

Applied Leadership and Management in the Workplace

Module Assignment Submission

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1. Introduction

1.1 Purpose and Scope

This report offers a critical analysis of how Beliefs, Attitudes, and Values (BAVs) function as internal drivers of professional conduct and influence the interpretation of management theories. In the high-pressure environment of the NHS, effective leadership requires more than technical expertise; it necessitates a reflective understanding of how our own internal frameworks shape decision-making. The scope encompasses the identification of BAVs, a self-assessment utilising the Paul-Elder framework (Paul and Elder, 2020) (Appendix A), and a critical evaluation of Marx's Social Conflict Theory (Coser, 1957) (Appendix C).

1.2 Professional Context: Swansea Bay University Health Board

In my role as Operations Support Manager for Neurology and Stroke at SBUHB, I am tasked with balancing clinical urgency with operational efficiency. Within this context, BAVs are not merely abstract concepts; they serve as the essential link to behaviour in the workplace. For example, the Swansea Bay Way value of "Caring for Each Other" (Appendix D) functions as a moral compass, which must be balanced against traditional management priorities such as efficiency and throughput.

1.3 The Role of Applied Critical Thinking

To transition from recognising concepts to applying analytical insights, this report employs Pearson's RED Model (Recognise Assumptions, Evaluate Arguments, and Draw Conclusions) (Magno, 2010) (Appendix B). Critical thinking is utilised here as a practical tool for:

- Workplace Decision-Making: Navigating complex clinical and operational priorities
- Judgement: Assessing the validity of various management frameworks
- Interpretation: Understanding how different BAVs influence perceptions of the same theoretical concepts

By applying Intellectual Humility to acknowledge my own biases—such as a tendency to favour Human Relations Theory over Scientific Management as suggested by Witzel, 2016—this report demonstrates how reflective leadership can enhance service delivery and organisational management. This process of navigating the integrity-efficiency dilemma is analysed using the RED Model, as detailed in Appendix B.

2. Discrimination of Beliefs, Attitudes, and Values

2.1 The Development of Internal Drivers: A Generational Framework

While academic literature distinguishes between beliefs (cognitive assumptions), attitudes (evaluative judgments), and values (stable moral foundations), it is important to consider the social conditioning influences that shape them. My transition from a Medical Secretary to an Operations Support Manager reflects a shift in perspective often linked to generational value formation. By analysing differences through a generational lens—recognising that Baby Boomers may emphasise hierarchy while Generation Z tends towards flatter organisational structures—I can better understand my own biases (Marzec, 2023). For example, my professional background in a support role fostered a strong value for Psychological Safety. This acts as a bridge concept, whereby my values (such as Inclusivity) influence my beliefs (such as Safety improving outcomes), which in turn inform my attitude (supportive engagement) during team interactions.

2.2 Cognitive Dissonance and the Swansea Bay Approach

Within the NHS, the interaction of these internal drivers often results in Cognitive Dissonance (Appendix E)—a state of psychological discomfort caused when workplace requirements conflict with personal convictions. At SBUHB, the Swansea Bay Way (Caring for Each Other, Working Together, Always Improving) serves as an organisational value system aimed at reducing this dissonance by promoting Value Congruence (Bowen et al., 2024).

However, it is essential for critical thinkers to recognise that even commendable values like "Caring for Each Other" can carry inherent biases. Using the RED Model, I can identify that my bias towards wellbeing may cause me to interpret traditional efficiency demands as threats to staff morale, potentially leading to an oversight of the clinical urgency in patient waitlists.

2.3 Critical Reflection on Leadership Transitions

Reflecting on my promotion, the difficulties I faced with former colleagues were not simply personality clashes but stemmed from differing perceptions of roles and established group norms. Applying the Paul-Elder Model, I recognise that my initial belief—that peer relationships could remain unchanged—was an unexamined assumption.

To move from descriptive to analytical writing, this experience underscores the importance of Intellectual Humility in leadership. I needed to refine my personal beliefs, attitudes, and values (BAVs) to set clear professional boundaries whilst upholding the core value of mutual respect. This approach helped me manage organisational expectations effectively during a period of change.

