
Guest editorial: Contextualising leadership – the impact of strategy and culture in healthcare and disability services

An overview of leadership

In this Special Issue of the *Journal of Leadership in Health Services*, we seek to focus on both the challenges and opportunities of transformational change within healthcare and disability services, and bring into sharp focus the leadership attributes necessary for sustainable change in this sector:

When more people flex their leadership muscles and find the courage to take on big problems, they exude the optimism of activism. That positive energy can be contagious and can unite us in new ways. By undertaking the daunting, yet meaningful, task of making a difference in the world, advanced leaders can transform the lives of many people – including the leaders themselves (Moss Kanter, 2021, p. 1).

The notion of purpose as a key emerging focus in the leadership literature (Zu, 2022) is fitting for this special issue, given that the notion of purpose and mission underlies so much of health and disability services work upon which this issue focuses. Such divergence is from the much earlier and more traditional approaches that attempted to pinpoint the notion of the great leader and usually “his” characteristics and innate personality, at the pinnacle of an organisation, mired in a positivistic orientation. In such traditional approaches (remembering that they are still alive and well in some organisations and sectors), we see interest in distinguishing leadership and management, explorations of leader competencies, traits, styles, intelligences and a slew of theories from contingency, to charismatic, transformative and servant leaders.

More contemporary approaches, as Schedlitzki and Edwards (2021) outline, encompass concerns with context, followership, power and politics, a wider distribution of leaders, culture, communication, learning, gender and diversity, ethics and even the Phoenix leaders managing change in contemporary firestorm disruption (Woodward *et al.*, 2021). This is echoed by Laur *et al.* (2021) who stress the need for adaptive leadership in contemporary health systems mired in uncertainty. Such leadership is evident in the papers included in this Special Issue – changing roles, teamwork, co-production of culture and practice, leadership training, mindfulness, organisation entity, co-leadership and co-design, engagement and its challenges.

The flip side of this is what Hofmann and Vermunt (2020, p. 252) claim is the need “to develop a conceptually sound outcome model for clinical leadership (CL) development in healthcare, linking individual professional learning and organisational change.” And one solution is offered by Shanafelt *et al.* (2021) who have designed an innovative integrative model of Wellness-Centred Leadership for healthcare leaders. Another, directed at healthcare organisations, is urging them to deal with change more effectively by becoming learning health systems and learning organisations (Harrison and Shortell, 2021). A yet further approach is to emphasise health systems resilience moving into transilience in response to crises such as COVID-19, a system:



That recognizes the role of healthcare in the human-ecological system and response to crises in such a way as to avoid future imbalances in power, access to care and health outcomes (Haldane and Morgan, 2021, p. 134).

Recently, we see the evolution from leader *per se* into a concentration on perhaps the more diffuse and intangible concept of leadership, usually mired in a constructivist and qualitative orientation, and cognisant of a wider range of inputs, including culture (Sutherland *et al.*, 2022) and diverse ideas of success and failure.

The other side of purpose seems to be a growth in the area of work and meaning, especially that embedded in the potential contributions of leadership to meaningful work. In a recent paper by Fremeaux and Pavageau (2022, p. 54), their qualitative research study, exploring the effect leaders had on their own and employees meaningful work, identified the following components as innovative in terms of theories of meaningful work: “moral exemplarity, self-awareness, personal or professional support, community spirit, shared work commitment and positive attitude towards individuals and situations”.

Both the notion of purpose and meaning move beyond the traditional concepts of leadership and work as contributions to the self in terms of salary or contributions to the organisation in terms of productivity and the bottom line. The part leadership can play in this different approach to work and to provide opportunities for organisational members to achieve meaning and purpose, especially in this accelerating VUCAD world, then is an important consideration, as much in health services as in other both profit and not-for-profit organisations, something that has become more evident as the world of work has had to contend with the many predictable and unpredictable challenges of COVID 19 in myriad ways. During these dark times, individuals and leaders have had to grapple with the need to reconceptualise the very nature of work, work locations and workplaces, work–life balance, the concept of career and the price of a more traditional understanding of work itself. The Great Resignation has been one outcome.

Aligned with notions of leadership, purpose and meaning, is the rise of concepts of sustainable and high-performance leadership. In their forthcoming monograph, Bergsteiner and Avery (2023, p. 14) argue for the critical role leadership culture plays across diverse levels and especially in sustainable leadership. Distinguishing between what they call the negative “Business-as usual leadership mired in a locust philosophy” and the more positive “Sustainable leadership grounded in a honeybee philosophy”, they define Sustainable Leadership as occurring:

When an individual, an influential group or an organisational culture energises, enables and guides people to pursue a collective purpose and vision that produce outcomes that enrich and strengthen the wellbeing, self-reliance, resilience and immunity of organisations, stakeholders and their communities.

