2nd Edition

Leadership, Management & Team Working in Nursing

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Chapter 1
Experience of management and leadership

NMC Standards for Pre-registration Nursing Education

This chapter will address the following competencies:

Domain 1: Professional values
2. All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.
5. All nurses must fully understand the nurse’s various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.

Domain 4: Leadership, management and team working
4. All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.

Essential Skills Clusters

This chapter will address the following ESCs:

Cluster: Organisational aspects of care
12. People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.
14. People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi-agency team and to inspire confidence in others.
Chapter aims

After reading this chapter, you will be able to:

• identify some of the values which underpin nurse leadership and management;
• understand how the experience of being led affects the ways in which we choose to lead and manage in nursing;
• comment on why leadership and management in nursing are important;
• begin to create a coherent picture of what leadership and management structures in nursing look like.

Introduction

The purpose of this chapter is to increase your awareness of the personal and professional values that influence the ways in which managers and leaders should behave. The chapter will both challenge and reinforce some of the assumptions you hold about the ways in which leaders and managers function.

Our values and assumptions about leadership and management are to a great extent derived from our experiences of leading and managing, and of being led and managed. This means they will reflect our personal interpretation of what happened during the process. It is important that, at the start of any quest to understand leadership and management, we should first understand ourselves and our motivations. Only in this way can we hope to understand the context of leadership and management and the behaviours and motivations of those we seek to lead.

As well as exploring the context of values in relation to leadership and management, this chapter will explore some of the characteristics of leaders and managers. These descriptions will reflect the characteristics leadership and management theorists believe good managers and leaders should portray, including their personality traits. After examining these characteristics, you will be encouraged to formulate a picture of how you believe good leaders or managers should behave, and the essential qualities you believe they should exhibit within the nursing context.

(For more detailed discussion of theories and frameworks for leadership and management, and how they can be adopted and adapted by you to help meet the challenges of nurse leadership in the twenty-first century, see Chapter 6.)

A further important theme of this chapter is why leadership and management are important in nursing practice now and in the future, as well as how an understanding of them can contribute to your personal and professional development. We will examine this issue at least in part by discussing the some of the findings of the Francis report (2013), which examined serious failures in care.
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Towards the end of the chapter, some of the reasons for the existence of different leadership and management roles in nursing are introduced and discussed. You are invited to collect some data on the nursing structures where you work and how these impact on the work you and your colleagues do.

Understanding context and values

Our ideas and opinions about good leadership and management are coloured to a great extent by our personal experiences of leadership and management, whether we are managers, leaders or team members. The assumptions we have about management and leadership styles and behaviours are also affected by our understanding of what is going on and the motivations behind the management and leadership styles we adopt or see adopted. The inability to understand why a certain approach to management or leadership has been adopted can lead to misconceptions and misunderstandings; this is something an understanding of the context of nurse leadership and management allows us to see beyond. Sometimes this context is better developed as we gain more experience as nurses and reflect thoughtfully on what these experiences actually mean.

Activity 1.1

When you first came into nursing and went into practice for the first time, how did you feel about the efforts made by the staff to get frail, elderly patients to engage in self-care, for example, encouraging elderly patients to get out of bed in the morning and to get washed and dressed? Now you understand a bit more about the purpose and nature of nursing, have you changed your view? Why?

*There are some possible answers and thoughts at the end of the chapter.*

Understanding why something is done in a particular way in a given situation allows us to understand the context of an action in the clinical setting. As shown in Activity 1.1, a developing understanding of the nature of nursing and what it means to nurse helps us to make sense of the world of work and the roles in which we find ourselves. The same is true of leadership and management, where actions taken out of context may appear to be wrong.

One of the enduring difficulties for student nurses can be to understand the provision of care beyond the individual. Often the context of nursing management and leadership is about achieving the best outcomes on a regular, recurring and equitable basis for the many. The need to achieve good outcomes for the many rather than the few may help us to understand the context of a management or leadership style we see before us. This view is one which can only develop if we are willing and able to question the leadership and management practices we see around us and are then willing and able to reflect on the answers we find.
Case study: The newly qualified nurse

Julius is a newly qualified staff nurse working on a busy cardiology ward. Julius is irritated by the apparent inactivity of the ward sister Deirdre, who spends vast amounts of time in the office doing what to him appears to be endless and pointless paperwork instead of providing patient care. Julius confronts Deirdre about the lack of time she spends on the ward and suggests much of the time she is doing nothing of value while she is 'hiding away' in her office.

