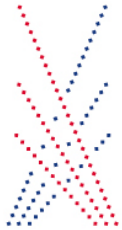

BRITISH ACADEMY
OF MANAGEMENT

BAM
CONFERENCE

3RD-5TH SEPTEMBER
ASTON UNIVERSITY BIRMINGHAM UNITED KINGDOM

This paper is from the BAM2019 Conference Proceedings

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Exploring collaborative maternity work through the lens of "Leadership as practice:" An Activity theory approach

Introduction

Health care systems across the globe are becoming increasingly complex, fast paced and distributed across traditional boundaries (Engestrom, 2014). Over the past 15 years, in the UK's NHS organisational structures, leadership styles, medical practices and procedures have been subjected to substantial modification. The roles and responsibilities of health care practitioners have been re-configured and a number of new forms of employment in health-care have emerged. Health care practitioners are also being required to undertake additional training, enhance their expertise, and work more flexibly and inter-professionally in order to provide a higher quality care (Nancarrow, 2015). Many of these developments have emanated from a series of policy changes that fall under the discourse of work-force transformation or "skill mix" change (Nelson et al, 2018). Such changes have led to the blurring of professional boundaries in health care work.

In order to deal with the challenges of such developments, it has been argued that the NHS needs to shift away from more traditional "tripod" or "heroic" models of leadership which involve talk of leaders and followers and their shared goals towards more distributed, shared and collaborative approaches (Drath, 2008). Moreover, it has been suggested that in the NHS leadership is something to be developed at all levels of the organisational hierarchy and that front line practitioners need to be encouraged to lead change and take control over how local health services are delivered (Warwick, 2015, Martin and Learmonth, 2012).

In the theoretical literature on leadership, scholars have similarly argued that there needs to be a shift away from individualistic "trait" and indeed heroic conceptualisations of leadership towards more relational, shared and distributed approaches (Crevani et al, 2010). Such approaches would recognise that leadership is intricately connected to a wider socio-cultural context, and can emerge through on-going action and interaction (Kempster and Gregory, 2017; Carroll et al, 2008; Raelin, 2011). In leadership thinking, the "leadership as practice approach" (LAP) has been developing as a way of theorising the specificities of leadership as it occurs in moment to moment situated practice (Kempster and Gregory, 2017). The LAP approach has its roots in social practice theory (Schatzki, 2005, Bourdieu 2002) and focusses ontologically on how leadership emerges in the on-going flow of organisational activity.

This paper will conceptualise the aforementioned "work-force change" and "role re-negotiation" in the NHS through the lens of "leadership as practice" (LAP). The data that will be drawn upon in this paper is taken from a three year research study that explored work-redesign in the NHS's maternity services. Specifically, the study explored role boundary changes between qualified and unqualified staff in maternity care, focussing on how practitioners collectively navigated boundary related tensions.

This paper considers two interrelated aspects. Firstly, the Leadership as practice (LAP) literature is drawn upon to illustrate how leadership takes place at the front-line level in health- care work. The empirical data from the case-study is used to highlight how NHS professionals collectively navigate and negotiate their often contested role boundaries as well as daily situational challenges in their work (Nancarrow, 2015). A second strand within the paper is methodological. It has been argued that there needs to be further exploration of what methodological approaches are potentially relevant for capturing leadership that takes place

in the flow of practice. This paper demonstrates that one particular theoretical framework, namely Cultural Historical Activity theory or CHAT (Engesrom, 2014) provides a helpful set of principles for capturing leadership as practice within front-line health care work. It is argued that the different tenets of "CHAT" can help to develop practice based understandings of leadership.

Methods

The research was undertaken in an NHS Trust in the North of England over an 18 month period. The data was collected from three different hospital sites in the Trust as well as a number of community bases. The participants of the study were midwives, maternity support workers and midwifery managers. A range of ethnographic research methods were employed in the study including semi-structured and conversational interviews, non- participant observations, and a review of internal policy documents. 39 participants were formally interviewed with each interview lasting between 35 minutes and 90 minutes. One form of observation that the study used was 'Shadowing' or mobile ethnography (Czarniawska (2007:16). Shadowing is a form of observation where a researcher follows workers as they conduct their work. Shadowing differs from more traditional forms of observation where the researcher remains static in the same place observing practice. Shadowing is a useful way of capturing practice which is happening in multiple places simultaneously. A grounded theory approach was employed in order to analyse the data collected. Codes were assigned to key issues in the collected data, with these codes inductively emerging from the data as opposed to being identified in advance.
(n.b in this methods section of the full paper, each research method employed as well as the data analysis approach will be considered in more detail)

