

ESSENTIALS

LEADERSHIP

For Nursing, Health and Social Care Students



LOUISE JONES AND
CLARE L BENNETT

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Foreword

Students, new graduates and those early on in their health and care careers will find this book a treasure trove of insight into the world of leadership. With the huge changes that the health and care system has experienced over the past few years, and those that are yet to come, effective leadership is now more important than ever. We need leaders who can really make a difference in an informed, evidence-based way, especially at a time where there is such an overwhelming need for integration and collaboration within the system.

I have always believed that leadership should be part of an individual's ongoing learning, no matter at which point they are in their career. For me, being a leader is a prerequisite for anybody who is or wishes to become a registered nurse. We nurses must have leadership qualities in order to be able to coordinate and manage people's complex care needs, support and motivate our colleagues and act as role models for the provision of nursing care. Indeed, 'Leading and managing nursing care and working in teams' is one of the seven platforms of the Nursing and Midwifery Council's new standards of proficiency for registered nurses.

Whatever your learning style, this book provides an accessible first step into leadership theory. It's written in language that is easy to understand and guides the reader through reflection activities to enhance their understanding within their own context. The book will also help you identify your own strengths and weaknesses and create an action plan to develop your leadership skills.

Louise and Clare's passion for developing people's leadership skills is evident throughout the book; I wish it had existed while I was doing my own training twenty-odd years ago. This book will guide you through your leadership journey and enable you to make a real difference to people and their local communities, right from the very start of your career in health and care.

*Professor Lisa Bayliss-Pratt
Chief Nurse, Health Education England*

About the authors

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Preface

Welcome to *Leadership: for nursing, health and social care students*.

The aims of this book, which is an introduction for emerging leaders, are to raise your awareness, knowledge and understanding of leadership issues and encourage you to start, or continue, your leadership journey. Whatever your role in health and social care, you can make a difference. However, by becoming a leader in the workplace you will be able to increase your impact and further help improve the service user experience in what is a very challenging environment.

In *Chapter 1* you will be introduced to what is meant by the term 'leadership' and why it is so important to health and social care today. In *Chapter 2* you will then start your journey along the leadership path by looking at the history and most prominent theories of leadership, so that you are able to understand the basis of leadership. Within this chapter you will have the opportunity to compare and contrast the advantages and disadvantages of different leadership styles. *Chapter 3* introduces you to the skills and qualities that make for effective leadership as well as helping you learn how you can enhance your communication skills and gain an understanding of emotional intelligence. In *Chapter 4* you will explore the cultural context in which you are working and the importance of values and beliefs as sources of motivation in addition to the relevant ethics, respect and honesty. The importance of aligning personal and organisational objectives will be considered and you will be encouraged to think about how this can be achieved. *Chapter 5* enables you to think further about the organisation in which you are working, to consider power and politics and how they impact on leadership within the organisation. You will begin to consider the different sources and bases of power and develop an understanding of the significance of symbols. You will have the opportunity to explore ways in which you can influence outcomes in the workplace and gain an understanding of how and where leadership can take place. A key element of leadership currently relates to change management and *Chapter 6* discusses what change is and helps you identify the drivers for change in your organisation. You will analyse the role of the leader as a catalyst for change and you will be introduced to change management models and the theories of motivation applied to change management. In *Chapter 7* you will gain an understanding of how policy has shaped current health and care services and, building on *Chapter 5*, how you can influence policy and strategy development. No health and care

provider works in isolation and it is important that you appreciate the local and national context in which you are working. Service users and carers have an increasing role within health and care services and you will explore how the focus of care and focus of leadership are changing across the health and social care sector. Finally in *Chapter 8* you will look at where you go from here. The role of reflective practice in developing you as a leader will be explored and you will have the opportunity to identify your current strengths and weaknesses as a leader. You will also be encouraged to develop an action plan to address your leadership development needs.

Activities and *Scenarios* within each chapter will help you explore your own perceptions of leadership and assist you in developing strategies to enable you to unleash your potential in a realistic way within the workplace. A series of questions at the end of every chapter will help you reflect on your learning and reinforce your understanding of the key points. As well as the full reference list at the back of the book (a mixture of textbooks, articles and electronic resources) additional reading is identified at the end of each chapter which will further broaden your outlook on leadership.

Working in the health or social care environment is a great career where you can touch the lives of many. However, by developing your leadership skills you can make even more of an impact on those you work with – service users, their carers and colleagues. This is the beginning of a fantastic journey – so go unleash your potential, emerge as a leader, and make your mark in health and social care!