Deirdre understands the point Julius is making and is wise enough to appreciate that his frustrations arise not out of malice towards her but as a result of his inexperience and lack of understanding of what it takes to keep a busy ward functioning smoothly. Deirdre takes Julius into her office and shows him some of the tasks she has to perform on a regular basis, which include writing the duty roster, completing staff appraisals, entering patient dependency scores on to a monitoring database, ordering stock and overseeing staff development planning.

Deirdre explains to Julius she too is frustrated by the lack of time she has to provide care on a daily basis: that, she explains, is after all why she came into nursing. But she also understands her role now is less about providing care and more about facilitating the delivery of care. Deirdre explains she achieves this through supporting the staff on the ward to improve, using appraisals and accessing appropriate education and development; rostering to allow for a good work–life balance; and managing the budget while ensuring the hospital administrators know what the needs of the ward are by recording the level of dependency of the patients and the stock requirements. She explains she sees her role as supporting the staff to care for the patients, and if she did not do the necessary tasks then there would be chaos.

Julius concedes he had not looked at things in this way and he needed to understand the wider context before criticising.

From this example we can see that leadership and management often involve the need to see the bigger picture – which may not always be evident to members of the team. In order to understand the challenges and benefits that accrue from good leadership, it is necessary to understand something of the context of nursing leadership and management.

Clearly, from this example we can see that one of the necessary qualities of a good manager or leader is the ability to see the bigger picture and anticipate and plan what the team will be doing and how they will do it. Leadership and management are therefore as much a forward-looking activity as about managing what is happening in the here and now. One of the characteristics of good managers or leaders is understanding what it is they want to achieve and being able to communicate this, and perhaps effectively delegating associated tasks, to the team.

What we should remember at this stage is that one of the most important things that motivates us as nurses to achieve the goals we do is our values. Before we explore some more about the context of nursing leadership and management, we should stop for a moment to reflect on the values we have as humans, nurses, leaders or managers and see what impact they might have on leadership and management in nursing.
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It is not at all easy to state exactly what values are. A cursory search on the internet for values of caring throws up scores of words, all of which may have relevance to nursing, but none of which explain what they are. Various descriptions include reference to best interests, moral duties, likes and preferences.

**Concept summary: Human values**

One of the widest-cited definitions of values, and one which has resonance with nurse leadership, is the definition by Schwartz (1994, page 20), who says that a value is *a belief pertaining to desirable end states or modes of conduct that transcends specific situations; guides selection or evaluation of behavior, people, and events; and is ordered by the importance relative to other values to form a system of value priorities.*

The notable elements of the definition by Schwartz are that values relate to:

- achieving a good outcome;
- something more important than individual situations;
- how we ought to behave;
- what we ought to look for in the behaviour of others;
- how events ought to be managed;
- ways in which we might prioritise how we use our time and effort.

In essence the suggestion here is that our values should be at the centre of everything we do, both as a guide to how we act as well as what it is we act upon. The additional issue for leaders and managers is of course that they need to role model these values to those they lead.

Evidently, within the case study above, Deirdre had not forgotten the values that took her into nursing in the first place. What had changed then for Deirdre as she moved from a clinical role to a more managerial post was simply the way in which these values were allowed to express themselves. In order to develop continually as nurses, leaders and managers, it is important not only that we question our values from time to time, but that we are also able to express what these values are and refine them in discussion with our colleagues.

**Activity 1.2 Decision making**

Take some time to think about the values you have as a nurse. Now think about how these values show themselves in the ways in which you act when in the clinical setting. Next time you are in practice, ask your team leader or ward manager what values s/he holds and how s/he thinks s/he expresses them in practice. Now compare the lists, looking for areas of overlap and areas of difference. What do you notice about the similarities and differences between your list of values and corresponding actions and the leader’s values and actions?

*There are some possible answers and thoughts at the end of the chapter.*
What is clear about the values of practising nurses, ward managers and more senior nursing staff is they should, and to a great extent do, share similar values and goals. The role of the leader or manager should be to facilitate the team in the achievement of these goals. Evidently, where there are differences in the values and goals of the team and the team leader, then difficulties will arise. When nurses or nurse leaders forget what their values are, then they will lose sight of what it is they are trying to achieve.

