The Kings Fund

Ideas that change health care

Keith Grint
Clare Holt

Followership in the NHS

Commission on Leadership and Management in the NHS

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Keith Grint and Clare Holt

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The views expressed are those of the authors and not of the commission.

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1 Executive summary

This review of followership in the NHS begins with a brief review of the clamour for leadership in the recent past as a way of transcending the apparent failure of the prior governance and targets approach. It suggests that to focus upon leadership, and a particular form of leadership, is to underestimate the role of followers in securing a successful health service and to overestimate the ability of individual 'heroic' leaders to make a significant difference to all circumstances.

It then provides a succinct review of the recent literature on followership and assesses whether the modern trend towards followership is a consequence of universal organisational changes, or a different way of understanding how organisations work, or a recognition that unfettered leadership is, in and of itself, deeply problematic as a way of addressing complex issues and alienating the professional followers.

The next section provides a typology of followers based on the original typology of problems originally undertaken by Rittel and Webber. This suggests that the kind of followership is dependent upon the attribution of particular requirements to a specific situation. In effect, a wicked problem (the land of leadership) requires responsible followers; a tame problem (the land of management) requires technical followership; and a critical problem (the land of the commander) requires compliant followership. However, since this all occurs within contested space the kind of followership that occurs is also dependent upon a persuasive rendition of the situation by those in authority.

The final section considers what this all means for followers in the NHS. We suggest that the transition to a more decentralised and competitive health service should, in theory, generate some wicked problems that require a lot of collaborative work on the part of followers, as well as an array of tame problems as the new standard operating procedures are deployed. However, given the budget problems and the underlying anxiety of many people, it is probably more likely that both tame and wicked problems will be construed as critical problems and the responsibility for resolving these will be dumped at the door of the formal leaders by the very followers whose skill and dedication keeps the health service running.

We conclude that if we continue to run the nation's health as a National Illness Service – run by commanders in repair mode, responding to the ever-growing medical needs of the population – we will never mobilise enough followers to provide an efficient or effective service. If, on the other hand, we shift to leaders in prevent mode and run a National Health Service then the mobilisation of sufficient numbers of responsible followers might just work.

How this can be done is open to debate, but by using the experiences of the professional medical 'followers' who understand the needs of the paying 'follower' (the patient) best, we could encourage the professional staff to be more responsible in their followership within the complex NHS organisation.

2 Introduction

For some time now various governments have highlighted the importance of leadership in the NHS (Storey and Grint forthcoming). Most recently the Coalition Government's proposed health service reforms have focused on clinical leadership in which GPs and GP consortia shoulder the responsibility for commissioning and reshaping services. Clinical leadership was also emphasised through the Darzi reforms which had clinical, rather than managerial, leadership as a priority. As the Darzi report (2008, p 66) stated: 'Leadership has been the neglected element of the reforms of recent years. That must now change'. This renewed emphasis on leadership was welcomed by the Editor of : 'Darzi has wisely as the organising principle of the NHS. He has replaced it with quality, by which he means clinical effectiveness, patient safety, and the patient experience' (Horton 2008, p2 [emphasis added]). The deregulation of the NHS manifest in this adoption of leadership as the solution to the problems of the 'over-regulated' health service is replicated by the title of the White Paper (Department of Health 2010a) and the supporting consultation document (Department of Health 2010b) which foreshadowed the abolition of primary care trusts (PCTs), the strategic health authorities and the Appointments Commission. The displacement of PCTs as the custodians and champions of the NHS brand by leadership – and most especially clinical leadership – thus shifts a previous heavy emphasis on board governance in conjunction with centralised management which lasted for nearly 10 years. That period saw major emphasis on the idea of sound governance and target management as the keys to better health care services (Storey 2010). Indeed, it could be argued that the shift between leadership and governance represents a permanent duality, a pendulum that swings from one approach to the other as each proves incapable of 'solving' the problem of the NHS (Storey and Grint forthcoming).

It might also be worth considering why we have experienced this shift from governance to leadership and back across time. Certainly Beveridge's original proposal does not seem to have envisaged a requirement for constant change; after all, since one clear effect of the NHS was going to be the reduction in the number of cases that required its services as people became healthier, then presumably the only change would have been in a reduction in its size. Alas, Beveridge does not seem to have recognised that if the NHS served as intended then longevity was going to be an unintended consequence of health and that would be compounded by scientific advances: we would have constantly increasing, not decreasing, health demands, and a permanently increasing health budget, and both would require more not less management, let alone less leadership.

More leadership is, apparently, what we need. Take, for example, the quote from the front page of the NHS Leadership for Innovation and Improvement Leadership Qualities Framework website (NHS 2011): 'The NHS needs to identify £15–20 billion of efficiency savings by the end of 2013/14…The NHS Operating Framework for 2010/11 confirms the scale of the challenge ahead of us. Success requires bold and thoughtful leadership; re-thinking how we work; challenging current practice and thinking outside of our own organisational and professional interests so that quality genuinely is our organising principle'. And yet while the Leadership Qualities Framework 'developed specifically for the NHS' (though it is not clear what, if anything,

about the framework makes it specific to the NHS) has been around since 2002, almost a decade of use does not seem to have encouraged any government to stop intervening directly and demanding 'more leadership'.

