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# Leadership and responsive care: Principle of Nursing Practice H

McKenzie C, Manley K (2011) Leadership and responsive care: Principle of Nursing Practice H. Nursing Standard. 25, 35, 35-37. Date of acceptance: February 23 2011.

## Summary

This is the final article in a nine-part series describing the Principles of Nursing Practice developed by the Royal College of Nursing (RCN) in collaboration with patient and service organisations, the Department of Health, the Nursing and Midwifery Council, nurses and other healthcare professionals. This article discusses Principle H, the need for leadership among staff and the provision of care that is responsive to individuals' needs.

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## Keywords

**Leadership, Principles of Nursing Practice, professional development, quality assurance**

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THE EIGHTH Principle of Nursing Practice, Principle H, reads:

'Nurses and nursing staff lead by example develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs.'

Principle H explores the themes of leadership and responsive care in all care settings. This Principle is essential to enable nursing teams to provide care that consistently reflects all of the other Principles of Nursing Practice. Workplace culture and context is established through leadership and this in turn affects patient outcomes and staff wellbeing.

With the major national and local reforms in health and social care currently being implemented, there has never been a better time for nursing to demonstrate its leadership capabilities. The proposals for restructuring health care in England (Department of Health (DH) 2010), and the health directives in Wales, Scotland and Northern Ireland (DH 2009, Scottish Government 2010, Northern Ireland Department of Health, Social Services and Public Safety 2011, Welsh Assembly Government 2011), have the potential to transform the NHS during a climate of economic recession and significant policy change.

Organisations need to continue to deliver quality care, nurture innovation and improve productivity. The lynchpin for implementing and sustaining these changes is the quality of leadership in practice. Leadership often has different meanings and there is no single definition. However, there is some consensus that leadership encompasses vision, passion and the desire to meet challenges (Bishop 2009). Rosemary Kennedy, former chief nursing officer for Wales, suggested that leadership is about getting the best from others – not 'simply telling staff you are their leader' (Frampton 2009).

Leaders should demonstrate good decision making, problem solving and critical thinking skills. 'Leaders must challenge the processes, inspire a shared vision, enable others to act, model the way forward, and encourage the heart... There is a need for strong, courageous leaders... and everyone has leadership potential if they want it' (Frampton 2009).

The Royal College of Nursing (RCN) (2009) identifies clinical leadership as one of the requirements vital for assuring and sustaining quality care through the supervisory role of the ward sister or team leader and the creation of an effective workplace culture. There are two

prerequisites to fulfilling the potential of these roles: role clarity on the part of the team leader or ward sister and how the organisation views them in their role, and recognition and support across the organisation for the supervisory role of the team leader or ward sister. Strengthening the supervisory role of the ward sister or team leader ensures that sufficient priority and time will be given to managing and developing team performance. This will enhance the patient experience and improve patient outcomes while contributing to organisational priorities, for example reducing hospital-acquired infections and staff sickness rates.

### Leadership and responsive care in practice

There are clear associations between the style of leadership and outcomes for patients and team members (Hay Group 2008). Nurses demonstrate leadership and responsive care by being person-centred and working with patients, colleagues, families and carers as individuals, in an agreed framework. In addition to the skills and behaviours associated with being person-centred (Manley *et al* 2011), leadership involves listening, interpreting and confirming understanding, as well as evaluating and reflecting on the effectiveness of the interaction.

Clinical leadership provides an opportunity to integrate such skills with the activities necessary

to ensure that nursing is able to sustain quality care and remain responsive to individuals' needs on a daily basis (Box 1).

### Case study

Nursing leadership and responsiveness is demonstrated when opportunities for the development of new services to meet the changing needs of service users are identified. This often involves developing new skills in the nursing team or taking on roles previously undertaken by other team members. A good example of this is the work undertaken by Royal Devon and Exeter NHS Foundation Trust ophthalmic nurse practitioner Brian Kingett.

Age-related macular degeneration (AMD) affects large numbers of older people in the developed world and is the most common cause of blindness in people over the age of 55 years (Vendula and Krzystolik 2008). Wet AMD occurs when blood vessels grow between the retinal pigment epithelial cells and the photoreceptor cells in the centre of the retina to form a choroidal neovascular membrane. These immature vessels leak fluid and blood. Haemorrhagic detachment of the retina may then undergo fibrous metaplasia resulting in an elevated sub-retinal mass called a disciform scar. Permanent loss of vision can ensue. A protein known as vascular endothelial growth factor (VEGF), which induces new blood vessel formation, inflammation and leakage, is responsible for the development of the choroidal neovascular membrane. Wet AMD can now be managed successfully with anti-VEGF injection therapy. This is a new treatment that can prevent blindness and improve the affected person's future quality of life. It may also improve the individual's ability to retain independent living.