2.4 Cognitive Dissonance and Its Evolution

When workplace demands conflict with these internal drivers, it leads to Cognitive Dissonance (Hinojosa et al., 2017) —a state of psychological discomfort. For example, if operational pressures prioritise Efficiency (as per Classical Theory), but an individual's personal value is Wellbeing, a behavioural conflict may arise. These criteria are dynamic; they evolve over time through lived experiences and academic development. Within the context of the Health Board, engagement with diverse teams can challenge pre-existing beliefs, resulting in shifts in attitude and the refinement of personal values. For example, by employing the Paul-Elder Model (Ho, Chen and Li, 2023), a leader can assess their Beliefs, Attitudes, and Values (BAVs) against Intellectual Standards such as clarity and fairness. An initial belief that conflict is negative might evolve into an understanding that conflict can be a natural outcome of power dynamics, which, when managed appropriately through Interest-Based Relational (IBR) techniques (Michael and Michael, 2013), can facilitate positive change.

2.5 Personal Application of Core Concepts

Academic literature clearly delineates the distinctions among the three drivers of behaviour (Heikkinen, Kuha and Kanste, 2025), which I have identified within my professional framework at SBUHB:

Beliefs: These are cognitive assumptions regarding what is true. For example, I firmly believe that Psychological Safety directly enhances clinical outcomes by enabling staff to communicate openly without the fear of criticism.

Attitudes: These encompass evaluative judgments or emotional responses to specific events. My attitude towards multidisciplinary meetings is one of supportive engagement, reflecting my conviction that collaboration is essential for delivering high-quality care.

Values: These are stable, deeply held moral principles. My core values of Integrity, Transparency, and Equity serve as guiding motivations, aligning with the "Swansea Bay Way" and my understanding of Marx's Social Conflict Theory.

2.6 Application to Case Studies: Navigating Leadership Transitions

To illustrate the practical application of leadership principles (Ravinskaya et al., 2022), I have reflected on my own transition from a Medical Secretary to an Operational Support Manager within the Neurology and Stroke department. This experience mirrors many of the complexities encountered in management case studies concerning role identity and group dynamics.

Following my appointment, I encountered a notable shift in the unspoken understanding with former colleagues. My transition initially caused friction, characterised by resistance to my authority and reluctance to accept delegated responsibilities. This situation emphasised how established group norms can be influenced by structural organisational changes. Rather than representing a simple clash of values, the issue centred on role perception; my colleagues found it challenging to reconcile my previous peer status with my new managerial role. Managing this difficult initial period required a critical evaluation of my leadership approach, transitioning from a peer-to-peer relationship to establishing clear, professional boundaries while promoting a culture of mutual respect. This experience highlights that effective leadership, particularly in clinical environments, extends beyond technical expertise to include the critical interpersonal skills necessary to navigate tensions during periods of organisational change.

2.7 Critical Analysis of Organisational Impact

Differentiating between these factors is crucial for effective expectation management within an organisation (Ho, Stenhouse and Snowden, 2021). If a leader concentrates solely on addressing an employee's behaviour without understanding the underlying values or beliefs driving it, the resolution is likely to be temporary. For example, if an employee exhibits a negative attitude towards new clinical software, it may be because they believe it threatens their job security. A manager employing critical thinking, such as applying models like Pearson's RED, would identify this belief and address the root cause rather than merely reprimanding the behaviour.

2.8 Contextual Application: The Swansea Bay Approach

Within the complex healthcare environment of Swansea Bay University Health Board (SBUHB), the differentiation of Behavioural Assessment Values (BAVs) is grounded in the framework known as the Swansea Bay Approach. These organisational principles—Caring for Each Other, Working Together, and Always Improving—constitute the shared moral foundation guiding all staff members (Grailey et al., 2021).

- **Caring for Each Other:** This principle emphasises the importance of treating everyone with dignity, respect, and compassion. It underscores the belief that every interaction influence patient safety and fosters a supportive attitude among colleagues, especially during high-pressure clinical situations.
- **Working Together:** This value promotes the belief that collaborative teamwork delivers high-quality care. Practically, it encourages curiosity and inclusivity, actively involving diverse perspectives to enhance service provision.
- **Always Improving:** This dedication to continuous learning and innovation reflects a value system that moves beyond traditional, static management approaches. It advocates the belief that clinical outcomes can always be improved through evidence-based reflection and ongoing development.

