Examining commissioners' leadership behaviour

Peter Bohan, Graeme Mitchell

ABSTRACT

Clinical commissioning groups (CCGs) now control around two-thirds of the NHS budget, influencing healthcare provider priorities and playing a key role in implementing the NHS plan. However, significant failures in healthcare have highlighted a dissonance between expressed values of leaders and everyday routine practices. This research explores the leadership behaviour of commissioners and the role it plays in determining quality and safety in healthcare. The research took a two phase approach: phase 1 used focused video ethnography to observe commissioners in a mock board room setting; phase 2 employed a quantative questionnaire to determine the leadership behaviours that subordinates would expect their commissioners to adopt. The findings of this research identified that the leadership style most prevalent within the commissioners was transactional in nature. The questionnaire to subordinates of commissioners identified that transformational leadership had the best outcome on staff performance if this was linked to positive leadership style. In addition, commissioners appear to lack consistency when analysing risks effectively and holding providers to account, citing issues such as 'professional drift' and concerns over further scrutiny, as validation for this approach. This confusion of leadership behaviours, allied with poor analyse of risk leaves commissioners prone to repeating previous healthcare failures.

Key Words: Transformational • Transactional • Leadership • Behaviour • Risk

The failings at both Morcambe Bay (Kirkup, 2015) and Mid Staffordshire (Mid Staffs) Hospital clearly demonstrate the need for effective quality and safety (Q&S) systems. These failings highlighted that a combination of a lack of leadership and a culture that paid scant regard to Q&S resulted in unnecessary patient deaths.

Commissioners play a pivotal role in the development of the culture in healthcare as they have a key role in the management and control of providers through contractual arrangements, delivering care in hospitals, community health and social care services. With their power to withdraw services from providers, commissioners influence the direction of where provider organisation concentrate their efforts, particularly in relation to Q&S. While Q&S in healthcare is not a new concept or the sole responsibility of any one organisation or individual, it can be seen as a collective endeavour requiring the efforts and collaboration at every level of the NHS management system. However, it cannot be ignored that the commissioner's role is to provide clear and effective leadership, both to the providers and to their own subordinates. Therefore, the aim of the study is to analyse the complex relationships between patterns of behaviour of leaders within commissioning organisations and how this influences the Q&S of providers of healthcare.

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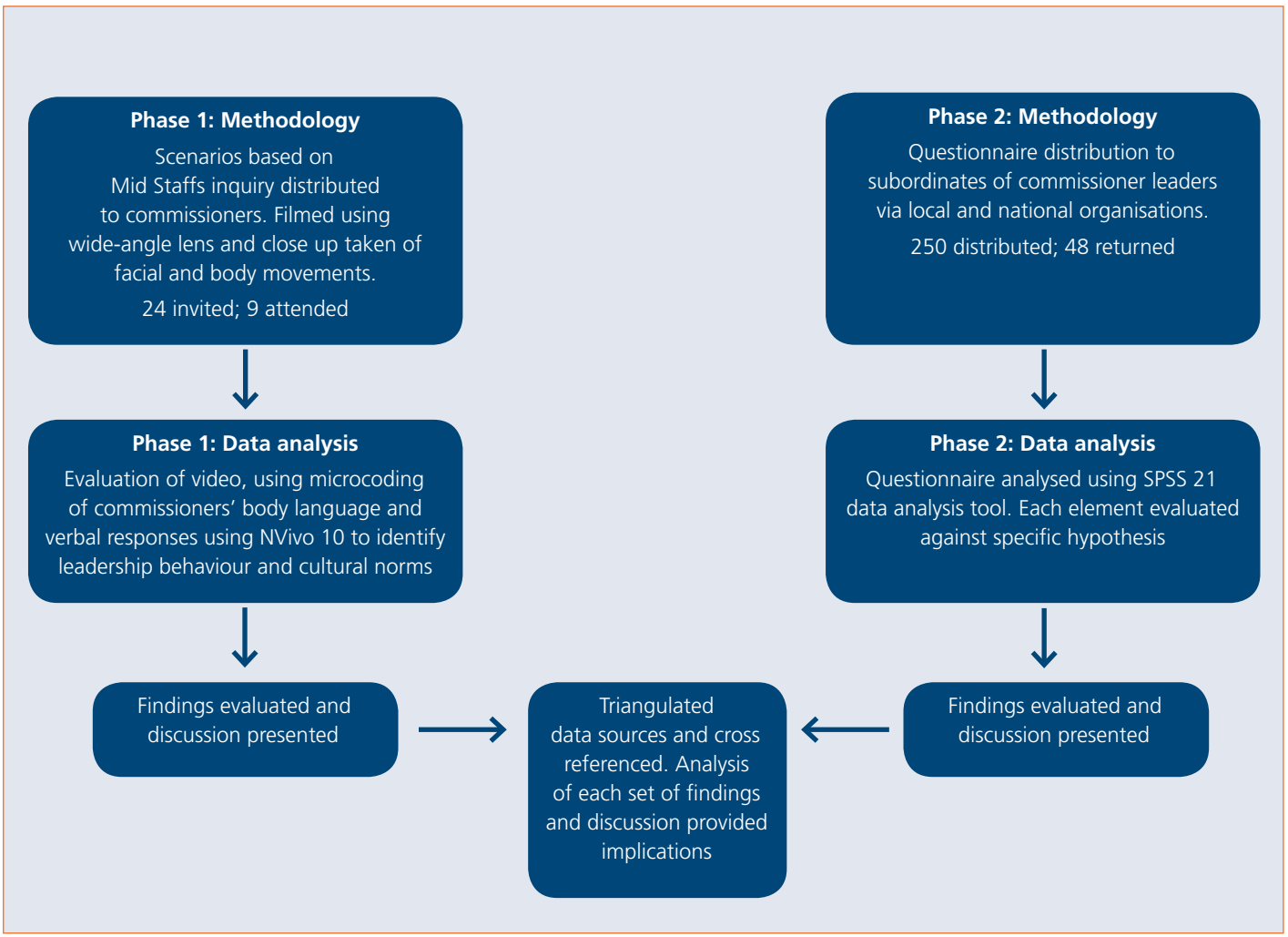

