LEADERSHIP

Role of nursing leadership in providing compassionate care

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Abstract
This article encourages nurses to explore the concept of leadership in the constantly changing field of health and social care. All nurses have an important role in leadership, and they should consider what type of leader they want to be and what leadership skills they might wish to develop. This article examines what leadership might involve, exploring various leadership styles and characteristics and how these could be applied in nurses' practice. A core component of nursing and nursing leadership is the ability to provide compassionate care. This could correspond with the idea of servant leadership, an approach that moves the leader from a position of power to serving the team and supporting individuals to develop their potential.

Keywords
compassionate care, courage, leadership, leadership styles, nurse management, reflection, self-care, servant leadership

Aims and intended learning outcomes
The aim of this article is to encourage nurses to reflect on and develop their role in leadership, exploring the various styles and characteristics that can be applied in nursing practice. After reading this article and completing the time out activities you should be able to:

» Understand the role of leadership in the context of changes in health and social care.
» Recognise that leadership is an important part of all nursing roles.
» Identify various leadership styles and approaches, and their benefits and limitations.
» Describe the characteristics of an effective leader.
» Reflect on your leadership style and consider ways you could develop your leadership skills.

Relevance to The Code
Nurses are encouraged to apply the four themes of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives to their professional practice (Nursing and Midwifery Council (NMC) 2015). The themes are: Prioritise people, Practise effectively, Preserve safety, and Promote professionalism and trust. This article relates to The Code in the following ways:

» The Code emphasises that nurses must act in line with its standards, even when they are not providing direct patient care, including in leadership roles.
» It states that all nurses have an important role in leadership and should develop their leadership skills. The Code states that nurses must provide leadership to ensure people's well-being is protected and to improve their experience of the healthcare system.
» The Code states that nurses have a responsibility to share their skills, knowledge and experience for the benefit of their colleagues and for people receiving care. This relates to the characteristics of effective leaders outlined in this article, which include...
providing clear direction and a vision for healthcare services, as well as supporting team members.

It emphasises the importance of effective leadership in providing compassionate care to patients. This relates to The Code theme of prioritising people, which states that nurses must treat people with kindness and compassion, and respond compassionately when people are anxious or distressed.

Introduction

All healthcare staff, including nurses, nursing students and healthcare support workers, have an important role in leadership. For instance, nursing students and newly qualified nurses bring their life experience and vision of what the nursing profession could be, while experienced nurses share their expertise and vision of what the role of the nursing profession is, alongside innovative ways of practising and providing person-centred care. Reflecting on their leadership role can enable nurses to identify the type of leader they want to be and to develop and demonstrate their leadership skills accordingly.

This article discusses the changing nature of health and social care in which nursing leadership must grow and develop. It examines the concept of leadership and how it might be applied in nursing practice, and identifies the similarities and differences between the roles of leader and manager. This article also explores various leadership styles and approaches, presenting examples of what might be considered effective leadership characteristics and how these are linked to compassionate care. It emphasises that nurses should identify and develop their personal leadership style and skills to prepare for undertaking a leadership role in their practice.

Leadership in a changing healthcare system

Covey (2009) described change as one of the constants in life and in any organisation or setting, including healthcare. It is important that leaders respond to these changes effectively, while recognising and respecting their core personal values and beliefs and those of the organisation they work for. Change can be uncomfortable and challenging, but, with effective leadership, it can also be an opportunity for improvement and growth for individuals and organisations.

Nursing leadership worldwide occurs in the context of changing health and social care systems. Examples of changes and challenges occurring in health and social care are shown in Box 1. These changes are largely positive, for example advances in treatment mean that people are now living longer with their disease. However, such advances also mean people are often living with comorbidities that require increased levels of care and support.

As a result of an increasingly ageing population, the number of people living with complex needs and choosing to remain in their homes for as long as possible has risen. The move from hospital-based care to increased community support means that care can be increasingly based around patients’ individual needs. In many parts of the world, there is a move away from the extensive focus on the medical model of health towards a personal approach to care and support (The King’s Fund 2012).

