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**Leading in the NHS during the COVID-19 pandemic:
A Leader-Member Exchange perspective.**

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Leading in the NHS during the COVID-19 pandemic: A Leader-Member Exchange perspective.

Abstract

This commentary paper provides a comparison of the leadership approach used in the NHS pre and during the COVID-19 pandemic from the experiences of an NHS leader through the lens of the Leader-Member Exchange (LMX) theory (Dansereau, Graen, & Haga, 1975). LMX theory recognises the importance of the leader-follower relationship on the achievement of shared goals, performance management and delivery of outcomes. During the COVID-19 pandemic, it was experienced that in the NHS, the safety, wellbeing and resilience of the employees took precedence over individual performance achievement. Patient care and safety always remained the highest priority for the NHS, but without the staff to deliver that care, the NHS would not have been able to cope with the challenges that the pandemic created. The leadership style required during this time was therefore one of compassion, kindness, support and trust. This can be associated to an authentic, paternalistic leadership style. LMX theory has been used in this commentary paper as the framework in describing how the leader-follower relationship was either developed, changed, maintained or strengthened during the COVID-19 pandemic from a first-hand account of an NHS leader. By recognising the shift in focus of the leader-follower relationship in the NHS, it can be suggested that there has been a change in the NHS culture. A call for research is made to ascertain whether the cultural change in the NHS is recognisable across the entire national institute and whether the leader-follower relationship is at the centre of this change. Additionally, a call for further research is made in relation to the development and sustainability of the relationship between leaders and followers during times of intense pressure, and connecting the emotional, social, influence to management science.

Key Words:

National Health Service (NHS); Leader-member exchange (LMX); COVID-19 pandemic; Leader-follower relationship; Authentic, paternalistic leader.

The COVID-19 pandemic presented the UK's National Health Service (NHS) with its greatest challenge and public health emergency, since its formation in 1948 (NHS England, 2020; NHS England, 2021) and was described as the biggest, unprecedented, global emergency that mankind has faced in recent years (Pillai, Siddika & Hoque Apu, 2021). At the start of the pandemic, many clinicians took care of patients often at the risk of their own health (Kniffin et al, 2021; Johnson & Butcher, 2021), NHS emergency planning took charge, and the attitude of 'all hands-on deck' replaced the business-as-usual priorities. NHS staff were asked to step into, at times, different roles, that were needed to fight the COVID-19 pandemic (NHS England, 2020) and everyone helped to deliver essential patient care. However, NHS leaders were asked to not only make immediate, tactical decisions to meet the increased patient demand, but they had to ensure their staff's physical and mental wellbeing was prioritised alongside the delivery of patient care. Both priorities were interrelated and due to periods of immense stress, compassion took priority over individual staff performance (NHS England, 2020). D'Auria & Smet (2020) identified a need for this shift in leader/employee focus in their report for McKinsey, which recommended leaders demonstrated empathy and compassion toward their followers during the crisis. The NHS has historically looked at how to improve staff wellbeing and in July 2020 published the first of its People Plans (NHS England, 2020). However, the pandemic was felt to have influenced a shift in leadership approach and a noticeable change in personal wellbeing was seen, with increased importance placed on resilience and empathy. (Greedy, 2021)

It is widely recognised that followers look to leaders during a crisis for support, guidance, reassurance and direction (Bundy, et al, 2017, Nguyen, et al, 2022). It has also been recognised that the type of leadership required during a crisis is that of authenticity (Gigliotti, 2016, Nguyen, et al, 2022). To examine this shift of leadership approach by NHS leaders, the Leader-Member Exchange (LMX) Theory has been applied. LMX focuses on the dyadic relationship between leaders and the people they are responsible for (followers). LMX was first introduced in 1975 by Dansereau, Graen, & Haga (1975) and proposed that a follower's performance is dependent on whether they have a positive or negative relationship with their leader. Viewing the leadership approach of NHS leaders during the COVID-19 pandemic through a LMX lens, allows the focus to be on the connection and

relationship between the leader and their followers, instead of their leadership style in order to drive performance.