Wet AMD was managed initially by registrars and consultants, but because of the increased demand for providing patient treatment within the timeframe required by the National Institute for Health and Clinical Excellence (2008), a nurse-led service was introduced. This was the first nurse-led service for this treatment in Europe, and it has transformed and improved patient outcomes, because people can be treated in a shorter timeframe. A two-year audit showed no increased risk to patient safety compared with the previous medical service. Initial cost savings appear to be related to the reduced demands on registrars' and consultants' time to provide this treatment. This amounts to six sessions a week that can now be used for surgical treatment. There are plans to perform a full cost analysis.

The NHS *Leadership Qualities Framework* (NHS Institute for Innovation and Improvement 2010) provides a useful model to help make sense of

#### BOX 1

#### Activities clinical leaders should fulfil daily to sustain quality care in the workplace

- ▶ Remaining visible and accessible in the clinical area to the clinical team, patients and service users. Examples include being approachable to visitors and enabling team members to ask questions.
- ▶ Working with the team in different ways, for example alongside junior colleagues in the provision of direct care and enabling learning in and from practice or by undertaking a care plan review.
- ▶ Monitoring and evaluating standards of care provided by the clinical team. For example, enabling reflective review at staff handover or by bringing staff together to review clinical and workforce data using balanced score cards.
- ▶ Providing regular feedback to the clinical team on standards of nursing care provided to and experienced by patients and service users. Feedback can be provided at the end of each interaction with staff members, the end of the shift or at staff handover.
- ▶ Creating a culture for learning and development that will sustain person-centred, safe and effective care. Examples include implementing systems for evaluating practice, clinical supervision, shared governance or decision making and a focus on patterns of behaviour, and providing a challenging and supportive environment for staff.

the leadership skills demonstrated in this case study. The framework has three main domains:

- ▶ Personal qualities – the motivation to improve performance in the health service and thereby make a difference to others' health and quality of life, along with the inner confidence to succeed and overcome obstacles to achieve the best outcomes for service improvement. This is evident in the case study, where qualities of motivation and resilience have resulted in a competent and successful nurse-led service
- ▶ Delivering the service – the ability to co-create and communicate the vision while ensuring the relevant staff are engaged fully and working collaboratively to achieve change. In the case study, the service has the full support of the consultants and governance team working within the trust. There is also a robust infrastructure that supports and encourages staff to achieve meaningful change.
- ▶ Setting the direction – the commitment to making service performance improvements and a determination to achieve positive service outcomes for users are essential to the success of the change. The case study illustrates the difference this service is making to patients as well as the multiprofessional team. The trust continues to share its experience in Europe and the UK, supporting other organisations to set up and run similar services.

## Resources to support the implementation of Principle H in practice

The RCN has developed learning materials to assist members in developing their leadership capabilities, including a resource 'What is leadership?' on the RCN Learning Zone site (accessible at [www.rcn.org.uk/development/](http://www.rcn.org.uk/development/))

[learning/learningzone/personal\\_skills/exploring\\_leadership/what\\_is\\_leadership](http://www.rcn.org.uk/learningzone/personal_skills/exploring_leadership/what_is_leadership)). This interactive learning resource is designed to challenge traditional views of leadership and provide different perspectives. The following issues are discussed:

- ▶ How everyone has a responsibility and ability to provide leadership in health care.
- ▶ How leadership is different from (but sometimes combined with) management.
- ▶ How different approaches to leadership are appropriate to different contexts of care, or need to be blended in different situations.

These resources can be used by a clinical leader in addition to working with the nursing team, offering 'real time' feedback on observations to develop the practice of the team and enhance the experience of the patient or service user. It is important to ensure each team member has regular one-to-one meetings and an annual appraisal with the team leader or ward sister. Other developmental opportunities include shadowing and mentoring inside and outside the normal place of work. Individuals can ask themselves: 'What can I learn or do differently today to develop myself and my team as leaders?'

## Conclusion

Style of leadership is associated with outcomes for patients, service users and team members. In the current climate of imminent change in the NHS in England, leaders need the courage to explore the themes of leadership and responsive care in all care settings and not just accept the status quo. Principle H provides a starting point to stimulate discussion about how care is delivered and to assist in identifying the gaps and actions required to improve the experiences of those receiving care and staff working in the care setting **NS**

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