Irrespective of whether the framework traits are so nebulous as to be irrelevant or so obvious as to be unworthy of serious attention, or so difficult to find embodied in a single leader as to be pointless, it seems clear that all these traits are necessary to a successful organisation. Thus we are left with a paradox: the leaders who have all of these traits – the omniscient leaders – do not exist but we seem to need them. Indeed, complaints about leaders and calls for more or better leadership occur on such a regular basis that one would be forgiven for assuming that there was a time when good leaders were ubiquitous. Sadly a trawl through the leadership archives reveals no golden past, but nevertheless a pervasive yearning for such an era. An urban myth like this 'romance of leadership' – the era when heroic leaders were allegedly plentiful and solved all our problems – is not only misconceived but positively counter-productive because it sets up a model of leadership that few, if any of us, can ever match and thus it inhibits the development of leadership, warts and all: not for these leaders Seneca the Elder's warning: (no-one is without fault).

An alternative approach might be to start from where we are, not where we would like to be: with all leaders – because they are human – as flawed individuals, not all leaders as the embodiments of all that we merely mortal and imperfect followers would like them to be – perfect. The former approach resembles a white elephant – in both its dictionary definitions: as a mythical beast that is itself a deity, and as an expensive and foolhardy endeavour. Indeed, in Thai history the king would give a white elephant to an unfavoured noble because the special dietary and religious requirements would ruin the noble. The white elephant is also a manifestation of Plato's approach to leadership: for him the most important question was 'Who should lead us?' The answer, of course, was the wisest among us: the individual with the greatest knowledge, skill, power, resources of all kinds. This kind of approach echoes our current search criteria for omniscient leaders and leads us unerringly to select charismatics, larger than life characters and personalities whose magnetic charm, astute vision and personal forcefulness will displace all the bland and miserable failures that we have previously recruited to that position – though strangely enough using precisely the same selection criteria. Unless the new leaders are indeed Platonic philosopher-kings, endowed with extraordinary wisdom, they will surely fail sooner or later and then the whole circus will start again, probably with the same result.

Karl Popper provides a firmer foundation for a different approach in his assumption that just as we can only disprove rather than prove scientific theories, so we should adopt mechanisms that inhibit leaders rather than surrender ourselves to them. For Popper, democracy was an institutional mechanism for deselecting leaders, rather than a benefit in and of itself, and, even though there are precious few democratic systems operating within non-political organisations, similar processes ought to be replicable elsewhere. Otherwise, although omniscient leaders are a figment of irresponsible followers' minds and utopian recruiters' fervid imagination, when subordinates question their leader's direction or skill these (in) subordinates are usually replaced by those 'more aligned with the current strategic thinking' – otherwise known as yes-people. In turn, such subordinates become transformed into irresponsible followers whose advice

to their leader is often limited to destructive consent: they may know that their leader is wrong but there are all kinds of reasons not to say as much, hence they consent to the destruction of their own leader and possibly their own organisation too.

Popper's warnings about leaders, however, suggest that it is the responsibility of followers to inhibit leader's errors and to remain as constructive dissenters, helping the organisation achieve its goals and not allowing any leaders to undermine this. Thus constructive dissenters attribute the assumptions of Socratic ignorance rather than Platonic knowledge to their leaders: they know that nobody is omniscient and act accordingly. Of course, for this to work subordinates need to remain committed to the goals of the community or organisation while simultaneously retaining their spirit of independence from the whims of their leaders, and it is this paradoxical combination of commitment and independence that provides the most fertile ground for what we call responsible followers.

In sum, holding together the diversity of talents necessary for organisational success is what distinguishes a successful from an unsuccessful leader: leaders don't need to be perfect but, on the contrary, they do have to recognise that the limits of their knowledge and power will ultimately doom them to failure unless they rely upon their subordinate leaders and followers to compensate for their own ignorance and impotence. Real white elephants – albinos – do exist, but they are so rare as to be irrelevant for those who are looking for them to drag us out of the organisational mud; far better to find a good wheelwright and start the organisational wheel moving. In effect, leadership is the property and consequence of a community rather than the property and consequence of an individual leader. Perhaps this is the problem; whether the focus is on leadership, governance or management, centralised or decentralised control, the one issue that remains radically obscured in all this is followership.

Since leadership is necessarily located in relation to followership it seems bizarre to spend all the resources on striving to perfect leaders if followers either refuse to follow or follow in a sufficiently disinterested fashion so as to undermine any attempt to improve the system. Indeed, we would put it even more strongly than this: followership is the anvil of leadership – the former can make or break the latter. Yet there are, as far as we can discover, no followership courses, no set of allegedly objective and timeless competencies for followers, and no commonly understood theoretical frameworks for establishing what organisations in general, or the NHS in particular, wants from its vast army of followers.

