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Developing ward leadership skills

Ali Richards

Abstract

Nurses who are responsible for a clinical area have not only a management role but also, crucially, a leadership role. The role of ward leader is complex and demanding. Ward leaders are accountable for patient safety and the quality of patient care, act as role models, foster work engagement and cascade organisational goals to staff. They also ensure the correct skill mix on the ward, alleviate pressures on staff and provide opportunities for staff development. This article describes several leadership models which all have something to offer to ward leaders looking to develop their skills. It also discusses core elements of effective ward leadership, notably how ward leaders can use coaching and mentoring to provide support and direction to the team, develop the ward as a learning environment and take time for self-care as well as understanding the wider care context.

Ali Richards, senior lecturer, Institute of Health, University of Cumbria, Lancaster, England

Keywords

education, leadership, leadership skills, leadership models, learning, management, practice learning, professional, professional issues, staff welfare, ward environment, ward managers, ward organisation, workforce, workforce development

Key points

- *Ward leaders need to be knowledgeable about leadership styles and be able to use the most appropriate according to the situation*
- *The ward leader can use coaching and mentoring to provide direction and support to the team*
- *The ward leader needs to create an environment conducive to learning where members of the team naturally support each other*
- *Clarity about the organisation's direction can enhance ward leadership*
- *Ward leaders require protected time to look after their own well-being*

Aims and intended learning outcomes

This article aims to support nurses who lead a clinical area to better understand the leadership models that may help them in their role and reflect on some of the core elements of effective ward leadership. After reading this article and completing the time out activities you should be able to:

- » Understand the principles of transformational leadership, situational leadership, authentic leadership and compassionate leadership.
- » Describe how each of these leadership styles can support effective ward leadership.
- » Explain how ward leaders can provide direction and support to their team through coaching and mentoring.
- » Characterise the role of ward leaders in developing the ward as a learning environment.
- » Recognise the need for ward leaders to understand the wider care context and develop a self-care plan.

Optimal leadership at ward level is essential for the effective functioning of healthcare organisations and for improved patient safety, outcomes and experience (Whitby 2018). The Francis (2013) report and the Berwick (2013) report outlined the harmful consequences which diffuse leadership, with unclear roles and lack of ownership, can have on patient care. Optimal ward leadership is more important than ever in today's acute healthcare settings, where the focus is on maintaining the quality of patient care and ensuring patient safety while managing staff fatigue in the wake of the coronavirus disease 2019 (COVID-19) pandemic.

In their leadership role, ward managers need to take ownership for what occurs at ward level and act as role models for staff. The role of ward leader involves being accountable for patient safety and the quality of patient care, as well as motivating staff, fostering work engagement and cascading organisational goals. The role is also crucial to the implementation of evidence-based care (Bianchi et al 2018). Another aspect of the role of ward leaders include ensuring the correct skill mix on the ward and staff retention, particularly given the global shortage of nurses and unfilled vacancies in clinical areas (The Health Foundation et al 2018), which requires them to alleviate workload pressures on their staff and provide them with opportunities for professional development. In its Nursing Workforce Standards – which set out what needs to happen in workplaces to ensure safe and effective patient care – the Royal College of Nursing (RCN) (2021) highlights the important role of nurses with lead clinical professional responsibility in workforce planning and professional development.

TIME OUT 1

Read the RCN's Nursing Workforce Standards at: www.rcn.org.uk/professional-development/publications/rcn-workforce-standards-uk-pub-009681. Which standards are relevant and/or central to your role? How would you uphold these in practice? Write down your reflections and discuss these with your team at the next team meeting

Leadership models for ward leaders

There is no recognised 'right' leadership style or model which suits every situation (Maxwell 2017). Nurses in leadership positions, including ward managers, face numerous demands and challenges, so they need to be knowledgeable about leadership styles and be able to use the most appropriate approach according to the situation. Leadership styles that can be used to support optimal ward leadership include transformational leadership, situational leadership, authentic leadership and compassionate leadership.

Transformational leadership

The Nursing and Midwifery Council (2018) considers leadership to be an essential component of the nurse's role and describes nurse leaders as role models. Being a role model is a central element of leading a team, so for that purpose transformational leadership may be the most relevant style to adopt. Transformational leadership, as outlined by Burns (1978), is a high-impact style of leadership which sets a shared vision, empowers followers and gives them a sense of purpose (Fischer 2016). Bass and Avolio (1994) described transformational leadership as being at one end of a continuum, with transactional leadership styles in the middle and laissez-faire leadership at the other end.

