

# **“Don’t ask me I’m just an administrator!” A Foucauldian take on Distributed Leadership and Power**

Jennifer Davies, Mervyn Conroy

*Health Services Management Centre, University of Birmingham*

## **Abstract**

Interest in leadership as a solution to perceived health service failures has been especially prevalent in the context of the UK National Health Service with successive initiatives having attempted to improve organisational and clinical effectiveness by focussing attention on the nature, role and attributes of leaders and leadership. Within this context the notion of distributed leadership has increasingly been identified as being both relevant and desirable in the context of public services.

Distributed leadership theoretically opens up the possibility for all health care staff to engage in leadership practices. However, the study of distributed leadership in health care contexts to date has paid very little attention to the potential relevance of the concept to health care support worker roles. This paper considers the concept of distributed leadership with respect to the NHS administrative workforce in order to go some way in addressing this research gap.

The paper first examines the concept of distributed leadership through drawing upon the theoretical and empirical literature on the topic and then presents a framework detailing the conditions under which distribution of leadership is said to occur, and is argued to be effective, in terms of realised benefits for health services. Here it is shown that fundamental to an investigation into the conditions that can respectively block or encourage distributed leadership from occurring is a consideration of the dynamics of power. Although not considering ‘conditions’ identified from within the literature as either exhaustive or conclusive, as well as acknowledging points of tension and contradiction including around how distributed leadership can be defined or recognised, the framework is designed and presented to act as an organising template for considering the extent to which the NHS administrative workforce can be said to operate within such conditions.

Despite some empirical evidence of role complexity and diversity, along with the occasional example of positive impact on service improvement when these staff groups engage in informal leadership practices, a review of the literature around the work and contribution of the NHS administrative workforce reveals an overall paucity of studies. The ‘invisibility’ of these roles extends further to both health service policy and strategy and they are notably entirely absent from the leadership debate. The authors of this paper argue that this context necessitates the use of a critical research design in order to specifically attend to power dynamics and discursive mechanisms when considering distributed leadership in respect to the NHS administrative workforce. To this end, a framework, designed for undertaking Foucauldian Discourse Analysis (FDA), is applied to both documentation and interview data, focussing specifically on the case of a Health Records service in an NHS Scotland health board.

The use of FDA provided a lens and resource to allow for critical insight into how conditions are structured and maintained through discourse within the context of the study. The authors consider in detail the extent to which these conditions could be said to respectively block or encourage distributed leadership from occurring through drawing connections and comparisons between the actual conditions identified through the analysis of the specific case and the conditions detailed within the conceptual framework under which distribution of leadership is said to occur, and argued to be effective. The analysis shows how dominations produced and legitimised through discourse (relating to identities, administration as a form of knowledge and expertise, educational and career opportunities, and ethics) emerge from the data. This forms the basis of a critique which proposes that the strength and effects of these dominations act as barriers to the staff group from adopting formal or informal leadership roles and engaging in leadership practices, despite some examples of resistance and counter-discourse.

The paper makes a theoretical contribution to the field of distributed leadership by demonstrating how the conditions, in the particular case under study, operate to present barriers to NHS Administrative staff engaging in leadership roles and practices. The authors demonstrate the need to further explore,

interrogate and challenge power dynamics in the context of administrative services in health care and consider how a non-critical approach to distributed leadership may in fact prevent the concept being considered of relevance to certain health care staff groups at all. In terms of implications for further research there is scope to further develop the critique which has developed from this localised study by undertaking more extensive work in relation to distributed leadership and health care support workers directed at wider organisational and even trans-organisational and broader societal structures.

Although not considering the potential relevance of leadership to NHS Administrative staff The Health Service Journal has recently called for greater attention to be paid to 'maximising the potential' of the 'hidden workforce', and so this field of inquiry, at least in health services, would appear to be becoming increasingly topical and of relevance to those involved in leadership studies.