agiLab

The University of Sussex and NHS HR Directors Network (SE)
Research and Best Practice in Agile Working

Leading an Agile Workforce in the NHS

Professional Intimacy as a key resource for leaders to support effectiveness and well-being in agile working

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Dr Emma Russell, *MSc, PhD, CPsychol, AFBPsyS, FHEA*
Chartered and Registered Occupational Psychologist
Reader in Occupational & Organizational Psychology

Dr Zahira Jaser, *MSc, MRes, PhD, PGCert, FHEA*
Senior Lecturer in Organisational Behaviour and Human Resource Management

Jay McCloskey, *MSc*
Research Assistant

University of Sussex Business School

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A note about agiLab

agiLab is the co-creation of academics at the University of Sussex, the NHS South-east Regional Social Partnership Forum (SPF) and the NHS HR Directors Network (SE). agiLab aims to promote and facilitate an evidence-based approach to best practice and research in agile working through academic and practitioner collaboration and knowledge exchange. A key strategic aim of the NHS is to develop more flexible and pioneering ways of meeting the diverse needs of workers, patients and society. agiLab aims to be at the forefront of leading the agenda to support and optimise this, via the utilisation of, and contribution towards, state-of-the-art academic research.

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Foreword from Alison Jennings

It is fascinating to reflect back to March 2021, when colleagues at Digit (at the University of Sussex), the NHS South-East Regional Social Partnership Forum (SPF) and the NHS South-East HR Directors Network set up 'agiLab'. How could we have imagined the profound shift in working patterns, virtual working and hybrid working that would shape the next 2 years and how important it would be to further our collective understanding of this shift for our workforce? Both colleagues at the front line of delivering services, and our leaders and managers, have been navigating new territory and rapidly developing new skills and competencies whilst dealing with the pressures of a pandemic and its impact on demand for health services.

Our collective curiosity to explore the field of flexible working and seek to create research to inform how we can better support our workforce has led to a series of projects looking deeply at how colleagues experience agile working. As Head of the NHS South-east Leadership Academy, I am a member of the South-East HR Directors Network and was delighted when this aspect of agile working was identified by the Network as one of 4 areas of agile working that warranted further insight, to ensure that we equip our leaders and managers not just with the skills to manage teams now, but how we build capability for the future.

The National Health Service is the UK's largest employer with a diversity of specialisms, settings and services that creates multiple cultures and informs ways of working that can be different team by team in any one organisation.

This report looks at how we can resource the leadership needs of agile workers and, in particular, how NHS leaders need to behave to support individual, organisational and well-being goals of those they lead, whilst maintaining delivery of services and a fair and equitable team culture.

The results are fascinating and lead to new insight into the relational aspects of leading, such as building trust and personally investing time to know team members as 'whole' people, whilst maintaining clarity and direction on task.

I welcome the recommendations regarding the training needs of NHS 'agile' leaders and this research will inform the development of future interventions and programmes.

I want to thank the research team at the University of Sussex, as this research lived through successive waves of the pandemic, which impacted timescales but never impacted the enthusiasm and commitment of the team to get this research done. I also want to recognise and thank the organisations who volunteered to promote participation in this study. Not an easy task when services have been so pressured and yet we have secured the time and focus of colleagues to reflect on their experiences and develop new insight into this field. Finally, I want to thank every NHS professional who gave time to participate in the research, carving out time for a structured interview in what were already incredibly busy days – these colleagues are helping us develop future leaders with the skills to lead and manage our workforce in an increasingly complex, dynamic and 24/7 working life.

Alison Jennings

Head of NHS South-east Leadership Academy
11th August, 2022

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1. Executive Summary

Agile working is a liberation from traditional structures and patterns of work time, place and roles, to effectively meet organisational and personal goals using innovative and digital resources. Moving towards a culture of agile working is a central goal for the NHS as it executes its 2020 People Plan. Since March 2020, a wholescale mass testing of the agile working premise was operationalised across the NHS, as the Covid-19 pandemic necessitated workers changing when, how and where they worked, in response to rapidly changing priorities.

To manage an agile workforce, it is clear that NHS leaders are facing a range of new challenges as they attempt to empower, oversee and inspire distributed teams, provide appropriate work tools and infrastructure, plan and strategize, and engender a spirit of open communication, growth and collaboration. The recently published Messenger report (2022) indicates that in this new era of agile working, leaders need to apply a team-centric approach, to address the individual needs of their diverse and dispersed workforce. To do this effectively leaders need to be trained in and equipped with the knowledge and skills to lead with compassion and commitment. However, there is a notable lack of systematic information available that tells leaders what the resource needs of agile workers are. If leaders do not know what their agile workforces require to be effective, then they will be unable to respond to, provide for and nurture their teams. In this research study, we therefore ask the timely question "**What is required to effectively lead an agile workforce in the NHS?**"

To address this question, we undertook a qualitative research programme, which investigated: (i) what the resource and leadership needs of agile workers in the NHS are; (ii) what behaviours and characteristics typify effective agile leaders in the NHS; (iii) what support is required for agile leaders in the NHS to be effective; and, (iv) what recommendations could be implemented to enable effective leadership and meet agile workers' resource needs. The study was undertaken between October 2021 and March 2022 and received Health Research Authority approval (IRAS: 293851). Interviews were held with 32 NHS employees from five South-East Trusts and a range of different occupations and pay bands. This was interpreted alongside organisation documents and the first author's contextual knowledge. Data was analysed using reflexive thematic analysis and revealed that "Professional Intimacy" (PI) is a key resource for developing, supporting and managing an effective agile workforce within the NHS. PI is an interpersonal resource that allows workers to feel heard, acknowledged, appreciated and cared for. In this research, Participants reported that when leaders had PI with their teams reciprocal trust, a sense of camaraderie and dedication, empathy and compassion were enjoyed. When PI was reported to be absent, workers reported issues with lower well-being, mental health difficulties, a sense of isolation, and intentions to quit. Participants' experiences of PI were represented by four broad themes: (1) Defining and expressing PI; (2) How leaders foster PI in agile working; (3) Barriers and paradoxes in developing and sustaining PI in agile working and (4) the "dark side" of PI. Each theme (and respective sub-themes) is described in detail in this report, with illustrative quotes from participants.

Overall, this research provides rich insights into NHS workers' experiences of agile working. Work has changed for many, and new skills and resources are now required to effectively lead the NHS's burgeoning agile workforce. Against this backdrop, PI appears to be a significant and important resource to foster a sense of belonging, shared responsibility and respect. Yet PI can be difficult to achieve, especially at times when leaders' own resources, time and capacity are already stretched thin. As such, we end this report by providing recommendations for leaders to help them to develop and sustain PI with their workforces and teams. Additionally, we outline what support leaders will likely need to do this effectively. Finally, we end with some cautionary notes on how to interpret and implement our findings.

2. Introduction

In July 2020, the NHS published its new People Plan with the strategic aim to move towards a 'flexibility by default' approach to work. This involves increasing the use of agile working practices (such as remote-working, utilisation of digital tools for clinical delivery, and role flexibility) across the organisation, to better meet patient, worker and organisational needs in a post-pandemic world. In the People Plan, agile working is defined as "working differently by embracing new ways of working in teams, across organisations and sectors, and supported by technology" (page 10).

In the academic literature, agile working is defined as a liberation from traditional ways of working in relation to working time, working place and working roles. This is often enabled by innovative working practices and digital communication, to better meet personal and organizational goals (Russell & Grant, 2020).

The NHS People Plan report (2020) provides evidence of agile working being disseminated across the service. For example, it reports on changes to **working role** as people were redeployed[1] to meet organisational needs – e.g. healthcare scientists working in critical care during the pandemic. It reports on changes to **working place** as more virtual meetings were used (up from 13.5K weekly remote meetings to 90K+ weekly meetings) in the first 2 months of lockdown. It also reports on changes to people's use of **working time**, for example as workers were freed up from commuting to allow them to work from home[2].

Although the roll out of agile working practices in the NHS continues at apace, there are concerns that the key resources required to work effectively in this new environment may need attention (NHS Employers Report, 2021). **In referring to resources throughout this report, these are conceptualised as any tangible or psychological asset that is valuable in helping workers to achieve their goals** (Halbesleben et al., 2014; Hobfoll, 2002). Resources can be objects or tools, personal characteristics, transient constructs (e.g. time, energy) and conditions (Hobfoll, 2002). People need resources and support to work at different times, in different roles and locations (agile working). There is some concern that as time, place and role boundaries blur, work-life balance may suffer. Over 50,000 people leaving the NHS have cited a lack of work-life balance as the key driver to quit (NHS Employers Report, 2021). The 2021 Staff Survey reports concerning figures relating to worker burnout (score of 4.9) and staff morale (score of 5.8). Whilst likely to be driven by the ongoing and after-effects of the Covid-19 emergency response, rather than agile working *per se*, this does serve as a reminder that change – especially when fast-paced – can place additional pressures on people and requires careful management (Day et al., 2017). Indeed, if accompanied by a lack of autonomy, control and support, change becomes the antithesis of 'agile working' as people feel trapped in new working patterns that afford little freedom to meet personal and organisational goals effectively. It is clear then that as agile working becomes more commonplace the specific management and resource requirements of agile workers needs uncovering and addressing.

The 2020 People Plan report is clear about this, stating that, "Flexible working means different things to different people and can relate to when, where and how we work. It can also include the need for greater predictability, to help people manage their different responsibilities and broader interests. Getting this right requires managers and leaders to take the time to understand what each person needs" (page 19). The NHS Confederation, responding to the Messenger Report (2022), indicates that leaders now need to be given time, capacity and

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[1] The 2021 Staff Survey indicates that 19% of staff were redeployed to Covid-pandemic response roles in 2021.
[2] The 2021 Staff Survey indicates that 39% of staff worked remotely in 2021.

support to lead effectively in a more agile NHS. This report therefore addresses the essential question *"what is required to effectively lead an agile workforce in the NHS?"*.

In the sections below we briefly outline what existing research tells us about what is required to effectively lead an agile workforce in the NHS, and why we need this study. We then outline the theoretical framing for our research before presenting our research methods and findings. Towards the end of the Report, we discuss these in light of current NHS concerns, and present a range of recommendations.

2.1 Existing research on agile leadership

Currently there is a dearth of research, both within academia and the NHS, that specifically examines the leadership and resource needs of agile workers. Most of the research available focusses on specific aspects of agile work, most usually in relation to remote work (also referred to as tele-commuting, teleworking and homeworking) or hybrid working (where people work partly from home and partly from an organisational venue). Nevertheless, such research can provide some insights. For example, a survey undertaken by the Brighton & Sussex University Hospitals Trust in the Summer of 2020 addresses the 'working place' aspect of agile work (re: remote working, during the COVID-19 work-from-home initiative). The survey questioned 532 participants, with 71% reporting to work remotely at least 50% of the time. 70% of respondents were in an administrative or clerical role. A review of the survey results shows that remote workers report resource and management needs across four key areas:

- **Personal/family** needs: to be able to work flexibly; to have good work-life balance; to enjoy good physical health; not to be 'always on.'
- **Structural** needs: not to be out of pocket; to have a suitable work-from-home environment; to have protected time with no virtual meetings; to have access to necessary equipment and systems.
- **Leadership** needs: to have a good relationship with their manager; to access knowledge from manager and colleagues; for remote working to be equally valued.
- **Social** needs: to do collaborative work; to not feel isolated; to find alternative ways to connect with colleagues.

In another piece of research by North-East London NHS Foundation Trust, a trial of regular calls between managers and their line managers (30-minutes every 3 weeks) during the pandemic was examined. The trial focused on offering support to distributed leaders in relation to emotional, psychological and practical challenges. 80% of participating managers said they felt 'listened to and understood', and the trial was hailed as a success (NHS Employers Report, 2021, page 9).

The NHS research concurs with the findings from academia. Although also focused primarily on remote work and distributed teams, such academic findings conclude that workers are more satisfied and productive when leaders:
- facilitate frequent communication amongst team members,
- encourage greater collaboration through shared project work,
- provide clarity on goals, roles and expectations
- provide adequate tools and technology
- offer regular support

(Chamakiotis et al., 2020; Chen et al., 2008; Russell & Grant, 2020; Nayani et al., 2018; Panteli et al., 2019; Watson-Manheim et al., 2002).

As identified by participants in the NHS survey, attending to the needs of remote or distributed workers requires a special leadership approach. But it is also clear from the London study that leaders themselves need to be supported in delivering this. Leaders who invest in giving

space, resources, autonomy, and inspiration to their teams can suffer burnout themselves (Quick et al., 2007; Lin et al., 2019). This burnout might stem from the efforts that managers put in place as connecting leaders (Jaser, 2020), having to continuously bridge the demands from top management, with their agile teams.

Despite the usefulness of these studies, the existing research is clearly limited in scope. Both the NHS studies and academic research referenced above are restricted to the narrower 'remote work' concept, rather than the broader aspects of agile working.

Yet, agile working is more complex than simply offering people 'work-from-home' alternatives. It encompasses a truly flexible approach to allow for variations in when, where and how people work, whilst also ensuring that strategic, service and worker demands are met. This is likely to involve a wider, or different, range of resource and management needs across sectors, roles and levels. Identifying those needs is now essential to furthering our understanding of how to effectively lead a truly agile workforce. This study will be the first to provide an appraisal of *agile* working resource and management needs in the NHS, thereby addressing a significant research need.

2.2 Framing the research

To undertake this research, we frame our study using the Conservation of Resources (COR) theory (Hobfoll et al., 2018). COR theory explains that people at work are motivated to protect and build resources (see page 7 for the bold type definition of resources), and that stressors can act as obstacles to such activity. To deal with stressors, workers will use existing resources to 'cope', but this means that those resources may then become depleted. Workers will engage in resource investment actions to build up reserves of resources that can be used to deal with resource threats and stressors. Workers who have more resources are also less likely to be susceptible to problematic outcomes such as reduced well-being, lower productivity or disengagement from work.

To understand how best to motivate workers and reduce their propensity to suffer from job strain and poor performance, COR theory offers a useful explanation. If we can understand what resources are required to undertake work effectively in any domain, organisations and leaders can work to provide these. Thus, in this research project, we need to understand what resources agile workers need and strive towards, and what resources are required to support and facilitate this. We also need to understand what resources leaders need to help foster resource-rich agile environments.

In addition to COR theory, we draw on some approaches from the leadership research field. In particular, we utilise theories of ambidextrous leadership and connecting leadership, as these highlight the value of leadership approaches that involve a leader moving flexibly between the needs of different workers, at different levels, to meet key goals.

For example, Ambidextrous Leadership theory suggests that leaders need to show different types of behaviour, which they apply flexibly with respect to changing requirements, in order to adequately respond to the complexity and speed of organisational and societal change. Empirical evidence on this theory is relatively scarce (Jansen et al., 2009; Rosing et al., 2011), but appears to be highly relevant to an agile workforce. Rosing et al (2010) says that when workers need to be variable in their approach to work (as per agile working), then leaders need to be variable in their approach to leading them. Ambidextrous responses involve using 'opening' and 'closing' behaviours. Opening behaviours refer to encouraging experimentation, independent thinking, and supporting challenges to the traditional approach. This appears to support the premise of applying innovative practices in agile work (Russell & Grant, 2020). Closing behaviours refer to the setting of goals and guidelines and taking corrective action to

keep work on track. This appears to support the idea that agile work needs to be organised to meet key strategic and personal goals (Russell & Grant, 2020). An ambidextrous leader should be able to switch between these behaviours according to situation and task demands.

Connecting Leadership theory (Jaser, 2020) takes into account the challenges that leaders face in liaising with a plethora of hierarchical partners (their bosses, and their direct reports), and the demands this poses on them. Whilst not specifically developed with reference to agile workers, Connecting Leadership theory can be useful to apply here, as attempting to meet the varied needs of one's team whilst responding to the changing priorities of one's leaders is a central component of agile work (Russell & Grant, 2020). For example, from the top, missives may include instructions to save resources by shutting central workspaces, whereas from below, there may be demands to preserve resources (Burgelman, 1983) – for example if workers request well-equipped workplaces to meet. Being able to attend to needs from different levels of the workforce (Luscher & Lewis, 2008) can be resource depleting for the leaders themselves, requiring abstract thinking and resilience (Nonaka & Takeuchi, 1995). Using a connecting leadership approach may be especially important to understand the tensions faced by leaders of agile workforces, especially within a context where resources are likely to be stretched.

