Leading for good staff wellbeing:

IAPT Staff Wellbeing Discussion Document

Joint IAPT Staff Wellbeing Strategy Project
February 2022

The Joint IAPT Staff Wellbeing Strategy Project is a short-term initiative running through 2021-2022 and funded by NHS England. It has been initiated and is facilitated by the four IAPT services based in the Thames Valley (Buckinghamshire, Oxfordshire, Berkshire and Milton Keynes), to develop a Model Staff Wellbeing Strategy for NHS IAPT services.

Introduction

1.   This discussion document summarises a range of recent academic literature, organisational policies, frameworks, think pieces and media commentary about 'leading' in the workplace. It has been created to introduce a number of relevant and up to date themes, and inform the ongoing work, of the Thames Valley-wide NHS Joint IAPT Staff Wellbeing Strategy Project. It is part of an emerging suite of discussion documents prepared as 'primers' for the project.

Summary

2.   A reflection on a range of relevant and recent literature, commentary and opinion on the impact leadership – particularly style and behaviour – can have on the wellbeing of staff shows some common and consistent themes associated with leading for good staff wellbeing. In fact, much of the topics this summary covers poses questions asked previously within wider IAPT discussions across England.

3.   At the IAPT Connect 19 conference in 2019, and hosted by Mayden the IT company, a panel session questioned, "*What if IAPT teams could experiment with new and different ways of tackling problems? What if it was OK to try and fail? What would happen if every IAPT service team member had an equal voice in decision making?*"[1] While recognising that some IAPT services were "*more revolutionary*" than others, Operational and Clinical Leads from Camden and Islington NHS Foundation Trust contributed to a panel discussion that explored how joint problem solving and greater staff engagement could improve staff satisfaction and retention within services[2]. Similarly, a Clinical Lead from Staffordshire and Stoke on Trent in 2020 wrote in a blog, that "*Leaders need to know their staff*" and "*Possibly most importantly of all…need to notice what people are doing, and say thank you and well done*"[3].

4.   Overall, in the summary below, relational forms of leadership are advocated as being most effective at supporting and maintaining good staff wellbeing. This includes where factors such as job engagement, staff autonomy, contribution to decision-making, staff retention etc. are each treated as an indicator of staff wellbeing. Transformational leadership in particular attracts noticeable positive attention within the literature, including in the context of leading within a remote or hybrid work setting. While recently, compassionate leadership has also attracted attention particularly in the NHS context.

5.   The various relational forms of leadership can be argued to be complementary or over-lapping. Simply put, they variously emphasise:
- A leader as an honest and authentic **enabler, facilitator and collaborator**, not solely or always a source of authority;
- The crucial place of leader-staff **trust**, and **staff empowerment** – further necessitated by remote working;
- The importance of authentic **staff engagement and involvement**, including sharing in **decision-making**;

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[1] Mayden website. IAPT Connect 19: From Management Hierarchy to Self-Organising Teams. Mayden
[2] Mayden website. IAPT Connect 19: From Management Hierarchy to Self-Organising Teams. Mayden
[3] Watts, S. On Supporting our PWPs to Thrive: A Leader's Perspective. Notaguru (blog post)

- A leader as a **role-model** and **advocate** of shared values – where **effective communication** and inter-personal behaviours are key.

6.   When considering effective leadership for good staff wellbeing, in the context of adapting to the needs of the COVID-19 pandemic and the adoption of remote and hybrid working, much currently available commentary and analysis has indicated that established models of effective leadership continue to apply. However, there may be a need to place even more emphasis and intentionality upon certain leadership facets, particularly where the main mode of interaction is digital. This includes building and maintaining trusted relationships; providing staff autonomy; opportunities for staff engagement; and effective communication and inter-personal interactions.

Staff wellbeing and leadership

7.   A consideration of the wide-ranging literature relating to leadership demonstrates a mix of competing and complementary concepts, frameworks and theories about what leadership means in the contemporary workplace. Exploration of these approaches are often accompanied by typologies of behaviour, skills and attitudes that are associated with particular styles of leadership, and which are normally argued as a better or worse means to achieve certain organisational goals. As well as, in some cases, a more or less positive impact on staff and their wellbeing. Nevertheless, it can also be argued that there is no single mode of leadership that renders all others entirely valueless and, therefore, to fully understand what it means to lead effectively, requires some understanding of the wider conceptual landscape.

8.   To West et al., writing in 2014, "*the single most malleable and powerful influence on the culture of modern organizations is leadership, which includes leadership from the strategic apex through to the front line, informal as well as formal leadership, and which reflects leadership processes as well as the qualities of the individuals who occupy leadership positions*"[4]. Hoffmayer et al. in 2020, in the context of leading in healthcare settings, linked leadership to overcoming the constraints to effectiveness within health settings. They said: "*addressing structural deficits is essential to ensure compassionate quality healthcare, patient safety and satisfaction, and retaining engaged caregivers*". Furthermore, while drawing on the work of Lown et al., they also went on to comment that "*creating cultures and system improvements that support the workforce and diminish burnout are vital leadership skills*"[5].

9.   Meanwhile, in a 2020 BMJ Leader piece, and discussing the concept of 'shared leadership', Aufeggar et al. commented "*leadership has been suggested as one of the most influential factors in shaping organisational culture, with effective leadership being associated with fundamental health services improvements, including greater staff well-being, decreased turnover rates and an overall increase in quality of care. However, while leadership is influential, the type of leadership is even more so.*"[6]

10.   The term leader or leadership may be traditionally synonymous with formal organisational power and authority. This is where leadership is often invested in a single person, or small group,

[4] West, M. et al. (2014) Collective leadership for cultures of high quality health care. Journal of Organisational Effectiveness: People and Performance

[5] Hofmeyer, A et al. (2020) Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond? Nurse Education Today [citing Lown B.A., Shin A., Jones R.N. Can organizational leaders sustain compassionate, patient-centered care and mitigate burnout? J. Healthc. Manag. 2019;64(6):398–412.]

[6] Aufeggar, L et al. (2020) Sharing leadership: current attitudes, barriers and needs of clinical and non-clinical managers in UK's integrated care system. BMJ Leader

situated at the apex of an organisational structure or sub-structure who acts concurrently as controller, decision-maker, visionary and expert. To some commentators this is more a description of formal power and authority, and not of leadership.

11.   Indeed, McCleskey in 2014 contrasted task-oriented leaders who "*define roles for followers, give definite instructions, create organizational patterns, and establish formal communication channels*"[7] with "*relation-oriented leaders*" who demonstrate "*concern for others, attempt to reduce emotional conflicts, seek harmonious relations, and regulate equal participation*"[8]. Also writing in 2014, West et al. referenced NHS research (Dixon-Woods et al., 2013[9]) which showed "*that in the poorer performing organizations, senior leaders were more likely to ignore staff concerns, dismiss staff stress, avoid discussing workload pressures and to fail to deal with systems problems, such as blockages in patient pathways, unnecessary bureaucracy, inter-departmental conflicts*"[10]. Hence it can be argued that how leadership is understood is dependent on the prevailing value system and context.

12.   Increasingly, leadership is more synonymous with relational behaviours and values towards individuals and groups, such as facilitation, inspiration, collaboration, courage, understanding, guiding, enabling and exploration. While this may continue to be invested in, and indeed expected, from those at the top of an organisational structure, it is by no means exclusive to them.

13.   What is clear is that much research and discourse in recent times has advocated approaches to leadership that are less command and control or transactional, and are much more 'relational'. This is where such approaches should be modelled by those with formal power within an organisational structure but are also increasingly shared and reflected at all levels and infuse the entire organisational culture. Similarly, these same relational approaches are variously shown to be particularly effective at achieving desired organisational outcomes, including when viewed through the lens of good staff wellbeing.

14.   Such relational forms of leadership are variously demonstrated to be directly or indirectly associated with factors associated with good staff wellbeing, such as good staff health, engagement, performance and job satisfaction, and are each explored briefly within this discussion paper. They may overlap or be complementary, or emphasise a particular modus operandi and be associated with a particular lexicon. They predominantly comprise:
- transformational leadership,
- distributed or shared leadership,
- authentic leadership,
- adaptive leadership,
- compassionate leadership.

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[7] McCleskey, J A. (2014) Situational, Transformational, and Transactional Leadership and Leadership Development. *Journal of Business Studies Quarterly*

[8] McCleskey, J A. (2014) Situational, Transformational, and Transactional Leadership and Leadership Development. *Journal of Business Studies Quarterly*

[9] *Citation: Dixon-Woods, M., Baker, R., Charles, K., Dawson, J., Jerzembek, G., Martin, G., McCarthy, I., McKee, L., Minion, J., Ozieranski, P., Willars, J., Wilkie, P. and West, M. (2013), "Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study", British Medical Journal Quality and Safety, Vol. 23 No. 2, pp. 106-115*

[10] West, M. et al. (2014) Collective leadership for cultures of high quality health care. Journal of Organisational Effectiveness: People and Performance

Relational approaches to leadership

15.   Below is a short summary and series of reflections drawn mainly from recent academic literature of relational approaches to leadership that have an evidence-based link with factors associated with good staff wellbeing.   These are not intended to be exhaustive, rather to prompt reflection and discussion.

