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Understanding leadership for newly qualified nurses

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Abstract

Becoming a newly qualified nurse can be a daunting prospect and leadership may appear to be a quality that only experienced nurses and managers should be concerned with. However, leadership is a requirement for all registered nurses and inquiries into cases of suboptimal care have often identified inadequate leadership as a major contributor. In the past, leadership was defined as an innate characteristic or trait, but over time concepts of leadership have evolved and it is now recognised as a set of skills and behaviours. There are many different leadership styles, qualities and behaviours, but these should not be confused with the role of management. It is important for newly qualified nurses to develop their lead

Newly qualified nurses may regard leadership as a quality that only experienced staff and managers should be concerned with. However, leadership is a requirement for all registered nurses. In the UK, the Nursing and Midwifery Council (NMC) (2018) standards of proficiency divide nursing proficiencies into seven platforms. The fifth platform describes the proficiency of 'leading and managing nursing care and working in teams', and includes acting as a role model, managing nursing care and being accountable for appropriate delegation and supervision of care provided by the team. Working in a team requires active and equal collaboration, and communication, which are essential nursing skills.

Defining leadership

Leadership is a term that is challenging to define. Most definitions agree that it is concerned with a shared aim, vision, purpose or goal and the ability of the leader to persuade others to work towards

this. Stogdill (1950) provided a definition of leadership as a 'process or act influencing the activities of an organised group in its efforts towards goal setting and goal achievement'. However, the concept of leadership has since been developed with various interpretations and definitions. It is now recognised as a set of skills and behaviours and the affect these might have on a team and its performance. Gopee and Galloway (2017) identified four possible interpretations, with leadership being defined as an activity, an ability, a status or a body of people leading a group.

Individuals may lead groups using various methods and at varying levels of seniority, and there are several different styles of leadership that a person could adopt. It could be argued that most people will lead a task, project or group at some point in their lives and everyone will have an individual perspective on leadership (Willis and Anstey 2019). As such, definitions of leadership can sometimes be affected by an individual's experiences, and the context in which leadership is being defined. Leadership is also a concept used in several different professions and environments, each with its own principles and values, which can make it challenging to identify one definition that 'fits all' (Saleh et al 2018).

Leadership can be described as informal or formal. Informal leadership refers to a 'flattened' hierarchy that does not require participants to work within strictly defined roles based on their job title (Heard et al 2018). For example, a newly qualified nurse could lead a small-scale service improvement in their department or be the named nurse for a group of patients. Formal leadership may relate to an individual's roles within a hierarchy, such as those commonly found in the organisational structures of healthcare services. For example, a person might be regarded as a leader because they are in a senior position, such as ward manager or team leader

Clinical leadership

Traditionally, leadership was focused on hierarchical structures and regarded as a role for those in management positions. However, leadership is not always related to seniority and the concept of clinical leadership is now documented more widely (NHS Improvement 2019). Clinical leadership can be adopted by any nurse at any stage in their career and refers to any healthcare professional who participates in senior leadership teams that have 'a collective responsibility for enabling and assuring organisations to deliver the whole range of their functions' (NHS Improvement 2019). This may involve the nurse bringing a 'different perspective to team conversations and strategic decisions' (NHS Improvement 2019).

As a newly qualified nurse, it is valuable to explore various experiences of clinical leadership. For example, some examples of clinical leadership may be positive, with effective team leaders being regarded as role models, whereas other examples such as bullying behaviour may demonstrate

inadequate leadership leadership. It is important for nurses to recognise when and where they can make an effective leadership contribution (Jones and Bennett 2018). This could refer to actions or decisions that affect a whole team or organisation such as a service improvement project, but also actions that are only noticed by those involved, for example advocating for a patient to ensure they receive the right care at the right time.

Leadership and the undergraduate nurse

Leadership is an important component of the undergraduate nursing curriculum and newly qualified nurses should have encountered definitions of leadership and various leadership styles during their training. This may have comprised teaching and discussion in a classroom environment, or observing leadership in practice, for example observing the work of a practice supervisor when on clinical placement. There is an expectation that this pre-registration education should contribute to newly qualified nurses' leadership abilities, although further leadership training may be provided later.