Northouse (2021) described leadership in terms of followers being influenced by leaders to work towards a single goal. While motivating followers and articulating clear goals and expectations can be considered elements of traditional leadership styles, they also feature in transformational and transactional leadership. In contrast, authors such as Drath (2008) and Hulks et al (2017) outlined a style of leadership which is about dialogue and working across boundaries to foster participative and facilitative ways of working. Ward leaders generally need to be able to work across boundaries to navigate the healthcare system and manage its complexities.

Situational leadership

Situational leadership, one of the most accessible leadership models for ward leaders, was first described by Hersey and Blanchard (1977). It was used for national leadership programmes rolled out to ward leaders in the early 2000s – such as the RCN Clinical Leadership programme (www.rcn.org.uk/professional-development/professional-services/leadership-programmes/clinical-leadership-programme) and the Leading an Empowered Organization (LEO) programme (Jones 2005)– and is still widely used to teach leadership skills to ward leaders.

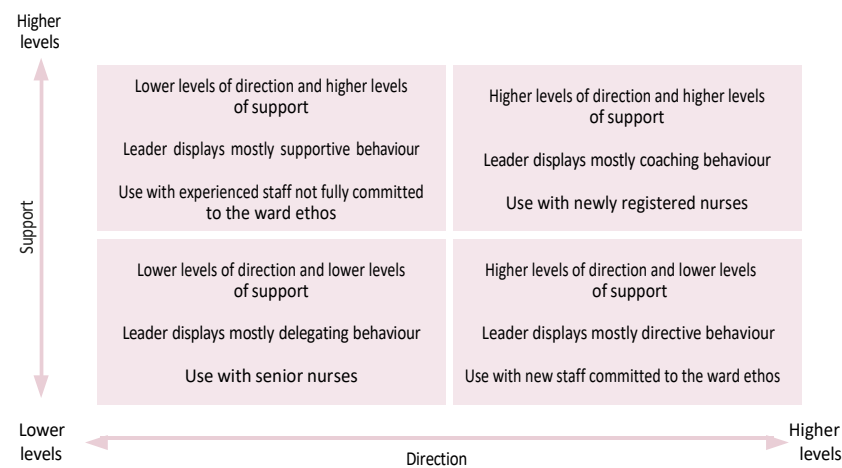
Blanchard et al (2010) revised and updated the model, but it is still based on the leader tailoring the amount of direction and support they provide according to the confidence, competence, experience and commitment of the follower. The situational leader will display a finely tuned mix of directive, supportive, delegating and/or coaching behaviours to match the direction and support needs of each member of staff. For example, a newly registered nurse may need coaching which requires higher levels of direction and support, while a more senior nurse may require delegating which requires lower levels of direction and support. Staff committed to the ward ethos but lacking experience may need lower levels of support but higher levels of direction, while staff who are not fully committed to the ward ethos but have extensive experience may require lower levels of direction but higher levels of support (Hersey and Blanchard 1977, Blanchard et al 2010).

Figure 1 illustrates the situational leadership model.

Figure 1. Situational leadership model

Adapted from Hersey and Blanchard (1977)

Figure 1. Situational leadership model



Adapted from Hersey and Blanchard (1977)

Situational leadership has been criticised because it requires leaders to alter their behaviours, which some authors (Thompson & Glaso 2018) believe is difficult and may be neither possible nor suitable, with little empirical evidence of its value (Thompson & Glaso 2018, Vechio 1987). However, adopting a fluid leadership style that gives each member of the team what they need is probably reasonable for a ward leader. Each team member is an individual with unique needs. Encouraging their development involves using a leadership style that matches the support they require. Ensuring that every team member is supported to enhance their skills and confidence will lead to better outcomes for patients (Lyubovnikova et al 2017).

Authentic leadership

Considering leadership in the context of inclusivity and compassion is something ward leaders should find attractive, particularly since clinical areas continue to be negatively affected by the unprecedented changes brought about by the COVID-19 pandemic. Those changes combined with chronic nurse shortages mean that healthcare organisations need inclusive and compassionate ward leaders.