Compassionate leadership

16.   Compassionate leadership is set out, by leading UK-based proponent Professor Michael West, as a four pillared conceptual and behavioural framework, comprising: 'attending, understanding, empathising, and helping'[11]. These elements coalesce to place leader focus and value upon the experience and perspective of staff members, to stand in their shoes, and use leadership power and leverage to overcome the constraints and challenges they face in pursuing shared organisational objectives. The approach is not reserved for those with greatest formal power within organisational hierarchies and for West, it is the best means of meeting the needs of staff and delivering organisational objectives. He argues it is the most effective route to achieve the 'ABC of Core Work Needs', 'autonomy; belonging; and contribution', as set out by Stone et al. in 2009[12].

17.   In fact, in a 2020 publication from The King's Fund, West led a research team investigating how the working environment for nurses in the UK could best support them to thrive and maintain good wellbeing, and the place of compassionate leadership in achieving this. That work focused on developing "*good work environments for nurses and midwives by changing the workplace factors that affect their wellbeing and effectiveness at work*"[13]. They concluded nurses needed the 'A, B C' of core needs to be in place: 'Autonomy; Belonging; and Contribution'. They made a range of recommendations for achieving this, including:

- *"Authority, empowerment and influence*: Introducing mechanisms for nursing and midwifery staff to shape the cultures and processes of their organisations and influence decisions about how care is structured and delivered;
- *Justice and fairness*: Nurture and sustain just, fair and psychologically safe cultures and ensure equity, proactive and positive approaches to diversity and universal inclusion; and
- *Culture and leadership*: Ensure health and care environments have compassionate leadership and nurturing cultures that enable both care and staff support to be high-quality, continually improving and compassionate."[14]

18.   To de Zulueta in 2021, compassionate leadership "*requires a paradigm shift from a production line mindset, viewing the organisation as a machine, with a relentless focus on cost-effectiveness and productivity targets underpinned by rigid processes, transactional rather than relational care, and the instrumentalisation of both staff and patients*"[15]. She highlighted that the most influential factor in creating compassionate healthcare cultures is leadership, while also

[11] West, M. (2021) Compassionate Leadership. The Swirling Leaf Press
[12] West, Bailey, & Williams. (2020) The courage of compassion: Supporting nurses and midwives to deliver high-quality care. The King's Fund
[13] West, Bailey, & Williams. (2020) The courage of compassion: Supporting nurses and midwives to deliver high-quality care. The King's Fund
[14] West, Bailey, & Williams. (2020) The courage of compassion: Supporting nurses and midwives to deliver high-quality care. The King's Fund
[15] Zulueta, P. (2021) How do we sustain compassionate healthcare? Compassionate leadership in the time of the COVID-19 pandemic. Clinics in Integrated Care

recognising that barriers exist within healthcare that "*militate against compassionate action*"[16].

19.   For Hoffmeyer et al. in 2020 "*developing compassionate leadership is key to meeting the NHS goal of being the best place to work. Leaders need the knowledge, skills and behaviours to create and sustain cultures of compassion and inclusion*"[17]. The NHS agrees with compassionate leadership, which is strongly embedded through the 2020/21 NHS People Plan that states the "*NHS needs more people, working differently, in a compassionate and inclusive culture*"[18]. It goes on to say: "*The NHS must build on this distributed leadership that has emerged* [in the light of the COVID-19 pandemic] *… All leaders in the NHS, particularly those who hold formal management and leadership positions, are expected to act with kindness, prioritise collaboration, and foster creativity in the people they work with.*"[19]

20.   While the Mayo Clinic in the USA developed a nine-point strategy for integrating a compassionate leadership approach into healthcare settings, and to reduce 'caregiver' burnout. These comprised:

1.   Acknowledge and assess the problem: validated instruments to measure wellbeing should be used regularly and results aggregated to the department level.
2.   Harness the power of effective leadership: Effective leaders need to be developed and receive evaluative feedback about their leadership behaviours from those they lead.
3.   Develop and implement targeted interventions: Expectations of increased productivity, excessive documentation, and administrative burden are drivers of burnout.
4.   Cultivate community at work: Health system leaders must ensure fair pay, effective training; and minimise work overload by addressing inadequate staff levels and inappropriate skill mix.
5.   Use rewards and incentives wisely: Greater work-life flexibility (strategy 7) has been considered a valued reward, now flexibility is a necessity.
6.   Align values and strengthen culture.
7.   Promote flexibility and work-life integration.
8.   Provide resources to promote resilience and self-care.
9.   Facilitate and fund organizational science.[20]

Transformational leadership

21. Transformational leadership is an approach that amplifies opportunities for staff engagement and involvement, sharing leadership and reaching for the visionary. There are four conceptual elements to this model, as defined by Bass, comprising:

- role-modelling or 'idealised influence';
- goal setting and vision or 'inspirational motivation';
- enabling contributions or 'intellectual stimulation'; and
- responding to the needs of individuals or 'individualised consideration'.[21]

[16] Zulueta, P. (2021) How do we sustain compassionate healthcare? Compassionate leadership in the time of the COVID-19 pandemic. Clinics in Integrated Care
[17] Hofmeyer, A et al. (2020) Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond? Nurse Education Today
[18] NHSE website. (2020) NHS People Plan 2020/21. NHS England
[19] NHSE website. (2020) NHS People Plan 2020/21. NHS England
[20] Hofmeyer, A et al. 2020. Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond? Nurse Education Today
[21] Yan Seah Yuin et al. (2021) Review of Leadership Enhancement Strategies in Healthcare Settings. Open Access Library Journal

22.　　It could be argued that the 'individualised consideration' element somewhat chimes with West's definition of 'attending' and 'understanding' within compassionate leadership.　Attending being: "*paying attention to the other, being present and noticing their suffering*", and understanding being "*understanding what is causing the other's distress, by making an appraisal of the cause, ideally through a listening dialogue with that person to achieve a shared understanding*"[22].　Hence, it could be suggested that transformational leadership may well be a complementary or integral facet of compassionate leadership worth considering.

23.　　A study in Sweden, from Vidman and Stromberg in 2020, in the context of recruitment and retention of staff working in adult social care, found "*employees felt that their health partly depended on the attributes that leaders possessed, what leaders do and how leaders do it*"[23].　The context of this work was an anticipated shortage of social care workers as well as this group having a high level of sickness absence overall. The researchers highlighted how transformational leadership had been shown (by the work of Sow et al, Morsani et al. and Sudha et al., all within the last 5 years) to have a positive effect on job satisfaction and staff wellbeing[24].　In particular, the researchers emphasised how effective leaders demonstrated trust towards their staff, demonstrated integrity and listened to their employees[25]. They concluded that leadership attributes do influence perceptions of a healthy workplace[26].

24.　　In 2021, a study based in a Canadian hospital, found a transformational approach to leadership, coupled with 'mission valance', was associated with reduced staff burnout. Researchers looked into employees' perceptions on burnout, three years subsequent to the adoption of transformational leadership approaches.　They described transformational leadership as "*inspiring… followers to go beyond self-interest by aligning employee values with those of the organisation and motivating them to go beyond what is expected*"[27].　Mission valance was described as "*the perceived attractiveness of an organization's purpose*"[28], hence the ability of people in positions of leadership to "*making an organization's mission more attractive and salient*"[29]. These researchers concluded that: "*leaders embracing transformational leadership are successful in reducing burnout and that mission valence is critical in this process. This leadership style transforms followers' values and encourages them to go beyond self-interest for the betterment of others*"[30].

25.　　This suggests that a transformational leadership approach, encompassing a communication style that inspires and motivates staff in accordance with shared organisational values and purposes - what might be called a motivating missional narrative - can have a positive impact on reducing staff burnout.

