

Abstract – Dr Rachel Heathershaw – r.heathershaw2@uos.ac.uk

ARE ALL ROLE MODELS LEADERS?

LEADER IDENTITY CONSTRUCTION AND ROLE MODELLING IN NURSING

This presentation explores a study that critically examined role modelling and leadership in nursing in the National Health Service (NHS) in the United Kingdom. Contemporary policy drivers call for inclusive, compassionate, collective and shared approaches to leadership in order to meet ongoing health service demands and reforms. Part of this could be achieved by harnessing and capitalising on the role modelling aspect of leadership, allowing all potential leaders to develop.

A constructivist case study methodology enabled role models and leaders to be identified, alongside individual perceptions, opinions, experiences and ideas associated with role modelling and leadership amid everyday practice. Data was collected through nonparticipant observation and semi structured interviews. Both inductive and deductive approaches were used in data analysis within and across the cases using a socially constructed lens. Rigour was assured through robust reflexive strategies and triangulation of methods, data sources and theory. The fourfold leadership typology of Grint (2010), 'position, person, process and results' was utilised as a heuristic frame.

The social collective element of leadership is rooted in the notion of leaders and followers, roles which can be interchangeable and dependent on any given time and space (Ladkin 2010, Haslam et al. 2011, Barr and Dowding 2016). A role model is followed in the most basic sense if, as Bandura (1977) reports, the modelled behaviour has relevance and captures the attention of the observer. The critical element is influence through communication, intentional or otherwise. Essentially, acting as a role model can be seen as leading in the sense of leading by example. This is the first connection to leadership. The second connection is when being a role model is perceived as an expectation of being a leader.

The study offered a means to explore a space in the leadership rhetoric and exposes role modelling as a leadership behaviour, contributing to enhanced understanding of the interface between role modelling and leadership, and the exchange of follower and leader roles. Overarching factors emerged: the act and impact of learning from a role model is evident in the nursing team; being seen as a role model is within the gift of anyone at any positional level, essentially constituting being 'followed'; and at some point in their developmental trajectory, an individual begins to recognise themselves as a role model and this can happen when they become formal leaders.

The path of nurse/leader development in each of the cases displayed an increasing awareness of individual everyday operational leadership, to the wider strategic perspective demonstrated by the established nurse leader. This represents a movement from Grint's (2010) 'person' individual level explanation, to the wider 'position' level, with accompanying 'results' and 'process'. Expecting to 'lead' on a relatively formal incremental trajectory contributed to the participants ongoing professional role identity within their social groups. This provides a new insight into how awareness of self as role model can occur and corresponds with growing leader identity construction in formal roles.

Developing self-awareness and purposeful attention to role modelling and its associated behaviours can be useful as a means of distinguishing areas for leadership development. At some point, in their growing self-awareness, an individual recognises that they are a role model; being able to capture that moment could assist with purposeful development, role identity and leader identity. The juncture where being a role model and being a leader connects could be that time. The provision of guidance and support in the form of organisational processes specific to role modelling as a leader could increase understanding and drive positive performance.

Discussion points - How can we explore and critically reflect on the underlying concepts associated with role modelling and leadership?

- By identifying individuals who are seen as personal role models, whether in a professional capacity or otherwise, consensual or not.
- Recognising self as role model and leader, crucial for expanding leadership capacity across teams and organisations.
- Employing being a role model as a conscious strategy in the drive for shared, collective, inclusive leadership: firstly, to assist with appreciating the impact on those around as a cornerstone of leadership behaviour: and secondly to harness the impact of a role model through direct application
- Contributing to the provision of guidance and support in the form of organisational processes specific to role modelling as a leader in order to increase understanding and drive positive performance.

References

Bandura, A. (1977) Social Learning Theory. London. Prentice-Hall

Barr, J and Dowding, L. (2016) Leadership in Healthcare 3rd Edition. London. Sage

Grint, K. (2010) Leadership A very short introduction. Oxford. Oxford University Press

Haslam, S. A. Reicher, S.D. Platow, M. J. (2011) The New Psychology of Leadership – Identity, Influence and Power. Hove. Psychology Press

Ladkin, D. (2010) Rethinking Leadership – A new look at old leadership questions. Cheltenham. Edward Elgar