Alilyyani et al (2018), in a discussion of authentic leadership – which was first described by Avolio et al (2004) – focused on the need for leaders to behave ethically and display integrity to create a climate of openness and trust, something that is very much needed at present. Authentic leaders are self-aware and transparent and present as who they truly are, which creates a climate of openness and

trust. Others can see the person behind the role and mirror their behaviour. Authentic leadership is believed to encourage learning, thereby decreasing errors (Farnese et al 2019) and enhancing patient safety.

Using an authentic leadership approach to ward leadership has been shown to contribute to engaging nurses in their work (Bamford et al 2013). Nurses with high work engagement find their work fulfilling, are enthusiastic about and dedicated to what they do and contribute to the organisation (Cai et al 2021). With a global shortage of nearly six million nurses (World Health Organization 2020), it is essential that ward leaders invest time and energy in cultivating work engagement among staff.

Compassionate leadership

The benefits of compassionate leadership for health and social care, first described by West (2021), are being increasingly recognised. The Nursing Workforce Standards (RCN 2021) suggested that 'nursing leadership must embody compassion both in style and behaviour towards the staff they lead'. West (2021) stated that compassionate leadership, characterised by humanity and presence, makes a significant difference to staff and patients. Its benefits include protecting everyone's well-being and being less costly in terms of medical errors, for example when staff are stressed and burnt out the odds of making medical errors increase exponentially and better staff well-being is linked to positive patient outcomes (West 2021). West (2021) elaborates on this by suggesting that compassionate leadership will reduce both stress and burn out.

Compassionate leadership is also a collective leadership where leaders work together within and outside their organisations to discuss issues and foster supportive networks (West 2021).

West (2021) outlined four core behaviours required of compassionate leaders – attending, understanding, empathising and helping (see Box 1).

Box 1. Four core behaviours required of compassionate leaders

For ward leaders:

- » Attending means being present in their clinical area and listening to others. This enables them to develop a good 'understanding' of what is going on for staff – their needs and perspectives – which sometimes conflict with the leader's perspectives
- » Understanding requires having a good grasp of the daily issues that affect the ward and the wider issues that impinge on care quality and patient safety. It also requires being open to difference
- » Empathising requires the ability to appreciate and relate to the feelings and experiences of others without becoming overwhelmed – self-care is critical to one's ability to empathise.
- » Helping requires taking action and being seen to take action, removing obstacles to success and providing staff with the resources they need to do their job

(Adapted from West 2021)

TIME OUT 2

Reflect on which leadership style is best suited to your personality which is most removed from your personality. What are the implications of these reflections for you as a nurse leader? Write down three factors you think you need to work on to improve your leadership

Core elements of effective ward leadership

The article now focuses on five core elements of effective ward leadership:

- » Combining management and leadership roles.
- » Providing coaching and mentoring.
- » Creating a learning environment.
- » Understanding the wider care context.
- » Looking after oneself.

Combining management and leadership roles

The role of ward leader is complex and far-reaching, and there are important considerations as to how leadership should be applied at ward level. Ensuring staff comply with policies and procedures can sometimes feel at odds with providing direction and support to the team. Implementing policies and procedures while inspiring staff to work towards organisational goals requires a nuanced approach which combines management and leadership. Neither management nor leadership should dominate the ward leader's

behaviour. Table 1 summarises outcomes that can be achieved when combining management and leadership roles. These examples are based on the author's experience.

Table 1. Outcomes that can be achieved when combining management and leadership roles

Management role	Leadership role	Outcome
Managing staff and rotas	Providing clarity regarding expectations, acting as role model	Staff members know their roles and responsibilities
Managing sickness and absences	Providing opportunities for learning and development for staff improving their overall well-being	Recruitment and retention are optimised
Managing information and administration	Cascading information and working across boundaries	Staff members are aware of the organisational goals to work towards
Managing change	Setting the direction of work, working from an evidence base	Change, for example the introduction of new technologies, is implemented
Managing errors	Ensuring staff follow patient safety policy and procedures	Patient safety is maximised
Managing complaints and incidents	Being the point of contact for patients, families, ward staff and members of the wider multidisciplinary team in case of incidents	Demonstrates accountability and responsibility

TIME OUT 3

Consider how new staff members are inducted and welcomed into your team. What could be improved to ensure they understand their new work environment and feel confident in their ability to contribute to the team's work? What leadership style is best suited to working with new team members?