Further changes will be required of nurses as leaders to ensure that all people receive improved and fairer access to existing health and social care services (The King’s Fund 2012). One of the challenges for nursing leadership is how each nurse engages with these changes and develops effective ways of addressing patients’ health and social care needs. Another ongoing challenge is how to attract new nurses to the profession, while retaining, supporting and developing their colleagues to respond to the changing needs in healthcare. Behind each of these challenges and opportunities is the ongoing need for effective nursing leadership and for the voice of the profession to be heard in health and social care organisations.

The response to these changes and challenges is reflected in the development of roles in the nursing profession, including in advanced practice. Skills and responsibilities that were once the domain
of doctors have now been extended to nurses. While these developments are important, the focus should remain on what the role of the nursing profession is, otherwise there is a risk of some nurses’ roles becoming likened to doctors’ assistants.

Alongside these clinical role developments, nurse education, research and management roles have also evolved. Leaders at every level should be active and creative in determining how nursing will operate in the future and the new roles that will develop to improve patient care. Leadership is a core element of all these roles and is essential to patient care and the development of nursing practice.

**TIME OUT 1**

Reflect on your role as a leader. Consider how you use your developing leadership skills to influence patient care. To do this, it may be useful to consider how this links to elements in The Code (NMC 2015). You may wish to reflect on this in relation to a time when you:

» Acted as an advocate for a patient so that their personal wishes were heard.

» Were the voice of nursing for your organisation at an external meeting.

» Influenced the allocation of healthcare resources.

» Led a clinical shift.

» Educated or supported a new member of staff or a nursing student.

» Took time to reflect on and learn from your practice or leadership approach.

**Leadership and management**

There are many similarities between the skills required of leaders and managers, and in all cases the manager engages in leadership. However, there are significant differences between leaders and managers. An effective manager is not always an effective leader, and many effective leaders do not make effective managers.

Managers are seen as those who are required to plan, maintain order, provide consistency and deliver results (Faugier and Woolnough 2002). The role requires the manager to take responsibility and to be accountable for the administration of resources, including the line management of staff, in a safe, effective and responsible manner. While much of the role is operational, ensuring that day-to-day care is provided, an effective manager will be mindful and knowledgeable of the long-term aims of the organisation and the healthcare service (Kotter 1990, Faugier and Woolnough 2002, NHS Leadership Academy 2013).

In contrast, leaders have been perceived as those called on to share a vision, and to motivate, mentor, inspire and empower staff (Kotter 1990, Faugier and Woolnough 2002, NHS Leadership Academy 2013). Leaders may often take on a less operational role than managers and may be less involved in the direct management of resources, instead focusing on planning strategically, as well as influencing and developing the organisation’s future aims and goals (Faugier and Woolnough 2002, The King’s Fund 2012, NHS Leadership Academy 2013).

Storey and Holti (2013) conducted a literature review exploring effective leadership in the changing health and social care system. They proposed a new model for leadership in the NHS, comprised of three elements (Storey and Holti 2013):

» Provide and justify a clear sense of purpose and contribution.

» Motivate teams and individuals to work effectively.

» Focus on improving system performance.

**BOX 1. Changes and challenges in health and social care**

» Developments in medicine

» People living longer with comorbidities

» Children living with increasing physical and learning needs

» Integration of health and social care, for example learning disability and mental health hubs

» Increasing focus on providing community-based care

» Allocation of limited resources

» Inequity of access to services

» Increasing use of information technology to provide care

» Innovative ways of undertaking nursing care

» Increasing acuity of patients with complex needs

» Issues around attracting and retaining nursing staff

(The King’s Fund 2012, Storey and Holti 2013, Department of Health 2014)
The challenge for each nurse is to bring together the art of caring and the art of leadership in their practice. This moves away from the idea that the role of leaders is to control or rule others. As Govier and Nash (2009) suggested, nurse leaders are visionaries and custodians of the principles of care who inspire and guide the way forward.

Storey and Holti (2013) recommended that leadership should involve developing a workforce with a sense of purpose, who are encouraged to contribute their ideas, which would make them feel increasingly engaged and motivated to improve care and services for all people (Storey and Holti 2013). While the focus of this work was the NHS in the UK, the principles are applicable to health and social care services in other sectors and in other parts of the world.