3 A theoretical framework for understanding followership

The focus on followership, rather than, or in addition to, leadership, is a relatively recent phenomenon. In May 2007 there were 21,982 books on Amazon.co.uk on leadership but only four on followership – a ratio of 5,495:1. By the time of writing (11 February 2011) there were 164,356 books on leadership and 1,847 books on followership – a ratio of just 89:1. This latter figure is similar to the 57:1 ratio that Karl Weick noted with respect to Google searches for leaders and followers in 2006. On 11 February 2011 there were 124 million hits for followers but only 158 million for leaders – a ration of just 1.3:1. Clearly, while interest in leaders and leadership has boomed, interest in followers has exploded.

This may be because academics have just shifted their focus (Riggio 2008; Bligh, 2011) but it's just as likely to reflect a growing interest in distributed leadership and partnership working and a growing antipathy towards heroic leaders. This can be seen right across the globe (Gronn 2011) and particularly within the UK in line with the recent interest in total place and big society (Grint and Holt 2011). Even the research that does focus on followers tends to assume that a homogenous mass exists with little or no internal variation or differentiation (Collinson 2006; Grint 2006) or that followers are the consequence of leaders – the dependent variables in organisations where the only independent variables are the leaders (Shamir 2007).

However, a relationship-oriented approach to leadership – recognising that we cannot understand leadership in the absence of followership is also supported by Meindl (1995) whose arguments about the romance of leadership suggest that when conditions were either good or poor then followers attributed the cause to good or poor leadership, but when conditions were moderate leadership was noticeably absent from the minds of followers. In other words, followers are responsible for the construction of leadership as the causal agent in determining events and situations. This approach was taken further by Lord and Brown (2003) who suggested we should work in reverse from the effect to the cause because only in this way could we understand how leaders seem to cause events to occur in the understandings of their followers. This also fits cogently into what we call the 'command' decision style, for our romantic attribution of heroism to commanders ensures a tendency to become enamoured, if not addicted, to command and possibly allergic to leadership with all that this implies for the irresponsibility of followers (Grint 2010b; Lipman-Blumen 2008). Moreover, there does seem to be considerable evidence that crisis conditions generate the search for charismatic saviours on the part of followers – even to the extent that George W Bush became perceived as charismatic by many followers after – but not before – 9/11 (Bligh 2004).

In fact writers like Pearce and Conger (2003) suggest that the origins of contemporary leadership do not lie in charismatic leadership but in the industrial revolution with its master/servant structure. This is most clearly polarised in the scientific management of FW Taylor through which all knowledge was stripped from followers and displaced into the management because knowledge control was the mechanism through which followers avoided work rather than through which work was accomplished (Grint

1998). Of course, the master/slave dichotomy is much older but still resonates with the same asymmetry of power that Taylor sought to (re) introduce and which Henry Ford sought to introduce through technology (Grint 2001).

Developing individuals in leadership, by singling out leaders and educating them in a new language, new processes and new theories, has the potential to constitute them as heroic (Mintzberg 2006) causing resentment and misunderstandings among followers who look to their leaders for a common language, common goals and respect; organisations are interacting networks, not just vertical hierarchies. Mintzberg (2010) believes in avoiding this disconnection by taking professionals and encouraging them to learn in organisational leadership, rather than individual leadership. The international masters in practicing management at McGill Executive Institute, Canada, works by connecting the leader with their overall community (their followers), focusing the organisation by the development of IMpact teams. (IMpact is the combination of three types of impact that is taken from the classroom back to the workplace: coaching impact, action impact; and refl'active (sic) impact). Within the USA the integrated healthcare system of the Kaiser Permanente (KP), a partnership of physicians and health plans, develop and educate all their professionals in-house, involving all the followers to develop a 'distinctive corporate culture… and help promote followership as well as leadership among physicians' (Ham 2008, p 15).

Indeed, there are related arguments – Rost (1993) is one the best known and one of the original movers in this direction – that since organisational hierarchies are flattening everywhere and partnerships and distributed leadership are the universal future, followership is now an outmoded concept fit only to be consigned to the dustbin of 19th and 20th century history. Yet all the empirical evidence suggests that traditional hierarchies are very much alive and well in many organisations in this post-industrial world, that many partnerships are paralysed into inaction by the absence of any agreed decision-making mechanism, and that the only cases of distributed leadership that seem to work are in the educational field or professional service firms (Bolden 2010). Furthermore, the assumption that we can now abandon the word and the world of followers suggests that no critical situations are likely, that no coercive force is available to those who occupy resource-laden positions, and that somehow a land with nothing but leaders, or even no followers or leaders, will function effectively; there is precious little empirical evidence for this assumption.

