Healthcare Leadership with Political Astuteness and its role in the implementation of major system change: the HeLPA qualitative study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Scientific summary

The HeLPA qualitative study

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Scientific summary

Background

The implementation of change in health and care systems is notoriously difficult. A growing body of research shows that change processes are often complicated because people hold diverse and competing preferences, interests and agendas about change. These become manifest through 'political behaviours' or 'strategies' that are directed at influencing (or resisting) change in line with their preferences and interests. Although more formal political systems and processes clearly have an impact on the organisation of care services, there is substantial evidence that less formal, microlevel instances of interpersonal influence or 'soft power' also shape the organisation of services. The terms big 'P' politics and small 'p' politics are sometimes used to mark this distinction, accepting that in reality these political domains are often linked. An increased awareness of the 'micropolitics' of health-care organisation has led to a corresponding interest in the 'political skills' needed by health service leaders when seeking to implement change.

The concepts of 'political skill' and 'astuteness' have been developed extensively in the organisation studies literature, but there has been limited application in the health and care context. Furthermore, leadership development programmes for health and care leaders increasingly recognise the importance of fostering political skills and astuteness, but the evidence base for these remains underdeveloped.

In developing the focus, the study considers the distinct political challenges and corresponding skills of implementing major system change within health and care services. Given the prominence of major system change as a vehicle for service improvement, there is a need for more direct consideration of the way that 'system politics' shape the implementation of change and the scope for leaders to manage change with and through these politics.

Aims

The overall aim of this study was to produce a new empirical and theoretical understanding of the acquisition, use and contribution of leadership with 'political astuteness', specifically in the implementation of major health system change, from which to inform the co-design of materials and resources for the training, development and recruitment of current and future service leaders.

Methods

The study comprised four linked work packages (WPs):

- WP1 involved two systematic narrative literature reviews. The first literature review was a 'review of reviews' in the wider social science literature to identify and describe the main concepts and theories informing the study of political skill and astuteness. The second review applied this learning to the health services research literature to understand how political skill has been shown to contribute to the implementation of health services change.
- WP2 involved carrying out narrative interviews with 66 health and care leaders to understand their experiences of acquiring and using political skills when implementing health services change. The narrative approach developed rich descriptive accounts of organisational politics and political skill within the health and care sectors.

- WP3 involved carrying out in-depth research on the implementation of major system change with nine case study project teams drawn from three Sustainability and Transformation Partnerships in different English regions. The study focused on the particular political controversies faced at different stages of the change process and the political skills, strategies and actions used to manage these politics.
- WP4 involved developing learning materials and resources to support health and care leaders to acquire and develop their political skills and astuteness. Through a series of co-design workshops, the study findings were deliberated and developed to produce a package of materials and resources and a workbook, which was further co-designed and tested with four stakeholder workshops.

Results

Objective 1

Objective 1 was to identify key theories and frameworks of political astuteness within the social science literature, and apply these to recent evidence of health system change to understand how service leaders can constructively create a 'receptive context' for change.

Two systematic narrative reviews were completed during the study. The first reviewed the wider social science literature on the concept of political skill and related terms, and the second reviewed the health services research literature to determine how these concepts had been used to study health services change. The first review showed that a number of key frameworks and theories of political skill and astuteness have dominated contemporary organisational and management research. The dominant Ferris concept [Ferris GR, Treadway DC, Perrew PL, Brouer RL, Douglas C, Lux S. Political skill in organizations. *J Manage* 2007;**33**:290–320] comprises four dimensions: social astuteness, interpersonal influence, networking ability and apparent sincerity. The second review applied the findings of the first review to the health services research literature, showing that concepts such as political acuity, astuteness and skill have a relatively long history in the field, especially in the area of nursing research. Although such terms have often been used in a relatively 'loose' or general way, in recent years the concept of political skill drawn from Ferris has become more common, leading to a more 'tight' or specific understanding. Furthermore, narrative synthesis of the health services research literature suggests that political skills and strategies function across five linked areas: personal performance, contextual understanding, interpersonal influence, stakeholder engagement and networking, which together contribute to organisation change and to some extent policy influence. The review notes that much of this literature lacks attention to the wider social science literature on health-care politics more broadly understood.

