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Leadership development in the English National Health Service: A counter narrative to inform policy

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ABSTRACT

Objectives: To examine the current approach to leadership development in the English National Health Service (NHS) and consider its implications for nursing.

To stimulate debate about the nature of leadership development in a range of health care settings.

Background: Good leadership is central to the provision of high quality nursing care. This has focussed attention on the leadership development of nurses and other health care staff. It has been a key policy concern in the English NHS of late and fostered the growth of leadership development programmes founded on competency based approaches.

Design: This is a policy review informed by the concept of episteme.

Data sources: Relevant policy documents and related literature.

Review methods: Using Foucault's concept of episteme, leadership development policy is examined in context and a 'counter narrative' developed to demonstrate that current approaches are rooted in competency based accounts which constitute a limited, yet dominant narrative.

Conclusion: Leadership takes many forms and varies hugely according to task and context. Acknowledging this in the form of a counter narrative offers a contribution to more constructive policy development in the English NHS and more widely. A more nuanced debate about leadership development and greater diversity in the provision of development programmes and activities is required. Leadership development has been advocated as being crucial to the advancement of nursing. Detailed analysis of its nature and function is essential if it is to meet the needs of nurse leaders.

What is already known about the topic?

- Leadership development is necessary for effective nursing leadership.
- Relational and empowering leadership has been found to be effective in nursing.
- Leadership development is largely competency based.

What this paper adds

- The use of the concept of episteme reveals the limitations of competency based approaches to leadership development.

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- There is an evidence base demonstrating the limitations of competency models that is overlooked for policy purposes.
- The development of a counter narrative is a useful corrective to current leadership development policy.

1. Introduction and background

The need for leadership in, and of, the National Health Service (NHS) has been a recurring theme in English health policy in recent years (DH, 2000, 2008a,b, 2009a,b). This can be seen as the latest in a series of initiatives designed to engage clinicians more directly in the management of the NHS (Glennerster et al., 1994; Harrison et al., 1992; Huxham and Bothams, 1995; Packwood et al., 1991). The latest example of policy development in this area is the establishment of the NHS Leadership Academy with its mission to develop outstanding leadership, in order to improve people's health and their experiences of the NHS (NHS Leadership Academy, 2013). However the leadership challenge for nursing is not confined to the English NHS, for example the International Council for Nurses (ICN) has a vision that Nursing in the 21st century will have nurses at a country and organisational level equipped with the knowledge, strategies and strength to lead and manage in health services and in nursing through change for a healthier future for all populations (ICN, 2013). This indicates that leadership, and its impact on nursing and patient care, is of international concern (Bishop, 2009; Freshwater et al., 2009). Furthermore detailed consideration of a range of theoretical insights is vital if policy in this area is to be appropriate and result in approaches to leadership development that improve the quality of leadership and patient care.

The purpose of this paper is to examine this development in the context of the instrumental logic which has informed English health policy of late, and contrast it with the normative logic (Brown, 2008; Taylor-Gooby and Wallace, 2009) evident in the literature that discusses leadership development in health care, and consider its implications for nursing. The intention is to make a contribution to the burgeoning literature which has examined leadership in nursing (see for example Cummings et al., 2010; Laschinger et al., 2011; MacPhee et al., 2011; Salmela et al., 2012; Stewart and Usher, 2010) and demonstrate how the application of an aspect of theory can illuminate important issues with regard to leadership.

To do this we use the concept of *episteme* (Foucault, 2002). An episteme is a collectively internalised logic or 'code of culture' (O'Leary and Chia, 2007, p. 392); a set of interconnected, typically unspoken assumptions that both describe and bring into being social phenomena. Epistemes make the social world because they create particular kinds of subjects and categories, and in doing so they justify the use of power and, ultimately, support different kinds of violence. Most influentially, Foucault (2001, 2002) studied epistemes in relation to the invention of madness and the label, 'insane'; the nature of academic knowledge and disciplines, and a range of other topics. Spivak (2009) describes how an episteme of imperialism makes the colonial subject into someone that is regarded as 'other', demonstrating the effect that such assumptions can have. Epistemes have been used to describe organisation-level settings too, for instance O'Leary and Chia (2007) described how epistemes supported sense-making at a family-owned newspaper.

Here we describe the effects of a policy episteme – relating to 'leadership' in healthcare. This episteme results in a narrative about leadership that is theoretically thin and simplistic. It produces a certain view of leadership – as based on a dominant competency account – that neglects complexities such as the interrelationship between the context for leadership and individual leaders. This in turn influences approaches to development. We suggest that the complexity of NHS leadership cannot be adequately conveyed unless alternative accounts are also accessed. To demonstrate this, and develop a counter-narrative of NHS leadership development, we draw on Grint's (2000) fourfold typology of approaches to representing leadership, (see below). Each typology generates different insights on the nature of leadership, and this raises questions about how leadership development is being pursued in health care. The identification of this counter-narrative is important in order to counterbalance the prevailing competency-based, instrumental approaches to leadership in contemporary policy (Bolden and Gosling, 2006; Bolden et al., 2006). This approach could also be applied more widely to inform debates about how best to approach nursing leadership development in other settings. For example in Ireland it has been argued that greater attention needs to be given to interdisciplinarity (Fealy et al., 2011), and in Turkey development based on a model of transformational leadership has been advocated (Duygulu and Kublay, 2010). Similarly, in Canada, an empowerment framework for development has been recommended (MacPhee et al., 2011), which suggests that a variety of approaches need to be considered and evaluated.

The paper is divided into five main sections. First, we offer a brief review of leadership in health care in England to provide a context for the discussion. Second, we summarise the principal approaches to the development of leadership capacity in health care, launched as part of *the NHS Plan* (DH, 2000) and given further impetus in the Darzi Review of the English NHS (DH, 2008a,b, 2009a,b), and most recently culminated in the establishment of the NHS Leadership Academy. This illustrates how the leadership development challenge is being addressed. Third, we present a summary of the major theoretical strands in the leadership literature and argue that the current perspective on leadership development in English healthcare is but one episteme, which has emerged as an attempt to impose order on an inherently complex area of policy development. Finally we argue for a more nuanced picture of the reality of leadership development and greater diversity in the provision of development programmes and activities for nurses. Acknowledging that leadership takes many forms and varies hugely according to task and context, offers a more constructive platform for policy development in complex healthcare organisations (Fairhurst, 2009; Grint, 2010).