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LEADERSHIP RESILIENCE

# When the going gets tough

Leadership styles from the times of plenty must give way to new approaches, say Jeanne Hardacre and Jane Keep

We all know how important it is for leaders to be steady and consistent. This may be “all part of the job”, but it is arguably one of the most demanding aspects of leadership and stretches even seasoned managers to the limits of their inner resources.

The Centre for Innovation in Health Management has been investigating resilience in the face of uncertainty. We have been working with a wide range of managers and clinical leaders over the past year and gained insight into how leaders can remain steady and add value during these turbulent and doubtful times. A clear pattern is visible in the way these leaders view their contribution to the system.

In late summer 2010 NHS leaders, particularly in primary or community services and commissioning, were describing their work as uncertain, rocky and energy sapping. Although they responded to this in different ways, reactions typically included a dip in motivation, tiredness, a higher level of anxiety, distractedness, “jumpiness”, and an overall sense of unease about the future.

Vagueness surrounding the exact shape of what is to come for the NHS presented questions at a personal and professional level about how leadership might support teams and organisations through such a transition.

This was particularly the case given that the leaders themselves were experiencing the same uncertainty as everyone else. The question which typically arose with all these managers was: “How can we remain steady and consistent in the current context, however rocky things get?”

The aim of this work was to help managers develop resilience in the face of ambiguity.

What we found was that many were trying to continue working in the same way as they had always done, a style developed in times of plenty and relative clarity.

**Lack of guidelines**

We observed frustration when tried and tested management approaches no longer seemed so effective during the transition to this amorphous new era. For example, the lack of clear implementation guidance to accompany policy direction disconcerted many – they felt rather bereft with no guidelines to implement.

Holding on to previous beliefs about what “good leadership” involved, many sought to continue supplying the clear steer, the consistency of message and the firm answers they and their staff were used to.

But when the new context thwarted such well rehearsed management interventions,

**‘How can we remain steady and consistent, however rocky things get?’**



**TACTICS FOR RESILIENT LEADERSHIP**

**Think options, not solutions** For intransigent problems, there won't be an obvious solution. Getting people to share perceptions about what the problem is and understanding multiple options can be more productive than jumping to premature action-planning – even if it takes more time now.

**Learn to value not knowing** It's OK to say “I don't know.” As leaders, our role is not about knowing all the answers. Support others who are looking for clarity by helping them to make sense of uncertainty rather than by trying to make everything clear when it can't be.

**Embrace ambiguity** Be open to possibilities; expect the unexpected; check with yourself regularly whether you are clinging tightly to assumptions about the future. Continually build new relationships, consider new systems, new processes, new ways of working.

**Re-connect with your personal anchors** Keep caring about the things that matter to you. Encourage others to remain grounded in what really matters to them. Find your personal way of maintaining perspective. Get frequent support from those you trust.

**Avoid feeling overwhelmed** Don't try to do the impossible. Concentrate on where you can make a difference. Say a reasonable “no” more often. If something feels wrong, respectfully question or challenge it.

**Make conscious and deliberate choices** You always have choices, even if some appear unappetising. Help others to recognise their available choices. Remember what you do now – and how you do it – creates momentum for the future. How you are with people today is your legacy for tomorrow.



## PUBLICISE YOUR ORGANISATION'S IDEAS

In the next few weeks we will be publishing articles on emergency admissions, COPD care bundles and principles of integration. If you would like to highlight your organisation's ideas and examples of best practice both in *HSJ* and at the online Resource Centre, email [hsjresourcecentre@emap.com](mailto:hsjresourcecentre@emap.com)



leaders typically felt irked and bemused.

We held peer discussions to investigate this phenomenon. One of the benefits of peer-based development for leaders is that they can learn with and from each other by sharing what has worked, and what has not worked so well. These discussions brought to the surface a wide repertoire of tactics and creative ways to maintain perspective and go forward in uncertain times.

Given dedicated time and space to explore current dilemmas, and to experiment with possible new ways of

**'We observed frustration when tried and tested management approaches no longer seemed effective'**

leading, many leaders reaffirmed skills they had not used for a long time, or discovered ways to adapt their usual approach to fit a less prescribed, more ambiguous environment.