2.3 Our research aims

In this research project we therefore have the following **key study aims**:

1. To understand the resource and leadership needs of agile workers in the NHS.
2. To establish what characteristics and behaviours NHS leaders need to demonstrate to effectively manage agile workers, at different levels, according to the aforementioned needs.
3. To identify how to support NHS leaders in meeting their personal and organisational work and well-being goals, when managing an agile workforce.
4. To provide recommendations regarding the training needs of NHS 'agile' leaders that can be incorporated into a future leadership development programme.

To meet these aims, we undertook exploratory qualitative research with NHS workers at different levels across five Trusts in the NHS. Using this approach, we ran a 'diagnostic study' of the needs of agile workers in the NHS, and the leadership behaviours required to meet these. Concurrently we sought to understand how to support leaders as they adjust to the demands being placed on them to respond to and direct an agile workforce, whilst also attending to broader organisational goals. All participants were 'agile workers', in that their work involved changing patterns and structures relating to working time, place and role and the use of digital technology and innovative practices to enable this. In commissioning this research, the NHS was interested in understanding what agile leadership entails, with the long-term goal of establishing a new leadership development programme for NHS leaders to effectively manage their increasingly agile teams. After reporting on the study design and our findings, we therefore provide a set of recommendations that can be incorporated into future **agile leadership** development programmes for NHS leaders.

3. Methods

3.1 Research setting

In collaboration with colleagues in the NHS, specifically Alison Jennings (Head of Leadership and Lifelong Learning – South-east, NHS South-east Leadership Academy) we designed a qualitative interview study to address our research aims. Primarily this involved developing a semi-structured interview protocol to ask workers, across different levels in the NHS, to reflect on the resources and management needs they have when agile working. The NHS People Promise indicates that NHS workforces should be aiming to allow flexible working wherever possible, and all jobs advertised from January 2021 should offer this (NHS People Plan 2020). In March 2020, the UK went into lockdown mode, as a result of the Covid-19 pandemic. Alongside the immediate need to provide healthcare to patients afflicted, the NHS was also galvanised to introduce agile working across its functions wherever this was feasibly possible. Suddenly, the plan to be flexible 'by default' became an instantaneous reality for many[3]. As a result of this, when we began our data collection in October 2021, the NHS workforce had become well experienced in agile working and participants were able to reflect on how this had affected them. Five NHS Trusts in the South-east of England offered their participation in the research. The participating Trusts were: Berkshire Healthcare NHS Foundation Trust, Hampshire Hospitals Foundation Trust, Kent and Medway Partnership NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust, and Sussex Community NHS Foundation Trust. Meetings were held between the lead researcher (first author), Alison Jennings, and the Trust project leads, to co-create the project design (specifically around participant recruitment and interview protocols), prior to data collection. Details about the study design follow in the sections below.

3.2 Data collection

As per Lunkka et al. (2022) and Soderland and Pemsel (2022) data were collected through multiple sources. These included N=32 semi-structured multi-level interviews (Curry et al., 2020; McAlearney, 2006) as primary sources of data, alongside a number of secondary sources. This encompassed externally available and internally shared documents relevant to the organisation. Contextual knowledge held by the first author was also used (see Table 3.1 for details). The semi-structured interviews were the main source of data on which the research team undertook their analysis and interpretation. However, the secondary data (organisation documents) and endogenous data (first author's contextual knowledge) were used to apply meaning to the burgeoning codebook[4] at all stages, and influenced the shaping and labelling of each coding iteration.

The research team adopted a reflexive approach to interviewing (Alvesson, 2003; Bryman & Cassell, 2006). The aim was to create a safe space where the interviewee could reflect on their relationships with their own manager, and (if relevant) their direct reports, in the context of agile work.

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[3] As mentioned in Chapter 2, 39.4% of NHS staff were required to work remotely in 2021 (2021 Staff Survey), and the NHS People Plan 2020 reports that "the average number of weekday remote meetings rising from 13,521 to 90,253 in weeks 1 to 8 of lockdown… with around 550,000 video consultations [taking] place in primary and secondary care, and 2.3 million online consultation submissions to primary care, in June" (page 10). NHS staff have been redeployed to new roles during the pandemic (19% in 2021 according to the Staff Survey results), and managers are being encouraged to take training courses in managing flexible workforces.

[4] This is the document that records the key themes emerging from the data, organised into codes and categories.

Table 3.1. Data sources for use in the analysis

Data source	Content	Purpose	Specific source
Interviews	Discussion on experiences of agile working – resource and leadership needs – see interview protocol	To meet the aims of the present study through primary data sources.	32 Semi-structured Interviews (see Appendix 1 for protocol)
Organisation Documents	Secondary research sources – organisational context provision	To add context, meaning and validation to primary data. To apply appropriate labels and descriptors to the codebook	Gordon Messenger Report "Leadership for a collaborative and inclusive future", 2022
			The Messenger Review of health and social care leadership: what must it address? NHS Confederation, 2022
			Kirkpatrick & Malby (2022) What next for NHS management? Messages for Messenger, NHS Confederation
			HEE Responds to Messenger Review, 2022
			We are the NHS: People Plan for 2020-21 – action for us all
			NHS Staff Survey 2021 National Briefing Slides
			The Future of Work: A look forward to 2030, HRD Network Meeting, 29 January 2021, SE HRD Network (presentation slides)
			What does the 2019 NHS Staff Survey truly tell us about how staff needs are being met? Michael West report for the Kings Fund
			NHS Employers Report: Staff Experience Adapting and Innovating During Covid-19
			Technical guide to the 2021 staff survey data: NHS staff survey coordination centre version 1.1
			Homeworking Policy 2022 (ORG 112) Berkshire Healthcare NHS Foundation Trust (document)
			Remote Working during COVID-19 Survey August-September 2020, Brighton and Sussex University Hospitals NHS Trust (presentation slides)
First Author Contextual Knowledge	Endogenous data developed knowledge from regular meetings held with a wide range of personnel from the organisation over the course of two years	To add meaning to, and validate primary data. To apply appropriate labels and descriptors to the codebook	Primarily consolidated though the hosting of 4 agiLab meetings (2020-22), agiLab steering committee and planning meetings, attendance at HRD network meetings (2020-22) and NHS Strategic Workforce Forum 2021.

3.3 Participants, ethics and sampling

Prior to undertaking the research, Health Research Authority (HRA) approval was sought. This was granted following submission of documentation to the University pre-sponsorship review panel and sign-off from the University Sponsorship Sub-Committee. The HRA approved the research (IRAS ref 293851) in July 2021.

The five participating NHS Trusts recruited participants in 4 tranches. The tranche-approach allows for successive targeting of groups who were not well represented in earlier rounds (Soderlund & Pemsel, 2022). We aimed to secure broad representation of participants according to age, gender, race/ethnicity, job role (clinical and non-clinical) and band (job level from band 1 to band 9 and above to represent direct reports and their leaders). This encompasses a purposive opportunity sampling approach (Collingridge & Gantt (2008), and allows for rich, nuanced and contextual understanding, in relation to the research questions and phenomenon of interest, to develop (Collingridge & Gantt, 2008; Flyvberg, 2006).

Sampling took place between October 2021 and February 2022. Appendix 2 summarises the tranches, our requests to meet specific inclusion criteria, along with returns from the Trusts. The interviews took place between October 2021 and March 2022. Participants signed a consent form, were provided with a unique Participant ID and asked to complete a demographic questionnaire. Thirty-two participants who consented and returned the necessary documents, were interviewed online through university based digital platforms. The interviews were transcribed and anonymised. The participants were distributed across the hierarchical population of interest, comprising 12 direct reports (band 1-6), 11 middle managers (band 6-8b, with band 6 having managerial duties), and 9 senior managers (Band 8c and above). Table 3.2 summarises our final sample's characteristics. Not all characteristics are reported (e.g. race or Trust) to preserve confidentiality.

Table 3.2. Study participants

Study ID code	Age	Gender	Clinical (Y/N)	Band
7E22TJ	53	Female	No	Band 6
2IQ0O0	30	Female	No	Band 6
QTB21W	41	Female	Yes	Band 7 (Band 8A Split Role Currently)
RYUFQ3	56	Female	Yes	Band 6
HUQJ5B	42	Male	No	Band 5
OXX8AC	46	Female	No	Band 8B
7M59IP	49	Female	No	Band 7
SCZB14	52	Male	No	Band 9
M4C8KI	55	Female	No	Very Senior Manager (Above Band 9)
YDUPMU	50	Female	Yes	Band 8A
6QSESW	35	Male	No	Band 8B
1UGMNL	64	Female	No	Band 8C
P5AF09	60	Female	No	Band 3
8JMOIZ	32	Male	No	Band 6
HKURFP	52	Female	No	Band 6
66PV4N	50	Male	Yes	Band 8D
XY4LH2	50	Female	No	Band 6
3PU7D5	60	Female	Yes	Band 6
ROONRG	31	Female	Yes –Limited	Band 6
LQ2KKV	49	Male	No	Band 8B
5TLZSM	53	Male	No	Band 8B
06FZCY	55	Male	No	Band 8B
ERZRPL	59	Male	No	Band 8C
YWB08C	Prefer not to state	Male	No	Band 8C
9HTT89	60	Female	Yes	Band 6
GWJ3E1	51	Male	No	Band 8A
5JOH3Z	20	Male	No	Band 3
OLDRKE	53	Female	No	Band 7
NVJIA0	53	Female	No	Band 8C
JY7H4G	61	Male	No	Band 8C
79RJHD	60	Female	No	Band 6
QO3J04	50	Female	No	Band 8D

3.4 Data analysis and coding

We used a reflexive thematic analysis (TA) applied 'codebook' approach (Braun & Clarke, 2021) to collect and analyse the data. Reflexive TA allows researchers to regularly reflect on the data collected, and adapt data collection and sampling methods as patterns and themes begin to emerge (Alvesson & Karreman, 2007; Mantere & Ketoviki, 2013; Pettigrew & Whipp, 1992). Codebooks are developed by undertaking initial lower levels of coding, where lines or chunks of data are captured and labelled, which then advances through a series of iterations to cluster codes into broader, more abstract categories and themes (Pidgeon & Henwood, 1996). Throughout this process, data, codes, categories and themes are continuously compared and altered, to provide a sensible final codebook with minimal overlap and maximum meaning (Birks & Mills, 2015).

Using reflexive TA, we worked through 9 iterations in coding the data. Stages 1-3 involved the first two authors independently working through the transcripts. At Stage 4, the research team came together to look at the independent codes and categories that had emerged, to identify commonalities and overlap and agree on an initial working set of overall themes, sub-categories and discrete concepts (Birks & Mills, 2015). In Stages 5-9, the first author reorganised, reiterated, consolidated and checked the codebook against the raw data, alongside the organisational readings and their own contextual knowledge. This allowed for the clarification of labels and definitions that were appropriate and reflective of the culture and ethos of the organisation (Lunkka et al., 2022; Soderland & Pemsel, 2022). The final stage codebook was agreed to appropriately represent and reflect all participants' voices and the meaning ascribed to these, by each member of the research team.

Prior to the development of the codebook, the research team met weekly to discuss the notes taken during the interviews, and the interviewers' reflections. Recursive concepts began to emerge, which the team discussed and made sense of in relation to their contextual knowledge (Locke, 1996). A research diary was populated progressively, after each interview (Corbin & Strauss, 1990; Unsworth & Clegg, 2010), and was read by the rest of the team. By January 2022, it became clear that workers' and managers' reflections emphasised how the mass movement to agile working had been accompanied by issues with building and sustaining supportive, trusting, congenial relationships with each other, often highlighted by nostalgia to reclaim and replicate the informal, human connections found in physical environments when working in agile ways. At this point, the team integrated a line of enquiry to the interview protocol to elucidate this observation (Henwood & Pidgeon, 2003). The concept of Professional Intimacy (PI) started to take shape[5]. We began to develop our first open codes in February 2022. By the end of March 2022 we ceased data collection as repetition of concepts was by then widespread (our final interviews were held on March 24th, 2022 as effectively 'data saturation' was apparent: Charmaz, 2014). By July 2022 our final codebook was agreed.

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[5] It is important to note here that the term Professional Intimacy has been used in the nursing literature from around the late 1980's and refers to the therapeutic relationship between patient and nurse (Muetzel, 1988). Our identification of the Professional Intimacy concept emerged independently of this terminology and our definition and labelling of the concept is not aligned with how the term is defined and used within nursing. Antonytheva et al. (2021) note 11 papers in the nursing literature that refer to Professional Intimacy and define this as "the therapeutic relationship between a nurse and a patient that fosters closeness, self-disclosure, reciprocity, and trust at physical, psychological, and/or spiritual levels" (p. 153). Our definition is based on our participants' descriptions and exemplars and is defined within our Findings section.

4. Findings

The purpose of this research study was to identify how leaders facilitated an effective and 'well' agile workforce within the NHS. Interviewees discussed their agile work in terms of working between different locations (including different sites, clinical settings and home), roles (including taking on different responsibilities and duties, often in response to the pandemic) and time structures (such as increasing hours, working longer days, or operating different shift patterns).

4.1 The central role of Professional Intimacy in managing agile workers

Our enquiry progressively revealed that 'Professional Intimacy' (PI) was a key interpersonal resource for agile workers to feel supported, appreciated and understood. When agile workers reported that there was PI present in their teams and with their managers, they commented that they were more effective and enjoyed better well-being as a result.

Intimacy is a psychological term that refers to feeling connected to an 'other' and being able to reveal and express the self without the other's judgement or recourse; the other then seeks to respond to and satisfy the self-expression (Lerner, 1989; Reis & Shaver, 1988). Intimacy involves high levels of trust, empathy and support and can be found in close relationships (Sullivan, 1953).

In this study, we refer to *Professional* Intimacy (PI) as involving connectedness and voluntary self-disclosure in professional work relationships that establishes and reflects feelings of safety, mutual trust, empathy and support, and respects personal or private circumstances and boundaries.

Identifying Professional Intimacy as a key resource to support effective agile working allowed us to understand the resource and leadership needs of agile workers in the NHS (**aim 1**). PI appears to offer a buffering effect in that, when faced with difficulties and challenges, those who experience PI with their team and manager are better able to cope. PI was often developed and expressed in NHS workers in supposedly 'insignificant' or informal exchanges, that had acquired a new salience in agile working settings. Many workers and managers described how they missed the small informal encounters that were before deemed insignificant but had been ascribed new meaning, accentuated by their absence. These exchanges appeared to be the bedrock to developing trusting, compassionate and safe relationships with team members and leaders, which could then be used to support agile workers and help them communicate their needs openly. In agile working, where connections with team members and leaders can be strained, owing to mixed working patterns and accessibility, establishing PI appeared to be an important resource. It allowed workers to feel seen, heard, recognised and enabled them to access other resources, necessary to being able to undertake their work effectively.

In developing our understanding of Professional Intimacy, 4 key themes emerged relating to: (1) how the concept of PI is expressed and defined by agile workers in the NHS; (2) how leaders can foster PI in agile working; (3) what the barriers and paradoxes in developing and sustaining PI in agile working are; and, (4) the potential downside to PI in agile working. Having conceptualised PI in Theme 1, Theme 2 allowed us to identify the characteristics and practices of leaders who were reported as effectively supporting their agile teams (**aim 2**). Themes 3 and 4 allude to issues relating to the support that leaders themselves need to facilitate and support PI in agile working (**aim 3**). In the following sections, we detail each theme, the

corresponding subset of thematic categories, and their respective sub-concepts (codes). These are explored in depth and supportive quotations from participants are used for illustrative purposes. Table 4.1 presents the final codebook of themes, categories and codes with sample quotations[6]. Recommendations (**aim 4**) emerged as we reflected on our findings and are presented in a separate section of this report (Section 5).

4.2 Theme 1: Defining and Expressing Professional Intimacy

Our conversations with agile workers in the NHS revealed that, in their working relationships with team members and managers, Professional Intimacy (PI) involved: feeling seen, heard and understood; having reciprocal trust and a safe space to self-disclose or share without judgement; a sense of companionship; and, showing empathy, care and compassion based on individual needs, different roles and demands.

In exercising this appropriately, boundaries were not crossed or intruded upon and any self-disclosures made were voluntary. Whilst PI was often developed and expressed through small, informal and 'insignificant' exchanges enjoyed with close colleagues, it also allowed for significant and important conversations to be engaged, without fear of disdain or other negative ramifications. Conversations did not need to be of a 'personal' nature for PI to develop (although oftentimes, it appeared that people did engage in such exchanges) but it did involve a certain level of self-disclosure and self-expression – a willingness to reveal one's thoughts, feelings and attitudes, and a knowledge that one is safe to do so.

We found that PI was most clearly defined and expressed across 2 categories relating to (1.1) Developing caring and empathic relationships, and (1.2) Showing understanding of others' roles and needs.

