

Handout 3.1: A clinical case study

I am rostered for one shift per week only, but I am counted in the numbers for the shift so I'm not supernumerary. I, and the managers who work under me, all try to give positive verbal and written feedback to staff for good work done and to mention it in staff meetings and the monthly newsletter.

I have no doubt that some staff at some times will say horrible things about the way I work and what I do. That goes with the territory and doesn't bother me. I believe that giving praise to people for working hard and doing well **is the right thing to do** (*her emphasis*). It's not a management ploy, or a 'tactic' to get people to work harder. Neither is it about trying to be popular. It's about human-being-to-human-being respect and valuing colleagues as whole people who bring their whole selves to their jobs and give of themselves every day.

My belief is, and I might be horribly deluded, that staff here appreciate being praised and thanked. They seem to, and say so, and more importantly, they praise and thank others (I hear it happening all the time, not directed by me). But they know I mean it. And maybe congruence is the core of this. I hope the staff I work with know that when they get a letter from me they can trust it, because they see me in action every day and, most of the time, I act in the same way. That is, positive about them, respectful towards them, never slagging anyone off to them and never slagging them off to anyone else. I protect their interests as best I can and those of our patients. I leap to every staff member's defence in public (even if I then tear them off a strip in private). I genuinely believe that all our staff do a fantastic job in so many ways. I don't have to put that on, it's true to me. I guess part of them trusting me is that I am out there with them. I do shifts, on calls, come in in the middle of the night, go to home visits. As someone said to me recently, 'We know you would never ask us to do anything that you would not do yourself.'

I take my responsibility for the service very seriously, but I do try to share decision-making. We have had quite a few ballots on issues, where all staff have got to 'vote' on a matter. Other decisions are thrashed out at meetings. Occasionally, I think there are decisions that just have to be made and I'm happy to do that. It's not a brilliant strategy though and can go horribly wrong. Because I do it so rarely people get very shocked and upset when I do it!

I think I did say that part of a manager's job is to protect staff from stress. For me this is about fighting battles with the next layer up.

Handout 3.2: Legitimate or positional power

This is the power that comes with the holding of a position of formal authority. It is usually explicitly stated in official documents and is also widely accepted as a norm within the organisation.

Legitimate power can be backed up with organisational sanctions up to disciplinary procedures and sacking. Usually, things do not go that far because of its widespread acceptance. The extent of a person's positional power is usually defined in organisational documents, such as job descriptions.

Using legitimate or positional power

- ▶ Be respectful
- ▶ Make polite requests
- ▶ Give reasons for your requests
- ▶ Ensure requests are clear, written if necessary
- ▶ Follow up and remind if necessary
- ▶ Follow proper channels
- ▶ Verify compliance
- ▶ Insist on compliance, as appropriate

Handout 3.3: Reward power

This is the power that comes with people knowing, or believing, that you control important rewards. It is unusual for frontline health and care leaders to have much discretion over monetary and other tangible rewards. Yet they may be able to give or withhold other rewards such as a good reference, better work schedules, opportunities for job development and training.

Above all, they have at their disposal attention, praise and recognition for a job well done. Not all rewards are tangible and many of the most effective are social in their nature.

Using reward power

- ▶ Be fair and ethical – do not have favourites
- ▶ Link rewards to specific actions
- ▶ Ensure rewards are valued
- ▶ Give praise that is appropriate to the individual
- ▶ Look out for good work, show that you notice it
- ▶ Praise much more than you criticise
- ▶ Be genuine, do not offer praise 'on a rota'

Handout 3.4: Coercive power

This is the power to inflict some sort of punishment or pressure on people. Mostly this will relate to your junior staff, but not always. This may be officially sanctioned, for example formal disciplinary procedures. No organisation would want to be without serious sanctions in extreme situations.

But coercive power is also used informally as reprimands that can vary from a frown to a full dressing down. A 'punishment' is *anything* the recipient finds unpleasant. Therefore, many ways of expressing disapproval can be used to steer behaviour when necessary.

"That's not the way we do it here" or

"You could have done better"

Be aware that the use of coercive power will generally result in compliance and only rarely in full commitment. It may also result in resentment and opposition.

Using coercive power

- ▶ Ensure that standards and requirements are clear and well known
- ▶ Respond swiftly to lapses
- ▶ Criticise the behaviour not the person eg "That was the wrong thing to do" rather than "You are a stupid/lazy/bad person"
- ▶ Reprimand in private if possible
- ▶ Best used sparingly
- ▶ Accompany with showing how to improve performance
- ▶ Follow up on warnings

Handout 3.5: Expert power

The possession of knowledge, skills or expertise, especially if these are rare and valued, can confer much power on the holder. People who know the best way to perform a procedure or deal with a particular issue and who are up to date with professional developments will have more power than those who do not.

This knowledge must be relevant to the work situation and the influence it confers will be limited to this area of expertise.

It may be necessary to demonstrate that this expertise is both important and not easily available from other sources.