Figure 1. Process for research study

Methods and data analysis

The research adopted a pragmatic mixed methodology (Cresswell et al, 2008), avoiding bias by using contrasting data methods (Denscombe, 2008). The cross-sectional study used two distinct phases (see *Figure 1*): phase 1 focused upon the behaviours exhibited by commissioners themselves, while phase 2 obtained information regarding the leadership qualities of the commissioners from their subordinates.

Table 1. Participant information: Phase 1

Description of participants	Members of clinical commissioning groups, located within the North West of England
Number of participants	9 in total (2 male and 7 female)
Sample	Critical case, focused ethnography; choosing settings, groups, and/or individuals based on specific characteristic(s) because their inclusion provides the researcher with compelling insight about a phenomenon of interest.

Phase 1

This phase used focused video ethnography in a mock board room scenario, which incorporated situations based on the risks identified by the Mid Staffs inquiry (Francis, 2013). Information regarding the participants for this phase is included in *Table 1*. None of the participants were known to each other and therefore were unaware of the status and relative authority of individuals within the group.

The method used a unique behavioural coding system based on Gupta et al (2009), Perkins

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Table 2. Verbal coding scheme

	Behaviour type	Definition of characteristic shown	Examples from commissioners
1	Assertive is closely aligned to transactional management theory	Clear on what is required takes control of the situation. Self-defending own position	a. 'Start at the top' b. 'Go for it' c. 'It's about giving people a structure within the governance structure' d. 'Exactly'
2	Delegating transformational leadership style	Giving others support/direction in a friendly open manner	a. 'I know what you are saying but we don't want to jump to controls' b. 'Who's going to time us then' c. 'Your point about what does it mean about specialist staff'
3	Agreeing with others in a transformational style	Supporting others/sees others as adding value	a. 'Absolutely' b. 'Yeah absolutely board behaviours' c. 'That's one of your controls isn't it' d. 'Exactly one doesn't negate the other' e. 'Again it's about what you said doing a proper impact assessment'
4	Passive management by exception	No clear direction provided to others or self	a. 'Gathering that evidence' b. 'Just thinking about reasons why'
5	Negative closely aligned to transactional management	Does not clearly listen to others, corrects others, is not open to others' views, talks over others, disagrees with others, providing negative feedback	a. 'No, no, it's not clear' b. 'How do you know they are being discharged' c. 'I don't get the link between what you said and the union'
6	Aggressive style aligned with transactional leadership	Disagrees strongly with others, shows negative behaviour towards others in the group, defends own view aggressively	a. 'That's the point I want to make' b. 'Read that again' c. 'So we don't know ask the question'
7	Open closely aligned with transformational management	Willing to change view/seeks further information from others/clarifying, questioning, asking the group for approval	a. 'Is it about understanding how wide scale this is?' b. 'So one of the risks is not having the information to make the right decision'
8	Positive vision showing transformational leadership	Shows a vision for the future seeks change/ rewards others in group by providing positive feedback	a. 'Do you want me to read it out'; 'start with finance that's favourite' b. 'Yes the safe decision' c. 'Yes that's right'