Mahoney (2001) stated that the requirement to develop strong leaders was one of the main issues facing the nursing profession, while Frankel (2008) suggested that strong nursing leadership was critical to ensure safe, effective and high-quality care, and to retain a positive workforce. West et al (2015) asserted that leadership was the most influential factor in shaping organisational culture in healthcare. Effective leadership at every level is an essential aspect of addressing the challenges facing nursing across the world. In the context of the changes in health and social care (Box 1), the challenge is to develop strong and resilient leaders who can maintain the values of nursing and provide compassionate care.

**TIME OUT 2**

Using published and online resources, find a healthcare organisation that reflects the beliefs and values you hold. Access their patient and staff surveys and reviews to identify what others have said about the organisation. Does the organisation align with your goals and aspirations for the care you want to provide? While you may have to adapt your goals and aspirations when practising in an organisation, be mindful of over-compromising your beliefs and values, which may lead to frustration and stress.

There are several ways that leadership can be defined. Early definitions of leadership refer to it as an ability to influence others; for example, Stogdill (1950) described leadership as a process or an act of influencing the activities of an organised group in its efforts toward goal-setting and goal achievement. However, an alternative view of leadership is that it is an art. For instance, Kouzes and Posner (1995) described leadership as the art of mobilising others to want to strive for shared aspirations. Similarly, Cohen (1990) suggested that leadership is the art of influencing others to accomplish any task, objective or project. The core skill of artfully influencing is reflected in the NHS Leadership Academy’s (2013) nine dimensions of leadership behaviour, which are outlined in Box 2.

The notions of leadership as an art and an ability to influence could correspond with the core idea of nursing as a profession that is based on the art of caring. Leininger (1984) described caring as the essence of nursing, while Brykczynska (1997) stated that ‘without caring, nursing would represent an incomplete or even disingenuous and nonefficacious picture of what it is about. It would be nursing without its soul’. Brykczynska (1997) and Leininger’s (1984) words are reflected in the reasons cited by students who decide to study nursing (Cornwell and Goodrich 2009). When teaching nursing students, the author often asks them why they have chosen this career, and their responses usually reflect their aspirations to care. In general, nurses’ standards are influenced by the drive to provide the standard of care that they would want for themselves and their loved ones (Cornwell and Goodrich 2009). The challenge for each nurse is to bring together the art of caring and the art of leadership in their practice. This moves away from the idea that the role of leaders is to control or rule others. As Govier and Nash (2009) suggested, nurse leaders are visionaries and custodians of the principles of care who inspire and guide the way forward.

**Leadership styles**

There are several leadership styles and approaches that may be used in nursing, and which are summarised in Box 3. Many leaders will use some aspects of several of these styles.

The autocratic leader takes a controlling approach, makes decisions on behalf of the team and rarely asks the team for input or feedback (Bass 1985, 2008). Similarly, the bureaucratic leader is generally led by the hospital and organisational policies...
and rules. Autocratic leaders are generally inflexible, not deviating from the rules and regulations (Bass 2008). There are many examples of both these approaches operating worldwide, generally in less democratic settings than healthcare, such as governments and the military. However, some branches of the military are re-examining this approach to leadership and moving towards an increasingly inclusive style, which has led to improved engagement from military personnel and increasingly effective use of resources (Earnhardt 2008).

Although it may seem that neither the autocratic or bureaucratic leadership styles would be appropriate in nursing or healthcare, they are often present and can result in safe and cost-effective care (Bass 2008). Leaders may use these approaches when they feel under pressure to deliver results; for example, a leader who might usually have an inclusive approach may move towards an autocratic style when aspects of patient care are being missed or important targets are not being met. Staff often report that they feel disengaged by these approaches, which may be less conducive to retaining staff or supporting the team to provide person-centred care.

A leader who uses a participatory approach will aim to engage with staff in undertaking and developing aspects of patient care (Taylor 2009). This approach moves some of the control away from the leader to the team, meaning that the team feels increasingly involved, empowered and valued (Taylor 2009). It is a positive approach, since it recognises that every member of the team has an important leadership role. Part of the role of senior leaders is to encourage staff to engage in a participatory approach in their care of patients and when supporting their colleagues. For example, this approach may be seen when a nurse mentors a nursing student or a new member of staff.

