Leading and leadership are fundamentally about relationships between a leader and those who want to follow to achieve directions through an influencing relationship [1]. Critical relationship issues involve trust, communication and mutual respect. In healthcare, how these issues are nurtured and managed enhances teamwork, quality, productivity and impact or success of organisation and systems.

A key aspect of the leadership process is for leaders and followers to engage effectively and constructively to achieve the articulated goals and objectives set out by the leader(s). Various leadership styles articulate the mechanisms and ways of leaders and followers connecting. An interesting way of looking at how a leader might relate to a team or group is to consider social identity theory.

Social identity can be defined as an individual’s knowledge that they belong to a certain social group together with having some emotional and value significance for group membership [2]. According to Hogg (2001), this social identity can be specified by self-categorisation [3]. This means that the social world is divided into ingroups and outgroups. This accentuates similarities among people in the same group and differences between people from different groups. It has been well researched that ingroup members are liked more and liking increases compliance with requests. Simply, if you like someone, you are more likely to agree with them and comply with requests. From the social identity theory perspective, leadership emergence is the degree to which a person fits with the identity of the group [3]. Therefore, there is a need to acknowledge, that group members as followers play a significant role in configuring the characteristics of their group’s leadership or even creating leadership itself [4]. Our understanding of leadership is incomplete without an understanding of followership [5]. For many years leadership training and research were focused on leaders. However, social identity theory emphasises the importance of investigating followership. Therefore, now research has shifted from a focus on individuals to exploring followership behaviours as they help to co-construct leadership processes. Understanding motivation and composition of follower groups in the clinical environment can serve to inform more effective leadership, cohesive teamwork and ultimately enable better patient care [6].

Healthcare leaders can significantly influence team dynamics and organisational culture by understanding and using how individuals’ identification with specific social groups shapes their behaviour and perceptions. For healthcare leaders, this understanding can be crucial for fostering group cohesion and effective communication. Leaders who recognise the importance of social identities can create an inclusive environment, mitigating biases and promoting diversity. This approach may not only enhance team collaboration but also improves conflict resolution, as leaders can address any intergroup tensions more effectively.

Leaders in health who respect and value the social identities of their team members can enhance motivation and role satisfaction. Followers who feel their identity is acknowledged and understood are more likely to be engaged and loyal to the organisation. This sense of belonging translates into better patient care, as culturally competent leaders can deliberately address diverse patient needs. Through the promotion of strong shared professional identity, leaders can enhance
interprofessional collaboration. The endgame being a more cohesive and productive care delivery environment.

Change in healthcare is dynamic, and leaders can drive change in organisations by leveraging elements of social identity to strongly align values with diverse social identities within work and volunteer forces and more widely with stakeholders. Understanding these identities helps anticipate and manage resistance to change, ensuring smoother transitions and greater buy-in from employees. Leaders can improve public health initiatives and overall organisational effectiveness by building trust within the community and enhancing patient care through cultural competence.

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