

Leadership and Change



Agenda

1. Introduction and Context
2. Understanding Culture and Leadership
3. Leading Change in Practice

Introduction and Context

Learning outcomes



Organisational culture and change

Critically evaluate the influence of organisational culture in the context of change initiatives.



Leadership challenges in transition

Critically examine the complex nature of challenges for the leadership role within times of organisational change.



Strategies for leading from within

Identify and critically analyse a range of strategies for leading change in the context of challenges to the organisation from within

Assessment components

Component 1: Written assignment

- Submit a 4,500-word paper worth **60%** of the module grade.

Component 2: Presentation

- Deliver an **18-minute** presentation worth the remaining **40%**.



Culture at Amazon

Activity



A. Critical Analysis of the Amazon Case

1. Amazon is known for both innovation and intense performance pressures.

1. How does the video balance these tensions?

2. What contradictions appear between stated values and operational reality?

2. Which employee voices are present or absent in the video?

1. How might this reflect or obscure power dynamics?

Culture at Amazon

Activity



B. Relating the Insights to Paramedicine

1. Are there any parallels between Amazon's culture and aspects of paramedic operational culture?
2. Where do these parallels become problematic?
3. Are there any features of Amazon's innovation culture which could support paramedicine and, if so, what are they and how could they support this?
4. If implementing cultural change in WAST, which specific elements of Amazon's approach might be helpful—and which could undermine care?

Definition



Culture definition

- Hollie** - Shared values, behaviours and ways of working to achieve a central goal
- Celyn** - Positive organisational attitudes and behaviours
- Jess** - A positive and inclusive environment where people feel respected and supported
- Andrew** - The hymn sheet we should all be singing off for shared values and beliefs
- Nigel** - Behaviours and practices which are adopted by the organisation
- Chris** - A set of values and beliefs, in order to drive clinical excellence
- Nicky** - The prevailing attitude and ethos within a company or organisation

What is organisational culture?



Building

organizational

Culture

“Culture is the commonly held and relatively stable beliefs, attitudes and values that exist within an organisation.....the way things are done around here”.

(Deal and Kennedy, 1992)

Why culture matters

Culture sits at the point of pressure and trust

- Senior paramedics lead change under demand, risk and public scrutiny.
- Culture determines whether teams pull together or fragment under pressure.

Culture shapes how change is received

- It drives day-to-day responses to policy, innovation and uncertainty.
- It influences what staff see as safe, acceptable and worth the effort.

Why it matters for service outcomes

- Culture affects safety, morale, retention and the patient experience.
- Culture can accelerate improvements, or quietly undermine well-designed plans.



Understanding Culture and Leadership



Culture in practice

What culture looks like on shift

- Culture is the unwritten rules that shape how care happens day-to-day.
- It shows up in handovers, station talk, humour, and “how we do things”.

Why it matters in paramedicine

- Informal norms influence escalation, teamwork, and whether people speak up.
- Under pressure, culture can either support safety or normalise workarounds.

Schein: shared assumptions

- Deep assumptions guide behaviour even when policies say otherwise.
- Leaders need to surface assumptions about risk, blame, and “good practice”.



Schein's Cultural Iceberg



What sits above the waterline

- Visible behaviours include routines, language, and day-to-day decisions.
- Policies and SOPs show intent but are not always lived practice.



What sits below the waterline

- Shared values shape what feels acceptable under pressure.
- Deep assumptions drive risk appetite, escalation, and speaking up.



Implications for change in ambulance services

- Change stalls if we only target behaviour, not underlying beliefs and assumptions.
- Senior paramedics can surface assumptions through curiosity and dialogue.