3. Impact on Organisational Culture

When individual BAVs align with the values of SBUHB, it fosters Value Congruence, which is vital for managing expectations and avoiding staff disengagement (Gale et al., 2014). For instance, by promoting an inclusive and diverse workplace, the Health Board leverages these values to bridge gaps between various professional groups, as illustrated by the Diversity Debate observed in academic case studies. If a manager employs Pearson's RED model to identify that a staff member's resistant attitude originates from a belief that they are not being treated with dignity and respect, they can tackle the underlying issue in accordance with the Swansea Bay Way, rather than solely focusing on behavioural correction.

Table 1: Comparative Discrimination of BAVs

Category	Collaborative Leader (SBUHB Value Alignment)	Classical Manager (Efficiency Focus)
Core Value	Everyone feels included and cared for: performing well over time by creating a sense of safety and trust.	Efficiency and standardisation: getting the most done by using reliable and consistent methods.
Core Belief	Psychological safety means that staff feel comfortable and confident to share their ideas and thoughts without fear of criticism. When people feel safe in this way, it encourages innovation and new ways of thinking.	Meritocracy: The idea that doing well and being productive is the main way to measure someone's worth
Workplace Attitude	Supportive/Reflective: Focuses on understanding the real reasons behind resistance.	Focused on getting the task done quickly and achieving specific results.
Operational Risk	Risk of Delay: Working together too much can make quick medical decisions take longer than necessary.	The risk of feeling isolated: Strict, top-down management styles can cause employees to become stressed and may lead to them leaving the organisation.

Critical Self-Assessment of Personal BAVs

This section requires a thorough and reflective analysis. I will provide evidence of how my own Beliefs, Attitudes, and Values (BAVs) influence my decision-making as an Operations Support Manager.

3.1 Framework for Reflection: The Paul-Elder Model

To ensure this assessment is analytical rather than purely descriptive, I adopt the Paul-Elder Model of Critical Thinking to evaluate my professional behaviour. By examining the Elements of Thought, I can scrutinise the underlying Point of View and Assumptions that inform my leadership approach (Townsend, Bos-Nehles and Jiang, 2022).

- **Purpose:** My principal aim is to cultivate a sustainable, high-performing operational environment that meets the clinical standards set by SBUHB.
- **Assumptions:** I operate under the assumption that employees are intrinsically motivated when their personal values are aligned with the principles of the Swansea Bay Way.
- **Inference:** I deduce that adopting a Collaborative leadership style is more effective for ensuring long-term staff retention within the NHS than a strictly hierarchical Classical approach.

3.2 The Impact of BAVs on Workplace Behaviour: A Detailed Analysis

3.2.1 Critical Narrative: The Integrity-Efficiency Dilemma

The Scenario

In my operational role within Neurology and Stroke at SBUHB, I faced a situation where a senior leader required the immediate reporting of shadow waiting list data to meet an internal efficiency KPI. My core value of Integrity and belief in transparency as the foundation of trust conflicted with the manager's emphasis on Efficiency and their perspective of prioritising output over data accuracy.

Step 1: Recognising Assumptions (Pearson's RED Model)

The Manager's Assumption: They believed that meeting the immediate reporting deadline was the primary indicator of success, and that rounding down figures was an acceptable pragmatic approach to safeguard organisational reputation.

My Assumption: I believed that providing an inaccurate report could lead to long-term 'alienation'—drawing on Marx's Social Conflict Theory—where clinical staff might feel that the data does not accurately reflect their workload.

Critical Reflection: Using the Paul-Elder Model, I recognised my bias towards complete transparency, while overlooking the stakeholder pressures the manager faced to secure future funding based on these metrics.

Step 2: Evaluating Arguments

Manager's Argument: The Board needs to see progress now; if we do not demonstrate efficiency, our resource allocation for the next quarter may be compromised. This is a logically sound argument centred on organisational survival.

