



In an ever changing world, management of the NHS cannot remain the same. Paul Bridle describes why

The changing face of leadership

THE EFFECT of large scale but local events such as terrorism or natural disasters can change the world dramatically and are felt by people everywhere.

Partly because of the effect of terrorism on tourism in the United States for example, in July this year, only two US airlines were not one step from bankruptcy.

The effect of these events on people and economies around the world is a feature of global capitalism, and this 'globalisation' is increasingly changing the way businesses operate.

China for example, which until recently had a government-run 'command economy', is rapidly becoming the factory for the world. On a recent visit there I was struck by the incredible speed at which the economy is growing. But even more than the scale of the building work taking place in China, what struck me most was how busy people are there and how keen they are to work; the Chinese are a people on the move.

As a people they seem to be focused on the future and what they want to achieve; they seem keen to embrace the world of globalisation.

Travelling around the globe, I see a similar focus in many other countries. In the United Arab Emirates, for example, the taxi driver who takes me from the airport to my hotel tells me about Dubai's ten-year plan, while in South Africa, a group of university students tell me that the only way their country will become a first-world economy is by developing the knowledge and skills of its people.

Also in South Africa I meet a 52-year-old woman who has just started her third degree. If you only have one degree, she tells me, people will wonder why you stopped.

India too has embraced globalisation with enthusiasm, its people seeing the use of technology as the means to change their future. As a result, India is the home of outsourcing and its people are becoming expert at this service. For example, an X-ray taken in a US hospital can be transferred digitally to India within seconds. There, it can be analysed, and a report on it prepared and sent back to the US ready for the relevant consultant doctor when he arrives for work in the morning. This process saves the consultant doctor time and raises the standard of the service offered by the hospital.

But how do these changes affect the UK, and what impact will they have on leadership in the future?

External impact

External impact is the effect that the changing world has on the NHS and people's health.

In our society, people have become complacent and lazy, while those of emerging nations are willing to and learn, and can work more cheaply and effectively.

This means that we in the UK are under pressure to 'raise our game' and become more effective, while our businesses demand more of people and push them to do more with less to achieve better productivity.

With such pressures come stress and stress related diseases. A complacent society that has got fat on bad eating and drinking, and lack of exercise, will find the sudden requirement to be more efficient a big mountain to climb both mentally and physically.

Added to these are the **increasing** numbers of cars on our roads and people on the move, which leads to more accidents.

Finally, we have the threat of international disease that move more quickly **as the number of people travelling around the world grows**.

All of these factors have a huge effect on the NHS, which can probably meet the needs of 60 million or so people in the UK who keep relatively fit and live moderate lifestyles but could not cope with 60 million people who do not care for themselves, smoke too much, eat junk food, drink to excess and drive in ways that cause accidents.

Internal impact

But the external impact is not the only influence on the NHS. **There is also an internal impact**, which comes from the culture **of the NHS itself**.

Any efficient service depends on the relationships between the people in the organisation that provides it. Words commonly used to describe **aspects of such organisations** include 'values', 'culture' or even 'ethos'. These **words can** describe how such organisations do business, or acceptable modes of behaviour, within them, or they define the way business activities work and interact with each other.

Unfortunately, the NHS's business model expired a decade or two ago and, despite attempts to de-layer and re-structure the organisation, its **managerial** mindset is unchanged.

Studying the way the NHS operates, I have been horrified to find that some trust managers and staff work in isolation, and are allowed to behave in ways that **lead to** poor performance among staff.

The 'them and us' and 'not my job' attitudes **among staff, and the culture of blame**, have become stronger than ever, and a lack of effective leadership at all levels **prevents the NHS from dealing with the changes it faces** in the modern world.

What is 'culture'?

Our behaviour is defined by our attitudes, and the attitudes of NHS staff in four areas will define how they act and behave, and how they think about themselves, their jobs and the organisations for which they work.

These four areas, **which describe the 'culture' of organisations**, are:

- The attitude between management and staff, and *visa versa*
- The attitude between members of teams, departments, divisions, sections or individuals
- The attitudes **of staff** towards the organisations **in which they work**, and the processes, systems and targets in which they operate. These may include whether staff think that they are misunderstood or if their organisations are too bureaucratic or interfering
- The attitude of staff towards their customers or service users.

I am amazed to find that people working in the NHS have bad perceptions of management, that there are poor attitudes between departments or between individuals, and that there is a lack of trust and belief in both the government and, in many cases, the health service itself.

Future leadership

Leadership in the future faces the challenge of motivating a workforce that **must** be more adaptable and efficient. But, before this can happen, the culture of the organisation at all levels should be managed **differently** and this calls for a new type of leader.

People change as they develop new lifestyles, and they expect their working lives to be part of their lifestyles and so will not work in environments that fail to meet their needs. Employees increasingly have different expectations of work and will not accept the old fashioned working environment that currently prevails in many parts of the NHS.

It follows that the job of future leaders will differ from that which they have had so far. Those who rely on their knowledge and skills to make them good leaders will realise that successful leadership is not about how good you are as a nurse or a doctor, but how good you are at obtaining the best out from the people you lead.

Leaders are often mediocre at the functional aspects of the services they help to provide but are excellent at leading teams. This **maxim** applies at all levels.

The NHS faces a great challenge, and it must start to change from within because the external pressures upon it can be managed only if the internal issues are addressed once and for all.

The need for excellent leaders therefore has never been more important than it is now, **and can only increase** in the next decade **nm**

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