

1

Introduction

1.1 About This Book

In 1999, Colleen Wedderburn Tate (1999, p. 3) said, “*Some healthcare staff are no longer working for patients, but are more motivated by pronouncements from government ministers, exposes in the media, and the latest scandal about misuse of public money.*” As we begin this dialog about nursing leadership, we wonder if anything has changed. After decades of talking about, writing about and searching for what we mean by nurse leaders, has anything really changed in practice, at the bedside or in the involvement of nurses at the wider decision-making table? We propose that nurses, more than any other healthcare employee group, need leaders, need to gain a deep understanding of leadership and need to be leaders for the profession. Because without a clear understanding of what leadership means, how it is recognised and how it is practiced, nursing and patient care will be poorer. It is in an effort to redress this shortfall that this book is written.

We believe that since Wedderburn Tate’s (1999) statement above, nurses continue to have only superficial influence over healthcare resource decisions. While managers, healthcare service administrators, many medical practitioners and their teams still see themselves as “all powerful” in terms of their decisions and leadership of nurses and some other health professionals. Thousands of nurses graduate and are employed every year, only to leave their chosen profession the following year or the one after. This is because they become frustrated by their lack of influence or power over the work they do, the contribution they could potentially

make or their inability to contribute to or influence decisions. They become frustrated that they can't provide the level of care they believe their clients/patients deserve. In addition, nurses often see their great ideas or projects relegated to lower priorities or ignored altogether by aloof hospital administrations and managers who (it should be acknowledged) are also under great pressure to deliver an effective health service with diminishing resources.

However, there is another issue with nurses and leadership. Nurses have been almost conditioned to see others (managers/doctors) as their leaders. When undertaking a number of studies exploring perceptions of clinical nurse leadership between 2001 and 2017 (Stanley et al. 2023), hundreds of clinical-level nurses were approached and asked to identify colleagues they saw as clinical leaders. The most common response was, "*What, nurses as leaders—no, don't you want to talk to my manager?*". Wedderburn Tate (1999) confirmed this, saying, "*nurses who are successful leaders do not recognise themselves as such*" and it seems nurses have not been taught that their leadership potential is in their hands. Reassuringly, some respondents in Stanley's studies (Stanley et al. 2012, 2014, 2017; Stanley 2019; Stanley and Stanley 2019) were able to point to highly skilled, effective and influential clinical-level nurses who displayed and practiced leadership as part of their clinical role. After decades of discussion and training about leadership in nursing, the majority of clinically focused nurses still fail to grasp the value of leadership to their practice and their responsibilities as leaders in the health service. When exploring perceptions of leadership with student nurses, James (2020) and James et al. (2022) found that student nurses rarely saw themselves as leaders then or in the future, and many felt unprepared to take on the concept of leadership. Although in the United Kingdom (UK) nurses are expected to demonstrate leadership at the point of registration, there remains a disparate approach to leadership education and preparation (James 2023). While the nursing curriculum remains full of clinical skill competencies and nurses take on more and more of these, leadership seems to be advertised as something one can pick up with a quick course. It is our opinion that leadership requires much further consideration and thought from early within the development of a nurse, application of critique to traditional theoretical positions and ownership by nursing as a profession (James et al. 2023).

It is our conclusion that nursing leadership is essential, not just to pay lip service to the nursing profession and bolster its ego or place in the scheme

of the health service but to make a genuine contribution to improving patient care and making the health service more robust and responsive to client/patient needs (James et al. 2023). This book sets out to offer a clear and straightforward perspective on what nursing leadership means and how it can be recognised and applied in practice.

The book is aimed at undergraduate nurses as a useful resource and may be of use to a range of qualified and practicing nurses who wish to review their insights into nurse leadership. It aims to inspire and support nurses in both understanding and developing their approach to leadership in nursing. It also aims to serve as a useful resource for nurses who are more advanced in their careers and who are interested in developing their leadership skills and broadening their awareness or leadership potential as nurse leaders. It is a contemporary introductory text that links current key debates and thinking in leadership as it applies to nursing practice.

Chapter 1 sets out the importance of leadership in nursing and why leadership is important in nursing now. It describes how the book is structured as well as considering the difference between leadership and management. Chapter 2 begins with an oversight of definitions of leadership, nursing leadership and an exploration of several leadership theories. Chapter 3 explores the attributes seen as vital for effective nurse leadership to prevail. This is presented as hard and soft skills and attributes and it goes on to explore why these skills are vital for nurse leaders to be successful. Chapter 4 outlines the importance of an understanding of self-care for leaders to be successful and remain vital. Chapter 5 offers an outline of the role of nurse leaders in driving innovation and change in the health service. Chapter 6 provides an overview of the relationship between leadership and teams, suggesting that nurse leaders need to understand how teams function and recognise their place when helping teams work. Chapter 7 takes the relationship of the leader to others further by exploring the significance of “networking” as a skill in the “tool-box” of effective nurse leadership. Chapter 8 looks at the central place of values for nurse leaders to be their best selves. Chapter 9 deals with the challenges nurse leaders face in the application of leadership, and Chapter 10 considers the flip side of leadership, followership, and how this can impact on the effectiveness of nurse leaders. Throughout the book, the value of applying nursing leadership is outlined, and the component parts of leadership are expressed.