Research suggests that some undergraduate nursing students may not be aware of the various aspects of leadership, and the elements that could be considered to comprise leadership. A study by Francis-Sharma (2016) found that many nursing students interpreted leadership as referring to a single charismatic leader with natural qualities that enabled them to lead, rather than comprising a set of skills they could learn and develop as a newly qualified nurse. Although there may be some benefit to recognising charismatic figures who could be seen as role models, this perception of leadership could be a barrier to newly qualified nurses, who may feel that they do not possess the natural abilities to lead

Leadership and the newly qualified nurse

Leadership is essential for any newly qualified nurse because it contributes to the delivery of high-quality care. Inquiries into suboptimal care often identify inadequate leadership within the team or organisation as a major precursor to the failings (Francis 2013, Kirkup 2015). For example, Francis (2013) identified that leaders at the Mid Staffordshire NHS Foundation Trust did not listen to staff, patients and visitors and instead adopted a forceful form of management. There was a top-down, performance-driven culture, which was not compatible with effective healthcare leadership contributed to a lack of care and an inability to raise concerns.

In response to these examples of ineffective leadership, tools such as the NHS Healthcare Leadership Model have been developed in the UK to provide leadership training at grassroots level for all staff, with the aim of promoting collaboration, inclusivity and compassion (NHS Leadership Academy 2013). Models such as this strive to engage all staff in developing decision-making skills, resilience and confidence, thereby increasing their ability to lead and promote quality care and service improvement (James 2018, Thusini and Mingay 2019)

Leadership and management

The concepts of leadership and management are often interlinked but have significant differences. Management usually refers to the organisation of people, resources, systems and services. For example, the typical role of an appointed manager might include planning and budgeting, organising staff cover and problem-solving to ensure consistency of service delivery. Leadership does not focus on these tasks but is instead concerned with producing momentum. An effective leader may not be formally appointed but will mobilise a team by establishing direction, appealing to team members' emotions, and by motivating and inspiring followers (Kotter 1990).

Leadership and management are not mutually exclusive concepts. Managers can possess effective leadership skills, although they can also lack these skills because they are learned through experience (Ritchie 2020). When a newly qualified nurse joins a team there will usually be an easily identifiable nurse manager who is responsible for the day-to-day running of the department. However, there may be other team members who do not have a managerial role but whose leadership skills contribute to a sense of teamwork, enhance learning experiences and drive service improvement through innovation and engagement with other members of the team.

It is important for nurse managers to recognise leaders within their team and learn to work with them. A nurse in a management role has the authority to direct staff, but a nurse in a leadership role has the power to motivate staff through elements such as trust and respect (Cherry and Jacob 2017).

Leadership theories and styles

Leadership has been studied for many years and various theories have been proposed. Harris and Mayo (2018) identified five stages of leadership theory that were developed throughout the 20th century: trait theories, behavioural theories, situational theories, 'heroic' transformational theories and 'post-heroic' transformational theories. These theories have contributed to the development of various leadership styles.

Trait theories

Trait theories were developed in the 19th century and focus on the personality traits or physical abilities that characterise an effective leader. For example, 'great man' theories originated from the idea that people were 'born to lead' and included the common characteristics and strengths of well-known leaders such as politicians, religious figures, and those in the military (Northouse 2015). Trait theories were also informed by the concept of 'charismatic authority' (Weber 1922), which suggested that a great leader is unique due to their exceptional powers or personal qualities.

Behavioural theories

Behavioural theories were popular in the 1950s onwards and argued that leaders can be 'made'. Behavioural theories identified two categories of leadership style: task-focused, where the leader worked towards a specific goal; and relationship-focused, which required interpersonal skills. These theories stated that a leader must be able to adapt their behaviour in response to a given situation. For example, during cardiac arrest a task-focused style of leadership would be required to work towards the specific goal of managing the patient. However, when forming a new nursing team, a relationship-focused style would be required (Jones and Bennett 2018). Goleman (2000) stated that leaders who can adapt their leadership style to suit a situation or context are increasingly likely to be effective; this is known as situational leadership.