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[22] West, M. (2021) Compassionate Leadership. The Swirling Leaf Press. p3

[23] Vidman, A. et al. (2020) Leadership for a healthy work environment – a question about who, what and how. Leadership in Health Services

[24] Vidman, A. et al. (2020) Leadership for a healthy work environment – a question about who, what and how. Leadership in Health Services

[25] Vidman, A. et al. (2020) Leadership for a healthy work environment – a question about who, what and how. Leadership in Health Services

[26] Vidman, A. et al. (2020) Leadership for a healthy work environment – a question about who, what and how. Leadership in Health Services

[27] Bosak, J et al. (2021) Examining the role of transformational leadership and mission valence on burnout among hospital staff. Journal of Organisational Effectiveness: People and Performance

[28] Bosak, J et al. (2021) Examining the role of transformational leadership and mission valence on burnout among hospital staff. Journal of Organisational Effectiveness: People and Performance

[29] Bosak, J et al. (2021) Examining the role of transformational leadership and mission valence on burnout among hospital staff. Journal of Organisational Effectiveness: People and Performance

[30] Bosak, J et al. (2021) Examining the role of transformational leadership and mission valence on burnout among hospital staff. Journal of Organisational Effectiveness: People and Performance

26.   A 2021 study into the impact of leadership during the COVID-19 pandemic on nursing behaviour alternatively emphasised that "*poor communication from organisational leaders can leave nurse leaders feeling frustrated and anxious providing guidance to their teams which they feel are vague or subject to frequent change in a crisis*"[31]. While McCleskey in 2014 contrasted transformational approaches with transactional leadership, to explain the differences rather than entirely discount the latter. He set out transactional approaches as being: "*to accomplish…performance objectives, complete required tasks, maintain the current organizational situation, motivate followers through contractual agreement, direct behaviour of followers toward achievement of established goals, emphasise extrinsic rewards, avoid unnecessary risks, and focus on improved organizational efficiency*"[32].

27.   The arguably related concept of 'servant leadership' is where a person demonstrating leadership, according to Kinderen et al. in 2020 "*chooses to serve the priorities and growth of the other, helping followers achieve their full potential*"[33]. Once again this arguably further chimes with compassionate leadership components of 'empathasing' that is "*having an empathic response, mirroring other's feelings, having a felt relation with the other's distress without being overwhelmed by those feelings*" and 'helping' "*taking intelligent action to help relieve the other's suffering*"[34]. As well as the 'individualised consideration' element of transformational leadership.

28.   The Kinderen et al. study of 312 employees in mental health care organisation in the Netherlands found a 'servant leadership' approach was indirectly related to positive staff task performance and work engagement[35]. They explored this from an 'eudaimonic well-being' (EWB) perspective, which they defined as "*the process of realizing one's* [staff member's] *full potential and being fully functioning in the face of life's roles and challenges*"[36]. They suggested that "*leaders who model serving behaviours, meaningful work, and the use of individual strengths could* [potentially] *shape EWB for health care workers*"[37]. In fact, West et al. in 2014 also discussed the notion of staff engagement arguing that (based on the work of Bakker), where health care staff are engaged they are more likely to deliver high-quality care and be focused on improvement. They explained that "*engagement describes an experience of work as being involving, meaningful, energizing, stretching and connecting*". It often comprises a sense of "*vigour, dedication and absorption*" by the staff member.[38]

[31] Phillips, N. et al. (2021) The impact of leadership on the nursing workforce during the COVID-10 pandemic. PRE-PRINT (NOT YET PEER REVIEWED) [Research conducted by NHSX – now the NHS Transformation Directorate]

[32] McCleskey, J A. (2014) Situational, Transformational, and Transactional Leadership and Leadership Development. Journal of Business Studies Quarterly

[33] Kinderen, S et al. (2020) Facilitating Eudaimonic Well-Being in Mental Health Care Organizations: The Role of Servant Leadership and Workplace Civility Climate. International Journal of Environmental Research and Public Health

[34] West, M. (2021) Compassionate Leadership. The Swirling Leaf Press. p3

[35] Kinderen, S et al. (2020) Facilitating Eudaimonic Well-Being in Mental Health Care Organizations: The Role of Servant Leadership and Workplace Civility Climate. International Journal of Environmental Research and Public Health

[35] Kinderen, S et al. (2020) Facilitating Eudaimonic Well-Being in Mental Health Care Organizations: The Role of Servant Leadership and Workplace Civility Climate. International Journal of Environmental Research and Public Health

[36] Kinderen, S et al. (2020) Facilitating Eudaimonic Well-Being in Mental Health Care Organizations: The Role of Servant Leadership and Workplace Civility Climate. International Journal of Environmental Research and Public Health

[37] Kinderen, S et al. (2020) Facilitating Eudaimonic Well-Being in Mental Health Care Organizations: The Role of Servant Leadership and Workplace Civility Climate. International Journal of Environmental Research and Public Health

[38] West, M. et al. 2014. Collective leadership for cultures of high quality health care. Journal of Organisational Effectiveness: People and Performance

Distributed/Shared Leadership

29.   Distributed or shared leadership emphasises *"wide-ranging engagement and participation"*[39] of staff including by involving a wider range of skills and abilities from multiple organisational levels in addressing the variety of organisation challenges being faced[40]. Although there is believed to be limited literature as to how this form of leadership occurs in practice, in 2015 Tashi described it as a *"shared decision-making framework or practice applied by various staff members across multiple organisational levels"*[41]. Nzinga in 2018 described it as *"co-construction"* in order to achieve *"common objectives"*[42]. While also in 2018, Ward explained it as (quoting D'Innocenzo) *"an emergent and dynamic team phenomenon whereby leadership roles and influences are distributed among team members"*[43].

30.   For West et al. in 2014, this shared leadership style, which they termed as collective leadership, was seen to be *"a constantly swirling mix of changes in leadership and followership, dependent on the task at hand or the unfolding situational challenges* [with the] *ebb and flow of power* [being] *situationally dependent…"*[44]. Similarly, Northouse in 2016 described it as involving *"change agency flowing to points of need"*[45]. Furthermore, and derived from a study by Quek et al. into distributed leadership in UK nursing, the approach enabled ideas to be *"positively received and taken seriously despite their job bands"*[46] . To Aufeggar et al. in 2020, *"when shared leadership is executed, team members are believed to bring more resources to the task, share more information and experience higher commitment with the team, generating greater levels of trust and respect"*[47].

31.   The picture these similar emphases create is one where there is strong staff engagement with multiple opportunities to engage collaboratively with others, including across hierarchical and team boundaries, to collectively address organisational challenges and problems. While it may not necessarily alter formal power and authority structures within an organisational construct – the powerholder may on occasions still need to sign on the dotted line so to speak - the journey to effective decision-making is shared and collaborative.

32.   Formal powerholders may proactively facilitate and permit this state by creating an environment that cultivates openness, mutual curiosity, collective problem-solving and hearing multiple perspectives, so as to allow new solutions to emerge, be nurtured and refined. This is in contrast to a mode of leadership where there is a single source of expertise, instruction and decision-making applied to a challenge or problem. It could be argued that this collaborative approach inherently demands some means of effectively anticipating of future needs and challenges

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[39] Dooris, M et al. (2021) Health promoting universities: effective leadership for health, well-being and sustainability. *Health Education*

[40] Curtis, E et al. (2021) (Chapter 6) Theorising Leadership Development: From Executive Solutions to more active cultivation of contemporary roles and capabilities in *Distributed Leadership in Nursing and Healthcare: Theory, Evidence and Development*. OUP

[41] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

[42] Curtis, E et al. (2021) (Chapter 6) Theorising Leadership Development: From Executive Solutions to more active cultivation of contemporary roles and capabilities in *Distributed Leadership in Nursing and Healthcare: Theory, Evidence and Development*. OUP

[43] Ward, M E. (2018) Using Co-Design to Develop a Collective Leadership Intervention for Healthcare Teams to Improve Safety Culture. International Journal of Environmental Research and Public Health

[44] West, M. et al. (2014) Collective leadership for cultures of high quality health care. Journal of Organisational Effectiveness: People and Performance

[45] Dooris, M et al. (2021) Health promoting universities: effective leadership for health, well-being and sustainability. Health Education

[46] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

[47] Aufeggar, L et al. (2020) Sharing leadership: current attitudes, barriers and needs of clinical and non-clinical managers in UK's integrated care system. BMJ Leader

in order to make space and time to generate the collaborative activities and engagement the approach emphasises.

33.   A number of studies have investigated or discussed the link between distributed approaches to leadership and factors associated with staff wellbeing. In 2012 Martin and Learmouth showed a positive link between distributed leadership and individual and group satisfaction and performance[48]. While Beirne in 2017, in their systematic review, reflected its link to effective employee engagement, which in turn contributes to patient safety[49]. Similarly, for De Brún et al. in 2019, they argued that because "*distributed leadership changes the traditional hierarchical leadership structures and extends the influence of multiple voices within the organisation, this results in increased engagement and positive change*"[50].

34.   In particular, Quek et al at the University of Nottingham in 2021, investigated how a 'distributed leadership' model adopted within the nursing profession impacted upon improved nurse engagement, empowerment and job satisfaction in an NHS hospital setting[51]. That particular workplace was experiencing increased staff turnover, staff shortages and had identified the need for better staff engagement. Nottingham University NHS Trust described their Shared Governance Framework as: "*Staff having collective ownership to develop and improve practice; ensuring patients receive caring, safe and confident care. It places staff at the centre of the decision making process and sees managers having a facilitative leadership role*"[52] .