My Argument: Supplying inaccurate data breaches our value of professionalism and responsibility, as reflected in the 'Swansea Bay Way'. To find common ground, I employed the Kilmann Collaborating Mode, proposing to report the current figures alongside a 48-hour plan for data cleansing to ensure accuracy.

Step 3: Drawing Conclusions

I concluded that rigid adherence to Efficiency at the expense of Integrity could provoke a social conflict with the clinical teams. By synthesising these conflicting underlying values, we managed to maintain the Board's trust while preserving staff morale. This experience demonstrated that critical thinking involves finding a rational compromise.

The Context: In my role at SBUHB, I was recently responsible for developing and implementing a rapid improvement plan aimed at reducing elective waiting lists—a key operational priority. To achieve this objective, senior leadership proposed mandatory overtime and adopted a traditional management approach focused on volume and output. This stance challenged my personal values of Caring for Others and my commitment to Human-Centred Leadership (Howard, 2015).

3.2.2 Reflection on Personal Development

This experience reaffirmed my belief that critical thinking is about synthesising conflicting values and beliefs (BAVs) to find rational compromises, rather than winning arguments. It highlighted how my core values influence my practical skills in the workplace. While adopting a human-centric approach proves effective, I recognise that high-pressure organisational contexts may necessitate a traditional focus on efficiency to safeguard patient safety.

3.3 Critical Reflection on Limitations and Biases

Utilising the Paul-Elder framework and the RED model, I have critically examined my leadership approach, particularly the transition from concept recognition to analytical application. My commitment to the Swansea Bay Way—especially the principle of Caring for Each Other—is a notable strength; however, a deeper reflection reveals how these values may inadvertently lead to professional blind spots.

Awareness of Bias and Generational Perspectives: My prioritisation of Wellbeing and Inclusivity may be perceived by colleagues who value Classical Efficiency (Skillman, 2019) as a diminished focus on operational effectiveness. I recognise that this stance is shaped by my own professional development and social conditioning, which could differ from colleagues in other management generations, who may interpret organisational challenges through a more bureaucratic or scientific lens.

Operational Risks of Collaborative Bias: In high-pressure clinical scenarios—such as stroke responses—my default Human-Centred or consultative approach might risk causing delays that could impact patient safety. Applying the RED model, I need to Recognise the assumption that collaboration is always the most ethical or appropriate approach. In urgent situations, a clear Command-and-Control hierarchy may be essential to ensure prompt and effective action (Gao et al., 2022).

Fair-mindedness versus Theory Filtering: Through the application of the Intellectual Standard of Fair-mindedness (Singh, Choo and Poh, 1998), I recognise that my personal beliefs could lead me to interpret a colleague's emphasis on rapid results as lacking compassion. However, by cultivating Intellectual Humility, I acknowledge that their focus on efficiency is likely motivated by a genuine aim to sustain organisational capacity and reduce clinical backlogs, ultimately benefiting more patients.

Risks of Theory-Filtering: An overreliance on Social Conflict Theory (Dai and Chen, 2022) might cause me to perceive all top-down directives as manifestations of alienation or oppression. Responsible leadership requires differentiating between arbitrary exertion of power and legitimate regulation or clinical compliance, which are essential within the Health Board's framework.

3.4 Refined: Rational Reasoning and Adaptive Leadership

To prevent my Beliefs, Attitudes, and Values (BAVs) from becoming inflexible biases, I must progress beyond mere reflection and engage in active experimentation. My self-assessment reveals a strong 'Human-Centric' inclination, which, if unmanaged, could potentially conflict with the clinical urgency required in acute stroke care.

Reflective Calibration: Employing Kolb's Reflective Cycle (Sow, Rasiah and Er, 2024), I will utilise reflective journaling to review decisions where I opted for a collaborative approach over a directive one. This will enable me to assess whether the outcome was equitable or if it inadvertently delayed the achievement of critical clinical key performance indicators (KPIs).