A relatively uncommon leadership style in healthcare is the laissez-faire approach, in which staff are left to meet their own targets (Xirasagar 2008). This is often perceived as ineffective leadership; however, in many cases the laissez-faire leader trusts that their team have the skills to deliver care (Xirasagar 2008). However, without clear direction, staff can flounder and feel increasingly stressed and dissatisfied.

In the situational leadership style, the leader is flexible, using components of various leadership approaches and adapting these depending on the team’s needs (Sims et al 2009, Grimm 2010). For example, a situational leader may use a participatory approach in developing a ward philosophy; by involving staff in deciding the ward philosophy, they can all feel a part of, and therefore engage with, this activity. In an emergency, the situational leader may use a more autocratic approach than usual, to ensure that everyone is clear what their role is and that the situation is managed quickly and safely.

**BOX 2. Nine dimensions of leadership behaviour in healthcare**

- Inspiring shared purpose – considering how to improve services and patient care, and behaving in a way that reflects the principles and values of the healthcare organisation
- Leading with care – understanding the skills and needs of the team, and providing a safe, caring environment
- Evaluating information – seeking feedback and information, and using this to plan improvements and make evidence-based decisions
- Connecting our service – understanding how health and social care services work together and interact
- Sharing the vision – communicating a clear and achievable vision for the future
- Engaging the team – encouraging the team to participate in discussions and contribute ideas in relation to service improvements
- Holding to account – agreeing performance targets, supporting others to take responsibility for results and providing feedback
- Developing capability – developing the team so it can meet future challenges, and acting as a role model for personal development
- Influencing for results – having a positive effect on the team, establishing relationships to understand the team members’ concerns, and working collaboratively

(Adapted from NHS Leadership Academy 2013)

**BOX 3. Leadership styles**

- Autocratic – decides goals with no input from the team
- Bureaucratic – led by policies and rules
- Participatory – engages with staff, staff feel involved
- Laissez-faire – staff are left to meet their own targets
- Situational – flexible and adaptable to the team’s needs
- Servant – shares power and serves the team
- Transformational – focuses on empowering staff and the bigger vision
- Transactional – focuses on undertaking day-to-day practice

While there are significant differences between transformational and transactional leadership styles, these approaches can complement one another. The transformational approach tends to focus on engaging and empowering staff, while being aware of the bigger vision, what is required to provide care on a daily basis, and planning for the future needs of the healthcare service (Vinkenburg et al 2011, Gousy and Green 2015, Fischer 2017). The transactional approach is generally based on a reward system that focuses on undertaking daily clinical practice, where staff are rewarded in exchange for tasks accomplished (Xirasagar 2008, Vinkenburg et al 2011). Both of these leadership styles are necessary in nursing practice and, as with situational leadership, one style will become more prominent in certain situations and settings. In healthcare, a transformational leader should be grounded in reality, and a transactional leader should be able to look beyond the present situation to what the team and service can become in the future.

**Servant leadership**
Greenleaf (1970) is widely recognised as developing the idea of servant leadership. He described this leadership style as one that is focused on the growth and well-being of others and the community, team or organisation. This approach moves the leader from a place of power to one of serving the team and supporting its members to develop their potential.

The servant leadership approach may correspond well with the drive towards person-centred, empathetic and compassionate care, which is crucial in improving the patient experience (Cornwell and Goodrich 2009). One issue that has been identified is that doctors and nurses may avoid patients' suffering (Cassell 1991), and they can be negatively affected as a result of caring for patients who are suffering (Larson and Yao 2005). The servant leader may be well placed to support the team, since they can understand the demands made on staff and respond to their concerns, thus enabling staff to continue to provide compassionate care to patients.

Alimo-Metcalfe and Alban-Metcalfe (2008) suggested a variation of the servant leadership approach, in which the leader not only performs the role of servant, but also takes on a partnership approach to leading the team. This involves the leader demonstrating the principles of care through their own nursing practice. This partnership approach corresponds well with the nine dimensions of leadership behaviour suggested by the NHS Leadership Academy (2013) (Box 2).