4.2.1 Category 1.1 Developing Caring and Empathic Relationships

In this category, we report on how agile workers expressed Professional Intimacy through making friendly, meaningful connections with others that encompassed supportive, trusting and caring social exchanges. This was achieved through (1.1.1) Developing social psychological connections, (1.1.2) Fostering trust, safety and openness, and (1.1.3) Noticing and caring for each other.

1.1.1 Developing social psychological connections involved making friendly, meaningful individual connections through conversation and chitchat. It involved listening to colleagues and showing an interest in them; remembering personal information about colleagues so that they felt seen and heard. These connections were often made through happenstance and informal exchanges, which could be spontaneous and – in a daily, regular physical environment – perhaps would have been seen as insignificant. For example, 9HTT89[7] reports:

> *"It's all the stuff that that you enjoy, but perhaps don't even notice it's happening when you're in at work with your colleagues. It's passing each other on the way to the kitchen. It's making each other a cup of tea or coffee. It's all those bits. That enable you to get to know someone, you know, chatting over the kettle."*

Participants noted that, in an agile environment where people are more dispersed,

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[6] For a full breakdown of the themes and sample supportive quotations, please contact the first author.

[7] Note that all Participants are referred to by their Study ID code, to preserve confidentiality and anonymity.

> *"we may have forgotten that work isn't just about work, particularly in the NHS. Work is this social thing as well, and you know the NHS is full of, and I don't think they mind me saying, it's sort of carey-sharey. People who like people, and who want to interact with people"* (SCZB14).

In other words, participants noted that the informal social exchanges that make work a nice place to be, can be lost in agile environments, and that reclaiming these connections through PI is important:

> "*What we are missing out on is developing relationships that are more personal. And I don't mean that I want to be best friends with everybody who I work with and I have got that, you know. But I do think that what we are missing out on… you know the, 'what did you do at the weekend?', you know, 'how are your children?' and you know, 'how are you feeling?'…*" (5TLZSM).

As such, leaders identified ways in which they were developing these close connections with their agile workers:

> *"I spend a lot of time talking to people on the phone on teams, so I don't feel like I'm losing out on that social conversation"* (1UGMNL)

> *"I'm aware that I use every sort of opportunity when I talk to my staff to make sure things are OK. So I might phone one of my engineers about some work that they're doing, but in the course of that conversation I'll probably, ask them about how X is going at home, or, 'I know that you went to such and such the other day. Is everything alright?' You know, 'is there anything that we need to do?'. So it's, it's often an ongoing conversation".* (5TLZSM)

> *"And then with my team and that, I I, I set up a WhatsApp group and actually with a number of my key stakeholders I have WhatsApp group and so with my HRD's in my area in my region I have a HR WhatsApp group and that's a bit of work and a bit of joking. A bit of, you know, playing around about things, you know."* (M4C8KI)

1.1.2 Fostering trust, safety and openness involved developing atmospheres of reciprocal trust where colleagues felt safe to express themselves and their needs openly and without fear of blame or judgement. Workers reported how important it was to establish such relationships, particularly to offer support when they were going through challenging or stressful times. In agile work, change can be a recurrent feature as people's workloads and roles need to adapt to current demands (as with the pandemic). Having a trusted support system of colleagues was considered to be highly necessary:

> *"Sometimes having someone else to talk to is quite a big thing, because if I'm very, very stressed out, certainly in this environment, I know there is somebody within the other side of the team who I could talk to, who is a lovely person."* (79RJHD)

> *"One of the things that the Trust is trying to do at the moment is a piece around psychological safety. And there's, I think, like most organizations, you know, not just the NHS, I've seen it elsewhere, there's a lot of distrust of management, people are too frightened to be honest and to speak freely… I think we're lucky in this small team, we've got ourselves to a point where we feel able to trust each other and be honest."* (7E22TJ)

> *"I do feel like [my leader's] kind of on my side. You know, I think that's really for me the most important thing I think. You know, in times where I've kind of maybe made a mistake, he's not, he won't, I know he won't, kind of like sell me down the river and just say 'oh [2IQ0O0] did that and she shouldn't have'. Yeah, I think he is on my side so I think he won't blame me and he'll kind of be happy to support me if something goes wrong."* (2IQ0O0)

Developing such secure relationships can be effortful, and Participants reported that they often had to be proactive about this:

> *"I think I have had to become better at reaching out to others for support. Because it hasn't naturally occurred in those, you know, conversations in corridors because that's not there. So, I've had to kind of find those safe ears. So a small network of people that I know I can just call up and say 'how are you? What's going on? I'm having a crap day' or 'I'm, I'm having a great day. I just want to check in and see how you were doing'. So, I've had to, to be much better at being proactive and reaching out*

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> *to people. You do need to have people that you know won't go running off to them or judge you for it. We all need that safe space." (OXX8AC)*

To emphasise the importance of having trusting, safe relationships with others, some participants reported on times when trust had been breached or confidences broken (i.e. PI was absent), and the negative impact this had:

> *"…when my partner was pregnant and I had to let a lower-level manager know that, before a 12 week scan and stuff. And they actually did mention it to another member of staff, even though it's obviously confidential, [they] obviously gossiped, I guess. We did obviously meet about [it], and that was obviously quashed very quickly". (8JMOIZ)*

1.1.3 Noticing and caring for each other involved showing care, compassion and support to colleagues and noticing when they needed help. This part of PI is likely to be especially important in NHS settings, where the emotional labour involved in people's work means that colleagues need to be especially attentive to each other. It was key here that when colleagues and leaders did notice that members of their team were struggling, they actively demonstrated their care through small acts of kindness:

> *"We had days when it was terrible, but you'd always have a laugh somehow in it. Make somebody a cup of coffee or, you know, bringing a chocolate biscuit that we couldn't eat, but we bring in. You know things like that, you know." (RYUFQ3)*

> *"We sent separate messages to go shopping for [sick staff]…. They are both having high temperature and paracetamol [was] running out. Then I sent my husband to Tesco and asked him to drop some paracetamol to their doorstep. To get the best out of my staff I need to look after them and make sure they're OK." (YDUPMU)*

In agile environments, workers considered how they needed to be attentive to how new working practices (virtual environment, remoteness, time fragmentation) might obscure them from noticing when colleagues needed care and support. Noticing when people needed help – and then acting on it - became an important part of demonstrating PI:

> *"If I go to senior managers meeting and you've got a member of the senior leadership team who is typically quite vocal but in a particular meeting they say nothing, and then they may say nothing at the next meeting, I'll pick that up and then I'll call them and say, 'you were unusually quiet in today's meeting. What's going on? What, what, what do you want to tell me?' You know?" (1UGMNL)*

> *And actually, what my team are trying to do is, is mix it up a bit and stop meetings earlier. [Meet online] for a cup of coffee or all go and have lunch. So there's some kind of kind of, I think there's kind of cues that you get in an office environment when to stop and how to break things up that you can miss when you're working from home. (LQ2KKV)*

4.2.2 Category 1.2 Showing Understanding of Others' Roles and Needs
In agile working, workers often have to flex between different role, place and time structures, and within agile working teams, a mix of job types may be observed. Professional Intimacy was found to help workers to understand that different roles, goals and personal circumstances place different demands on people at work. Through PI, empathy could be shown and accommodations made for such differences. Within this category, Participants reported that PI involves (1.2.1) Being flexible and adaptable to others' needs and circumstances, and (1.2.2) Demonstrating cross-role understanding.

1.2.1 Being flexible and adaptable to others' needs and circumstances involved developing an awareness of individual workers' needs and being flexible about how to accommodate these in agile environments. By showing an understanding of others and what is important to them, colleagues felt heard and respected, which was a key undercurrent in sustaining professionally intimate relationships. Participants reported many examples whereby colleagues and managers had been appreciative of their individual circumstances and how they had made adjustments or been flexible about how to accommodate these:

"I've heard our workforce director say, she said, 'as long as the work is done, I don't mind, if it means that you've done…, you're on top of everything, you want to take a couple of hours off to go do something personal', she says it's absolutely fine. And I thought, 'oh my God, that's incredible!" (7E22TJ)

"But people have got a bit more flex and if they want to pick up children from school or they may have some caring responsibilities I think people feel a bit more comfortable now saying, 'look, do you mind if I don't do a meeting between three and four', whatever 'but absolutely I'll be available early evening. Does that work?'" (SCZB14)

"Having a boss who understands that people have a life as well, um, it, it, it does help. And I think that's one of the real benefits of this agile working is there is a much better work-life balance… with the NHS, my boss has been so, so supportive and, you know, he's very much of the opinion: so as long as you do your hours and get the work done, you know, if you need to go to the bank at lunchtime, go to the bank at lunchtime, or you need to go for a doctor's appointment, just go for a doctor's appointment." (79RJHD)

Sometimes being flexible to individual circumstances entailed making reasonable adjustments to people's work. PI facilitated the ability to enter into conversations that revealed those needs and to take action so that those needs were addressed by the organisation. This was noted by a leader with a neurodivergent team member:

"So we have one member of our team who is challenged and we're going through HR with that; this person we think is neurodivergent. So we need to make sure that we understand what does that mean for them, what reasonable adjustments do we have to make in the workplace for them…. I'd say that the agile working and remote working has challenges that are not always easy to deal with, and those individuals might also benefit from sometime in the office, because routine is really important. Getting up and getting out at a particular time. Getting to the office, etc. Being with other people." (1UGMNL)

1.2.2 Demonstrating cross-role understanding means appreciating that all roles in the NHS afford different challenges. Being sympathetic to these and trying to help each other was revealed as an important part of PI. This is especially important in agile working life, and in large organisations like the NHS, as roles, teams and departments can be complicated and multi-layered.

"I currently line manage 14 people...not all of them are full time. Some of them only work in the department one day a week...But that that makes it even more complicated...being that they work part time in that department and part time in another department. [Some people] mostly work from home, [some people are] working from the office every day; we were going to visit people in their homes; and we have a clinic base so we see people in clinical also." (QTB21W)

Respecting these different roles and job types was important to establish PI in teams and for everyone to feel valued and worthwhile. GWJ3E1, for example, noted how some people with particularly difficult caseloads might face especial challenges when having to deal with such cases in agile (e.g. homeworking) environments:

"We've got clinical people, especially those working in mental health where they look at working from home as a real negative and a negative impact because there's no differentiation between that work and home. So if you're having quite challenging conversations with patients around mental ill health in your home place... Whereas before, you could leave, leave all of that work stuff in the workplace and drive home. Now it's in your home". (GWJ3E1)

Some team members, when noticing the struggles people face in their particular roles, showed their appreciation and solidarity through offering to help:

"We do have quite a different role to those that are frontline providing nursing care, for example …, so there's always something when you're in a clinical role that makes it a lot harder…. I had this terrible guilt that I wasn't doing anything to help with the pandemic. So I made contact with somebody in the Trust who was setting up a staff well-being helpline…. I felt as though I had skills that I could utilize to, to make a difference. So that was why I was on site on those days." (OXX8AC)

Demonstrating a lack of cross-role understanding highlighted some of the guilt, resentments and conflicts that had potentially built up as a result of the introduction of agile working in the pandemic, particularly in relation to how people were fulfilling their different roles. For example, 7E22TJ reflected on the initial misconceptions about those working from home and demonstrates how an absence of cross-role understanding can lead to conflict:

> *"I spoke to the director of the care group and because there was, there's the nastiness around people working from home, what was the phrase? It was about, about,… I can't remember the phrase, but it was basically saying people working from home were shirkers. I got very upset about that. The interpretation for me, and what was clearly coming across from some members of that care group management team, was that people working from home had their feet up, and were enjoying a period of relaxation, and you know not, not working very hard. And it was the exact opposite. We were, we were absolutely flat out and that stung. To think that people I'd worked with for all that time felt that way." (7E22TJ)*

In addition, a lack of appreciation for different perspectives on how roles should be fulfilled was noted as problematic:

> *"What I'm starting to see are the people who enjoy working from home are starting to dismiss the opinions of those who aren't happy working from home… I just think that again because, because we can, because we can really quantify the, the reasons for staying at home, I just feel like there's been a shift of like, 'oh, we acknowledge that it's not for everybody, but we acknowledge it. But we're not actually doing anything about it'." (OLDRKE)*

This breach of trust and lack of empathy for others' working experiences clearly shows how a lack of PI, expressed in a lack of cross-role understanding, negatively impacted relationships. Establishing cross-role understanding therefore appears to be key.

4.3 Theme 2: How Leaders Foster Professional Intimacy in Agile Working

Having identified how PI is expressed and defined, this next theme identifies how leaders can foster Professional Intimacy as a key resource in agile working contexts. Our findings suggest that Professional Intimacy can be stimulated through both the expression of leader characteristics and behaviours. Four categories comprised this theme, explaining that PI is fostered in: (2.1) Leadership style; (2.2) Facilitating cultures of Professional Intimacy via time management practices; (2.3) Facilitating cultures of Professional Intimacy via belongingness practices; and, (2.4) Practical 'agile' resource provision.

4.3.1 Category 2.1 Leadership Style
Participants identified various aspects of the leaders' interpersonal style and behaviours that engendered reciprocal trust, companionship, support and care for the team and its individual members. These concepts related to (2.1.1) the leader modelling Professional Intimacy, (2.1.2) the leader being approachable and accessible, (2.1.3) the leader listening to others and appreciating others' contributions, and (2.1.4) the leader being clear, competent and in control.

2.1.1 Leader models Professional Intimacy indicated that leaders who 'lead by example' by showing empathy, trust, care and support in their exchanges with others were more likely to build Professional Intimacy with their team. An ability to be vulnerable themselves and to show fallibility allowed leaders to be seen as more human and relatable. Modelling PI in this way demonstrated to workers how PI could be expressed, and encouraged workers to build PI across the team.

> *"I talk to my team about my own mental health and loneliness. Yeah, because then it gives them permission to acknowledge it for themselves." (QO3J04)*

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"I like the idea of leading by example and, and that sort of thing. And I've always been very clear that I wouldn't expect anyone else to do something that I wouldn't be prepared to do myself." (OXX8AC)

"There are the usual jokes and I'm, you know, I'm not averse to … poking fun at myself to say, you know, 'Yeah, I've, I've. I messed up, you know, I did something, I did something really silly this weekend'. You kind of think they, they know that it's a safe space to have that kind of, that kind of thing, and, and yeah, I've from that perspective I see myself as part as the team not, not actually separate from that in any way. It's I, I'm just as, as, I'm just as guilty of making mistakes as they are". (YWB08CI)

Some leaders chose to disclose personal or 'intimate' facts about themselves, their lives and their own struggles as a way of creating an affinity with their team. They also felt that such admissions helped to indicate to the team that confessions of mistakes and struggles should not be off limits or invite negative judgement. However, it is important to caveat these practices by noting that PI develops over time and workers should not feel pressured to reveal elements about their own personal lives as a shortcut to building PI. However, some level of self-disclosure (even if it is in reference to feelings, thoughts and attitudes about work) was seen to be a helpful way of building connections with others as trust developed over longer periods.

2.1.2 Leader is approachable and accessible. This was an important concept for participants who provided much detail about how important it was for them that their leader was approachable and accessible, even in situations where they may not be physically working nearby. Participants appreciated that they were able to reach their leaders when they needed to and that their leader readily made themselves available and made time for them, even when stretched or off work themselves. This was a way for leaders to express their care and commitment to their teams.

