

The ward sister: factors that aid transition

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Objectives

- **identifying the learning needs of nurses who aspire to be ward sisters**
- **establishing the development needs of ward sisters**
- **ascertaining the interventions before and after becoming a ward sister that reduce the time period taken to reach the stabilisation phase (Nicholson and West (1988) transition model) in the transition to the ward sister role and**
- **designing a framework for ward sister preparation and ongoing development.**

Role of the ward sister

- 24 hour responsibility
- Clinician
- Quality of Care
 - Patient safety
 - Patient experience
- Staff development
- Educator
- £1m budget



Role of the ward sister

The Salmon Report (1966) *Nurses should be systematically prepared for senior posts in the three levels of management, by practical 'on the job' and by courses of instruction'*

Briggs (1972) recommended *ward sisters should have increased status and reward compared to their peers in the community to reflect their higher level of responsibility.*

Making a Difference (1999) The document recognised that *leadership at ward level should be part of the remit of ward sisters, and that succession planning and support is required for nurses who aspire to ward sister positions.*

Prime Minister's Commission (2010) recommended *that the ward sister role should be strengthened*

Francis Inquiry (2013) proposed that *nurses at all levels receive leadership development*

Becoming a ward sister: Accident or design?

Mixed
methods

228 ward sisters,
173 responded,
76% response rate

Age:
5% <30
29% 30-39
48% 40-49
17% 50-59
1% >60

1. Survey to DONs
2. Ward sister focus group
3. Survey to ward sister

Certificate 5%
Diploma 26%
A. Diploma 6%
Degree 56%
Masters 7%



Current development needs

| | All | <2 yrs in post | >2yrs in post |
|----|------------------------|------------------------|------------------------|
| 1 | Regulatory compliance | Regulatory compliance | Regulatory compliance |
| 2 | Leadership | Finance | Change |
| 3 | Clinical effectiveness | Leadership | Leadership |
| 4 | Change | People management | Innovation |
| 5 | Finance | Clinical effectiveness | Clinical effectiveness |
| 6 | Personal impact | Patient experience | Personal impact |
| 7 | Innovation | Patient safety | HR management |
| 8 | Patient experience | Influence | Patient experience |
| 9 | Patient safety | Change | Patient safety |
| 10 | Influence | Personal impact | Finance |
| 11 | People management | Recruitment | Influence |
| 12 | HR management | Time management | Strategy |
| 13 | Strategy | Conflict resolution | Coaching |
| 14 | Clinical skills | Innovation | Clinical skills |

These were found to be helpful (or not)

| Methods of education and training | Before or after becoming a ward sister | Total number | Very helpful | Helpful | Not helpful | Not at all helpful |
|-----------------------------------|--|--------------|--------------|-------------|-------------|--------------------|
| In house programme | Before | 159 | 44 (27.7%) | 102 (64.2%) | 8 (5%) | 5 (3.1%) |
| | After | 156 | 57 (36.5%) | 88 (56.4%) | 11 (7.1%) | 0 |
| External course | Before | 142 | 49 (34.5%) | 80 (56.3%) | 10 (7%) | 3 (2.1%) |
| | After | 135 | 54 (40%) | 72 (53.3%) | 9 (6.7%) | 0 |
| On the job development | Before | 168 | 80 (47.6%) | 78 (46.4%) | 6 (3.6%) | 4 (2.4%) |
| | After | 161 | 20 (49.7%) | 67 (41.6%) | 13 (8.1%) | 1 (0.6%) |
| Coaching | Before | 124 | 57 (46%) | 52 (41.9%) | 13 (10.5%) | 2 (1.6%) |
| | After | 126 | 55 (43.7%) | 57 (45.2%) | 12 (9.5%) | 2 (1.6%) |
| Peer support Discussion | Before | 146 | 62 (42.5%) | 73 (50%) | 8 (5.5%) | 3 (2.1%) |
| | After | 163 | 75 (46%) | 78 (47.9%) | 8 (4.9%) | 2 (1.2%) |
| Supervision | Before | 116 | 38 (32.8%) | 62 (53.4%) | 11 (9.5%) | 5 (4.3%) |
| | After | 119 | 49 (41.2%) | 57 (47.9%) | 11 (9.2%) | 2 (1.7%) |
| Electronic learning | Before | 123 | 10 (8.1%) | 49 (39.8%) | 52 (42.3%) | 12 (9.8%) |
| | After | 145 | 14 (9.7%) | 56 (38.6%) | 65 (44.8%) | 10 (6.9%) |
| Formal qualifications | Before | 152 | 34 (22.4%) | 96 (63.2%) | 18 (11.8%) | 4 (2.4%) |
| | After | 119 | 33 (27.7%) | 68 (57.1%) | 15 (12.6%) | 3 (2.5%) |
| Training by professional bodies | Before | 125 | 26 (20.8%) | 78 (62.4%) | 18 (14.4%) | 3 (2.4%) |
| | After | 125 | 33 (26.4%) | 73 (58.4%) | 16 (12.8%) | 3 (2.4%) |
| Books | Before | 147 | 14 (9.5%) | 96 (65.3%) | 35 (23.8%) | 2 (1.4%) |
| | After | 138 | 22 (15.9%) | 79 (57.2%) | 32 (23.2%) | 5 (3.6%) |
| Conferences | Before | 144 | 33 (22.9%) | 98 (68.1%) | 11 (7.6%) | 2 (1.4%) |
| | After | 147 | 39 (26.5%) | 92 (62.8%) | 13 (8.8%) | 3 (2%) |
| Shadowing | Before | 127 | 59 (46.5%) | 55 (43.3%) | 10 (7.9%) | 3 (2.4%) |
| | After | 110 | 53 (48.2%) | 43 (39.1%) | 11 (10%) | 3 (2.7%) |

