Ms Bond, matron of specialist services at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, is a strong believer in compassionate and collective – sometimes called inclusive – leadership.

"Listen and act on what staff say"
Although these terms are hard to define, and mean different things to different people, they denote a style of leadership in which bosses, whether chief executive or team leader, actively listen to those they lead on problems or challenges and how to improve care.

They act on what they hear and come to a shared way forward, in an understanding or empathetic and caring way. It is in contrast to a top-down imposition of solutions, what is sometimes called 'command and control' leadership.

This caring style of leadership is growing in popularity in the NHS, at least on paper. An example is NHS England’s interim people plan, which states that ‘making the NHS the best place to work, with inclusive and compassionate leadership, is the starting point’.

Senior figures such as Nursing and Midwifery Council chief executive Andrea Sutcliffe and chief nursing officer for England Ruth May have also embraced it publicly. Dr May wrote in Nursing Standard earlier this year that collective leadership, where all voices are valued, is the way forward for nursing.
But to what extent does it exist on the ground – and how can nurses embrace, demonstrate and benefit from compassionate leadership?

‘I don’t think everyone sees leadership as being a compassionate leadership,’ says Scotland’s chief nursing officer Fiona McQueen.

‘I wonder whether, still, it is properly recognised that the skills and qualities you need as a leader are more than the line management-type, operational functions.

‘Leadership should be about care, compassion, dignity and respect – and openness and transparency. In essence, it is the only way that we will manage to move forward.’

Implement nursing values
Society is changing and the health service must change too, she says. ‘Our millennials – rightly so, they are so inspiring – are clear about what they expect and what they want and they’re not prepared to live their lives at work in a way that doesn’t support them to flourish and get meaning from their work.

‘I see it as a way to put lots of nursing values into place, but it’s not always easy.’

While there’s a general and growing belief that compassionate leadership is the right thing to do, she says, there has been a lack of role models.

‘Some people believe that to be leaders they have to adopt a traditional style, such as command and control leadership. There can be an anxiety about being open and transparent.

‘I don’t think everyone sees leadership as being a compassionate leadership’
Fiona McQueen, Scotland’s chief nursing officer

We need a paradigm shift, and for us to have that shift it’s helpful to have role models.’

People also need the space and time to consider the change that is needed, Professor McQueen says.

‘We’re working at such a pace that this can be difficult. We’re challenging behaviours that may no longer be seen as acceptable, but doing so in a positive and

How all nurses can show leadership

Jocelyn Cornwell, chief executive of healthcare charity the Point of Care Foundation, explains how nurses can demonstrate compassionate, inclusive leadership, whatever their role:

» Support co-workers if a colleague appears to be struggling, give them a bit of space and try and find out what’s going on. The work of University of Surrey professor of health services research Jill Maben shows the value of teams and that a good team can protect members in a tough organisation much more than a good organisation can protect people in a dysfunctional team, for example, one that tolerates cliques and other bad behaviours.

» Be kind to your colleagues. Nurses sometimes aren’t as supportive of each other as they could be – this is one way everyone can make a difference.

» Promote and engage with activities that support employees, such as Schwartz rounds, which provide an opportunity for staff to come together to reflect on the emotional aspects of their work.
supportive way, takes time and can be tricky.’
Ms Bond, in Bournemouth, has firsthand experience of these challenges. Although her trust is now blazing a trail in compassionate leadership, it’s fair to say it wasn’t always that way.

A culture change journey
‘We’ve been on a culture change journey. It came about because we had a terrible Care Quality Commission inspection four years ago,’ she says.
‘Our staff survey was pretty poor and we knew we needed to change. Last year our staff survey was really up there nationally, at or near the top. For us, it’s a marker that our staff are feeling happier, and we know that happier staff means better patient care.’
Creating a group of change champions was an important element in the transformation, and Ms Bond is one of them.

Collective vs command and control: what’s the difference?