Objective 2

Objective 2 was to understand the perceptions, experiences and reported practices of service leaders, and other change agents, about their acquisition and use of political astuteness in the implementation of health system change, taking into account differences in professional background, age, gender, ethnicity, geopolitical context and change context.

The study investigated health and care leaders' experiences of acquiring and using political skill in the implementation of health system change. The study found that participants talked about 'organisational politics' and political skills in a number of common ways. The narrative interviews showed that people tended to think and talk about organisational politics with reference to a wider 'political landscape' in terms of historical precedents and prevailing relations of power, within which they experienced particular 'controversies' or disagreements. As part of explaining these controversies, leaders focused on the role and positions taken by different stakeholders, or 'protagonists', who hold different preferences or interests for change and, in turn, the narratives describe the 'political skills, strategies and actions' used by these protagonists when seeking to influence the organisation of care. These skills, strategies and actions were analysed along five dimensions: self and interpersonal style, strategic thinking, communication and engagement, networks and networking, and relational strategies and tactics.

Participants' narratives broadly reflected the prevailing concepts of political skill and astuteness, but they departed in four important ways. First, the findings challenged the view that political skill is a relatively narrow set of capabilities possessed by individuals and instead revealed a more complex and contingent understanding of organisational politics that involves patterns of action, interaction and counteraction. The findings suggest that it is useful to see organisational politics as involving interlocking constellations of political action in which multiple actors are seeking to influence one another. Second, the findings demonstrated the importance of a person's social position in shaping their inclination, opportunities and approach to political actions. In particular, career experience and professional background were significant factors conditioning political action. Third, the findings showed the importance of understanding political skill and action as a group or collective activity, rather than individual, whereby multiple people work together in complementary ways and with complementary skills to influence the organisation of care. Finally, the study offered insight into the interests and agendas that motivated political action. Within the mainstream literature, political skill is motivated by the desire to realise relatively narrow personal or organisational interests, yet study participants saw organisational politics as framed in terms of improving patient care or public health, and also deeper concerns about the allocation of roles and responsibilities.

Objective 3

Objective 3 was to understand how recent recipients of NHS leadership programmes think about, acquire and make use of political astuteness to inform the development of new training resources.

As part of the narrative interview study, all participants, including recent recipients of leadership development programmes, were asked to reflect on the acquisition and development of their political skill. The study identified three prominent methods of acquiring and developing political skill and related leadership qualities: experiential learning, mentoring and coaching, and formal training. These each contributed to the development and refinement of political skills, strategies and actions. Experiential learning was by far the most prominent method of skill development, especially through participating in difficult change initiatives, learning from role models and, importantly, learning from mistakes. Mentoring and coaching were also seen as important, especially as supporting reflection on experienced events and situations and forward planning, and also for helping to connect more formal or classroom learning with the real world of health services change. Whereas many participants had mentors and role models, coaching seemed to be more common among more experienced and senior participants. Formal training activities had a mixed reception. Many described how formal leadership programmes could neglect the specific issues of organisational politics or subsume these within broader aspects of strategic change. When people had experienced specialist or dedicated training on organisational politics and political skill, it was seen as important for this to be grounded in real-world events, not abstract theory, and to be able to take learning back to the shopfloor. The main learning point from the interviews was that action-based learning with expert facilitation and mentoring was the preferred method of acquiring and developing political skill.

Objective 4

Objective 4 was to revise existing theoretical models of political skill and astuteness, with reference to the wider social, cultural and relational context of health system change, from which to develop new theoretical propositions.