Louise Jones
Clare L. Bennett
July 2018

Chapter 3

The skills and qualities of effective leaders

LEARNING OUTCOMES

When you have completed this chapter you should be able to:

- 3.1** Discuss whether leaders are born or whether they are made
- 3.2** Outline the key skills of an effective leader
- 3.3** Debate the most important qualities of a leader
- 3.4** Describe methods of enhancing communication
- 3.5** Demonstrate an understanding of emotional intelligence.

3.1 Introduction

The previous two chapters have been concerned with clarifying what we mean by leadership and providing an overview of the various leadership theories. In this chapter we consider factors that make a leader successful and how leadership qualities and skills impact on followers' behaviours.

Goffee and Jones (2000) spent ten years asking leaders 'Why should anyone be led by you?' to be met by bewildered silence. This chapter aims to help you develop some key leadership qualities and skills so that you will be able to answer this question.

3.2 Are leaders born or made?

ACTIVITY 3.1



Is leadership learned or innate? Use a mind map to explore your thoughts. If you have not used a mind map previously, *Figure 3.1* will be helpful. In addition, you may find it useful to read Tony Buzan's work in this field (see 'Further Reading' at the end of this chapter).

For centuries people have debated whether leaders are born or made. There is a group of 'trait' theories in the leadership literature that we have already referred

to in *Chapter 2*. They are concerned with the necessary qualities and traits that characterise an effective leader. One group of these theories is the 'Great Man' theories which assert that some people are born to lead and others are born to be led (Galton, 1869, cited in Morrison, 1993). The Great Man theories originate from the study of great social, political and military leaders throughout history and the identification of innate qualities that characterised these people. The belief was that only certain 'great' people were born with these traits (Northouse, 2015).

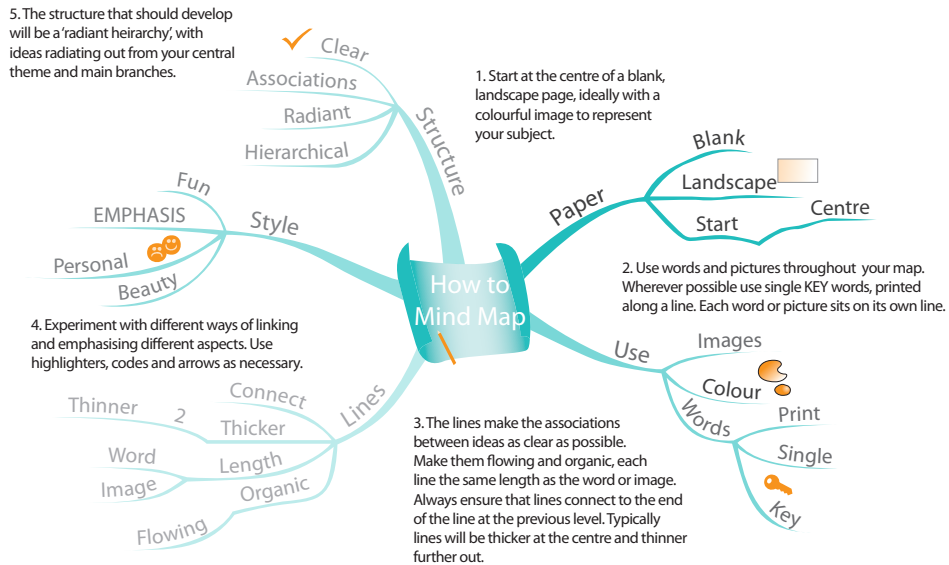


Figure 3.1 How to make a mind map (Illumine, 2010). Reproduced with permission from Illumine Training.

Later research in the mid-twentieth century, however, questioned this belief and the emphasis began to centre more on interactions and relationships between leaders and followers, as well as on the impact that specific situations and contexts may have on the leader–follower relationship (Bernhard & Walsh, 2006). It was found that people may be great leaders in one situation but be less effective in others (Stogdill, 1948). It was also found that many leadership qualities can be developed over time (Mumford *et al.*, 2000).

3.3 What are the key skills and qualities of a leader?

Leadership is principally concerned with human relationships and dynamics. When done well, leadership can motivate people to perform to exceptional levels and achieve great things (Goffee & Jones, 2009). To realise the goal of effective leadership, leaders need to develop certain key qualities and skills.

ACTIVITY 3.2



Think of examples of good leaders that you have encountered; these may be formal (e.g. a leader in the work place) or informal (e.g. a friend that organised and led a holiday). Using the grid layout below, identify their qualities and their skills. What is the difference between leadership skills and leadership qualities?