Sometimes it is hard to know what exactly our values are or the limits to which they can be stretched. One method for understanding our values as potential leaders or managers is to ask ourselves hypothetical questions, the answers to which can be searching and difficult for us. The answers to these difficult questions enable us, however, to understand what sort of person we are and what motivates us as humans, nurses and managers. Understanding our own values and underlying motivations will then tell us something about what is likely to motivate and guide the actions of those that may be called upon to lead.

Scenario 1.1: Doing the right thing

Imagine you are working in a nursing home on nights. You are tired, having already worked six shifts in a row. One of the residents, Jane, who is in her late 80s, has been in the home for some time as a result of having had a stroke. Jane needs to be turned 2-hourly to avoid her developing pressure sores, but you and the nurse you are working with decide to turn her just occasionally. You justify this to yourselves by saying this avoids disturbing her sleep and it also protects your backs. At the end of the shift you turn her and record in her notes that you have done so 2-hourly throughout the night. She has not developed a pressure sore, so what is the harm?

Now consider this: you turn her at the end of the night and discover that a small area has broken down on her left hip. Is this your fault? If the matron asks if you have turned her 2-hourly, as stated in the care plan, what will you say? You could say you turned her 2-hourly – this would not change anything for Jane, but would make your life easier.

Alternatively you go to turn her at the end of the night shift only to discover that she has died some time during the night. She has been dead for a while judging from how cold she is and the blood that is pooling on the side she was lying on. You know you can just claim that you found her earlier in the night and prepare her body quickly before the day staff come in to work. Surely this will not change anything; no one will be hurt, will they?

Which, if any, of these scenarios are acceptable? Does the blame attached to any of them change because of the outcome? What does your choice of actions say about you? What values are being displayed here? How do they compare with the values you expressed in Activity 1.2?

There are some possible answers and thoughts at the end of the chapter.
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Examining examples such as this enable us to see the bigger picture. They are also helpful for us in developing an increasing awareness of our own values as they relate to being led and managed and then, conversely, to us leading or managing. In part our values will be mirrored in the sort of person we are and how we see the world in general, but they will also shape the way in which the world sees us. Of course it might be equally bad if a nurse were to follow policy and procedure blindly, with no thought about the consequences. In this scenario, as in many leadership and management situations, deviating from what we know to be right (i.e. ignoring our values) can have dire consequences for those we care for.

Scenario 1.2: Being clear

You are working on a medical admissions unit and have asked a colleague, Emma, to go round and do the observations. She takes the temperature, pulse and blood pressure of every patient on the unit, as asked. About an hour later you ask if all the observations were OK. Emma replies that the woman in the first bed had a temperature of 39°C. You ask why she had not informed you of this immediately. She replies that it was her job to do all of the observations as you asked, and that is what she has done.

What does this scenario tell you about managing and leading people in the clinical setting? What does this tell you about the need to understand what we do and why? Is there a place for understanding values of care in this scenario?

There are some possible answers and thoughts at the end of the chapter.

By now you should have developed a fairly clear picture of the values that you believe underpin what you do as a student nurse or nurse. You may well also have some insight into the values of those around you and the impact that working among other nurses has on the development of your own value set. It is important to understand that, for leaders or managers to be effective, there is a requirement for there to be some degree of overlap between their values and the values of their team, and the team must be aware of this (Grivas and Puccio, 2012).

What happens when values are forgotten?

Hospitals, care homes, clinics and community teams are made up of collections of people working together to achieve a common task. This common task requires that the values of the individuals involved in the care align to some extent; otherwise they would be working in opposition to, rather than with, each other. One of the challenges of modern healthcare is that our values can get lost in amongst all of the tasks we have to undertake and our attention may be drawn to achieving goals and targets, rather than remembering the values which bring us into nursing in the first place.
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When nurses, or indeed any care staff, forget the values that should be driving their work, this has an impact on the culture they work in and this culture ultimately impacts on the care they give.

The following extract is taken from the Francis Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013):

*The negative aspects of culture in the system were identified as including:*

- a lack of openness to criticism;
- a lack of consideration for patients;
- defensiveness;
- looking inwards, not outwards;
- secrecy;
- misplaced assumptions about the judgements and actions of others;
- an acceptance of poor standards;
- a failure to put the patient first in everything that is done.