A rather different explanation for the rise of followership is provided by Bennis (2008, p 4) who suggests that it coincides – or rather has been triggered by – 'the recent tsunami of leaders gone wrong'. There is plenty of empirical evidence of this (Tourish and Vatcha 2005) but still little on how we might evaluate the role of followers in this age of austerity. In what follows we set out one such framework.

4 A typology of followership

Much of the writing in the field of leadership research is grounded in a typology that distinguishes between Leadership and management as different forms of authority – that is legitimate power – with leadership tending to embody longer time periods, a more strategic perspective, and a requirement to resolve novel problems. Another way to put this is that the division is rooted partly in the context: management is the equivalent of (seen this before), whereas leadership is the equivalent of (never seen this before). If this is valid, when acting as a manager you are required to engage the requisite process – the standard operating procedure (SOP) – used to resolve the problem the last time it emerged. The follower's role in such situations is merely to execute such an SOP – though 'merely' hides the considerable degree of technical skill that may be necessary for the satisfactory execution of the SOPs. In contrast, when you are acting as a leader you are required to facilitate the construction of an innovative response to the novel or recalcitrant problem and that must, by definition, involve followers in a much more pro-active role as decision-makers, as co-designers and co-creators of the novel response to the problem or issue.

Management and leadership, as two forms of authority rooted in the distinction between certainty and uncertainty, can also be related to Rittell and Webber's (1973) typology of tame and wicked problems. A tame problem may be complicated but it is resolvable through unilinear acts and it is likely to have occurred before. In other words, there is only a limited degree of uncertainty and thus it is associated with management as the decision-maker. Tame problems are akin to puzzle, for which there is always an answer. The (scientific) manager's role, therefore, is to provide the appropriate process to solve the problem. Examples would include: timetabling the railways, building a nuclear plant, training the army, or planned heart surgery.

A wicked problem is more complex, rather than just complicated – that is, it cannot be removed from its environment, solved, and returned without affecting the environment. Moreover, there is no clear relationship between cause and effect. Such problems are often intractable – for instance, trying to develop a national health service on the basis of a scientific approach (assuming it was a tame problem) would suggest providing everyone with all the services and medicines they required based only on their medical needs. However, with an ageing population, an increasing medical ability to intervene and maintain life, a potentially infinite increase in demand but a finite level of economic resource, there cannot be a scientific solution to the problem of the NHS. In sum we cannot provide everything for everybody for all of their lives; at some point we need to make a political decision about who gets what and based on what criteria. This inherently contested arena is typical of a wicked problem.

If we think about the NHS as the NIS – the National Illness Service – then we have a different understanding of the problem because it is essentially a series of tame problems: fixing a broken leg is the equivalent of a tame problem – there is a scientific solution and medical professionals in hospitals know how to fix them. But if you run (crawl) into a restaurant for your broken leg to be fixed it becomes a wicked problem because it's unlikely that anyone

there will have the knowledge or the resources to fix it. Thus the category of problems is subjective not objective – what kind of a problem you have depends on where you are sitting and what you already know.

Moreover, many of the problems that the NHS deals with – obesity, drug abuse, violence – are not simply problems of health, they are often deeply complex social problems that sit across and between different government departments and institutions so attempts to treat them through a single institutional framework are almost bound to fail. Indeed, because there are often no stopping points with wicked problems – that is the point at which the problem is solved (eg there will be no more illness because we have solved ill health) – we often end up having to admit that we cannot solve wicked problems.

Conventionally, we associate leadership with precisely the opposite – the ability to solve problems, act decisively and to know what to do. But we cannot know how to solve wicked problems, and therefore we need to be very wary of acting decisively precisely because we cannot know what to do. If we knew what to do, it would be a tame problem not a wicked problem. Yet the pressure to act decisively often leads us to try to solve the problem as if it was a tame problem. When global warming first emerged as a problem some of the responses concentrated on solving the problem through science (a tame response), manifest in the development of biofuels; but we now know that the first generation of biofuels appear to denude the world of significant food resources so that what looked like a solution actually became another problem. Again, this is typical of what happens when we try to solve wicked problems – other problems emerge to compound the original problem. So we can make things better or worse – we can drive our cars slower and less, or faster and more – but we may not be able to solve global warming, we may just have to learn to live with a different world and make the best of it. In other words, we cannot start again and design a perfect future – though many political and religious extremists might want us to.

The 'we' in this is important because it signifies the importance of the collective in addressing wicked problems. A tame problem might have individual solutions in the sense that an individual is likely to know how to deal with it. But since wicked problems are partly defined by the absence of an answer on the part of the leader then it behoves the individual leader to engage the collective followers in any attempt to come to terms with the problem. In other words, wicked problems require the transfer of authority from individual to collective because only collective engagement can hope to address the problem. The uncertainty involved in wicked problems implies that leadership, as we are defining it, is not a science but an art – the art of engaging a community in facing up to complex collective problems.

