

International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)



Partnering for performance in situational leadership: a person-centred leadership approach

Brighide Lynch

Ulster University, Northern Ireland, UK
Email: brighidelynch481@btinternet.com

Submitted for publication: 19th May 2015
Accepted for publication: 2nd July 2015

Abstract

Background: Although the endorsement of a leadership approach that will change the culture of care for older people in nursing homes is a key national issue in several countries including the UK, the Republic of Ireland and the US, few robust studies exist that explore the correlation between transformational leadership and effective nursing care in long-term facilities for older people. Working from the premise that transformational leadership is situational leadership enacted within a person-centred framework, a composite model of situational leadership in residential care was developed. This model subsequently forms the theoretical basis for the author's action research doctoral programme evaluating the role of situational leadership in facilitating culture change in the practice setting of long-term care for older people.

Aims and objectives: The situational leader's person-centred approach of partnering the follower to improve their performance brings into play the key components of diagnosis, flexibility and various coaching and supportive leadership behaviours. This paper describes these components and discusses how the model of situational leadership in residential care can be operationalised in practice through the process of 'partnering for performance'.

Conclusions: The situational leader diagnoses the performance, competence and commitment of the follower, is flexible in leadership style and partners the follower for performance, taking them through the developmental levels in order to manage the care environment and deliver person-centred care.

Implications for practice development:

- The 'partnering for performance' process emphasises the importance of the situational leader's role as facilitator in developing the follower and has the capacity to support the process of continuous learning within the care environment
- The facilitated approach to self-reflection adopted by the situational leader enables the follower to deepen their understanding and self-awareness through reflexivity
- Engagement in a critical reflective process is fundamental to the development of a person-centred philosophy

Keywords: Situational leadership, person-centred care, partnering for performance, residential care, culture change, leadership behaviour

Introduction

The endorsement of a leadership approach that will change the culture of care for older people living in nursing homes is high on the national healthcare agenda in several countries, including the Republic of Ireland, the UK and the US. In the Republic of Ireland, the recommendations from the research study by the National Council on Ageing and Older People (Murphy et al., 2006), the review of Leas

