for Application of Psychological Type (CAPT)

*Co-founded by Isobel Myers-Briggs in 1975*

The Shrinking world makes interpersonal communications and teamwork skills essential.

### A good team will comprise a mix of styles/types

- A common trade-off is between the Thinking and Feeling types
- If everyone is an Introvert then the room will echo the Sound of Silence
- If everyone is an extrovert, the room will be rowdier than a Chimpanzees Tea Party
- Thinkers typically focus on Tasks and Actions
- **Feelers** will speak of little else but **People**

*You need a team that can manage both*

### Diversity

Diversity is no longer just a feel-good HR department term—it's a business essential

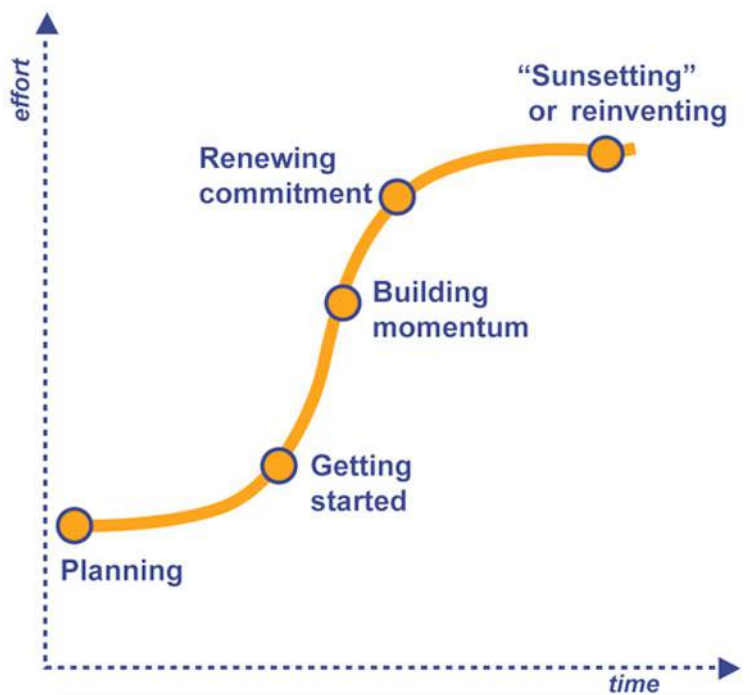
Diversity refers to more than such skin-deep observables as gender, race or ethnicity

<http://www.capt.org/take-mbti-assesment/mbti-teams.htm>

*“Regardless of the nature or setting of your team, understanding and appreciating similarities and differences in the personalities of your fellow team members can help you function better.”*

**MBTI Provider**

## From Teams to Communities - Developing Communities



### Based on original BP model

- Used extensively
- Now in TFPL NHS Knowledge pdf
- Community for 300+ Health Informatics managers

For a List of currently active Communities, there is one for Public Health, go to

<http://www.library.nhs.uk/specialistlibraries/>

## COMMUNITIES, NETWORKS, FORUMS, COLLABORATIVES

It is worth mentioning these here; typically they are less formal, less structured than Teams but they help link people who may be many miles, or continents!, apart, they depend hugely on Technology – tele and video-conferencing, collaborative web-ware, Web 2.0 applications etc.

The NHS as part of Connecting for Health are encouraging people to join communities, often around little more than 'themes' – with the freedom – subject to a FEW rules!, to go in any direction, discuss anything relevant to the Theme

Many large complex, distributed organisations now encourage the creation of Communities - Communities of Interest, Communities of Practice.

The chart above shows a Model that BP successfully developed some years ago, and reflects how Communities have helped them become more efficient, more effective, more productive – and yes! – more profitable!



## Assessing Team 'Health'

### The PERFORM Model

Productivity	<i>what do the team achieve?</i>
Empathy	<i>do the team members appreciate each others feelings?</i>
Roles	<i>do people know what they are doing &amp; why</i>
Flexibility	<i>how does the team cope with changes?</i>
Openness	<i>are the team honest with each other?</i>
Recognition	<i>do the team value each other?</i>
Morale	<i>is the team happy?</i>

## Characteristics of Effective Teams

- well led
- good skills/experience sets
- clearly defined goals
- clearly defined roles
- have a common purpose
- and shared values
- are mutually supportive
- develop a sound operating framework
- high performing
- recognised by others
- have an effective leader
- and clear sense of direction and purpose
- stretching objectives
- participative, people are *involved*
- often over-achieve
- good at problem-solving
- celebrate success

## CREATING EFFECTIVE TEAMS

To emphasise the potential contributions of team-working we have summarised some of the key features of effective teams.

They need, generally, a leader - a good team-leader, someone who can uphold the need to achieve consensus, promote reasonable harmony, encourage the team members to work towards common goals and objectives.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

The very best teams not only share common goals but they often develop 'shared values', they are mutually supportive; typically they adopt positive approaches to problem-solving, they work together to develop solutions

Effective teams need a sound 'operating framework', they need some procedures and processes that ensure that they don't "stray" from the purpose and activities for which they were created.

If members of a team can be encouraged to adopt a clear sense of direction and purpose in an environment where people feel genuinely 'involved' then the likelihood is that teams will perform well.

The best of them will probably "over-achieve" - they will achieve more than their bosses, their peers, even they themselves, expected.

One final thing - we've mentioned this before – teams should be encouraged to celebrate success; celebrating success helps cement relationships, maintain/improve morale; it can help the team move forward to their *next* challenges with increasing confidence.

### **MAKE NOTES HERE ABOUT THE VALUE/BENEFITS AND CHALLENGES OF TEAM-WORKING**

**Space for Notes:**

## INTRODUCTION TO LEADERSHIP AND MANAGEMENT

### WORKBOOK

### Section 3

## Interlude

The above is a useful little tool to help individuals think about themselves and 'leadership'; it forms part of a particularly useful section of **Jo Owen's Leadership Skills Handbook**, Sections 4-7, Pgs 18-27. We give just a few extracts here:

*"Schools teach exactly the wrong sorts of skills for becoming a Leader. You work mainly by yourself to predetermined goals where there is typically an intellectually correct answer. Any aspiring leader who waits to set goals, thinks all the answers are rational and works alone is unlikely to succeed."*

*"Leadership requires crafting an Agenda (setting goals not just 'accepting' them), working in a deeply political world and working closely with other people. Schools do not teach this. Business school fails dismally to teach this." And most corporate training swings wildly between technical training (accounting and systems) and tree hugging, raft building and team building on the other side."*

"In reality you cannot be taught to lead.....

You have to discover how to lead through experience and observation."

**SPACE HERE FOR YOUR OWN THOUGHTS/IDEAS:**

## KEY WORKSHOP/MODULE SECTION

### Management & Leadership

**We want to consider the similarities of – and differences between - leadership and management.**

**We want to understand the different models/styles and principles of management/leadership**

- the strengths and weaknesses of each
- when they should be used
- their potential use in improving population health and wellbeing

## From “Leading in the NHS”

### Rosemary Stewart: “Leading in the N.H.S. A Practical Guide”

- Leadership is a word that many in the NHS are still chary of using. Even ‘management’ may still be viewed with scepticism and the traditional term ‘administration’ used instead.
- Each word has a different, though often ambiguous, meaning and each is necessary in the NHS today
- Before we can focus on leadership we must first of all understand how these terms differ...

## Leading v Managing (I)

### British Field Marshal Lord Slim:

“There is a difference between leadership and management.

Leadership is of the spirit, compounded of personality and vision; it’s practice is an art

Management is of the mind, a matter of accurate calculation, it’s practice is a science

Managers are necessary: leaders are essential.

Management is cold and calculating, but leadership goes much deeper -- it comes from your heart.”

*Quoted in Adair : Great Leaders*

## Leading v Managing (1) continued...

We cannot argue with the sentiments and views produced here. We do feel we are talking 'art' versus 'science', here. There are several similarities, there are as many, if not more, differences.

An influential thinker on the distinction between management and leadership is John Kotter author of "**John P. Kotter on What Leaders Really Do**":

*"Leadership and management are two distinctive and complementary systems of action....."*

*Both are necessary for success in an increasingly complex and volatile business environment."*

*"Most U.S. corporations today are over-managed and under-led."*

***"Strong leadership with weak management is no better, and is sometimes actually worse, than the reverse."***

***"Management is about coping with complexity..... Without good management, complex enterprises tend to become chaotic... Good management brings a degree of order and consistency...."***

***"Leadership, by contrast, is about coping with change.... More change always demands more leadership."***

*"Companies **manage complexity** by planning and budgeting, by organizing and staffing, and by controlling and problem solving. By contrast, **leading an organization** to constructive change involves setting a direction (developing a vision of the future and strategies to achieve the vision), **aligning people, and motivating and inspiring them to keep moving in the right direction.**"*

Source: Leadership Blog : See next slide

<http://www.thepracticeofleadership.net/2008/04/08/leaders-vs-managers-are-they-really-different/>



## Leading v Managing (II)

"There is a profound difference between management and leadership, and both are important.

To manage means to bring about, to accomplish, to have charge of or responsibility for, to conduct.

Leading is influencing, guiding in a direction, course, action, opinion.

The distinction is crucial"

***Warren Bennis, 'On Becoming a Leader', 1987, 2003***

Try this Leadership Blog: "The Practice of Leadership"

<http://www.thepracticeofleadership.net/2008/04/08/leaders-vs-managers-are-they-really-different/>

The Blogger, who specialises in Leadership but frequently looks at Management and discusses the difference, adds the following under the Warren Bennis quotation shown above:

The manager administers; the leader innovates.

The manager is a copy; the leader is an original.

The manager maintains; the leader develops.

The manager focuses on systems and structure; the leader focuses on people.