LMX has been widely studied since its initial development and there has been a substantial amount of research undertaken in two specific areas, namely the association of worker/organisational performance and the leader-member relationship (Graen & Uhl-Bien, 1995; Mazur, 2012; Gottfredson & Aguinis, 2017; Liao, et al, 2022), and the different types of relationships that the LMX theory proposes can be developed between a leader and a follower (Graen & Uhl-Bien, 1995; Hesselgreaves & Scholarios, 2014; Martin, et al, 2017). Both research areas relate to the identification of two distinct groups which followers fit into, dependent on their relationship with their leader. These are referred to as the in-group and out-group (Dansereau, Graen, & Haga, 1975; Northouse, 2019). Followers who are associated to the in-group have a positive relationship with their leader and deliver better results (Graen & Uhl-Bien, 1995; Martin, et al, 2016). Suggested characteristics of the in-group relationship are, “greater input in decisions, mutual support, informal influence, trust and greater negotiating latitude” (Lussier, R. & Achua, C, 2007). Those who are linked to the out-group tend to have the basic contractual relationship with their leader and “receive less support, have more formal supervision, little or no involvement in decisions, and less trust and attention from the leader” (Lussier, R & Achua, C, 2007) Ilies et al (2007) completed a meta-analysis which resulted in a moderately strong, positive relationship ($p=0.37$) between the LMX relationship and follower performance based on 50 independent samples ($N=9,324$), therefore recognising the importance of the dyadic relationship in successful follower outputs. However, developing an in-group relationship takes time, effort and a common connection. Some studies have even looked at the association of similar personality traits, therefore making the ability to be within the in-group something that is innate to a person, rather than something that can be developed. (Sears & Hackett, 2011; Dulebohn et al, 2012).

It is the experience of this NHS Leader that what was important during the COVID-19 pandemic was not the depth of the in-group relationship but the openness and willingness of both the leaders and followers to form a trusting, supportive relationship. Without a level

of trust, followers would not allow themselves to be vulnerable to their leaders which can be associated to asking for help or admitting they were struggling with work pressures. The COVID-19 pandemic impacted on the psychological wellbeing of healthcare staff (Newman, 2022), with Lu et al (2020) reporting that frontline, clinical staff were twice more likely than non-clinical staff to develop anxiety and depression following the traumatic experiences of the COVID-19 pandemic. Leaders are essential in ensuring their followers have the support they need to deal with the aftereffects of the pandemic. Greenberg et al (2020) reported that early support, honest discussions with staff, regular contact and post-pandemic support from managers should be adopted by employers. NHS leaders therefore had the responsibility to consciously evaluate the type of relationship they had with all their followers to ensure that they were able to adapt their approach when supporting the follower's wellbeing. If the leader is consciously aware that a number of followers are in the out-group, then they will need to put more effort into improving the relationship irrespective of whether they will ever become an in-group follower. Graen & Uhl-Bien (1991 & 1995) Uhl-Bien & Graen (1992a & 1992b) proposed that the final stage of the LMX theory, Leader-Making, recognises the need for a leader to consciously be aware of how they behave with both the in-group and out-group of followers. The Leader Making Model (LMM) acknowledged the need for leaders to create a relationship with all followers that is built on trust and respect which makes the entire team of followers an in-group (Northouse, 2019).

So far, this paper has examined the role of NHS leaders in relation to leading their followers during the COVID-19 pandemic, through the lens of a relationship-based leadership approach. However, consideration also needs to be given to the affective development of the leader-follower relationship during the crisis. Thomas, et al (2013) proposed that "research and methodology developed in relationship science can enhance understanding of the leader-follower relationship." Thomas et al (2013) compared the relationship between a leader and a follower to that of a close personal friendship, recognising the similarities between the two social interactions in not only the development of the relationship but also on personal satisfaction and positive psychological well-being. Liao et al (2022) also identified that there are distinct linkages between emotions and the leader-member relationship. Liao et al (2022) found that positive social exchanges resulted in an increase in positive leader-follower interactions, which LMX states results in increased

organisational performance and effectiveness. Cropanzano, Dasborough & Weiss, (2017) also focused on the emotional connection within the leader-follower relationship and attributed certain emotional states to each of the LMX stages. Therefore, LMX literature has started to recognise the importance of emotion on both the development, sustainability and quality of the leader-follower relationship.