1.2 Leadership and Management are Different!

Leadership and management are equally important, interdependent and inter related; however, they are also different and distinct, serving different purposes and requiring different skills (St George 2012; West et al. 2015; Gumbo 2017; Leech 2019; Nene et al. 2020; Stanley et al. 2023). In the health service, leadership and management are frequently seen as one all-encompassing thing (Stanley et al. 2023). However, Wood (2021, p. 284) suggests that *“Working out who leads and who manages is difficult, with the added anomaly that not all managers are leaders, and some people who lead work in management positions.”* This has the potential to lead to role ambiguity (Stanley 2006; Cutcliffe and Cleary 2015; Nene et al. 2020), and conflict can occur when clinicians take on management roles without appropriate training, support or instruction (Nene et al. 2020; Stanley et al. 2023). Likewise, tensions can occur between clinical leaders and managers, when leaders feel that their efforts are hampered by management or organisational aspirations or targets (Stanley 2006; Kerridge 2013; Orvik et al. 2015; Scully 2015; Stanley 2017a, 2017b; Nene et al. 2020). Zaleznik (1977) makes the point that management and leadership positions require different types of people which may be problematic in healthcare with the tendency for role overlap (Stanley 2006; Cutcliffe and Cleary 2015; Nene et al. 2020). Kotterman (2006) argues that a well-balanced organisation requires a blend of leaders and managers to succeed, and while there are overlaps, there is clarity in the distinction when explored further. This is important if you are interested in becoming a leader and/or manager.

Reflective Activity 1.1

Before you read on . . . Think about someone you have worked with who you saw/see as an inspirational leader. The only restriction placed on this activity is that you must think of a clinically focused nurse or midwife. Not a manager, not a doctor, not another health professional, not a relative or friend who is not a nurse. Think primarily of a clinically focused nurse/midwife.

Why did you think of this person?
 What was it about them that made you see them as leaders?
 Was it difficult to think of a nurse/midwife?
 Were you drawn to think of others, of doctors, managers or other senior (non-clinical) nurses? If so, why?

1.3 The Difference

Delineating between management and leadership can help ensure that the most appropriate skill set is utilised to achieve the best outcomes in practice (Jones and Bennett 2018). Moreover, Kotter (1990a) and Bass (2010) feel that using the terms interchangeably is misleading, adding that management and leadership are not synonymous, with Bennis (1989) recognising that leaders and managers have different ways of seeing the world.

1.3.1 Management

Managerial activities are essential to the smooth running of an organisation and the attainment of care standards and targets (see an example in Box 1.1). Good managers bring order and consistency, which can ensure that key dimensions such as quality are maintained. Katz's (1955) seminal work describes management as being concerned with directing a group or organisation with a focus on task orientation, staff

Box 1.1 An Example of Management

An example of a fundamental management role is staff rostering. Whilst widely held as one of the more mundane aspects of clinical management, the skill involved in providing around-the-clock cover, that takes into account patient acuity, variability in admission patterns, regulations regarding staff breaks between and during shifts and staff availability, should not be underestimated (Adapted from Wynendaale et al. 2021).

development, conflict resolution and the maintenance of ethics and discipline. Kotterman (2006) describes managers as focusing on the attainment of short-term goals, risk avoidance and standardisation to enhance efficiency, with Zaleznik (1977) adding that managers promote stability, exercise authority and are task orientated. Kotter (2001) expands this definition, claiming that management is concerned with planning, organising, budgeting, coordinating and monitoring. Managers rely on strategy, structure and systems; in other words, the operational element of organisations, requiring planning, budgeting, organising, staffing, problem-solving and controlling. Watson (1983) suggests that management roles tend to be dependent upon formal positions and attained through specific training schemes such as the NHS Graduate Management Training Scheme (NHS Graduate Management Training Scheme 2021). Management is seen as procedural and task focused, while attributes of leadership include visionary, influencing qualities. Kotter (1990a) adds that management consists primarily of three things:

- analysis
- problem-solving
- planning

1.3.2 Leadership

More is offered about leadership in the next chapter (Chapter 2); however, it is clear that leadership is about the leader's values, coping with change and/or creating disruption (Stanley et al. 2023). Leaders promote change and are people orientated, with Watson (1983) and Heinen et al. (2019) asserting that leaders use the “softer” skills of leadership such as being staff focused, being style driven, having shared goals and key clinical skills. Bryman (1986) and Goleman (1998a) add that leaders are also concerned with strategic motivation, and the Healthcare Leadership Model (NHS Leadership Academy 2021) emphasises that leadership is not necessarily related to seniority within an organisation. Clinical leaders focus on motivating and inspiring others towards common goals (Kotter 1990a) as they create a passion among others to share their vision. Leaders focus on the attainment of long-term goals; they take risks, challenge the status quo and work towards adapting

to change (Nene et al. 2020). Kotter (1990a) suggests that leadership consists of:

- vision,
- values and
- communication of vision and values.

