

Leadership

David Atkinson

Lecturer, School of Health and Social Care, University of Essex

Nursing today is fast-paced and challenging. This means that good leadership skills are needed more than ever before, and at all levels, in order to be effective in the services you provide.

The word 'leader' conjures up individuals from history, such as famous emperors, kings and queens, military leaders, explorers and the like. While this is one perspective, the fact that these are all high-profile individuals, who, for whatever reason are remembered for their particular skills, knowledge or actions, often means the majority of people believe leadership is not for them, or that they do not want to become a leader because it is too difficult. However, as a nurse, the very traits that make a good leader are expected to be an inherent element of your professional lives. In the Nursing and Midwifery Council (NMC) Code, the last section states that nurses are:

To provide leadership to make sure people's well-being is protected and to improve their experience of the healthcare system.

(NMC, 2018)

Key considerations

So, how do you become an effective leader? 'Leading by example' has often been said to be the most important facet of good leadership, and, as a nurse, it is expected that you always act professionally and competently to the full extent of your knowledge and expertise. Therefore, following the Code's guidance on ensuring that your knowledge and skills are current is the first and foremost requirement, as not only do your patients rightly expect this, so do your colleagues and the public at large.

So, what else is needed to aid the nurse in becoming a good leader?

The 6 Cs can be applied to all good leaders, whether they are nurses or not, namely (NHS England, 2016):

- **Care:** this is about caring for others, whether they are your patient, their family, your colleagues and the wider community
- **Compassion:** not only for others, but for yourself, as to ignore your own needs may lead to high stress levels and 'burn-out' (see below)

- Competence: as already mentioned, this element is crucial in acting as a good role model
- Communication: all leaders need to be good communicators
- Courage: this is not only acting as your patients' advocate, or 'speaking up' about any concerns, but also involves acknowledging your limits and seeking advice and support from colleagues
- Commitment: this is needed for any undertaking. But, in today's healthcare environment, a great deal is expected of nurses, and without commitment to your patients, colleagues and the profession, optimum performance will not be achieved.

That said, the term 'leadership' still holds a certain mystique, compounded by the fact there is a plethora of books, journal articles on the topic, and if you 'google' the term you will find a list of hits in the many thousands. All this information, some of it contradictory, adds to the confusion and 'unattainability' of becoming an effective leader.

Kouzes and Posner (2002) stated that the top four characteristics are:

- Honesty
- Forward looking
- Competence
- Inspirational.

These characteristics are also encapsulated within the 6 Cs, so to embrace these, and the tenets of the NMC Code, would help enable a nurse to 'attain the unattainable' and become an effective leader.

There are, of course, many ways to 'prove' good leadership that organisations and employers may require you to experience to validate your skills and knowledge, such as courses, study days, 'away days' and the like. This approach may be necessary for promotion or advancement in a particular field, but this is often in conjunction with managerial skills, which are complementary to, but not essential to be an effective leader. In fact, when all the 'skills' listed under 'manager' and 'leader' are considered, the sheer number of roles appear overwhelming and support the notion of 'that's not for me', or, 'I can't do, or be all that'.

In truth, many of these 'skills' are either inherent, or are learned during a nurse's professional life, and to reduce the 'what do I need to do' to an acceptable level is not only desirable, it is a necessity, as complexity is the enemy of success.

Emotional intelligence (EQ)

The Royal College of Nursing (RCN) has stated that ‘nurses prefer managers who are participative, facilitative and emotionally intelligent’ (www.rcn.org.uk/clinical-topics/clinical-governance/leadership).

Emotional intelligence (EQ) is about understanding yourself and your motivations, and what you do and say in any given circumstance, before you start looking at what others do. Knowing yourself is not some deep meditation or scientific exploration of your inner being, but a caring, compassionate reflection and examination of your strengths, weaknesses, biases (we all have them), and coping strategies. We all have areas we could improve on, both professionally and personally, and to be a good leader and mentor, this self-examination and acceptance of what we need to do to improve is crucial to success.