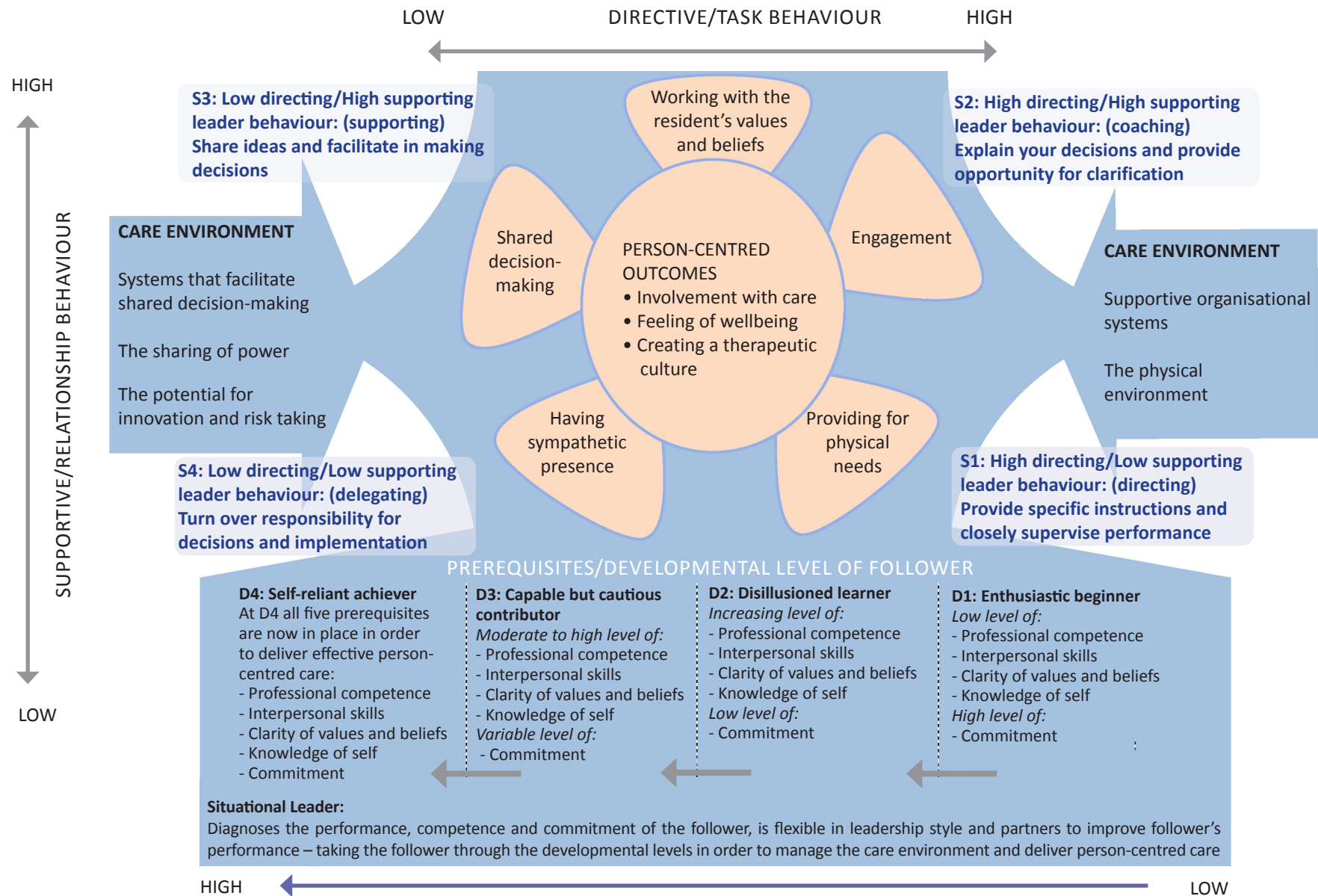
Cross (Health Service Executive, 2006) and various inspection reports by the Health Information and Quality Authority (HIQA, 2009), all call for a change in the culture of care and a move to a more person-centred approach led by a transformational nurse leader. Over the past 10 years, there has been a significant change in the philosophy of long-term care for older people internationally. In the US and Canada, this change stemmed from the recognition that older people living in nursing homes were lonely, bored and vulnerable (Ragsdale and McDougall, 2008). Several initiatives were introduced in an effort to transform the institutional and task-orientated culture of long-term care to a more person-centered culture (Eaton, 2000; Stone et al., 2002; Thomas, 2004; Shields and Norton, 2006; Grant, 2008). So far though, there is a lack of empirical evidence in the literature to demonstrate the impact that these culture change models have had on the quality of life of older people in long-term care.

In recent years there has been a significant amount of research done to describe the transformational approach to leadership in nursing (Bowles and Bowles, 2000; Thyer, 2003; Murphy, 2005; Govier and Nash, 2009), and models of leadership have been developed for acute care settings and for management and policy situations. Even so, many of these models do not fit with the emergent philosophy of nursing home care that is complex and based on the principles of 'household' and the concept of 'person' and 'personhood'. The development of a composite model of situational leadership in residential care (Lynch et al., 2011) is an example of a model that tries to hold these principles by working with the knowledge base that exists in relation to best leadership practices. Coming from the premise that transformational leadership is situational leadership enacted within the person-centred nursing framework, the theoretical model of situational leadership in residential care brings together previous empirical research by McCormack and McCance (2006; 2010) and Hersey and Blanchard (1982; 1997). The development of the model is integral to an action research doctoral programme evaluating the role of situational leadership in facilitating culture change in long-term care facilities for older people.