(2009) and Weenink (2012), which focused upon both verbal and non-verbal responses of the commissioners, generated as a result of the videoing of the scenario. Eight behaviour types were identified and the characteristics associated with each are highlighted in *Table 2*. The verbal coding was also cross referenced with body movement and gestures (Yammiyavar et al, 2008) to establish and identify the most dominant and assertive commissioners.

Results: Phase 1

The behaviour types and body movements of the commissioners are detailed in *Tables 3*, *5* and *6*. When considering the total number of actions the commissioners demonstrated significantly more transactional actions (53.49%) than transformational actions (33.07%) (see *Table 4*)

Discussion: Phase 1

Three commissioners (6,8 and 9) emerged as

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Table 3. Behaviour types observed as a result of the video analysis

Behaviour types	Total actions	Percentage of total	Order of frequency
1. Assertive (clear on what is required takes control/transactional)	172	44.44%	1
2. Delegating (giving others support/direction/transformational)	13	3.36%	7
3. Agreeing (supporting others/sees others as adding value/ transformational)	19	4.91%	4=
4. Passive (no clear direction provided to others or self/non management)	52	13.44%	3
5. Negative (does not clearly listen to others; corrects others; is not open to others views; talks over others; disagrees with others/ transactional)	19	4.91%	4=
6. Aggressive (disagrees strongly with others; shows negative behaviour towards others in the group; defends own view aggressive/transactional)	16	4.13%	6
7. Open (willing to change view; seeks further information from others/clarifying; questioning; asking the group for approval/transformational)	94	24.29%	2
8. Positive (shows a vision for the future seeks change/rewards others in the group/transformational)	2	0.52%	8
Total number of actions	387	100%	

Table 4. Level of transactional or transformative leadership behaviour

	Transactional	Transformational
Behaviour types associated with leadership style	1, 5, 6	2, 3, 7, 8
Number of total actions associated with leadership style	207	128
Percentage of total actions associated with leadership style	53.49%	33.07%

**52 actions (13.44%) were passive—neither transactional or transformative*

the most dominant and assertive; they also developed allies quickly, by being the most open and agreed with individuals more frequently. Indeed the three commissioners who were the most active also displayed the highest number of transactional actions during the scenario (see *Table 5*). From this is it clear that a transactional behaviour type predominates within the boardroom, with the majority of the commissioners' actions in line with this. In addition, two thirds of the actions observed were attributable to just four commissioners (numbers 1, 6, 8 and 9), thus suggesting that clinical commissioning group (CCG) meetings could be dominated by a few individuals, who could look to impose their own views on the agenda.

While this evidence may indicate the type of leadership behaviour in a group of commissioners, it may not mirror a much larger social system (Bales, 1950) and as such translate to all CCG behaviour on the larger scale.

Phase 2

This phase was based upon a quantitative questionnaire thus identifying different data-sources to test the theoretically derived

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Table 5. Commissioner actions by behaviour type