35.   The study found that a particular 'shared governance' approach had reduced 'staff turnover intention' by 8.1% above demographic factors, and increased 'staff engagement' by almost 11% above demographic factors[53]. They found "*participants reported that distributed leadership enhanced their engagement at work as it gave them opportunities to represent and share their peers' and teams' perspectives to influence departmental and organisational issues*" and "*participants appeared to appraise work positively, knowing that their contributions made a difference. This contributed to them feeling happier and more satisfied at work*"[54].

36.   NHS England, in the context of the roll-out of a shared governance framework in nursing led by the Chief Nursing Officer for England, described this approach as:
> "*The principles of shared decision-making ensure that agreement is reached in an inclusive and collaborative way. When applied between professionals the process of shared decision-making offers a non-hierarchical approach to collective leadership. This can drive forwards quality and service improvements, supporting innovation and delivering better outcomes for individuals, populations and staff. Whether involving decisions that affect the day to day work of teams or those concerning communities, organisations or the profession; by coming together in this way and underpinned by the relevant evidence-base this provides us with a*

[48] Curtis, E et al. (2021) (Chapter 6) Theorising Leadership Development: From Executive Solutions to more active cultivation of contemporary roles and capabilities in *Distributed Leadership in Nursing and Healthcare: Theory, Evidence and Development*. OUP

[49] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

[50] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

[51] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

[52] NUH website. Shared governance at NUH. Nottingham University Hospitals NHS Trust

[53] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

[54] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

strong collective professional voice."[55]

37.   The Quek study into distributed leadership advocated increasing opportunities for staff engagement and providing 'psychologically safe spaces' to share ideas that are "*validated*"[56]. Meanwhile, another study exploring shared leadership approaches to creating and embedding staff and student wellbeing policies across a UK university setting recognised that good leadership involved "*balancing senior-level advocacy and commitment with a more 'distributed approach', involving wide-ranging engagement and participation*"[57].

38.   A further study centred on the co-design of a patient safety intervention, in a community healthcare organisation in the Republic of Ireland. This work took a structured six-workshop approach to collectively and collaboratively addressing the issue. The intention was to "*design an intervention that was grounded in the real-world experience of healthcare staff and in their contextual reality through a co-design process, whereby all co-design team members have an equal voice and role in prioritising and designing content*"[58]. While the approach was challenging and involved commitment and active listening to varying perspectives, it allowed for solutions to emerge that related to the reality of the work context, rather than relying on interventions that were expected to work in theory[59].

39.   Writing in 2014, Michael West et al. summed up collective (or shared/distributed) leadership as: "*an approach that requires leaders to adopt a common leadership philosophy in which they overtly, consciously and collectively commit to promote engagement, participation and involvement as their core leadership behaviours…ensure staff "voices" are encouraged….avoid domination, command and control except in a crisis…"*[60] In fact, at the same time they noted that the "*involvement in decision making*" component of staff engagement was a strong predictor of outcomes, suggesting a need to move away from command and control to high-engagement cultures"[61].

Authentic leadership

40.   Authenticity of leadership behaviour encompasses honesty, openness and leading with one's moral values to the fore. According to Hinojosa, McCauley, Randolph-Seng, and Gardner in 2014, authentic leadership involved individuals embodying "*self-awareness, balanced processing, relational transparency* [and] *internalised moral perspective*"[62]. Hannah Cartmell provides that citation within a summary account of the approach that is further demonstrated by "*honest relationships with followers by valuing contribution, ethical behaviour and transparency which leads to engagement and improved performance*". Cartmell also pointed to previous research by Wong et al. linking authentic leadership to increased workplace trust, engagement in work, patient outcomes

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[55] NHSE website. Shared Professional Decision-Making: putting collective leadership into practice. NHS England

[56] Quek, S J et al. (2021) Distributed leadership as a predictor of employee engagement, job satisfaction and turnover intention in UK nursing staff. Journal of Nursing

[57] Dooris, M et al. (2021) Health promoting universities: effective leadership for health, well-being and sustainability. Health Education

[58] Ward, M E. (2018) Using Co-Design to Develop a Collective Leadership Intervention for Healthcare Teams to Improve Safety Culture. International Journal of Environmental Research and Public Health

[59] Ward, M E. (2018) Using Co-Design to Develop a Collective Leadership Intervention for Healthcare Teams to Improve Safety Culture. International Journal of Environmental Research and Public Health

[60] West, M. et al. (2014) Collective leadership for cultures of high quality health care. Journal of Organisational Effectiveness: People and Performance

[61] West, M. et al. (2014) Collective leadership for cultures of high quality health care. Journal of Organisational Effectiveness: People and Performance

[62] Cartmell, H. (2020) Exploring the Relationship between Authentic Leadership, Workplace Wellbeing and Attachment Insecurity amongst Clinical Psychologists working in the NHS. (Phd Thesis, University of Leeds)

and a work-life balance (see more from Cartmell below).

41.   Published in 2014, a study of burnout in newly qualified Canadian nurses investigated the "*influence of authentic leadership [as] an organisational resource*" and the links with job satisfaction and their mental health[63]. The study considered authentic leadership to be a factor in reducing burnout among nurses, with the researchers saying "*Authentic leaders are more likely to be in tune with the needs of their followers and …ensure that necessary resources are in place to achieve work goals with a reasonable amount of effort*"[64]. They also explored this in combination with the presence of interventions and approaches that build the 'psychological capital' (i.e. self-efficacy, hope, optimism, and resilience) of newly qualified nursing practitioners. They concluded that their results "*suggest in order to maintain an already depleted healthcare workforce, it is especially important to ensure that new graduate nurses are supported in their transition to the workforce through the implementation of positive leadership practices* [demonstrative of authentic leadership] *and efforts to strengthen their interpersonal resources* [psychological capital] *to deal with challenges in this transition[65]*.

42.   Similarly, in her publicly available doctoral thesis from 2020, Hannah Cartmell of the University of Leeds, also investigated the link between the authentic leadership style and workplace wellbeing – this time among NHS clinical psychologists. She reviewed a number of leadership styles including 'compassionate, transformational, authentic, and transactional', then went on to find a "*significant positive correlation between authentic leadership and workplace wellbeing (r = 0.58)*". She concluded that authentic leadership was significantly associated with a follower's [i.e. staff] wellbeing at work.[66]   These particular findings were based on an online survey of 210 NHS clinical psychologists, including use of three validated psychometric measures in order to 'assess perceived authentic leadership, attachment style at work and workplace wellbeing'.[67]

43.   This implies authentic leadership[68] is fundamentally about leaders being and revealing their true self and there being a demonstrable alignment between the personal and organisational value system on display to colleagues - and that they can buy into, participate in and be inspired to adopt themselves. It is above all made explicit through honest and consistent leader behaviours, spoken narratives and ways of working. In their 2014 work, Spence Laschinger and Fida commented that authentic leadership is less something that should be didactically taught but develops progressively through a process of self-reflection and learning, through for instance occurrences when they may have shown or failed to behave with authenticity[69]. Moreover, they note that, the "*workplace culture must be supportive of their need to regulate their behaviour in order to enact the type of*

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[63] Spence Laschinger & Fida. (2014) New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. Burnout Research

[64] Spence Laschinger & Fida. (2014) New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. Burnout Research

[65] Spence Laschinger & Fida. (2014) New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. Burnout Research (Note: brackets added in parenthesis)

[66] Cartmell, H. (2020) Exploring the Relationship between Authentic Leadership, Workplace Wellbeing and Attachment Insecurity amongst Clinical Psychologists working in the NHS. (Phd Thesis, University of Leeds)

[67] Cartmell, H. (2020) Exploring the Relationship between Authentic Leadership, Workplace Wellbeing and Attachment Insecurity amongst Clinical Psychologists working in the NHS. (Phd Thesis, University of Leeds)

[68] A much cited definition of authentic leadership from Luthans & Avolio in 2003 is "*a process that draws from both positive psychological capacities and a highly developed organizational context, which results in both greater self-awareness and self-regulated positive behaviours on the part of leaders and associates, fostering positive self-development*." Taken from Avolio et al. (2009) Leadership: Current Theories, Research, and Future Directions. Annual Review of Psychology 2009

[69] Spence Laschinger & Fida. (2014) New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. Burnout Research

leadership that is aligned with their personal values"[70].

44.   In contrast to this approach, Sally Hulks – Senior Leadership and Organisational Development Consultant at The King's Fund - wrote in 2020 how the concept of the 'heroic leader' is not effective in creating the best organisational outcomes and rather emphasises an arguably more authentic approach. She commented of leaders: "*your imperfections make you valuable as a leader – people can relate to you and trust you with their own uncertainties if they know you have some too*"[71]. She implied that 'superhero-like courage' should be reserved for the moments that really do matter organisationally[72].