While servant leadership might be beneficial to the nursing profession, this approach is not widely used in practice, although aspects of it are often used by individuals (Gousy and Green 2015). This approach might be uncommon because nurses often practise in healthcare organisations that are influenced by the more authoritarian medical model. Furthermore, the servant leadership approach might not be applicable when decisions need to be made quickly in healthcare settings, for example in emergencies. However, aspects of this approach could be worth embedding in practice and be beneficial to nursing care; for instance, instead of focusing on managing the hospital or ward, directors of nursing and ward leaders would aim to serve the people they care for and the staff they lead.

**TIME OUT 3**
Select a leadership style from those listed in Box 3. List three advantages and three disadvantages of using this style in healthcare settings.

**TIME OUT 4**
This may assist you to identify leadership skills and areas for development.
Characteristics of an effective leader
Alongside the various leadership styles and approaches, there is a range of essential characteristics of an effective leader. Similar to the nine dimensions of leadership behaviour suggested by the NHS Leadership Academy (2013) (Box 2), Yukl (2013) described some of the skills required to make an effective leader (Box 4), which reflect the art of influencing previously described.

This article outlines some of the important leadership characteristics that nurse leaders require. Although an effective leader will have all these skills, most leaders will have some of these and need to develop others. In healthcare, these skills may develop resilience and improve job satisfaction for the leader, and result in an increasingly engaged and cohesive team that can provide effective care and support to patients. Each of these skills enables nurses to use their experience and clinical skills to support others and to act as leaders.

Demonstrating compassion and establishing relationships
It is important for leaders to role model the ability to demonstrate compassion, and listen to the concerns of each person they care for and those they lead. They should also have the ability to engage with, and act on, the ideas of patients and carers in redesigning and improving healthcare services. Leadership involves the willingness to be the visible and visionary voice of nursing in the healthcare setting and in the organisation, as well as working with other organisations and partners, with the aim of making integrated and person-centred care easier.

Effective nurse leaders use their knowledge, wisdom and presence to listen to those they care for, influence healthcare discussions, and advocate for the needs of patients and their families, including influencing where resources might need to be allocated. Effective leadership includes being inclusive, which involves engaging with people whose voices are not always heard in healthcare settings, including: those with dementia, mental health conditions or learning disabilities; older people; lesbian, gay, bisexual and transgender people; refugees; and ethnic and religious minorities.

TIME OUT 5
List five leadership skills that you have and five that you wish to develop. For example, you may wish to improve your communication with your colleagues, your ability to engage with and motivate your colleagues, and your courage to advocate for a patient. What steps could you take to achieve these goals?

Being courageous
An effective leader is courageous, willing to take calculated risks, challenge suboptimal care and suggest ways to improve care, based on evidence and best practice. Leaders should have the courage to address instances where communication is suboptimal or where errors or patient safety incidents occur, moving away from the lack of leadership often observed when failings occur in health and social care services (Cornwell and Goodrich 2009, Department of Health 2014). They should also have the courage to listen to the concerns of patients and family members when the health and social care system has failed, and the courage to implement necessary changes.

Bondas (2006) found that nurses described effective leaders as sources of inspiration who were able to implement positive changes, thus benefiting those they care for, which often takes courage. It is the courageous leader who, while

BOX 4. Effective leadership skills

- Making sense of change
- Creating direction
- Demonstrating compassionate nursing care
- Nurturing commitment and optimism
- Encouraging trust and cooperation
- Creating a sense of collective identity
- Organising and coordinating work efforts
- Enabling collective learning
- Ensuring necessary resources are available
- Developing and empowering people
- Promoting social justice and morality

(Adapted from Yukl 2013)
recognising multiple demands, ensures that the resources necessary to provide care are present, and who listens to their colleagues and does not allow the quality of patient care to be diminished.

**Engaging with and empowering people**
With an increasing number of patients wanting to take charge or control of their health, leaders have a role in supporting them to become more empowered, by involving them in decisions about their care and supporting them to self-manage their condition, where possible. This moves beyond the medical model to an integrated model of health and social care, with the patient at the centre of their care. This integrated model is often implemented in community settings, for example in health and social care hubs for older adults and people with learning disabilities or mental health conditions (Department of Health 2014).

An effective leader also engages and empowers the team by moving away from an autocratic leadership style to one that is inclusive and participatory or, as Yukl (2013) suggested, is able to encourage trust and cooperation among the team to meet changing care needs.