	Commissioner								
Behaviour type	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
1	18	18	5	15	21	30	8	31	26
2	4	1	0	3	0	4	1	0	0
3	10	1	0	3	0	4	1	0	0
4	5	7	1	6	4	11	2	9	7
5	3	1	0	1	4	3	0	0	7
6	4	0	0	1	1	2	1	4	3
7	11	7	3	5	5	19	3	30	11
8	1	0	0	0	0	1	0	0	0
	56	35	9	34	35	74	16	74	54
Transactional actions	25	19	5	17	26	35	9	35	36
Percentage of action	44.64	54.29	55.56	50.00	74.29	47.30	56.25	47.30	66.67
Transformational actions	26	9	3	11	5	28	5	30	11
Percentage of action	46.43	25.71	33.33	32.35	14.29	37.84	31.25	40.54	20.37
Passive actions	5	7	1	6	4	11	2	9	7
Percentage of action	8.93	20.00	11.11	17.65	11.43	14.86	12.50	12.16	12.96
Total	56	35	9	34	35	74	16	74	54
Percentage of action	100	100	100	100	100	100	100	100	100
Total number of body movements	27	64	32	58	50	73	55	140	122

Table 6. Most common types of body movement

Type of body movement	Meaning	Number of times observed
Head nodding	Agreement	96
Hand(s) placed over mouth	Suppression; avoiding speaking	69
Hand supporting chin or side of face	Evaluation; tiredness or boredom	60
Hand chop	Emphasis—especially the last word on a matter	50
Palm(s) up; inviting grasping air	Defensive as if offered up in protection; inviting people in to conversation	35

Table 7. Participant information - Phase 2

Description of participants	Subordinates of clinical commissioning group commissioners
Number of participants	48 in total
Sample	Snowball/chain methodology used with participating commissioners who were asked to recruit individuals who were their subordinates

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Table 8. Transformational style and behaves well as a leader

			Behaves well as a leader score	Transform
Spearman's rho	Behaves well as a leader score	Correlation coefficient	1.000	0.924**
		Sig. (2-tailed)	.	0.000
		N	48	47
	Transform	Correlation Coefficient	0.924**	1.000
		Sig. (2-tailed)	0.000	.
		n	47	47

***. Correlation is significant at the 0.01 level (2-tailed).*

Table 9. Supportive behaviour and behaves well as a leader

			Supports	Behaves well as a leader score
Spearman's rho	Supports	Correlation coefficient	1.000	0.917**
		Sig. (2-tailed)	.	0.000
		n	48	48
	Behaves well as a leader score	Correlation coefficient	0.917**	1.000
		Sig. (2-tailed)	0.000	.
		n	48	48

***. Correlation is significant at the 0.01 level (2-tailed).*

Table 10. Clear on vision & staff are positive about their leader

			Vision	Positive about leader
Spearman's rho	Vision	Correlation Coefficient	1.000	0.836**
		Sig. (2-tailed)	.	0.000
		n	47	47
	Positive about leader	Correlation Coefficient	0.836**	1.000
		Sig. (2-tailed)	0.000	.
		n	47	48

***. Correlation is significant at the 0.01 level (2-tailed).*

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hypotheses (Short and Hughes, 2009). Information regarding the participants for this phase is included in *Table 7*.

Results: Phase 2

The results from the 48 questionnaires were categorised into 10 distinct themes including: leaders behaviour; vision; individual perception; conflict management; supportive behaviour; performance management; behaves well as leader; team think positively about the leader; team beliefs; target and decision making and focuses the teams efforts on positive outcomes. The data used the Likert scale ranging from 1 (not at all) to 5 (frequently); the confidence scale was 0.1–0.4 (low levels), 0.4–0.7 (medium) and 0.7–0.99 (strong confidence in data). The test used was Spearman's rank correlation and normal distribution. The findings indicate the most significant results (see *Table 8*).

The leaders who focused the team's efforts in a transformational style will show good behavioural traits to the staff who work for them = 0.924 correlation is significant at the 0.01 level (2-tailed) is therefore supported.

The leader, who supports their staff, spends time coaching team members, to develop their skills effectively. Good behavioural traits correlate with transformational leadership style = 0.917 correlation is significant at the 0.01 level (2-tailed) is therefore supported (see *Table 9*).

The vision of the leader shows a clear line of sight between the individual and job role, therefore staff think positively about the leader. The hypothesis test identified a perceived significantly strong correlation between the clear vision of the organisation hypothesis (a) = 0.836 correlation is significant at the 0.01 level (2-tailed) is therefore supported (see *Table 10*).