"I do catch up with them every day that I'm actually on shift. If I'm not on shift then they still know they've got my personal number and they can contact me if they get really stuck." (XY4LH2)

"And it's very rare that I would say no, because I think 'cause people that I think also are respectful of me and my time, so they won't... they're not gonna ask for time when they don't really need it. I guess then at the core of me is that you know, as, as managers, you have a pastoral role in looking after people." (1UGMNL)

Leaders who made themselves available to their team appeared to enjoy higher levels of PI, as expressed by RYUFQ3, who felt supported by their leader:

"…all the time, all the time, through communication though obviously not one to one face one to ones, but through being available to talk to, addressing any anxiety you might have had. Flexibility - they couldn't have been better, I couldn't fault [them]. They've been approachable. They've been contactable, they're being visible." (RYUFQ3)

For those who were unable to approach or contact their leaders, it was evident that the relationship suffered and that they struggled to feel heard, respected or cared for:

"[I] hardly see them. Limited contact. I think their presence should be available. [We need] probably more regular meetings, MDT's on staff, patients and just generally catching up I suppose, even if it's just like half an hour." (3PU7D5)

"I don't feel like I need help, I just feel isolated, and in a perfect world, which, you know, we don't live in, in a perfect world, we, I would have had a, you know, a meeting with my manager once a week or once a fortnight or something and just to check in and raise issues…. We did have some check-ins, um, you know, I had spoken to her, but, um, it was more really to discuss the issues of the work, not really how I was adapting to working from home and so it was more like the meetings we were having were specifically to discuss work." (ROONRG)

2.1.3 Leader listens to and appreciates others' contributions revealed how much workers appreciated leaders who actively listened to their team and showed appreciation for their team through acts of gratitude and acknowledgement. When workers had specific issues

that were troubling them, being listened to was really important for them to feel heard and respected, even if the leader was unable to solve the problem:

> *"… she got some of the managers that she believed were particularly vocal [making comments about shirking off when people worked from home], she arranged for them to have some training… because she said it needed to stop, and I said yeah it did, because it was it was just awful. She actually listened and could see the hurt within me and acknowledge the fact that it was wrong of those managers to react in the way that they did…. She listened to me and she did something about it." (7E22TJ)*

> *"She does hear me when I say I am at the end of my tether. I am at the point where I'm so concerned that I'm going to miss something. When the workload is so much that I'm really concerned about my ability to, to meet all the needs, then she does listen. Does she provide solutions? No, but I feel that she listens. You've just got a sense that you've got her ear. She's not doing six other things at the same time. I never feel like she's sort of rolling her eyes and thinking, 'oh for goodness sake, just get on with it'. It never feels like that." (OXX8AC)*

Some leaders showed their gratitude for their team working outside of the usual boundaries of time, which was well received:

> *"I made thank you, packs. I put a little gift pack for Staff. It was, there uh, there was different sweets and plus to say thank you message in it. I managed to get some NHS lanyards from one of the companies and then put "I am a NHS COVID hero". It was written in there." (YDUPMU)*

In contrast, when leaders didn't show listening skills, workers expressed upset and frustration, with some deeply and personally affected. One participant talked about their worry about their own health condition that put them in a vulnerable position in engaging with clinical work and how their leader was unsympathetic to this:

> *"[My boss's reaction was] pretty horrific actually. There was no sympathy. There was no level of understanding as to how frightened [I was]. It was like a different person. She said 'you can't' 'you work for the NHS'. And her other reason was that I wasn't able to do that from home. I was senior… There was one particularly difficult phone call where she said to me 'we will have to talk about this. Once this is all over, we need to talk about your leadership style'. And I'm trying to think what word she used. It was such a horrific conversation that I put my phone on speaker phone so that a colleague could hear it. It was like one of those conversations that that feel like you've let your team down. You've let everybody down. I kind of likened it to, you know, men that had signed up to go into the trenches in the First World War. They'd signed up for certain death in it almost felt a little bit like that's what she was expecting of NHS staff. And that's not what people had ever signed up for." (OXX8AC).*

Another participant reported how hard it was to get hold of their manager to listen to them, to the point that they had had to find alternative ways of forcing their leader's ears.

> *"He just doesn't let you get word in edgewise. What I decided to do, because I wasn't getting anything through to him was, I write him a weekly update of what I've been up to and I send it to him before the meeting. The reason that he, he, he talks a lot is he's got a lot of information to give. And when you do manage to break into the conversation, he does listen. But I think he, he sees the meetings as a one-way flow of information. but not too much information the other way." (79RJHD)*

> **2.1.4 Leader is clear, competent and in control.** Whilst we have so far highlighted that PI depends on the ability of leaders to make themselves available, even vulnerable, it is important to note that the leaders' ability to create clear boundaries is also key. Participants indicated how important it was to them that their leader had a handle on things. Leaders that showed decisiveness and fortitude created a sense that their team would be protected by external threats (e.g. decisions made elsewhere in the organization, restricted allocation of resources, etc.). This concept therefore reveals how leaders can build a team's trust and feelings of safety by managing expectations, clearly communicating people's roles and responsibilities, taking decisions, being accountable, and being in control.

> *"I think he has a lot of, a lot of rubbish to deal with, with people leaving and what have you. Um, but I think he manages it very well. I think he actually quite thrives on stuff and he's not afraid from what I've seen to*

sort of bat things back to people and say, 'no, we can't do this'. He's very good at what he does and he does keep it all together." (79RJHD)

This concept was especially elucidated when its absence was felt for some people. There were concerns from several participants about leaders not being accountable, making poor decisions, or not communicating (and planning for) people's changing levels of workload and responsibility. This left workers feeling vulnerable or frustrated and undermined levels of trust:

"I mean, people didn't think the decisions through and I feel quite angry about that. Things like the waste of money that there was with the NHS with the supplies and the equipment and even the Nightingale hospitals. Nobody thought through that there wasn't gonna be the staff to staff them. If you think of all the services in the NHS could have benefited from all that money that was just thrown away, I feel…. I get angry." (RYUFQ3)

For some participants, the inability/unwillingness of leaders to communicate and take responsibility led to feelings of blame and upset:

"I do have a few issues, sometimes with my line manager. She sometimes, she's not very clear to give me instructions. I need the proper instructions when people ask me to do something, then I ask them lots of questions and then I get on and do things…. I had to cover [someone's else's work] so I had to kinda drop everything down for my work and to cover that. And some, some things were quite straightforward, but some things I had to ask lots of people to help me out because I didn't have that knowledge and I didn't know how to do things. This is just one example of the things I was asked to do, and there was another thing that I needed to do some photocopying for the wards and, and you know, just kind of admin things. That's nothing to do with my job… She could have … foreseen this, uhm, coming up, with the sickness leave and things like that and, and deal with them. And, particularly in this person that was constantly off sick. You do need to have a plan for, uh, things when things are not going so well." (HKURFP)

"I think as NHS workers, in general, I don't think we've been treated very well, and I have changed my feeling about my job." [Asked, who she thinks is responsible for this?] "Boris[8]. I think its all been mismanaged." (3PU7D5)

4.3.2 Category 2.2 Facilitating Cultures of PI: Time Management
This category deals with time management practices that leaders put in place to support a culture of Professional Intimacy. It involved leaders' intentional efforts to manage and allocate time to ensure that virtual contact is regular and available, and ensuring that face-to-face time was also factored into working relationships to develop, sustain and support high-quality relationships. Leaders' who did this understood that meetings were not just there to get things done, but also for people to build reciprocal understanding. For the most part, this category assumes that workers will have some level of virtual contact, and discusses how PI can be developed in such a context. However, it must be noted that in agile work not all organisational goals can best be met by virtual or hybrid teams, and the presence of this category does not imply such. Nevertheless, given that many of the participants were regularly using online tools for their agile work, this category explains how the following practices appeared to be helpful for leaders in building PI within such a context: (2.2.1) Leader encourages routines and structures for spontaneous engagement; (2.2.2) Leader timetables face-to-face contact.

2.2.1 Leader encourages routines and structures for spontaneous engagement.
When the leader made it a regular, everyday part of virtual life to check-in and exchange conversation about what had been happening, workers felt supported and visible. Such exchanges might have happened readily and spontaneously in physical environments, and workers acknowledged that PI can be hard to sustain in the virtual world without such happenstance encounters. This is why – whilst it may appear to be an oxymoron - routinising and structuring online spontaneous exchanges appeared to be necessary to ensure this

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[8] The Prime Minister, Boris Johnson.

engagement was achieved. Many leaders talked about allocating time for regular morning check-ins and chats, using new technology such as Teams chat, but even email and phone:

> *"So my team for example, every morning people will put in the chat, 'Good morning', you know, 'hope everyone's OK?'. That kind of thing and, and you know little gifs maybe or something, you know little pictures and smiley faces and all that sort of stuff, which is lovely because you know that you guys are out there and, and you know that, that we're all, it's sort of grouping together, you know that you can't see them, but, but you know they're all there, 'cause they've, they've all touched base and that's quite nice to know that there's people around.(NVJIA0)*

> *"I made a point of talking to both of them each morning just to check in see how they were doing. If they've got any issues and concerns they could raise it with me then, but they also knew that either via email or by phone that they could phone me at any time to ask any questions basically so to just basically be as available to them as I would be if I was in the office full time." (XY4LH2)*

Participants reported that when 'spontaneous' exchanges were timetabled (daily or at least a couple of times a week) this was advantageous. However, they also mentioned the importance of informality in this routine. Timetabled opportunities to exchange chitchat were seen as beneficial when pitched as optional or ad-hoc drop-in sessions, without strongly defined agendas. Virtual offices were organised, not for the purpose of specific meetings, but as a way of being connected: the virtual office was kept 'open' for the working day, and people could enter and leave as it suited them. Truly spontaneous exchanges were more likely to occur when participants had control over the extent to which they made a contribution or just worked away quietly in the background. The virtual office appeared to create opportunities for support, fellowship and engagement, helping workers feel valued for themselves as they set out their own agendas. PI would develop as people chose to share experiences that were important to them, as and when they happened. For example,

> *"We've come up with an idea that we called the Virtual Office, and every morning we log into a Teams meeting and we can stay for as long as we want, and we might leave the meeting open all day and continue to just work it in and just chat away in the background if that's what we need, just to help the team feel less isolated and a bit more supported." (OXX8AC)*

> *"We, we set up what we called the Virtual Office so everybody, everybody that's free and not on a specific piece of work, has their camera on and joins that virtual meeting. So that allows us to recreate a physical office, virtually. We have that as a separate virtual room, different from the daily meetings so that there's a distinct move from one to the other. So this is our team meeting. This is our virtual office. I wanted a physical differentiation between the two. To split it and just mentally split that up for the guys." (P5AF09)*

> *"…they saw that what we were trying to do was give them that safe space to, to work in, like they used to have in the office, and that chance and opportunity to just have those spontaneous conversations with each other". (YWB08C)*

However they were arranged and structured, the importance of providing regular opportunities to connect, was highlighted by a participant who was unable to contact their manager, resulting in them becoming quite stressed about an issue they had:

> *"So I couldn't talk to her, but I had to book a Teams meeting to make sure she was in, between when she was training and all of that. So that wasn't, the spontaneity of, 'I need to talk to someone now'. It kinda, something brewed for a week before [I saw my boss]" (79RJHD)*

2.2.2 Leader timetables face-to-face contact. This concept refers to the leader's appreciation that the team occasionally needed to meet up face-to-face in a physical setting in order to build or sustain PI. There was a sense that PI could not exist if team members only had a virtual relationship with each other. As such, the leader organised events or meetings in person. Some colleagues appreciated that this was necessary, especially for those who needed more physical contact to feel a sense of belonging:

> *"I suppose I could have got off my backside and kind of gone into one of these [virtual meeting rooms] and said hi, but I don't like that kind of thing. I like to, I like to meet people in person." (79RJHD)*

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> *"I'm very much a people person. I like seeing people face to face… and because our trust aims to continue working remotely where possible, what we have implemented as a team is regular, more regular team away days… as a way of team building…" (QTB21W)*

Several participants indicated that face-to-face contact was something that they missed and needed, and it seemed that this was in relation to sustaining PI in longer-term relationships:

> *"Sometimes when you're in the office there is a bit of banter and you can say, 'oh, well, I've got a problem with such and such', or, you know, 'you need to talk to Jeff about this' or, or, or something like that." (79RJHD)*

> *"[I] miss out on those chance conversations from bumping into somebody in a corridor that can be really useful. And I know that some of my team have felt that far more acutely than I have.I think the team have struggled far more. The thing that they've described is you lose that ability to just literally turn around and check something out with somebody." (OXX8AC)*

It will be interesting to continue to observe how this concept plays out for the NHS, as agile working becomes more commonplace. If PI can be developed and sustained through improved virtual practices, will it still be necessary to schedule face-to-face contact? 1UGMNL indicated that, if alternative practices for regular contact are built, then face-to-face exchanges may not be necessary:

> *"Working from home five days a week, I actually quite like. I don't miss the travel on the motorway. I don't miss finding somewhere to park. I don't miss working in, you know, tatty offices. You know the NHS doesn't spend a lot of money on its, on its premises, they, they're not the most salubrious places to work. I don't miss any of that side and, and people very often asked me, do you miss the social interaction with people that you would not normally have had if you went to an office making a cup of coffee? And actually, I don't miss that so much because I spend a lot of time talking to people on the phone on teams, so I don't feel like I'm losing out on that social conversation." (1UGMNL)*

In terms of the necessity of this concept for building PI, this is an area to check back in on, as agile working becomes more embedded.

4.3.3 Category 2.3 Facilitating Cultures of PI: Belongingness Practices

This category deals with belongingness practices where leaders created a climate for people to exchange supportive conversation and provided opportunities for colleagues to get to know each other. Leaders put in place practices that allowed them to facilitate one-to-one exchanges with those who were facing more challenging demands and provided a safe space for addressing these. This category was coded as involving: (2.3.1) Leader encourages and facilitates a climate for good mental health; (2.3.2) Leader encourages camaraderie and team spirit; (2.3.3) Leader provides onboarding and socialisation opportunities.

2.3.1 Leader encourages and facilitates a climate for good mental health. This concept was very well supported by the data and seemed to be a significant area whereby prioritising good mental health practices helped to develop PI (whereas poor support was detrimental to PI). Participants talked about the importance of normalising conversations around mental health with the leader supporting people to engage good mental health practices – such as taking regular breaks and challenging long-hours, intensified work cultures.

> *"With my manager, I said to her, I went through a little wobbly patch, mental health wise, a month or so ago. Before if, if I needed to speak to her and say, you know, I'm struggling with something, it was always for a [work] purpose. You know you don't just sort of bring those things out when you're chatting to each other, but now it doesn't just have to be work. I suppose I can contact her and say, and I'm not feeling great or, and she would talk to me about that." (HUQJ5B)*

> *"We have those conversations with our staff about taking their annual leave, taking it wisely, making sure that they're taking care of themselves, not working more hours than they should. Making sure that they take their rest breaks during the day, all of those things." (QTB21W)*

However, there was some evidence that workers felt it important to demonstrate that they would not buckle under pressure. Some staff reported that being 'resilient' and working long hours was considered to be a good thing, to be supported and rewarded. When people did take breaks, they sometimes reported feeling 'guilty' about this, as if it implied a lack of commitment:

> *"I'm very resilient me. I haven't had a day off sick in the whole pandemic, touch wood" (RYUFQ3)*

> *"[My managers are] not these people that say, 'oh, if you if you're emailing at 7:00 o'clock, it's 'cause you're not managing'. They're not like that at all. … 7:00 o'clock: it's because you're so busy in the day and that, you know, either email or don't do the job, and they totally see that, you know. [They] are not snipy at all, they're not two faced, they're amazing." (RYUFQ3)*

> *"I do take the dog out. Sometimes I take him out at lunchtime for a quick sort of run around the block because again, it's, it's for my mental health, my health, my mental health means I can get out of these four walls, you know, I might see a neighbour and pass the time of day with them. I get out and get fresh air. [But] I feel incredibly guilty for doing it." (79RJHD)*

It is important to note with this concept, that there could be two contrary cultures running in parallel. On the one hand, people are encouraged to talk about and engage in good mental health practices, but on the other hand, when people do have mental health needs, they may not feel comfortable with revealing this for a fear of being seen as weak. The NHS may want to pay especial attention to this dichotomy. Developing PI can be one way of addressing and potentially overcoming such stigma.

2.3.2 Leader encourages camaraderie and team spirit. This concept refers to the leader encouraging teams to come together and develop an 'all in it together' mindset, particularly in periods of intensive and important work. When this happened amongst our sample, people felt proud of themselves and each other, and felt supported. Being 'all in it together' also involved taking care of each others' needs by building a sense of camaraderie and support. This, in turn made it easier for good mental health practices to be fostered (see 2.3.1) and for people to feel comfortable reaching out for support. Having good camaraderie was seen to especially support people during tough times, acting as an important buffer to stressors. Almost all of the statements made referred to the pandemic as the 'tough time'; however, in any intensive or important period of work, this concept is likely to be key.

> *"The camaraderie - it was amazing. Being part of a big project was great… the camaraderie I guess, has come from the fact that you've been kind of like facing the disaster zone if you like, and you remember those staff and we all tried to go the extra mile to help each other. We were all in it together" (RYUFQ3)*

> *"And that sense of community. That sense of, um, camaraderie … I can't tell you how valuable that that's been for, for me." (QTB21W)*

> *"We started to think about people, you know the, how important working as a group and working as a team [is]; looking after each other." (YDUPMU)*

> *"It was a time in history that we can look back on and I actually feel quite proud that I went back because… I just felt like I, you know, I'd be immensely proud of having played a part in such a huge issue, you know? Um, yeah, just feel like I was working with an incredible team of people looking after the most poorly patients we've ever seen." (ROONRG)*

2.3.3 Leader provides onboarding and socialisation opportunities. There was some concern here about how 'new' people could be integrated effectively into teams, when working in an agile way – especially if this involved remote working, or work that meant physical team connections were less likely to be made. Participants referred to this. They reported on the effectiveness of leaders who worked hard to integrate new personnel and who helped socialise staff who found it difficult to connect with people. Such leaders were

considered more capable at helping to engender PI in their teams, and potentially offset turnover or dissatisfaction problems as a result.