The model of situational leadership in residential care

This paper provides a short summary of the model of situational leadership in residential care (Lynch et al., 2011). The model focuses on the effective impact the situational leader has on the follower's developmental level in delivering person-centred care and managing the changing care environment. Blanchard (2007) defines the 'follower' as 'the person being led by the situational leader' (p 88). The model aligns the construct 'prerequisites' in the person-centred nursing framework to developmental levels, termed D1 (enthusiastic beginner), D2 (disillusioned learner), D3 (capable but cautious contributor) and D4 (self-reliant achiever) in situational leadership as illustrated in Figure 1. The situational leader takes the follower through the developmental levels by diagnosing their performance, competence and commitment, being flexible in leadership style and partnering the follower to improve their performance so as to be able to manage the care environment and deliver person-centred care. The situational leader adopts the appropriate leadership style to match the follower's developmental level. For example, if the follower is at D1, the enthusiastic beginner stage, the leader will use S1 directing style; if the follower is at D2, the disillusioned learner stage, the leader will use S2 coaching style and so on. The full detail of the model is presented in the published paper *Development of a model of situational leadership in residential care for older people* (Lynch et al., 2011). This paper builds on the model and moves it forward by discussing how the model can be operationalised in practice through the 'partnering for performance' process.

Figure 1: Model of situational leadership in residential care



Partnering for performance

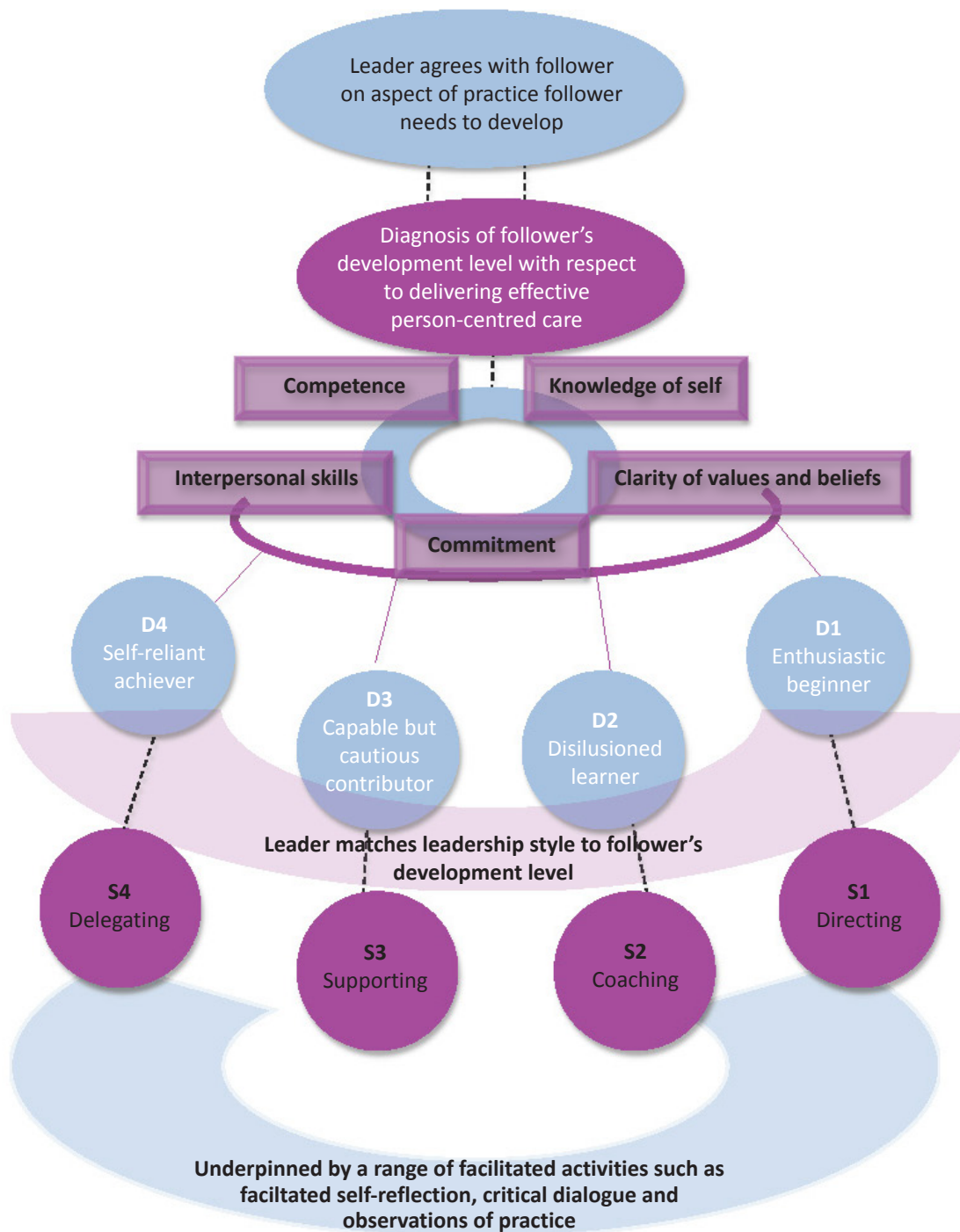
'At its best, leadership is a partnership that involves mutual trust between two people who work together to achieve common goals' (Blanchard, 2007, p 117).