Discussion: Phase 2

The data obtained from the subordinate questionnaires shows that there is a clear support for leaders who adopt transformational leadership behaviour. The leader who focuses the team's efforts in a transformational style will lead the group to be more productive and heighten the teams desire to succeed. Good behaviour, showing integrity, making ethical decisions provides assurance to the team that the leader is not self-focused. Leaders who coach staff, develop their skills and provide a clear vision and line of sight between how individuals undertake daily tasks and how this contributes to the organisational goals are more likely to be perceived positively. Being associated with him/her makes the subordinates feel proud as they look up to them and admire them. The positive nature of transformational leadership behaviour cannot be underestimated—the resulting cohesion and openness can only be beneficial to organisations.

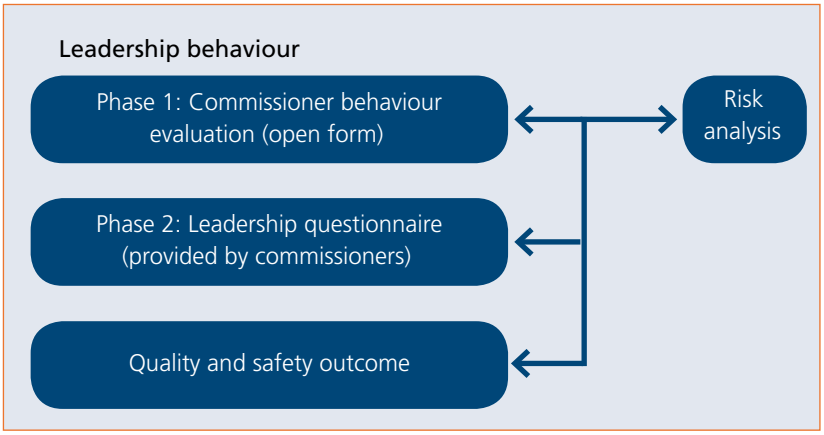

Figure 2. Research framework

Risk analysis

At the start of the research process, two clear research phases were identified. For phase 1, commissioners were provided with scenarios based on the Mid Staffs inquiry (Francis, 2015) and asked to discuss the risks and control measures they would implement. However, it soon became apparent that the issue of risk analysis was a significant part of the participants' discussions and required further exploration (see *Figure 2*).

Commissioners described relationships with providers as often being complex; they felt that as commissioners they had little control over risks; providers frequently blocked information and avoided passing data relating to risks to them. Although many commissioners felt they had a close working relationship with the providers, others had a more autocratic and punitive approach. This apparent inability or unwillingness to deal with risk effectively is highlighted in the following sections. Of

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particular concern is the commissioners acceptance of 'professional drift' (see 'culture scenario') and their reluctance to challenge providers. While commissioners have the power to put in place contract sanctions, when providers did not 'toe the line' they felt pressured not to overreact when issues had been identified. There was a perception that they could be severely criticised and face additional scrutiny if they raised concerns too early, which were not later substantiated (see 'Target scenario').

Misdiagnosis scenario

There have been a number of cases of misdiagnosis—including a failure to diagnose a serious injury in a young man who later died as a result. The manner in which diagnoses are given to patients has left a lot to be desired with patients raising concerns about insensitivity, failure to listen and lack of compassion.

- Commissioner 6: 'I don't know any clinicians that would set out to cause harm to patients, so if we look at that process, we have systems that are not compliant with minimal clinical standards there's not been compliance with those or else there has not been an audit review, case management supervision of those clinical decisions'
- Commissioner 4: 'I think this is an extreme case where we are talking about people dying but isn't there research that generally errors are made in complex situations and people generally understand and forgive the errors but what they cannot forgive is the manner they are treated'
- Commissioner 8: 'So we are a CCG and we want assurances from the trust, we want assurances of we think these are the risks and we think this is the possible control'
- Commissioner 1: 'You know, is it one or two people or is it 500?'
- Commissioner 9: 'It can't be comfortable to have those conversations with the family. They're really powerful to make sure the processes are really robust'.

Culture scenario

It has been recognised that there has been a lack of compassion by a number of staff when dealing with vulnerable patients on ward *x*. The poor attitude has been in place for a number of years and bullying has been raised as a concern by the union. There appears to be a lack of structure and rules are not followed. Examples of good management behaviour are difficult to find. It appears that there is a lack of respect from all concerned.