> "To raise [new team member's] profile we had 'safeguarding adults' week a few weeks ago, and one of the things that we did as part of that was we did some Facebook posts that were around meet the team. So we had three separate occasions when there was a post about each one of us …. There was a photo so staff could see what we look like and we just share a little bit of information about where we'd come from professionally and what we enjoyed about the job and, and just one other fun fact." (OXX8AC)

> "If people are a little bit shy, are a bit more self… they've got self doubt, you know you need to tease them out a little bit." (1UGMNL)

When leaders did not make an effort to help staff connect, Participants were worried this would have a negative impact on relationships, but also on work performance and career development:

> "[My manager] kind of gives me people's emails to talk to. So, you know, contact this person, contact that person. As far as building personal relationships with work colleagues. That's not really happening." (79RJH)

> "I was doing an apprenticeship, so during an apprenticeship you sort of have to get the attention of the manager because the manager has to sign certain things and talking points in order for your apprenticeship to progress… Because it was remote there was less communication with your manager and less communication with, uh, generally your work colleagues. So, it was a bit sort of 'no man's land'. It felt a bit isolating at times…" (5JOH3Z)

> "…particularly new members of the team, I think their learning is being quite compromised. Well, I think it's very, very compromised because I think that they may contact me about something specific, but they're not hearing all of the day-to-day conversations that we would have as a team. They're not here. They're not hearing my thinking processes and that of other members of the team, And I think that's quite difficult…" (OLDRKE)

> ***2.3.4 Leader makes the most of the online environment.*** Again, without assuming that all agile workers are virtual workers, when online work is involved, some leaders were able to embrace this. This concept reflects Participants' reports of how leaders recognised opportunities for online contact to their, and their teams', advantage. This involved utilising online spaces as safe and easy ways for direct reports to confidentially express concerns and have one-to-one exchanges with them. Effective leaders were also able to utilise the online space to bring people together in new ways to meet, share and form relationships (often when this wouldn't be possible in the physical world, with such dispersed workforces).

> "There's a whole heap of my team spread everywhere that couldn't get to these meetings, whereas now we're doing it online and I'm getting managers that have never been to these meetings before, that are very interested, engaged, very positive about them" (7E22TJ).

> "Now, working remotely, I can get an honest conversation and I've had the, you know, waterworks from people and genuinely people sobbing. But they felt that they were safe because nobody was watching them. … I felt I've been able to give them some support as a line manager and understood them better as a line manager then I would ever have done when they're trying to put a brave face on because they don't want to lose their guard in a meeting in the office." (M4C8KI)

> "We shared the office with other people, so if we ever wanted to speak about something other people were listening, whereas now, our phone calls are private. Nobody else can hear us. That's great, because I have this good relationship with my boss, which is always nice to hear, by the way, because not everyone has one, you know." (2IQ0O0).

4.3.4 Category 2.4 Practical 'agile' resource provision

Within this theme, leaders were mindful of what was required for different workers to flourish and succeed in their work in an agile environment and they sought and provided practical resources to facilitate this. This meant that workers were more likely to trust their leader as someone who sees and hears their needs. They felt safe in the knowledge that their leader

was putting in the effort to source resources that would make their working lives easier, and enable them to be more effective and well. This all helped to facilitate PI. The concepts that were relevant to this category included: (2.4.1) Leader provides resources, equipment and infrastructure for agile work; and, (2.4.2) Leader attends to the learning, skills and growth needs of agile workers. The first concept reflects the provision of hard, tangible resources needed to help people actually undertake agile work. The second concept reflects a more abstract attention to people's needs and the provision of 'soft' resources that people need to develop to work well in agile environments.

2.4.1 Leader provides resources, equipment and infrastructure for agile work. This was a very well supported concept, with plentiful data from participants. Participants were appreciative of leaders who considered what was required to work in an agile way in terms of time, place and role domain requirements, and leaders who provided the tools and support to enable this.

> *"The Trust has generally tried to be thoughtful and considerate about people working at home and [asks] do they have the necessary tools to function well at home? [A colleague] has a special rise desk 'cause he has to stand part of the day because he has a back issue." (1UGMNL)*

> *"Generally just they sorted me out a phone so that I could be contactable rather than just having to give my personal number out to everybody." (XY4LH2)*

> *"So they gave me a laptop to start with. I had a laptop already anyway to start with and then they brought my actual computer from the hospital to home. The old manager that I had did that, so that I could see, as it was obviously such a small screen on my laptop when you're working all the time. But they brought me a mobile phone so that I could phone 'cause I use my own phone to start with to phone patients. And then they brought me a mobile phone as well…. I have exactly whatever I would have at home, I would have in the office bar a printer." (P5AF09)*

Workers were very aware of the equipment resources they needed to be effective:

> *"I'd like to have a proper desk and a decent chair. They gave me a laptop, a mouse, um, I've, I've got, um, a work mobile phone that I never use because it runs like a battery all the time…. I haven't got footrest and things like that. And I think probably yes, I should probably get them." (79RJHD)*

For some workers, when leaders couldn't meet these needs then they were sympathetic (see code 4.2.2 for more on this):

> *"…I think the boss has got enough to do, and actually I'll survive for now. There are bigger, bigger things to worry about." (79RJHD).*

But, for other workers, a lack of resource provision led to disgruntlement and frustration, and they reported that they could not get on and do their jobs in the way that they wanted or needed to. This was seen to undermine trust and potentially reduce PI and effectiveness.

> *"When I'm in on site and then obviously I'm making sure that I've brought what I need home with me, so I feel sometimes like I'm carrying around the kitchen sink in my rucksack" (XY4LH2).*

> *"It was terrible, 'cause there was no balance was there? …We were all struggling for the computers or the spaces." (RYUFQ3)*

> *"[It is] difficult to kind of get in touch with some of the people, in that they didn't have access to the Teams. So then I had to call them from my home number, which I wasn't happy about that, to use my kind of number for business purposes, because the Trust haven't provided a mobile phone for me or anything like that to work remotely…. I would appreciate the kind of organization to either provide us with a, either some, some devices, or mobile phones that we can use for business purposes and things like that…. [Eventually], I basically sent an email to the top of the Trust and I said we need to get this sorted out and I said, you know, we need to sort this out. We can't be working like this, it just adds the stress to it and things like that." (HKURFP)*

> ***2.4.2 Leader attends to learning, skills and growth needs of agile workers.*** This concept refers to the leader being aware of what their direct reports needed to develop their skills or careers, and how they could provide opportunities to help workers grow.

> *"So I did a lot of leadership courses through the NHS leadership academy, I believe I use, every time when I do a course, I use those all skills to practice I put something in place. This is, I learned this, I will share my learning. I managed to get band 6… I still continue with the leadership courses. I did a couple of courses again with the NHS leadership academy"* (YDUPMU: now band 8)

Being attentive to staff growth and learning needs was inherent to PI, and workers felt very frustrated if they were left to stagnate, or were given work to do that they did not have the skills for, and skills-training was not forthcoming. For some, this was enough for them to consider leaving the organisation.

> *"The reason I had to leave my previous workplace, especially because they did not recognise my potentials or my skills. I know the people who got a job even though they didn't have a degree, like I didn't feel like my skills was like, you know, recognised and appreciated."* (YDUPMU)

> *"I have, I have been looking for other work, or just retiring…. We didn't really get all of the training we had to do an awful lot of it on the ward, so, you feel a bit out of your depth when you don't know what you're doing"* (3PU7D5)

4.4 Theme 3: Barriers and Paradoxes in Developing and Sustaining Professional Intimacy in Agile Working

Whilst we have so far described how PI is key to the implementation of effective agile working environments, we also noticed many hurdles that could prevent its development, and outline these in this theme.

We identified obstacles to the development and maintenance of Professional Intimacy specifically relating to pressures on time, paradoxes in the use of trust that can result in the emergence of surveillance cultures, and difficulties with managing boundaries. This theme will be important for management to consider if they are hoping to adopt agile working practices, as without attending to these barriers and paradoxes, PI development could be significantly compromised or eroded.

We found that the most significant barriers to PI were best captured by 3 categories relating to (3.1) Time barriers, (3.2) Trust and surveillance barriers, and (3.3) Boundary barriers.

4.4.1 Category 3.1 Time Barriers
Participants reported that when time could not be made available to develop or sustain PI, then it invariably suffered. This occurred when (3.1.1) Informal use of time was not valued, (3.1.2) Work intensification and 'busyness' was rife, and (3.1.3) When there was a lack of a psychological 'commute' to reflect and decompress.

> ***3.1.1 Informal use of time is not valued*** involves the leader allocating their time with the team to primarily focus on work or project goals, offering little opportunity for informal and humanising exchanges. This reflects a misconception that work time should be filled only with directly relevant work tasks, whereby developing relationships and engaging in informal exchanges is not seen as 'real' or valuable work. Core to the concept of PI is the notion that without developing supportive, trusting, caring relationships with others (which in itself requires time and effort), good work may not be achievable in the long term, especially in agile working

life, where parameters for connections have substantively changed. Participants reflected on the problem of only experiencing formal exchanges with the leader:

> *"When you, when you set up a meeting, you've got a sort of defined period of time and you've got a kind of purpose for that meeting, ….it can, just, it feels it could be a little bit more informal. Even when you've got some, you know, you might still have the same sort of things that you want to discuss." (7M59IP)*

> *"That was the only time he would have an informal conversation…, um, our team, our meetings … were very formal until the ending, when you would sort of wind down a bit." (5JOH3Z)*

> "*That's kind of, humans have just the general chit chat, which again sounds quite, and it almost sounds a bit insignificant. And that's, that's my worry I guess that …it's not insignificant and it may be… kind of, I don't know, like humanises [meetings] in a way, and also helps, helps the relationship…" (OLDRKE)*

  3.1.2 Work intensification and 'busyness' represents the problem of a lack of time – when work time is so pressured that there is no slack in the workload to schedule opportunities to catch up with colleagues and support each other. Participants noticed that when people were busy, they worked longer hours and let chitchat with colleagues fall by the wayside, to the detriment of PI:

> *"[We need to say] 'Let's get a cup of coffee. Let's log on together and let's have that quick chat, that's probably not work related, doesn't need to be work related, and just make sure that everybody's OK.' I, I didn't find much of an appetite for it in the patch. To be honest. I, I tried it a couple of times. Didn't really work. People were too busy". (JY7H4G)*

> *"That's exact, that's exactly what their life is like. It is back-to-back. So what you've not been able to do is slot in that 15 or 20 minute coffee break. What I call a coffee break. Or I, I'm what, you know, the corridor conversation that needs to happen. It's then very, very difficult to try to do that virtually. We try, but it's very, very hard to do it." (ERZRPL)*

> *"It's purely just firefighting. You know, there are so few of us working at the moment because of one thing or another. Um, and you know, it's prioritizing, isn't it, you know, the people in the hospital can't always facilitate a wellbeing check for, you know, the people who are working from home. And, and that's fine because I'm safe here and I'm happy here [at home], but I will say just feel quite isolated." (ROONRG)*

  3.1.3 Lack of the psychological commute. We adopted this new term to reflect a concept of having no time to decompress in agile working. For example, online meetings were reported as being more likely to be organised back-to-back, without any time between them for workers to consolidate, think about or disengage from one topic before having to engage with the next. Workers also referred to the lack of transition time between work and home domains, which meant that opportunities to offload work issues before 'returning' home was often not possible. Not having time to properly decompress between meetings or domains, meant that leaders could not adequately process the needs of their team. If this was overlooked, it posed a risk to PI and productivity.

> *"We [used to have] kind of a bit more space between meetings, a bit more reflection time. You know, those, those driving from meeting to meeting allowed us to think about the discussions, perhaps that we had had, just had, that maybe didn't seem significant at the time, but when you go over it in your head and work in a reflective way, which I really think we need to be doing in our kind of role. …I think you know just having loads of appointments in your diary back-to-back to back…. we shouldn't be doing that way of work and nobody should because it's not good no matter what your role is. It's, it's, we shouldn't be doing it. … You know, it might look more productive on a page, but I'm not convinced that it actually is productive in real life." (OLDRKE)*

> *"You and I both know we can go from one virtual meeting straight for another virtual meeting straight to another virtual meeting. And really and truthfully, from my colleagues and myself, that's exactly how our diary pans out, and you know…. there are still some days in my diary where there are no breaks." (0ERZRPL)*

> *"One of the things they found is that when when it's the end of the day and they finish work. They don't have that opportunity to transition between being at work and then suddenly being mum. …There have*

been times when they've said 'we, we, need to go in the office because we need that separation between work and home'." (OXX8AC)

4.4.2 Category 3.2 Trust and Surveillance Barriers

In this category, we found that PI suffered when leaders had difficulty in trusting their team. This could involve them engaging in too much 'overseeing' of people's work. Paradoxically, we also found that PI suffered when leaders' excessive trust in their workers meant leaving them to deal with challenges without providing guidance and support, almost reneging their responsibility for oversight. In this category, we noted the following issues: (3.2.1) Leaders unable to trust staff to do their work, (3.2.2) The paradox of trust.

3.2.1 Leader unable to trust staff to do their work. This refers to problems the leader had in trusting people to be productive when they couldn't physically see them. Leaders sometimes struggled with the loss of oversight that they had on all aspects of their team's operations when they team had become dispersed through agile working. Leaders admitted this was anxiety-provoking as they had to rely on their team to deliver when they had less opportunity to monitor this:

> *"One of the things that I thought I might have anxiety about was how do I know they're really working?" (OXX8AC)*

> *"…working predominantly from home, that can be tricky to do because [my team] can be a bit elusive at the best of times and it's even harder when I'm not on site to be able to get to them…. I knew there was quite a lot of animosity and within other teams that were working from home and you know some managers were doing everything they could to try and force them into the office." (7E22TJ)*

> *"[In physically co-located spaces], even if you're not in conversation with somebody, you can pick up the observational stuff about how somebody's feeling, what they're working on, whether they're distracted, whether they're focused on what they're doing, whether they spend a lot of time chatting with, with, with colleagues in the office, and their productivity is not where it needs to be. You, you miss those opportunities when you're working remote, so there is an element where you have to rely on somebody's self-motivation, and you have to trust them to be putting in an honest day's work for an honest day's pay." (1UGMNL)*

> *"Obviously for me personally, you know losing as much contact as I used to have with individual members of staff. I really don't feel I know quite as much as I used to about what's going on for folk. You know, I know bits, but I, I know bits. And whereas, I [used to have] a really good feel for, you know how most of my departments felt and how most of them were running." (SCZB14)*

3.2.2 The paradox of trust refers to how workers felt trusted and even empowered when their leader left them to 'get on with it', seeing this as a rewarding outcome. However, paradoxically, in being attributed such autonomy, they were often lacking the direction and leadership required, potentially resulting in a form of leader neglect.

The pleasure and affirmation experienced by being left alone was evident here:

> *"I would have thought my manager [trusts me] because she more or less leaves me to get on… She pretty much leaves me as well to get on and do what I need to do." (P5AF09)*

> *"I don't get told what to do. I just kind of get out and get on with it. I mean, um, you know, I don't need my hand to be held and for people to say, well, you need to be doing this. I think he's quite pleased with what I'm doing. Cause I just get my finger out and get on with it really. And he doesn't have to babysit." (79RJHD)*

> *"They let you go with your autonomy. They're not micro managers either of them. I think that's really good…. But it's not just anybody checking up on you or anything 'cause you've got your work to do. You got to get through that work. It's nice that they trust you to do that." (RYUFQ3)*

Managers justified this laissez-faire approach as acceptable, believing that workers would get in touch if they needed to:

"I know that they're both very good and will only contact me if they've got a real problem. They'll always try and sort it out themselves. I have complete trust in them as far as that's concerned." (XY4LH2)

"[My direct reports] just done it themselves and did not raise any issues, so I, rightly or wrongly assumed that you know they, they will raise issues if they have them." (OXX8AC)

However, others were concerned that being left alone was not always appropriate, and could be indicative of a lack of PI:

"I did as much as I could to avoid my boss. If I'm honest, I wouldn't seek out support. I wouldn't seek out anything from her because… nothing that she could say was making me feel any better and I just wanted her to leave me alone because I could get on and do my job… So, my boss pretty much leaves me to my own devices if I'm honest. Would she notice if I wasn't taking regular breaks? Probably not" (OXX8AC)

"If I look at the junior people in my team, I think they have to be led. They have to be guided through every single step. So being able to see an image of the starting point or something and where they need to get to, to be able to have that vision and then be able to work out how to do some of that." (1UGMNL).