The 'partnering for performance' component of the model provides a method by which the model can be operationalised within the context of long-term care for older people. Blanchard (2007) states that partnering for performance is the main skill of an effective situational leader. During this process, the leader initiates a series of regular one-to-one meetings with the individual follower to enhance the quality and frequency of communication between them. The leader inspires the vision in the follower and 'walks the talk... modeling the behaviours they expect in others' (Blanchard, 2007, p 238). This aspect of the partnering for performance process resonates strongly with the transformational leadership behaviours identified by Kouzes and Posner (2003) in *Five Practices of Exemplary Leadership*. From their intensive research conducted over 20 years, Kouzes and Posner suggest that a transformational leader at their best will: 'Model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart' (Kouzes and Posner, 2003, p 4).

The overall nature of the 'partnering for performance' process is based on an inclusive and non-confrontational way of working. The process could be equated with Habermas's (1990) three levels of rules of discourse. At the first level, the principle of non-contradiction in dialogue is emphasised along with consistency and clarity of thinking. At the second level, the principles relate to the requirement for both participants to be honest and to assert only what they genuinely believe while demonstrating accountability for that which they believe. The third level holds the norms that protect the process of discourse from intimidation, limitation and inequality, ensuring that both participants get the opportunity to speak during the discourse and are permitted to give their opinion and share their beliefs.

By partnering for performance, the situational leader ensures that barriers are removed and that organisational systems make it easier for the follower to act on the vision. Working together, the leader and the follower agree on the diagnosis of the follower's developmental level in relation to performing a specific task and on the leadership style the leader will use to match that developmental level. Various coaching and supportive methods are used by the situational leader and are tailored to the competence, commitment and developmental level of the follower to ensure the vision is achieved (Hersey and Blanchard, 1982; Blanchard, 2007). An illustration of the partnering for performance process is presented in Figure 2. The process can be seen to be integral to an action research doctoral programme currently being undertaken in the practice setting of long-term care for older people. The study looks at the role of situational leadership in facilitating culture change in residential care. While the study's findings may reveal the applicability of the model across other care settings, it will also identify the limitations of this approach. Therefore it would be valuable to see the impact of the framework and the partnering for performance process in other practice settings, such as palliative care.

Figure 2: Partnering for performance



Components involved in partnering for performance

Diagnosis

The situational leadership theory (Hersey and Blanchard, 1982; 1997) places significant emphasis on the leader's competence in appropriately diagnosing the developmental level of the follower during the partnering for performance process. While Blanchard's (2007) description of this diagnosis component advocates a collaborative approach between the leader and follower, these studies fail to identify the specific strategies the leader should adopt to support the follower in reaching a diagnosis.

Within the model of situational leadership in residential care, the situational leader's diagnostic skills are focused on determining how effective the follower is in delivering person-centred care to the residents. The leader works with the follower to discern where the follower sits on the developmental continuum (D1 to D4) in relation to the five prerequisites of the person-centred nursing framework: professional competence; interpersonal skills; clarity of values and beliefs; knowledge of self; and commitment. The diagnostic component of the model is enhanced through a range of facilitative activities that the leader undertakes during the partnering for performance phase. The facilitated approach to self-reflection adopted by the leader enables the follower to reflect critically on their practice, looking back to examine their personal experiences during the caregiving practices they have carried out with residents. This reflection on action (Schön, 1983) approach makes it possible for the follower to diagnose where they are on the developmental continuum with respect to the delivery of effective person-centred care. It also leads to the development of new knowledge through critical dialogue initiated by the leader.

