Learning to Lead by Listening: An Autoethnographic Reflection from My Early Months as a Health and Social Care CEO

Abstract

Background

Transitioning into a new Chief Executive role within a large national health and social care provider prompted a period of systematic observation and deliberate reflection. Drawing on Schön's concept of the reflective practitioner, I kept a journal during my first months to capture critical moments that tested my assumptions and revealed how organisational culture shapes leadership behaviour.

Reflection

This autoethnographic account integrates observation, intentional listening, and reflective journaling to explore how leadership meaning is constructed in everyday practice. Six anonymised vignettes are presented spanning board discussions, governance meetings, and frontline encounters. Each vignette illustrates tensions such as silence versus intervention, urgency versus empathy, authority versus collaboration, analysed through frameworks including adaptive, situational, and collective leadership, as well as psychological safety, motivation, and organisational culture.

Conclusion

The reflections show that leadership is not confined to formal authority but emerges in presence, tone, and everyday interactions. They demonstrate how listening, humility, and adaptive behaviour foster psychological safety and collective leadership. While situated in health and social care, the insights are transferable to leaders at all levels and across sectors facing complexity and uncertainty.

Introduction

Stepping into the role of Chief Executive in a large health and social care organisation is daunting at the best of times. Such organisations are complex, operating with multiple stakeholders, constrained resources, and a workforce under immense pressure. Public scrutiny and regulatory oversight sharpen the challenge further.

I was conscious that my first months in the role would set the tone for how people experienced my leadership. Colleagues, board members, and partners would look not only at the decisions I made but at the way I listened, intervened, and communicated values. Leadership is never simply technical; it is relational, cultural, and symbolic [1].

To make sense of this transition, I chose to observe carefully and reflect deliberately. Following Schön's concept of the *reflective practitioner* [2], which describes professionals who continually analyse their own experiences to improve practice and judgement in complex, uncertain situations, I kept a journal in which I recorded observations, emotions, and lessons from everyday encounters. These notes became both a coping strategy and a tool for learning.

This account is therefore autoethnographic in nature, positioning me as both participant and observer within my organisational context [3]. The research process involved systematic observation, intentional listening, and reflective journaling to understand how leadership meaning is constructed in everyday practice. This approach goes beyond personal reflection, integrating multiple forms of data to connect lived experience with leadership theory.

In a new Chief Executive role, my decisions were shaped not only by personal reflection but also by the structural and cultural context of the organisation, its

governance processes, expectations, and the reactions of colleagues that I observed closely.

In this paper, I share six anonymised vignettes from those reflections. Each captures a leadership dilemma that stayed with me and is analysed using relevant theories of leadership and motivation. The intention is not to present a definitive model, but to show how reflection and theory can together illuminate practice.

Reflections from Practice

1. Observing Drift

My first board meeting as Chief Executive tested my instincts. A senior colleague presented a detailed report on resourcing and financial pressures, but its conclusions were vague. The discussion circled, with questions raised but not resolved. Eventually, a working group was proposed, deferring the issue.

I stayed silent, telling myself it was respectful to observe rather than intervene as a newcomer. But as the meeting ended, I felt complicit in inertia.

Reflection

Pendleton and Furnham's *Primary Colours Model* [4] describes leadership as balancing strategic, operational, and interpersonal domains. What I observed was a deficit in strategic clarity: the data were abundant but lacked direction. My silence meant I failed to compensate for that gap.

Heifetz's theory of *adaptive leadership* [1] also applies here. Adaptive leadership views leadership as helping people face difficult challenges and adapt to change,

rather than simply providing technical solutions. In this case, the real challenge was not technical, interpreting the figures, but adaptive: confronting discomfort and making trade-offs. By remaining quiet, I avoided exposing the adaptive nature of the work.

Situational Leadership theory [5] suggests leaders must adapt their style to followers' readiness. In this case, the board was capable but hesitant. What was missing was a directive nudge: even asking, "What decision needs to be made today?" could have disrupted the drift.

The lesson was that silence is not neutral. Leaders must balance the value of listening with the responsibility of voice.

2. When Urgency Shuts People Down

In a governance meeting, a senior leader presented infection control audit results with urgency: "This cannot continue." Her tone was sharp, and the atmosphere became tense. Managers reacted defensively; one questioned the data; another minimised the risks. No clear actions followed.

Later, attendees described the meeting as "demoralising." They agreed with the findings but felt chastised.

Reflection

This vignette highlights the paradox of urgency. Herzberg's Two-Factor Theory [6] distinguishes between hygiene factors (which prevent dissatisfaction) and motivators (which drive engagement). Safety compliance is a hygiene factor: essential but not inspiring. Framing the message solely in terms of deficiency risked disengagement.

Self-Determination Theory [7] and Pink's triad of *autonomy, mastery, and purpose* [8] suggest people are more motivated when they feel ownership. The urgent, directive tone reduced autonomy and provoked resistance.

Rock's SCARF model [9] is also relevant. The model identifies five social domains that influence human behaviour at work: Status, Certainty, Autonomy, Relatedness, and Fairness. When these needs are threatened, people can react defensively, as if under physical threat. The leader's approach threatened colleagues' sense of status and autonomy, triggering defensive responses. A more effective approach might have acknowledged their pressures, invited joint problem-solving, and reinforced shared purpose.

The insight here is that urgency must be balanced with empathy. Leaders must communicate risk in ways that generate ownership rather than defensiveness.

3. Containing a Crisis

Shortly after I began, the organisation faced a serious safeguarding incident. The senior team gathered under intense scrutiny. Anxiety was high, and the risk of blame was real.