The manager relies on control; the leader inspires trust.

The manager accepts reality; the leader investigates it.

The manager has a short-range view; the leader has a long-range perspective.

The manager asks how and when; the leader asks what and why.

The manager has his or her eye always on the bottom line; the leader has his or her eye on the horizon.

The manager imitates; the leader originates.

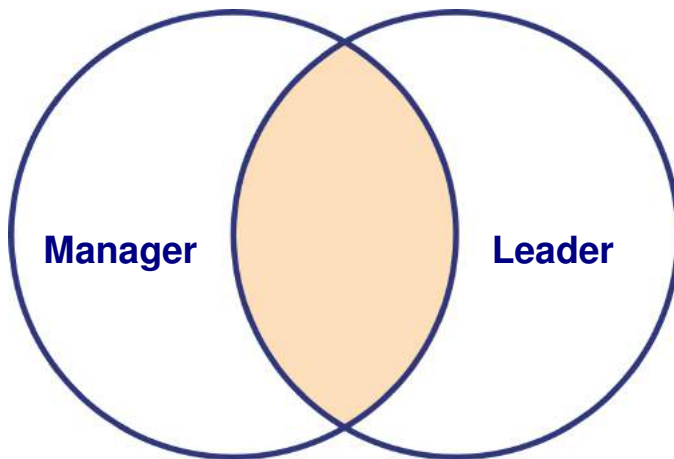
The manager accepts the status quo; the leader challenges it.

The manager is the classic good soldier; the leader is his or her own person.

The manager does things right; the leader does the right thing.

This is a great list and it always causes me to pause and reflect on my own behaviour and ask "Where am I spending most of my time? Doing the left hand tasks or doing the right hand tasks?"

**But there are Overlaps!**



**Both the Manager and the Leader need:**

- to understand the aims, objectives and goals of the organisation
- to have clarity of vision
- sound communication skills
- an understanding of self and of others
- an ability to both manage and to motivate.

## Shifts in environments in which managers operate over the last 5 -10 yrs

### Past

- Centralised Hierarchies
- Power Vested in Management
- Distrust
- Quantitative Productivity
- Planning *for* Patients

### Present

- Semi-autonomous Work Units
- Empowerment
- Trust
- Intuition, Innovation & Creativity
- Planning *with* Patients

This is another 'HealthKnoweldge' graphic – but one that captures for us the very essence of Change over the last 10 or so years..... .

## Leading v Managing III

### ROSEMARY STEWART:

#### “Leading in the N.H.S. A Practical Guide”

*“it is the extent and rapidity of change that makes leadership so important...*

*...but while there is no doubt that leadership skills are of central importance, the integration of management and leadership skills is what is needed in the health service today”.*

A leaders role in the processes that constitute Change Management, which have always important, is - in these days – essential.

## Leading and Managing (IV)

- Both the Leader and the Manager need to understand the aims, objectives and goals of the organisation and have clarity of vision
- Without these facets they will be unable to communicate and chaos could ensue. However, whilst there are similar ends. the table below highlights some of the differences in the dominant characteristics of the leader and the manager

Leader Characteristics	Manager Characteristics
<ul style="list-style-type: none"> <li>• Inspires</li> <li>• Guides</li> <li>• Influences</li> <li>• Listens</li> <li>• Understands</li> </ul>	<ul style="list-style-type: none"> <li>• Is the boss</li> <li>• Directs</li> <li>• Commands</li> </ul>

## “Leaders and Managers”

### LEADER

- someone who leads or guides others
- someone who organises or is in charge of a group
- leadership : “the ability to lead others”

### MANAGER

- someone in overall charge or control of a commercial enterprise, organisation, project etc

**JOHN ADAIR “Not bosses, but Leaders”, 1987, 2003**

John Adair is a prolific UK-based writer on Management and Leadership. In this Slide he enunciates some of the differences. Try Google Books for some useful Insights into Adair’s thinking and writing. E.g. “Not Bosses But Leaders”

**Excerpts are at:**

[http://books.google.co.uk/books?id=Ky2hbStnO5oC&pg=PA69&lpg=PA69&dq=Leaders+and+Managers+Adair&source=web&ots=vLxHt4iD5U&sig=v1mF4hNcYmTM0iY8T9Y7NQKR00k&hl=en&sa=X&oi=book\\_result&resnum=1&ct=result#PPA58,M1](http://books.google.co.uk/books?id=Ky2hbStnO5oC&pg=PA69&lpg=PA69&dq=Leaders+and+Managers+Adair&source=web&ots=vLxHt4iD5U&sig=v1mF4hNcYmTM0iY8T9Y7NQKR00k&hl=en&sa=X&oi=book_result&resnum=1&ct=result#PPA58,M1)

## The Role of a *Manager*

In management books the manager's task has traditionally been expressed as:

*“maximising the use of resources to meet the aims and objectives of the organisation in the light of the (competing) environment that it operates in.”*

A more detailed traditional text-book view of managers and the work they perform would probably read something like the undernoted.....(see Notes)

### **Standard (long) Definition: Manager:**

“A manager is the person responsible for planning and directing the work of a group of individuals, monitoring their work, and taking corrective action when necessary. Managers may direct workers directly or they may direct several other managers and/or supervisors who direct the workers. The manager must be familiar with the work of all the groups he/she supervises, but does not need to be the best in any or all of the areas. *It is more important for the manager to know how to manage the workers than to know how to do their work well.*”

Really we can't argue with any of this but – let's move on and be satisfied that the final sentence (*italic*) is of IMMENSE modern-day importance.

**TRY YOUR OWN – OR OTHER PEOPLE'S - DEFINITIONS HERE:**

## **Performance Management: A Definition**

*“a process which contributes to the effective management of individuals and teams in order to achieve high levels of organisational performance. As such, it establishes shared understanding about what is to be achieved and an approach to leading and developing people which will ensure that it is achieved”*

**Armstrong & Baron, 2002**

**Link to “Prioritisation and Performance Management”**

### **WHY PERFORMANCE MANAGEMENT?**

As increased results become expected of fewer people, issues of performance management are pushed to the fore. For many organisations they can be summarised as:

- The need for everyone within the organisation to be focused on key imperatives.
- The requirement for greater accountability from managers and their staff.
- The broadening of skills (technical and interpersonal) across the organisation.
- The emphasis on teamwork versus individualism

## Gurus on 'Management'

### Peter Drucker tells us:

*"Management means, in the last analysis, the substitution of thought for brawn and muscle, of knowledge for folkways and superstition, and of cooperation for force. It means the substitution of responsibility for obedience to rank, and of authority of performance for the authority of rank."*

A modern manager, he tells us, *"is responsible for the application and performance of knowledge."*

Charles Handy in the 1999 edition of his 1976 classic "Understanding Organisations" has a whole chapter – 'On being a Manager' - on the subject:

**From 'HealthKnowledge'**: Interestingly Handy likens managers to General Practitioners (GPs) in that he/she is the 'first recipient' of a problem and must first of all decide whether it is a problem and, if so, what sort of problem it is. Managers/GPs alike need to follow the undernoted process as they search for solutions:

- Identify the symptoms
- Diagnose the disease (cause of the problem)
- Decide how it might be dealt with – 'strategies for health'
- Start the treatment (problem resolution)

Like GPs, managers may need expert assistance, or a second opinion at any of the above stages, but, as Handy points out, responsibility for each of these stages lies with the local GP/manager.

However, continuing the GP/manager analogy, problems can occur, writes Handy, when:

- the symptoms rather than the disease itself are treated
- the prescription is the same whatever the disease

The essential thing, says Handy, is for the GP/manager to make the correct diagnosis. Thus the skill of the GP and manager is to correctly assess and interpret information, symptoms and, using specialist inputs where necessary make the correct diagnosis, then take the right decisions, take the right courses of action to remedy the problem.



## Management : Leadership

*Management is doing things right...*

**Efficiency**

*Leadership is doing the right things!*

**Effectiveness**

**PETER F. DRUCKER (1909 -2005)**

***The Effective Executive, 1966(!)***

***The Effective Executive in Action – The Definitive Guide to Getting the Right Things Done, 2002, 2005***

### The 3 EFFFs:

- Efficiency
- Effectiveness
- Effortlessness

### Looking at Management and Leadership

The original book '**The Effective Executive**', was published as long ago as 1966. A New Edition was published in 2002 and the 'Definitive Guide' in 2005, the year that Peter Drucker died, aged 95!

Drucker starts the 2005 book by stating that it is about **managing oneself** and *that executives who do not manage themselves cannot possibly expect to manage other people.*

The measure of the executive, Peter F. Drucker reminds us, is **the ability to 'get the right things done'**.

*"This usually involves doing what other people have overlooked as well as avoiding what is unproductive. Intelligence, imagination, and knowledge may all be wasted in an executive job without the acquired habits of mind that mold them into results"*

### Efficiency V Effectiveness

For manual workers, efficiency was enough. In today's world, the centre of gravity has shifted from the manual worker to the "knowledge worker" (a term Drucker coined in the 60s).

Drucker identifies five practices essential to business effectiveness that can, and must, be learned:

- Managing time
- Choosing what to contribute to the organization
- Knowing where and how to mobilize strength for best effect
- Setting the right priorities
- Knitting all of them together with effective decision-making

Ranging widely through the annals of business and government, Peter Drucker demonstrates the distinctive skill of the executive and offers fresh insights into old and seemingly obvious business situations.