360-Degree Feedback: To address my 'Intellectual Blind Spots,' I will seek feedback from results-oriented colleagues who adopt a more classical management approach. This will facilitate my understanding of when a 'Command-and-Control' hierarchy is the most appropriate and ethical strategy to ensure patient safety.

Adaptive Behavioural Pivot: My objective is to enhance my ability to shift between different leadership styles. While my fundamental value remains 'Caring for Each Other,' I recognise that providing clear, structured guidance constitutes a supportive measure for staff seeking stability and clarity during high-pressure situations.

4. Management Theory Evaluation: Marx’s Social Conflict Theory

4.1 Theory Overview and Interpretation

Marx’s Social Conflict Theory suggests that workplaces are characterised by ongoing conflict stemming from competition over scarce resources (Guy-Evans, 2024). In a managerial context, this implies a fundamental imbalance of power between those who control the means of production—such as leadership and stakeholders—and those who provide labour. Within the Health Board, this perspective highlights how structural inequalities may lead to the 'alienation' of staff, particularly if their personal values are suppressed by the dominant organisational culture. Unlike classical management theories, which tend to view organisations as machines, Marx’s approach perceives organisational structures as sites of ongoing struggle, where social order is maintained through power relations rather than consensus.

4.2 Impact of Personal BAVs on Theoretical Application

The way Social Conflict Theory is applied in real life is greatly influenced by what an individual values most. Since I personally prioritise Inclusivity and Fairness, I see Marx’s ideas as a call to make workplaces more democratic. For example, when I looked at the ward's resistance to compulsory overtime using a Marxist perspective, I realised the issue wasn't laziness, but a response to feeling disconnected from decision-making. For this reason, I believe that solving these power imbalances through open and respectful communication can help stop staff from feeling disengaged and promote overall team wellbeing.

4.3 Alternative Perspectives: The Ambitious Manager vs. The Social Advocate

To offer a comprehensive assessment, it is essential to consider how individuals with different BAVs might interpret the same theory differently.

Table 2: Comparative Interpretation of Social Conflict Theory

Criterion	Interpretation A (The Ambitious Manager)	Interpretation B (The Social Advocate)
View of Conflict	Conflict is a hurdle to productivity to be suppressed.	Conflict is a healthy indicator of inequality needing address.
Application of Marx	Sees theory as a warning against labour unrest; seeks control.	Sees theory as a framework for empowering the workforce.
Decision Focus	Focuses on organizational output and career progression.	Focuses on team wellbeing and ethical inclusivity.

4.4 Comparative Analysis: Conflict Theory versus Classical Perspective

The comparison between Marxist theory and Classical Organisation Theories (such as Taylorism or Weberian approaches) demonstrates how Basic Assumption Values (BAVs) function as filters that

shape organisational realities. Nevertheless, it is important to consider the Human Relations Movement as an intermediary perspective bridging these viewpoints.

The Classical Perspective (Efficiency Focus): Originating from the industrial revolution, managers adhering to Taylorism tend to view workers primarily as economic agents motivated by productivity. The core values emphasise standardisation and predictability, often conceptualising organisations as machines.

The Human Relations Perspective (Social Focus): In contrast to the machine model, the Human Relations Movement (e.g., Elton Mayo) (Bruce and Nyland, 2011) was developed to address employees' social needs and job satisfaction, marking a shift towards recognising workers as social beings.

The Conflict Perspective (Equity Focus): Managers influenced by Marx interpret organisational hierarchies not merely as efficient systems or social groups but as mechanisms that create alienation, ultimately serving the interests of those in power (Moss, 2017). Their fundamental values centre on social justice and equity.

Synthesis of Value Systems

As a support manager specialising in Neurology and Stroke, I recognise that these theories are reflective of their respective historical contexts. While my personal values align more closely with the Human Relations approach—focusing on team wellbeing—it is important to acknowledge that a manager adopting a Classical perspective is not necessarily incorrect. Such managers prioritise organisational sustainability and efficiency, often placing less emphasis on individual social needs.

Applying the RED model, I am conscious of my own assumption that collaboration is always preferable, and I can critically evaluate whether, in high-stakes clinical situations, a temporary shift to a more directive Classical approach may be necessary to ensure patient safety.