Examples of wicked problems would include: developing a transport strategy, a response to global warming, a response to anti-social behaviour, or a national health system. Wicked problems are not necessarily rooted in longer timeframes than tame problems because often an issue that appears to be tame or critical can be turned into a (temporary) wicked problem by delaying the decision. This is particularly appropriate for the third set of problems we will refer to as critical.

A critical problem, eg a crisis, is presented as self-evident in nature, as encapsulating very little time for decision-making and action, and it is often associated with authoritarianism. Here there is virtually no uncertainty

about what needs to be done – at least in the behaviour of the commander, whose role is to take the required decisive action – that is to provide the answer to the problem, not to engage SOPs (management) or ask questions (leadership). The role of the followers under these conditions is to comply with the demands of the commander.

Translated into critical problems we suggest that for such crises we do need decision-makers who are god-like in their decisiveness and their ability to provide the answer to the crisis. And since we reward people who are good in crises – and ignore people who are such good managers that there are very few crises – commanders soon learn to seek out (or reframe situations as) crises. Of course, it may be that the commander remains privately uncertain about whether the action is appropriate or the presentation of the situation as a crisis is persuasive, but that uncertainty will probably not be apparent to the followers of the commander. Examples would include the immediate response to: a major train crash, a leak of radioactivity from a nuclear plant, a military attack, a heart attack, an industrial strike, the loss of employment or a loved one, a terrorist attack such as 9/11 or the 7/7 bombings in London.

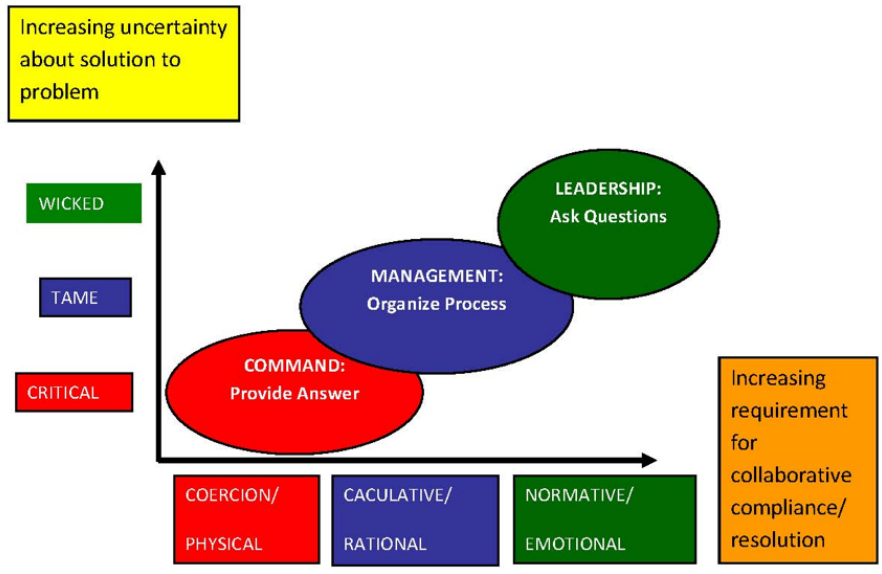
These three forms of authority – command, management and leadership – are, in turn, another way of suggesting that the role of those responsible for decision-making is to find, respectively, the appropriate answer, process and question to address the problem. This is not meant as a discrete typology but an heuristic device to enable us to understand why those charged with decision-making sometimes appear to act in ways that others find incomprehensible. Thus we are not suggesting that the correct decision-making process lies in the correct analysis of the situation – that would be to generate a deterministic approach – but we are suggesting that decision-makers tend to legitimise their actions on the basis of a persuasive account of the situation. In short, the social construction of the problem legitimises the deployment of a particular form of authority. Moreover, it is often the case that the same individual or group with authority will switch between the command, management and leadership roles as they perceive – and constitute – the problem as critical, tame or wicked, or even as a single problem that itself shifts across these boundaries. Indeed, this movement – often perceived as inconsistency by the decision-maker's opponents – is crucial to success as the situation, or at least our perception of it, changes. The persuasive account of the problem partly rests in the decision-makers access to – and preference for – particular forms of power, and herein lies the irony of leadership: it remains the most difficult of approaches and one that many decision-makers will often try to avoid at all costs.

The notion of power also suggests that we need to consider how different approaches to, and forms of, power fit with this typology of authority, and among the most useful for our purposes is Etzioni's (1964) typology of compliance which distinguished between coercive, calculative and normative compliance. Coercive or physical power was related to total institutions, such as prisons or armies; calculative compliance was related to rational institutions, such as companies; and normative compliance was related to institutions or organisations based on shared values, such as clubs and professional societies. This compliance typology fits well with the typology of problems: critical problems are often associated with coercive compliance; tame problems are associated with calculative compliance and wicked problems are associated with normative compliance – you cannot force

people to follow you in addressing a wicked problem because the nature of the problem demands that followers have to want to help.

