Role of front-line nurse leadership in improving care

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Abstract
Healthcare professionals continue to debate how to address the issues of suboptimal care, neglect and abuse in healthcare settings. One solution that is likely to achieve improvements in care is the widespread development of leadership skills in front-line nurses. The behaviour of front-line nurses is a major determinant of patients' healthcare experience and their perception of the quality of care they receive.

Front-line leaders in healthcare settings such as wards, care homes and clinics are the people with the strongest and most immediate influence on staff behaviour. Therefore, nurses, ward managers and matrons are well-placed to improve organisational cultures and implement appropriate changes in their practice settings, if provided with appropriate support and training.

Keywords
clinical leadership, education, leadership, leadership development, leadership skills, management, neglect, nurse leaders, public health, quality assurance, safeguarding, training, ward managers

Healthcare professionals continue to debate how to address the issues of suboptimal care, neglect and abuse that were revealed by public inquiries into negative organisational cultures, such as those found at Mid Staffordshire NHS Foundation Trust and Leas Cross nursing home, among others (O'Neill 2006, Francis 2010, 2013a, 2013b, Department of Health 2012, Ockenden 2014, Kirkup 2015). In this context, suboptimal care includes care that fails to meet professional standards, neglect (the failure to provide care when it is required), and physical or psychological abuse of patients.

To prevent similar situations developing in the future, there is an urgent need to understand how and why suboptimal care occurs. This is especially important for the nursing profession, because nurses are usually present throughout a patient's hospital stay and generally undertake the majority of care tasks. Thus, the effects of nursing care on the lived experience of many patients may be greater than that of the care provided by other disciplines.

For many patients, the defining feature of their hospital stay is the nature of the relationships they have with the nurses (Morrison and Burnard 1997). Nurses provide care at times when patients are at their most vulnerable, when they may be anxious, confused, in pain or nearing death. When patients speak about their experience in a hospital or care home, they may mention the food, the doctors or the pharmacy service, but in many patient accounts of hospital experience it is the nursing care that is emphasised (Porter 2011, Browning 2016, Donlan 2018). Thus, nurses’ contribution to patients’ experience of healthcare is crucial (Sharrett 2004, Shattell et al 2005).

Both the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis 2013a) and the Berwick Review into Patient Safety (Berwick 2013) identified the relationship between a lack of leadership and suboptimal care. The Francis (2013b) report also referred to successful organisations having a culture of ‘thousands of leaders’, meaning that everybody at all levels displays the values of a leader through their behaviour. In the NHS and other healthcare organisations, it should be the responsibility of all staff, including nurses, to provide leadership.
rather than viewing leadership as solely the role of those in senior positions such as the members of clinical commissioning groups and trust boards, directors of nursing and medical consultants.

**Influence of front-line leaders on staff behaviour**
The most immediate influence on the behaviour of front-line staff is the leadership actions of the person in charge at the time – the front-line leader. This may be a staff nurse leading a single shift, or a ward manager or matron with longer-term responsibilities. These are the people that healthcare assistants and newly qualified nurses regard as role models and look to for guidance regarding values and priorities, as well as being influenced by what they say and the way they say it. Front-line staff will be aware of whether the leader enforces high standards, and will be increasingly likely to adapt their behaviour accordingly.

Patterson et al (2011) provided an example of the influence that effective nurse leadership can have, describing a ward in which the leadership skills of the ward manager contributed to exceptional results, high quality care and a positive reputation. This was achieved despite the ward being part of an NHS trust that was failing to meet several national targets, and exhibited low staff morale and suboptimal management. Although the ward existed within a wider suboptimal environment, it succeeded in providing a positive experience for patients and staff. According to Patterson et al (2011), this success lay with the ward manager and not with the trust management. Patterson et al (2011) reported that the reputation for high quality care ‘seemed to turn almost exclusively on the leadership skills of the ward manager’.

Another example, from The Patients Association (2011), focused on a daughter’s account of her mother’s hospital care. After detailing the suboptimal care her mother had initially received on the ward, the daughter went on to provide an example of effective leadership: ‘On Sunday the 20th of February a different sister was in charge, and the ward felt like a different place. Bells were answered promptly, staff voices seemed lower and the contact with patients felt so much better. Having sat on the ward for four days I observed that this particular nurse’s skills at running a ward were exceptional. The ward was a better place when she was around’ (The Patients Association 2011). This example demonstrates how an effective leader can make significant improvements to patient care. The same ward staff who, at other times, had provided suboptimal care, began to provide increasingly effective care.

The nurse leaders in these two examples altered the culture of their wards in the face of significant pressures, and consequently changed the way the staff in their teams behaved. It should be noted that there will be other factors that influence the behaviour of front-line staff. For example, they will be affected by the healthcare organisation’s rules, culture and policies, and, in some cases, by events in their private lives. However, the most immediate and potentially significant influence on their work performance will be the front-line leader, since this is the person physically present and in charge during the shift (Hay Group 2006).