Theoretical framework: Activity theory

Activity theory also known as "CHAT" is a theoretical framework for studying collective purposeful activity (Blackler and Regan, 2009). CHAT has been proven to be an especially robust theory that is attuned to the study of complex, dynamic and turbulent organisational practices such as health-care work (Engestrom 2000; Engeström and Vähäaho,1999). "CHAT" has its origins in Russian psychology and was initially conceived by Russian Psychologist Lev Vygotsky in the 1920's and early 1930's and further developed by Vygotsky's colleague Alexei Leont'ev in the 1970's (Engestrom, 2000). Since its early theorisation, a number of other scholars have taken an interest in the theory, utilising its various concepts and tenets in order to better understand a range of work-place contexts (Engestrom, 2000; Blackler, 2009). As a framework for analysing practice, activity theory is comprised of several key principles or tenets. These tenets include the "object of activity", "contradictions", division of labour, rules and tools. (*In the full paper each of these tenets will be discussed in full detail).*

Findings

In this section findings from both interview data and observational material are presented. The activity theory tenets identified above will be used to structure the analysis and frame the findings as an episode of leadership as practice. Specifically, the different tenets of activity theory enhance understanding of a period of tension and disturbance in the case study site. The troubles and tensions that were collectively experienced subsequently led to group

reflection and a re-negotiation of practice. The new practice involved the use of a technology called a "feeding phone" which helped the practitioners to communicate and problem solve when working at a distance from one and other.

Example of data/analysis that will be used in the full paper: Activity theory tenet "contradictions and tensions"

The activity theory tenet "contradictions" prompts us to identify and explore tensions and troubles in work practices. When exploring the data from the case study, it was clear that the way that the practitioners were working had led to a series of tensions in their collective practices. Specifically, the midwives and support workers explained how the autonomous, independent and distributed style of working (in community care) meant that when problems arose, they were not able to call upon their peers for support. The maternity support workers that were interviewed expressed concern that much of their role was accomplished with minimal support or supervision from midwives. The data revealed that at the site there were a number of communication break-downs and boundaries being "over-stepped" which led to a period of intense unrest. The following is a quote from one of the maternity support workers at the site:

> *'We were pretty much working on our own most of the time, doing our own thing, and at times that was great, we just got on with it and worked away but then at other times you would come across things you weren't sure of and you'd think ok how do I deal with this, I'm not sure what should be done here, but you'd just have to handle it.' (Colleen, MSW)*

n.b Further data will be used here to fully illustrate how the troubles and tensions led to a collective re-negotiation of practice

Discussion

In the case-study, a period of tension and disturbance in the activity system of post-natal care led to collective reflection and a re-negotiation of practice. Once the source of shared troubles had been identified, the care of clients was re-conceptualised and a new way of working emerged; a more collaborative endeavour. The new way of practicing post-natal care was supported by the mediatory technology of a "feeding phone", a mobile phone specifically for feeding related issues. The new mobile phone helped to support staff in handling arising ambiguities in their practice.

The events within the case study can reasonably be conceptualised as an episode of leadership. However, not all leadership literature is helpful in understanding the scenario described in the case. There is no evidence of leadership in the more traditional sense; i.e. there is no discernible "heroic" leadership figure or set of followers. However an argument can be made that leadership as practice is present. This can also be thought of as leadership that is occurring within a peer setting at the level of collective local practice (Crevani et al, 2010; Kempster and Gregory, 2017) The data illustrates that leadership arises following a series of collectively experienced challenges, interactions and negotiations between the practitioners about how maternity work should be accomplished (Uhl-Bien et al, 2007). This leads to a decision at the collective level to modify existing ways of delivering care. In this way, the practitioners through their discursive processes, reflections and shared decision making influence their future practices. This leads to a new mode of organising and decision making facilitated by the mobile phone technology. In this way, the case-study is an example of how leadership can emerge through every-day working practices.

Conclusions

Leadership as practice is an important and evolving area within leadership research. In this paper, it has been argued that the tenets of activity theory provide a useful framework for capturing leadership as practice. Activity theory draws attention to the historical and cultural context in which the leadership occurs as well as the tensions and contradictions that underlie episodes of leadership within local practice. In this paper it is argued that Activity theory can support understanding of the collaborative and collective nature of leadership in front-line health care work. The activity theory tenet of contradictions/tensions is particularly useful in unpacking the antecedent influences that cause an episode of leadership as practice to manifest. The findings have implications for methodological approaches for exploring leadership as practice. In particular, it is proposed that the tenets of activity theory can be usefully employed as a methodology or framework for capturing and further exploring episodes of leadership as they emerge in local, situated practices. Further work is needed to employ activity theory as a method and indeed theoretical framework for conceptualising leadership as practice. The NHS provides a rich site for such an exploration.

Word Count not including references: 1853

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