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Some examples of the new, more compassionate approach compared with the traditional style of leadership:

Their role has involved asking staff about their concerns and listening to their views, whether in focus groups or more ad hoc.
‘If anyone had a meeting we were there,’ she says.
‘It was asking people what their experience was of working in the trust with permission to tell us the ugly truth.’
Some of it wasn’t nice to hear, she admits, and the biggest surprise for her was hearing about staff experience of incivility.
‘It was that and poor behaviour, that we were hearing time and time again. I cannot say we’ve cracked it, but we had to hear about some pretty ugly situations – some people in positions of power doing things that were not okay.
Feeding back their findings to the trust’s board was hard, she says. ‘But they listened and they have acted.’
Steps so far include ‘freedom to speak up’ guardians across the trust and ‘customer care’ training for teams. ‘It’s just the idea that we will listen, you can talk, it’s safe to talk, and we will act on it,’ she adds.
Simply calling something ‘compassionate leadership’ isn’t enough, says Jocelyn Cornwell, chief executive of the Point of Care Foundation.
‘What is required is a change in working practices on the ground. When we see that happen we’ll be able to say this organisation really pays attention to relationships and has compassion at its heart.’

Preparation for a leadership role
This includes myriad things that support staff, including proper preparation for leaders.
‘It would mean people who lead teams are offered training in people management – they aren’t expected just to become a team leader because they’re clinically very good’ says Dr Cornwell.
‘Built into this should be an expectation that you are developed to enable you to take on that role.
‘Training should include, for example, dealing with difficult people on your team, the importance of face-to-face meetings, and of individual appraisal – not just the paperwork side of that, but the genuine interest in how someone is doing, what their development needs are, whether they feel able to do their job properly.
‘It’s about valuing the people management side of things more highly than I think they are currently.’
Time is incredibly important, she says. ‘It’s very rare that people in teams get to sit down with their colleagues and talk about their experience at work.’
Many factors have contributed to a situation where people don’t have the same opportunities to get to know their colleagues.
‘In the old days they used to have separate eating areas for staff, people spoke to each other rather than rely on email, and because organisations were smaller and less complicated, they actually saw each other face to face rather a lot.
‘But now, if you’re thinking about hospitals, these places are enormous and people are often working with complete strangers.’
In the community, she says, many district nurses no longer have team meetings. ‘They have to be out in their cars all the time. That’s very retrograde.’
Dr Cornwell argues that the leadership culture of an organisation has to come from all levels – and more needs to be done to spread this message.
‘It would mean people who lead teams are offered training in people management – they aren’t expected just to become a team leader because they’re clinically very good’

Jocelyn Cornwell, chief executive, The Point of Care Foundation

Clinical leaders need time to be effective and supportive of their teams, but everyone has a role, she says. ‘Look after yourself, look after each other.

‘Leaders like myself have a responsibility to put systematic approaches in place – such as staff having access to a rest room, to food, to an area away from their work. We need to put in place the things that we know help people and continue on that journey of supporting staff to be the best they can be.’

Aware of the challenges staff face
Compassionate leadership helps rather than hinders that process, says Ms Bond.

‘You’re not blind to the challenges, because you are immediately aware of what is going on. You are not always going to make everyone happy and there are going to be days when it’s hard graft because people are off sick and there are vacancies.

‘But you as a leader are not up there in these lofty heights being completely oblivious and pretending everything is okay. You are aware of what and where those challenges are, and you have two-way communication of what we’re all doing to make it better.

‘The key to compassionate leadership and collective leadership is that word “collective”. It means everybody: whatever position you are in, you have a voice.’

Jennifer Trueland is a health journalist

NHS Interim People Plan (NHS England)
tinyurl.com/NHS-interim-people-plan

‘Our staff are feeling happier, and we know that happier staff means better patient care’

Kate Bond, pictured left, matron of specialist services, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

‘On the ground, if you’re working in a team that doesn’t have enough staff, and you’re heavily reliant on bank or agency people, there’s going to be a bit of people saying, “Really?”

Address bad behaviour
‘Or if you’re working in an environment where people get away with bad behaviour, you can have all the nice words in the world, but people aren’t really going to buy into it until they see a change more immediately in their own environment.’

Professor McQueen says a compassionate leader will understand that they need the skills to be person-centred – to recognise that if they have ten people in their team they won’t all have the same needs, and will need different things from the leader.

‘You have to respond to each in a unique way,’ she adds.

That’s not to say an overall strong policy or strategic direction won’t help – she believes Scotland’s safe staffing legislation will make a difference.

‘There are areas within the act about escalation, for example, so it’s legitimising if people are worried about raising concerns about staffing numbers or levels of competence. It’s about putting systems in place to encourage people to do that.’

Staff surveys can give a good indication of how engaged leaders are perceived to be

Under a compassionate leadership approach, team meetings and appraisals are seen as a chance for managers to find out how staff are doing and for staff to raise issues.

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