### Management and Leadership Aspects in the NHS

*"the NHS culture is not – by and large – one which encourages reporting and analysis"*  
***"An Organisation with a Memory" CMO Report June 2000***

*"Managers must be able to justify their decisions and be accountable for them, just as clinicians must be accountable for their decisions. This requires that management be evidence – based."*

***Information for Managing Healthcare Resources. Bullas, Ariotti, 2002.***

## “Leading in the N.H.S. A Practical Guide”

### Rosemary Stewart 1996

- “The NHS needs leaders who can show the way and help others to adapt successfully to the changing environment within which they work.
- The NHS needs leaders who can help people cope, and to cope without discouragement, with the difficulties that confront it (and, indeed any method of providing health care).
- It needs leaders who can do much more than that however, who will think positively about what they can do to improve the Service, not merely negatively about how they can survive within limited resources.”

*‘the lantern carrier should go ahead’*

**(Japanese Proverb)**

More from Rosemary Stewart; we believe this was particularly powerful stuff back in 1996!

**Where do you think the NHS is with Leadership in 2008?**

**NOTES:**

## Leadership in Public Health

### Leading with and without Authority

#### Leadership is typically complex in public health:

- Public Health professionals often lead without authority, working across the NHS, Local Authority and Voluntary Organisations
- Professionals have to change to fit changing circumstances and conditions, alter and modify behaviours, take into account different cultures that effect the situation and the organisation(s) that they are leading
- They also need to balance many and sometimes conflicting factors and influences so as to ensure that there is a common agenda that all organisations are working towards.

#### Leadership in Public Health

Public Health is a particularly crucial leadership area in the U.K.; we need to consider the way that it has developed in the UK over recent years.

'Leadership without Authority' is becoming increasingly common as multi-agency programmes and initiatives are announced, set up, driven through.

It is important that Public Health professionals recognise the need to change - to be flexible when becoming involved in a variety, often a multitude, of, collaborations, partnerships, project teams etc.

These aspects feature quite significantly in the **National Public Health Leadership Programme**.

## LEADERSHIP : Definition & Importance

### Definitions:

- a leader is “a person who rules, guides or inspires others”
- leading is “the capability of guiding, directing, influencing or inspiring others”

*“it has been a long held belief that the major factor which distinguishes successful organisations from their less successful counterparts is the presence of dynamic and effective leadership”*

**Yukl (1994)**

*“leadership is the most studied subject in the world and the least understood”*

**John Adair (2003)**

*“we cannot become leaders by becoming somebody else – and we cannot succeed by being who we are”*

*how do we solve this riddle?*

*we look at and learn from others – and in doing so we discover more about ourselves*

**Jo Owen (2006)**

### LEADERS: Born? Or Made?

Here above are a selection of definitions that we have collated from ‘HealthKnowledge’ and from our recommended texts.

Clearly good leadership is very important, many say essential!

John Adair has been brave enough to say that good leaders are not ‘born’, that many of us can learn the art of Leadership – as we are attempting to explain in this whole Module. Thus the statements by Jo Owen are we feel particularly relevant. We look at and learn from others, **just as we are encouraging you to do today!**

## Not Bosses – but Leaders

### Born or made?

#### Qualities of Good Leaders: ADAIR :

- Integrity
- Enthusiasm
- Warmth
- Calmness
- Tough but fair

*“Ability to influence others to achieve a Common Goal”*

**JOHN ADAIR: “LEADER” :**

*“Smith is not a born leader yet !”*

**Extract from Annual Report :**

Individuals who are suitably motivated can learn to lead, it takes time, commitment, dedication – but it flows from:

- Understanding self
- Understanding others
- Learning how to communicate and engage with others, who often will be very different to yourself
- Developing yourself, learning new skills and practices
- Discovering new tools and techniques – and learning how to use them

## A Continuum of Shared Decisions



Leader makes decision and announces it

**TELLING**

Leader sells decision

**SELLING**

Leader presents Ideas & invites questions

**CONSULTING**

Leader presents tentative decision subject to change

Leader presents problem, gets suggestions makes decisions

Leader defines limits, asks group to make decision

**DELEGATING**

Leader permits subordinates to function within limits defined by superior

*Tannenbaum & Schmidt*



## STYLES OF LEADERSHIP : SHARED DECISION-MAKING

*“There is much to be said for moving as far to the right as possible for the more people share in decision-making which directly affect them, the more they are motivated to carry them out, provided they trust the Integrity of the person inviting them to participate”*

**John Adair**

**How do YOU like to be led, to be invited to share in decisions?**

Put a cross on the diagonal in the diagram on the previous page, at the place where you would feel ‘most comfortable’.

**Here we briefly describe the 4 main styles of leadership:**

### Telling

In the first style of leadership, the leader is focused more on the job and less on the group. The leader typically states the problem and takes charge of the job, telling other members what to do. The leader considers alternatives, chooses one, and tell team members what to do. He/she may or may not think about how the group may feel about his decision. Sometimes this turns into YELLING. Other negative variations include manipulation and coercion.

### Selling

A leader using the second style of leadership is focused on both the job and the group. The leader usually states the problem and decides what to do, selling others on his idea to gain majority support. He/she explains how the idea will benefit the group and tries to persuade others to go along with it.

### Consulting

In the third leadership style, the leader states the problem and after consulting with group members, decides on what seems to be the best idea. The others give ideas or reactions but the leader decides what to do.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

The leader using the third style of leadership is more focused on the group and less on the job, as shown in 'Joining style of leadership'. The leader begins to relinquish much of the structure of how the job is to be accomplished to the members. The leader fosters a lot of two-way communication, offering support and consulting in decision making.

### Delegating

When a leader delegates a task, the leader usually states the problem and delegates the decision-making to group members. As long as their solution fits the problem as described, he/she accepts responsibility for it, as leader of the team. Sometimes this is a "trade-off" when the leader has tried to sell his own idea and failed. The leader using this fourth style of leadership is not heavily involved with either the group or the job, as illustrated in Delegating style of leadership. This style is usually only utilized in more mature, established groups. The members basically run their own show.

There is more, much more at:

[http://www.whitestag.org/leadership\\_resources/sb217.htm#3347](http://www.whitestag.org/leadership_resources/sb217.htm#3347)

### Characteristics of Effective Leaders:

- Think explicitly about their leadership role
- Develop awareness and self-belief
- Focus externally – listen, support, provide feed-back, coach
- Display integrity in decision-taking
- Take decisions!
- Share information
- Become confident enough to make mistakes, admit mistakes, learn from mistakes
- Direct with Coaching
- Delegate authority as well as responsibility

## Towards Leadership

### The 5 Essentials according to Peter Drucker

- Managing time
- Choosing what to contribute to the organization
- Knowing where and how to mobilize strengths for best effect
- Setting the right priorities
- Knitting all of them together with effective decision-making

***THE EFFECTIVE EXECUTIVE IN ACTION, The Definitive Guide to Getting the Right Things Done, 2005***

***Extracts from an Amazon Review by Avinash Sharma "MBA, M.S., Knowledge Worker" (Toronto):***

Managing Time: *"Time is the scarcest resource, and unless it is managed, nothing else can be managed"*

**Focus on contributions and results:** Drucker stresses the importance of focusing outward, on contributions and results; as opposed to downward, on efforts. He proceeds to discussing the four basic requirements of effective human relations:

- a. Communication**
- b. Teamwork**
- c. Self-development**
- d. Development of others**

**Build on strengths:** Drucker states: "In every area of effectiveness within an organization, one feeds the opportunities and starves the problems." He explains that effective executives build on strengths and make weaknesses irrelevant and proceeds to outline four rules for staffing from strength:

- a. Make sure the job is well designed**
- b. Make the job challenging to bring out strengths**
- c. Have an appraisal policy to measure performance**
- d. Put up with weaknesses - the exception is a weakness in character and integrity, which causes disqualification.**

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

**Set the right priorities:** Drucker explains that effective executives set the right priorities and stick to them. They concentrate on the areas where superior performance will produce outstanding results. They also set 'posteriorities' - tasks not to tackle. In the section "sloughing off yesterday", Drucker states that effective executives ask "If we did not already do this, would we go into it now?" If the answer is no, the activity is dropped or curtailed. This concept is explained in more detail in Drucker's book titled "Managing For Results" (1964) as 'purposeful abandonment'. (America's best known CEO, General Electric's Jack Welch, followed this practice when he got rid of GE businesses that could not be number one or two in their industries).

**Make effective decisions:** Drucker says: "No decision has been made unless carrying it out in specific steps has become someone's work assignment and responsibility. Until then, there are only good intentions." He explains his five-step decision process:

- a. Determine whether the problem is generic or unique
- b. Specify the objectives of the decision and the conditions it needs to satisfy
- c. Determine the right solution that will satisfy the specifications and conditions
- d. Convert the decision into action
- e. Build a feedback process to compare results with expectations

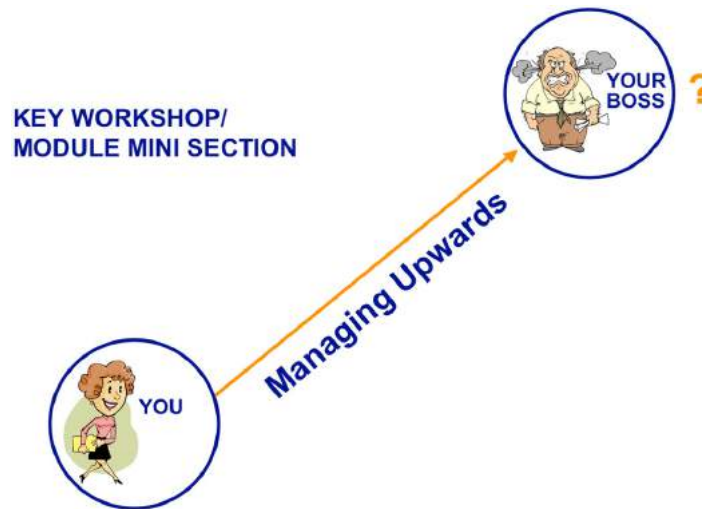
### **RECOMMENDED READ (Almanack)**

The Daily Drucker: a collection of 366 short insights articles/quotations/comments) from the guru himself

*"Motivation to Get the Right Things Done"*

***Elsevier, Butterworth, 2005***

## MANAGING UPWARDS



A major area of challenge for many individuals in organisations, particularly large, complex organisations is **that of needing to ‘manage upwards’**.