Transactional and transformational leadership

Later in the 20th century, behavioural leadership theories such as transactional leadership, and motivational leadership styles such as transformational leadership became more commonly used in teams and organisations (Tannenbaum et al 2013). Transactional leadership is a top-down approach that operates on the basis of reward and punishment, with a focus on organisational drivers. While a transactional leader often occupies a position of authority and may be found in a structured, results-driven environment, a transformational leader does not necessarily have organisational power but seeks commitment to a vision from team members (Gopee and Galloway 2017).

Burns (1978) stated that while transactional leaders strive to trade, for example, linking wages to improved performance, transformational leaders seek to increase morale and motivate their followers. A transactional leadership style requires the leader to monitor others' work, observe for deviation from the rules and correct errors; it could, therefore, be argued that the transactional leadership style has similarities with management (Stanley 2017). Conversely, transformational leadership is concerned with motivating a team through an emotional connection. Transformational leadership works on the basis that people will follow those who inspire them. It requires vision, communication, trust and self-knowledge to empower followers to develop self-esteem and self-actualisation (Grossman and Valiga 2017, Stanley 2017). Bass (1985) later developed Burns' theories (1978) and suggested that a leader can display transformational and transactional leadership traits simultaneously, rather than choosing one or the other.

Situational, heroic transformational and post-heroic transformational theories

Situational, heroic transformational and post-heroic transformational theories often identify the leader as a 'heroic' character who shares the vision of the future, communicates the planned strategy to others and leads the team while evaluating the need for rewards, for example, whether team members should receive praise for completing assigned work. These theories often portray team members as followers who can be moulded into a passive role, thus suggesting that leadership

should always take a top-down approach. Post-heroic transformational leadership also suggests that leadership should be concerned with relationships and working in a collective manner where every team member feels empowered (Sobral and Furtado 2019).

Studies of leadership have also resulted in the development of other styles such as the autocratic, democratic and laissez-faire leadership styles (Stanley 2017). Autocratic leaders perceive their colleagues as followers who require control and direction, while democratic leaders are more likely to collaborate with team members and treat them fairly. Laissez-faire leadership has been labelled as 'non-leadership' because this style involves minimal engagement and allows team members the freedom to act autonomously (Northouse 2015).

More recently, contemporary leadership styles have been developed, including the compassionate, distributed (Gronn 2002), collaborative and/or collective, innovative, adaptive and authentic styles (Avolio et al 2004). It is not within the scope of this article to define each of these leadership styles. However, they do share common characteristics, for example, they do not follow a top down approach, there is value placed on increased collaboration and shared vision, and they are primarily person-centred. It is important for newly qualified nurses to have an awareness of these various contemporary leadership styles so that they are able to critique them and apply the most appropriate style to their practice (Gronn 2002, Avolio et al 2004).

Effective leadership may require various leadership styles depending on the task and the requirements of the team. For example, in nursing, a task-oriented role such as ensuring the completion of vital sign observations might require a transactional style; whereas a team-oriented role such as improving staff morale, may benefit from a transformational approach. Similarly, implementing service-wide changes in a healthcare organisation may benefit from compassionate or collaborative leadership (West et al 2017).

Qualities and traits of an effective leader

Leadership is not focused purely on seniority; it is also concerned with how a person behaves and how this in turn influences others to follow them. Stogdill (1950) originally identified eight different traits that characterise a leader: sociability, self-confidence, persistence, initiative, responsibility, insight, alertness and intelligence. Stogdill (1950) stated that someone who inherently possessed these traits would be an effective leader. However, it could be argued that certain traits are more necessary than others, depending on the leader's profession. For example, the traits required to be an effective political leader might not be the same as those required of a nurse leader. Theorists have attempted to develop the concept that the qualities and behaviours of leadership can be learned and developed by any individual. For example, Stanley (2017) undertook a literature review

of healthcare professionals' perceptions of leadership and concluded that leaders in healthcare should:

Be effective team workers and communicators.

Be approachable, supportive and inspire confidence.

Provide quality care and drive change.

Possess vision, integrity and honesty.

Possess respect for others and the ability to empower them.

Possess clinical expertise.

While this list demonstrates the positive qualities that a leader should possess (Stanley 2017), there is limited evidence to support these qualities being more effective than any others. An effective leader may possess some of these qualities, but another may possess different qualities and still demonstrate outstanding leadership. What is clear, however, is that the qualities possessed by a leader can influence the effectiveness of a nursing team and its culture (Rankin et al 2016).

