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Leadership and Power Dynamics in the NHS: Exploring Collaborative Maternity Work through the Lens of “LAP”

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Abstract

Health care systems across the globe are becoming increasingly complex, fast paced and distributed across traditional boundaries (Engestrom,2014). Over the past 15 years, In the UK’s NHS organisational structures, leadership styles, medical practices and procedures have been subjected to substantial modification. The roles and responsibilities of health care practitioners have been re-configured and a number of new forms of employment in health- care have emerged. Health care practitioners are also being required to undertake additional training, enhance their expertise, and work more flexibly and inter-professionally in order to provide a higher quality care (Nancarrow, 2015). Many of these developments have emanated from a series of policy changes that fall under the discourse of work-force transformation or “skill mix” change (Nelson et al, 2018).) Such changes have led to the blurring of professional boundaries in health care work.

In order to deal with the challenges of such developments, it has been argued that the NHS needs to shift away from more traditional “tripod” or “heroic” models of leadership which involve talk of leaders and followers and their shared goals towards more distributed, shared and collaborative approaches (Drath, 2008). Moreover, it has been suggested that in the NHS leadership is something to be developed at all levels of the organisational hierarchy and that front line practitioners need to be encouraged to lead change and take control over how local health services are delivered (Warwick, 2015, Martin and Learmonth, 2012).

In the theoretical literature on leadership, similarly, scholars have argued that there needs to be a shift away from individualistic “trait” and indeed heroic conceptualisations of leadership towards more relational, shared and distributed approaches (Crevani et al, 2010). Such approaches would recognise that leadership is intricately connected to a wider socio-cultural context, and can emerge through on-going action and interaction (Kempster and Gregory, 2017; Carroll et al, 2008; Raelin, 2011). In leadership thinking, the “leadership as practice approach” (LAP) has been developing as a way of theorising the specificities of leadership as it occurs in moment to moment in situated practice (Kempster and Gregory, 2017). The LAP approach has its roots in social practice theory (Schatzki, 2005, Bourdieu 2002) and focusses ontologically on how leadership emerges in the on-going flow of organisational activity.

This paper conceptualises the aforementioned “work-force change” and “role re-negotiation” in the NHS through the lens of “leadership as practice” (LAP). The data that is drawn upon in the paper is taken from a research study that explored work-redesign in the NHS’s maternity services. Specifically, the study explored role boundary changes between qualified and unqualified staff in maternity care, focussing on how practitioners collectively navigated boundary related tensions. The research was undertaken in an NHS Trust in the North of England over an 18 month period. The data was collected from three different hospital sites in the Trust as well as a number of community bases. The participants of the study were midwives, maternity support workers and midwifery managers. A range of ethnographic research methods were employed in the study including semi-structured and conversational interviews, non- participant observations, and a review of internal policy documents. 39 participants were formally interviewed with each interview lasting between 35 minutes and 90 minutes.

Using the Leadership as practice (LAP) approach, this paper firstly illustrates how leadership takes place at the front-line level, as NHS professionals collectively navigate and negotiate their often contested role boundaries (Nancarrow, 2015). The paper takes issue with the notion of “power” in leadership as practice, unpacking the situated power relations that are created and maintained between the NHS staff. At present there is a dearth of empirical exploration into issues of power in the leadership as practice literature (Kempster and Gregory, 2017). This paper explores how in an episode of leadership, maternity professionals acquire and use power to accomplish their organisational goals.

The data highlights how in their leadership practices, issues of power are particularly discernible at the role boundary between qualified professional midwives and support workers. The notion of “expert power” proves especially relevant to the analysis. In their collective work, midwives have considerable power to influence the behaviour of support staff because of their recognized knowledge, skills and professional expertise (Luthans, 2011). The implications of these power relations for leadership as practice at the local level in maternity care are considered.

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