LEADERSHIP IN PRACTICE | MODULE 03

Know your impact and choose your style

Understand how others experience you and adjust your approach without losing professional integrity.

- ✓ 14 min reading
- ✓ Full teaching, practical next steps and reflection
- ✓ Six practice questions with answers and explanations
- ✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Good leaders are predictable in values but flexible in method. The same person may need clear direction during an emergency, careful listening after harm and coaching when a colleague is learning.

Three next actions

- Ask two trusted colleagues what you do when pressure rises.
- Identify one situation where you over-direct or avoid necessary clarity.
- Choose one behaviour to practise for a week and ask for feedback.

Learning objectives

- Compare leadership intention with the impact experienced by others.
- Use feedback as evidence without treating every comment as a verdict.
- Choose a leadership approach that fits the situation, task, people and risk.

Why this matters

Leadership is experienced through ordinary interactions. A doctor may intend to be decisive while colleagues experience abruptness, or intend to be compassionate while avoiding a necessary standard. Neither intention nor popularity is enough to judge the interaction. Leaders need a disciplined way to examine what they meant to do, what they actually did, how others received it and what consequence followed.

This is not an invitation to become permanently self-conscious. It is a way to improve reliability. When leaders understand their impact, they can preserve their values while changing a method that does not work. This matters especially where status, accent, gender, ethnicity, grade or professional group can affect how the same behaviour is interpreted.

Five layers of an interaction

An interaction can be examined through five layers: intention, behaviour, reception, meaning and consequence. Intention is what you hoped to achieve. Behaviour is what another person could observe. Reception is what they heard or felt. Meaning is the conclusion they drew about you, themselves or the situation. Consequence is what became easier, harder, safer or less safe afterwards.

These layers should not be collapsed. A good intention does not cancel a harmful consequence. Equally, one person's interpretation does not automatically prove that the behaviour was wrong. The task is to gather enough information to understand the difference and decide what, if anything, should change.

Feedback is data, not a verdict

General questions such as 'Any feedback?' usually produce reassurance or silence. Ask about an observable aspect of the work: 'Was the decision and owner clear?', 'Did I leave enough space for challenge?' or 'At what point did the discussion become less useful?' Specific questions reduce the social cost of responding and make the information easier to use.

Feedback still needs interpretation. Consider the person's proximity to the event, whether examples are provided, whether the pattern appears elsewhere and whether power may affect what is said. Feedback can be mistaken, biased or based on incompatible expectations. A mature response neither obeys every comment nor dismisses criticism that feels uncomfortable. It tests the information.

Status changes the interaction

A brief sentence from a senior doctor can carry more weight than intended. Silence may be interpreted as disapproval. Humour may feel optional to the person using it and compulsory to the person receiving it. The more authority a leader holds, the less reliable apparent agreement becomes unless dissent is actively made possible.

SAS and locally employed doctors may experience the opposite problem: their contribution can be judged through a title before the content is heard. They may need to make evidence, purpose and recommendation unusually explicit. This additional work is real, but it should not become an expectation that the doctor must perform certainty or suppress every emotion in order to be credible.

Regulate yourself in public

Leaders do not need to be emotionless. They do need to avoid making other people manage their unprocessed reaction during a high-risk moment. When surprising information arrives, pause, establish immediate safety and ask clarifying questions. If necessary, defer a non-urgent judgement until you can

respond proportionately.

Notice your predictable pressure pattern. Some people become more directive, some over-explain, some withdraw and others seek premature agreement. The aim is not to eliminate the pattern but to recognise it early enough to choose. Recovery after the event also matters; permanent composure can conceal accumulating strain until judgement deteriorates.

Style is a choice, not an identity

Leadership models are lenses, not personality tests. Directive leadership can be appropriate during an immediate emergency. Coaching supports learning when time and safety allow. Compassionate leadership attends to distress and context. Adaptive or systems approaches help when the problem crosses boundaries and no single technical answer exists. Collective leadership can distribute contribution, but responsibility must not become ownerless.

Choose by examining urgency, risk, task clarity, experience, relationship and authority. A preferred style may feel authentic, but authenticity does not excuse using the same method in every situation. Values can remain stable while behaviour changes.

Responding to unequal scrutiny

Not every request to change your style is neutral. Doctors from minoritised backgrounds may receive vague feedback about confidence, tone, fit or communication that is not applied consistently. Ask for the event, behaviour, impact and expected standard. Compare the feedback with other evidence. Seek a trusted perspective and challenge a biased interpretation through the appropriate route when necessary.