Leadership qualities	Leadership skills

Leadership qualities are concerned with the attitudes and behaviours that characterise a person. Sometimes these are termed 'human qualities'. Leadership skills refer to knowledge and methods of working. These too will impact on leadership behaviour.

3.3.1 Leadership qualities

Maxwell (1999) outlines 21 ‘indispensable’ qualities of a leader:

Table 3.1 Maxwell’s indispensable qualities of a leader (Maxwell, 1999)

Character	Focus	Relationships
Charisma	Generosity	Responsibility
Commitment	Initiative	Security
Communication	Listening	Self-discipline
Competence	Passion	Servanthood
Courage	Positive attitude	Teachability
Discernment	Problem solving	Vision

ACTIVITY 3.3



Consider how important each of these qualities are by ranking the four that you consider most important from 1 (the most important) to 4 (the least important). Justify your answer.

To identify key leadership qualities that are pertinent specifically to the NHS, the NHS Institute for Innovation and Improvement (2005a) carried out an analysis of 150 chief executives and directors, with validation from other public and private sector organisations. From these data the NHS Leadership Qualities Framework (NHS Institute for Innovation and Improvement, 2005a) was designed. *Figure 3.2* outlines the 15 key leadership qualities that the analyses revealed, arranged in three core areas of leadership: *Setting Direction*; *Delivering Services* and *Personal Qualities*.

Personal Qualities are at the centre of the framework. These encompass:

- ‘self-belief’ characterised by a positive ‘can do’ sense of confidence
- ‘self-awareness’ in relation to strengths and limitations, emotions and their impact on others
- ‘self-management’ including the ability to regulate mood and behaviour
- ‘drive for improvement’ which is demonstrated by a clear focus on achievement of goals for the greater good of others
- ‘personal integrity’ which refers to values, openness and resilience (NHS Institute for Innovation and Improvement, 2006).

Setting Direction is concerned with:

- ‘seizing the future’ which describes the motivation to take transformational action and exploit opportunities to bring about improvements and political awareness
- ‘intellectual flexibility’ in being able to see both the bigger picture and intricate detail, having a receptiveness to different perspectives and an openness to innovative thinking

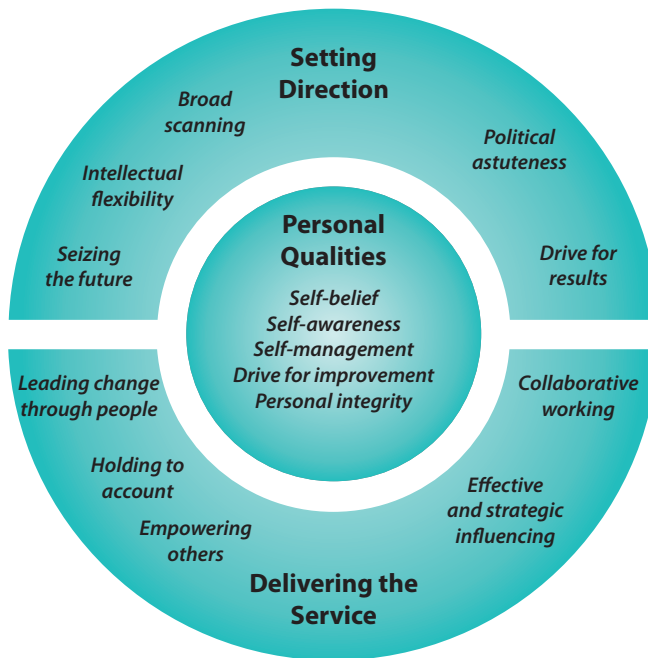


Figure 3.2 NHS Leadership Qualities Framework (NHS Institute for Innovation and Improvement, 2005a). Reproduced with permission from NHS Institute for Innovation and Improvement.

- 'broad scanning' characterised by networking and keeping abreast of local and national developments
- 'political astuteness' in terms of understanding the climate and culture of the organisation as well as the national context; understanding who the key influencers are and an awareness of health strategy and policy
- 'drive for results' in relation to the motivation to transform services, the setting of ambitious targets and actively seeking out opportunities to improve delivery of service (NHS Institute for Innovation and Improvement, 2006).

Delivering the Service involves:

- 'leading change through people' by articulating the vision clearly; keeping the focus on change and inspiring others
- 'holding to account' by setting clear targets and standards; creating a climate of support and accountability and holding people to account for what they have agreed to deliver
- 'empowering others' by allowing others to take the lead when appropriate; supporting the development of others and ensuring equality of opportunity
- 'effective and strategic influencing' by working in partnership both within the organisation and externally and employing a range of influencing strategies
- 'collaborative working' through ensuring that the strategy for health improvement, and the planning, development and provision of health services, are cohesive and 'joined up' (NHS Institute for Innovation and Improvement, 2006).