Using expert power

- ▶ You may need to show that your expertise is relevant and that it is not easily available elsewhere
- ▶ You must know your stuff and stay up to date
- ▶ Speak confidently, but do not bluff
- ▶ Do not lecture other people
- ▶ Acknowledge others' knowledge and opinions, few people are totally ignorant even in your area of expertise
- ▶ Admit the limits of your expertise and do not overstep them

Handout 3.6: Referent power

Stems from people's desire to please or emulate a person who they admire, trust and respect and who they feel is 'on their side'. The reasons for this might be a recognition of their clinical excellence, their high standards or their concern for their patients and staff. All clinical leaders will possess some of these qualities to some degree. Not everybody can be Florence Nightingale but we can all aim to stimulate respect and loyalty from our teams. Naturally, referent power may be totally independent of formal position and reward or coercive power.

You may feel that this does not apply to you, that your team take no notice of you. In fact, they will be watching you all the time.

Using referent power

- ▶ Being a consistent role model
- ▶ Showing concern for your team
- ▶ Regarding them positively and showing it
- ▶ Behaving with integrity, acting your values
- ▶ Appreciating their values
- ▶ Persisting in all this over time

Handout 3.7: Using legitimate/positional power

This is the power that comes with the holding of a position of formal authority. It is usually explicitly stated in official documents and is also widely accepted as a norm within the organisation. Legitimate power can be backed up with organisational sanctions up to disciplinary procedures and sacking. Usually things do not go that far because of its widespread acceptance. The extent of a person's positional power is usually defined in organisational documents, such as job descriptions.

	Mostly	Sometimes	Rarely	Comfortable Y/N
I make polite requests rather than abrupt commands				
I explain the reasons for requests that I make				
I use language that is clear and comprehensible when making a request				
In emergency situations I am firm and assertive				
In non-emergency situations I am polite but firm and confident				
Complex requests are written down as necessary so they are fully understood and not forgotten				
I follow up and check on orders and requests to ensure compliance				
When necessary I insist on compliance				

Handout 3.8: Using reward power

The power that comes with people knowing, or believing, that you control important rewards. It is unusual for frontline healthcare leaders to have much discretion over monetary and other tangible rewards. Yet they may be able to give or withhold other rewards such as a good reference, better work schedules, opportunities for job development.

Above all, we have at our disposal praise and recognition for a job well done. Not all rewards are tangible and many of the most effective are social in their nature.

	Mostly	Sometimes	Rarely	Comfortable Y/N
I offer rewards (eg approval) in a manner that is appropriate to the person				
I do not show favouritism when offering rewards				
I do not promise more than I can give				
I explain the specific reason for giving rewards				
I notice and acknowledge people who are giving that bit extra				
I give praise far more often than I give criticism				
I find out (and reward) what people are doing right				

Handout 3.9: Using coercive power

This is the power to inflict some sort of punishment or pressure on people. Mostly this will relate to your junior staff, but not always. This may be officially sanctioned, for example formal disciplinary procedures. No organisation would want to be without serious sanctions in extreme situations.

But coercive power is also used informally as reprimands that can vary from a frown to a full dressing down. A 'punishment' is anything the recipient finds unpleasant. Therefore, many ways of expressing disapproval can be used to steer behaviour when necessary.

"That's not the way we do it here"

"You could have done better"

Be aware that the use of coercive power will generally result in compliance and only rarely in full commitment. It may also result in resentment and opposition.

	Mostly	Sometimes	Rarely	Comfortable Y/N
I make it clear what standards are required				
I respond to slips from good standards promptly and consistently				
I ensure I have the full facts before using reprimands				
Whenever possible I give warnings in private				
I try to help the person improve on their performance				
I ensure credibility by following up on warnings				
I find out (and reward) what people are doing right				

Handout 3.10: Using expert power

The possession of knowledge, skills or expertise, especially if it is rare and valued, can confer much power on the holder. People who know the best way to perform a procedure or deal with a particular issue and who are up to date with professional developments will have more power than those who do not.

This knowledge must be relevant to the work situation and the influence it confers will be limited to this area of expertise.

It may be necessary to demonstrate that this expertise is both important and not easily available from other sources.

	Mostly	Sometimes	Rarely	Comfortable Y/N
I can give reasons for my requests and explain why they will be useful				
I give these reasons without haranguing or lecturing other people				
I do not overstep the limits of my expertise				
I admit the limits of my expertise and do not try to bluff				
I am aware that other people may have some knowledge of my field and will listen to their contributions				
I stay up to date with developments in my field				

Handout 3.11: Using referent power

This stems from people's desire to please or emulate a person who they admire and respect and who they feel is 'on their side'. The reasons for this might be a recognition of their clinical excellence, their high standards or their concern for their patients and staff. All clinical leaders will possess some of these qualities to some degree. Not everybody can be Florence Nightingale but we can all aim to stimulate respect and loyalty from our teams. Naturally, referent power may be totally independent of formal position and reward or coercive power. You may feel this does not apply to you, that your team take no notice of you. In fact, they will be watching you all the time. More than any other kind of power, referent power elicits commitment rather than mere compliance.

	Mostly	Sometimes	Rarely	Comfortable Y/N
I show concern for my team and support them				
I regard my team positively				
I am sincere in my praise for them				
I act with integrity (truthfulness, consistent values, keeping promises)				
I act as a role model for my team and lead by example				
I understand their values and support them in espousing them				