- Commissioner 4: 'Then there is a risk that having to recruit staff to that particular ward would be difficult because of the reputation'
- Commissioner 9: 'The first thing I would want to know is the staff survey results, drill down in each division and you wouldn't just to depend on that I suppose, you as commissioners would want to take a clinical colleague with you for your own judgement and you would do that as an unannounced visit then you would want to triangulate what intelligence with other regulators, that CQC and Monitor have got, what Healthwatch have got, what complaints, your serious incidents, you have got to understand this, there is a massive amount of intelligence'
- Commissioner 5: 'What you really want is a culture of trust and openness between commissioner and provider where actually they are able to give you the heads up on the concerns they have got, or comfortable that you are not going to put that in an extra contractual deal and you can start to develop that relationship. I've worked for provider and I am now in commissioning and I think most of us have its really understanding it's not easy out there as a provider but at the same time as a commissioner you need to be mindful of the early warning signs. Like Mid Staffs and be really stringent on that and ensure controls are being put in place'
- Commissioner 4: 'It's really difficult to change the culture where the workforce is depleted to below really significant safe levels because people can't hear the messages and take on the change'
- Commissioner 8: 'We really need to focus on is that peer-to-peer challenge most professionals don't veer from, you know, everyone wants to start off as the best nurse and the best doctor—that's why they go into it and you

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know they drift, and that's what happened in Mid Staffs. They drift and one thing that didn't happen, there was 'why have you done that'

- Commissioner 9: 'If people feel bullied then in theory there isn't appropriate escalation. You would presume the nursing staff didn't have a voice, so your whistleblowing mechanisms your escalation procedure—the bullying is a symptom of the overall problem'
- Commissioner 9: 'It shouldn't be punitive as nurses and clinicians don't set off to be rubbish in that they do they get 'professional drift' that's because nobody is challenging them, or their modelling, or poor practice of others'.

Complaints scenario

There have been numerous complaints about the attitude of staff and poor hygiene standards, when staff attended to patients. One member of staff was observed using the same razor on different patients, using the same water in a bowl and not washing and brushing patients' hair'

- Commissioner 9: 'Why when every member of staff should have had their mandatory training they should have been supervised, so that implies the staff haven't got the information the skills to provide basic hygiene'
- Commissioner 6: 'It also feels to me like a cultural thing you know this is the way we work round here rather than lack of knowledge'
- Commissioner 8: 'I would want to know what the infection rates are looking like basic care is not there and what the contribution to that'
- Commissioner 9: 'We don't know how accurate it is sometimes you get complaints and sometimes I'm not saying it's not inaccurate but sometimes you get complaints, which is a valid interpretation from a relative, but when you investigate, that perhaps didn't happen and the razor was red and everyone's razor was red on that ward. I don't know but you just need to get the facts right'
- Commissioner 9: 'To provide that stronger clinical leadership in the short term to get a champion in until the behaviours change that, the chief nurse in the organisation—they usually hold that role. They would be held to account and deliver on that, they would have been appointed on that, the workforce and leadership not just transformational leadership but aspiration leadership.
- Commissioner 2: 'There's a risk being perceived as doing nothing as an organisation, not a very sensible position to be in'.

Targets scenario

Targets, particularly in accident and emergency (A&E) waiting times, have become an absolute priority. This has resulted in discharging patients early and there have been a number of misdiagnosis of patients. There is a rumour that staff have serious concerns but are not prepared to raise the issue as they may get the sack or it may affect their chances of promotion.

- Commissioner 6: 'We don't know and we do need to find that out as one of the controls how much and when and what, but the discharging early does sound like a clue because what's often happening is they are spending lots of time getting them off the A&E wards and off the lists so they are parked before they can be found a bed so if they are actually saying they are discharging them then that is a bigger risk'
- Commissioner 9: 'You would want to look at mortality rates, re-admissions, complaints—it's the same we have said for most of these things, it's the issue about A&E and the rumour that staff are not prepared to raise the issues that are raising concerns; risk that isn't substantiated. Yet, I think the bit about this has resulted in discharging early there have been a number of misdiagnoses of patients. I think I read that as fact, and therefore, that is a patient harm patient safety risk and focus on four-hour wait rather than quality of care'
- Commissioner 8: 'There a risk if you are a commissioner to act too quickly without gathering the facts—as A&E is such a high profile target and its constantly in the press, if we act too quickly without the evidence that might actually waste time. This creates a fuss where none of these things have been substantiated—going in guns blazing isn't always the right thing, but then sometimes it might be. It's about balance'.