Adaptive leadership

45.   Adaptive leadership is a concept and practice espoused by Professors Ronald Heifetz and Marty Linsky of Harvard University. In their influential text from 2009, they described "*adaptive leadership* [as] *the practice of mobilizing people to tackle touch challenges and thrive*"[73]. They went on to distinguish this form of leadership from 'technical authority', which it can be argued is more typically associated with the term leadership. For them 'problem definition' and 'provision of solutions' are more demonstrative of technical expertise and role authority, than leadership[74]. They said: "*authority, power and influence are critical tools, but they do not define leadership*"[75]. Rather for them, adaptive leadership comprises accommodating 'change in order to thrive; building on the past; experimentation; diversity [of contributions]; comfort with generating loss [e.g things changing]; making time[76]'.

46.   An adaptive leader will collaborate with others to 'frame key questions and issues', 'challenge norms', and allow conflict to emerge' from which common values and agreement can be harnessed. It is an iterative process which involves the persons demonstrating adaptive leadership as 'observing, interpreting that observation, and designing interventions collaboratively based on what has been observed and interpreted'[77]. While adaptive leadership may benefit from technical expertise and role authority, these are not essential to demonstrating this style of leadership.

47.   In this light, adaptive leadership may lend itself to the intractable or 'wicked problems' faced within organisations, including healthcare, where there is no obvious or off the shelf solution, where the future is uncertain, and where there may be some threat to the viability and sustainability of organisational norms. In essence, it could be argued to speak into the truism that in order 'for things to remain the same, everything must change' where the situational environment inevitably encounters flux and change. Furthermore, a single source of solution or resolution is unlikely to be most effective, rather a richer mix of inputs through wider collaboration and facilitation may better serve such a level of complexity.

48.   In the context of considering adaptive leadership in Kerela in India, Santra and Alat wrote that "*adaptive leadership is relevant during cris*[es] *such as the 9/11 terror attacks and Hurricane Katrina and extreme contexts such as trauma units of hospitals*" as they evaluated adaptive

[70] Spence Laschinger & Fida. (2014) New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. Burnout Research
[71] Hulks, S. (2020) Heroic leadership: the order of the day? The King's Fund
[72] Hulks, S. (2020) Heroic leadership: the order of the day? The King's Fund
[73] Heifetz, Grashow & Linsky. (2009) The Practice of Adaptive Leadership. Harvard Business Press [accessed via Google Books]
[74] Heifetz, Grashow & Linsky. (2009) The Practice of Adaptive Leadership. Harvard Business Press [accessed via Google Books]
[75] Heifetz, Grashow & Linsky. (2009) The Practice of Adaptive Leadership. Harvard Business Press [accessed via Google Books]
[76] Heifetz, Grashow & Linsky. (2009) The Practice of Adaptive Leadership. Harvard Business Press [accessed via Google Books]
[77] Heifetz, Grashow & Linsky. (2009) The Practice of Adaptive Leadership. Harvard Business Press [accessed via Google Books]

approaches by doctors in India during the COVID-19 pandemic[78]. They summed up by stating "*adaptive leaders understand how trust, flexibility, and autonomy encourages organic expertise to flourish*" and that "*adaptive work involves providing people with a safe place to confront difficult problems, experiment with new ideas and eventually adapt values, beliefs and habits through new learning*"[79].

49.   In the context of potential adaptive leadership approaches in the light of COVID-19 in school educational settings in the USA, Bagwell in 2020 commented that "*diversity of ideas increases the likelihood of multi-perspective collaboration, which can lead to greater organizational adaptability and greater problem-solving capacity. By mobilizing individuals to collectively tackle challenges, school leaders have an opportunity to shift and alter existing practices and mindsets*"[80]. He contextualised this by describing how during the pandemic "*school leaders were forced to rethink the nature and degree of change necessary to support teachers and students in adopting new technologies and technical skills* [and] *school leaders* [saw] *a need to address the emotional well-being of teachers and students who are now themselves apprehensive and fearful about the future of schooling as the pandemic continues*"[81].

50.   Furthermore, Yeo, writing in the Australian context in 2021, spoke of the importance of "*harness[ing] collective wisdom to accelerate urgent and complex decision-making. [And that] experimentation is key to breaking away from status quo and venturing into innovative practices*". He said that "*adaptive leadership is not rule-bound but an ongoing process of experimentation and learning. It is about stretching your imagination and courage to build resilience and confront ambiguity*"[82]. He set out a number of key enablers to adaptive leadership, including: 'cultivating a deeper relationship with others; conducting genuine empathetic conversations; fostering team-building and knowledge sharing'; challenge others to confront bold questions; and creating space for generating innovative ideas'[83].

51.   In reflecting on range of leadership literature, approaches and links to staff wellbeing, in 2020 the NHS Leadership Academy in the North West of England created a leadership framework 'through the lens of health and wellbeing'. This comprised a list of positive and negative behaviours associated with wellbeing, including:

- Authentic and compassionate leader behaviours
- Role-modelling behaviours for good wellbeing
- Strong self-awareness
- Trusting staff and providing autonomy
- Creating meaningful work
- Providing psychological safety[84]

52.   This work was based on a review of the literature linking leadership and staff wellbeing. In conducting the review, they found that overall, 46 positive leader behaviours were associated with

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[78] Santra & Alat. (2021) Adaptive leadership of doctors during COVID-19. Leadership in Health Services
[79] Santra & Alat. (2021) Adaptive leadership of doctors during COVID-19. Leadership in Health Services
[80] Bagwell J. (2020) Leading Through a Pandemic: Adaptive Leadership and Purposeful Action. Journal of School Administration Research and Development
[81] Yeo, Roland K.(2021) In praise of COVID-19: discovering adaptive leadership in unprecedented times. Strategic HR Review
[82] Yeo, Roland K.(2021) In praise of COVID-19: discovering adaptive leadership in unprecedented times. Strategic HR Review
[83] Yeo, Roland K.(2021) In praise of COVID-19: discovering adaptive leadership in unprecedented times. Strategic HR Review
[84] NHS North West Leadership Academy. 2020. Scoping: Leadership Through the Lens of Health and Wellbeing. Undertaken by HWBInspiration

staff wellbeing and 24 negative behaviours associated with staff wellbeing[85]. They adopted the label 'healthy leadership' as a collective term encompassing the 'attitudes, values and behaviours' of leaders. In addition, they highlighted how "*an awareness of* [leadership] *style is important at times of high pressure where leaders can revert to natural styles which can lead to burnout or rust out*"[86]. The framework is set out in full below, at figure 1.

LEADERSHIP-THROUGH THE LENS OF HEALTH AND WELLBEING
IN COLLABORATION WITH THE NHS NORTH WEST LEADERSHIP ACADEMY AND HWBINSPIRATION

Healthy Leadership Framework

The Healthy Leadership Framework was developed out of recognition of the impact good leadership and management have on employee wellbeing. The aim was to identify a behavioural framework that could be used flexibly to support healthy leadership development and help leaders promote positive wellbeing in the workplace.

The research involved identifying the leadership behaviours associated with positive and negative employee wellbeing, via a detailed literature review and wide-ranging engagement with leaders and employees across the public sector. These were developed with focus groups and validated through further engagement work and mapping against similar frameworks.

How the framework can be used:

The framework highlights that promoting wellbeing can be integrated into what we, as leaders and managers, already do. It is about the way we behave on a day-to-day basis. The HLF aims to provide leaders with a clear understanding of the behaviours they should show, and those that they should avoid, when working with others.

As well as informing personal behaviour, the framework could be integrated into:

- **Health and wellbeing conversations** as part of one-to-ones, supervision meetings and performance development reviews.
- **Teams performance review discussions**, using the framework to inform ground rules that create the conditions for psychological safety and an opportunity to talk about health and wellbeing.
- **Self-leadership** - attending to and prioritising your own wellbeing to positively role model 'healthy leadership' for self and others.

Get in touch!
We would love to hear your feedback! Do share your comments with us and use the hashtag #NWHealthyLeadership to share with us your Healthy Leadership journey.

How I am (being)
Actively engage with opportunities to understand and enhance positive mental and physical health for self and others, sharing own experience, being authentic.

Positive Behaviours:	Negative Behaviours:
Being open, honest and transparent (authentic)	Lacking empathy
Showing compassion toward self and kindness and compassion to others	Being unpredictable in mood and inconsistent in behaviour
Showing vulnerability and humility (willingness to be critiqued, honest when don't know the answer, acknowledging when one has made a mistake)	Being distant, lacking visibility and not engaging with others
Being a good health and wellbeing role model (walking the talk)	Not always role modelling positive health and wellbeing behaviours (e.g., wearing long hours as a badge of honour)
Being self-aware and understanding how own behaviour impacts on others	Lacking self-awareness

What I do (doing)
Actively support and empower others to manage work and how it's done.