Skills for Care have carried out a mapping exercise of leadership and management standards for social care (McDonnell & Zutshi, 2005) to underpin the Skills for Care Leadership and Management Strategy (Skills for Care, 2008). These incorporate the NHS Leadership Qualities Framework (NHS Institute for Innovation and Improvement, 2005a) and the NHS Knowledge and Skills Framework (Department of Health, 2003a). They outline six functional areas or standards:

- Managing self and personal skills
- Providing direction
- Facilitating change
- Working with people
- Using resources
- Achieving results.

ACTIVITY 3.4



Look back at the leadership qualities outlined by the NHS Leadership Qualities Framework and Skills for Care. Identify any qualities that you feel you need to develop in order to enhance your leadership performance both now and in the future.

In this book we have made a considered decision to retain the above reference to the NHS Leadership Qualities Framework. This is because our students have told us that they find it extremely useful in structuring their development at this stage in their leadership careers. However, more recently the NHS Leadership Academy has produced the Healthcare Leadership Model (NHS Leadership Academy, 2013). This tool is equally valid and useful so we recommend that you give this consideration too.

The Healthcare Leadership Model is designed to support health and care employees to become better leaders regardless of whether they have a formal leadership responsibility or not. The aim is to help the individual to understand how their leadership behaviours will impact on others and, ultimately, care delivery. The model is made up of nine 'leadership dimensions' which are as follows:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

Personal qualities have not been highlighted separately in the Healthcare Leadership Model but their importance is emphasised within the model documentation. Indeed, Bass (1992) is cited as describing personal qualities as: '... the most important element' and this most important element '... comes from a combination of emotional expressiveness, self-confidence, self-determination and freedom from internal conflict'.

You can view the Healthcare Leadership Model on the NHS Leadership Academy website and at www.bit.ly/L-HLM.

3.3.2 Should leaders appear human?

Goffee and Jones's work (2000) supports the assertion that effective leaders require vision, energy, authority and strategic direction. However, they go on to argue that inspirational leaders also share an additional four qualities:

- They choose, at appropriate times, to show their weaknesses. By selectively exposing their vulnerability, they can enhance how others perceive them in terms of coming across as approachable and human.
- They use intuition to gauge the timing and course of their actions. They collect and use soft data, concerned with people's emotions, to help them identify when and how to act.
- They empathise fully, yet realistically, with people and they care passionately about the work their followers do.
- They show and capitalise on what makes them unique.

Goffee and Jones (2000) assert that, to be truly inspirational, leaders need all four qualities; with one or two qualities rarely being sufficient. Inspirational leaders tend to match the most appropriate qualities to demonstrate with the style required by each particular context. For this approach to be successful, however, the leader must remain authentic.

3.3.3 Leadership skills

Northouse (2015) defines leadership skills as:

'the ability to use one's knowledge and competencies to accomplish a set of goals or objectives'. (Northouse, 2015, p. 40)

ACTIVITY 3.5



Visualise where you would like to be in your career in five years' time. Where would you like to be in 10 years' time? What leadership skills will you need in order to realise these achievements?

Katz's work in the 1950s is seminal to the skills approach to leadership (Katz, 1955). His work aimed to address leadership in terms of three sets of skills that can be developed: technical, human and conceptual; asserting that although the significance of each skill may vary depending on the leader's position within the organisation, each skill is still important for successful leaders to possess.

Technical skills are concerned with knowledge, proficiency and competence in a specific field of work or activity. They also refer to analytical capabilities and the ability to use specialist tools and techniques (Katz, 1955). Technical skills are more important at the lower levels of the organisational hierarchy (Goleman, 1998a; Katz, 1955).

Katz (1955) defined human skills as ‘the ability to work effectively as a group member and to build cooperative effort within the team ...’ (Katz, 1955, p. 34). Human skills are characterised by how a leader consistently perceives and behaves towards superiors, peers, and followers. Leaders engage in human skills when they motivate individuals and groups, demonstrate empathy and understanding and involve others in decision-making. Human skills are essential throughout all levels of leadership (Hicks & Gullett, 1975; Katz, 1955).

Conceptual skills encompass the ‘thinking skills’ needed by leaders. This set of skills involves being able to see both the bigger picture in terms of what is going on within the entire organisation, as well as the organisation in terms of its component parts and how they interact and depend on one another (Katz, 1955). Conceptual skills are likely to be of most value at the higher levels of the organisational hierarchy where policy decisions and long-term actions are required (Hicks & Gullett, 1975; Katz, 1955).