Providing coaching and mentoring

The ward leader can use coaching and mentoring to provide direction and support to the team. There is crossover between the two, which can lead to confusion.

A mentor's role is supportive and educational while a coach's role is to draw out the coachee's skills (Viera 2021). In a mentoring relationship, the mentor is usually a senior member of staff and the mentee a junior member of staff. A mentor may go further than a coach in areas such as sharing their experiences and supporting the mentee to overcome the challenges of their role. Mentorship is widely used to encourage and support nursing students and newly registered nurses. In coaching, there is usually no hierarchical relationship between the coach and the coachee (Viera 2021). Coaching is concerned with exploring and challenging the values, beliefs and assumptions that underpin individual behaviour and reinforcing the person's self-confidence and self-belief. For coaching to work, there must be an innate belief that the coachee already possesses the knowledge and skills required for clinical practice but needs support to recognise this (Viera 2021).

It is important to consider each person's individual situation before deciding whether to use mentoring or coaching. For example, a newly appointed ward leader may benefit from being mentored by an experienced colleague, who will help them understand their new role and discuss matters they are unsure about with them (Jacobs 2018). An experienced nurse who wants to progress in their career may benefit from being coached by a colleague from another organisation who has expertise in networking or education and will help them explore the possibilities open to them, reflect on their strengths and abilities, and enhance their self-belief and self-confidence (Atkinson et al 2022).

TIME OUT 4

Identify a member of your team who may be ready for promotion and could benefit from support to achieve their career development goals. What leadership style would you use to support them? Would you suggest that they receive mentoring or coaching? Would you support them yourself or ask someone else to do so?

Creating a learning environment

To develop, motivate and inspire the team, the ward needs to become a learning environment. Developing the ward as a learning environment can lead to improved staff engagement, enhanced learning from near misses and errors and better patient outcomes (Tomietto et al 2016). It may also lead to fewer staff absences and improved staff retention. Tomietto et al (2016) found that a clinical area where staff displayed high work engagement enhanced both student and staff learning.

Nursing students are often best supported to learn through mentoring, including peer-to-peer mentoring between a senior and junior student. Peer-to-peer mentoring is one form of mentoring recommended in the Collaborative Learning in Practice (CLiP) model (Health Education England 2017, Williamson et al 2020), which was implemented following issues raised by nursing students in the National Student Survey on mentorship and the availability of mentors on clinical placements (Higher Education Funding Council for England 2007). In the CLiP model, registered nurses are regarded as coaches rather than mentors, while continuing to provide student supervision, and coaching is seen as short term and skill specific, while nursing students from different years, who are all working on the same ward, act as mentors for each other (Clarke et al 2018).

Newly registered nurses can be supported and guided by more experienced colleagues to adapt to professional life and its challenges. Mentoring and coaching can be useful tools for ensuring that newly registered nurses can apply the knowledge and skills gained during their time as students to practise more effectively. If newly registered nurses are not supported, they are more likely to question their career choice (Wray et al 2021). This particularly applies to nurses from other countries who, without adequate support, may quickly feel lonely, anxious and homesick in a new system of care and a new culture (Afriyie 2020).

Senior team members can help develop the confidence of junior members by demonstrating clinical skills. For experienced nurses, being able to pass on their experience to others can be deeply satisfying and give them a sense of pride. They can also help junior members of the team to develop their ability to delegate, which is a measure of a safe and effective clinical environment and a fundamental skill newly registered nurses may lack (Balluck 2022, Crevacore et al 2022).

The ward leader needs to create an environment conducive to learning where members of the team naturally support each other, which will enhance the atmosphere on the ward. Encouraging team members to mentor or coach others will also ensure that the team feels valued and engaged while developing leadership skills for the future.

TIME OUT 5

Read the minutes of your organisation's last board meeting. What are the direct and indirect implications of these for the clinical area you lead? How will you make your team aware of the organisation's direction and inspire team members to work towards the organisation's goals?