*“Sometimes we are plain fortunate, else we plan and apply/interview well: we have what we would call a ‘good boss’, someone we respect, have a high regard for, an at-least-competent person who is interested in his/her people (including you!), who you can talk to, please, get on well with.”*

**Then there are the other times** when, even where we had a good boss but he/she moves on only to be replaced by someone very different, we find ourselves working ‘for’, as perhaps opposed to working ‘with’ someone whose commitment, managerial competence, attitude and behaviours perhaps we seriously question, someone who may also show a worrying capacity for meddling, looking over your shoulder, questioning what you do, how you do it.

**Jo Owen** in **“The Leadership Skills Handbook”** has some useful advice on this subject: the easy thing, he says, is whine about the boss – but that whining does not make a good leader

1. Deliver the results : manage the psychological contract
2. Adapt your style
3. Manage your Context
4. Manage Yourself : avoid the SAD syndrome (stress, anxiety, anger, depression)

## Managing Upwards – Basic Principles

### Deliver the results, manage the psychological contract

- the psychological contract with your Boss is more important than the employment contract with your employer
- Manage expectations : let the Boss know when he/she is drowning you with work

### Adapt your style

- With a poor or bad boss it is unlikely that you are going to be able to change him/her
- Work hard to adapt your own style so that you at the very least 'cope'

### Manage your Context

- dysfunctional bosses enjoy Master-slave relationships
- find other allies/friends, coaches, supporters in the organisation
- make yourself useful to other people
- volunteer for stuff – from people who will appreciate your help
- ask other respected people for their advice, they will appreciate it
- The above people could also be your 'escape hatch' – if/when things get tough they can help find you another, better boss, maybe even themselves

### Manage yourself

#### Avoid the SAD Syndrome:

- SAD = stress, anxiety, anger and depression :not good qualities for a superior manager or leader, they lead to poor performance and bad interactions with people
- Look again under 'manage your context' above – try and find a way-out. Leaving achieve nothing, typically your boss blames you for poor performance, always complaining and sapping team morale
- Your boss becomes the Hero, you become a Zero
- Leadership Skills Handbook



## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

Here's **Jo Owens** advice in his **Leadership Skills Handbook**, Section 6 Pgs 70-74, a book we'd recommend at £9.99 – or less on occasions via Amazon etc. The book includes the MBTI assessments and Style Compass TM that we introduced earlier in the Module. See below:

### **Theory X managers (or Theory Y managers displaying theory X behaviour) are primarily results oriented:**

so orientate your own discussions and dealings with them around results – i.e. what you can deliver and when

### **Theory X managers generally don't understand or have an interest in the human issues:**

so don't try to appeal to their sense of humanity or morality. Set your own objectives to meet their organisational aims and agree these with the managers; be seen to be self-starting, self-motivating, self-disciplined and well-organised - the more the X theory manager sees you are managing yourself and producing results, the less they'll feel the need to do it for you

### **If an X theory boss tells you how to do things in ways that are not comfortable or right for you:**

don't question the process, simply confirm the end-result that is required, and check that it's okay to 'streamline the process' or 'get things done more efficiently' - they'll normally agree to this, which effectively gives you control over the 'how', provided you deliver the 'what' and 'when'.



## MORE ON MANAGING THEORY X MANAGERS UPWARDS

“Working for an X theory boss isn't easy - some extreme X theory managers make extremely unpleasant managers, but there are ways of managing these people upwards. Avoiding confrontation (unless you are genuinely being bullied, which is a different matter) and delivering results are the key tactics”.

“Always deliver your commitments and promises. If you are given an unrealistic task and/or deadline state the reasons why it's not realistic, but be very sure of your ground, don't be negative; be constructive as to how the overall aim can be achieved in a way that you know you can deliver.”

“Stand up for yourself, but constructively - avoid confrontation. Never threaten or go over their heads if you are dissatisfied or you'll be in big trouble afterwards and life will be a lot more difficult.”

*The original of this article titled "Douglas McGregor's XY Theory, managing an X Theory boss, and William Ouchi's Theory Z" is covered under copyright of © alan chapman 2001/2/3 and reproduced herein in our website representing a non-commercial educational venture in terms of general permission granted by the copyright owners. The original article and the information mentioned below can be viewed at <http://www.businessballs.com/mcgregor.htm>*

## EXTRA : HOW TO HELP BUILD, BOOST, AND DEVELOP SELF-CONFIDENCE AND ASSERTIVENESS:

“Building self-confidence and assertiveness is probably a lot easier than you think.

'Non-assertive' people (in other words 'normal people') do not generally want to transform into being excessively dominant people. When most people talk about wanting to be more assertive, what they usually really mean is:

'How can I become more able to resist the pressure and dominance of excessively dominant people?'

'How can I stand up to bullies (or one bully in particular)?'

And also, 'How can I exert a little more control in situations that are important to me? “

See: <http://www.businessballs.com/self-confidence-assertiveness.htm>

## Change and Change Management

*“the only constant in life is change”*

### KEY WORKSHOP/MODULE SECTION

#### From ‘HealthKnowledge’

<http://www.healthknowledge.org.uk/Organisation%20and%20Management%20of%20Health%20Care%20and%20Health%20Care%20programmes/HK%205c/HK%205c2.htm>

Change is now considered to be the biggest challenge for virtually all organisations public and private, large and small – but especially for large, well established ‘complex adaptive’ organisations. Change is everywhere and the rate and pace of it is almost universally reckoned to be increasing.

Several ‘gurus’ (including Tom Peters and Charles Handy) and academics (notably Colin Carnall, author of several books on Managing Change) have drawn attention to the “challenges of change”.

“In a changing world the only constant is change.” Carnall C.1995:

“Managers don't often understand the strategy driving the change programme. They need to know what it is organisations are trying to change and why.” Colin Carnall is Professor and Associate Dean of Executive Programmes at Warwick Business School.

The NHS is a very large organisation - the third largest employer in the world, it is said, after the Chinese Army and The Indian Railways, and has over many years and despite many efforts found it difficult to change. Whilst we shall consider change and efforts to manage it generally in organisations we shall look specifically at key issues around change in the NHS.

Following the issue of the NHS Plan in 1998, “Shifting the Balance of Power” (Department of Health, July 2001) introduced major managerial structure changes. In 2005 further changes were announced regarding the reconfiguration of Strategic Health Authorities and Primary Care Trusts. Practice-Based Commissioning will change the way the services are commissioned and Choose and Book will change the way patients can access acute trust appointments.

## Ηράκλειτος

### nothing endures but change

- There is nothing permanent except change.
- The only constant is change.
- Change is the only constant.
- Change alone is unchanging



### Heraclitus of Ephesus (c.535 BC - 475 BC)

was a Greek philosopher, known for his doctrine of change being central to the universe, and for establishing the term Logos (λόγος) in Western philosophy as meaning both the source and fundamental order of the Cosmos

<http://en.wikiquote.org/wiki/Heraclitus>

*"In a changing world the only constant is change."*

**Carnall C.1995, 2007: Managing Change in Organisations**

Others who have reputedly said this, or similar, are Charles Handy and Tom Peters!

**Managing Change in Organisations** provides a practical and thorough overview of how effective change can be achieved in organizations. The text is ideal for advanced undergraduates, MBA and postgraduate students on courses in managing change and organisational change. Colin Carnall takes a strategic approach, outlining guidance and techniques for planning and implementing, evaluating and learning from major organizational change.

Reviewing traditional and more recent critical theories, he also presents models and frameworks for change that are apt for the complex and fast-moving challenges of contemporary organizations.

***More details" Managing Change in Organizations***

***By Colin Carnall, Published by Financial Times Prentice Hall, 2007***

***ISBN 0273704141, 9780273704140***

## The Impacts & Challenges of Change

- Alongside remarkable stability in the espoused purpose of the NHS there has been almost constant structural change. Health action zones and primary care organisations are the latest offerings.
- There is a paper mountain of advice on reforms, restructuring, and managing change.
- Yet many behaviours do not change.
- The puzzle is why the NHS has been so unchanging, given the barrage of attempts to 'reform' it.'

**Has the NHS changed since 1998?**

**How successful have the latest changes been?**

### **“Change and Resistance to Change in the NHS”**

*Diane Plamping, 1998, codirector, Urban Health Partnership, Primary Care Group, King's Fund, London*

Excerpts below : Full Article: <http://www.bmj.com/cgi/content/full/317/7150/69>

“The NHS is 50 years old. Every government since 1948 has re-invoked its founding principles, but there is less agreement about how services based on these principles should be organised. Alongside remarkable stability in the espoused purpose of the NHS there has been almost constant structural change. Health action zones and primary care organisations are the latest offerings. There is a paper mountain of advice on reforms, restructuring, and managing change. Yet many behaviours do not change. The puzzle is why the NHS has been so unchanging, given the barrage of attempts to "reform" it. Some things have changed, of course, in as much as complex systems can be changed from outside. Bits have been knocked off and elements have been downsized or re-engineered, but these changes have been resisted by most "insiders." These insiders have been successfully self ordering so that much of what happens in the NHS is unchanged in nature, if reduced in quantity. During all this investment in managing change, most insiders have not come to want the NHS to be different.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

In this anniversary year it may not be enough simply to restate values and purpose. A more fruitful approach may be to focus on the behaviour of this complex system and to try to understand what creates the internal dynamics and maintains enduring patterns of order and behaviour...