This is a concept that requires further exploration and reflection for the NHS. There is no doubt that participants reported that they liked being left to their own devices, but it is worth being aware that this can mean people are not given the direction and guidance sometimes needed (even if they aren't aware that they need this), and can mean that without PI in place, people will feel unsupported or may flounder.

4.4.3 Category 3.3 Boundary Barriers

In this category, participants reported that in agile working environments their private time, space and role boundaries (e.g. home and work) could be infringed, with leaders finding it difficult to pick up on work cues because of online barriers. This could be especially problematic when people became territorial of, or resistant to, particular ways of working. We found concerns here in relation to: (3.3.1) Privacy and self-disclosure, (3.3.2) Missing contextual cues, and (3.3.3) Being entrenched in one domain or way of working.

3.3.1 Privacy and self-disclosure. In agile working environments people are often engaged in work patterns that can result in 'home' and 'work' boundaries overlapping or crossing. Workers may feel uncomfortable about this and may not want their 'private' or 'personal' worlds and spaces to be visible to, or accessed by, colleagues. They may be reticent about sharing or disclosing representations of self (e.g. anecdotes from personal life, visuals from personal space). This needs to be carefully handled so that PI can develop in a sensitive way without people sharing beyond what they are personally comfortable with. In this study, there were some attitudes conveyed by leaders that suggested they believed that access to people's personal worlds or spaces was a necessary part of PI and that getting to know people, or trying to support people, required such access. For example, the following Participants discussed how they wanted to be able to visibly see colleagues when they were communicating from their personal home spaces, wanted to ask them about their personal lives, and wanted to engage in close personal contact:

"I think definitely, definitely [people should have their] screens on [in meetings]. I think it is a is a really important thing for people to have their, their screens on." (HUQJ5B)

"It's easier to have discreet, intimate conversations with people at home. I mean, by intimate, I just mean the sort of digging down into the details of what's going on in their lives for them, so people don't always want to be particularly open, do they about their home lives. Uhm, and as long as I I don't go in, and question every last detail of it, but it's just sort of checking in and then perhaps probing to make sure that everything is alright with them." (5TLZSM)

"I did have one particular crisis that required some really intensive support and it just doesn't feel like you're providing it in the right way remotely. It's the kind of thing where you want to be there, and wanna

> *be able to put your hand on their arm, or, or, hold their hand or or, or, whatever, when, when, there's a crisis and you know that that person is in need and you can't. You can't do that." (QTB21W)*

Whilst this may all be well intentioned, workers were clear that there could be a tendency for colleagues and leaders to overstep boundaries, which was uncomfortable for some people:

> *"I mean, one thing might be potentially a downside of it is that I think my communication with my manager may not be limited to work normal working hours. So we do have a tendency sometimes to continue chats in the evening, or, or, you know, occasionally, over a weekend or something. Which, if, if we were working purely in the office it would probably be more boundaried, and we would have those conversations at work and we wouldn't be doing it outside work." (LQ2KKV)*

And some workers disliked allowing work to have access to their homes and family spaces:

> *"The toxicity of the work that I was doing in my safe space, which is my home, which should be my sanctuary, as far as I'm concerned. Uh, and the exposure of my family to some of the stuff." (NVJIA0)*

A challenge here is to consider how PI can be developed without requiring access to people's personal lives (whether visibly, socially or practically).

3.3.2 Missing contextual cues were noted as a potential problem of engaging in agile working practices within virtual, rather than physical, spaces. Participants showed concern that cues about people's work or state of mind could be missed when they were not physically present with them.

> *"It's all the informal stuff that give you a sense of who that person is. You don't get any of it online, really." (9HTT89)*

> *"And people pick up on your body language, or, or, those sorts of things within a [physical] team. That's quite hard to do over Teams and you're not standing in the office with someone all the time, so they may not know if you're having a bad day or you're, you're struggling with something." (HUQJ5B)*

> *"The emotional interaction on Teams is not the same as an emotional interaction in the office. You have to be much more overt, much more observant to see how people might be reacting to what you're saying. That would be in facial expressions, body language. It might be how often they switch their camera off. Those kind of signals might, might help you to determine how people are receiving what you're saying." (1UGMNL)*

> *"There is a negative impact, small negative impact to that, so that ability not to be able to interact with colleagues and also pick up on issues that they may have, or issues that I may have and therefore the sharing of a solution". (ERZRPL)*

Whilst a lack of contextual cues was seen as a restriction in detecting people's problems, arguably if PI has already been established then colleagues may be more forthcoming about expressing their needs and struggles, meaning the lack of cues could cease to be an obstacle.

3.3.3 Being entrenched in one domain or way of working. Here we noted that, contrary to the premise of agile working, agile workers could become used to working in particular ways to the point where they resist opportunities to connect with people differently, or move outside of their comfort zones. This can make them hard to reach, and can prevent PI from developing. In particular, this was a salient concept when people expressed how convenient it was to be working from home, to the point where they did not want to return to the office. For quieter workers, this was seen as particularly uncomfortable and something they resisted:

> *"Um, I need to be somewhere quiet. So on the one hand, I want the company, the other hand, I need to be shut in a cupboard where there's no noise. Providing, I get a little bit of interaction with, with human beings every now and again, I'm pretty happy with where I am." (79RJHD)*

> *"It was quite unusual at the beginning, but then I got used to it so now, so I'm quite happy to actually not see anyone [shy, doesn't like presentations]" (HKURFP)*

To be truly agile, workers need to understand that they may need to change how, when and where they work. Establishing PI can be a way of helping workers feel more secure about making changes and can help them to safely challenge their reticence.

4.5 Theme 4: The 'Dark Side' of Professional Intimacy

Whilst we identified a wide range of benefits to experiencing Professional Intimacy with one's leader and one's team, it was apparent that there could be some potential downsides to this too. This has already been alluded to in code 3.3.1 (privacy and self-disclosure) whereby, in an effort to develop PI, some workers and leaders overstepped boundaries and tried to force personal or private access. Whilst we would argue that the presence of PI would prevent such mishaps (i.e. it is the lack of PI, rather than PI itself that could create the code 3.3.1 problem), Theme 4 primarily refers to the deleterious effects that might be found when PI *is* present.

As such, the 'dark' side of PI outlines how the creation or upkeep of PI can have adverse effects on the leader themselves by depleting their psycho-social resources in their support of others. It also refers to how excessive or misapplied PI can result in leadership behaviours that infringe others' privacy. Taking these 'dark side' aspects of PI into account, and mitigating them, is important for leaders, because, even when PI has been secured with their team, there is still potential for it to be eroded if not managed carefully.

We suggest that the 'dark side' of PI is evident in categories of (4.1) Effortfulness, and (4.2) Empathy and goodwill infringements.

4.5.1 Category 4.1 Effortfulness
It was acknowledged that to create and sustain PI within a team, energy and effort from the leader was required, especially in agile working environments, where connections were not always easily accessible. Within this category, Participants reported issues relating to (4.1.1) Leaders needing more time and resources to nurture PI in their teams, and (4.1.2) Risk of leader burnout.

4.1.1 Leaders need more time and resources to nurture PI. Within agile working environments, leaders needed to be given more time and resources (including digital resources) to facilitate and sustain effective PI. PI work could be time-consuming and depleting and required extra levels of effort. This was tough, during periods of pressure, in particular. Leaders may need to be persuaded as to the benefits of PI, to see such investment as necessary and valuable.

> *"I think I have to put more thoughts into the interactions I have with the team…. I have to constantly bolster them and prop them up because I can see the stress that they're under..." (OXX8AC)*

> *"I always look after my staff, but I feel like I have to give more time to my staff continuously during this pandemic. All the sensitivity and distress and like, you know, they're looking after, almost mother looking after your children. But I have to be more supportive. … I have to like, make keep them going. Motivate them." (YDUPMU)*

Leaders found that when they were especially stretched they could easily forego PI work, protecting their own time and energies, but potentially at the expense of effective team PI:

> *"I tend to be the one that people come to when they've got queries, whereas if they've got to phone me, they'll ask around or think about other things and stuff like that with it. So [remote working has] allowed me to have a bit more time protected, to be able to get on with some of the projects and stuff that I need to do." (XY4LH2)*

4.1.2 Risk of leader burnout. As alluded to above, when leaders felt that they needed to always be available, and in taking on other people's problems and stresses, it resulted in them neglecting their own work and needs and potentially experiencing work stress and burnout. Fostering PI at work meant being exposed to people's concerns and worries on a regular basis, and this could accumulate to create problems with coping.

> *"I'm doing funny, happy, energizing [things] for everybody. Yay. Saying great things, I'm, I'm almost overdoing it, to make sure everybody is OK and that leaves me feeling pretty knackered." (QO3J04)*

Several of the leaders we spoke to talked about how they try to preserve some time to themselves, and time to engage in self-care.

> *"I think the, the discipline around making sure I've got spaces in my diary for, for quiet time. I need to, I really do need to do that, and apart from anything else I can be in this office from 8:00 o'clock in the morning till 7 at night and never leave it, other than to go to the toilet and get a drink. So at some point I need to set some time… I need to be disciplined about making sure I have regular spaces in my day and my week to give myself some, some quiet thinking time and not push myself" (1UGMNL)*

> *"I would like to resolve those issues regarding burnout. We also have a compassionate leadership training, which, which teaches us to be compassionate to ourselves as well as to our colleagues. Being kind to ourselves and others." (QTB21W)*

However, for workers, if their leader became so burned out that they were no longer available to them, this was a threat to PI.

> *"So, [my boss's support] waned over the course of the pandemic. At the beginning of the pandemic it was stronger and then slowly, slowly with the workload increasing, it became less and less, and so I would say it probably wasn't as good as it could have been at the beginning of that the three months, but after the three months it's, it's been a lot less." (QTB21W)*

It is likely therefore that a balance of attending to one's own needs as a leader, without ignoring those of the team, is a delicate and difficult balance to achieve. The NHS would do well to work on ways in which this can be addressed.

4.5.2 Category 4.2 Empathy and Goodwill Infringements

This category reveals that when leaders establish trust and goodwill with workers, this could be (consciously or not) exploited, by neglecting staff, or asking too much of staff, with lower risk of refusal or repercussions. This category was supported by codes for (4.2.1) Leaders taking advantage of workers' goodwill and work ethic, and (4.2.2) Compensatory empathy.

4.2.1 Leaders take advantage of workers' goodwill and work ethic. When workers felt trusted and supported, they could be asked to take on more load in order to relieve their team, running the risk of them becoming overloaded themselves in the process. Participants seemed to be proud to be able to help voluntarily, leaving them highly susceptible to this concept.

> *"We had some staff move and he said, look, can you pick this up? So I'm now doing the role of three people, um, which is fine. We can juggle a few balls in the air. He was sort of happy to give that to me. And I think, well, if he hadn't thought, I couldn't do it, then he wouldn't have given it for me" (79RJHD)*

> <When asked if they wanted to be compensated for going the extra mile>: *"No - almost opposite - happy to go beyond for nothing" (YDUPMU)* and *"[I'm] very lucky like that I can get paid for it, but I choose not to" (RYUFQ3).*

Despite the pleasure that could be found in stepping up, and despite this being part of what constitutes PI, we also received reports of a downside to being helpful. For some participants,

where their helpfulness went beyond the boundaries of fairness, they began to develop resentments towards their team or leader.

> *"I was quite flexible to change my working hours at the beginning to suit other people to be in the office. But then I got fed up of working so late because I, I used to work like from 2:00 to 8:00 o'clock in the office to allow other people to work in the morning. And then I was questioning why. Why should I being the only person changing my working hours? …The chief nurse was not very supportive of this [attitude] because she was saying, 'well, we are one team and we need to support each other' and I, I said, 'I'm quite happy to do this but not all the time because it's not part of the my role and I don't think it's right thing to do and, and it's a waste of my time and, and it's wasting money as well'." (HKURFP)*

It might be the case, therefore, that whilst leaders can take advantage of people's goodwill and desire to help in the short-term, if this becomes a long-term solution to resourcing or staffing problems, PI could be eroded and generosity could quickly expire.

4.2.2 Compensatory empathy refers to a new concept that we identified and refers to how, when leaders became unavailable or distant, workers appeared to compensate for this by developing an 'empathy' with their leaders' workload demands. This protected leaders from critique or an acknowledgement of a lack of leadership. PI is a positive resource for teams – it can help teams to get through tough times by cutting each other some slack, and showing awareness of each others' difficulties. However, this concept recognises that empathy could also be used as compensation for a lack of leadership that could potentially put workers at risk. It was interesting here that workers expressed their empathy with kindness and forgiveness, unaware that their leader was potentially doing them a disservice. For example, in referring to their leader's lack of leadership, 79RJHD repeatedly referred to the leader as 'a lovely bloke'. Characteristic of this concept, workers were keen to offer excuses for their leaders' shortcomings:

> *"Because of course he is also very, very busy. So I think that it's probably not by his intention, but I think [his leadership] probably is less supportive" (QTB21W)*

> *"I haven't had a conversation with her for six weeks… [But], I was pleased to have had her time because she's very busy and, you know, I think it's a reflection on her that she has every intention of being the best manager. She's just hindered by the fact that her job is so busy. And, you know, sometimes she can't do the management side of her job, because she's dealing with so many other things…. I don't think it's any fault of her own. She's, you know, she's just a human being at the end of the day." (ROONRG)*

Whilst this concept reveals the many benefits of PI as a phenomenon, it also should serve to remind leaders of how easily workers can be overlooked when kindness, trust and support is inherent in their relationships with their managers. This can also be seen in the 'dark side' aspects of the paradox of trust code (3.2.2).

Over the page, Table 4.1 now summarises the key themes, categories and codes relating to this research project.

Table 4.1. A Framework of Professional Intimacy as a key resource for effectively leading agile workers

Theme 1: Defining and Expressing Professional Intimacy			
In work relationships, Professional Intimacy involved: feeling seen, heard and understood; having reciprocal trust and a safe space to self-disclose or share without judgement; showing empathy, care and compassion based on individual needs, different roles and demands. In exercising this, people's professional and personal boundaries were respected and any self-disclosures made were voluntary.			
Category	**Definition**	**Code**	**Definition**
1.1 Developing caring and empathic relationships	Making friendly, meaningful connections with others that encompass supportive, trusting and caring social exchanges.	1.1.1 Developing social psychological connections	Making friendly, meaningful individual connections through conversation and chitchat. Listening to colleagues and showing an interest in them. Remembering personal information about colleagues so that they feel seen and heard.
		1.1.2 Fostering trust, safety and openness	Developing atmospheres of reciprocal trust where colleagues feel safe to express themselves and their needs openly without fear of blame or judgement
		1.1.3 Noticing and caring for each other	Showing care, compassion and support to colleagues and noticing when people need help.
1.2 Showing understanding of others' roles and needs	Understanding that different roles, goals and personal circumstances place different demands on people at work. Showing empathy and accommodation for these differences.	1.2.1 Being flexible and adaptable to others' needs and circumstances	Developing awareness of individual needs and being flexible about how to accommodate these.
		1.2.2 Demonstrating cross-role understanding	Understanding that all roles afford different challenges. Being sympathetic to these, and trying to help where possible.
Theme 2: How Leaders Foster Professional Intimacy in Agile Working			
Identifying how leaders can foster Professional Intimacy in agile working contexts through the style they adopt, the behaviours they exhibit, the environments they create, the opportunities they provide, and in seeking and providing facilitatory resources.			
Category	**Definition**	**Code**	**Definition**
2.1 Leadership style	Identifying aspects of the leaders' interpersonal style and behaviours that engender reciprocal trust, companionship, support and care for the team and its individual members	2.1.1 Leader models Professional Intimacy	The leader 'leads by example' by showing empathy, trust, care and support in their exchanges with others, to build Professional Intimacy with their team.
		2.1.2 Leader is approachable and accessible	The team is able to access their leader when needed about issues that they feel need attention.