As Mezirow (1997) suggests, engaging in critical discourse helps a person to reflect on the assumptions, beliefs and presuppositions they hold and which constrain their view and perception of the world. Hence, the leader's role in facilitating self-reflection is significant since it supports the follower through 'transformative learning' (Mezirow, 1997, p 7). This communicative and collaborative approach to diagnosing the follower's developmental level marks the start of the follower's growth and development with respect to the construct of the five prerequisites. The situational leader nurtures the professional development of the follower while helping the follower develop their knowledge of self and of the context in which they carry out their practice. Through transformative learning the situational leader also develops a better understanding of the assumptions they hold and their reasons for adopting one particular leadership style over another. The leader can then more clearly identify the transformational leadership practices they need to support the follower's development.

Observing the practices and patterns of care in the care environment also helps in diagnosing the follower's developmental level. By structuring the observation of practice under the framework of the workplace culture critical analysis tool (McCormack et al., 2009), the situational leader is able to draw on processes such as consciousness-raising, problematisation, reflection and critique to help the follower gain a deeper understanding of their current practice. The follower's developmental level may be such that they are unaware of care practices that are routinised, repetitive and less than person-centred; the situational leader can facilitate recognition of such limitations.

At the same time, the observation of practice enables the situational leader to evaluate the follower's developmental level with respect to how they:

- Engage with the resident
- Work with the resident's values and beliefs
- Show the resident sympathetic presence
- Provide for the resident's physical needs
- Share decision making with the resident

Flexibility

Similarly to most contingency theories, the situational leadership approach developed by Hersey and Blanchard in 1982 is based on the premise that leaders should be flexible enough to change their style to fit the context. A main tenet of the situational leadership model focuses on the importance of leadership matching the set of conditions that exist within the follower.

'To bring out the best in others, leadership must match the development level of the person being led' (Blanchard, 2007, p 88).

Hersey and Blanchard (1982) built on the work of Tannenbaum and Schmidt (1958), who proposed a wide range of alternatives in leadership style. While most of the literature includes the situational leadership approach as part of the contingency theory perspective (House, 1996; Yukl, 2006; Northouse, 2007; Vroom and Jago, 2007), others see situational leadership as an extension of the grid organisation development method by Blake and Mouton (1964), since it expands on the dichotomy of democratic and autocratic leadership and the leader's ability to combine consideration for production with consideration for people (Huczynski and Buchanan, 2001)). More recently, authors have viewed situational leadership as a facet of transformational leadership (Touchstone, 2009; Solman, 2010), seeing it as a style that sits midway on a continuum between transactional leadership and transformational leadership.

It could be argued that many experienced leaders do call on different styles and approaches depending on the context and situation. Goleman (2000) suggests that in order to get results, the leader's repertoire requires several leadership styles, with the ability to move seamlessly from one style to another, depending on the situation. Blanchard (2007) emphasises how essential it is for the leader to develop the core competency of flexibility in order to be able to match a particular leadership style to a particular situation with the follower and/or the environment. However, the author does not describe the method(s) by which the leader develops such flexibility, leaving one to assume that this skill is gained through experience.

Leadership behaviours

It is possible that the partnering for performance process could be integrated somewhat with notions of relational leadership behaviour and the components of being inclusive, empowering and ethical (Brower et al., 2000). However, the process within the model of situational leadership in residential care takes these components to a much deeper level by developing a framework that fits with the emergent focus of nursing home care on household, the person and personhood. This approach leads to a model of leadership in long-term care for older people that is facilitative, enabling and person-centred.