...There is no lack of evidence linking poor diet and poor housing, for example, to poor health, but this has little impact on behaviour in the NHS. The potential benefits of disease prevention and health promotion are uncontested. The principle of "doing means treatment" has allowed preventive therapies and health promoting activities to be accepted at a personal level. But this principle may be responsible for the fact that 50 years later the NHS has not tackled the major determinants of ill health that require collective action. How will the NHS respond to today's agenda from the Social Exclusion Unit and the government green paper Our Healthier Nation?"



### REMINDER: CHANGE MANAGEMENT SUPPORT

*"Change may be an imprecise science, but evidence is available on what works and what does not, and the NHS must make use of this. The NCCSDO will review existing research findings of relevance to change management and quality improvement in the NHS."*

***A First Class Service (DOH, 1998)***

#### Managing change in the NHS

**Developing change management skills. A resource for health care professionals and managers.**

This publication and web based resource aims to help those leading change in health care to use the literature in this field to inform practice by:

- describing some of the relevant theories and approaches that have been used to guide change management
- illustrating the use of these theories in practice in a variety of settings in health
- encouraging readers to reflect on and evaluate change processes and how they might apply these to different settings.

#### PUTTING CHANGE IN PERSPECTIVE

There are huge amounts of change in life generally. Even a cursory survey of recent history - lets say the 20th century – will show the very high levels of technological change, conflict, warfare, political, economic and social change that have occurred. From the development of the automobile and the aeroplane to the concept of nuclear power and nuclear weapons, from the origins of space travel to sophisticated computers and telecommunications, to the Internet. In the Western world, all these things have led to very very high levels of sophistication of people's needs. But everywhere it seems things change with an increasingly rapid pace.

In this Module we will show how change can present both **Threats** and **Opportunities** and will stress that good **Planning** and sound **Leadership** can help to make successful 'transitions' from one state, one scenario, to another. That said we will be emphasising



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that Change is rarely clean and orderly – most of it is complex, complicated, often confusing – frequently “messy”. We will differentiate between change and transition.

There is little, if any, doubt that the rate and pace of change in the 1990s and into the 21st Century has become more intensive, more frenetic – such that the ability to adopt and manage change has now become a key management skill.

A book we have used in the compilation of this Modules is the “Guru Guide” developed by Joseph and Jimmie Boyett - a digest of the views and ideas of 79 of the “world’s most influential management experts”. The Boyetts focus on people’s general fear of change and explain how in resisting changes that are perceived to be bad for them people often also resist changes that could well be good for them in the medium or longer term. Which is why throughout this Module we refer to the organisation’s people over and over again, stress the essential need to understand, support and manage them through organisational change.

## The Change Perspective

- Change is inevitable - history shows this
- Change = Threat
- Change = Opportunity
- People generally *resist* change
- Change is complex - often messy
- Change requires *planning* and *leadership*

**The ability to adopt and *manage* change is now a key skill**

*“People resist not only change that is bad for them, but also change that will benefit them in the long-run.”*

***BOYETT/BOYETT “The Guru Guide”***

*“In a changing world the only constant now is change”*

***COLIN CARNALL, HENLEY MANAGEMENT COLLEGE.***

### Extract From Health Knowledge Module: Summary Of Key Learning Points

In this Module we emphasise the importance of good leadership, of visible, ongoing commitment from the top of the organisation. People appreciate being presented with a Vision for change – they typically want to know what it is intended to achieve, what the benefits of attaining the required changes are expected to be. People like to make their own assessments, their own judgements.

We also stress the very strong need for managers to be trained and supported as they battle, with their teams, to implement often difficult changes, implement not-previously-known processes and systems which may be as unfamiliar to them as to their staff. Training, for managers and for employees is very important in times of change (see below). If the customer (consumer or patient) does not feature highly in the reasoning for change then we would find this worrying. Most changes should have the interests of the Consumer, the “end-user” at heart - also these groups need to be ‘protected’ as the organisation and its staff move through the change, through the transitional processes that are the hallmarks of change. Organisations take their collective “eyes” off vital Customer Service aspects during change initiatives at their Peril!

We will repeatedly stress the need for **planning**, for a *structured, phased* approach to change – one that recognises some of the challenges of cultural change and the different ways in which different people *respond and adapt* to change. Take these into account and often the change processes become less difficult. Ongoing **Monitoring and Review**, key parts of the overall planning process, are also advocated here – this to ensure that the organisation and its people respond to problems, rise to meet the *challenges* of change.

Last but *certainly* not least, there needs to be a strong focus on involving and supporting **employees** through the transitional processes - encouraging them to get involved, help identify and solve problems, to shape and fashion change to the needs of the local environment, the local “market-place”. This is where effective ongoing **communication** is so very important; effective communication needs to be “two-way” - “bottom-up” as well as “top-down”, so that it “taps” into the rich resource of the people who work, implement change within the organisation. All the above are key components in the successful planning and implementation of change.

## Planning, Implementing & Managing Change:

### Key Factors for Success

- good leadership : good management
- clear customer (*i.e. patient/consumer*) focus
- planned, structured approach
- good use of the change models to assess/understand:
  - cultural aspects
  - external environment
  - peoples attitudes and responses to change
- constant monitoring and review
- employee focus :
  - involvement
  - ongoing two-way communication
  - training and support
  - benefits of team-working

## Planning for Change – The *People* Factor

**ORGANISATIONS** initiate change (normally)

But the key to successful change is: **PEOPLE**

Managing and motivating - **PEOPLE**

only **People** can “make change happen”

## Directory Of Planning & Change Tools/Techniques

### The Change Tool Kit

- FORCE-FIELD ANALYSIS – *well-known planning/analysis tool*
- SWOT and PEST(ELI) analyses – *generic strategy/assessment tools*
- 7 Factors of Successful Change
- Endings < Beginnings via the “Turbulent Zone” Schematic – *Adapted from William Bridges “Transitions”*
- FIVE KEY STAGES IN SUCCESSFUL TRANSITION
- PLAN : ACTION : REVIEW (Plan : Do : Review) Model – *Briner*
- THE CLASSIC FOUR STEP APPROACH TO PLANNING CHANGE : Model: – *Price Waterhouse Consultants*
- Types of Change : Chart
- Diffusion of Innovation and Change Adoption – *Everett Rogers*
- Change “Types” : Chart – *Binnie & Williams*
- Impacts of Change: Diagram – *Colin Carnall “Coping Cycle”*
- The Five ‘Whys?’
- Organisational Culture Matrix – *Charles Handy*

### THE CHANGE TOOL-KIT

Here we summarise a whole range of Models and Tools/Techniques that can help to plan, implement and manage change.

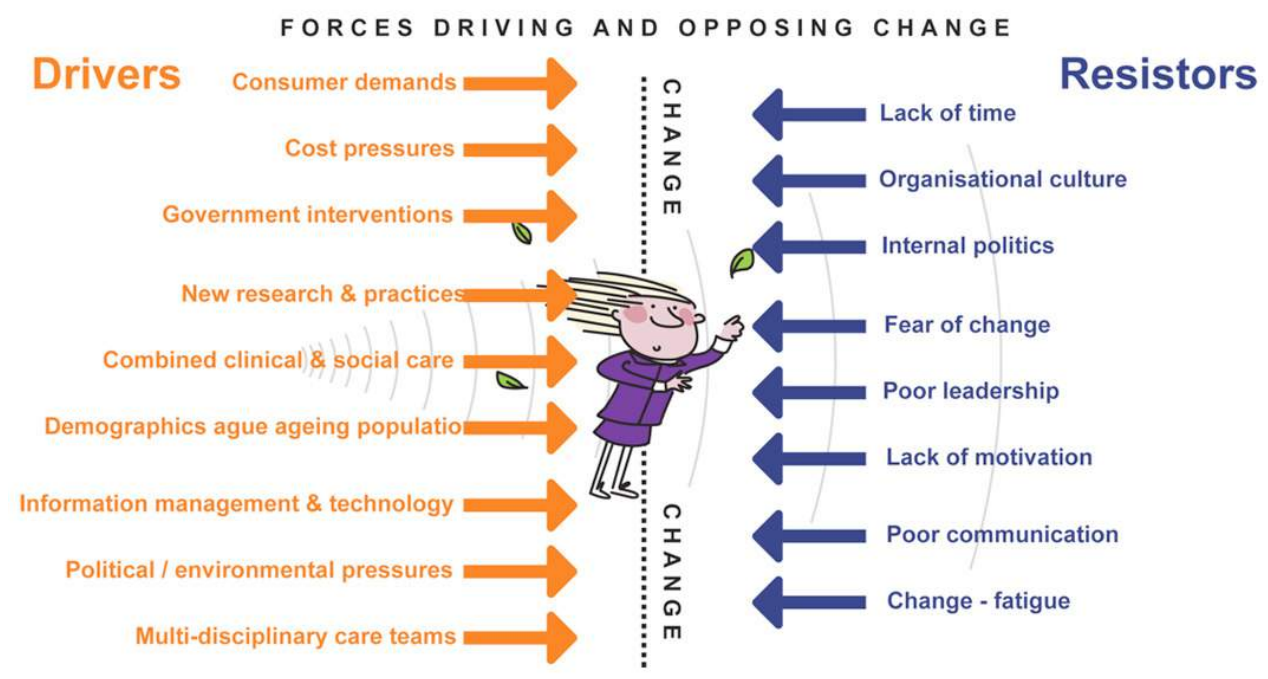
We have also collated these Models and Tools into a separate Document that you can explore on the Health Knowledge platform; it can be downloaded for future use.