More recently Mumford *et al.* (2000) have advanced this work further to develop a skill-based model of leadership. The model examines the relationship between leadership performance and the individual leader’s knowledge and skills. It is asserted that leadership qualities can be developed over time through education, training and experience.

The model is based on the belief that leadership is dependent upon the individual’s ability to develop and implement appropriate solutions to complex problems. The individual’s capacity to problem solve will depend upon:

- *complex problem solving skills*, which are concerned with identifying and understanding the problem and developing potential solutions;
- *social judgement skills*, which involve refining potential solutions and creating ways of implementing solutions within complex organisations;
- *social skills*, which relate to the ability to motivate and direct others during the implementation of solutions.

SCENARIO 3.1



Shaun has been qualified as a nurse for 12 months and works as a District Nurse. He has noticed consistent time delays between patients being discharged from hospital and the first visit made by the District Nursing Team to the patient’s home. Shaun wants to lead on a project which improves this situation.

Identify the knowledge that Shaun may require to successfully lead this project.

Application of *complex problem solving skills*, *social judgement skills* and *social skills* is associated with various forms of knowledge, such as an understanding of the organisation and its processes and an understanding of people, particularly those who will be instrumental in implementing solutions. As with skills, knowledge is believed to develop with experience (Mumford *et al.*, 2000). Mumford *et al.* (2000) assert that without knowledge, the skills outlined above are not adequate for effective leadership, as knowledge is essential to a leader’s ability to define and solve complex organisational problems.

In Shaun's case (*Scenario 3.1*) knowledge will be required of the current processes involved in the referral system from hospital staff to the district nursing team; for example, the methods of communication involved, working patterns of both teams and identification of flaws in the current processes. These areas of knowledge will underpin the *complex problem solving skills* required by Shaun as a leader. Knowledge that is relevant to *social judgement skills* will relate to an understanding of potential solutions that will resolve the issue; for example, changes in shift patterns, job roles and methods of communication. A knowledge of human resources regulations, job descriptions and the availability of funding for additional telephones, IT resources and staff may also be required. With regard to *social skills*, an understanding of the people involved within both teams will enable Shaun to be more productive in motivating and directing others towards a change in practice.

3.4 Communicating effectively

Effective communication has been demonstrated to be a key attribute of clinical leaders (Stanley, 2009).

3.4.1 What is effective communication?

Communication is concerned with a set of interchanges that occur between individuals and groups to both give and receive information (Gopee & Galloway, 2017). Communication can be both verbal and non-verbal.

ACTIVITY 3.6



Outline what effective communication means to you. Next, think of two people communicating and consider all the simultaneous events that occur within that interaction. You may wish to consider non-verbal communication, people's perceptions of each other (based on past history, image, reputation, etc.) and the way these may impact on what they hear, the use of language, and so on.

Verbal communication is not only concerned with what individuals say but the way in which they convey their message. Factors may include quality of voice, choice of words and pace of speech. Non-verbal communication will also play a particular role in terms of how the message is conveyed. Examples include posture, eye contact, facial expression and gesticulation. It is argued that the non-verbal messages that we convey frequently demonstrate our true feelings and can be easily detected by colleagues (Gopee & Galloway, 2017). Written communication, such as email, text (SMS) messaging, faxes, hand-written letters and word-processed documents are another commonly used form of communication.

ACTIVITY 3.7



Identify potential limitations of the various types of communication: verbal, non-verbal and written.

3.4.2 Enhancing the clarity of communication

There is great potential for confusion between what the 'sender' of a message wishes to convey and what the 'receiver' hears and understands. Issues such as the emotional state of the people involved, past experiences, perceptions, interruptions, time available and interpretation of non-verbal cues will all impact on the 'receiver's' understanding of the message (Gopee & Galloway, 2017). You may have identified some of these points when working on *Activity 3.6*.

Poor communication can lead to conflict within an organisation (Yoder-Wise, 2003) and can therefore be detrimental to any leadership situation. It is essential that a leader can adapt their style of communication according to the context within which they are operating (Barr & Dowding, 2016).

Weightman (1999) proposes a model of communication, along with a list of check points, to enhance clarity of communication between individuals. It begins with 'encoding' where the 'sender' formulates the message, taking into account the sender's objectives, the nature of the individuals involved in the communication exchange, appropriate use of language and the potential emotional impact of the message. Next, in 'transmitting' the message, the 'sender' considers and uses the best method of communicating the message, ensuring that verbal and non-verbal communication is consistent, use of language is appropriate and that a maximum of seven ideas are transmitted. The 'environment' is also considered in terms of avoidance of interruptions, position and type of seating and coping with distractions. Next, in determining how the message is received ('receiving'), active listening is used to check for understanding of the message. Then, 'decoding' on the part of the 'receiver' takes place and understanding in terms of their ability to make sense of the message, attach any meanings and respond to it needs to be ascertained, again through meaningful dialogue. Finally the 'receiver' provides feedback by encoding their response and conveying their message. This model is applicable to all individual and group interactions and is useful in allowing for identification of potential problems in communication, so that these can be avoided (Barr & Dowding, 2016).