*It cannot be suggested that all these characteristics are present everywhere in the system all of the time, far from it, but their existence anywhere means that there is an insufficiently shared positive culture.*

(Francis, 2013, page 65)

What Francis (2013) is identifying here is not a list of issues with the organisation, but a list of issues which arise as a result of the collective values of the people in the organisation becoming secondary to other issues. If we take each of the bullet points in turn, we can see each one represents a *value* which is not being exercised:

- competence;
- compassion;
- thankfulness;
- mindfulness;
- openness;
- trust;
- principles;
- care.

Francis goes on to say that:

*To change that, there needs to be a relentless focus on the patient’s interests and the obligation to keep patients safe and protected from substandard care. This means that the patient must be first in everything that is done: there must be no tolerance of substandard care; frontline staff must be empowered with responsibility and freedom to act in this way under strong and stable leadership in stable organisations.*
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To achieve this does not require radical reorganisation but re-emphasis of what is truly important:

- **Emphasis on and commitment to common values throughout the system by all within it.**
  
  (Francis, 2013, page 66)

The Francis report has had a major impact on the way in which care is delivered in the UK, not because what happened at Mid Staffordshire was unique, because it probably isn’t, but because it reminded care professionals and politicians alike that, once managers impose the wrong sorts of values and targets on care professionals, then values of care can easily be forgotten.

It is probably fair to say that, in order to become an effective leader or manager of people, we first must know ourselves and our values as well as having some insight into how others see us and how they interpret the way in which we display our values. Part of leadership or management is presentation of self to others and encouraging others to follow our lead by behaving in ways and displaying values that others admire and can identify with – creating a situation where others wish to follow. When you think about it, a leader without followers is just a person working alone!

**How we see ourselves and others see us**

To understand how we see ourselves and how this compares to how others see us, it is worth looking at the work of Joseph Luft and Harry Ingham, whose Johari window illustrates the point about what we know about ourselves and what others know about us.

![Figure 1.1: The Johari window](image-url)

Source: Adapted from Luft and Ingham (1955), page 10.

What the Johari window allows us to see is how much of the perceptions and knowledge we have about ourselves is also seen and shared by others:

- The open/free area refers to what we know about ourselves and what is also known by other people – it is our public face.
- The blind area is the area of our personality we are blind to but which others can see – our blind spot.
- The hidden area is what we know about ourselves but we keep hidden from others, sometimes called the ‘avoided self’ or ‘facade’.
- The unknown area refers to what is unknown both to ourselves and to others (which can be regarded as an area for potential development and self-exploration).
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What is interesting about this model is it shows us there is great potential for us as individuals to lack understanding of ourselves as much as there is potential for other people not to understand us. To some extent we can manage the view others have of us as individuals by allowing them to see what we want them to see and by managing our behaviours at work and in our private lives. On the other hand, people are often aware of issues with our values and personality that we are sometimes aware of and sometimes not.

Being able to adapt who we are and how we behave at work is part of the process of socialising to be both a nurse and a member of society at large. By being aware of our values and acting upon them we allow ourselves the ability to become someone we want to become and potentially to develop the traits that will help us to develop as a person, a nurse and over time as a manager or leader.

Activity 1.3

Activity 1.3 will help you to see that sometimes people see good and sometimes bad things about us which we may or may not see for ourselves. The lesson for the would-be leader is to learn to change the negatives that we can change and to manage the areas of our personality that we cannot. You should also be prepared to take on board positive insights and use these to continue to improve your relationships with others.

What are the characteristics of a good leader or manager?

What makes a good leader or manager has been explored by many theorists and academics over the years. Some of the early theorists identified characteristics such as physical size, strength and ‘presence’ (Wright, 1996). Other characteristics and traits that have been favoured include intelligence, personality type such as extroversion, and charisma and other interpersonal skills.
Certainly it is true that being charismatic and intelligent helps with the processing of ideas and when communicating with others can help a leader. But, as we have seen above, there must be more to being a good nurse, good leader or good manager than these superficial qualities alone. Sometimes extreme examples allow us to see things that are perhaps not clear to us in the day-to-day process of being managed or led.

