



LEADERSHIP INSIGHT

No. 57 – October 2024

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Adaptive Leadership - Command and Care

Can the NHS Shift Towards Adaptive Leadership Like the Army?

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Leadership is a multifaceted skill that varies greatly depending on the context in which it is exercised. While the NHS and the British Army may seem worlds apart in terms of their day-to-day functions, both institutions demand strong, effective leadership. In healthcare, leaders must navigate complex, often bureaucratic environments while ensuring patient care remains the priority. On the battlefield, leaders face high-stress, high-risk situations where quick decisions can mean the difference between life and death. Both systems offer valuable leadership lessons that can be applied across a range of industries.

My personal journey through both the NHS and the British Army has provided me with unique insights into how leadership functions in these diverse settings. While both environments foster leadership development, they do so in fundamentally different ways. The NHS often prioritises patient outcomes and emphasises a compassionate, collaborative leadership style, whereas the British Army focuses on decisiveness, structure, and resilience under pressure. This *Insight* seeks to distil these experiences into practical lessons for junior leaders, focusing on emotional intelligence, adaptability, psychological safety, and mentorship.

Personal Experiences: Leadership in Two Worlds.

Throughout my time in the NHS, I have encountered a distinct emphasis on service provision, often overshadowing the potential for genuine educational and development experiences. The hierarchical nature of the NHS sometimes placed junior doctors in an

observational role, limiting active involvement in clinical decisions. A stark moment occurred during a surgical operation where I proposed an alternative approach, aiming to engage in a meaningful discussion to enhance my learning from the operation. However, the consultant's dismissive response; "How much experience do you have in this procedure?" was not just a rejection of my idea but also felt like a dismissal of my capacity to contribute. This incident highlighted a critical need for greater psychological safety within the NHS, where junior staff should feel empowered to speak up and contribute without fear of retribution (Edmondson, 2018). Emotional intelligence, as Daniel Goleman suggests, plays a crucial role in creating an inclusive environment that values contributions from all team members (Goleman, 2004). Leaders must recognise that dismissing ideas stifles growth, innovation, and the development of junior staff. This is a sentiment echoed by transformational leadership models that emphasize the importance of fostering trust and inclusivity (Karimi et al., 2023).

My experience in the British Army provided a starkly different leadership environment. One of the most pivotal moments in my career came when an Army consultant anaesthetist identified my academic strengths and suggested I pursue a medical career. His recognition and encouragement were more than just kind words; they signalled a profound investment in my growth and potential. This exemplifies the Army's emphasis on transformational leadership, where leaders are deeply committed to the development of those they lead. The Army nurtures a culture of mentorship, where emotional and social intelligence are integral. Leaders are expected to understand the unique strengths and weaknesses of their team members, fostering a relationship that is both supportive and empowering. This type of leadership not only builds confidence but also instils a sense of belonging and purpose, core tenets of social and cultural intelligence (Chapman Trim, 2023).

Additionally, the Army's practice of 'intelligent disobedience' fosters an environment where junior leaders are encouraged to challenge decisions when necessary. This leadership philosophy promotes adaptability and resilience, empowering individuals to take initiative under pressure and enhancing their decision-making capabilities (Clark, 2017). The autonomy and trust fostered by this approach starkly contrast with the rigid hierarchies often seen in the NHS, where deviation from the norm can be met with resistance (Bolden et al., 2019). This culture of empowerment in the Army not only enhances operational effectiveness but also contributes to the personal development of its leaders.

Adaptive Leadership: A Key to Navigating Complexity

In the NHS, attempts to introduce more efficient processes are often met with significant resistance. This resistance is not unique to my experience; many junior doctors share similar frustrations. There is a noticeable emphasis on meeting rigid targets, such as the four-hour limit in emergency departments, which can dominate decision-making to the detriment of patient care and innovation. In surgical departments, the attitude of 'do it my way or the highway' often prevails. This mindset, driven by a reliance on tradition, leaves little room for adaptability or the creativity necessary for improving systems. Emotional intelligence – a core aspect of effective leadership – often takes a backseat in these situations. Leaders who lack the ability to empathise with their teams or to remain open to new ideas can stifle innovation and limit the psychological safety that is essential for learning and growth (Goleman, 2004). The NHS could benefit from adopting aspects of adaptive leadership theory, which advocates for leaders to respond flexibly to changing circumstances and to continuously learn from their environment (Cojocar, 2009).