When reviewing the leader-follower relationship in the context of an emotional attachment, leaders are now in a position of responsibility to their followers to ensure the established relationship is used in an appropriate and professional way. Liden et al, (1993) and Sears & Hackett, (2011) have examined the issue where leaders and members developed a liking to each other and the positive impact that this had on their relationship. Professional relationships that are developed with the inclusion of emotion-based social exchange rather than just professional economic exchange are suggested to be characterised by trust, loyalty, compassion and respect (Cropanzano & Mitchell 2005; Uhl-Bein & Maslyn, 2003; Dulebohn, et al, 2012). These mutual emotions that are encompassed within the LMX relationship with those followers in the in-group, is said to build the affective attachment between leader and follower (Dulebohn et al, 2012). In order to encourage a follower to open up about their wellbeing and expose a perceived level of vulnerability to their leader, trust and openness is required on both sides (Geerts et al, 2021). But once the crisis ends, and the relationship returns to one of performance management and delivery, is the leader-follower relationship negatively affected? Or due to the relationship being positively established through an intense challenging period, does it evolve into a new established relationship as described in the LMX definition of the in-group? Like a parent who can both love and discipline a child, can a leader have both an emotional and authoritarian relationship with a follower? In answering these questions, the paternalistic leadership style can be recognised, whereby a leader uses authority, discipline, compassion, and concern (Farh & Cheng, 2000, Bedi, 2020) as the leadership approach. Legood et al (2021) highlighted a distinct relationship between a leader who adopted a paternalistic leadership style and the followers trust in the leader, which contributes to the development of a positive leader-follower relationship. The style of leadership by which a relationship is formed is important, however, leading in a crisis means you may have to change your leadership style in order to meet the needs of the individual followers. The impact that

adopting a positive leadership style has on staff in the health sector has been widely studied (Asif et al, 2019; Moon et al 2019). It can be suggested that an authentic as well as a paternalistic style was felt to be needed by NHS leaders to ensure a compassionate, supportive, and caring approach was embedded, which mirrors leaders' styles during the crisis in other areas such as academic environments (Lawton-Misra & Pretorius 2021). This was to enable trust to be built to support the wellbeing and resilience of the followers during the COVID-19 crisis. However, the paternalistic leadership approach may not be the natural style of the leader, and as such, the leader may revert to the style they feel most comfortable with, once the crisis is over and the focus returns to one of performance. Cropanzano et al 2017 acknowledged that the "dyadic-level affective helps to build high quality LMX relationships over time" (Cropanzano, et al, 2017). The experience of the follower based on the leader's behaviours, actions and adapted leadership style during a crisis therefore could have long-lasting implications on the relationship over time. This is where the proposed linkage between relationship science and LMX will provide an understanding in not only the development of the leader-follower relationship but also how to sustain it during different situations and circumstances. Nielsen et al (2019) supported the association between emotional connections and leader-follower relationships and suggested that leaders should be developed to not just inspire, actively engage in and develop their followers self-concept, but also how to manage the emotions of the followers during any situation. Much research has focused on positive emotions and how to increase follower productivity (Nguyen, Q, et al, 2016; Gooty, Connelly, Griffith & Gupta, 2010 as seen in Neilsen et al, 2019), however, Neilsen et al (2019) focused on negative emotions and how at times of high anxiety and immense stress, an increased need for effective, compassionate leadership is required rather than having a focus on measures and interventions. From the experiences of this NHS leader, the need for this type of leadership was evident throughout the COVID-19 pandemic. At times it was witnessed that NHS staff were not only afraid for themselves and their family, with many having to live apart so to minimise the risk of infection, but they were faced with daily traumas and death, more so than previously (Neto et al, 2020). In the opinion of this NHS leader, leaders needed to support their staff to ensure they continued to work in the never-seen-before conditions, and they knew their continued commitment was valued and appreciated. Implementing additional strategies which focused on the individual's wellbeing rather than on the role

appeared to become part of the normal culture of NHS working, which in this NHS leader's view, contributed to how the NHS survived the COVID-19 pandemic.