The predominant conceptualisation of political skill, both within the wider social science literature and within the health services research literature, is associated with the work of Ferris *et al.* and is largely informed by work on organisational psychology. Based on the findings of the literature reviews and the interview study, a number of additional lines of enquiry and conceptual analysis were identified as having potential for expanding this predominant approach and providing the basis for subsequent empirical research.

The first line of development was that, in practice, the performance of political skill involves more than individual capabilities and interpersonal influence; rather, organisational politics involves multiple people engaging in interconnected and parallel lines of activity, shaped by the interactive order of organisational politics. The study suggests, therefore, that it is important to explore the interplay between skills (capabilities), strategies (plans) and actions (doings) as the basis of participating in or mediating organisational politics (political skill).

The second line of development extended this line of thinking to suggest that political skills are manifest in highly co-ordinated and collective activities. In many instances, political action involves multiple people working together as an alliance to counter the influence of other alliances. Moreover, the study suggests that by viewing political action as a collective process it becomes possible to understand how political skills and actions are distributed and co-ordinated across different people within a group.

The third line more explicitly acknowledged that people do not deploy political skills, either individually or as a group, from equal starting positions. Rather, people occupy variable 'social positions' relative to one other that reflect different inclinations and opportunities (or dispositions) to engage in political action. In particular, relatively powerful or influential people tend to be privileged by the prevailing distribution of resources, rules and relationships, meaning that their willingness and need to engage in organisational politics, as well as their strategies and actions, will be markedly different from those who are less privileged.

The final line of enquiry was less theoretical and more substantive in focus. The existing literature tends to deal with politics and political skill within organisation settings. However, contemporary public service reforms, especially in the field of health and social care, increasingly involve implementing change between and within organisations. For this reason, more attention is needed to 'system politics', given the contemporary policy focus on cross-organisational working to achieve integrated care and the need for leadership to operate outside formal bureaucratic systems.

Objective 5

Objective 5 was to investigate how political astuteness is used constructively by service leaders to create a 'receptive context' for implementing major health system change.

The in-depth case study research with three Sustainability and Transformation Partnerships showed how 'system politics' is manifest in the implementation of system change. The aggregate and comparative analysis cases showed that the stages of implementing change are associated with particular types of political controversy or disagreement operating across the strategic and operational domains. Moreover, it showed how these controversies and, importantly, the resolution of these controversies are associated with certain types and forms of political skill, strategy and action. The study showed how there is little in the way of a formula or prescribed set of skills, strategies or actions for engaging in system politics; rather, it is highly contingency based and iterative. In fact, the case studies showed how precarious and complicated system change can be, with many false starts and failed activities.

Objective 6

Objective 6 was to work with providers of NHS leadership training, NHS recruitment agencies and patient and public involvement groups to co-design recruitment and learning materials that support the acquisition, use and development of political astuteness for existing and future health-care leaders.

Based on the research findings, and through a series of co-design workshops, the study produced (1) a slide deck of structured activities and tools to be used during facilitated workshops, which can be adapted in consultation with teams to suit learning needs; (2) a facilitator guide to explain how the workshops and resources can be planned, adapted and used; and (3) a workbook for use before, during and after the workshop. In addition, an interview guide was developed for recruiters.

Conclusions

The implementation of change in health and care services is an inevitable and constant feature of service leadership and management, and leaders will, in turn, need to better understand and deal with the micropolitical factors that complicate change. As health reforms continue to focus on large-scale or major system change, these political factors will assume distinct qualities, requiring additional skills, strategies and actions on the part of service leaders. Although difficult to offer prescriptive or how-to guidance, the study shows how particular controversies can affect the different stages of a change process, to which leaders need to respond with particular strategies and action and, more significantly, need to work with others in the form of collective action. The acquisition and development of these skills appear to be achieved best through more applied or experiential learning, in which more general themes and ideas can be related or applied to real-world change projects, and in which learning takes the form of action-learning.

Study registration

This study is registered as researchregistry4020.

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