Leader impact in change



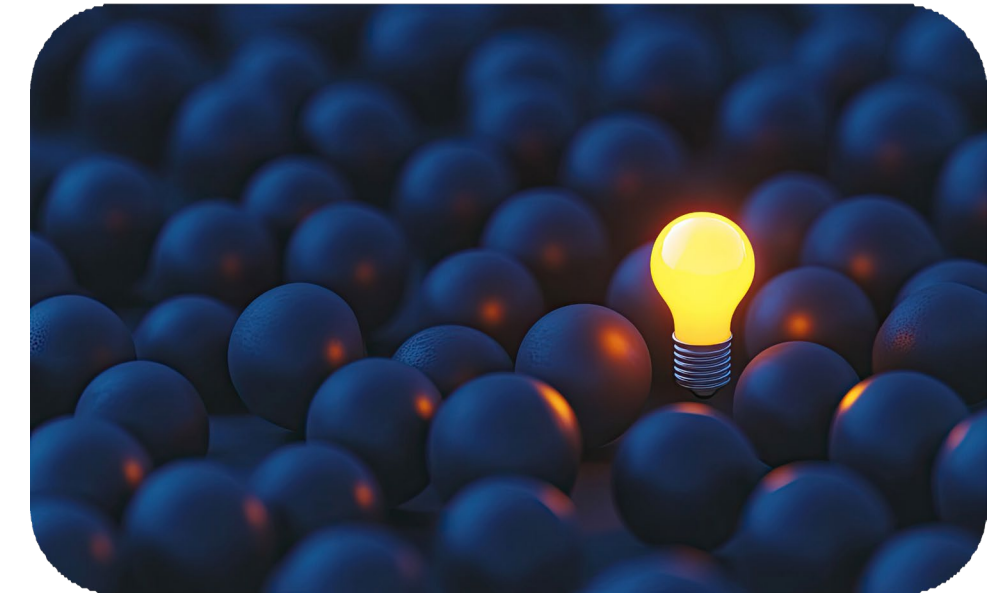
What your behaviour communicates

- Everyday decisions, language and calmness under pressure set the tone.
- Your visibility at handover, debriefs and scenes signals what matters.



What staff learn to repeat

- Teams copy what you reward, tolerate, or challenge in real time.
- Consistency between words and actions builds trust during change.



Two possible shadows

- Positive: learning, openness and accountability feel safe and expected.
- Negative: silence, blame and resistance become the safest option.

Credibility in change



Compassionate, inclusive leadership

- Inclusive behaviours shape safer care cultures and better team experience.
- In ambulance services, this shows up in debriefs, fairness, and listening.



Change fails when it is procedural

- Over-focusing on plans and metrics can ignore workforce reality.
- Staff engagement drops if people feel change is done to them.



Urgency needs trust and alignment

- Momentum comes from shared purpose, not pressure alone.
- Senior clinicians must align messages across shifts and stations.



Credibility is consistency

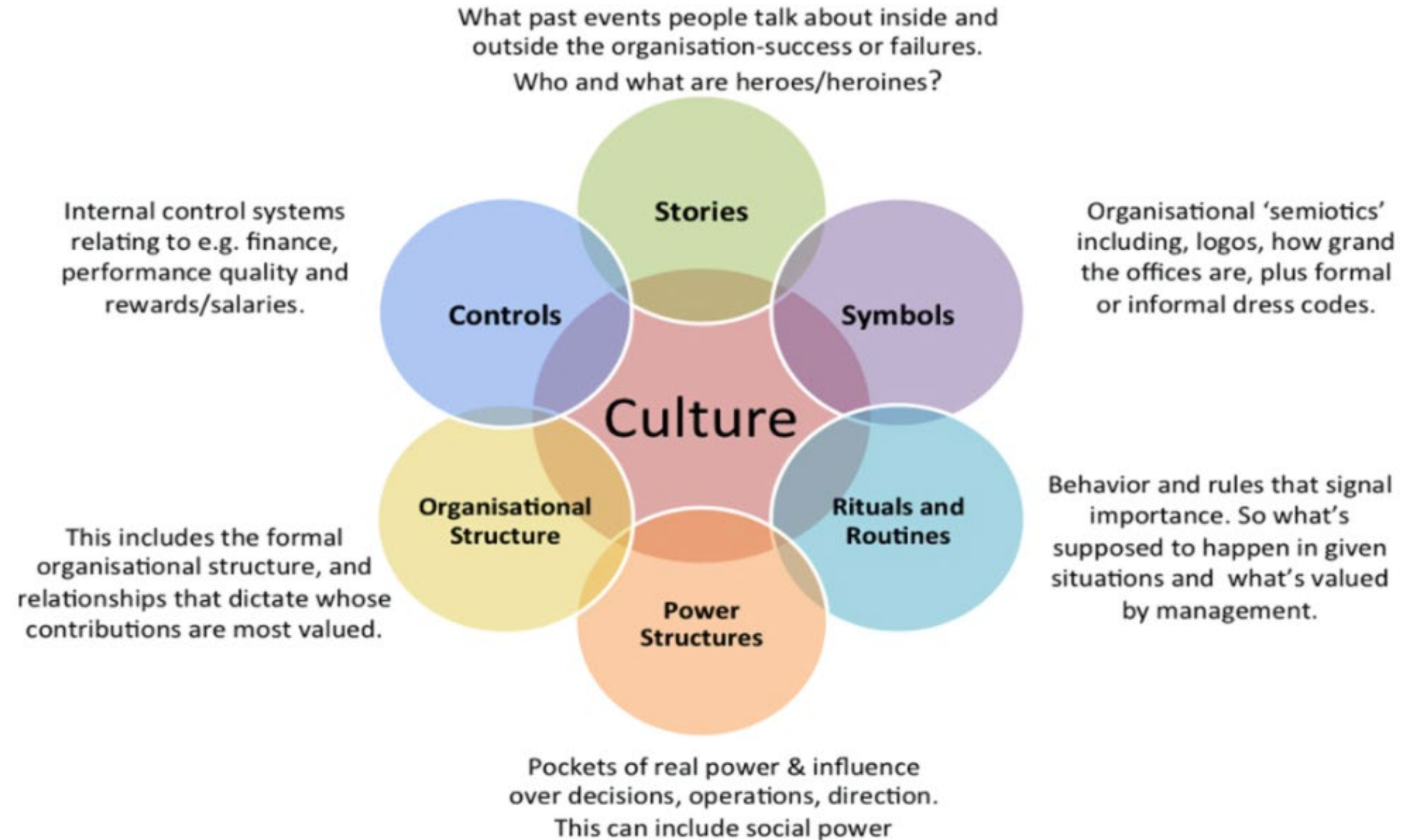
- Teams follow what leaders do under pressure, not what they say.
- Match expectations with support: time, supervision, and role modelling.