We are now over two years on from the start of the pandemic, and the NHS continues to be in crisis mode. The country is learning to live with the COVID-19 virus with all national restrictions being lifted, however the NHS is still facing a crisis. The NHS workforce are reaching the point of burn-out and NHS leaders are spending more time supporting staff than ever before, with additional physical and mental health issues resulting from the pandemic, including Long-COVID and PTSD (Lu et al, 2020; NHS Employers, 2022). Waiting times for elective surgery has reached never-seen-before levels, with over 400,000 people waiting over one year (British Medical Association, 2022). Urgent and emergency treatment is overwhelmed with high acuity patients (NHS England, 2022) and Primary Care are struggling to keep up with demand (NHS England, 2022). This paper uses LMX theory to recognise the importance of the leader-follower relationship in the NHS during the COVID-19 pandemic and beyond to ensure the NHS is able to fully support its staff to continue to provide essential care to patients. It was the experience of this NHS leader that there was a distinct shift in the role of leaders with their followers during the COVID-19 pandemic with the unconscious adoption of an authentic, paternalistic leadership style. This approach placed importance on the development of the leader-follower relationship and focused on follower resilience and empathy during the pandemic. However, the crisis evidently continues, and this approach may also need to continue. The recognition of the wellbeing of the NHS workforce may re-shape the culture of the NHS. This change has been incorporated from the ground floor, from the bottom-up, from the staff who worked at the front end of patient care delivery. National policy has historically attempted to change the culture in the NHS (NHS England, 2005; Department of Health, 2015; NHS People Plan, 2020) and improve the working environment of all NHS staff, but as the NHS staff survey continues to evidence (NHS Staff Survey, 2022), the change hasn't necessarily happened. In 2021, 42.1% of NHS staff reported as feeling valued and appreciated, which is the lowest rating over the past five years (NHS Staff Survey, 2022). In 2020, the NHS staff survey results reported that 70.4% of staff reported that their immediate manager takes a positive interest in their health and wellbeing, which was the highest position in previous years. In 2021, this reduced to 68% (NHS Staff Survey, 2022). Whereas COVID-19 accelerated mass cultural

change across the NHS, the opportunity is now for all NHS leaders to embrace the shift rather than attempt to return to how it was before.

This paper focuses on the relationship between NHS leaders and their followers during the COVID-19 pandemic, and how the dyadic relationship is important in ensuring the safety, wellbeing and resilience of the follower. It is recognised that the perspective of the NHS leaders themselves, and the leader's wellbeing and resilience during the pandemic has not been discussed, however can be identified as a contributing factor in the LMX relationship during this time (Dasborough & Scandura, 2022). Another limitation to be acknowledged is that LMX theory has been used as the underlying theoretical model, however there are other models that have not informed this paper and may have provided different perspectives. The LMX theory has been used as the framework that enabled the review of the role of leaders in the NHS during the COVID-19 pandemic, rather than demonstrating the pros and cons of the theory.

Ahmed, Zhao & Faraz (2020) recognised the need for leadership roles to be studied, due to the impact and influence that leaders have on the psychological wellbeing of their followers. Psychological safety is in the limelight following the intensity of the COVID-19 pandemic, especially for NHS staff. From the experiences of this NHS leader, the NHS culture has changed. A call for research is therefore made to ascertain whether this cultural change in the NHS is wide-spreading and whether the leader-follower relationship is at the centre of this change. Additionally, a call for further research is made in relation to the development and sustainability of the relationship between leaders and followers during times of intense pressure, and connecting the emotional, social, influence to management science.

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