Positive Behaviours:	Negative Behaviours:
Trusting individuals and teams, giving them the autonomy and control to do their jobs (empowerment)	Making decisions without consulting others (e.g., authoritarian/autocratic/command and control/directive style)
Being clear on values, expectations, setting clear objectives/goals and checking with individuals that they feel they are realistic and achievable	Focusing on targets and task at the expense of health and wellbeing
Tackling bullying and challenge inappropriate behaviour	Making short term demands rather than allowing planning (being reactive, changing goal posts, setting unrealistic deadlines)
Being fair, flexible and pragmatic in ones approach to applying policy and adapting one's approach to meet individual need	Not always clarifying roles, responsibilities, objectives or acknowledging competing priorities (e.g., laissez faire management style)
Flexing and modifying work scheduling to support others wellbeing and achieve work life balance	Not always trusting others to do their job

What we do together (enabling)
Actively empower an inclusive healthy wellness culture that mutually enables us all to bring our whole selves to work.

Positive Behaviours:	Negative Behaviours:
Creating an emotionally supportive and psychologically safe work environment (positive, caring and supportive climate where people can speak out)	Micromanaging others and disempowering them
Respecting and valuing difference, taking an inclusive approach, recognising individuality and encouraging people to be themselves (embracing diversity)	Not always creating a safe environment to speak out (psychological safety)
Helping people connect to the wider meaning of their work, the contribution they make, creating a sense of belonging	Giving more negative than positive feedback, blaming and criticising and finding fault
Getting to know people/teams on an individual level formally and informally (treating them as humans not just colleagues)	Focusing on oneself and what I want to achieve at the expense of the collective good (e.g., hero manager/leadership style)
Coaching others to find their own solution (acting as a sounding board and challenging constructively)	Not always appreciating difference and diversity

For the full report, which includes the detailed research carried out, the full set of healthy leadership behaviours identified and more ideas about how to use the framework, as well as information about our other Health and Wellbeing offers, visit our website: https://www.nwacademy.nhs.uk/discover/offers/healthy-leadership-framework

Figure 1: NHS North West Leadership Academy, 2020 'Scoping: Leadership Through the Lens of Health and Wellbeing'. Undertaken by HWBInspiration

53.   Similarly, the NHS Leadership Academy in 2014 had already developed a 9-dimension leadership model, made up of a series of leader competencies ranging from 'essential' to exemplary'. This framework remains in operation and includes the dimensions of: 'leading with shared purpose'; 'leading with care'; 'sharing the vision'; and 'engaging the team'[87]. Exemplary leader behaviours include: "*Making courageous challenges for the benefit of the service*"; "I*nspiring confidence for the future*"; and "*Stretching the team for excellence and innovation*"[88]. Indeed, many of the qualities stressed within the leadership styles above are reflected in the 'essential' competencies within this Framework, such as role-modelling, trust, appreciating people's

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[85] NHS North West Leadership Academy. 2020. Scoping: Leadership Through the Lens of Health and Wellbeing. Undertaken by HWBInspiration
[86] NHS North West Leadership Academy. 2020. Scoping: Leadership Through the Lens of Health and Wellbeing. Undertaken by HWBInspiration
[87] NHS Leadership Academy (2014) Healthcare Leadership Model: The nine dimensions of leadership behaviour
[88] NHS Leadership Academy (2014) Healthcare Leadership Model: The nine dimensions of leadership behaviour

uniqueness, listening attentively, and raising staff engagement[89].

Leading through and beyond COVID-19

54.   There is a range of research and commentary about the approach and behaviours associated with effectively leading geographically dispersed teams and how this impacts upon the wellbeing of staff. This may comprise different modes of collaboration, including significantly in recent times, via digital technology. Some of this work pre-dates the COVID-19 pandemic and some is firmly embedded in the experience of adapting to remote team working during the global pandemic. Overall, a clear message appears to be that remote working is not, yet, found to require entirely new forms of leadership. Rather, a heightened and even more deeply intentional form of already recognised effective leadership behaviours are most needed.

55.   Although it should be noted that Francis Norman, writing a London School of Economics blog in 2020, highlighted that "*effective virtual team leaders have learned to accept higher levels of ambiguity, adopting more devolved leadership styles, empowering decisions to be taken at lower levels…giving home-based workers greater autonomy over how they perform their work and the decisions they make*"[90]. While Morrison-Smith et al. in 2020 identified ten challenges and barriers to effective virtual team working. These included: that trust is 'more difficult to establish', variable technical competence within teams, explicit management, and challenges associated with the alignment of work incentives and goals[91].

56.   In a 2018 literature review, Maduka et al. identified multiple factors that contribute to effective virtual leader effectiveness. These included the 'ability to trust, to build team orientation and integration, effective communication, goal direction, quality decision-making, and monitoring changes in environmental conditions'[92]. Meanwhile, Stephen Phillips, in the Business Information Review in 2020, argued that "*as the proportion and frequency of remote working increases, there is a need to cultivate and nurture traits taken for granted in the office, including processes, camaraderie and culture*"[93].

57.   Phillips implies, and indeed it is somewhat borne out in research, that leading remotely does not require a new set of leadership skills. Rather, it calls for a heightened version of the skills already associated with effective leadership. Phillips summarises a range of leadership skills and behaviours that are effective in achieving organisational outcomes, and equally can be argued to positively support good staff wellbeing. To Phillips, these include: 'trust, respect, communication, shared values and culture', 'openness and transparency', and regularly 'reflecting with staff on what does and doesn't work'[94]. He highlights that "*one of the biggest challenges of remote working is sustaining workplace culture*", and "*critical or persistently negative feedback can erode culture and create apathy*"[95]. He warns leaders that, in the remote context, "*to make sure any negative feedback is specific and provides actionable insights to help the recipient address the issue*"[96].

[89] NHS Leadership Academy (2014) Healthcare Leadership Model: The nine dimensions of leadership behaviour
[90] Norman, F. Managing virtual teams requires devolving leadership. London School of Economics (business review blog)
[91] Morrison-Smith, S et al. (2020) Challenges and barriers in virtual teams: a literature review. SN Applied Science
[92] Maduka, N et al. (2018) Analysis of competencies for effective virtual team leadership in building successful organisations. Benchmarking: An International Journal
[93] Phillips, S. (2020) Working through the pandemic: Accelerating the transition to remote working. Business Information Review
[94] Phillips, S. (2020) Working through the pandemic: Accelerating the transition to remote working. Business Information Review
[95] Phillips, S. (2020) Working through the pandemic: Accelerating the transition to remote working. Business Information Review
[96] Phillips, S. (2020) Working through the pandemic: Accelerating the transition to remote working. Business Information Review

58.   In 2019 Eisenberg et al. explored the effectiveness of transformational leadership styles in the context of highly geographically dispersed teams. They based their work on a sample of 53 innovation (IT) teams made up of a range of working arrangements "*from completely co-located to highly dispersed*"[97]. They looked at how transformational leadership impacted and was impacted by 'team dispersion, team communication, and team performance'[98]. They commented that "a *team's geographic dispersion affects its members' interactions because greater dispersion among team members tends to be associated with a greater variety of different norms across their environments, which may diminish team members' ability to trust and understand each other, and impede the effectiveness or their communication and collaboration*"[99]. They further reflected upon existing literature to highlight how "*geographically dispersed team environments present a number of issues that negatively influence team performance [ranging] from lack of personal ties to collaboration-related problems to leadership challenges*"[100].

59.   These researchers went on to acknowledge a number of weaknesses arising from dispersed working, including 'perceptions of leader authenticity' and difficulty in building shared values and behavioural norms; less trusted and inter-personal relationships; weaker intellectual stimulation; and lesser ability to assess team needs[101]. They concluded that "*in highly geographically dispersed teams, transformational leadership's influence on team communication progressively decreases as the teams become more and more dispersed*"[102]. They sum up by considering that a more distributed approach to transformational leadership could reduce the negative impact derived from team dispersal. They say that "*it may be worthwhile to shift more attention to fostering leadership among team members of geographically dispersed teams. …*[and] *recognise leaders who create opportunities for their dispersed followers to step up. Furthermore, increasing the focus on improving team communication may help geographically distributed teams work better together*"[103].