There is also an excellent booklet published by the NHS which describes a number of these Models, and many others, in considerable detail. MANAGING CHANGE IN THE NHS : 1. ORGANISATIONAL CHANGE A Review for Health Care Managers, Professionals and Researchers, Valerie Iles and Kim Sutherland; 2. MAKING INFORMED DECISIONS ON CHANGE, NCCSDO, London School of Hygiene and Tropical Health, TEL: +44 (0) 20 7612 7980; :

## FORCE-FIELD ANALYSIS

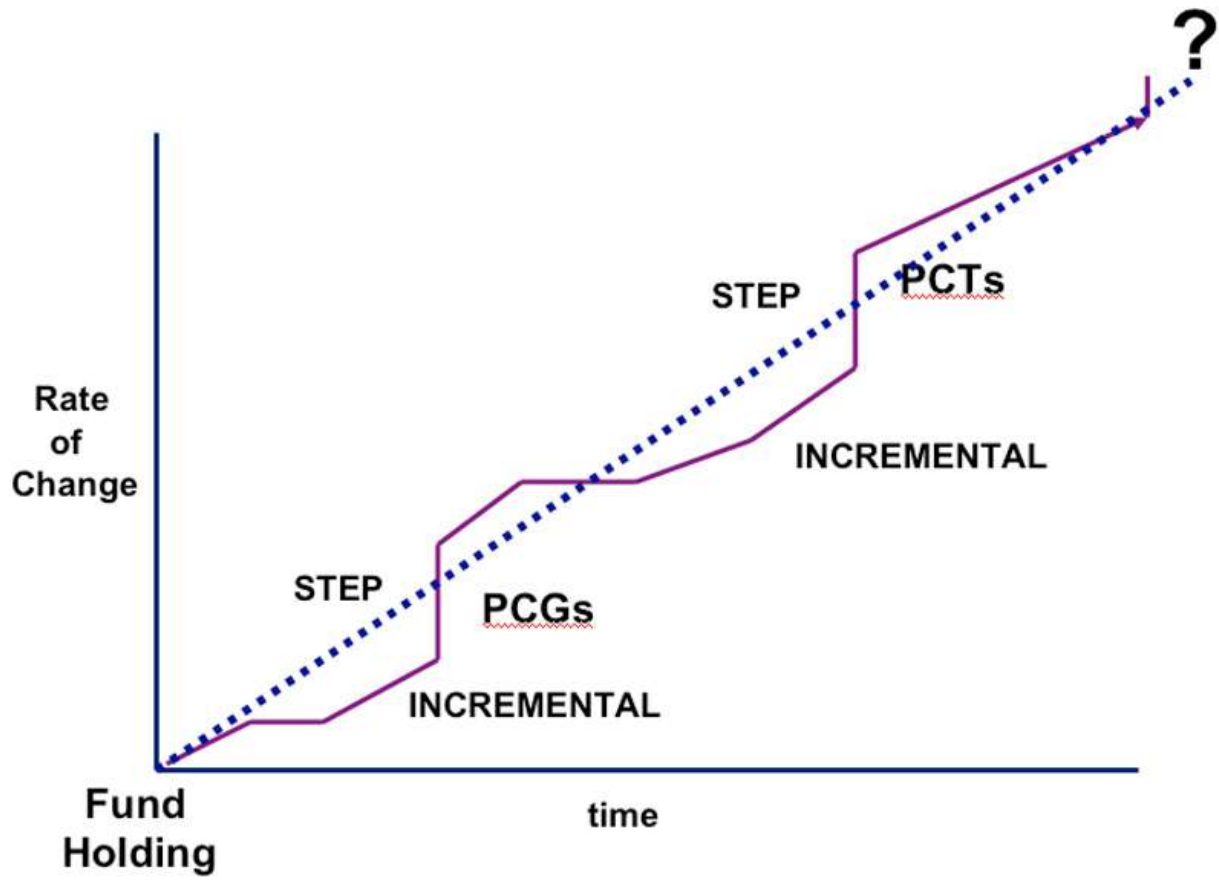
This really is a relic from the Past – but useful hopefully in understanding how individuals in organisations, as well as managers and leaders can be involved in proposed Change:

This **Force-Field Analysis** was collated from the inputs of over 150 people from all levels within a London Health Authority where changes kick-started by The NHS Plan were soon to get underway. Not only did it give ‘management’ an opportunity to present some of the detail of the up-coming change but it also allowed ‘ordinary staff’ to discuss why the change was deemed necessary, why it was happening now, what the impacts of the change might be etc. This ‘pre-change’ activity was in fairness driven from near the Top of the Authority but it was found from participant feed-back that it was appreciated, helped people get a better ‘feel’ for what was to come, to think about its impacts on their work environment, on their work, on themselves – but also to ‘voice an opinion and/or some thoughts – and to help plan ahead. (The facilitator of these pre-change workshops was amazed by the way that when the Drivers and Resistors of Change were discussed in open plenary session, he was normally well down the 2nd page of flip-chart paper before ‘Patients’ even got mentioned!).





## Types/levels of Change





### THE TYPES AND LEVELS OF CHANGE

These days almost all organisations undergo almost continuous processes of change but it is important to recognise the different kinds and levels of change that take place within an organisational context:

STEP CHANGE is a major change, or programme of change, that occurs within a relatively short period of time – from 2/3 months to perhaps 5 years. It requires major efforts and organisation to effect and accommodate this kind of change. It is often done to combat increased competition or to mitigate spiralling costs or to change to accommodate huge new systems or technology.

Examples of STEP change would be major premises rationalisation, major stakeholder (e.g. government) intervention. INCREMENTAL change is an altogether steadier rate of change, although it can still prove difficult and challenging to manage. Many organisations these days undergo almost unending incremental change – many of these incremental changes interspersed by periods of “Step” change. Examples of Incremental changes would be programmes to introduce performance-related pay or to gradually reduce work-force numbers via voluntary redundancy and/or early retirement initiatives.

It is important to recognise that STEP and INCREMENTAL change are not mutually exclusive. Programmes of INCREMENTAL change will typically not stop just because a period of STEP change is planned or anticipated. In fact more and more organisations these days are committed to programmes of what is called “Continuous Improvement” – ongoing programmes of phased change that help organisations keep up-to-date, remain efficient, productive – in commercial firms – competitive. In all these types and variations of Change there will be impacts on the organisation’s people – its executives, its managers, its supervisory staff, its “shop-floor” or “front-line” staff. Organisations ignore the fears and needs of their work-forces at their peril.

The illustrative example on the previous page shows the change processes that have occurred in the National Health Service since the early 1990s up to 2002 when PCTs and SHAs arrived. The ?-mark prompted us to ask TWO questions – where now? – and where next?

## Transforming Library and Information Services in the NHS

- A proposed Plan to synthesise Library & Information Services across the NHS:
- Develop a 'strategic road map' for library services within NHS
- Overarching aim to create a forward direction for library and knowledge services, capable of supporting NHS in its business goals
- Seems to fit strategically with the Public Health I & I programme
- Created a Project Board (high level Team), used facilitation and numerous tools and techniques; produced a Report
- Report now endorsed by key players/stakeholders
- Result a TRANSFORMATIONAL CHANGE PLAN
- Details below from <http://www.tfpl.com/consultancy/sacasestudies.cfm?csid=b2>

### AN EXAMPLE OF AN APPROACH TO 'TRANSFORMATIONAL CHANGE' IN THE NHS

*(Text from TFPL web-site Case Study)*

<http://www.tfpl.com/consultancy/sacasestudies.cfm?csid=b2>

TFPL was commissioned by NHS Direct Online together with the NHS Library Advisor, the NHS Information Authority, and other key players in the NHS knowledge and information network to develop a strategic road map for library services within the NHS.

The NHS required a fresh and compelling vision and strategic framework for the future, encompassing national and local aspirations, together with top level plans for its achievement. The overarching aim being to create a forward direction for library and knowledge services capable of supporting the NHS in its business goals.

Working with a Project Board that represented considerable NHS LIS experience, TFPL interviewed nominated stakeholders, assessed future NHS directions, current concerns and future ideas from these interviews; facilitated a scenario planning workshop; and prepared a summary of the roles of NHS LIS and potential forward directions for e-consultation.

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

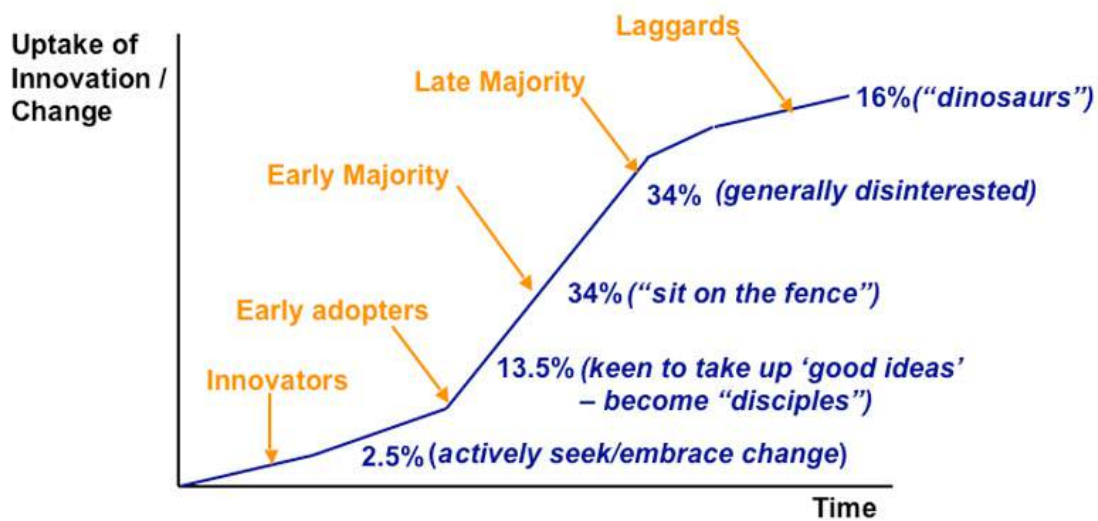
The report recommended a strong framework for national coordination with a programme to develop those services best delivered nationally (the published information infrastructure) progressed in partnership with local services. The report recommended, inter alia, that quality standards for NHS Library Services are formally adopted; that a national framework for staff development and training is developed for NHS Library Services, based on skills and competencies; and that a clear brand for NHS Library Services is established for use throughout the NHS.