Developing nursing leadership skills

While a newly qualified nurse may already possess some of the qualities and traits discussed in this article, they will only become an effective leader if they are prepared to recognise their attributes as well as any areas requiring further development (Northouse 2015). It is also important for newly qualified nurses to refine their skills over time using reflection and self-assessment, clinical supervision and practice supervision.

NHS Leadership Model

The Healthcare Leadership Model (NHS Leadership Academy 2013) was developed in response to inquiries into suboptimal care in UK hospitals (Francis 2013, Kirkup 2015). Its aim is to support healthcare professionals to improve their day-to-day leadership. The model is comprised of nine leadership dimensions:

Inspiring shared purpose.

Leading with care.

Evaluating information.

Connecting our service.

Sharing the vision.

Engaging the team.

Holding to account.

Developing capability.

Influencing for results.

Each dimension within the model discusses relevant leadership behaviours. For example, the dimension 'leading with care' includes leadership behaviours such as: caring for the team; recognising underlying reasons for behaviour; providing opportunities for mutual support; and 'spreading a caring environment beyond my own area' (NHS Leadership Academy 2013). The model also features a self-assessment tool and a 360-degree feedback tool to support healthcare professionals at all levels to understand their strengths and to provide a focus for personal development. It might be beneficial for newly qualified nurses to undertake the self-assessment included in the model and ask colleagues to complete a feedback sheet to identify any personal strengths and behaviours or skills that require development (NHS Leadership Academy 2013).

Developing leadership skills in practice

All newly qualified nurses should undergo preceptorship. This is defined as a period of structured transition to develop their confidence as an autonomous professional and refine their skills, values and behaviours (Department of Health (DH) 2010). Preceptorship may take the form of self-directed learning, one-to-one support with a preceptor or 'shadowing' a colleague to identify optimal practice and formulate individualised goals (DH 2010). Importantly, preceptorship should include leadership and management development (DH 2010). For nurses in London, for example, a preceptorship framework has been developed in conjunction with NHS England, NHS Improvement and Health Education England, and includes nine domains that can be used to inform preceptee development programmes (Capital Nurse 2017). These domains include clinical practice, communication, teamwork, and leadership, and the framework also includes recommended leadership behaviours. Box 1 lists the preceptorship framework's leadership behaviours. Leadership skills can also be developed in practice by observing experienced colleagues or by the nurse reflecting on their practice by taking notes on tasks they have undertaken effectively, and those which they could have undertaken differently. Reflection can support the newly qualified nurse to integrate theory and practice, develop self-awareness and understand clinical situations (Jones and Bennett 2018). Reflective cycles can be used to link previous leadership experiences to new experiences and promote development and action planning. Strengths and opportunities could also be explored in the form of a SWOT (strengths, weaknesses, opportunities and threats) analysis or a SOAR (strengths, opportunities, aspirations, results) analysis, followed by an action plan (Jones and Bennett 2018).

Box 1. Preceptorship framework's leadership

behaviours

Effectively using personal skills and attributes to inspire people to achieve a common goal

Taking ownership and responsibility for yourself and your practice

Acting as a role model for others

Understanding your role as a leader

Reflecting on the leadership styles and qualities of an effective leader

(Adapted from Capital Nurse 2017)

Continuing professional development

Continuing professional development (CPD) can also enhance a nurse's leadership skills. CPD can include attending local or national study days, self-directed learning or online learning; for example, the NHS Leadership Academy (2020) offers tailored online leadership programmes. Social media can also be used as a leadership development tool for newly qualified nurses. For example, a study by Moorley and Chinn (2015) found that social media can connect nurse leaders from around the world, patients and carers. These connections can enable nurses to explore the opinions and experiences of others and develop their leadership characteristics.

Conclusion

Leadership is a requirement for all nurses and is essential to ensure high-quality and safe patient care. However, the concept of leadership can be confusing for newly qualified nurses. It is important for newly qualified nurses to recognise the various leadership styles and how these might be applied to different clinical and practice scenarios. Newly qualified nurses should also be aware of their own

leadership qualities, behaviours and skills, and be able to recognise areas for personal and professional development.

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