Public health leadership: creating the culture for the twenty-first century

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Ludwig Wittgenstein said that almost all arguments were due to a failure to agree on the meanings of the terms being used. This certainly applies in the health service where discussions roam aimlessly over topics such as efficiency or equity or quality when it is quite obvious that all those involved are using a term with a different meaning. Where a term has a relatively sharply defined, technical, meaning, such as meta-analysis, its management is relatively straightforward, but as a term becomes more widely used, it acquires more meanings and reaches a point where it may cause more confusion than clarity; the term ‘systematic review’, for example, is now no longer as clear as it once was.

There is no term in modern management with as many meanings as ‘leadership’, and some examples of the definitions collected in the Knowledge Into Action Glossary are shown below:

There is no one correct definition of leadership, or any one set of personal qualities or competencies that characterise leaders.1

The key to effective leadership in corporations is reading and responding to cultural clues.2

... leadership – mobilizing people to tackle tough problems.3

Leaders are the shapers of culture

Some people still regard leaders and managers are synonymous, but a theme that emerges in the leadership literature is that leaders shape culture and managers work within it. If public health wishes to be in a leadership position, however, it has to shape the culture, but how is this best done? It is normal to think of a service, a hospital or a public health service, as consisting of people and an organization, and an organization may be considered as having three components—a structure, systems and culture. Most attention has been given to structure, but it is obvious that there is no ideal structure and that the key elements in an organization are its systems and its culture.

The definition of culture that will be used in this article is that given by the person generally regarded as the guru of culture, Edgar Schein, and his definition is:

... a pattern of shared basic assumptions that was learned by a group as it solved is problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.4

How does the leader shape culture?

The term ‘leader’ has implications of charisma, and charisma in turn has implications of either saintliness or heroism or, at its most extreme, a combination of bombast and bravado. However, an empirical study of those good companies that have become great demonstrates, surprisingly perhaps, that great leaders are often quite humble, so it is not simply ‘force of personality’ that creates the culture.

What is clear is that culture is shaped by the language that we use, an observation developed primarily by anthropologists such as Sapir and Whorf but also translated by the work of sociologists like Berger and Luckman and George Lakoff. The contribution that could be made either by a leader or by an external group to the creation of culture is,
therefore, a common set of concepts, a common evidence base and a common language, these to be held in common by all those people in the organization who manage resources or who work delivering the service to the public.

If you were to gather a group of public health professionals together and ask them all to write down the difference between the meanings of the words ‘inequity’ and ‘inequality’, what would result? The answer is fairly obvious. It can be argued, and some people do, that these words can be used interchangeably, as can the words ‘efficiency’ and ‘productivity’. However, the generally accepted use of the terms ‘inequity’ and ‘inequality’ indicates that there is a difference between the two, as there is between ‘efficiency’ and ‘productivity’, and whether or not there is a difference, the leader has to ensure that everyone is using the terms with the same meaning within the organization.

For these reasons, we have developed the Oxford Health and Social Care Culture Club, with the aim of using podcasting to create a common set of concepts, a common evidence base and a common language in public health.

**Bearing bad news: the second leadership function**

The second function of leadership is that the leader is able to help people come to terms with bad news; one does not have to have a dream like Joseph to recognize that the health service has had 7 years of plenty and, like Egypt, is probably going to experience lean years. Now lean years can be very advantageous for public health because when there is money, our clinical colleagues are primarily interested in discussing money and resources, but when there is no more money, then evidence for better value healthcare and new strategies and means of delivery can be discussed more easily.

In working with the health service, therefore, an important leadership role for public health is helping people come to terms with a world in which more money and more carbon cannot be assumed, and that better value will have to be derived from the money, carbon and staff currently deployed. This will involve a different approach to prioritization and the need to disinvest in some areas.

**Could healthcare be the most important focus for public health leadership?**

The move in the last 5 years has been towards much closer links between public health and local authorities, and this has obviously been sensible because local authorities are the organizations which can make most difference to the social determinants of health and to the sustainability of the physical environment. However, in moving towards the local authority, it could be argued that public health professionals are moving towards a culture which is much more in tune with the one they aspire to. This will provide an easier working environment, but it may be that the greater leadership challenge that public health should not shirk will be to move the health service from a preoccupation with expansion to a preoccupation with sustainability and change.

**References**