This typology can be plotted along the relationship between two axes as shown in Figure 1 below, with the vertical axis representing increasing uncertainty about the solution to the problem – in the behaviour of those in authority – and the horizontal axis representing the increasing need for collaboration in resolving the problem.

Figure 1: A typology of problems and decision styles

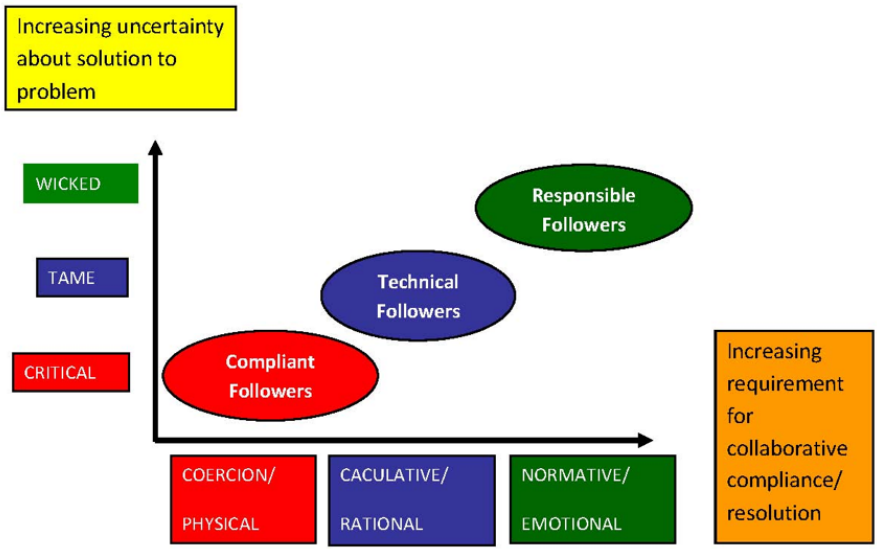


So far this schema has just focused on the role of the formal decision-maker – the individual in authority: the leader, manager or commander. But since we cannot analyse leadership of any variety without considering the role of followership it follows that we now need to consider what kind of followership is required in these situations, recognising that the situation is itself a consequence of contestation and that part of the role of the formal decision-makers is not just to make sense of the situation for their followers but also to break the sense of rival interpretations (Weick 2001; Grint 2010a, p 101). In other words, to de-legitimise rival accounts of the situation that challenge the consequential behaviour rooted in the 'official' account (Smircich and Morgan 1982). For example, as we write it was clear that a critical task of President Hosni Mubarak in the recent unrest in Egypt was not just to make sense of the civil turmoil for his followers and those who are politically neutral but also to de-legitimise the claims of his rivals about the situation; he failed. This also explains the role of whistleblowers whose interpretation of the situation demands that they alert other stakeholders to what they believe to be the illegitimate, unwarranted, unethical action or behaviour of leaders (Alford 2008). Whistleblowing – speaking truth to power – is also a response to an unjust culture, as opposed to a just culture where honestly made individual mistakes are not treated as crimes against humanity but opportunities for collective learning (Dekker 2008).

In theory, providing the accounts of the decision-makers hold sway, then we would expect compliant followers in a crisis to acquiesce to their commander, technical followers in a tame situation to execute the SOPs delegated by

their manager, and responsible followers in a wicked situation to take some responsibility for addressing the collective problem. This is shown in Figure 2 below.