Yet, context is crucial in consideration of aspects of leadership in health services. Therefore, for us, the interconnectedness of healthcare and the disability sector is an ever-growing consideration and challenge, especially with the introduction and implementation of the National Disability Insurance Scheme in Australia and the recent Australian Royal Commission into the Disability sector. Both have become central concerns for society.

Leadership challenges in healthcare and disability services

Health care and disability services have been particularly challenged by the COVID-19 pandemic. This period has resulted in extraordinary demands being placed on resources and workforces, both of which were already stretched when operating in “normal” times. COVID-19 also reduced access to healthcare by people with non-COVID related acute and

chronic medical conditions, redirecting resources to address the health impacts of a new and deadly virus which was spreading rapidly (Moynihan *et al.*, 2021). The changes required across healthcare systems provided additional challenges for organisational leaders who were required to lead teams, institutions and workforces in new ways, allocating finite resources to respond rapidly to a new viral threat. Leaders were required to develop innovative responses to service delivery (including face-to-face and digital responses), redirect and re-train workforces, develop new clinical and social supports, and manage the safe return to work to those who fell ill (Phillips *et al.*, 2022; Whelehan *et al.*, 2021).

The ongoing nature of the pandemic has proven additionally challenging in relation to workforce in healthcare and disability services. New models of service delivery have required new skills, including how to deliver COVID-safe care and support using personal protective equipment and using digital technology (Taylor *et al.*, 2021). Sickness amongst work colleagues and their enforced absence from workplaces, and deaths, required additional effort by individuals and teams, supporting each other to ensure services remained available and appropriately staffed to deliver the skilled and quality care people have needed (Chemali *et al.*, 2022; Gholami *et al.*, 2021). Leadership has been fundamental to keeping things operating when demands have been high and supporting staff whose outstanding efforts have left them anxious, exhausted and fatigued (Gupta *et al.*, 2021; Whelehan *et al.*, 2021).

COVID-19 required rapid adaption, as well as the suspension and cessation of some services reducing access and calling into question the sustainability of some services and organisations (Andrews *et al.*, 2021). But even before the COVID-19 pandemic, healthcare and disability services were finding their operating and funding environments challenging. Primary care, hospitals, aged care and disability care and support systems across the world have been challenged with finite capacity, increasing demand for supports, with constrained budgets and workforce shortages (Dowse *et al.*, 2016) and a history of long waiting lists (Law *et al.*, 2022; McIntyre and Chow, 2020). The supply and retention of suitably qualified workforce has also been a significant challenge, particularly in settings outside of metropolitan centres, and especially in rural and remote locations (Aluttis *et al.*, 2014; Russell *et al.*, 2021). This has called for leadership in relation to co-producing models of care and support (face-to-face and digital), and new or enhanced approaches to training and supporting organisational leaders, managers and team members.

This Special Issue provides examples of how some of these issues might be addressed in a variety of healthcare and disability support settings.

Introducing the papers in this special issue

Across such diverse perspectives on leadership in the present collection, clear themes across three foci have emerged – workforce challenges, leadership development and employee connectedness.

Leadership development

The paper by Loughhead, Hodges, McIntyre, Procter, Barbara, Bickley, Harris, Huber and Martinez, focuses on the importance of lived experience in a specific leadership model, “The Model of Lived Experience Leadership”, formulated as a participatory action research project during 2019–2021. As a “model that frames leadership experience as a social movement for recognition, inclusion and justice”, its identified six leadership actions may prove a good starting point for ongoing leadership development programmes across a wide range of sectors.

The paper by Davies, Shepherd and Leigh provides further potential pointers to necessary elements that may underpin effective leadership development activities. Connecting a strong theoretical framework for such development with the necessary “practice” considerations to allow such focused leadership development to be available in a wide variety of work contexts, may result in better outcomes for such development programmes, something which has challenged many organisations over many decades.

The paper by Repper and Eve provides practical insights into co-production, which, at its heart, focuses on stakeholders working together to achieve wide-ranging outcomes. Co-production presents challenges for leaders as they must understand and address personal views and biases to ensure an inclusive and collective approach to problem solving. From a leadership development perspective, the lessons learnt from their case study application may inform a range of design concepts that could be incorporated in many formal leadership development programmes.

Much has been written regarding leadership development and leadership development programmes, both in terms of content and structure (Gratton *et al.*, 2019; Kjellsrom, 2020). In the case of the former, research and practice has focused on ingredients for successful leadership (Bazerman, 2020; Sarsar, 2020) as well as the challenges of addressing issues associated with toxic leadership (Baloyi, 2020; Lin *et al.*, 2019). In the case of the programmes that support leadership development, research has identified a mixed reaction to the success or otherwise of what has become a substantial cost across many sectors within the economy (Gurdjian *et al.*, 2014), suggesting that value for money is not being achieved. The papers contained in this Special Issue may provide some interesting and worthwhile guidelines for those developing such programmes, not just within the broader healthcare sector but also beyond.