In contrast, my experiences in the Army have demonstrated the power of situational leadership and mission command – both of which prioritise flexibility and the empowerment of junior leaders. As a junior officer, I was frequently trusted to make decisions in dynamic situations, particularly during my role as a COVID doctor in both the UK and overseas. I had the autonomy to adapt strategies based on the real-time needs of my

patients and the operational demands. This freedom fostered a sense of ownership and encouraged creative problem-solving, all while maintaining a focus on the larger mission. This leadership environment reflects transformational leadership and mission command fits well here, as it encourages leaders to convey their intent clearly while trusting subordinates to take the initiative within those parameters. This decentralised decision-making approach empowers individuals to adapt and innovate, fostering a culture of trust and resilience (Haji et al. 2024). By promoting emotional and social intelligence, military leaders ensure their teams can collaborate effectively and respond to changing circumstances with resilience and agility. The contrast here is stark: the Army cultivates a culture of empowerment and flexibility, allowing junior leaders to develop crucial decision-making skills that enhance overall operational effectiveness.

The lessons from both environments underline the importance of adaptability in leadership. NHS leaders could learn from the situational leadership model (Cojocar, 2009), which emphasises adjusting one's leadership style based on the needs of the team and the task at hand. Developing metacognitive skills (the ability to reflect on and adjust your leadership approach) is essential for both NHS and Army leaders. In the NHS, leaders should embrace transformational leadership models and foster environments where junior doctors feel psychologically safe to voice new ideas. This shift could create a more adaptable, innovative workforce that prioritises both patient care and professional growth. Meanwhile, the Army's approach to leadership – rooted in mission command and emotional intelligence – can serve as a model for organisations looking to balance structure with flexibility. In both fields, adaptability, emotional intelligence, and a willingness to foster inclusive, innovative environments are critical for success.

Psychological Safety: Building a Trusting and Open Environment

In my view, one of the most significant challenges within NHS surgical departments is the absence of psychological safety. Junior doctors often find themselves walking on eggshells, hesitant to speak up or raise concerns. They fear being judged – or worse, being reprimanded – for not conforming to the existing system. From my own experience, and the experiences of others I have worked with, I have seen juniors met with resistance when they have raised valid concerns. Senior doctors often take a defensive stance, not to harm juniors, but to protect the department's interests; perhaps because they see juniors as transient, part of a team that changes every six months. There is little incentive for them to invest deeply in our individual development.

Yet, when juniors dare to question the status quo, they are sometimes unfairly labelled as 'arrogant' or 'troublemakers' in their annual reports. These patterns repeat with each rotation, creating a cycle where many issues remain unaddressed. This culture discourages transparency, stifling both personal growth and patient safety. The need for psychological safety in these environments cannot be overstated. Doctors must be able to raise concerns openly, without fear that their future will be compromised for doing what is right.

In contrast, my time in the Army taught me how transformative psychological safety can be. As a junior soldier, I found myself in a role that did not suit me. I approached my troop commander and openly expressed my dissatisfaction. Instead of dismissing my concerns, she embraced them. She supported my journey, offering me multiple opportunities to explore different roles, from nursing to air traffic control. She never lost interest in my development, even as I repeatedly came back with new questions and requests for further placements. That kind of leadership – the kind that encourages self-discovery and curiosity – empowered me to find my true calling.

Psychological safety is not just a theory; it is a practice that fosters growth, innovation, and resilience. Leaders, whether in the NHS or the Army, have a responsibility to create environments where people feel safe to challenge, to question, to offer suggestions without fear of judgement for continued growth and development. It is through this trust and

openness that we build stronger, more effective teams. The impact is far-reaching: not only do individuals thrive, but the entire system becomes more dynamic and adaptable.

Conclusion

In both the NHS and the Army, leadership plays a crucial role in shaping the environment for those at the forefront of challenging roles. While the Army fosters a culture of psychological safety where individuals can openly express their ambitions and concerns, the NHS surgical departments often lack this critical element. The reluctance of senior doctors to fully engage with junior staff, coupled with the transient nature of rotational training, can lead to a gap where opportunities for growth and innovation are missed. However, this gap presents an opportunity: a chance to rethink how leadership is approached in healthcare.

By fostering environments where junior doctors feel safe to voice their concerns and explore their potential, we can not only improve individual well-being but also enhance patient safety and overall departmental performance. It is time for healthcare leaders to prioritise psychological safety, learning from models in other sectors like the military, where open communication and trust form the foundation of success. As we move forward, the challenge lies in not only recognising these issues but in actively building a more inclusive, supportive culture where every voice is valued.

Questions

1. How can NHS leaders further develop a culture that encourages junior doctors to confidently share their concerns and ideas?
2. What leadership practices from the Army could be applied to strengthen trust, openness, and collaboration within NHS teams?
3. How can mentorship and coaching be leveraged to support both junior doctors' development and long-term success within departments?

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