Improvement in delivery of person-centred care moves the follower along the developmental continuum and in so doing triggers a change in the leadership style of the situational leader. The four sets of leadership styles outlined in the model of situational leadership (Lynch et al., 2011) result from combining high and low supporting behaviours with high and low directing behaviours and tailoring them to the specific development needs of the follower (See Table 1). As described earlier, each leadership behaviour requires the leader to engage in varying degrees of critical reflection and critical dialogue with the follower. It is possible to synthesise the model's four leadership styles with aspects of the transformational leadership practices described by Kouzes and Posner (2003). Presenting the leadership behaviours in this way helps demonstrate how the model can be operationalised in practice.

Table 1: Leadership behaviours	
Behaviour	Characteristics
S1 Directing	Provides high directive and low supportive leadership behaviour to the follower who is an enthusiastic beginner. At this stage the follower has not yet developed the appropriate knowledge and skills to deliver effective person-centred care but is motivated and excited about learning these new skills. The situational leader builds on this commitment by working alongside the follower 'modeling the way' and demonstrating real-life examples of how person-centred care is delivered through the person-centred processes on a day-to-day basis
S2 Coaching	Provides a balance of high directing and high supporting leadership behaviour in an effort to improve the motivation and confidence of the follower who is learning new skills but is somewhat disillusioned with their progress. The literature on transformational leadership highlights consistent evidence to suggest that a transformational leader 'inspires a shared vision' and motivates staff to achieve more than they thought possible by establishing the core values and beliefs of individual team members and aligning these with their care practices (Avolio, 1999; Manley, 2000; Bass et al., 2003; Kouzes and Posner, 2003; McCormack et al., 2007; Solman, 2010). Similarly to directing, a coaching style requires the leader to work alongside the follower, providing guidance, clarification and praise while closely supervising their performance (Blanchard, 2007)
S3 Supporting	Provides low directing and high supporting leadership behaviour and empowers the follower who is capable of delivering effective person-centred care to the resident but remains cautious about making decisions and solving problems. By 'enabling others to act' the situational leader fosters benevolence and honest collaboration with the follower, supporting the follower's decision-making ability and enabling them to realise their full potential
S4 Delegating	Provides low directing and low supporting leadership behaviour to the self-reliant achiever as he/she demonstrates the competence, commitment and willingness to deliver effective person-centred care and take responsibility in making decisions and implementing them effectively. The situational leader 'encourages the heart' by recognising and celebrating the follower's achievements and inspires the follower to 'challenge the process' and look for innovative ways of delivering effective person-centred care to the resident

Implications for practice

The partnering for performance process emphasises the importance of the leader's role as facilitator in developing the follower. Through facilitated self-reflection the situational leader helps the follower to deepen their understanding and self-awareness through reflexivity. There is significant value in building a critical reflective approach into formal education programmes for nurse leaders and practitioners. Facilitators of practice development may also consider using the partnering for performance process as a method to enable practitioners to generate evidence from practice through critical reflection and critical dialogue. It would be extremely worthwhile to use the process to underpin the delivery of a leadership development programme. The leadership programme could be supported by the use of the LPI 360 degree feedback instrument (Kouzes and Posner, 2003), to help identify the style of leadership that participants most frequently use with their team members and the specific leadership practices they wish to improve on.

Conclusion

This paper describes the key components of the model of situational leadership in residential care and discusses how the model can be operationalised in practice through the partnering for performance process. The leader's person-centred approach of partnering for performance brings into play the key components of diagnosis, flexibility and various coaching and supportive leadership behaviours to help operationalise the model of situational leadership in residential care. Individual followers at various levels on the developmental continuum require the situational leader to use a leadership style that matches their level so that they are enabled and supported in the delivery of more effective person-centred care. Through the process of transformative learning, the individual leader begins to identify more clearly the transformational leadership practices they need to develop and the leadership style they need to adopt in order to support the individual follower in developing their prerequisites. A change in the leadership behaviour of the situational leader is triggered by an improvement in the performance of the follower as they move along the developmental continuum.

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Brighide M. Lynch (PhD, BSc Hons, Dip N, RGN), Consultant, Organisational Culture and Leadership, Newry, Co. Down, Northern Ireland; PhD Student, Ulster University, Jordanstown, Northern Ireland.