The final report has been endorsed by The NHS Library and Knowledge Development Network (LKDN), NHS Libraries Advisor and the National electronic Library for Health (NeLH) who are now working together to implement a programme of transformation in NHS library services to enhance our support for clinical care, education and research in the NHS.

*“By developing an integrated and federated service, the National Library for Health will enable us, as a community, to meet the various challenges highlighted by the TFPL report”.*

***(LKDN and NeLH)***

## Adopting Change



Rogers carried out research into how quickly people take up "innovations" – new ways of doing things. (see notes)

### HOW PEOPLE RESPOND TO AND TAKE-UP CHANGE:

**Everett Rogers** developed his "Diffusion" model out of research he conducted into the rate at which people adopt or take-up new "innovations". The categories and proportions of normal populations he identified from his research are very enlightening when considering how people generally move toward/take up change.

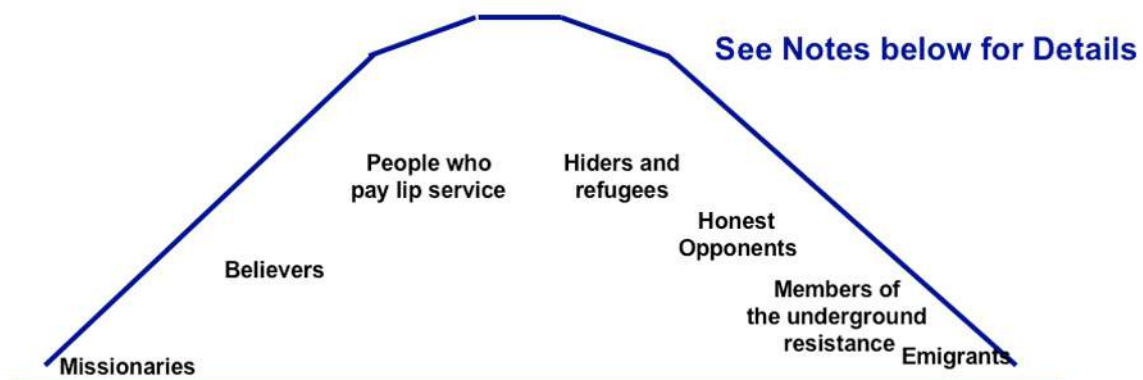
Only **2.5 %** typically rush towards new innovations, new ways of working - most prefer to sit on the fence, watch what happens - whilst some are openly critical, can't, perhaps won't, see the need etc. Typically there is a larger number (about **13.5%**) who take-up innovations some time after the "Innovators" have adopted them. This category Rogers calls "*early adopters*" - part of the first sizeable "wave" of people who take up change, innovation - many of them becoming committed disciples of the change or innovation in question in due course. Next come what Rogers calls the "*early majority*" - typically they have 'watched and waited' before either seeing the benefits and/or getting the confidence to take-up the changes themselves. The '*early majority*' are significant because they represent typically **34%** of the particular population. (Significantly, add the **2.5% Innovators, 13.5% Early Adopters and the 34% Early Majority** and you'll note that they **together represent 50%** of the total number of people – get this far and you should be "well on the way" to attaining the changes you are implementing.)

## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

According to Rogers' research a **further 34%**, known as the "*late majority*" follow in due course - they are less change-orientated, slower to respond, need more convincing. But if the change initiative can be kept going then typically the late majority do eventually come "on board".

Which still leaves about **13% so-called "laggards"** who really don't show an interest, don't really want to "get involved". Some of them never do - they leave, or they become "terrorists" (see Next Slide). Others succumb in due course, either through peer pressure or because they finally "see the light".

### Attitudes to Change



**CHANGE "TYPES" Binney G & Williams C, "Leaning into The Future"**  
MISSIONARIES : BELIEVERS : "LIP SERVERS" : HIDERS/REFUGEES :  
THE UNDERGROUND RESISTANCE : HONEST OPPONENTS : EMIGRANTS

*Binnie and Williams conducted research in the 1990s and defined various "Types" in relation to Change see Notes below*

### CLASSIC "CHANGE TYPES":

The types identified in this useful Model were developed by **Binnie and Williams** back in the early 90s. The categories were determined from research the authors did into change and the management of it within organisations. (There are some linkages here to Rogers' "diffusion" model, explained in the previous Slide)

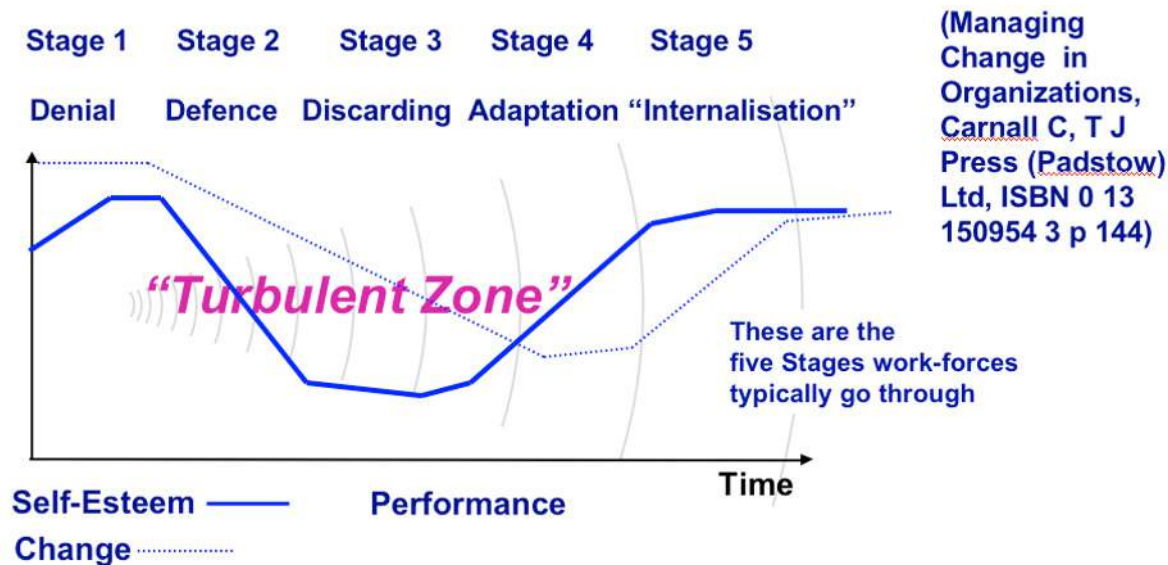
Missionaries are proud and pleased to embrace change – they adopt it, adapt to it quite quickly and actively encourage others to do so too. Believers are just that - they see the merits of the changes, believe in them - but are a little more cautious, less extrovert perhaps than Missionaries - and are frequently convinced by a mixture of repetition of the reasons for and benefits of the changes and through the influence of the Missionaries.



## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

Next come a much larger group “people who pay lip service” - they nod and acknowledge that change is probably necessary but are typically not active in supporting or adopting it. They might well be called “fence sitters”! The next category, and there are typically plenty of these too, are “Hiders and Refugees” - they ignore or try to hide from the change - often through fear (fear of the unknown) or because they are genuinely disinterested in it - perhaps typically preferring the “status quo” (old or existing order) to the “new ways of working”. Whilst “hiders and refugees” are rarely troublesome, the remaining categories can be - especially to those trying to drive/steer through change. The first group Binnie and Williams call “**Members of the Underground Resistance**” - they are actively and probably fairly quietly (perhaps subversively) trying to “block the changes” and can be *dangerous*. Whereas “**Honest Opponents**” *declare* their resistance - they openly challenge the need for change, question the benefits. “Honest opponents” typically identify themselves - by words and actions - as being against the changes. (If change leaders/managers *can* convince an “honest opponent” that the changes *are* acceptable then many others, often many of the “hiders and refugees” will sit up and take notice, perhaps be convinced themselves about the need to change.) The last category - “**Emigrants**” simply *leave*, wanting nothing to do with the changes, preferring to seek their employment elsewhere!

## The Psychology of Change



### THE PSYCHOLOGY OF CHANGE : the “Coping Cycle”:

This Model developed by Colin Carnall is based on research and observations of groups in organisations undergoing change. His Model looks at the underlying psychology of change, its impact on people; it identifies a number of key stages that people go through when sizeable organisational changes is “in the air”. Stage 1 typically brings “denial” - apart from a few ‘Missionaries’ most people don’t see the reason for or benefits of change, preferring at this stage to cling to the ‘old order’. Why? Largely because they fear change - they fear the unknown, perhaps fearing that they might lose their jobs or lose status, or have to change locations, learn new skills etc.

“Self esteem” (blue line) holds up well in the *First Stage* and, perversely, performance (red line) often improves for a while - people work hard to show management that the “old” ways are OK - that they do actually “work”. In *Stage 2* - “defence” - many people spend time and energy defending the old way - some of the early adopters have “adopted” - moved towards the change - but the majority typically remain unconvinced. During this Stage both self-esteem and performance go down. Typically we are now headed into the “turbulent zone”. In the next stage, *Stage 3*, more people begin “discarding”- starting, with encouragement from the change leaders, the ‘Missionaries’ and some of the ‘Early Adopters’, to “let go” of the past. But self-esteem and performance continue typically to go down during this Stage.