		2.1.3 Leader listens to and appreciates others' contributions	The leader actively listens to their team and shows the team appreciation through acts of gratitude and acknowledgement.
		2.1.4 Leader is clear, competent and in-control	The leader builds the team's trust, feelings of safety and manages expectations by communicating people's roles and responsibilities clearly, making decisions, being accountable and being in control.
2.2 Facilitating cultures of Professional Intimacy: time management	Allocating time to ensure that virtual contact is regular and available and ensuring that face-to-face time is also factored into working relationships to sustain and support online relationships	2.2.1 Leader encourages routines and structures for spontaneous engagement	The leader makes it a regular, everyday part of virtual life to check in and exchange conversation about what has been happening.
		2.2.2 Leader timetables face-to-face contact	The leader appreciates the need to occasionally meet up as a team face to face, and organises events/meetings to facilitate this.
2.3 Facilitating cultures of Professional Intimacy: belongingness practices	Creating a climate for people to exchange supportive conversation, and provide opportunities for colleagues to get to know each other. The leader may put in place practices that allow them to facilitate one-to-one exchanges with those who are facing more challenging demands and provides a safe space for addressing these.	2.3.1 Leader encourages and facilitates a climate for good mental health	Conversations about mental health are normalised and the leader supports people to prioritise their mental health through good practices (e.g. taking breaks, challenging long-hours cultures).
		2.3.2 Leader encourages camaraderie and team spirit	In periods of intensive or important work, the leader encourages teams to come together and develop an 'all in it together' mindset, meaning people feel proud and supported.
		2.3.3 Leader provides onboarding and socialisation opportunities	The leader actively takes time to introduce and integrate newcomers into the team and offers support in socialising people who find it hard to 'connect'.
		2.3.4 Leader makes the most of the online environment	The leader recognises opportunities to use online contact to their, and their teams, advantage. For example, to be used as a safe and easy way for direct reports to confidentially express concerns and have one-to-one exchanges with them, and for people to meet, share and form relationships.

| 2.4 Practical 'agile' resource provision | The leader is mindful of what is required for different workers to flourish and succeed in their work in an agile environment. They seek and provide the resources to facilitate this. | 2.4.1 Leader provides resources, equipment and infrastructure for agile work | The leader considers what is required to work in an agile way, in terms of time, place and role domain requirements, and provides this. |
| | | 2.4.2 Leader attends to learning, skills and growth needs of agile workers | The leader is aware of what their direct reports need to develop their skills or careers and provides opportunities to help them grow. |

Theme 3: Barriers and Paradoxes in Developing and Sustaining Professional Intimacy in Agile Working
Identifying obstacles to implementing an agile working environment with Professional Intimacy at its core, and understanding where paradoxes might emerge in facilitating Professional Intimacy.

Category	Definition	Code	Definition
3.1 Time barriers	When time cannot be made available to develop or sustain Professional Intimacy	3.1.1 Informal use of time is not valued	The leader allocates time with team to primarily focus on work or project goals with little opportunity for informal, humanising exchanges.
		3.1.2 Work intensification and 'busyness'	Work time is so pressured that there is no slack in the workload to schedule opportunities to catch up with colleagues.
		3.1.3 Lack of the psychological commute	Workers do not have time to consolidate, think about and disengage from one meeting before they have to engage with the next. Further, when working from home, people are moving quickly between work and home domains without having time to decompress.
3.2 Trust and surveillance barriers	Leaders face difficulties in trusting their team, engaging in too much, or paradoxically too little, oversight of what is going on.	3.2.1 Leader unable to trust staff to do their work	Leader finds it difficult to trust that people are being productive when they can't physically see them.
		3.2.2 Paradox of trust	Leader leaves staff to get on with it, which means workers feel trusted and autonomous, but also neglected and without clear direction.
3.3 Boundary barriers	Workers may feel that their private time, space and role boundaries are being infringed and leaders may find it difficult to pick up on contextual cues because of online barriers. This can be especially problematic when people become	3.3.1 Privacy and self-disclosure	Workers may not want their private worlds to be made visible to colleagues and so are reticent about sharing or disclosing representations of self (e.g. anecdotes from personal life, visuals from personal space).

		3.3.2 Missing contextual cues	Beyond the physical world, contextual cues about a person's work or state may be missed.
		3.3.3 Being entrenched in one domain or way of working	Workers become used to working in particular ways to the point where they may resist opportunities to connect with people differently, or move outside of their comfort zones. This can make them hard to reach, and can prevent PI from developing.

Theme 4: The 'Dark Side' of Professional Intimacy
When Professional Intimacy is secured in agile working, what do leaders need to be aware of in terms of its potentially negative repercussions?

Category	Definition	Code	Definition
4.1 Effortfulness	Developing and sustaining Professional Intimacy requires energy and effort from leaders in an agile environment.	4.1.1 Leaders need more time and resources to nurture Professional Intimacy	Leaders need to be given more time and resources (including digital resources) to facilitate and sustain effective Professional Intimacy
		4.1.2 Risk of leader burnout	If leaders feel they need to always be available, and if they take on other people's problems and stresses, it can result in them neglecting their own work and needs and experiencing stress and burnout.
4.2 Empathy and goodwill infringements	When leaders establish trust and goodwill with workers, this can be (consciously or not) exploited by neglecting staff or asking too much of staff with lower risk of refusal or repercussions.	4.2.1 Leaders take advantage of workers' goodwill and work ethic	When workers feel trusted and supported, they may take on more load in order to relieve others, running the risk of becoming overloaded themselves in the process.
		4.2.2 Compensatory empathy	When leaders become unavailable or distant, workers may compensate for this by developing an 'empathy' with their leaders' workload, failing to critique or acknowledge the lack of leadership.

4.6 Summary

The interviews provided a rich and detailed insight into how NHS workers experienced agile working, during a time of change and significant pressure. Professional Intimacy was revealed to be a key resource that could sustain people and offer a lifeline of support, allowing people to feel heard, acknowledged, appreciated and cared for. Leaders needed to work hard to develop PI, especially when time and resources were stretched, and when workers had different needs and accessibility. Leaders also needed to be mindful of the potential for PI to lead to boundaries being infringed and goodwill being exploited. PI should be developed to help teams to feel a sense of belonging and worth, but leaders needed to understand that PI could be abused by the very willingness and selflessness that it encourages. As such, in Section 5 we reflect on our findings and suggest a number of good practices that the NHS may like to consider adopting.

5. Conclusions and Recommendations

In this study, we asked '*what is required to effectively lead an agile workforce in the NHS?'* Following our interviews with 32 NHS agile workers and leaders across a range of pay bands and from five participating NHS Trusts, we identified an answer to the question.

Our participants indicated that a key resource, that we have labelled 'Professional Intimacy' is necessary to effectively support and facilitate NHS agile workers who transition between working times, places and roles, whilst responding to changing organisational and personal goals. Professional Intimacy (PI) involves voluntary self-disclosures of thoughts, feelings, information and needs over time that leaders respond and attend to without negative judgement or repercussions. PI involves workers: (i) feeling seen, heard and understood, (ii) experiencing reciprocal trust and a safe-space to self-disclose or share, (iii) showing empathy, care and compassion to colleagues, and (iv) respecting professional and personal boundaries.

When PI is in place, a diverse range of working patterns and structures (agile working) are more likely to be supported appropriately. When PI is absent, workers may flounder, unable to express themselves or receive support to work effectively. In leading an agile workforce, leaders need to develop and facilitate PI with their teams, and also need to be in receipt of resources to help them to do so. Our research indicates that when leaders can foster cultures of PI, and are supported and valued for this, agile working is more likely to be implemented and sustained successfully.

5.1 How can these findings help the NHS?

The recent Messenger report (2022) acknowledged that in the post-pandemic era of the NHS, leaders face a range of new challenges and demands. It highlights how teams in the NHS are now dispersed and distributed across levels, places and providers**,** as new agile working practices take hold. The Messenger report calls for leaders to galvanise a 'team-centric' approach to leading – looking 'down' at what their staff and patients need and putting in place work structures and practices to satisfy such needs. Leaders are asked to allocate less time to satisfying political or governance demands by looking 'up', in order to apply this team-centric ethos in an NHS that promises to be 'flexible by default' (The NHS People Plan, 2020).

Such calls perfectly exemplify the challenges faced by 'connecting leaders' (Jaser, 2020). Whilst the Messenger report may suggest that leaders need to focus on their teams and patients, this is only possible if time, resources and capacity is made available. Further, for leaders to put in place new and innovative work solutions that address team and service user needs, they need to negotiate how these will land at a political and senior (Trust, government, etc.) level (Jaser, 2019). Ambidextrous leadership theory suggests that to be effective in agile, dynamic environments, leaders need to be able to identify novel, game-changing and inspiring solutions but also to persuade others to buy-into such vision, and secure the resources to structure and propagate such change (Rosing et al., 2011). This fits with the suggestions made in the NHS People Plan report (2020) that employers need to provide tangible support, including suitable equipment, to support agile working (page 16), and also need to encourage climates for good mental health to discourage long hours and intensified work cultures (page 18). We identified these needs in Category 2.4 and note that this requires support and investment from above. Such outlay is theoretically advantageous as, according to COR theory (Hobfoll et al., 2018), an investment in resources will allow further resources (e.g. a happy and competent workforce) to be garnered. Aligned with this, the NHS Confederation emphasises that real long-term change can only be engineered if leaders receive tangible resource investment to support the next phase of the NHS workforce evolution.

This research indicates that investing in the development of the Professional Intimacy resource is an essential first step to really hearing, acknowledging, and responding to what the NHS workforce needs, and delivering on this. If workers do not feel heard, and their personal goals for flexibility are not met, then there is a strong likelihood that staff will leave to seek more permissive job opportunities (NHS People Plan, page 19). Health Education England states that:

"Leaders who model compassion, inclusion and a focus on improvement are key to creating cultures where diversity is valued, people feel they belong and are empowered to deliver great care and patient experience."

As a result of this research, we therefore now strongly recommend that NHS agile workforce leaders are encouraged to develop their skills for fostering PI with their teams, and are given the necessary time and resources to do this without compromising their own effectiveness and well-being. In the following sections we provide guidance as to what leaders can now do (section 5.2) and what leaders need (section 5.3) to facilitate PI in agile working. However, it should be noted that the concept of PI is novel and therefore the evidence on how to develop and sustain it is limited. The recommendations below are based on the successful experiences of our Participants, but judgement should be used as to whether each recommendation is appropriate in different Trusts and circumstances. We also suggest (and elaborate in our cautionary notes – section 5.4) that truly agile work requires innovative thinking and continual responsiveness to changing needs. Therefore, our recommendations should not be seen as prescriptive, but as a starting point to encourage practices that will inspire different, and more effective ways of working both now and in the future.

5.2 Facilitating PI: What leaders can do
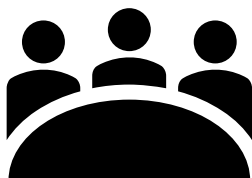
1. **Conversation pods**
   This involves making time to regularly connect the team, to engage in conversation and chitchat where the focus is not just on work, but also people's well-being and news. This is important in developing Professional Intimacy. Having established boundaries for communication (to avoid intruding on people's privacy), normalising and centralising opportunities for supportive conversations can be consolidated. Leaders can **use conversation pods to facilitate small-group exchanges, build relationships, and introduce newcomers to the team;** 'pods' can also be used to help connect more socially anxious or neurodivergent people. Conversation pods can be held online, using social media and platforms, but can also be via telephone. Leaders can organise pods for both teams and one-to-one conversations, **timetabled *and* offered as optional 'drop-in' sessions**. Leaders are encouraged to explain the importance of these informal forums and centralise this activity as essential to doing good work, rather than as add-ons or afterthoughts to other meetings and exchanges. We recommend that conversation pods are held on a daily or weekly basis. If any team members are regularly missing these then leaders should attempt to proactively connect with them to check that all is well. Regularly reporting back to the team on how conversation pods are fostering effectiveness and well-being at work will help to consolidate the importance of PI as a key resource in agile work.

2. **Appreciation forums**
   By organising regular opportunities to show appreciation to their team, leaders' engagement in **acts of kindness and gratitude** will help workers feel valued, cared for and supported. In addition, leaders are advised to encourage team appreciation when people with different working patterns come together in conversation pods to share insights about the positive and negative impact that agile working has on them. This should not be a 'commiseration' competition but a chance to bridge preconceptions and divisions that may exist. It will allow team members to have **insight into each others' working lives and can build compassion**. Encouraging an emphasis on listening with respect, leaders can help remove barriers of resentments and challenge egoistic attitudes that assume any one way of working has higher status and priority than others.

3. **Circumstance reviews**
   Leaders need to understand worker's personal goals, needs and circumstances and are asked to accommodate these wherever possible, in view of current organisational priorities and legal protections. Leaders will need to be careful not to impose their own arbitrary preferences for certain ways of working on others and are encouraged to support, rather than judge, their workers when they express their preferences. Leaders

who listen and provide safe, supportive spaces for workers to undertake their roles in ways that accommodate their needs and preferences, will reap the benefits. But **listening, and making accommodations, needs to be more than a 'one-off' exercise**. **Leaders need to engage in periodic evaluations of their workers' current working patterns, needs and circumstances**. It is important in agile working that people do not become entrenched in fixed work patterns, but can flexibly move between times, places and roles to ensure both organisational and personal goals are met as priorities and situations change.

4. **Self-care cultures**
   Leaders are encouraged to initiate conversations around the importance of: taking breaks, using annual leave, logging off after-hours, and making long hours the exception rather than the norm. Modelling commitment to this ethos is important for worker acceptance and to the leader's own well-being. Further, leaders should avoid offloading extra work to staff on anything other than an occasional 'firefighting' basis. Breaking existing 'resilience' and presenteeism cultures can be promoted by leaders not commenting (either rewarding or chastising) on workers who regularly flaunt working long-hours and a failure to take breaks, as a sign of commitment. Rather, **leaders are advised to praise and reward those who look after their mental health and well-being by lauding appropriate practices.** Leaders who report on the long-term benefits that can be had when the workforce engages in appropriate self-care, work recovery and respite practices, will consolidate this important message in their teams.

5. **Face days**
   In-person meetings and catch-up days are highlighted as a necessary regular occurrence for all teams. Whether this is on a monthly, quarterly or bi-annual basis, leaders need to put time aside for the team to **come together, foster connections and engage in exercises to promote camaraderie, understanding and team spirit**. It is advised that leaders evaluate the extent to which face days are needed (e.g. regularity and duration) and ensure that support is provided for those who may be reticent about attending, for personal reasons.

5.3 Facilitating PI: What leaders need

What do leaders need to foster Professional Intimacy in agile working?

Time	Well-being check-ins	Principles of PI training	Tools, equipment and resources

1. **Time**
   This is likely to be the single most important resource that can be offered to leaders to help build PI and support their teams. We suggest three ways in which time should be provided:
   i) **Regular contact with the team should be diarised and workloaded**. Running conversation pods needs to be an expected part of any agile leader's job role and part of their management objectives.
   ii) Daily **non-meeting time should be embedded in leader's calendars** (e.g. 2 hours a day where meetings cannot be organised) so that leaders are given the headspace to get on with their own work and priorities.
   iii) System programming to prevent back-to-back appointments is important – we suggest a **minimum of 10 minutes between appointments** to allow for the psychological commute and necessary comfort breaks.


2. **Well-being check-ins**
   Leaders need to be able to **offload to trained professionals** as they will often be exposed to their workers' personal problems and traumas, which can take a toll on their mental well-being if not disburdened. Leaders may also require advice on how to deal with their team's well-being, productivity and other issues, and need access to appropriate follow-on services. This support can be provided during regular well-being check-ins for leaders (with appropriate personnel) but also via online resources and links. Leaders should be mindful of confidentiality issues when discussing any team members in such forums.

3. **Principles of PI training**
    Professional Intimacy may be a new concept for many leaders and may require them to **develop skills for conversing with and supporting their team**. We suggest that leaders will especially need training on how to:
    i)   Listen without showing judgement
    ii)   Be approachable and empathic
    iii) Apply appropriate online conversational etiquette (e.g. use of appropriate language, respecting professional and personal boundaries, communicating appropriate etiquette to the team, etc.)
    iv)   Demonstrate clarity, decisiveness and accountability to the team
    v)   Model good PI behaviour
    vi)   Sensitively challenge entrenched ways of working
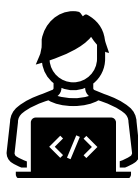
4. **Tools, equipment and resources**
    Leaders need to be able to **provide their teams with tools, equipment and resources** to support agile working. This also includes providing health and safety and occupational health evaluations of workers' structures, patterns and places of work. Leaders need to be able to update and refresh the provision of tools, equipment and resources as workers move between different roles, times and places of work and as technology and service needs evolve. Without the ability to properly support their workforce to work in an agile way, leaders will be restricted in their effectiveness, potentially undermining trust. However, given the constraints on the NHS, leaders should also be encouraged to utilise existing tools, equipment and resources in innovative ways, where possible, and need to be given **time and capacity to investigate opportunities** to extend such provisions.