Challenges of leader turnover

Become disengaged on the job

Often don't do their best work

Don't grow in their positions

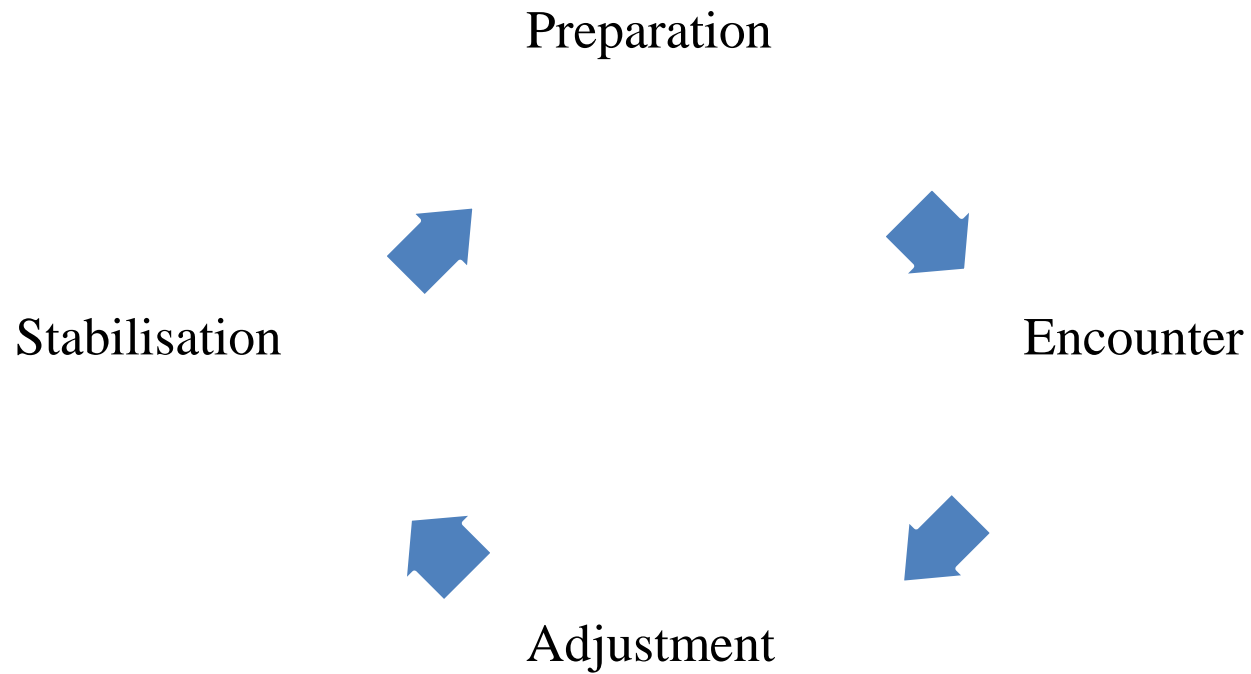
Describe their units as having unhealthy work environments

Don't provide the highest level of customer service

Leave when they have better opportunities



Nicholson and West (1988) transition model



Time to stabilisation

| Number of years to stabilisation phase of transition cycle | | Frequency | Valid Percent | Cumulative Percent |
|--|--------------------|-----------|---------------|--------------------|
| Valid | Less than one year | 23 | 13.6 | 13.6 |
| | 1-2 years | 30 | 17.8 | 31.4 |
| | 2-3 years | 29 | 17.2 | 48.5 |
| | 3-4 years | 18 | 10.7 | 59.2 |
| | 4-5 years | 17 | 10.1 | 69.2 |
| | 5-10 years | 28 | 16.6 | 85.8 |
| | over 10 years | 24 | 14.2 | 100.0 |
| | Total | 169 | 100.0 | |
| Missing | System | 4 | | |
| Total | | 173 | | |

Regression

Multiple regression is an equation of two or more continuous or categorical predictor (independent) variables. Regression analysis enables a prediction to be made in relation to a dependent variable and a number of predictor variables (Cookes et al, 2010).