**Leadership opportunities for front-line nurses**
Nurses will have many opportunities to demonstrate leadership as part of their daily practice (Kouzes and Posner 2007). Most of these opportunities will be on a relatively small scale, for example being fair in the allocation of coffee breaks, while some will be more significant, such as how they respond to a crisis. The phrases the leader uses or avoids, the decisions they make, the priorities they identify and the actions they take will convey information to their colleagues about the values they hold. Leadership opportunities can present anywhere, for example during handovers, in multidisciplinary team meetings and at the patient’s bedside. Leadership opportunities are not reserved for those in senior positions, whose leadership responsibilities tend to be increasingly strategic. Leadership can be demonstrated daily in front-line care and in the pursuit of effective clinical practice. There may be a tendency to believe that leadership can only be demonstrated by significant projects run by people in senior positions. However, while such projects are important, this does not detract from the need for effective leadership in all healthcare settings and as part of everyday practice.

Effective leadership can occur even in the most challenging circumstances and is particularly important at these times. Although his inquiry into care failings at Mid Staffordshire NHS Foundation Trust identified a negative organisational culture, Sir Robert Francis also detailed many descriptions of effective care (Francis 2010). For example, one patient who had undergone five operations commented that ‘the treatment was “second to none”’, and that the nurses were ‘exemplary’. Although evidence suggests that a suboptimal working environment and low staffing levels contribute significantly to the erosion of the quality of care (Hyde et al 2014), there are several case reports of situations where nurses overcame constraints to positively influence clinical practice (Patterson et al 2011, The Patients Association 2011, Francis 2013b).

**Characteristics of front-line leaders**
As the Francis (2013a) report indicated, suboptimal care can become established in places where there is an absence of effective leadership. While many nurses enter the profession because they want to provide care, demonstrate compassion and alleviate pain, there are several other traits that are required of successful leaders, such as the appropriate use of authority to ensure high standards of care are achieved and maintained. At a basic level, this means not tolerating suboptimal practice (Halligan 2013). One study by the Hay Group (2006) indicated that managers of high-performing wards:

> Are clear about what is expected of staff.
» Set clear and challenging yet attainable goals, providing feedback and assistance to improve performance.
» Minimise bureaucracy, but enforce the rules, policies, practices and procedures that are required.
» Foster an environment where staff are cooperative, interact and are proud to belong to the ward. The Hay Group (2006) study found that, in wards led by low-performing ward managers, there was an increase in drug errors, complaints and absenteeism, along with reduced patient satisfaction rates, compared with wards led by high-performing ward managers. Overall, the high-performing ward managers demonstrated a 45% improvement in performance over the low-performing ward managers, and it was estimated that developing the skills of the lowest-performing ward managers could save an average trust more than £650,000 each year (Hay Group 2006). This demonstrates the importance of ensuring wards are led by staff who fulfill their leadership potential and are able to develop leadership skills.

Developing leadership skills in front-line nurses
The potential for improving care relies primarily on the staff practising in healthcare settings (Kouzes and Posner 2007). Although academics, external consultants and trust staff such as directors of improvement can influence strategy, ultimately they can only have a supporting role in improving care, since the implementation of any theory or policy depends on the characteristics of the individual healthcare setting (Greenhalgh 2004). Each healthcare setting and individual patient is unique, so front-line nurses who regularly interact with patients are in an optimal position to improve care. Furthermore, front-line nurses understand the specifics of the healthcare setting, including information about the patients, staff and organisation, so are able to implement any new ideas into clinical practice.

Leadership development courses are often offered to a few selected nurses only. However, given the size of the challenge involved in improving care and leadership at all levels of the profession, the author suggests that leadership development opportunities should be offered to all front-line nurses, ward managers and matrons. This could involve short leadership development courses supported by regular supervision, and would benefit nurses who want to improve their skills in supervision, management and care delivery.

Many nurses have ‘natural’ leadership skills, with the capacity to inspire others and to use appropriate authority with little or no training. It is also likely that there will be many more nurses who are willing to develop their leadership skills, but have not been able to realise their full potential (Scholtes 2014). These nurses will often already have many of the important characteristics required for effective leadership, such as clinical competence, strong personal motivation and high professional values (NHS Leadership Academy 2013). However, they may require support in developing leadership skills, such as the use of appropriate authority to set standards, and interpersonal skills for motivating, delegating to, and supporting colleagues. These skills can be developed through training courses such as those provided by the Royal College of Nursing (www.rcn.org.uk/professional-development/professional-services/leadership-programmes), and regular supervision.