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This may well not be a “happy time”. For by now we are *well* into the “turbulent zone” where it has to be said many badly planned and/or poorly implemented change initiatives flounder. **Stage 4 (adaptation)** is also in the “turbulent zone” but in this stage people are not only letting go of the past, the old order, but are increasingly starting to move towards, take-up the *new* ways. The ‘**Underground Resistance**’ won’t be, nor will many of the ‘**Honest Opponents**’ - yet! But during this Stage morale and self-esteem do generally *start to pick up*, as does overall organisational *performance*. By this stage the changes are starting to work - to take hold. **Stage 5, (Carnall calls it “Internalisation”)** is where the changes really start to take effect; typically more and more people, probably many of the ‘late majority’, are now supporting, or starting to support, it. In well planned, well managed change initiatives the organisation and its people come out of the “turbulent zone” into the New Beginning - where typically morale and performance continue to improve.



The “turbulent zone” is the ‘*neutral zone*’ between the ‘old reality’ and the ‘new way of doing things’ i.e *where change activity is at its most intense; where change management is most challenging*

***Adapted from Bridges’ Model of Transition***

### CHANGE and TRANSITION:

Change Consultant and Author **William Bridges** wrote, back in 1991, a successful book called "*Managing Transitions*". We have adapted Bridges work slightly to show how "turbulent" change can often be and we will use the Model to steer us through this Module.

The first principle Bridges introduces us to is that in all change there is an **"ending"** and a **"beginning"**. The "ending" is the end of an "old" way of doing things. The "beginning" is the start of some "new" way of doing things. Bridges refers to the process of getting from the End of the "old way" to the Beginning of the new way as a *transition*. He refers to **transition as a "neutral zone" between the "old reality" and the "new vision"**, an area where many, often most, of the problems of implementing and managing change are most evident, an area where *managing* the change is at its most challenging.

The **"neutral zone"** writes Bridges is a **"nowhere" between "two somewheres"** – he likens life in the neutral zone to letting go of one trapeze with the faith that the new trapeze is on its way. In the meantime, he writes, "there's nothing to hold on to." !

We have **re-named the Neutral Zone the "Turbulent Zone"** because we feel it more adequately describes the "atmospherics" when organisations and their people go through major, fundamental ("step") change (see Slide 9). With "step" change the transitional period can be longer, the management challenges more intense - to be truthful, it also means the chances of failure (of the change initiative) can be that much higher.

That is why we strongly advocate *planning* change initiatives, using a disciplined, planned approach to managing change.

## Change (Transition!) is Everywhere & Managers

### – and many Staff are in the Front Line

- Recent transition toward high performance customer/ consumer/patient focused work teams and the introduction of multi-agency partnerships is resulting in significant changes to the manager's role:
- Today's managers must be able to:
- adapt to change and support others through change
- provide vision, principles, and boundary conditions
- align and encourage people toward a purpose
- set direction and strategy
- As teams and partnership-working take on more and more responsibility, the manager's focus shifts from controlling and problem solving to motivating and inspiring.

### THE ABOVE – AND BELOW

#### *Extracted From A Health Knowledge Module On 'Understanding Individuals & Personal Management Skills'*

*"In contemporary health services, there is undoubtedly a great deal of pressure on those in management positions. This pressure comes mainly from having to cope with considerable changes both internally and in the external environment. These changes are to do with the consumers of the services; with the changing demands of the professionals who operate the services as well as central policy and significant structural changes."*

*(Rosemary Stewart, 'Leading in the NHS : A Practical Guide')*

The aim of this Section of HealthKnowledge is to introduce the concept of management in the healthcare professions in the context of today's fast-changing healthcare environments, present various concepts and theories designed to help you understand, clarify and explain issues in your own work situation and those of others.

Before we proceed to explore some of the key literature on managers and management it is worth considering how the environments in which managers operate have changed over the last 5 -10 years or so. (More on this in our Management module)



### Develop your Inner Circle

- a small group of key and committed people you can trust, who can work with you as you 'transition'
- some may not be in your close domain - but will have the vision, skills, ideas that *you* need, *they* can contribute
- this may well not be a formal group

#### Your “Inner Circle”:

The concept of “Inner Circles” has particularly useful applications during change initiatives, but *has relevance practically all of the time*. As a manager responsible for implementing change programmes, you may well find this approach useful:

The idea is that you as a manager of change develop your own Inner Circle – effectively your own personal “support group” of people.

This will not necessarily be a *formal* group, much more likely an *informal* network, a distributed support mechanism - one you can call upon at key times during the change programme.

The concept is that managers develop their own “circle” of people who can help and support them, as necessary, as they move through the processes of transition. Often the people in Inner Circles are managers - but not always; often they are people located quite close to you in work terms - but again not always, they may for example be managers undergoing the same or similar change programmes in other locations, other areas/departments or they may be people with specialist knowledge or experience who can be particularly helpful in key areas. Generally your Inner Circle will include people who can help you, people - often in the midst of the change themselves - who you can talk to, discuss problems and possible solutions.

Inner Circles are typically *informal* networks of people who support each other through change. So informal that they may not even be referred to as “Inner Circles”, they may just be there in the background as a people-based support mechanism helping you to manage the transitions upon which your success will depend.

**and finally...**

**Three quotations we particularly like:**

*"We are more easily persuaded, in general, by the reason we ourselves discover than by those that are given to us by others"*

**BLAISE PASCAL**

*"It is a fine thing to have ability, but the ability to discover ability in others is the true test of leadership."*

**ELBERT HUBBARD**

*"It is no use saying 'we are doing our best'. You have got to succeed in doing what is necessary."*

**WINSTON S. CHURCHILL**



## Evaluation

- What worked well for you today? (PINK)
- What key learning points will you take away and put into practice? (YELLOW)
- What are your Future Learning Needs? (GREEN)
- What could be improved – and how? (BLUE)

**Please place your completed Post-Its on the relevant parts of the Wall**







## Leadership and Management Learning Log

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### PERSONAL LEARNING LOG

NAME:

DATE:

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***THIS DOCUMENT IS DESIGNED TO HELP YOU BUILD ON THE LEARNING AND ACTIVITIES FLOWING FROM YOUR INVOLVEMENT IN THE 'I & I' PILOT WORKSHOPS. THE LEARNING LOG AND ITS CONTENTS ARE CONFIDENTIAL TO YOU***



Health  
Development  
Consulting

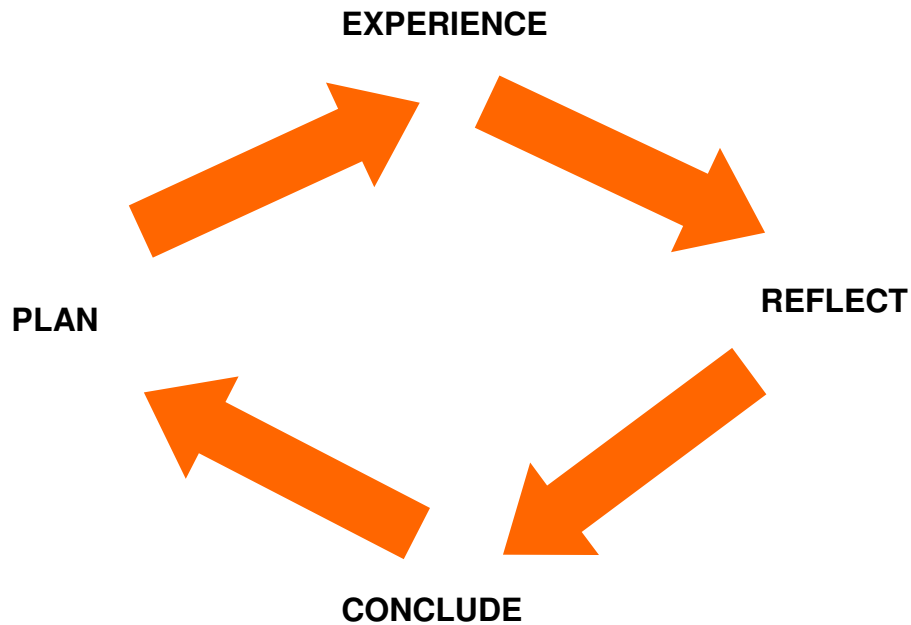




## WORKBOOK: INTRODUCTION TO LEADERSHIP & MANAGEMENT SECTION 2

The Personal Learning Log is intended as a record of all the learning points that you gain during the training programme. The Learning log is a way of capturing the key points that you want to remember.

The Learning Log is made up of a series of blank pages - one for each workshop in which you have participated. These pages are based on the learning cycle shown below.



- You have a learning experience, be it a training session, workshop, a group discussion or syndicate exercise
- You reflect on the experience
- You come to various conclusions, identify some further activities and/or learning you would find useful
- You plan to incorporate your conclusions in your working and/or personal life

***Please complete this Learning Log at the end of each Workshop that you attend.***

## INTRODUCTION TO LEADERSHIP & MANAGEMENT

### EXPERIENCE

What main areas of Content were covered and how?

### REFLECT

What are the main learning points for you?

### CONCLUDE

What conclusions have you reached about the knowledge/skills/processes you have gained and need to develop further?

### PLAN

How will you use these new skills/knowledge/processes in your work? How will you build on them? What actions do you plan to take? And when?

**ADDITIONAL PAGES FOR YOUR NOTES**

**ADDITIONAL PAGES FOR YOUR NOTES**