4.5 Critical Reflection and Limitations of Knowledge

- **Applying the Paul-Elder Model:** I recognise the importance of evaluating the logical coherence and fairness of my interpretations of Marx's Social Conflict Theory. A critical thinker understands that, although Marx emphasises power struggles, contemporary management practices often necessitate collaboration (Deutsch, Coleman and Marcus, 2011) to achieve successful outcomes.
- **The Risk of Theory-Filtering:** Relying solely on Social Conflict Theory may lead to misinterpretations of all top-down operational directives as instances of alienation or oppression. This could result in a tunnel vision, where I may fail to distinguish between legitimate regulatory or clinical compliance — which are essential within a Health Board context — and arbitrary attempts to exert undue power.
- **Breadth and Context:** I must acknowledge the limitations inherent in my understanding; Marx's 19th-century viewpoint may not fully reflect the complexities of a 21st-century healthcare environment. Today's conflicts frequently stem from cultural, professional, or multidisciplinary differences rather than purely economic factors.
- **Synthesis:** My leadership effectiveness depends upon my ability to adapt. While I am inclined towards a Social Advocacy perspective (Xena Mindhurst, 2024), I must be prepared to adopt a more traditional, Classical approach when the situation calls for it. Achieving this requires adherence to the Intellectual Standards of clarity and breadth, ensuring that my leadership remains rational, perceptive, and inclusive.

5. Benefits and Managing Expectations

5.1 Organisational Impact of BAV Awareness

Raising awareness of Beliefs, Attitudes, and Values (BAVs) within Swansea Bay University Health Board (SBUHB) offers a valuable strategic advantage. When leaders recognise the internal drivers influencing their staff, they can support Value Congruence—a crucial factor for staff retention and overall organisational wellbeing.

Enhanced Conflict Resolution: Understanding that a negative Attitude may often originate from a perceived threat to Beliefs related to job security or professional identity enables managers to address underlying causes rather than merely the symptoms.

Improved Team Wellbeing: Prioritising core values such as 'Caring for one another' over solely traditional efficiency metrics helps reduce staff feelings of alienation and burnout.

Effective Expectation Management: Distinguishing between these three factors is vital for managing expectations effectively, as it allows leaders to move beyond superficial behavioural adjustments and instead address the deeper convictions that influence behaviour.

5.2 Development Vehicles and Methodologies (Proposed Additions)

To effectively implement the principles of the Swansea Bay Way and address the risks identified in my self-assessment, I recommend that SBUHB managers adopt the following three leadership behaviours to promote Value Congruence:

- **Practice Intellectual Humility in Decision-Making:** Managers should actively seek out perspectives that challenge their own, utilising Pearson's RED model to recognise when personal values (e.g., Wellbeing) may inadvertently create blind spots regarding clinical urgency. This approach ensures that Caring for Each Other does not unintentionally undermine Patient Safety.
- **Implement Interest-Based Dialogue as Standard Practice:** During organisational change, leaders should move away from top-down directives and adopt Interest-Based Relational (IBR) techniques to differentiate between the people and the problem. This facilitates staff in expressing concerns about structural changes without feeling that their professional identity is under threat, thereby reducing feelings of alienation.
- **Utilise Reflective Calibration through 360-Degree Feedback:** Managers should commit to regular Reflective Calibration sessions, sharing their own Beliefs, Attitudes, and Values (BAVs) with their teams and inviting feedback on how these influence daily operations. Adopting this transparency promotes a culture of continuous improvement and underlines that leadership is a dynamic, evolving process rather than a static authority.

Table 3 delineates the strategic utilisation of the Thomas-Kilmann Conflict Mode Instrument (TKI) and Interest-Based Relational (IBR) skills across diverse operational contexts at SBUHB. This framework illustrates how choosing an appropriate conflict resolution approach (Atorough and Martin, 2012)—such as adopting a Competing style during a clinical crisis or Employing Collaboration for service redesign—can effectively enhance patient safety and promote team cohesion, in accordance with the Swansea Bay Way.