Employee connectedness

One of the key themes emerging from the collection is that of employee connectedness to self, each other, teams, leadership and with the organisation. We knew how important connectedness was before the COVID-19 pandemic, but that catastrophe served to remind and reinforce for us the human need for connection, with employees using technology to create connectedness and communities at both micro and macro levels, in many cases leading to questioning the nature of organisation, invention and reinvention of organisations.

Many studies (Sharma, 2021) have shown the important links between organisation effectiveness, engagement and identification for enhancing organisation connectedness, developed through appropriate human resources practices and a constructive culture. Moreover, Farnando *et al.* (2022) demonstrated how moral courage and ethical behaviour were directly and significantly impacted by employee connectedness with their work organisations, with socialization assisting enhancing such connectedness.

Rosen and Holmes’s paper features connectedness as a fast-growing approach focused on engaging stakeholders in health and social systems change management through co-leadership and co-design of services, centred on consumer involvement with, rather than services to them.

Paul’s paper focuses on a different basis for connectedness – the importance of mindfulness practice for leadership development, especially during change challenges, for achieving consistent transformational practice in the disability sector where leaders, employees and clients are affected. He introduces us to mindfulness and then takes us through the diversity of approaches available and the key outcomes of research and practice in the field, usefully targeting what benefits and workplace success look like.

Individual connectedness and that with other employees, teams and unit networks can enhance knowledge transfer and organisational learning (Aalbers *et al.*, 2013). This early finding resonates with Wark and Gredecki's paper where they argue that those with disabilities need support in communities rather than hospitals, but best practice requires optimum leadership and service delivery in community forensic services. Findings highlight the crucial need for authentic leadership, a value-based team identity and effective practice, and understanding of different attachment styles, leading to a culture of trust benefitting employees working collaboratively with vulnerable users of community services. A practical innovative framework, integrated with an effective leadership model, is provided for implementation.

Workforce challenges

The paper by Olley explores the important intersection between leaders' perceptions of their leadership behaviours and how their efforts are perceived by employees in an aged care setting. He highlights what he calls, the Intention-Experience Disparity, where leaders' positive assessments of their own leadership skills and behaviours (their intentions) do not match how they are experienced by others (their experience). This tension impacts on employees and can result in organisational disengagement and job burnout, both affecting workforce productivity and retention. The paper concludes that a failure to build that trust and address the Intention-Experience Disparity, particularly through focused leadership training in aged care services, will lead to continuing workforce challenges.

The importance of nurses and nurse leaders in health and disability care is explored in Vasset's paper, reflecting on the role of development and change for nurse leaders in increasingly complex services in Norway and Finland. Results highlight, unsurprisingly, that nurse leadership skills develop and change, and this change inevitably moves their focus away from clinical work. It is highlighted that the progression from expert nurses to nurse leaders occurs over time, and common themes of focus of participants over that period were on the development of nursing, staff development and organisational change, the latter being particularly challenging to lead. Importantly, long term leaders were also reported to be perceived by employees as more stable, secure and they were less likely to relocate or retire.

In Olley's second paper, the impact of organisational identification on employees is explored. Organisational identification considers how employees see themselves as part of the organisation; how they perceive an organisation's uniqueness, which is seen as an enduring factor that exists past organisational strategy or direction. Olley highlights that personal motivation for working aged care featured as far more important to employees than organisational attraction or affiliation. Notably, the paper highlights that there was little evidence, either qualitative or quantitative, that leadership style affected employees' organisational identification. Interestingly, employees liked working in aged care because it matched a personal preference or aspiration, not because of a particular organisation's philosophy, purpose or culture. Considering current challenges for workforce in aged care settings, it is argued these findings should influence how recruitment and retention strategies in aged care settings are designed.

Conclusion

The papers contained in this special issue of *Leadership in Health Services* have responded to the growing complexity, as well as the increased demands, placed on service design and delivery challenges within the broader disability and mental health services sector. The spectrum of case study examples, institutional solutions to managing change in these

organisations and the innovative approaches to addressing current and future challenges, makes for compelling reading. These have been selected as they support and build on existing research and, importantly, provide clear guidance for organisational participants and leaders at all levels, to aid the development of solutions that may add value at a practitioner level.

These papers have been grouped around predominant themes of leadership development, employee connectedness and workforce challenges, elements of which can be considered as key organisational ingredients for delivering sustainable futures for organisations operating in healthcare and disability services and doing so through effective organisation-wide leadership.

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