They also benefited from the encouragement and peer coaching of other leaders in the same predicament, and this in itself is a useful tactic to nurture – peer coaching, or peer buddying and committing to regular mutually supportive time together whether by phone, email, or face to face.

Using communities of practice underpinned by systems thinking, we saw a

leadership approach emerge which seemed of its time and fit for purpose. This shift to a more appropriate style of leadership for the current context proved uncomfortable for many, intolerable for some, and a breath of fresh air for others.

At its crux was a change in mindset among the leaders about how they could best add value to the system amid relative confusion. This involved letting go of the usual managerial purpose of providing answers and clarity, because there were none to be had. It meant embracing the role of leadership as "agency" in the system, refocusing on the core purpose of the system and mobilising it to get ready for the future – however messy.

The table on the next page outlines some tasks and how less or more value is added, based on the evidence as experienced by the leaders we worked with.

### Readiness to lead

A theme running through the experiences of many NHS leaders we worked with during the last 12 months has been learning how to lead with readiness rather than certainty. Another has been the need for personal and organisational resilience. Staying steady and focused on the important stuff, and retaining personal integrity in ever-shifting circumstances

**BEHAVING DIFFERENTLY AS A RESILIENT LEADER**

How resilient leaders:	Less	More
<b>Add value</b>	Believing they add value by solving all the problems	Believing they add value by focusing self and others on shared purpose
<b>Think about problems</b>	Being worried about unresolved problems	Considering which problems can be 'solved' and which ones require further inquiry
<b>Think about the future</b>	Detailed planning	Preparedness for possibilities
<b>Resolve issues</b>	Feeling obliged to have all the answers	Creating an environment for solutions to emerge for the system to enact
<b>Stay energised</b>	Allowing energies to be diverted in many directions for many reasons	Making active choices about where to put energies and why
<b>Make a difference</b>	Believing they as the leader should make the most difference	Facilitating others to make their best possible difference
<b>Manage time</b>	Head down, focusing on to-do lists, creating new to-do lists each day, for the short term	Taking time at the beginning or end of each day to get a sense of what is needed, and focusing energy on that – and throughout the day taking time to pause, recollect and check where the focus of energy needs to be
<b>Solve problems</b>	Pursuing the first convincing "right" solution	Contemplating whether they are asking the right question in order to find appropriate solutions
<b>Achieve good outcomes</b>	Striving for perfection	Supporting effective "good enough" approaches
<b>Involve themselves</b>	Absorbing the emotion of what is happening and reacting	Observing what is going on and deliberately choosing how to intervene
<b>Stay well</b>	Grabbing a sandwich when and if possible; overlooking importance of own wellbeing; denying own needs	Taking time to nurture own wellbeing in order to support that of others whether it be stopping to eat, drink, tidy office etc
<b>Maintain perspective</b>	Focusing on the minutiae of daily policy news and developments	Staying well informed and networked, checking in with trusted colleagues, and regularly discussing the overall operating context by phone, email or face to face – not just within own organisation but across the local operating context with trusted leadership 'buddies'

has led to many re-evaluating aspects of themselves, their roles and their purpose.

It has also led to changes in their relationships with their teams, and their teams are changing the way they respond to their tasks and roles. It only takes one person, for example the leader, to deliberately change the way they work, for another, or the whole team, to respond in new ways too.

As the coming NHS era unfolds, its leaders will continue to need developmental support, so that they in turn can support those around them. Many have developed very effective ways of working within the turbulence, but often have no opportunity to share their practices with others

**'Communities of practice can help, as can peer buddying and informal networks'**

or to consider new perspectives. This is why communities of practice can help, within or across organisations, as can peer buddying, and informal networks of leaders willing to learn from one another.

The type of development support needed to embed readiness into the NHS leadership repertoire may well be different from the offerings of the past. Over the last year, we have seen the value and impact of creating time and space, enabling a confidential sharing environment. This ideally combines challenging facilitation, critical insight among all who attend, an openness to the possibilities of new insights and fresh perspectives, with a focus

on purpose and impact.

We can hope that the context becomes less uncertain but the principles of leading with readiness will continue to add value in enhancing personal and organisational resilience. Resilience matters because it enhances what the NHS does and how it does it – whatever the context. ●

*Jeanne Hardacre and Jane Keep are independent consultants and associates at the Centre for Innovation in Health Management at the University of Leeds.*

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