ACTIVITY 3.8



Apply Weightman's model of communication to a leadership situation of your own, where you wish to convey a message, verify understanding and obtain feedback.

3.4.3 Active listening

In applying Weightman's model in *Activity 3.8* you will have addressed active listening. It is therefore useful at this stage to remind ourselves what this entails.

Active listening aims to enhance mutual understanding. It is a method of listening and responding to another person through carefully listening to the message and

then repeating it in the speaker's own words to check for understanding. Active listening also involves the use of non-verbal communication such as eye contact, posture and gesture to demonstrate that the listener is paying attention to the speaker's message (Barr & Dowding, 2016). These techniques are denoted by the mnemonic SOLER:

- **S**quarely face the person
- **O**pen your posture
- **L**ean towards the sender
- **E**ye contact maintained
- **R**elax while attending.

3.4.4 Transactional analysis

Transactional analysis is used in leadership to help make sense of both how people interact with each other and also how we treat ourselves (Northouse, 2015). It is based on the work of Eric Berne (1964) which focused on how individuals interact with one another, and how the 'ego states' and certain 'parental drivers' affect each set of interactions or 'transactions'. Transactional analysis asserts that there are three ego states that people use and move in and out of:

- **The Parent:** in this state people unconsciously imitate the behaviour of their parents or parental figures. This state may be nurturing or critical.
- **The Adult:** this state is described as the rational, thinking part of self.
- **The Child:** the state in which people behave, feel and think similarly to how they did in childhood. It can be natural or free or it can be adapted and manipulative, as a survival mechanism.

SCENARIO 3.2



Consider the following examples and identify how the situations outlined may influence which ego state(s) you shift into. Explain your responses.

Conflict

Your manager is angry with you because you took on an additional role without telling him. He shouts at you and tells you that you have lost his trust.

Dynamics

Three people in your team are consistently nasty about Julie, another member of the team. As a result Julie is isolated. You are not sure how to behave; you feel sorry for Julie but you are afraid that you will receive the same treatment from the other three if you challenge them.

Challenge

You are on a night shift and you are the most senior member of staff on duty. A crisis occurs and you have to take charge.

Your responses will be influenced by past experiences and learnt behaviours. Through being aware of how different situations are likely to affect you, you will be

able to modify your response as appropriate to the needs of the situation. Responses to conflict and conflict management are addressed in *Chapter 6*.

Berne (1964) outlines 'parental drivers' which could also be argued to be 'societal drivers'. The assertion is that many of us grow up believing that we can stay 'OK' if we obey the following commands:

1. Be perfect
2. Be strong
3. Try hard
4. Please (people)
5. Hurry up.

ACTIVITY 3.9



Consider how these drivers relate to your working life today. To what extent do you still obey these 'commands' and what impact does this have on you and your team?

The *Hurry Up* command may result in people being very efficient as they are motivated to do things in the shortest possible time. However, mistakes can happen due to a lack of preparation. *Be Perfect* is the opposite of *Hurry Up's* style; the individual will want to do things precisely and right the first time. Whilst this is praiseworthy, the risk is that jobs may not be completed on time due to a misjudgement of the time and detail required. Those who try to *Be Strong* are generally able to handle tasks with a sense of calm and can juggle many tasks with skill, but they may not want to show or admit a weakness which may be detrimental to their wellbeing. The *Please People* command results in individuals wanting to please others without people having to ask. They value harmony and make good team members. As a result, however, the individual may be reluctant to challenge others' ideas and may appear passive. The *Try Hard* style is focused on enthusiastically putting effort into a task, and is less concerned about succeeding. The risk associated with this, however, is that the individual may volunteer for more tasks before completing current ones.

By being aware of which drivers may influence us as leaders, we are better able to modify our behaviour to ensure that we work effectively and in the interests of both ourselves and other members of the team.

3.5 Assertiveness

ACTIVITY 3.10



What does the term 'assertiveness' mean to you? Why is it relevant to leadership?