Johnson and Scholes

Cultural paradigm

Understanding Culture and Leadership

Johnson and Scholes Cultural Web

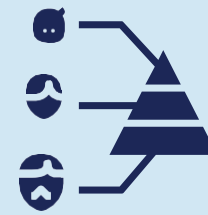


Diagnosing the cultural web



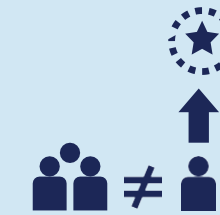
What you look at

- Scan routines, stories, symbols and power to see culture in action.
- Notice what gets praised, challenged, or ignored during busy shifts.



What it tells you

- Control systems and structures reveal what is truly valued.
- The underlying **paradigm** explains why patterns keep repeating.



How to use it

- Map each element before change to predict friction points early.
- Target levers that shift behaviour, not just policies and plans.

Leading Change in Practice

Change Proposals

Andrew

Upper GI
Pathway
for Hywel
Dda

Hannah

Provide civility
training for all
staff within
WAST to
promote a
more positive
and respectful
organisational
culture

Chris

Podcast – How
can The Crew
Room: A Clinical
Perspective use
shared clinical
experiences and
reflective
conversations to
improve
learning,
engagement,
and knowledge
sharing among
frontline
ambulance staff

Celyn

Would the use
of a long lie
risk scoring
tool reduce
hospital
admissions

Jess

Improving the
Quality and
Completeness
of ePCR
documentation:
Implementing a
Clinical
Documentation
Aide-Memoire

Hollie

Embedding
NILO action
cards into
ambulance
practice

Nicky

Exploring
Organisational
Change
Requirements:
Implementing
Omniceil
Medicines
Storage and
Secure Oxygen
Storage at a
Rural
Ambulance
Station

Nigel

How can the
WAST digital
airway log be
redesigned to
incorporate
interactive
learning
resources to
improve
clinician
engagement,
knowledge
retention and
airway
management
proficiency.

Leadership challenges

System pressure and scrutiny

- High demand and risk compress time for engagement and reflection.
- Performance and media attention can drive defensive, short-term decisions.

Dual credibility challenge

- Leaders must protect clinical standards while meeting organisational targets.
- Perceived “management speak” can weaken trust during rapid change.

Cross-boundary working

- Different priorities across urgent, primary and community care slow alignment.
- Unclear decision rights create delays, duplication and frustration.

Resistance as identity threat

- Pushback may protect professional values, autonomy and team pride.
- Treat concerns as data, not defiance, to keep dialogue open.



Leading change well



Make the case meaningful

- Frame change around patient outcomes and staff wellbeing, not targets.
- Name the operational pain points and the benefits teams will feel.



Listen for culture signals

- Use structured conversations to surface values, concerns and informal influence.
- Treat resistance as information about risk, identity and workload.



Create safety to speak up

- Invite challenge and learning when practice is questioned under pressure.
- Respond consistently to bad news to build **psychological safety**.



Turn plans into behaviours

- Define observable team behaviours that show the change is happening.
- Reinforce habits through handovers, debriefs and day-to-day decisions.

From resistance to readiness



Use peer credibility

- Bring influential clinicians in early to co-own the change.
- Enable them to translate the message into frontline practice realities.



Learn fast in practice

- Run small tests in real shifts, then review what actually happens.
- Adapt quickly using crew feedback, incident learning and patient outcomes.



Align the system

- Match supervision, training and standards to the behaviours you want.
- Ensure measures and rewards reinforce the new way, not the old.



Make readiness visible

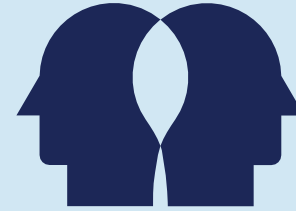
- Show progress early, and keep decisions transparent and fair.
- Remove practical barriers so teams feel supported to change.

Practice implications



Treat culture as the change

- Expect unwritten norms to shape adoption more than plans.
- Target daily behaviours: handover quality, escalation, and speaking up.



Lead with credibility

- Be consistent under pressure; teams copy what you tolerate.
- Use reflective practice to spot how your leadership is landing.



Use frameworks, then localise

- Apply the cultural web to map routines, power, and stories.
- Co-design actions with crews so changes fit local realities.

References

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