**Being credible and visible**
Since nurses practise in a range of healthcare settings, it is important that the leader remains credible, trustworthy and visible. The leader should be able to demonstrate that they understand the challenges and opportunities that exist in their particular healthcare setting, so that the team will trust them as their leader to guide them, and will view them as credible. For example, a leader in a senior role might ensure the appropriate resources are in place so that nurses in practice have the skills and tools required to provide compassionate, person-centred care.

As part of this credibility, nurse leaders should be visible and approachable. Spending time with colleagues while they undertake their practice or education will enable the leader to understand the issues they experience, and during this time the leader can provide expert support and develop trust. This approach is reflected in the increase in senior nursing teams working alongside their colleagues in clinical practice and learning from them. Many healthcare organisations have now implemented ‘back to the floor’ initiatives, whereby healthcare organisations have now implemented ‘back to the floor’ initiatives, whereby senior nurses set aside time each week to work alongside their colleagues in clinical practice.

**Recognising talents and developing the team**
The ability to recognise the potential and skills of those they work with and lead is another characteristic of an effective leader. Belbin (1996) explored why some teams succeed and others fail, and observed failure to recognise the team’s untapped experience and skills. The leader recognises that everyone brings a value to the team. While some members bring imagination, vision and creativity, others bring specialist knowledge, or the ability to organise and deliver results. By working together, and recognising and tapping into these skills, staff can feel included, engaged and empowered to implement change and improve healthcare.

**Demonstrating reflection and self-care**
In a study of nurses supporting people living with cancer, nurses spoke of the importance of learning not only from clinical practice but also from their own life experiences (Quinn 2000, 2003). For example, one nurse stated: ‘I also have the

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**Box 5. Nine roles that people may bring to their teams**

- Plant: creative, imaginative, thinks outside the box
- Resource investigator: effective communicator, sees options
- Coordinator: identifies goals and can delegate
- Shaper: challenges and is dynamic
- Teamworker: listens, reduces team tension, engages
- Implementer: able to organise, reliable, disciplined
- Completer-finisher: delivers, good at detail
- Specialist: skills and knowledge, committed
- Monitor evaluator: questioner, sees all possibilities

(Adapted from Belbin 1996)
experience of looking after my mother in the last six months of her life, when she was dying, up until her last moment... and that was before coming into nursing.' (Quinn 2000). While Benner (2000) stated that the expert nurse is able to reflect on and learn from their own clinical practice, Quinn (2000, 2003) showed that life experience is also important in effective nursing care. Part of the leader’s role is to be a role model and promote the importance of reflecting and learning from their practice and other aspects of their lives.

An individual’s ability to reflect on their life experiences and clinical practice is also an important component of being an effective leader and being able to reflect on their leadership in practice. Johns (2002) demonstrated the benefits of reflective practice in healthcare, using reflection to support the clinical leadership of a group of nurse leaders. In his work, nurses reflected on and described the pressures of being a nurse leader, supporting staff, managing care and handling complaints, staff conflict and sickness. They often expressed frustration at the hierarchy in management and the healthcare system, which sometimes resulted in the nurse leaders becoming emotional, and led Johns (2002) to conclude that the system did not acknowledge individual nurse leaders’ needs.

Johns (2002) found that an important aspect of the reflection process for nurse leaders was learning to care for themselves. This reflects the work of Tschudin (1997), who explored the emotional cost of caring, stating that until nurses can become nurses to themselves, they cannot be nurses to others. This reflects the author’s personal belief that unless a nurse finds a way to care for themselves, they cannot care effectively for others and their ability to lead will be diminished. In the author’s study of nurses caring for people with cancer, each nurse recognised the importance of finding support for themselves; however, they generally received this support in informal ways often outside of the healthcare system, for example by talking to a friend or a family member (Quinn 2003).

It is necessary for leaders to find support for themselves and develop resilience in formal and informal ways, for example through supervision, peer support, team reflection, mentorship and coaching. The importance of reflection is seen in the increasing implementation of Schwartz rounds (staff gather together to understand colleagues’ experiences of care and what they have learned from them) in many healthcare settings, including acute hospitals, hospices and community services (Goodrich 2012).

