



## Leadership in Health Services

Leadership metaphors  
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# Leadership metaphors

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## Abstract

**Purpose** – This paper aims to suggest that the language typically used about leadership in healthcare tells us something important about how we see it.

**Design/methodology/approach** – Three main metaphors currently adopted for healthcare leadership purposes are explored – military, sporting and finance.

**Findings** – The language used about leadership sustains the way the world is seen. A more life-affirming use of language is possible, which more accurately reflects what healthcare is about.

**Originality/value** – The paper builds on the work of Gareth Morgan in applying the use of metaphors to healthcare leadership.

**Keywords** Health care, Leadership, Language

**Paper type** Viewpoint

The language of leadership tells us something important about how we see leadership. Some years ago, [Morgan \(1986\)](#) identified the use of metaphors as a means of identifying our underlying assumptions about organisations and the people who work in them. He was able to describe some eight metaphors:

- (1) machines;
- (2) organisms;
- (3) brains;
- (4) cultures;
- (5) political systems;
- (6) psychic prisons;
- (7) flux and transformation; and
- (8) instruments of domination.

A quick survey of the language used by senior leaders and managers in healthcare suggests that there are three major metaphors in use – military, sporting and finance.

- (1) Among the military terms in use are:
  - “*Advance*” – to take forward;
  - “*Arrows to fire*” – specific points to make or tactics to take;
  - “*Bite the bullet*” – to endure a painful or unpleasant situation that is seen as unavoidable;
  - “*Boots on the ground*” – the number of people available;
  - “*Brush-fire problem*” – a problem out of control and growing wildly;
  - “*Circular firing squad*” – a dysfunctional group on the verge of collapse due to infighting;



- “*Cold conflict*” – issues kept quiet and well under the surface;
- “*Combat*” – to oppose;
- “*Draw a line in the sand*” – to identify a point beyond which one will not go;
- “*Firefighting*” – the emergency allocation of people and other resources to deal with an unforeseen problem;
- “*Flagship*” – the finest, largest or newest;
- “*Helicopter view*” – an overview of a situation without any details;
- “*Holding the line*” – sticking to the decision made;
- “*Keeping your powder dry*” – holding-back information for use at a later date;
- “*Line of sight*” – a clear view of a goal or target;
- “*Magic bullet*” – the mythical perfect solution to a problem;
- “*Parachute in*” – to send someone in to complete a piece of work;
- “*Spearhead*” – to lead; and
- “*Target*” – which is of course the inevitable!

In addition, leaders and managers are sometimes called “*officers*” who often work in “*units*” or “*divisions*”. They employ new “*recruits*” who may work in the “*front-line*”. Often they have to “*rally the troops*” using an “*arsenal*” of methods and work to “*deadlines*”. There is hope that things won’t “*backfire*”, provided that people have “*killer*” strengths.

- (2) The major sporting or games terms used seem to be:
- “*Aces in their places*” – the best people in the most appropriate roles for the organisation;
  - “*Ahead of the game*” – early anticipation or knowing more about recent developments than others;
  - “*Back of the net!*” – success!
  - “*Balls in the air*” – a large number of ongoing tasks;
  - “*Batting average*” – the percentage of time that someone or something is successful;
  - “*Big hitter*” – someone powerful in the organisation;
  - “*Cards on the table*” – being completely honest in declaring resources, intentions and attitude;
  - “*Close of play*” – by the end of today;
  - “*Domino effect*” – a cause that triggers a set of events;
  - “*Drop the ball*” – to make a mistake or mishandle things;
  - “*Game plan*” – a predetermined strategy;
  - “*Hardball*” – aggressive tactics;
  - “*Level playing-field*” – fair and equal to all;
  - “*Moving the goalposts*” – changing the rules of something while it is still happening;

- “*Step up to the plate*” – to take some responsibility;
  - “*Swim-lane*” – a usual or current area of focus or experience; and
  - “*It’s a marathon, not a sprint*” – which is my favourite, and this is difficult and will take time.
- (3) Inevitably too, as healthcare organisations struggle in times of austerity, the language of finance becomes more and more prominent, with terms such as:
- “*Accountability*” – responsibility for the progress of a project or activity;
  - “*Ballpark figure*” – a rough or approximate estimate;
  - “*Bang for the buck*” – getting the most for the money;
  - “*Baseline*” – a minimum or starting-point used for comparison;
  - “*Benefits*” – positive outcomes or what is better or feels better;
  - “*Bottom-line*” – the final result or upshot; the main or essential point;
  - “*Buy-in*” – agreement on, and commitment to, a course of action; consent; and
  - “*Run the numbers*” – provide detailed information and so on.

We “*spend*” time, “*earn*” our living, “*pay*” attention or compliments and are regarded as “*resources*” or “*assets*”. We engage in “*trade-offs*” which we hope will “*pay-off*”. Sometimes, it takes a “*toll*” on us, and we “*pay the price*”.

The language of leadership that we use most likely sustains the way we see the world, including healthcare organisations and the people who work in them. It’s been suggested (Logan *et al.*, 2008) that “*If people change their words [...].. they change their perception of reality. As they change their reality, their behaviour changes automatically*”. So perhaps it behoves those of us who work in or with healthcare organisations to ask ourselves some pertinent questions, such as:

- What language is most at use in the organisation where you work?
- What particular terms in use are typical of that work environment?
- Is it possible to spot which terms are used more than others?
- What would it be like to change the way that people speak and write?
- How difficult or easy might it be?
- What particular expressions might be susceptible to change first?

Breaking-away from the hidebound and conventional language of leadership and devising forms of language which is more life-affirming and reflects what healthcare is actually about is concerned with focusing on what Ballatt and Campling (2011) have called “*intelligent kindness*”. They quote from the words of the historian Judt (2010) from an interview just before he died when he spoke about a language that binds us all together:

We need to discover a language of dissent. It can’t be an economic language since part of the problem is that we have for too long spoken about politics in an economic language where everything has been about growth, efficiency, productivity and wealth, and not enough has been about collective ideals around which we can gather, around which we can get angry together, around which we can be motivated collectively,

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whether on the issue of justice, inequality, cruelty or unethical behaviour. We have thrown away the language with which to do that. And until we rediscover that language how could we possibly bind ourselves together?

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