Understanding the wider care context

Two overall goals of most healthcare organisations are to achieve optimal patient outcomes and well-performing, safe clinical areas. However, what is driving the organisation and its strategic direction may not always be clear for ward leaders. In a study in Denmark, Hølge-Hazelton et al (2021) found that a lack of insight into organisational goals resulted in ward leaders lacking belief in their own role – other contributing factors were suboptimal communication within the hierarchical structure and difficulties balancing competing stakeholders' needs. Clarity about the organisation's direction and the motivations of those in senior leadership positions can enable clinical areas to work in a strategic way, rather than troubleshoot and firefight. It can also enhance ward leadership in times of crisis, such as the COVID-19 pandemic (Hølge-Hazelton et al 2021).

While ward leaders usually have financial and budgetary responsibilities, these are often limited in scope and they do not always have the level of budgetary control they would wish for. Furthermore, resources for their ward may not be as generous as they would like, so it is important for ward leaders to understand the wider financial and budgetary context in which resources are allocated.

Ward leaders also need to be aware of the latest recommendations issued to their organisation by the Care Quality Commission and prepare for scrutiny of their clinical area. Many wards seek to join internal and/or external accreditation programmes and some healthcare organisations conduct small-scale inspections to check their preparedness. Understanding the regulatory framework and quality assurance processes, and what they mean for the clinical area and the team, is a crucial part of the ward leader's role (Siegel et al 2018, Hope 2022).

It is also important that ward leaders are aware of the wider context in which their organisation operates and of changes at national level that will affect their organisation. For example, ward leaders need to be aware of the direction set by the Department of Health and Social Care (2021) for health and social care systems in its white paper *Integration and Innovation: Working Together to Improve Health and Social Care for All*. An understanding of wider issues affecting the NHS, such as the continuing effects of the COVID-19 pandemic, waiting lists and winter pressures, is also useful.

TIME OUT 6

How much of time do you dedicate to self-care? Do you have a self-care plan? If not, take this opportunity to draft your ideal self-care plan. Do you find it challenging to follow your self-care plan? If so, think about how you could better adhere to it. Discuss this with your clinical supervisor or with another ward manager at the next opportunity

Looking after oneself

Ward leaders have a stressful and demanding role which can lead to ill-health and burnout. Therefore, it is important to have protected time dedicated to looking after one's own well-being. Brand et al (2017) discussed five steps towards a healthier and more engaged workforce, one of which is to develop a self-care plan. Developing a self-care plan and showing compassion to oneself – which is a prerequisite for showing compassion to others – is important. West (2021) explained that self-compassion is a central component of working towards becoming a compassionate leader. To enhance their well-being, ward leaders can source support from formal and informal networks, including from a mentor either within or outside the organisation. Using a mindfulness app could be useful to reduce levels of stress and avoid burnout in demanding situations (Xu et al 2021).

Ward leaders' job satisfaction is often neglected, with the focus being on them juggling competing demands and tasks (Pegram et al 2015). Job satisfaction is increasingly seen as important in developing optimal ward leadership that contributes to the success of healthcare organisations (McSherry and Pearce 2016). Ward leaders may gain job satisfaction from being given clear and focused goals, the achievement of which may be assessed against systematic measures of success, such as those used in ward accreditation programmes (Arun et al 2020).

Conclusion

The role of ward leader is vital to the functioning of healthcare organisations and the provision of high-quality, safe patient care. Ward leaders need to combine management and leadership in equal measures and be able to use different leadership styles – such as transformational leadership, situational leadership, authentic leadership and compassionate leadership – according to the task at hand. Ward leaders also need to understand and communicate their organisations' goals, use coaching and mentoring to support and motivate different members of the team, act as a role model for the team and be compassionate and supportive while ensuring staff adhere to policies and procedures. The role of ward leader is highly demanding, so taking time for self-care is crucial.

TIME OUT 7

Identify how developing ward leadership skills applies to your practice and the requirements of your regulatory body

TIME OUT 8

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account. See: [rcni.com/reflective-account](https://www.rcni.com/reflective-account)

FURTHER RESOURCES

Royal College of Nursing clinical leadership programme

www.rcn.org.uk/professional-development/professional-services/leadership-programmes/clinical-leadership-programme

Royal College of Nursing advice on well-being, self-care and resilience

www.rcn.org.uk/library/subject-guides/Wellbeing-Self-Care-and-Resilience

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