Activity 1.4

Reflect on some of the well-known and successful leaders you know from history, perhaps Winston Churchill, Nelson Mandela, Martin Luther King or Florence Nightingale. What characteristics do they share that makes them great leaders? Why are they thought of as great individuals as well as successful leaders?

Next think about some of the other successful leaders from history, like Adolf Hitler, Napoleon Bonaparte, Joseph Stalin or Saddam Hussein. What characteristics made them successful leaders? Why are they thought of as immoral leaders?

There are some possible answers and thoughts at the end of the chapter.

Interestingly, from the examples of good leaders given above, none of them was particularly impressive physically, so their ability to lead and inspire has to be explained in some other way. Certainly this observation calls into question some of the early physical appearance theories of what makes a good leader. Clearly there may be issues relating to their charisma and intellect that attracted other people to them.

What we can see about the leaders in Activity 1.4, and what perhaps others know about some of them that they do not see for themselves, is the leaders we admire have a vision of something better for the people they lead. In the case of Mandela and Luther King, this was freedom from oppression and the achievement of equality of status and human rights. The pursuit of these values and the veracity with which they pursued them give us a clue as to one other quality we might admire in a leader: integrity (Frankel, 2008). In this sense integrity may be understood as acting in a manner that reflects the values, ethics and morals that an individual believes to be important.

Integrity alone is not enough, however. Hitler, Stalin and Saddam Hussein all perhaps believed in what they were doing; in that sense they had integrity. What is interesting about what they believed and what they set out to achieve was that it was often more about achieving power for themselves than it was about achieving what was right or something that benefits others.

What is missing therefore is an understanding about what this integrity and leadership should be aimed at achieving. Leaders and managers are the figureheads of teams and teams exist to get
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a job done (Ward, 2003). In nursing this job is about providing care for others in a manner that reflects the positive values we hold as humans and as nurses. For a nurse leader or manager, therefore, integrity of action means leading and managing in a manner that reflects the values of care which are part of what being a nurse is about and which you have identified for yourself in Activity 1.2.

Activity 1.5

It is perhaps worth reflecting on the answers you gave to Activity 1.2 and comparing them to what you have learnt so far in this chapter. You should be able to see some commonalities between the ideas and therefore have some ideas of what being a good nurse leader or manager is all about.

Since this is based on your own observations there is no specimen answer at the end of the chapter.

So far in this chapter we have seen that being a good leader or manager in nursing is about the expression of the same values of care that being a good nurse requires. What changes when one moves from being a nurse to a nurse leader or manager is the way in which these values are expressed through what we do and how we behave towards others. The consistency of the values between nursing and nurse leadership/management demonstrates integrity. It is perhaps a sad fact that those nurse leaders and managers who we see losing sight of their values are the ones we least admire. The report into the failings at the Mid Staffordshire Hospital identified poor leadership coupled with clinical staff accepting standards of care … that should not have been tolerated (Clews, 2010). The collective failing here was that clinically trained managers did not support their staff as well as they might have and the managers and leaders, as well as their staff, allowed the standards of care to slip below a level reflective of the true values of nursing.

One of the challenges of this book is for you to recognise and acknowledge the values that you have as a nursing student and to think about how you will continue to exercise these values throughout your nursing career.

Structures of nurse leadership

What we have not discussed so far are the structures that relate to the exercise of leadership and management. Clearly a manager occupies a formal role. The role of the manager is conferred upon the individual by an organisation and its staff are responsible to the manager by virtue of their contract of employment with the organisation – often called legitimate power (first identified by French and Raven in 1960). How these lines of responsibility are created and what they mean in practice should be clearer after the next activity.
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Activity 1.6 Reflection

To understand the lines of responsibility that form part of a contract, look at the programme handbook for the programme you are on. There will be clear guidelines about some things you can and cannot do as a university student. There will be identified individuals to whom you would have to answer if you break these rules. This forms part of your contract with the university and ultimately with the Nursing and Midwifery Council (NMC) in relation to the fitness to practise criteria.

Alternatively, if you have a contract of employment you may notice it identifies the person to whom you are answerable, usually a line manager.

As this is based on your own observations there is no specimen answer at the end of the chapter.