Assertiveness is concerned with '*expressing opinions or desires strongly and with confidence so that people take notice*' (as defined in the Oxford Advanced Learner's Dictionary). In view of the findings of the Francis Report (2013) as a leader it will, at

times, be essential for you to assert yourself in relation to patient safety and quality issues. In practical terms this may involve behaviours such as:

- Expressing disagreement
- Providing constructive criticism
- Expressing opinions
- Saying no to others
- Allowing others to express their opinions
- Making requests to others
- Making suggestions to others (McCabe & Timmins, 2006; Timmins & McCabe, 2005).

Much of the work underpinning assertiveness is anecdotal. However, it is largely recognised that communication ranges in style, as outlined in *Figure 3.3*:



Figure 3.3 *The range of styles in communication.*

ACTIVITY 3.11



Study *Figure 3.3*. Outline what the different labels mean and how the styles of communication would be exhibited in terms of behaviour, non-verbal communication and language.

The style in which we communicate will be influenced by the way we perceive ourselves in different contexts, learnt behaviour and personality as well as by the communication skills that we have developed.

Passive behaviour is characterised by the individual not expressing their needs; it is self-devaluing and the individual will generally wait to be led. Non-verbal characteristics include a shrinking posture, a quiet, hesitant voice and little eye contact. Language will be apologetic; for example, *'Sorry to bother you ...'*, or *'It's only my opinion'*. Aggressive communication is characterised by a domineering style where the individual does not listen and focuses on win/lose outcomes. Non-verbal behaviour includes interrupting, staring and pointing. Language is dismissive, allocates blame and may involve shouting. In contrast to the passive and aggressive approaches, assertive behaviour is honest, open and direct, which is reflected in the language used, such as *'I believe/I need/I would like'* and, when appropriate, *'no'*. It recognises the rights of both parties and takes account of what others are voicing. Non-verbal behaviour includes an upright, balanced stance, a firm, clear voice and steady eye contact.

Common barriers to being assertive are the learnt patterns that Berne (1964) outlines, such as not wanting to upset others and acquiescing, as well as concerns regarding others' attitudes towards us. Other issues are a lack of self-belief and a lack of clear intentions.

Practical tips for the development of assertiveness skills include the use of potential scripts such as:

*'When you ...
I feel...
because...
and I would like/need ...'*

SCENARIO 3.3



Diane is consistently late for her span of duty. This causes an inequitable workload for the rest of the team. Diane never acknowledges that she is late or apologises to her colleagues.

Apply the potential script outlined above to this situation. How is Diane likely to react? How will you respond?

Additional tips for developing assertiveness skills include:

- Ensuring that your facts are accurate and that you have them readily available
- Anticipating how others may react to you and preparing your response
- Preparing and using open questions
- Controlling your breathing if you become nervous, by slowing it down and breathing deeply and smoothly.

3.6 Emotional intelligence as a leadership tool

One of the most significant changes in the leadership literature over recent years has been the recognition that emotional intelligence significantly impacts on leadership performance, with several authors asserting that the most successful leaders are those who have high levels of emotional intelligence (Wall, 2007; Wong & Law, 2002; Goleman, 1998b).

ACTIVITY 3.12



Outline what 'emotional intelligence' means to you.

Emotional intelligence is concerned with the individual's ability to perceive, understand and express emotion. It relates to the individual's ability to both identify their own and others' emotions and to regulate and modify their mood (Goleman, 1995). In relation to leadership, Goleman (1998b) found in an analysis of 'outstanding leaders' that emotional competencies, as opposed to technical and cognitive abilities, accounted for 80–100% of those listed by companies as central to the individual's success. Such competencies included personal competencies such as achievement, self-confidence and commitment as well as social competencies such as influence, political awareness and empathy.

In relation to nursing, Cummings *et al.* (2005) demonstrated that emotionally intelligent nursing leadership can inspire others through channelling emotions, passion and motivation towards the achievement of goals. Such leaders use

emotions to mobilise teams, when coaching and in providing the team with a vision for change (Cummings *et al.*, 2005; Watson, 2004). These findings can, arguably, be applied to other areas of health and social care.

Weisinger (2000) asserts that developing self-awareness is vital to the development of emotional intelligence. This is because it is closely related to being able to access one's own resources, the management of emotions, self-motivation, creativity and performance (Akerjordet & Severinsson, 2004; Weisinger, 2000). Weisinger (2000) argues that self-awareness can be enhanced through reflection and exploration of our reactions to people and events. He outlines five 'self-awareness components':

- Examine how you appraise situations
- Make a conscious effort to get in touch with your senses
- Get in touch with your feelings
- Identify what your intentions are
- Be aware of your actions.