5.4 Cautionary notes

In this research project, we utilised findings from 32 Participants across a range of levels and Trusts. We attempted to represent a broad demographic group in our interviewees, however it is noteworthy that some groups were under-represented. 22% of the NHS workforce are from ethnically diverse (or non-white) groups, and yet 94% of our sample categorised themselves as 'White British'. We also only interviewed one Participant from a band lower than band 4, although this could be because agile working may still be a preserve of the higher echelons of the workforce at present (Warren & Lyonette, 2021). In interpreting our findings, it should be noted that there are some voices presently missing, who may not share the experiences of those who were interviewed[9].

It is also important here to reiterate that agile working involves workers having a certain level of autonomy over their work, and that agile workers at all levels should be encouraged to

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[9] Please note that in each recruitment tranche we attempted to access diverse groups (see Table 3.2). A research project (lead by Dr Emma Russell) into the agile working experiences of workers from lower socio-economic status backgrounds is currently underway, funded by NHS Employers.

negotiate with their leader about what they need, in conjunction what the organisation and service needs. Developing PI is a way of ensuring that workers are authentically able to be heard and respected in expressing their needs throughout their careers in the NHS. Agile working is most effective when truly innovative practices are considered and implemented, as a useful solution to changing worker and organisational demands. Our research and recommendations should not be seen as prescriptive or limiting. We remind leaders to be mindful about where the barriers and dark side to PI may lie, but also encourage leaders to use the findings and suggestions in this report as a catalyst for bold thought about how genuine PI can be generated.

5.5 Final thoughts

Across all levels, the agile workers interviewed for this study were evidently caring, dedicated and committed NHS staff. It was notable that the agile workers who enjoyed Professional Intimacy (PI) with their teams and their leaders felt particularly appreciated, supported and acknowledged, even when sudden and significant changes to their established work patterns had taken effect. The presence of PI helped to foster climates of camaraderie, loyalty and psychological safety, where staff could express their needs, and have these attended to by their leaders, enabling a more flexible and responsive agile working environment.

In response to our central research question then, this study suggests that PI appears to be a key resource for effectively leading an agile workforce in the NHS. PI also appears to address many of the leadership and workforce solutions that the NHS is now focused on implementing (as detailed in the NHS People Plan, 2020 and Messenger report 2022, in particular). When leaders are able to garner PI in their teams:

- workers are able to express themselves to their leaders, so that leaders can understand and respond to their agile needs and changing priorities (Categories 1.1 and 1.2)
- workers will trust that their leaders are looking out for them (Code 1.1.2), and are focused on providing resources that will enable them to work effectively and safely in their roles (Category 2.4)
- workers can feel a sense of inclusion and belonging, and know that their team and their leader will be at pains to accommodate and be accountable for them (Category 2.3).
- the team will be at the heart of delivering excellent services across the NHS and shows how the NHS can be a place for flexible, sustainable and rewarding careers (Code 2.4.2).

To facilitate PI, this research indicates which behaviours and characteristics need to be developed in leaders (Category 2.1) and the new practices that need to be put in place (Categories 2.2 and 2.3). Leaders should be encouraged to overcome possible difficulties with trusting their staff (Category 3.2), should be encouraged to respect people's personal and private boundaries (Category 3.3) and should also be given the time to develop PI and its associated practices (Category 3.1). Without putting in the effort to develop PI, it is unlikely that it will arise of its own accord (Category 4.1), so leaders need to be supported with this (code 4.1.2) and be mindful of how the presence of PI can be a possible force for harm, if people's goodwill and sense of responsibility to others is exploited (Category 4.2).

We hope that the NHS is able to invest the resources now needed to support a continual, innovative and bold approach to NHS workforce and leadership development. This is the heart of what it means to be truly agile. With a concerted commitment to training leaders and setting management objectives in the behaviours and practices that can develop PI, the NHS will be well placed to supporting an effective and psychologically healthy agile workforce.

References

Alvesson, M. (2003). Beyond neopositivists, romantics, and localists: A reflexive approach to interviews in organizational research. *Academy of Management Review*, *28*(1), 13-33.

Alvesson, M., & Kärreman, D. (2007). Constructing mystery: Empirical matters in theory development. *Academy of Management Review*, *32*(4), 1265-1281.

Antonytheva, S., Oudshoorn, A., & Garnett, A. (2021). Professional intimacy in nursing practice: A concept analysis. *Nursing Forum, 56(*1), 151-159.

Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide*. Sage.

Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, *21*(1), 37-47.

Bryman, A., & Cassell, C. (2006). The researcher interview: a reflexive perspective. *Qualitative Research in Organizations and Management, 1 (*1), 41-55.

Burgelman, R. A. (1983). A model of the interaction of strategic behavior, corporate context, and the concept of strategy. *Academy of Management Review*, *8*(1), 61-70.

Chamakiotis, P., Boukis, A., Panteli, N., & Papadopoulos, T. (2020). The role of temporal coordination for the fuzzy front-end of innovation in virtual teams. *International Journal of Information Management, 50,* 182–190.

Charmaz, K. (2014). *Constructing grounded theory*. Sage.

Chen, W. Q., Wong, T. W., & Yu, I. T. (2008). Association of occupational stress and social support with health-related behaviors among Chinese offshore oil workers. *Journal of Occupational Health, 50*(3), 262-269

Collingridge, D. S., & Gantt, E. E. (2008). The quality of qualitative research. *American Journal of Medical Quality*, *23*(5), 389-395.

Corbin, J. M., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13(1), 3-21.

Curry, L. A., Ayedun, A. A., Cherlin, E. J., Allen, N. H., & Linnander, E. L. (2020). Leadership development in complex health systems: a qualitative study. *BMJ Open, 10*(4), e035797

Day, A., Crown, S. N., & Ivany, M. (2017). Organisational change and employee burnout: The moderating effects of support and job control. *Safety Science, 100,* 4-12.

Evans, N., (2022). *Our NHS People now and in the future*. [Retrieved 03/08/2022, from https://www.hee.nhs.uk/news-blogs-events/blogs/%E2%80%98our-nhs-people-now-future%E2%80%99]

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry 12(2*), 219–245

Halbesleben, J. R., Neveu, J. P., Paustian-Underdahl, S. C., & Westman, M. (2014). Getting to the "COR" understanding the role of resources in conservation of resources theory. *Journal of Management, 40(5),*1334–1364.

Henwood, K., & Pidgeon, N. (2003). Grounded theory in psychological research. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 131–155). American Psychological Association.

Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology, 6(*4), 307–324.

Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of resources in the organizational context: The reality of resources and their consequences. *Annual Review of Organizational Psychology and Organizational Behavior, 5,* 103-128.

Jansen, J. J., Tempelaar, M. P., Van den Bosch, F. A., & Volberda, H. W. (2009). Structural differentiation and ambidexterity: The mediating role of integration mechanisms. *Organization Science*, *20*(4), 797-811.

Jaser, Z. (2019). Bounded authenticity during strategic change. In *Academy of Management Proceedings* (Vol. 2019, No. 1, p.15129). Briarcliff Manor, NY: Academy of Management

Jaser, Z. (2020). *The connecting leader: Serving concurrently a leader and a follower.* Information Age Publishing

Kirkpatrick, I., & Malby, B. (2022). *What next for NHS management? Messages for Messenger.* [Retrieved 03/08/2022, from https://www.nhsconfed.org/long-reads/what-next-nhs-management-messages-messenger]

Lerner, H. (1989). *The dance of intimacy: A women's guide to courageous acts of change in key relationships.* Harper Perennial

Lin, S. H., Scott, B. A., & Matta, F. K. (2019). The dark side of transformational leader behaviors for leaders themselves: A conservation of resources perspective. *Academy of Management Journal, 62*(5), 1556-1582

Locke, K. (1996). Rewriting the discovery of grounded theory after 25 years? *Journal of Management Inquiry*, *5*(3), 239-245.

Lüscher, L. S., & Lewis, M. W. (2008). Organizational change and managerial sensemaking: Working through paradox. *Academy of Management Journal*, *51*(2), 221-240.

Lunkka, N., Jansson, N., Mainela, T., Suhonen, M., Meriläinen, M., Puhakka, V., & Wiik, H. (2022). Professional boundaries in action: using reflective spaces for boundary work to incorporate a new healthcare role. *Human Relations*, *75*(7), 1270-1297.

Mantere, S., & Ketokivi, M. (2013). Reasoning in the organization science. *The Academy of Management Review*, *38*(1), 70–89.

McAlearney, A. S. (2006). Leadership development in healthcare: a qualitative study. *Journal of Organizational Behavior, 27*(7), 967-982

Messenger, G. & Pollard, L. (2022). *Health and social care review: leadership for a collaborative and inclusive future.* [https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future]

Muetzel, P. A. (1988). Therapeutic nursing. In *Primary nursing: Nursing in the Burford and Oxford nursing development units* (pp. 89-116). Chapman & Hill.

Nayani, R. (2020). Leading and managing the occupational well-being and health of distributed workers. In C. Grant and E. Russell, (Eds.), *Agile working and wellbeing in the digital age* (Chapter 11). Palgrave.

Nayani, R. J., Nielsen, K., Daniels, K., Donaldson-Feilder, E. J., & Lewis, R. C. (2018). Out of sight and out of mind? A literature review of occupational safety and health leadership and management of distributed workers. *Work & Stress, 32*(2), 124-146.

NHS (2021). *Technical guide to the 2021 staff survey data.* [Retrieved 03/08/2022, from https://www.nhsstaffsurveys.com/static/6d625b29c2eecb3ca1b9522ad879f23b/P101614_ST21_Technical-document_Final_v1.pdf]

NHS (2020). *We are the NHS: People Plan for 2020/2021 – action for us all.* [Retrieved 03/08/22 from https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf]

NHS Confederation,. (2022). *The Messenger Review of NHS leadership: what you need to know.* [Retrieved 03/08/2022, from https://www.nhsconfed.org/publications/messenger-review-nhs-leadership#:~:text=The%20Messenger%20Review%20is%20a,in%20often%20incredibly%20challenging%20circumstances.]

NHS Employers (2021). *Staff experience: adapting and innovating during COVID-19.* [Retrieved 03/08/22, from https://www.nhsemployers.org/publications/staff-experience-adapting-and-innovating-during-covid-19]

Nonaka, I., & Takeuchi, H. (1996). The knowledge-creating company: How Japanese companies create the dynamics of innovation. *Long Range Planning*, *4*(29), 592.

Panteli, N., Yalabik, Z. Y., & Rapti, A. (2019). Fostering work engagement in geographically dispersed and asynchronous virtual teams. *Information Technology & People, 32*(1), 2–17.

Pettigrew, A., & Whipp, R. (1992). Managing change and corporate performance. In Cool, K., Neven, D.J., Walter, I. (Eds), *European Industrial Restructuring in the 1990s* (pp.227-265). Palgrave Macmillan.

Pidgeon, N., & Henwood, K. (1996). Grounded theory: Practical implementation. In J. T. E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp. 86–101). BPS Books.

Quick, J. C., Macik-Frey, M., & Cooper, C. L. (2007). Managerial dimensions of organizational health: The healthy leader at work. *Journal of Management Studies, 44(*2), 189-205

Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. In S. Duck (Ed.), *Handbook of interpersonal relationships* (pp. 367-389). Wiley

Rosing, K., Frese, M., & Bausch, A. (2011). Explaining the heterogeneity of the leadership-innovation relationship: Ambidextrous leadership. *The Leadership Quarterly, 22(5)*, 956-974.

Rosing, K., Rosenbusch, N., & Frese, M. (2010). *Ambidextrous leadership in the innovation process. In Innovation and international corporate growth*. Springer.

Russell, E., & Grant, C. (2020). Introduction to agile working and well-being in the digital age. Chapter 1 in: C. Grant and E. Russell, (Eds.), *Agile working and wellbeing in the digital age.* Palgrave.

Saldaña, J. (2015). *The coding manual for qualitative researchers*. Sage.

Söderlund, J., & Pemsel, S. (2022). Changing times for digitalization: The multiple roles of temporal shifts in enabling organizational change. *Human Relations*, 75(5), 871-902.

Sullivan, H.S. (1953). *The interpersonal theory of psychiatry.* Norton.

Unsworth, K. L., & Clegg, C. W. (2010). Why do employees undertake creative action?. *Journal of Occupational and Organizational Psychology*, *83*(1), 77-99.

Warren, T. & Lyonette, C. (2021). Working from home: How classism covertly dominated the conversation. *The Conversation,* (June) [https://theconversation.com/working-from-home-how-classism-covertly-dominated-the-conversation-162822]

Watson-Manheim, M. B., Chudoba, K. M., & Crowston, K. (2002). Discontinuities and continuities: a new way to understand virtual work. *Information Technology & People, 15*(3), 191–209.

West, M. (2020). *What does the 2019 NHS Staff Survey truly tell us about how staff needs are being met?* [Retrieved 03/08/2022, from https://www.kingsfund.org.uk/blog/2020/02/2019-nhs-staff-survey-are-staff-needs-being-met]

Appendix 1: Initial semi-structured interview protocol

Understanding resource and leadership needs of agile worker in the NHS
1 - Can you summarise what have been the biggest changes in your work since March 2020? (focus on settings, domains, timeframes, roles, communication technology and practices)
2 - Can you tell us how your relationship with your manager has changed since March 2020? Has this been a positive or a negative change for you? Why?
3 - [If you have direct reports] Can you tell us how your relationships with your staff have changed since March 2020? Have these changes been positive or negative? Why?
4 - Since you have been working across different [times/locations/roles] compared to 'normal', how have your needs changed? What do you feel you need more or less of? Why?
5 - How have these new needs been addressed? By the organisation? By your boss? [By your direct reports?]
6 - Have you had to develop new skills? Which ones? Why?
7 - How have you developed them? How has your manager helped in this development? How has the senior management helped you? [How have your direct reports helped you?]
8 - In a dream world, what new skills would you like to learn/develop? Why? How would these help you in your day-to-day work?

Establishing what characteristics and behaviours NHS leaders need to demonstrate to effectively manage agile workers
9 - In thinking about your relationship with your manager, can you provide examples of instances in which you felt understood/satisfied? What did your manager do or say to make you feel this way?
10 - Now, in thinking about your relationship with your manager, can you provide examples of instances in which you **did not** feel understood/satisfied? What did your manager do or say to make you feel this way?

Understanding leaders needs and training needs
11 - As a manager of people, what has been your greatest challenge, since March 2020? (focus on settings, domains, timeframes, roles, communication technology and practices)
12 - What has been the impact of these challenges on your well-being and/or ability to meet your work goals?
13 - How have the changes you have experienced in work and work relationships [refer to previous answers] impacted you as a leader?
14 - In a dream world of unlimited resources, what new skills would you like to develop?

Appendix 2: Tranches used to recruit study participants

Tranche	Sampling Criteria	Sampling Outcomes
One (6/10/2021)	Trusts asked to contact 2 senior leaders (clinical and non-clinical, band 8b +), 2 middle managers (clinical and non-clinical bands 6 to 8b), and 3 direct reports (clinical and non-clinical up to band 6 with no managerial responsibilities). Asked to try to "contact people of different genders, race, occupation where possible"	N=1: 1 x band 6 participant (non-clinical) – white British, aged 50+, female
Two (19/10/2021)	Trusts asked to contact 2 senior leaders (clinical and non-clinical, band 8b +), 10 middle managers (clinical and non-clinical bands 6 to 8b), and 10 direct reports (clinical and non-clinical up to band 6 with no managerial responsibilities). Asked to try to "contact people of different genders, race, occupation where possible"	N=19 2 x band 1-5 7 x band 6 2 x band 7 (1 with 8a responsibility) 6 x band 8 a to d 2 x band 9 and above 6 Clinical 13 Non-Clinical 18 white British, 1 Asian British; 13 Female, 6 Male; 4 x aged 30-39, 5 x 40-49, 7 x 50-59; 3 x 60+
Three (2/12/22)	Trusts asked to contact 2 senior leaders (clinical and non-clinical, band 8b +), 10 middle managers (clinical and non-clinical bands 6 to 8b), and 10 direct reports (clinical and non-clinical up to band 6 with no managerial responsibilities). Asked to try to "contact people of different genders, race, occupation where possible" Push on recruiting from middle management bands.	N = 4 All bands 8 a to c All male All white British All aged 50-59 0 Clinical 4 Non-Clinical
Tranche Four (10/2/2022)	All Trusts asked to recruit 3 more participants each and to focus on broader representation from different race/ethnic backgrounds.	N = 8 1 x band 1-5 2 x band 6 1 x band 7 4 x band 8 c to d 2 x band 9 and above 1 Clinical 7 Non-Clinical 7 white British, 1 Asian British; 5 Female, 3 Male; 1 x aged undisclosed, 1 x 20-29, 3 x 50-59; 3 x 60+