At the same time, the presence of possible bias does not mean all feedback should be rejected. The disciplined question is whether the claimed impact is supported and whether the expected standard is relevant and fairly applied. This protects both professional development and dignity.

Run a development experiment

Select one recurring situation, one behaviour and one measure. For example, during the next three board rounds you might state the purpose and decision required at the beginning, invite nursing and therapy views before giving your own, and close by confirming owner and review. Ask a colleague whether the change improved clarity and participation.

Review the result without demanding perfection. Did the change improve the consequence you intended? Did it create a new problem, such as unnecessary delay? Keep, adapt or stop the behaviour accordingly. Development becomes credible when it produces a tested repertoire rather than a new label about the kind of leader you are.

- Situation: where does the problem recur?
- Behaviour: what will you do differently?
- Evidence: what will you and others notice?
- Review: what will make you retain, adapt or stop the change?

Common mistake

Avoid this	Treating a preferred personal style as a fixed leadership identity, even when the situation needs something different.

Pause and reflect

Under pressure, do people receive more clarity from you—or less permission to speak?

Takeaways

- Intent and impact can differ.
- Style should respond to context.
- Specific feedback is easier to act on.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. A leader intended to be efficient, but several colleagues stopped raising concerns after meetings. Which response is most useful?

A. Treat the consequence as information and examine the observable behaviour

B. Assume the colleagues dislike decisive leadership

C. Explain that the intention was positive

D. Become less clear in all future meetings

2. Which feedback question is most likely to produce usable information?

A. Do you have any feedback?

B. Was I a good leader?

C. Did I make the decision owner and review point clear?

D. You agreed with the plan, didn't you?

3. Why should a senior doctor's apparent team agreement be interpreted carefully?

A. Agreement never matters

B. Status can make disagreement feel costly

C. Senior doctors are usually wrong

D. Teams should vote on every clinical decision

4. Which leadership response best fits an immediate clinical emergency?

A. Waiting for complete consensus

B. A lengthy coaching conversation

C. Avoiding direction to preserve collective leadership

D. Clear proportionate direction with roles and closed-loop communication

5. A doctor receives vague feedback that they are 'not the right fit'. What is the best first response?

A. Change personality immediately

B. Accept it as an objective verdict

C. Ask for the event, behaviour, impact and relevant standard

D. Reject all feedback as discriminatory

6. What makes a leadership development experiment credible?

A. It adopts a new leadership label

B. It tests one behaviour in a recurring situation and reviews its effect

C. It continues regardless of unintended consequences

D. It avoids asking colleagues for feedback

Answers and explanations

1. A — Treat the consequence as information and examine the observable behaviour

The difference between intention and consequence should be examined. This does not predetermine blame, but it creates a basis for learning.

Review the five layers of an interaction and apply them to one recent meeting.

2. C — Did I make the decision owner and review point clear?

A narrow question about observable behaviour lowers ambiguity and makes the response actionable.

Return to 'Feedback is data, not a verdict' and write two specific questions for your next piece of work.

3. B — Status can make disagreement feel costly

Authority can suppress dissent even when the leader does not intend it. Safer participation needs deliberate invitation and response.

Review 'Status changes the interaction' and identify how you will make challenge safer.

4. D — Clear proportionate direction with roles and closed-loop communication

Urgency and risk may require directive coordination. The style should change again when the immediate emergency has passed.

Review how urgency, risk and task clarity affect the choice of leadership approach.

5. C — Ask for the event, behaviour, impact and relevant standard

Specific evidence allows the feedback to be assessed, used or challenged fairly.

Revisit 'Responding to unequal scrutiny' and separate evidence from impression.

6. B — It tests one behaviour in a recurring situation and reviews its effect

A bounded experiment connects behaviour with evidence and correction rather than identity claims.

Return to 'Run a development experiment' and define one situation, behaviour and measure.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: Leadership and management guidance
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/leadership-and-management/about-this-guidance

NHS Leadership and Management Framework
England and Wales · https://www.england.nhs.uk/leaders/nhs-leadership-and-management-framework/

NHS Leadership Academy: Our Leadership Way
England · https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/

Edition and verification

Editorial edition: 9 September 2026. The page source-review date is 2026-09-06. A publication date, editorial edit and substantive source check have different meanings. See sasdoctors.com/corrections for material corrections and the scope of review.

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