Table 3: Strategic Application of Conflict Models in SBUHB Operations

Scenario	TKI Mode Selected	IBR Skill / Leadership Behaviour Applied	Desired Outcome
Clinical Crisis	Competing	Understanding when <u>it's</u> important to take charge and make firm decisions, rather than trying to work together or share the role.	Immediate safety and clear, directive action.
Service Redesign	Collaborating	Talking about the issue without blaming the individuals, to encourage different experts to share their opinions.	Sustainable staff buy-in and innovation.
Daily Operations	Accommodating	Thinking about my approach to managing, I seek feedback from all directions to <u>better understand</u> how I can support and work with my team.	High team cohesion and alignment with the "Swansea Bay Way".

5.3 Synthesis of Practical Application

By applying these models, a leader demonstrates the cognitive and intellectual skills required to propose solutions to complex workplace problems arising from analysis. Shifting from a Competing stance to a Collaborating one is not merely a tactical change; it is a practical application of a value system that prioritises long-term organisational health over short-term gains. Within SBUHB, this ensures that the Swansea Bay Approach remains a living practice that enhances service outcomes and staff engagement.

Table 4 presents a proactive framework for the future development of personal Beliefs, Attitudes, and Values (BAVs) in conjunction with essential leadership competencies. By recognising specific challenges—such as a Human-Centric focus that may potentially impact traditional efficiency—this review recommends targeted developmental tools, including 360-degree feedback and reflective journaling. This structured approach facilitates a transition towards adapted professional behaviours, encouraging a more versatile leadership style capable of providing structure or adjusting between modes as organisational needs evolve.

Table 4: Future Development of BAVs and Leadership Competencies

Current BAV	Identified Limit/Bias	Development Vehicle	Future Modified Behaviour
Human-Centric Focus	May struggle with Classical efficiency demands in high-pressure slots.	360-Degree Feedback: Seek feedback specifically from results-driven peers.	Ability to pivot between supportive and decisive modes as the situation requires.
Belief in Autonomy	Can lead to staff feeling unsupported if they prefer clear direction.	Reflective Journaling: Using Pearson's RED to audit my assumptions about staff motivation.	Tailored management style that provides more structure for those who value Stability

6. Conclusion and Reflective Summary

This report has critically examined the role of Beliefs, Attitudes, and Values (BAVs) as internal drivers of professional behaviour and theoretical understanding. By distinguishing between these concepts, while Values offer a stable moral framework, they actively influence both the Beliefs we hold and the Attitudes we display within clinical environments.

Employing the Paul-Elder framework, I have illustrated that effective leadership necessitates an awareness of the limitations of personal knowledge. While my human-centred approach is crucial for advancing long-term engagement, I recognise that in high-pressure stroke contexts, a shift towards traditional efficiency models is essential to safeguard patient safety. To integrate these insights at SBUHB, I have proposed three core behaviours: intellectual humility, stakeholder-focused dialogue, and thorough reflective calibration.

Ultimately, this process has enhanced my leadership approach from a descriptive perspective to an evidence-based practice. By consistently employing tools such as Pearson's RED model, I ensure that my future decision-making remains rational, objective, and aligned with the Swansea Bay Way. Perhaps most importantly, the ability to adapt seamlessly between human-centric collaboration and directive, traditional leadership styles stands out as the most valuable competence developed through this critical reflection.