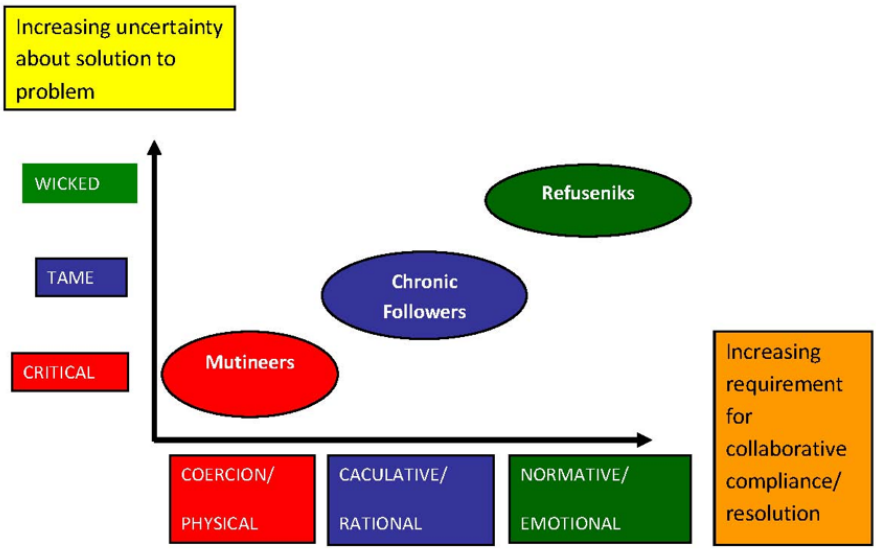
Figure 2: Compliant followers



Of course, in Figure 2 the interests of the decision-makers are paramount: their interpretations of the situation – and therefore the associated decision-making approach – are tied into the 'appropriate' response on the part of the followers. But what happens if the followers contest the official interpretation? Among other possibilities the following are available: followers who deny a crisis and may rebel against their commander – become 'mutineers'; followers who deny the tame nature of their situation to merely execute the procedures knowing they will not work – 'work to rule', in other words, what we call 'chronic followers'; and followers who deny the wicked nature of their situation to refuse to accept collective responsibility for it – refuseniks, as we call them, not in the original sense of those refused permission to leave the USSR but those who refuse to accept collective responsibility. Pericles sums up this latter issue succinctly in his famous funeral speech when talking about the values that Athenians hold dear: 'Here each individual is interested not only in his own affairs but in the affairs of the state as well; even those who are mostly occupied with their own business are extremely well-informed on general politics – this is a peculiarity of ours; we do not say that a man who takes no interest in politics is a man who minds his own business; we say that he has no business here at all' (Thucydides 1954, pp 118–9).

This is represented in Figure 3 below.

Figure 3: Non-compliant followers



5 Followership and the NHS

Secretary of State for Health Andrew Lansley plans to abolish all 152 primary care trusts (PCTs) and 10 strategic health authorities (SHAs), as well as decentralise budgets worth about £80 billion to GP consortia who can source services from 'any willing provider'. This has several implications for followership in the NHS generally.

Conventionally we might associate the role of followers in the NHS generally as falling primarily under the tame response – as indeed should be the case in most organisations most of the time: the execution of SOPs. Under this rubric we would expect to see tasks such as the dispensing of drugs, the medical procedures for medical operations and the routine monitoring of patients. In effect technical followership should be, and indeed is, very visible and very prominent in the NHS. Of course, chronic followers exist: from nurses who insist on making patients wait for hours before their 'critical drugs' are procured to enable a legitimate discharge – only for the patient to discover that the drugs are just aspirin, to consultants who insist on following medical procedure when it is self-evident to everyone else that the procedure is irrelevant in this particular case. Indeed, in such a complex, bureaucratic and high risk environment we would expect chronic followers to be rather more visible than in other, more innovative or just smaller, organisations.

The removal of an administrative/managerial level – which according to the government will take out 45 per cent of managers – should facilitate the £20 billion of efficiency savings required of the NHS. But this assumes both that the bureaucrats are unnecessary and that they will not therefore be needed to manage the more decentralised system inherited by the GPs consortia as employees of the consortia rather than the NHS. This, we would suggest, ought to lead to a proliferation of tame problems as new SOPs are deployed to cope with old problems in rather different circumstances. However, 'different' will mean 'novel' for many and we would actually expect many of these problems to be perceived as wicked problems where collective intelligence is required – at precisely the same time that the collective morale is being undermined by general uncertainty and mass redundancy.

Sometimes a wicked problem will demand a much higher level of collective responsibility on the part of the follower. This might be a demand to reduce waste, a request for help with the problem of smoking on hospital premises, or help for a strategy to deal with the imminent demise of the PCT and devolution of budgets to GP consortia. However, in an age of austerity when redundancy looms large for many, the point that the problems require collective resolution does not necessarily imply that collective help will be forthcoming.

Occasionally a crisis will occur and then the compliant followers are required to comply with the demands of the commander. This could be a fire, an emergency during a routine operation or an attack upon members of staff by patients. Of course the possibility that followers will not comply is always present because the leader-follower relationship hinges around an asymmetry of power but not a dichotomy of power. In effect followers are never powerless because power is a relationship not a possession and this implies that the refusal to comply through a mutiny, or just the passive acquiescence that undermines efficiency, are always possibilities. Indeed,

evidence from contemporary hunter-gatherer societies – the closest we can get to the 'original' forms of human leadership – is that followers often band together to resist what are perceived to be unpopular leaders – reverse dominance hierarchies as they are labelled (Boehm 2001). Such resistant forms of followership are not, of course, limited to those at the bottom of the organisational hierarchy, and we have seen revolts of medical staff at all levels against the current leadership of the coalition government.

It is also worth noting that followers can switch from years of passive acquiescence to active rebellion in a matter of days – as the fall of the Berlin Wall, the demise of the Soviet Bloc more generally and the current protests in the Middle East implies: the passivity of followers may appear congealed in concrete but it can melt into rebellion extraordinarily quickly once it appears that something better is possible or 'permission to mutiny' has been achieved elsewhere, as in Tunisia for Egypt and Libya, or Poland for East Germany and the Soviet Union.

The insertion of price competition is another novel step which will inevitably set hospitals against hospitals in competition for patients. Conventional competitive behaviour – another tame problem for those used to working in the private sector – may well be perceived as a crisis by many unused to such an approach and that will encourage the rise of command not leadership, as we define it. Yet command is also deeply problematic in terms of encouraging innovative behaviour on the part of followers – precisely what is necessary when facing wicked problems.