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Discussion of findings

From the evidence provided it appears that there is a difference between the leadership behaviours that commissioners exhibit in the boardroom (transactional) and the leadership behaviours (transformational) that their subordinates expect and desire them to demonstrate (Ferdosi and Mosadeghrad, 2013).

Bass and Avolio (1997) describe the positive leadership traits of transformational leaders, claiming they display characteristics, which include being a role model for the team, and providing a strong sense of purpose by the sharing of a common vision and goal. This is contrasted with their view of transactional leadership, which is mainly based on contingent reinforcement (dominated by the threat of sanctions should required performance levels not be met). Therefore, commissioners who exhibit transactional leadership behaviours in the boardroom may replicate this behaviour when dealing with their subordinates—thus weakening the potential performance of these teams.

In addition, the predominance of transactional leadership behaviours may account for a small number of commissioners becoming dominant within the group. This in turn could lead to a lack of shared leadership, which Poksinska et al (2013) state is required to get the best performance from groups.

Janis (1972) observes that it is easy to see how strong leader preferences can lead to flawed decision-making process in groups. For commissioners, this could be focused on the reluctance or inability of others within the group to identify or raise concerns relating to risks a situation that Ashforth and Anand (2003) identified as being evident in Mid Staffs.

Unless recognised and addressed, such transactional behaviour is likely to remain a characteristic of commissioners, even if commissioners are replaced. Yalom (1995) suggests that group behavioural norms are rarely discussed explicitly, but members learn these norms by observing the behaviour of the other within the group. The potential that transactional leadership behaviours will be 'inherited' by newer members and remain a significant characteristic of the group.

Conclusion

It would be too simplistic to state that transformational leadership equals good and transactional leadership equals bad; each has value in the appropriate circumstances. As Bryant (2003) observed, transactional leadership is more effective at exploiting knowledge, while transformational leadership may be more effective at creating and sharing knowledge. Given the complex relationships that can exist between commissioners, their staff and providers, it would appear that transformational leadership would be best suited for this environment (and is also desired by subordinates). However, this does not match with the transactional leadership behaviour commissioners displayed in the boardroom (and by extension to the providers and staff they manage). This confusion of leadership behaviours and apparent inability to analyse risk and to challenge providers, suggests that there is a lack of leadership cohesion among commissioners. This lack of cohesion poses a threat to Q&S in the organisations they manage. As such, commissioners (as leaders), must seek and encourage far more than just compliance-seeking behaviours from their staff and providers.

In making healthcare safer and avoiding repeating previous healthcare failings, commissioners should work in partnership to develop transparency and must be willing to recognise and engage with issues as they arise (Berwick et al, 2013). Avoiding blame should not be the default setting for commissioners.

Recommendations

- The leadership behaviour of commissioners is scrutinised and effective measurement of leadership style is examined to ensure groups encourage the concept of having a critical friend to have a voice in meetings
- Develop general techniques to determine risk tolerance, flow charts for action to be taken when risks are identified, and controls if not effectively implemented
- Learn lessons from enquiries focusing more on culture than targets and finance closing services that cannot run at safe staffing levels

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or provide safe clinical systems

- The video-observation methods can be used in the field to evaluate leadership behaviour, capturing naturalistic leadership actions. CCGs should establish the behaviours expected within the group and define how they can tease out poor or good decision making processes
- Support for commissioners in their critical role is needed to identify local diagnosis, goal-setting, system development and integration at individual provider level, stable leadership (Health Foundation, 2013) and systems that have good foundations in place for the long-term benefit of the NHS. BJHCM

KEY POINTS

- Commissioners (while in the boardroom setting) appear to be using transactional leadership behaviour which may result in failures in healthcare.
- Focused video ethnography should be used as a tool to measure a range of verbal and non-verbal cues to evidence leadership traits both transformational, transactional and passive that can identify how decisions in groups are made
- Subordinate staff express a clear desire and expectation that commissioners should be using transformative leadership behaviours
- Commissioners appear to lack consistency when analysing risks and holding providers to account, citing issues such as 'professional drift' and concerns over further scrutiny as validation for this approach

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