Managerial power and responsibility, as you can see from Activity 1.6, are therefore formalised within the contract of employment or training. They are validated by the fact that we choose to submit to these contracts of our own free will, usually because they will confer some benefit on us (in the case of a job, through being paid and in the case of being a student nurse, in gaining a qualification). Similarly, as nurses we agree to be bound by The Code and other regulations pertaining to nursing (NMC, 2015).

Within most organisations there are a number of managers at different levels who have different responsibilities for different organisational activities. These managers report to a more senior manager who in turn reports to more senior management. Such structures are formalised and are usually created in order to allow for the overseeing of the functions of the organisation. Each tier within the system of management should be aware of their responsibilities and the limits of their powers in fulfilling the tasks associated with these roles. It is often helpful for novice nurses to have some idea of what the structure of the organisation they work in looks like.

In Chapter 8 we discuss a little about cultures of care and you may find it useful to look up Charles Handy’s work (1994) on cultures in order to inform your thinking about the formal and informal management structures which can exist in health and social care.

Activity 1.7 Evidence-based practice and research

Try to find out something about the management structure in the hospital in which you are placed. There may be a diagram that shows the relative management positions (sometimes called an organogram); then try to find out what the main responsibilities are of the people in the various roles you have identified. You might also like to do something similar for a ward or other practice area you work in so you can get an overview of who is responsible for what.

As this is based on your own observation there is no specimen answer at the end of the chapter.
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So we can see that being a manager is a formalised position that is conferred by position within an organisation. Being a leader, on the other hand, may or may not be the result of position within a team or organisation. How can this be?

As we will see elsewhere in the book, leadership is in many instances one of the roles of a manager; think about the ward managers in the areas where you have worked who as well as managing the ward also lead the team. Think also about the areas where you have worked where individuals who occupy a junior role in a team exercise leadership. Sometimes then the leadership function is one of the roles of the manager, while on other occasions something else is at work.

How then do some non-managers function as leaders? Essentially there are three answers to this question. First, some leaders, such as team leaders at the ward level, are designated leaders because they are more experienced than the other staff or they hold a higher, non-management grade. They exercise the power of leadership also through virtue of the formal position they hold and the delegation of certain duties from their line manager. In this respect the power they exercise comes from the person who has delegated it to them – this is sometimes referred to as legitimate power. Legitimate power, within society and organisations, arises out of the fact that people vote for their leaders (in the societal sense) or they enter into contracts of work whereby they agree to be subject to the power of others within an organisation. The leadership roles within such arrangement are therefore legitimised by virtue of the fact that they represent a choice on the part of the people who are led by these elected, or contractual, leaders.

Second, other leaders exercise leadership in relation to specific projects or responsibilities within the team. For example, in many clinical areas there are link nurses with responsibility for areas such as diabetes care, wound management or infection control. Again their power to act as leaders is in part conferred by the position they are asked to play in the team and is delegated from the team manager. The other reason they are a leader in their particular area is because they have specialist knowledge of the practice, procedures and guidelines that relate to whatever it is they are responsible for. In this situation a good leader will share the information the team needs to know to get the job done – a bad leader will not! Clearly, then, one of the characteristics of a leader is information management and good communication.

Third, there are those people who lead by virtue of their character. These charismatic individuals are the sort of people others like and respond to. They are able to motivate others and to get the team to follow them by virtue of who they are. They have a compelling vision of what should be done and how, and have a conviction and surety about them which encourage others to follow their lead (Mahoney, 2001). They may not be in positions of formal power, but perhaps they have knowledge or good communication skills that single them out as people others like to follow.

Case study: The new nursing sister

Eileen is a newly appointed sister on the dialysis unit of a busy general hospital. Eileen is liked by all of the staff, but has rapidly built up a reputation for being quite disorganised. When she is in charge of the shift, things go wrong. She gets sidetracked by small details and disappears for long periods of time to sort out seemingly minor issues.
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Karen is a healthcare assistant who has worked in the dialysis unit for many years. Karen is familiar with the routine and is able to cope with most situations that arise. Karen often takes charge of the unit, even when Eileen is there. She co-ordinates the workload, makes telephone calls and arranges transport. Karen uses her connections and the relationships she has built up over the years to get things done.