Alternative approaches to improving care
Education and training
In addition to front-line leadership, other approaches to improving care should be considered, such as nurse education and training. Undergraduate nurse education is vital, since the positive or negative principles that nurses learn during this time will likely form a template for the rest of their career (Darbyshire and McKenna 2013). Nurses will have further learning opportunities after their registration, in the form of training and continuing professional development activities. However, one limitation of such education and training is its distance from the clinical setting.

It has been identified that when an individual completes an external training course, its benefits are lost if their usual working environment is not fully supportive of the attitudes and ideals taught on the course (Fleishman 1953, Geiorgades and Phillimore 1975, Maben et al 2007). Maben et al (2007) reported that erosion of the ideals that nurses had learned in training often occurred when they went to work in unsupportive and ineffectively led wards. Thus, while nurse education is highly valuable, influencing the practice environment through effective front-line leadership is crucial to enable nurses to implement what they have learned in their practice.

Organisational changes
Another approach to improve patient care could involve focusing on change at the organisational level. This approach suggests that issues such as inadequate staffing levels, lack of funding, devaluation of clinical work and suboptimal organisational culture can only be addressed if nurses attain higher positions of power in a healthcare
organisation. For example, an effective ward nurse can only benefit a small number of patients at a time, whereas a chief executive can extend their effectiveness to hundreds of patients, carers and members of staff. However, although some managers at senior levels can achieve change by virtue of their position, they can also be as restricted in their actions as front-line staff, but without the patient contact (Shirey 2006). For example, one nurse manager reported feeling caught ‘in the middle’ of the executive team, who they stated were focused on meeting performance measures but did not have an understanding of how to achieve these in reality (England 2008). In addition, it can also take an individual a long time to reach a position of significant influence, whereas a nurse practising on a ward can begin to develop their leadership skills immediately and may quickly see the benefits.

Moral character of nurses

It has been proposed that a re-emphasis on the moral character of nurses is required to improve care (Darbyshire 2015). This approach suggests that some nurses may be morally superior to others and that underperforming nurses may lack the characteristics required to undertake their role effectively, such as empathy, compassion, integrity and high professional values (Darbyshire 2015). However, although some nurses may have characteristics more suited to the profession than others, focusing on nurses’ moral character may mean that the stressful situations and working conditions they experience such as high workload, bureaucratic and legalistic demands, the organisational culture, lack of control and limited resources, may be overlooked. Therefore, it may be useful to avoid blaming nurses’ characters for suboptimal care – while still condemning unprofessional behaviour – and instead focus on optimising working conditions and the organisational culture.

This is supported by evidence from The Patients Association (2011), particularly the case of the ward manager whose presence improved the practice of the staff on the ward, despite challenging circumstances. Similarly, Maben et al (2012) described how some nurses on overstretched wards responded by providing high-quality care to favoured patients, but suboptimal care to others. While providing care of varying quality is not considered optimal nursing practice, this is influenced not only by the character of the nurse, but also by their working environment.

Research indicates that people’s characters and the specific situation interact to determine their behaviour (Vranas 2005); however, the way that these factors interact is unclear, particularly in healthcare settings (Cohen et al 2014). There may be ‘strong characters’, whose traits are evident in all situations, for example whistle-blowers who report suboptimal care and harmful practice (Ash 2016). There may also be ‘strong situations’ that evoke conformity (Milgram 1963). For example, Levett-Jones and Lathlean (2009) conducted interviews with 18 nursing students to assess their experiences of clinical placements and found that only two of the students did not conform with their colleagues when they encountered inappropriate clinical practice. Therefore, rather than focusing solely on the moral character of nurses, it may be beneficial to identify how best to support all nurses to provide optimal care, considering both individual and organisational factors.

Conclusion

Effective leadership development for front-line nurses has the potential to significantly improve care in all healthcare settings. Many nurses already undertake leadership responsibilities and are important role models for their colleagues. There may be significant benefits to acknowledging, celebrating and emulating the practices of effective front-line nurse leaders to address suboptimal care, neglect and abuse. While nurses have the potential to be effective leaders, they usually require support and training to develop their skills. Leadership should not be restricted to those in senior positions; instead, it should be practised by individuals at all levels, in all healthcare settings and as part of everyday clinical practice. Therefore, it is important to offer leadership training to all nurses and ensure that these skills are maintained throughout their careers.

References

(Last accessed: 30 April 2018.)


Porter R (2011) My dying friend found kindness to be the rule, not the exception. The Guardian. 11 December. Web.

Scholtes PR (2014) Leaders of People: Some are Wonderful, Some are Clueless. The Rest are Somewhere in Between. www.pscholtes.com/articles/leaders-of-people.htm (Last accessed: 30 April 2018.)


Shattell M, Hogan B, Thomas SP (2005) "It's the people that make the environment good or bad": the patient’s experience of the acute care hospital environment. ANQ Clinical Issues. 16, 2, 159-169.

