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Soft Power and Leadership

I have just completed a second study of Executive Nurse Directors from across the UK. The research revealed several key issues about these senior nursing roles, including the way that they develop strategies to influence or persuade other members of executive boards to support their agendas. It is important to understand how the nursing voice is employed in senior leadership environments; especially given the many challenges that now face all health systems as a result of the Covid-19 pandemic. As we recover from the resultant disruption, we should ensure that the concerns of nurses are heard and acted upon, especially as we support those who feel the emotional toll of having to adapt to the new world post-Covid. This will be as important in palliative care as any other area of healthcare (Kelly & Dodds, 2020). The leaders that we rely on to ensure the delivery of safe and compassionate care in challenging circumstances should be aware of the different types of power that can be identified and employed to get the best from a workforce that is already under considerable pressure and will have to respond further before the pandemic is over.

One of the most interesting findings from the study with Nurse Directors was the value of 'soft power' in influencing other people. Soft power has been explored by various researchers, often in the fields of politics or management, and has been shown to be an effective tool for leaders seeking to exert positive influence. For example, one research study by Peyton et al (2019) suggested the following:

We found that followers' perceptions of hard power use by their leaders (i.e., reward, coercive, and legitimate power) was often related to higher levels of sub-optimal motivation in followers (i.e., amotivation, external regulation, and introjected regulation). However, followers who perceived their leaders using soft power (i.e., expert, referent, and informational power) often experienced higher levels of optimal motivation (i.e., identified regulation and intrinsic motivation), but further investigation of soft power use is warranted.

This is an interesting quote as it suggests that more might be achieved by leaders being influential and persuasive, and showing expertise and insight, rather than relying on status or the organisation's rules and regulations to shape other people's motivation or behaviour at work (Fowler 2014).

The management and leadership literature is filled with advice for aspiring leaders. However, few researchers are looking specifically at the pressures facing modern day palliative care services who may now be struggling to survive financially (in the case of independent hospices) or how best to recruit and retain good staff. Using an awareness of soft power may allow nurse leaders, at whatever level in the organisation they operate, to understand how their own personal leadership style can help to create a positive culture built on negotiation, mutual trust and expert influence.

By doing so they may find it possible to foster higher levels of commitment in staff who may feel more valued rather than experiencing a rule-based culture or dominant organisational expectations that minimise their personal sense of control at work. I also suggest that bullying behaviour often stems from the sense of entitlement invested in hierarchical roles that rely primarily on status rather than soft power qualities that motivate co-workers through expertise and influence. Indeed, bullying may be the result of having a diminished sense of soft power as respect has already been lost.

As we move forward from the Covid-19 pandemic we are likely to uncover evidence of its impact on all health care systems for many years. For those stepping up to take on leadership positions in palliative care in the future it is crucial that we encourage them to question the style of management and leadership that work best in different contexts. This will mean questioning what works for teams looking for effective leaders, as well as the individuals within those teams who are looking to find a sense of reward in their work.

In our first study of Executive Nurse Directors (Kelly et al 2016) it was clear that their influence came from many sources, and they had learned to draw on soft power to succeed. As one of them said:

Somebody said to me, just before I came in to post, 'Just remember it's not about the knowledge you've got, it's about the way you handle people, and the relationships you build' and I absolutely think it is.

With this insight we can encourage leaders to be aware of the value of soft power when other approaches may be unsuccessful. Understanding its importance may be the first step to understanding its value with regards to the specific demands of leadership in modern palliative care.

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