More specifically, Vitello-Cicciu (2001) promotes the following questions as a way of focusing on the self:

- What are you feeling now?
- How did you assess this emotion? What verbal and non-verbal cues did you utilise?
- What kind of energy level does this emotion lead to?
- What should you do whilst feeling this way?
- What could happen if the emotion persists?
- What circumstances led to you feeling this way?
- What can you learn from experiencing this emotion?

The Johari window (Luft, 1969), as shown in *Figure 3.4*, is a model that can also be of use in developing self-awareness. It explores four aspects of ourselves: the open area, the blind area, the hidden and the unknown. The open area is the area that we know about ourselves and that others also know about us. Examples may be physical

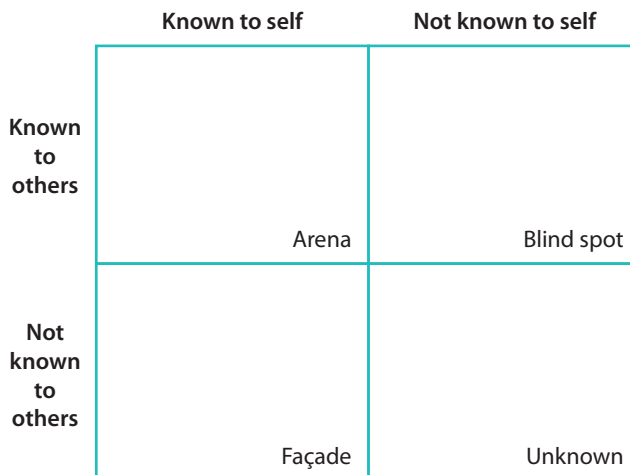



Figure 3.4 *The Johari window (Luft, 1969).*


characteristics and personality traits. The blind area is made up of characteristics that others know about us, but we are not aware of. This may include communication skills that others are aware of, but we have no insight into. This area can decrease in size as self-awareness increases through, for example, asking others how we come across in different situations. The hidden area is made up of things that we know about ourselves that we wish to keep private. The ‘unknown’ is unknown to both ourselves and others. With life experience, this area of the window can become smaller; for example, many new parents describe surprise at the extreme emotions they feel in relation to their children, that they had previously considered themselves incapable of and that others considered them incapable of too.

ACTIVITY 3.13

Draw out your own Johari window (see *Figure 3.4*) and use it to describe yourself. Team up with a critical friend whose opinion you value to help you decrease the size of your ‘blind’ area. Adjectives that you may wish to use include:

flexible	organised	adaptable	democratic
assertive	calm	caring	trustworthy
autocratic	tense	confident	dependable
giving	energetic	helpful	charismatic
independent	warm	intelligent	decisive
dominant	knowledgeable	nervous	sympathetic

Additional tools that can aid in this process include maintaining a reflective journal, gauging others’ moods based only on sensory feedback and being attentive to our reflex thoughts, intentions and behaviours. The ‘NHS 360° Feedback Tool’ may also be of use in developing self-awareness and hence emotional intelligence, since it provides an insight into how others perceive our behaviours (NHS Institute for Innovation and Improvement, 2009). Coaching has also been found to be of use in developing emotional intelligence (Wall, 2007); this will be addressed in *Chapter 8*.

CHAPTER SUMMARY

Three key points to take away from Chapter 3:

- ✓ A great deal of research has been carried out in identifying skills and qualities that are pivotal in successful leadership, but no definitive list exists because varying qualities and skills will be required by differing contexts. However, the core clusters outlined by the NHS Leadership Qualities Framework provide an evidence-based guide that is pertinent to health and social care.
- ✓ Transactional analysis can be of particular use in understanding both inter- and intrapersonal communication.
- ✓ Emotional intelligence is a key quality in effective leadership. Its development requires a conscious process that can be enhanced by feedback from others and reflective practice.

Questions

- Question 3.1** Are some people born to lead and some to be led? Explain your answer. (*Learning outcome 3.1*)
-
- Question 3.2** Identify the five skills of an effective leader that you consider to be of most importance. Justify your response. (*Learning outcome 3.2*)
-
- Question 3.3** Review the NHS Leadership Qualities Framework. Which of these qualities do you already possess and which do you need to develop? (*Learning outcome 3.3*)
-
- Question 3.4** List three aspects of your communication skills that you could improve. Outline how you would do this. (*Learning outcome 3.4*)
-
- Question 3.5** What does 'emotional intelligence' mean to you? What would you expect to see in an emotionally intelligent leader? (*Learning outcome 3.5*)
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FURTHER READING

Buzan, T. & Buzan, B. (2010) *The Mind Map Book*. Essex: BBC Active for Pearson Education Group.

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