Chapter 42

Distributed Leadership and Its Applications in Health Care Settings:
Social Media Perspective

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ABSTRACT

In this chapter, I go through distributed leadership which is one of the mainstreams of plural leadership from social media perspective. In addition, the attributes and variants of distributed leadership are covered in this chapter. The role of social media to help the distribution of power and increasing engagement to enhance the quality of care and patient safety is also addressed in the health care context. It is concluded that Understanding distributed leadership and its application in the health care setting is largely related to the appreciation of the political and social power that currently exists.

INTRODUCTION

With the advent of the 21st century, the discourse of leadership has changed and new vocabularies have entered into the language of leadership: shared, dispersed, distributive, collaborative, collective, co-operative, concurrent, co-ordinated, and co-leadership - all encouraging the concept that leadership needs to be plural. Thus, "Leadership in the plural" has been developed by leadership authors in response to the critiques of heroic models of leadership (Fletcher, 2004; Uhl-Bien, 2006). Fletcher (2004) emphasised that the focal point of

plural leadership is that less hierarchical leadership is needed in organisations where leadership responsibilities can be distributed throughout the organisation. Effectively, distributed leadership and shared leadership are the most commonly used terms to describe similar structures (James, 2011), however, more effort has been put into publishing on distributed leadership in the UK (Bolden, 2011).

"Distributed leadership has become a popular 'post heroic' (Badaracco 2001) representation of leadership which has encouraged a shift in focus from the attributes and behaviours of individual

'leaders' (as promoted within traditional trait, situational, style and transformational theories of leadership) to a more systematic perspective, whereby 'leadership' is conceived of as a collective social process emerging through the interactions of multiple actors (Uhl-Bien 2006)" (Cited in Bolden, 2011, p. 251). Distributed leadership has been developed widely by the work of researchers in education (Spillane, 2006; Gronn, 2002) and has become one of the mainstreams of plural leadership in which leadership responsibilities are shared among different people throughout the organisation and beyond its boundaries over time to achieve effective organisational outcomes (Denis et al., 2012).

Organizations are facing many unsolved problems, accompanied by the difficulty of meeting all followers' expectations (Currie & Lockett, 2011). There is no doubt that leadership is important throughout all organizations because many leadership issues cannot be solved by single leaders as they may not have adequate and appropriate information to make effective decisions (James, 2011; Pearce and Conger, 2003; Heifetz, 1994). Therefore, distributed leadership offers a potential answer to these problems by increasing employees' autonomy and empowering them to take on leadership roles and work collaboratively (Buchanan, Addicott, Fitzgerald, Ferlie, & Baeza, 2007). On the other hand, in modern organizations, communities need to be established where individuals "share the experience of serving as a leader, not sequentially, but concurrently and collectively" (Raelin, 2005, p. 18). It is good practice when leaders are acknowledged to be supported by a network of employees throughout an organization, engaging in leadership practice collaboratively and spontaneously but not necessarily known as leaders (James, 2011).Therefore, here we can see the value of distributed leadership. "Distributed leadership is viewed as desirable in public services because it is inclusive and aligns

with recent organizational restructuring towards the flatter organization. It may foster collaborative and ethical practice and avoid alienation associated with lack of power by those positioned as followers. And it is considered to be particularly appropriate for complex, contemporary organizations, where knowledge is distributed" (Currie & Lockett, 2011, p. 287).

The interest of applying distributed leadership within healthcare has started recently, which is now widely acknowledged to be the responsibility of everyone within the organization, and a distributed culture of leadership is encouraged throughout the organisation (James, 2011; No More Heroes, 2011; Rowling, 2012). The NHS in England is incredibly complex, consisting of various organisations such as hospital trusts, teaching hospitals and primary care trusts with their own unique characteristics. They are performing within a pluralistic environment that involves doctors, patients, nurses, professional staff, managers and politicians from diverse cultures, mentalities and clinical and political attitudes. The variety of groups working in the health care sector, the hierarchical structure and political influences all combine to make effective change hard to achieve in the NHS. In spite of these difficulties, the NHS has experienced dramatic changes in its history in terms of leadership. Hartley and Benington (2010) also argued that due to the financial crisis and decline in public expenditure, there has been more focus on the leadership and the role of leaders in the health and social care sectors. In spite of the constant drive towards the provision of an excellent service over the last few years, the health sector has experienced severe failures in terms of quality of care and patient safety (Watcher, 2010). These significant failures, especially those from Mid-Staffordshire NHS Trust, have highlighted the crucial role of leadership in finding a solution to improve the safety and quality of care (Francis, 2010). However, it is very important to decide on

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