This ironic effect – a command response to a wicked problem – is also likely when it comes to developments in public health in England. This used to fall under the remit of SHAs and PCTs but will now be shared between the local authorities and Public Health England (PHE) and GP commissioning services. At a time when local authorities are themselves under great pressure and desperate to cut whatever service provision they can, it seems unlikely that this move will be welcomed by them, and more likely, as Maryon-Davis (2011, pp3) has suggested, 'The reorganisation will be a major distraction from ongoing business. I think we are in danger of failing and we could end up widening inequalities'. Again, in theory, the situation calls for dramatically increased responsibility by followers at all levels. But, since we are entering into unknown territory, what may eventually turn into tame problems will, for many people, initially appear as either wicked problems or even critical problems. For example, with the new GP consortia holding the purse strings there will clearly be some occasions when budget constraints or financial incentives to the GPs themselves act against the immediate interests of patients. It may also be that where GP consortia develop contracts with preferred hospitals then the level of choice that patients have may be significantly reduced. So, what should have been tame problems with new SOPs – requiring followers simply to execute them – may generate very different responses. In principle, where the novelty of the problem inhibits the development of an SOP, the response should be one of leadership engaged in the collective and collaborative search for a solution to the wicked problem. In other words GPs, their staff, and existing PCT managers should engage in conversations to establish handover procedures and develop innovative methods of working. However, existing PCT managers may not wish to engage with this process, innovation is not necessarily the most likely response to a crisis and the transition might be far more precarious than it could be. This will be particularly evident if, as the changes also

suggest, income incentives to GPs lead to generous bonuses being awarded at the same time as health service spending is radically reduced. Clare Gerada (Chair of the Royal College of GPs) suggests this may stimulate demonstrations by patients outside GP surgeries (quoted in Campbell 2011, pp 4). This, of course, follows the familiar pattern of governments everywhere – to centralise the distribution of money when times are good and decentralise cost-cutting – and responsibilities – when times are bad.

In effect, the transition period between the old and the new NHS may generate a crisis during which many followers will seek a commander to relieve them of anxiety and to command the answer. Ironically, then, rather than this being the opportunity for a more collaborative form of leadership with followers engaging in decision-making far more than before, the levels of anxiety during the change period are just as likely to reduce follower engagement and to encourage disinterested compliance.

Finally, another set of followers that have so far been left out of this discussion are the patients themselves, as followers of political leaders or followers of their GPs. Given the wicked nature of the NHS itself it will become more incumbent upon patients to take responsibility for their own health more seriously and not to assume that the state – in whatever form – should pick up the pieces, and the bill, when their health fails. Thus, in Heifetz's sense, the only real response to the perfect storm of infinite health demand and finite health resources is to give the problem back to the people with the problem. In other words, patients as followers of their GPs need to take more responsibility for their own health, whether that is for obesity, alcohol problems, or the consequences of a lack of exercise. Conventionally the NHS has responded to health problems by taking over responsibility – for example by buying extra-sized ambulances, costing up to £90,000, to cope with obese patients weighing up to 63 stone (BBC 2011). But this is to engage in the NIS not the NHS, to operate on the repair strategy not the prevent strategy. There has to be a better way: not by concentrating just on leadership but also on followership; we still need leaders and cannot rely just on followers.

6 Conclusion

In 2008 more than 811,000 people ended up in UK hospitals through alcohol problems – a cost to the public purse of around £2.7 billion according to Professor Ian Gilmore, President of the Royal College of Physicians (Gilmore 2011). Since we have historically rewarded hospitals for the efficient throughput of patients we have tended to treat this as a tame problem of efficiency from within the National Illness Service. But if we wanted to prevent people acquiring alcohol problems in the first place, then we would have to treat the problem as a wicked problem for the National Health Service: we would have to prevent people turning up drunk at hospital and not spend all our efforts in ensuring the efficient repair of these patients. Thus, even if we know that the long-term approach of preventing illness by supporting health is the most appropriate and most effective way of treating the problem, the political pressures on quick-fit solutions displaces a wicked response with a tame or critical response. This example captures the dilemma perfectly: the followers of the health service are not restricted to the junior employees, the administrative subordinates or even those without leadership positions; the term includes the patients, their relatives and their friends. Somehow we have to engage all these groups as responsible followers if we are to have any opportunity to address the wicked problem at the heart of the NHS: it cannot continue in the way it has done since 1948. The NHS may need to engage lots of followers much more actively if it is to address some fundamental problems, but rather than follow the patients and repair them in the NIS, it needs to lead them in the NHS.

How any of this can be done is a wicked problem in itself and is subject to massive debate; a potential starting point is considering the professional within the organisation – the intelligent, trained, medical specialists. They are responsible followers to be encouraged to become more engaged and allow the NHS to become a network of effective leadership teams, rather than a bureaucratic institution of chronic followers and refuseniks, being led by misconceived 'heroic' individuals.

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