What we can see in this case study is that, even within an essentially quite hierarchical structure, leadership can be found at all levels of the team. In this example there is a real danger that Eileen will lose control of the unit and Karen might overstep her own competence, role and responsibilities. Clearly one of the issues that arises out of this scenario is accountability. Eileen as a registered nurse is accountable for what she does as well as the actions of her team, especially the untrained members. Karen as a care assistant is not accountable for her actions in the same way, but is responsible to her employer (actually, Eileen) for what she does.

In this scenario the power which Karen exercises is not strictly speaking legitimate. As with all members of the team, she has roles and responsibilities for which she may need to exercise the power given to her by virtue of her position. It may be that Karen has the power to order stores and perhaps organise transport, but these are subject to the need to recognise the roles and responsibilities of other members of the team, who may need support in developing the skills necessary for them to operate effectively within their identified role.

It may be argued therefore that the leadership that Karen exercises is in this instance a bad thing. Karen is perhaps motivated to get the immediate job done, but perhaps misses some of the bigger-picture issues, such as the quality of the dialysis, that she is not trained in and not in a position to understand. Because Karen takes over the day-to-day running of the unit, she is also both undermining Eileen and preventing her from developing into her new role. While in the short term this might appear to work, it is not a long-term solution.

Activity 1.8Reflection

Take some time to think about the implications of this case study. What might this mean for the quality of nursing practice in the dialysis unit? What implications might this have for Eileen and for Karen in the long term? How are the other staff likely to feel about this situation?

There are some possible answers and thoughts at the end of the chapter.

So we have seen that leadership and management within nursing can be broken down into many levels, from the most senior member of the nursing team right through to the most junior, and the qualities that make a good leader can be present at all levels. We have also seen that some managers fail to lead and that some leaders do not really have the formal position or power to do so.
Leading and managing: the policy context

Nursing is not undertaken in a vacuum. What we do as nurses and what nurse managers and leaders do occurs within a healthcare context and is subject to policy, procedure and guidelines. If leadership or management is about leading or managing a team to achieve certain outcomes, and within healthcare these outcomes are derived from policy and guidelines, then there is a need for nurse leaders and managers not only to be aware of what the guidelines are but also to act on them and ensure their team acts on them too.

Historically the caring professions had a great deal of autonomy over the ways in which they worked. In the past they set the standards by which their work was to be measured and audited and decided on clinical and non-clinical priorities. More recently, most notably following the policies of the Thatcher government and subsequently New Labour, clinical priority setting and the standards for care have been determined more centrally through government policy via agencies such as the National Institute for Health and Care Excellence (NICE) or via nationally drawn-up structures for care, such as the National Service Frameworks. So part of the role of nurse leaders or managers will be having the ability to lead or manage their team through the change process to achieve the outcomes of care determined from outside the team (see Chapter 8).

As well as general policy and guidelines in the area of health, as nurses we are subject to policy and guidance from our professional body, the NMC. In order to understand the context of leadership and management in nursing from the point of view of the NMC, it is worth familiarising yourself with the standards of proficiency and Essential Skills Clusters identified at the start of each chapter and asking yourself how these apply within the context of each chapter. You may also wish to look at and reflect on how these ideas reflect the issues identified within other NMC documentation, including *The Code* (NMC, 2015). Most especially, this chapter has highlighted the need for nurse leaders to *be self-aware and recognise how their own values, principles and assumptions may affect their practice* (NMC, 2010), as expressed in Competency 4 of the ‘Leadership, management and team working’ domain of the competency framework, identified at the start of this chapter.

For example, in this chapter we have discussed some of the values that underpin nursing practice, as well as leadership and management characteristics of the nurse leader/manager which may contribute to our development as good leaders and managers. These characteristics translate well from both the code of professional conduct and the standards of proficiency identified at the start of the chapter. What they validate is perhaps the most important message of the chapter: in order to become a good leader or manager of nurses it is important to remain grounded in the values, beliefs and behaviours that guide professional nursing practice.

Chapter summary

Rather than launch straight into a discussion about the nature of leadership and management in nursing, this chapter has sought to identify some of the values, beliefs and behaviours that might be associated with becoming a good nurse leader or manager. These
characteristics have been compared and contrasted with some of the values that underpin being a good nurse. There is an explicit challenge within this chapter for you to identify and confront the values you have as a nurse, a nursing student, a team member and a leader.