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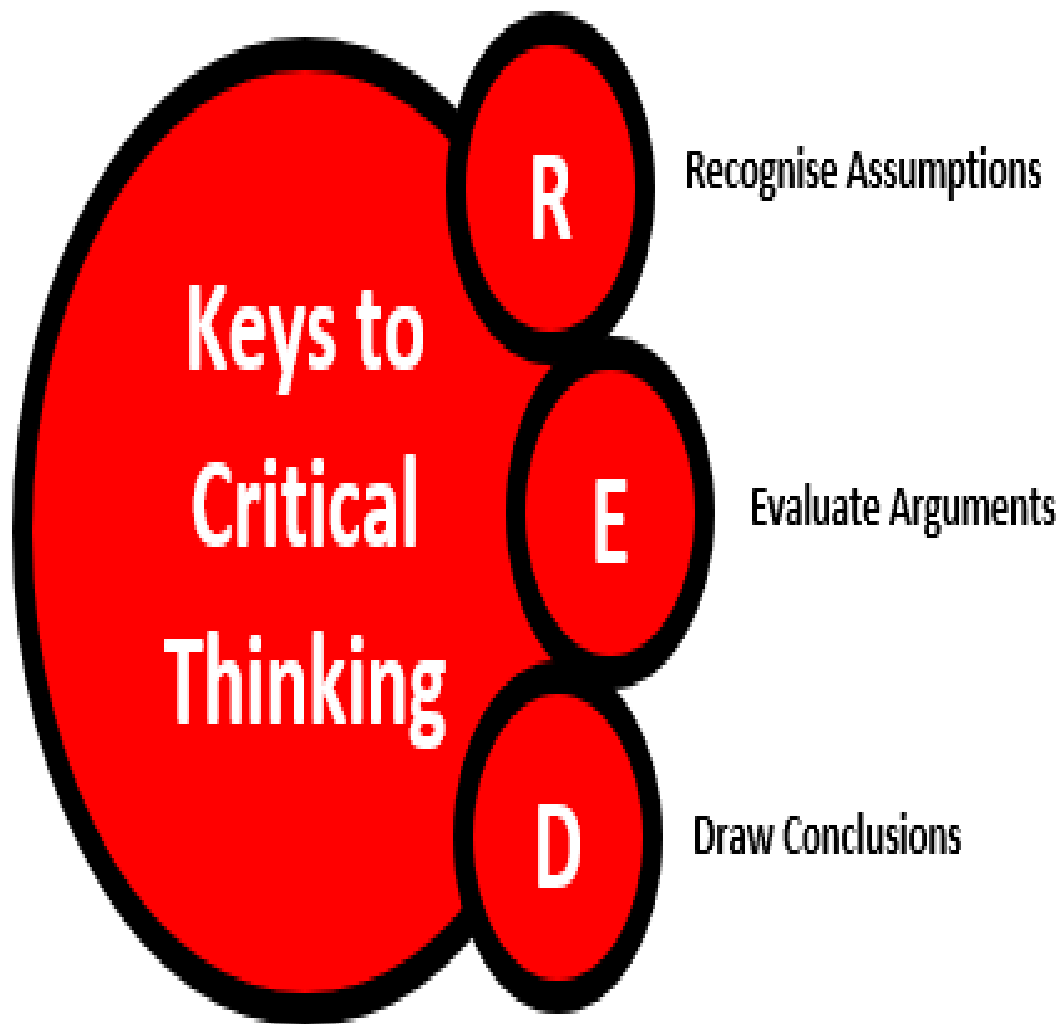
Appendix A

Paul Elder Framework



Appendix B

Pearson's RED Model



Social Conflict Theory:Marx

- **The main theorist representing this approach is Karl Marx (1818-1883)**
- **He saw society as being built out of the conflicting interests of the “owner class” and the “working class”**
- **In his view, the ensuing struggle between classes would lead to a classless society**

Appendix D

Swansea Bay University Health Board Values

caring for each other	working together	always improving
in every human contact in all of our communities and each of our hospitals.	as patients, families, carers, staff and communities so that we always put patients first.	so that we are at our best for every patient and for each other.
We are friendly, helpful and attentive . We welcome others with a smile. We see people as individuals . We do the right thing for every person and treat everyone with dignity and respect . We are kind, compassionate, patient , and empathetic to the needs of others.	We communicate openly and honestly and explain things clearly . We take time to listen, understand and involve people . We value everyone's contribution and we work with our partners to join things up for people. We are open to, and act on, feedback . We speak up if we are concerned.	We keep people safe and provide an efficient and timely service. We are professional and responsible and hold ourselves and each other to account . We choose a positive attitude, seek out learning, and continually develop our skills and services.
We won't ignore people, be dismissive, rude, abrupt or leave anyone to suffer or feel neglected.	We won't let each other down, exclude or criticise people.	We won't accept second best or choose a negative attitude.



Appendix E

Cognitive Dissonance