I opened the meeting by acknowledging the seriousness of the issue but framed our task as learning and improvement. Colleagues presented facts and proposed actions. Directors challenged but constructively. By the end, we had a plan and a sense of shared accountability.

Reflection

Bion's concept of containment [10] is instructive: groups under stress project anxiety onto leaders, who must "contain" it so the group can think. In this

meeting, my role was less about technical decision-making and more about holding the emotional climate steady.

Menzies-Lyth [11] observed that healthcare organisations often develop defences against anxiety, which can lead to denial or blame. By emphasising learning, I resisted those defences and encouraged openness.

This aligns with crisis leadership literature, which stresses the importance of clear communication, calm tone, and framing [12]. The experience showed me that in crisis, leadership is as much about presence as action.

4. Leadership Without a Title

One of the most striking moments came from a frontline practitioner. After a near miss, she began leading short reflective debriefs at the end of shifts. Her account was modest, but it inspired leaders across the organisation to adopt similar practices.

Reflection

This exemplifies distributed leadership, defined by Bennett et al. [13] as a model in which leadership responsibilities and decision-making are shared among individuals across an organisation, rather than concentrated in a single role. West et al. [14] argue that collective leadership is vital in complex healthcare systems, where no single individual has all the answers.

The practitioner exercised influence without formal authority. Her credibility came from proximity to practice and a genuine commitment to improvement.

My role as CEO was to recognise and amplify such initiatives. Goffee and Jones [15] emphasise that authentic leaders draw on personal integrity and self-

awareness to inspire trust and enable others to lead effectively, a principle that resonates with the idea that effective leadership is about creating the conditions for others to lead.

5. Listening Before Leading

In a performance meeting, a new manager presented with hesitation. Pressed for targets, she became more anxious. I intervened: “What support do you need from us?” The atmosphere shifted; she identified needs, and a realistic plan emerged.

Reflection

Schein’s [16] concept of *humble inquiry*, asking questions from a stance of genuine curiosity, was at work here. By shifting from interrogation to inquiry, I created psychological safety [17], enabling honesty. Psychological safety refers to a shared belief that the team is safe for interpersonal risk-taking, allowing open and honest conversations without fear of blame or embarrassment.

Leader–Member Exchange (LMX) theory [18] also applies. High-quality exchanges are characterised by trust and support, which in turn foster performance. By demonstrating support, I began building that kind of relationship.

The broader point is that accountability and empathy are not opposites. When leaders listen before leading, they unlock both candour and commitment.

6. The Everyday Leader

On a visit to a care service, I joined a morning handover led by a senior care worker without a management title. She facilitated calmly, prioritised issues, and encouraged contributions.

The atmosphere was inclusive and purposeful. I realised our organisational values were being lived out in her practice.

Reflection

This vignette speaks to authenticity in leadership. Goffee and Jones [15] argue that people follow leaders who are genuine and values-driven. West [19] shows that compassionate leadership in everyday interactions sustains culture more than formal policies.

The care worker's example demonstrated that leadership resides in daily behaviours. My responsibility was to notice and celebrate such everyday leadership, reinforcing that culture is everyone's responsibility.

Key Insights

Across these reflections, several insights emerge:

- **Silence can reinforce drift.** Observation has value, but silence can perpetuate avoidance.
- **Urgency must be balanced with empathy.** Tone shapes engagement as much as content.
- **Tone sets the climate in crises.** Leaders must contain anxiety to enable constructive action.
- **Leadership is distributed.** Frontline colleagues frequently model initiative and creativity.

- **Listening creates safety.** Psychological safety underpins honest dialogue and improvement.
- **Culture is lived daily.** Values are sustained through micro-interactions, not just policies.

Each insight is supported by leadership theory but anchored in lived experience.

Implications for Health and Social Care Leadership

These reflections carry several implications:

- **For boards and executives:** Silence can be mistaken for absence. Leaders must intervene with clarity when discussions drift, balancing listening with voice.
- **For governance processes:** Meetings should not only record compliance but create space for dialogue. Psychological safety should be treated as a strategic asset.
- **For crisis management:** Leaders must “hold the room,” providing containment so that anxiety does not derail action. Presence is as critical as technical solutions.
- **For leadership development:** Programmes should foster collective and distributed leadership, developing capability at every level. Recognising everyday leaders is as important as training executives.
- **For culture change:** Organisational values are reinforced through daily practices. Senior leaders should actively notice, celebrate, and spread grassroots examples of leadership.

Conclusion

These early months in a new CEO role showed me that leadership is not defined by title but by presence. Silence, urgency, tone, listening, and everyday actions all shape how organisations function.

Integrating theory with reflection helped me see these moments not as isolated events but as illustrations of broader dynamics: adaptive challenges, psychological safety, distributed leadership, and culture in action.

While these reflections arise from a health and social care setting, the themes of listening, humility, and adaptive leadership are transferable to leaders at all levels and across sectors who face complexity and uncertainty.

The journey reinforced that leadership is less about holding authority and more about creating space, for reflection, for trust, and for growth.

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Ethical Statement

This article is a reflective account of professional practice and does not involve human participants, patient data, or experimental research. Ethical approval was therefore not required.

Positionality Statement

Paul Newman MBE FRSA FCIM MBA is a Postgraduate Reader in Patient Safety and Quality Improvement at the University of Oxford. He is also a Governor of an NHS university teaching hospital, bringing current insight into health system governance and accountability. His perspectives are informed by extensive experience as a Chief Executive and Non-Executive Director in the health and social care sectors. This combination of academic, executive, and governance experience shapes his approach to quality improvement as both a reflective practitioner and systems leader, with a focus on the interface between health and social care.

Declarations

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- **Confidentiality statement**: All vignettes are anonymised and adapted to ensure that no individuals or organisations are identifiable.