In some part this challenge has been posed by reference to some of the shortcomings identified in the Francis report. While the failings at Mid-Staffordshire NHS Trust are useful as a benchmark of what can go wrong, they are exactly that, a benchmark. They should not be considered as merely a footnote in history, but should be seen as a salutary lesson in what could quite easily happen anywhere when nurses and other care professionals neglect their values.

An understanding of the context of care and of ourselves is an important first step on the road to becoming a competent leader of nurses; failure to understand what motivates us as individuals lays us open to external criticism. Furthermore, some of the skills and values we develop as nurses in clinical practice will translate well into leadership and management roles. It is never too soon for student nurses to think about what type of leader/manager they want to be and to look around them for suitable role models to guide their development.

**Activities: brief outline answers**

**Activity 1.1 Reflection**

This reflection is not about understanding the rehabilitation of the elderly as such; it is about understanding context. As a new nurse you may consider asking people to undertake their own care as lazy nursing, because you consider nursing as a caring profession that does things for people. As you understand the nature of care better, you will see the same scenario in a different light, or context, as you understand that encouraging self-care is about helping people address their care deficits and achieve the activities of daily living for themselves.

**Activity 1.2 Decision making**

What you will notice is that the basic values of caring, moral behaviour, putting others before self, protection of rights, autonomy and dignity are common to both lists. What will be different is that the leader will attempt to achieve these aims through the way in which s/he leads. This will include acting as a role model and promoting the welfare of the team who in turn are expected to support these values one to one with patients and clients (Bondas, 2006). If you are still struggling to think about what your values are, try some of the words above or choose some from this list: accountability, accuracy, calm, committed, decisive, fair, honesty, integrity, justice, open, reliable, team worker or truthfulness.

**Scenario 1.1 Doing the right thing**

We hope you found none of these scenarios acceptable. On each occasion, regardless of the outcome, the choice being made was to avoid your duty to Jane to protect her from potential further physical harm. The values displayed here are self-regarding and not other-regarding and are against everything that is to be found in the nursing code of conduct. At best, the scenario demonstrates lies being told and at worst a dereliction of the duty of care, leading to harm to the patient. Some people might argue that, as no harm ensued, the first scenario might be all right, but the consequences that could accrue (as seen later in the scenario) show this to be wrong, regardless of any arguments about duty and outcomes.
Scenario 1.2 Being clear

This scenario suggests that as a manager or leader it is important not only to have team members who do what they are asked, but also that they understand the purpose of what they are doing. There is a clear need here for the nurse to understand that doing observations is not enough in itself; it is acting on what is found that is important. The values which should drive the undertaking of such tasks is **person-centred** care, which requires that nurses not only undertake a task, but that they think about what it means for the patient or client.

Activity 1.4 Reflection

Clearly one of the characteristics of good leaders is that people want to follow them. In many of the cases mentioned as potential positive role models, people choose to follow the leader because they believe in what the person is doing. This is also the case for some of the examples of negative leadership role models given, so what is the difference? Some people would not choose to follow the likes of Hitler or Hussein, and although many did, many more were forced to do so. Other people follow bad leaders because they generate a sense of belonging and solidarity, perhaps at a time when there is uncertainty in the world. The integrity and ethicality of the examples of bad leaders are questionable at best and evil at worst. So perhaps integrity and morality are two of the things that we admire in good leaders?

Activity 1.8 Reflection

While Karen does a good day-to-day job in making the dialysis unit function, there may be longer-term considerations to take into account. As we saw earlier in the chapter, one of the roles of a leader is operating within the bigger picture. This also resonates with the role of the trained nurse, who has to account not only for the day-to-day running of the dialysis unit but also for the long-term health of the patients. So while it may be all right for the leader to allow someone else to take charge of some of the activities of the team, it is better if s/he is selective about who takes over what tasks and what they do. The staff in a scenario where it is uncertain who the real leader is will be confused, and may even be slightly angry as they see someone without genuine authority taking control.

Further reading


This chapter explores the values of care as well as social inclusion.


This is the classic text on organisational culture.


See especially Chapter 4 on Leadership.

Useful websites

- **www.businessballs.com**
  An interesting and quirky leadership and management resources website.

- **www.kingsfund.org.uk/topics/leadership_and_management/index.html**
  Perhaps the leading UK healthcare think tank.

- **www.midstaffspublicinquiry.com/report**