Variables used

The length of time the ward sister had been a RN

Development using in house programmes

Development using external courses

On the job development

Being coached

Development via peer support

Development via supervision

Development using e-learning

Studying for formal qualifications

Development by external professional or industry bodies

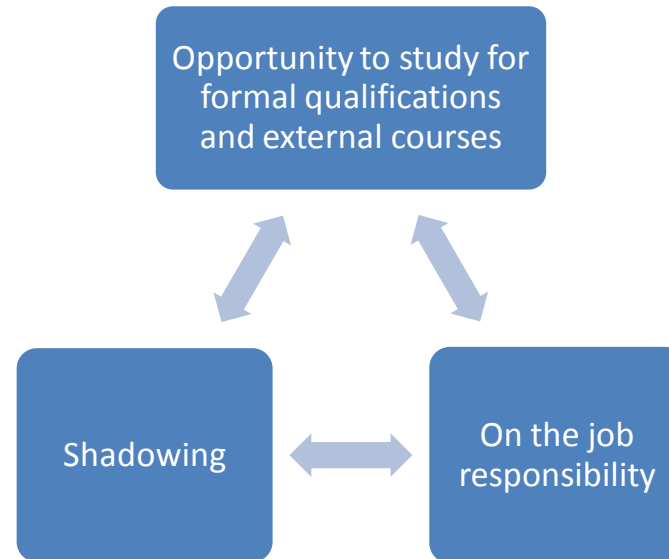
Studying using books

Development via conferences

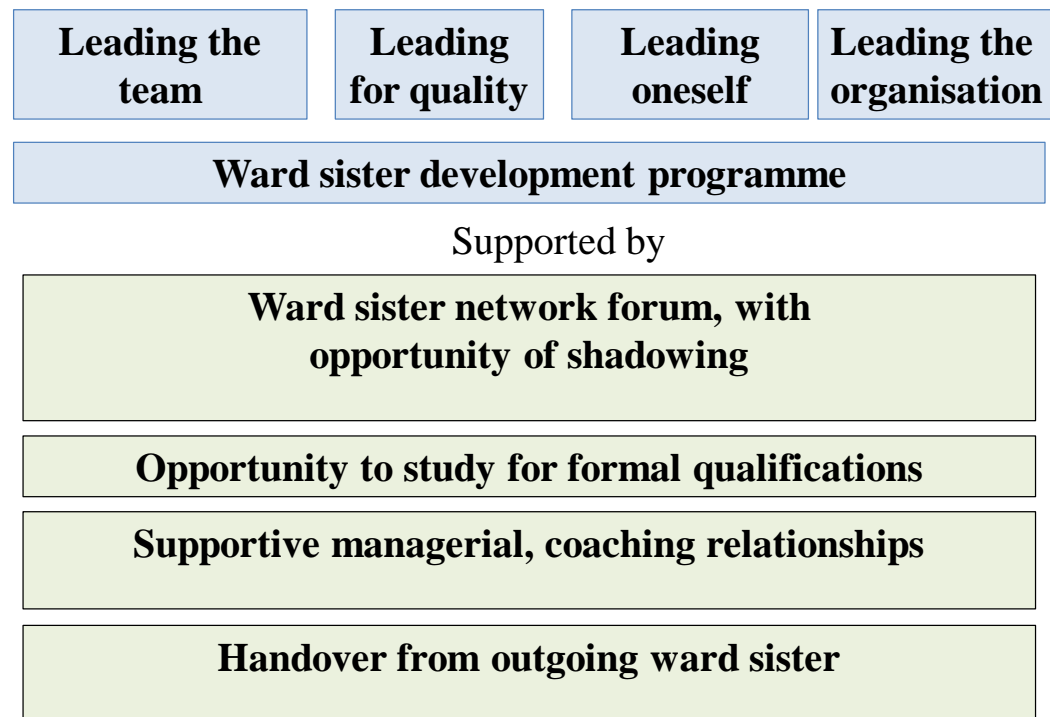
Shadowing an experienced person

PLUS being a graduate

Preparation framework



Development framework for ward sisters



Thank you for your time!
Any questions, or
comments. . .



With deep gratitude to my supervisors Prof Elizabeth West and Swatee Patel,
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