

## **RCN Nurses in Leadership and Management Forum**

### **Supporting Paper for RCN Congress Fringe Event 2019**

#### **Everyone's a Leader**

#### **1. Introduction**

This paper addresses a fundamental issue for nurses and the provision of high quality health care. That is that all nurses, including support workers and those who are newly registered, are leaders for quality. This has always been an expectation of registrants and it was reinforced in the most recent issue of the Code of Professional Conduct (NMC, 2018a).

#### **2. New registrants as leaders from day one**

The NMC has always had an expectation that nurses are leaders from day one of registration. The Code of Conduct states this as part of promoting professionalism and trust, 'Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system' (NMC, 2018a, and p.22). This expectation is more explicitly stated in Platform 5, Leading and Managing nursing care and working in teams, in the standards of proficiency for registered nurses (NMC, 2018b).

Whilst this has always been the case the increasingly complex environment for health care provision, the increasing complexity of individuals with co-morbidities, an ageing population and the acute shortages of a skilled workforce mean that the new registrant is has even more expectations to perform as a leader for quality. This complex environment was highlighted by Anandaciva *et al.* (2018) when discussing the impossible task for leadership in today's NHS.

#### **3. Support Workers**

In recent years, the nursing support workforce has become increasingly highly trained. It is important to always refer to unregistered staff as such and not 'the untrained' staff. In today's complex healthcare environment, it is unthinkable that 'untrained staff' would be providing care and treatment without training.

Historically, the training of this section of the workforce has been delivered by organisations in-house and / or through the National Vocational Qualifications framework. More recently many support workers have embarked upon apprenticeships, two-year programmes leading to a Foundation Degree and establishing them as Assistant Practitioners. These members of staff also have a Code of Conduct, which includes leadership for quality issues (Skills for Health, 2013).

#### **4. What do we mean by leadership and management?**

If all nurses are leaders and newly registered nurses are to lead teams effectively from day one they need underpinning knowledge of leadership and management as well as the required skills and competencies to lead. This includes knowledge and understanding of what leadership is, leadership versus management, effective team working, effective leadership styles, acknowledging everyone as a leader and the importance of effective leadership for quality.

The importance of effective leadership, particularly in nursing, was highlighted by Sir Robert Francis (2013) in his report into the failings at Mid-Staffordshire Trust. Links between

effective leadership and quality have evidenced in the literature and were summarised in the NHS Healthcare Leadership Model (2013 p.7). Many authors have discussed culture and how leadership supports quality of care (Dickinson *et al.*, 2013; Dixon-Woods *et al.*, 2014).

When a nurse registers, they will be expected to lead from day one. Leadership is frequently misunderstood as the domain of senior staff and directors. In fact, everyone is a leader for quality in healthcare. For everyone this involves role modelling a patient centred approach to care and have the courage to voice concerns and challenge poor practice. This latter point was pointedly made post Mid-Staffordshire when the Inquiry Report focused on nurse leadership in practice, ward level, rather than at board level (Francis, 2013). For the new registrant it also involves management. Management of patient caseloads and management of a team, the latter not necessarily involving line management of the individual team members. Overall, the point that everyone is a leader is clear from the evidence based Health Care Leadership Model (NHS Leadership Academy, 2013) where the nine dimensions of effective health care leadership are defined at four levels. The first is essential, the level of competence expected of all health care professionals. For our newly registered nurses the most explicit expectation of practice for leading, managing, and working in teams is Platform Five of the standards of proficiency for registered nurses (NMC, 2018b pp.19-20).

How to effectively manage and motivate teams is arguably a pivotal area for nurses to understand. Most of the key NMC documents stress team working and leadership. For example; the requirement for the new registrant to contribute effectively to the interdisciplinary team (NMC, 2018b p.9); the need for pre-registration curricula to include opportunities for students to develop supervision and leadership skills (NMC, 2018c, p.10); and the Code of Conduct requirement to work co-operatively (NMC, 2018a p.12).

Of particular interest is a research report on leadership in pre-registration healthcare curricula where there is repeated emphasis on team working, summarised in statements on team cohesion (HEE, 2015). West *et al.* (2015) identified effective team working, dependent on effective team leadership, as a fundamental for success. Within all of the work on effective team working in health care the importance of motivating and valuing the team as one made of skilled and knowledgeable individual's is stressed. This is frequently based on the premises of team leaders needed to understand the multi-disciplinary and professional nature of teams. What is frequently not addressed is the fact that all team members are skilled and knowledgeable.

For nurses, it is proposed that the profession needs to fully acknowledge that all of the team, registered or un-registered, have a valuable contribution to make and all are leaders for quality in their own right. This is important for the new registrant as their team is likely to consist of un-registered staff. The continued professional use of the terms trained and un-trained are unhelpful and undermine team effectiveness in nursing. The terms should be registered or un-registered, and the new registrant should understand that the un-registered nursing workforce is rarely un-trained. They will have core training from the organisation, frequently they have NVQs and increasingly they have formal qualifications. An example of the latter is the growing numbers of assistant practitioners who have a foundation degree in health and social care. The new registrant will be able to maximise the inputs of his or her team if they understand and value the knowledge, skills and competencies of all of these team members.

Part of what the nurse needs to understand is the varying leadership styles, ones which are applicable to health and social care, and their own personal style. Cope and Murrey (2017) discuss nursing leadership styles succinctly and West *et al.* (2015) explore the theories more generally in relation to healthcare.

#### **4. What skills and competencies are required?**

Experience and synthesis of the literature and good practice has led to the identification by the forum of five key skills and competencies for leadership and management in nursing. It is concluded that the development of these will support the nurse in working effectively as a leader or manager.

This is the section, which will be the source of ‘topics’ for the fringe event.

It includes key skills and competencies in:

- Role modelling
- Emotional Intelligence
- Motivational skills
- Organisational skills
- Courage and ability to voice concerns, and to hold critical conversations.

**Lindsey Scott on behalf of the Nurses in Management and Leadership Forum Committee**

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