Gill (2011) asked, ‘how can we recognise and respond to other people’s feelings if we fail to recognise and respond to our own?’ and goes on to cite authors who have said that EQ is an absolute must to be an effective leader:

Emotional intelligence is much more powerful than IQ in determining who emerges as a leader. IQ is a threshold competence. You need it, but it doesn’t make you a star. EQ can.

(Bennis 1994, cited in Gill, 2011: 301)

High IQ makes you a good English professor; adding high EQ makes you chairman of the English Department... High IQ makes you a brilliant fiscal analyst; adding high EQ makes you CEO.

(Goleman, 1997, cited in Gill, 2011: 299).

Significantly, Gill also includes an assertion by David Gilbert-Smith, the founding CEO of the Leadership Trust, who said:

... all leadership starts with oneself, with learning to know and control oneself first, so that then and only then can one control and lead others.

(Gilbert-Smith, 2003 cited in Gill, 2011: 302)

So, how does anyone begin to understand themselves?

One way is through personal analysis — nurses have long used reflection as a means of examining their practice and identifying what they do well and areas for improvement. For example, you could identify:

- Three key strengths
- Three development needs

... and then decide what leadership development activities might best enable you to capitalise on your strengths and meet your development needs (Gill, 2011: 375).

Such personal analysis will develop and change over time, and so needs regular review. But, acceptance of change and the need to be adaptable is fundamental in good leadership and is also the foundation of being a good mentor.

But remember, self-examination and development of emotional intelligence and resilience must be done with self-compassion, otherwise it may become ‘self-criticism’, which is not constructive and if taken to an extreme could be very destructive.

Self-awareness, self-care and compassion fatigue

Self-awareness and being in tune with your stress signals and recognising when you need to de-stress or take ‘time out’ is also a hallmark of good leadership. Mathieu (2012) published a ‘compassion fatigue’ workbook, which covers elements of self-awareness, and how to avoid compassion fatigue, including:

- The impact your job has on you
- Tracking stressors
- Self-care
- Commitment to change
- Reconnecting to the rewards of the job.

Indeed, two of the 6 Cs — care and compassion — should be applied to yourself. Nurses spend their professional lives putting others first, but in recent years it has become more evident that to maintain resilience and avoid ‘burn-out’ nurses should also take care of themselves as an ongoing process.

Having set the scene with this theoretical background to what leadership is and what it is not, our next piece (to be featured shortly in this area of the website, so come back soon) will offer practical guidance and advice on acquiring the skills needed to become a good leader and practice assessor (i.e. mentor).

In the meantime, why not reflect on a quote from Claire Tomkinson’s recent blog:

... leaders are everywhere, and it's absolutely nothing to do with job title, salary band, position in the hierarchy or how much formal power or influence people have. The interesting thing is that our strongest, most effective and most inspirational leaders, often don't consider themselves to be leaders at all, but they are working together, normally outside and beyond their organisations, at the edge of the formal structures of the system to bring about significant change. They are forming networks where they share ideas and support each other. They talk about values, relationships, behaviours and trust and how you can't achieve anything without these, but they are the things that we talk about least when most of the conversations in meetings revolve around structures, governance, action logs and strategies. They can see the tricky issues that are starting to emerge and feel safe enough to say that they don't have the answer alone. They bring together diverse groups of people who all have bits of the answer to find solutions together and they are making bonds and friendships that get stuff done.

(Claire Tomkinson, strategic lead: collaboration, MACC;
www.manchestercommunitycentral.org/who-decides-who-leaders-are-blog-one)

References

Gill R (2011) *Theory and Practice of Leadership*. Sage, London.

Kouzes J, Posner B (2002) *The Leadership Challenge*. 3rd edn. Jossey-Bass, San Francisco

NHS England (2016) *The 6Cs*. Available online:
www.england.nhs.uk/leadingchange/about/the-6cs/

Nursing and Midwifery Council (2018) *Code of Professional Conduct*. NMC, London