**TIME OUT 6**

Identify a colleague whose approach to leadership and care you admire. Which leadership style or combination of styles do you think they use? List five characteristics they possess that you think make them an effective leader. You may wish to discuss their approach to leadership with them, to assist you to develop your leadership skills.

**Conclusion**

Every nurse has an important role in leadership. An effective leader supports each member of the team to recognise, feel empowered by and value their role. There are various approaches to leadership that may be beneficial in healthcare settings, and leaders should be mindful of the challenges and opportunities that exist to improve care and treatment.

Important characteristics of an effective leader include: having compassionate and visible relationships; being engaging and empowering; being courageous, recognising talents and developing the team; and demonstrating credibility, visibility, reflection and self-care. By developing these characteristics, nurses can move towards an increasingly innovative, engaging and inclusive style of leadership. This will enable staff to provide compassionate care, which is central to the nursing profession.

**TIME OUT 7**

Nurses are encouraged to apply the four themes of The Code (NMC 2015) to their professional practice. Consider how exploring the role of leadership in providing compassionate care relates to The Code.

**TIME OUT 8**

Now that you have completed the article you might like to write a reflective account as part of your revalidation.
References


Leadership and compassionate care
TEST YOUR KNOWLEDGE BY COMPLETING THIS SELF-ASSESSMENT QUESTIONNAIRE

1. Which of the following is a change occurring in the health and social care system?
   a) Fewer people are living with complex needs
   b) Increasing focus on delivering care in hospital
   c) People are living longer with co-morbidities
   d) Increasing separation of health and social care services

2. Which statement is true?
   a) There are no similarities between the roles of leaders and managers
   b) Effective leaders always make effective managers
   c) All managers should engage in leadership
   d) Leaders usually take on a more operational role than managers and are more involved in the direct management of resources

3. Which of the following is one of the nine dimensions of leadership behaviour in healthcare?
   a) Engaging the team
   b) Sharing the vision
   c) Holding to account
   d) All of the above

4. An autocratic leader may be characterised by:
   a) Flexibility
   b) A controlling approach
   c) Inclusive decision-making
   d) Deviation from rules and regulations

5. Which of these leadership styles focuses on rewarding staff in exchange for tasks accomplished?
   a) Transactional
   b) Bureaucratic
   c) Participatory
   d) Situational

6. What is one limitation of the laissez-faire leadership style?
   a) Staff have a lack of autonomy in decision-making
   b) Without clear direction, staff may become increasingly stressed
   c) Deadlines are not considered important
   d) It is time-consuming for the leader

7. How might the servant leadership style enable staff to provide compassionate care?
   a) The role of the leader is to serve the team, so they are well placed to provide effective support to staff
   b) It enables quick decision-making
   c) It relies on an authoritarian approach
   d) It is suitable for all clinical scenarios

8. An effective nurse leader:
   a) Is courageous
   b) Is engaging and empowering
   c) Recognises talents and develops the team
   d) All of the above

9. What might a leader do to demonstrate that they are credible and visible?
   a) Redesign healthcare services
   b) Spend time with colleagues while they undertake their practice to understand the issues they experience
   c) Recognise the untapped skills of their team
   d) Take calculated risks

10. Which of the following is an important aspect of reflection for nurse leaders?
    a) Prioritising staff
    b) Prioritising patients
    c) Self-care
    d) Managing complaints effectively

How to complete this assessment
This self-assessment questionnaire will help you to test your knowledge. It comprises ten multiple choice questions that are broadly linked to the article starting on page 53. There is one correct answer to each question.

You can test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.

You might like to read the article before trying the questions. The correct answers will be published in Nursing Standard on 17 January.

Subscribers making use of their RCNi Portfolio can complete this and other questionnaires online and save the result automatically.

Alternatively, you can cut out this page and add it to your professional portfolio. Don’t forget to record the amount of time taken to complete it.

You may want to write a reflective account based on what you have learned. Visit rcni.com/reflective-account

This self-assessment questionnaire was compiled by Lisa Berry

The answers to this questionnaire will be published on 17 January

Answers to SAQ 922 on the ABCDE approach, which appeared in the 29 November issue, are:
1. b 2. c 3. d 4. b 5. a 6. b 7. c 8. a 9. d 10. c