60.   In 2020, Deloitte Denmark set out eight principles for leading virtual teams. These were:
- Reignite team purpose -including through clarifying roles and delegation
- Establish new traditions
- Track capacity and progress – be proactive in understanding capacity
- Leverage technology
- Check in with staff frequently
- Strategically over-communicate
- Empower and promote self-leadership
- Ensure staff wellbeing and lead on this by example[104]

[97] Eisenberg, J. et al. (2019) Team Dispersion and Performance: The Role of Team Communication and Transformational Leadership. Small Group Research
[98] Eisenberg, J. et al. (2019) Team Dispersion and Performance: The Role of Team Communication and Transformational Leadership. Small Group Research
[99] Eisenberg, J. et al. (2019) Team Dispersion and Performance: The Role of Team Communication and Transformational Leadership. Small Group Research
[100] Eisenberg, J. et al. (2019) Team Dispersion and Performance: The Role of Team Communication and Transformational Leadership. Small Group Research
[101] Eisenberg, J. et al. (2019) Team Dispersion and Performance: The Role of Team Communication and Transformational Leadership. Small Group Research
[102] Eisenberg, J. et al. (2019) Team Dispersion and Performance: The Role of Team Communication and Transformational Leadership. Small Group Research
[103] Eisenberg, J. et al. (2019) Team Dispersion and Performance: The Role of Team Communication and Transformational Leadership. Small Group Research
[104] Deloitte. (2020) Leading virtual teams. Human Capital/Deloitte Denmark

61.   Another study 2021, focused on the links between servant leadership, job burnout and work–life balance by teleworkers and non-teleworkers in Greece. Researchers set out how a servant leader is driven by "*an inner motivation to serve and support*" and associated with strong workplace moral cultures, focuses on followers' [i.e. worker] needs and demonstrating compassion[105]. In this light, it is closely allied to a compassionate leadership style. They reflected on previous studies showing a link between servant leadership and 'employee performance, turnover intentions, loyalty and discretionary effort', reduced turnover and staff loyalty[106]. Servant leadership they contended is associated with behaviours of "*empathy, listening, communication and trust*".

62.   The researchers concluded that staff 'perceptions of supervisor support' were crucial to maintaining the benefits of servant leadership approaches in a hybrid work setting. They said that "*servant leaders should clearly convey that the organisation acknowledges employee contributions and cares about employee well-being and translate their rhetoric into specific policies and practices. Such policies and practices should take into account the diverse needs of their workforce, comprising teleworkers, non-teleworkers, employees working in hybrid modes and individuals of various generations*"[107].

63.   Considering the shift to remote working precipitated by the COVID-19 pandemic, Laura Derbyshire et al., in Urology News in 2020, reflected upon how the health sector could learn from the business world. Remote working in this context was defined as "*a situation in which an employee works mainly from home and communicates with the company by email, internet and telephone*"[108]. They acknowledged that a recent Nuffield Trust study into remote working found "*although the impact of remote working is generally positive for employees it needs to be consciously planned and carried out, as individuals will have differing requirements*"[109]. Derbyshire et al. emphasised the importance of creating trust within teams "*regardless of… physical location and so its cultivation must be a priority*". They recommended "*spend*[ing] *time communicating about personal issues not just work; monitoring morale and productivity* [and] *Leaders also need to be aware of the risk of bias against those team members who work remotely and so have more limited opportunities to discuss and develop relationships*"[110]. They set out four practical approaches to 'cultivating workplace trust'. These were: 'adopting an attitude of presumed trust and delivery; role model trusting behaviours; agreeing what behaviours win trust; and creating a blame-free culture'[111].

64.   Murtha et al. in 2021, similarly investigated the role of transformational leadership in the context of 'virtual teams'. In particular the 'idealised influence [role-modelling] and inspirational motivation [motivational]' elements of this leadership style[112]. They outlined how in "*dispersed teams, leaders influence and motivation, communication and trust between team members become the principal means to lead successfully*"[113]. They suggested that remote working contexts may challenge the ability to behave in this way, hence more effort is needed to sustain these same

[105] Lamprinou, V. et al. (2021) Leadership Styles for a Hybrid Work Model With a Focus on Servant Leadership. Leadership & Organization Development Journal
[106] Lamprinou, V. et al. (2021) Leadership Styles for a Hybrid Work Model With a Focus on Servant Leadership. Leadership & Organization Development Journal
[107] Derbyshire, L. et al. (2020) Remote working: what can health professionals learn from business?. Urology News
[108] Derbyshire, L. et al. (2020) Remote working: what can health professionals learn from business?. Urology News
[109] Derbyshire, L. et al. (2020) Remote working: what can health professionals learn from business? Urology News
[110] Derbyshire, L. et al. (2020) Remote working: what can health professionals learn from business?. Urology News
[111] Derbyshire, L. et al. (2020) Remote working: what can health professionals learn from business?. Urology News
[112] Mutha, P. et al. (2021) Decoding leadership to leverage employee engagement in virtual teams. International Journal of Organizational Analysis
[113] Mutha, P. et al. (2021) Decoding leadership to leverage employee engagement in virtual teams. International Journal of Organizational Analysis

behaviours.

65.   They went on to reflect that "*traditionally, trust-building has always been based on observed past behaviour and frequent interaction. However, in virtual teams the opportunities to build trust are rare*"[114]. In the new leadership environment of remote working, they pointed out the need for four leadership characteristics that can be summarised as: 'employees becoming responsible for results; recognition by leaders of remote productivity; high employee accountability and ownership; a strong empowerment culture'[115]. They furthermore cited the concept of 'swift trust' (from Meyerson, 1996; Jarvenpaa et al., 1998), where for "*trust to flourish … the leader plays an important role to build strong, trustworthy relationships to work together effectively*"[116]. They concluded that sustaining trust and effective communication, within a transformational leadership approach is vital in remote working settings[117].

66.   Trust is similarly emphasised in 2021 by Garro-Abarca et al. whose study confirmed that the most significant variable for the performance of a virtual team was 'trust', as well as 'staff empowerment'[118]. They concluded that: "c*ompanies must give greater importance to trust and take into account that all measures which strengthen leadership, communication, cohesion or the configuration of task characteristics must be designed considering the trust generated*"[119].

67.   De Zulueta in 2021 emphasised the importance of compassionate cultures in health and particularly in the context of leading through the COVID 19 pandemic situation. They said "*Developing and sustaining leadership and cultures of compassion are key to the ability for healthcare organisations to provide safe, high quality, patient centred care, even at times of crisis. This is particularly relevant during the COVID-19 pandemic which has created added strains to already-burdened healthcare systems*"[120]. Similarly, in a BMJ Leader article 2021, it was highlighted that "*leadership during a crisis is about learning flexibility and adaptability because we have to change the way we function quickly. It is all about the levelling up of the communication field, which removes hierarchical decision-making, making it more horizontal rather than vertical change and happening more quickly, without the need of usual bureaucratic process that often delay change*"[121].

68.   Liberati in 2021 et al. in BMC Psychiatry, investigated the experience of mental health workers during the COVID-19 pandemic. They undertook interviews with 35 clinical staff in community mental health teams about their shift from face-to-face assessment and treatments towards remote methods. The work found the newly adopted remote interactions had caused a negative impact on staff mental wellbeing and a notable feature of results was the impact of mental health workers experiencing "moral injury", that is "*linked to staff feeling that they were letting service users down [in how services were being provided] and that people were suffering deeply as a*

[114] Mutha, P. et al. (2021) Decoding leadership to leverage employee engagement in virtual teams. International Journal of Organizational Analysis
115 Mutha, P. et al. (2021) Decoding leadership to leverage employee engagement in virtual teams. International Journal of Organizational Analysis
[116] Mutha, P. et al. (2021) Decoding leadership to leverage employee engagement in virtual teams. International Journal of Organizational Analysis
[117] Mutha, P. et al. (2021) Decoding leadership to leverage employee engagement in virtual teams. International Journal of Organizational Analysis
[118] Garro-Abarca, V et al. (2021) Virtual Teams in Times of Pandemic: Factors That Influence Performance. Frontiers in psychology
[119] Garro-Abarca, V et al. (2021) Virtual Teams in Times of Pandemic: Factors That Influence Performance. Frontiers in psychology
[120] Zulueta, P. (2021) How do we sustain compassionate healthcare? Compassionate leadership in the time of the COVID-19 pandemic. Clinics in Integrated Care
[121] Adeel Abbas Dhahri & Jonathan Refson. (2021) Leadership: an effective human factor during COVID-19. BMJ Leader

result".[122]

69.   Meanwhile, research into the impact of leadership styles upon nurses working in a large central London hospital setting during the COVID-19 pandemic, conducted by what is now the NHS Transformation Directorate, found certain leadership behaviours can act as 'protective factors' against psychological distress in the context of 'crisis situations'[123]. These they found related to 'visible leadership; communication; accuracy and consistency of information; providing support; and impact of decision-making'[124].