With change and innovation characterising modern healthcare, the role of healthcare/clinical leadership has become more relevant in recent years, because it is integral to initiating innovation and change (West et al. 2015; Stanley et al. 2023). Innovation and change always demand more leadership (Kotter 1990a, 1990b) because of its concern with aligning people, setting direction, motivating, inspiring, employing credibility, adopting a visionary position, anticipating change and coping with change (Jones and Bennett 2018; Stanley et al. 2023). Leaders also align their leadership with the values central to the organisational goals (West et al. 2017; Stanley et al. 2023).

1.4 The Challenges Leaders and Managers Face

Management and leadership are two different, yet complementary activities (Kotter 1990b); consequently, they present several challenges. The efficient running of any organisation requires both and recognises that management is a function that must be exercised in any organisation, while leadership is a relationship between the leader and the led that can energise an organisation (Stanley et al. 2023). It is also clear that when management and leadership functions are embodied in the same person, or within the same post, it can lead to:

- values breach (Stanley 2006),
- confusion,
- conflict (Stanley 2006) and
- diminished clinical and management effectiveness (Kippist and Fitzgerald 2009; Kerridge 2013; Cutcliffe and Cleary 2015; Veronesi et al. 2019; Nene et al. 2020).

Leadership and management are different. You cannot manage a person into battle or into the teeth of a global health emergency – they must be led.

It is also clear that within healthcare, both leadership and management are essential to ensure patient safety and inspire innovation and change and are central to improving the efficiency of clinical areas and developing sustainable improvements in the quality of patient/client care. For a genuine opportunity to develop more efficient clinical management and clearer, more effective nursing leadership, it may be time to accept that having leadership and management functions reside in one person or post is inefficient and counterproductive, both to the individual concerned and to the health service's future development and success.

Since the 1970s, numerous authors have highlighted the differences between leadership and management (Zaleznik 1977; Stanley 2006, 2017b). The health industry is constantly dealing with change, and organisations need both effective and values-focused leaders and managers (Kline 2019). Sometimes it is the manager who fulfils a leadership role, while at other times, others within the organisation lead (see Box 1.2).

To suggest that only managers can lead is an outdated concept. However, many of our healthcare organisations are built on years of hierarchical traditions, and positional roles are sometimes viewed as leadership when they are in fact more managerial in description. Leadership occurs on many levels, and effective managers will acknowledge this and utilise the skills of staff to support quality and innovation within the organisation. Maintaining the status quo requires considerable energy, and working as a manager in any health organisation demands resilience, commitment and dedication. Managers are about stability, running the organisation and keeping things on an even keel. Anderson's (2012) view is that only some managers are able to lead and engage in both stable management tasks and creative risk-taking leadership. Appointing and training people who are asked to function as

Box 1.2 Role Confusion

One of the key criticisms identified by the Francis Inquiry (Francis 2013) was that confusion existed because a care culture had developed where management was separated from ward-level leadership, and as a result confusion existed over who should be responsible for care. The net impact was a breakdown of communication and a loss of focus on high-quality client/patient care.

managers but with expectations that they will offer dynamic and risk-taking leadership sets them up to fail or leads them to feel insecure in their role (Vize 2015).

Recognising the difference between leadership and management will allow professional development to embrace education focused on leadership development that is based on clinical practice and not simply management principles overlaid on clinical functions. Walker (2016) argues that the increasing complexity of healthcare systems requires a different style of leadership and management. She proposes that traditional hierarchical models should be replaced by an approach whereby accountability is distributed across multiple stakeholders and that interdisciplinary collaboration is given priority (Stanley and Stanley 2018; NHS England 2023). Walker (2016) asserts that we need leaders who are able to:

- align purpose and practice,
- create and nurture networks and
- give up a degree of autonomy to foster interdependency.

Walker (2016) also argues that leaders and managers will need to reorientate health services towards wellness and quality, which will create the need for buy-in through effective engagement with stakeholders as well as inspire the workforce to want to achieve system goals through motivational communication. There is also a need for nursing to develop its own approach to leadership, using the potency of its knowledge, skills and experience to inspire future nurse leaders (James et al. 2023). This is only possible if we encourage nursing leaders to hold a values-based leadership focus, and this should be the primary focus of leadership in nursing.

1.5 Summary

This chapter has outlined that the book's focus is on nursing leadership and that leadership in nursing cannot be considered without an insight into management and why leadership and management are different. It suggests that leadership has been a difficult concept for nursing to come to grips with, yet it remains a vital element for nurses to apply and understand if they are to genuinely impact quality patient care, safety, innovation and change in their local and wider health service.

Reflective Activity 1.2

Before you read on ... Think about your idea of the difference between leadership and management. Are they the same or different things?

Can one person be both a leader and a manager?

Might this cause conflict for them or their team?

Make a list of six words that define or describe a leader and a manager.

Are there any words that you used in both list?