70.   While in a separate analysis of online resources about healthcare leadership, published during the COVID-19 pandemic (based on material from the BMJ Leader, the Kings Fund, the British Psychological Society and the NHS Confederation), five themes were identified as being important advice to health leaders. These comprised:
- *Creating support systems*: such as leaders showing proactive support for staff wellbeing initiatives, including through policies and procedures;
- *Possibilities and dangers of working with urgency*: such as dealing with and considering complexity;
- *Integrating and mobilising multiagency systems*: leaders establishing systems and training to aid multiagency working;
- *Leading consistently for equality, diversity and inclusion*: including leadership training to ensure consistency in behaviours;
- *Importance of continuous learning*: leaders engaging with other leaders in wider forums as part of their own continuous learning.[125]

71.   In discussing compassionate leadership, including in times of crisis such as during the COVID-19 pandemic, McKinsey highlighted that "*while a crisis's early days might seem like the time for leaders to put their head down and exhibit control, it is just as critical to tune in to personal fears and anxieties so as to be able to turn outward to help employees and colleagues grapple with their own reactions*"[126]. They argued there are four key characteristics that can prevent people in leadership roles 'hunkering down' during a crisis situation and rather emphasise their visibility to staff and caring nature. They pointed to: "*awareness of what others are feeling, role modelling vulnerability, empathy, and compassion during a crisis* [as having] *been shown to lower stress and limit the adverse physical symptoms of team members, while also improving team goal achievement and productivity*"[127]. They stated that leaders need "*to receive people with unconditional positive regard, withholding judgment and welcoming diversity of self-expression*"[128].

72.   Kevan Hall, in 2021, writing for accountancy membership body the ICAEW, commented that organisational leaders need to see remote and hybrid working now as evolutionary and "*an*

[122] Liberati, E et al. (2021) A qualitative study of experiences of NHS mental healthcare workers during the Covid-19 pandemic. BMC Psychiatry

[123] Phillips, N. et al. (2021) The impact of leadership on the nursing workforce during the COVID-10 pandemic. PRE-PRINT (NOT YET PEER REVIEWED) [Research conducted by NHSX – now the NHS Transformation Directorate]

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[126] D'Auria, G. et al. (2020) Tuning in, turning outward: Cultivating compassionate leadership in a crisis. McKinsey & Co.

[127] D'Auria, G. et al. (2020) Tuning in, turning outward: Cultivating compassionate leadership in a crisis. McKinsey & Co.

[128] D'Auria, G. et al. (2020) Tuning in, turning outward: Cultivating compassionate leadership in a crisis. McKinsey & Co.

experiment"[129]. He stated that leaders need to "*get comfortable with a "test and learn' approach*". He went on to assert that remote working had not previously been embraced because "*a lot of managers didn't trust people, fundamentally, to work remotely. That's really been destroyed in the last year and a half. People have shown that generally they're more productive and more engaged.*"[130]

73. The UK Government meanwhile published findings in September 2021, from research conducted by the National Leadership Centre, with public sector leaders, into leadership experience and lessons learned during the COVID-19 pandemic. Findings included the importance of creative thinking and flexible processes, as leaders had to adapt to redesigning approaches rapidly "*testing new ideas and accepting that not all policies would work perfectly first time*"[131]. The need for leaders to look after their own wellbeing was also emphasised, as well as the need to 'increase communication with staff, consult with staff more to find collective solutions, and "*creating a unified message that recognised the contribution of the whole workforce*"[132]. It was also found that among leaders there was "*a commitment to continuing more open forums for communication and empathetic leadership styles, involving staff more widely in decisions and creating spaces for conversations about topics affecting different groups*"[133].

74. In 2021, Terkamo-Moisio et al. in Finland, conducted a literature review (based on pre-COVID-19 literature) in the context of developing successful remote leadership in healthcare. Based on a review of 21 studies, they identified the following themes to be relevant to identifying success in remote leadership: "*characteristics of the remote leader; trust and communication in the remote context; and fostering a team culture in a remote context*"[134]. In summary, they found that although the transformational style of leadership was considered strong in its capacity to build trust and work values in a remote context, there was a case for a mixed approach to leadership overall, including agile and authentic approaches[135]. In particular, 'reciprocal trust, good listening skills, effective at communicating and sharing information, maintaining a culture of agility, sharing and positivity, psychological safety, enhancing employee autonomy and acting in a culturally aware manner'[136].

75. The authors pointed out that the "*risk of unsuccessful remote leadership rises when face to face meetings are not arranged often enough* [so missing] *possibilities to build trust and strengthen collaboration*"[137]. They highlighted their findings showed insufficient face to face engagement "*in the remote environment makes enhancing trust and communication more crucial to remote leadership than traditional leadership*". They concluded that *"a leader's respect for employee autonomy is*

[129] ICAEW website. (2021) Hybrid working: How to manage the transition post-COVID. ICAEW Insights
[130] ICAEW website. (2021) Hybrid working: How to manage the transition post-COVID. ICAEW Insights
[131] UK Government website. (2021) Leading Public Services through Covid-19. HM Government
[132] UK Government website. (2021) Leading Public Services through Covid-19. HM Government
[133] UK Government website. (2021) Leading Public Services through Covid-19. HM Government
[134] Terkamo-Moisio, A, et al. (2021) Towards remote leadership in health care: Lessons learned from an integrative review. Journal of Advanced Nursing
[135] Terkamo-Moisio, A, et al. (2021) Towards remote leadership in health care: Lessons learned from an integrative review. Journal of Advanced Nursing
[136] Terkamo-Moisio, A, et al. (2021) Towards remote leadership in health care: Lessons learned from an integrative review. Journal of Advanced Nursing
[137] Terkamo-Moisio, A, et al. (2021) Towards remote leadership in health care: Lessons learned from an integrative review. Journal of Advanced Nursing

pivotal to the success of remote work"[138], emphasising that "*health care leaders should ensure that they understand the importance of relationship-focused leadership styles*"[139].

76.   A paper from Ipsen et al. studied first and second line managers in Denmark following a move to remote working during the COVID-19 pandemic, in 2020. Although this study focused more on management relationships than leadership, it found that these managers in Denmark had faced greater negative wellbeing impact than their staff. The study also showed remote working had been time consuming due to increased meetings that researchers interpreted as a response to a "*perceived loss of control or the need for social interaction*"[140]. The study found managers had taken a responsibility on themselves to make remote working effective. Overall, it was found, similar to other studies, that trust between staff was pivotal to remote working and that was easier to generate where they were already "*familiar with each other and having a close relationship in advance*"[141].

77.   Published in 2022, Chafi et al. conducted a Sweden-based study to explore the needs and challenges arising from remote and hybrid work following the COVID-19 pandemic for staff wellbeing and from the leadership perspective[142]. It was based on a systematic review that found "*the main positive effects of remote work are increased flexibility, autonomy, job satisfaction, and a better work-life balance*" while negative factors were "*emotional exhaustion, limited supervision from line managers, greater cognitive stress/overload, and musculoskeletal health problems*[143]". The authors suggested that leadership frameworks that "*generally build on face-to-face interactions can also work in the context of digital communication*".

78.   They went on to say that a "*challenge for both managers and employees was handling the uncertainties around the pandemic restrictions* [and] *holding onto the mindset of working in an office and following the office culture in an online format*"[144]. The results of this study focused on positive individual productivity outcomes "*while the effect of remote and hybrid work on team and organisational performance remains unclear*"[145]. Finally, they remarked on other studies that showed negative remote leadership behaviours include "*excessive requests or unethical monitoring—in remote work has a negative effect on employee wellbeing and job satisfaction, reducing the positive effects of remote work*"[146].

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[138] Terkamo-Moisio, A, et al. (2021) Towards remote leadership in health care: Lessons learned from an integrative review. Journal of Advanced Nursing

[139] Terkamo-Moisio, A, et al. (2021) Towards remote leadership in health care: Lessons learned from an integrative review. Journal of Advanced Nursing

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[141] Ipsen, C et al. (2021) Managers' First Experience of the Transition to Distance Management During COVID-19. Congress of International Ergonomics Association

[142] Chafi, MB et al. (2022) Post-Pandemic Office Work: Perceived Challenges and Opportunities for a Sustainable Work Environment. Sustainability

[143] Chafi, MB et al. (2022) Post-Pandemic Office Work: Perceived Challenges and Opportunities for a Sustainable Work Environment. Sustainability

[144] Chafi, MB et al. (2022) Post-Pandemic Office Work: Perceived Challenges and Opportunities for a Sustainable Work Environment. Sustainability

[145] Chafi, MB et al. (2022) Post-Pandemic Office Work: Perceived Challenges and Opportunities for a Sustainable Work Environment. Sustainability

[146] Chafi, MB et al. (2022) Post-Pandemic Office Work: Perceived Challenges and Opportunities for a Sustainable Work Environment. Sustainability

Questions for discussion

1. How do these insights into leadership chime with how IAPT services operate? What aspects feel challenging and why?

2. How could these approaches such as increasing staff 'autonomy', 'co-creation' and 'shared leadership' work in IAPT services?

3. What features of how IAPT services now operate might make 'staff engagement', building 'trust' and increasing 'autonomy' easier or harder for service leaders?

4. What 'leadership training' topics would be particularly relevant to IAPT?

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