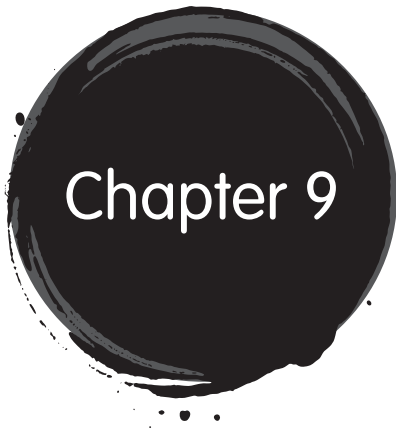# Leadership, Management & Team Working in Nursing

4E

Peter Ellis

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Chapter 9   Developing confidence as a manager and leader

NMC Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

Registered nurses act in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence-based decisions about care. They communicate effectively, are role models for others, and are accountable for their actions. Registered nurses continually reflect on their practice and keep abreast of new and emerging developments in nursing, health and care.

At the point of registration, the registered nurse will be able to:

1.1 understand and act in accordance with the Code (2018b): Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements.

Platform 5: Leading and managing nursing care and working in teams

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues.

At the point of registration, the registered nurse will be able to:

5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care.

5.6 exhibit leadership potential by demonstrating an ability to guide, support and motivate individuals and interact confidently with other members of the care team.

5.7 demonstrate the ability to monitor and evaluate the quality of care delivered by others in the team and lay carers.

Platform 6: Improving safety and quality of care

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first.

At the point of registration, the registered nurse will be able to:

6.1 understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments.

6.2 understand the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately.

6.4 demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies.

Chapter aims

After reading this chapter you will be able to:

• discuss the practice–leadership continuum;
• demonstrate an awareness of some of the issues with transition to leadership and management roles;
• discuss some of the key challenges that face new leaders and managers;
• explain how confidence might be developed in the new manager.

Introduction

Throughout this book we have introduced you to ideas and theories about leadership and management, and some of the tasks leaders and managers undertake. You will have noted that many of the tasks of management start with understanding yourself and your orientation to a situation, role or task, as well as having a clear appreciation of your values and those of the organisation in which you work.

This chapter will look at some of the issues facing the new leader or manager, identifying and focusing on some strategies that might be used to help develop ability and confidence. Other issues that commonly confront new managers will also be addressed, with some ideas about how these might be managed. As with all the chapters in this book it is important you engage with the activities, as they represent tools for self-development that may help to enhance your learning and development as a manager as well as your confidence to lead.

The transition to leadership

When you first thought about being a nurse and when you were interviewed for your nurse training, it is likely you thought and talked about all the ways you could help people as a practising nurse. As you progress through your training and into your nursing career you may start to aspire to leadership and management, seeing this as a way of extending the scope of what you can do for and with patients.

It is worth reflecting here on the different stages of professional life we adopt as we move from practising nurse through to leadership and management roles. Causer and Exworthy (2003) classically identify six stages on the path from practice to management which they regard as being stages on a continuum.

Roles within the professional–management continuum

1. The practising professional: The main task of the practising professional is the provision of care. Within this definition there are two groups of people:

    (a) the pure practitioner – who undertakes professional roles but has no supervisory role;

    (b) the quasi-managerial practitioner – who undertakes a professional caring role, and has some responsibility for supervising others or allocating resources.

2. The managing professional: The main function of these professionally trained managers is the supervision of other professionals and the allocation and management of resources. Again, this group is split into two groups:

    (a) the practising managing professional – who still works in the delivery of care as well as managing others and resources;

    (b) the non-practising managing professional – who does not deliver care, but supervises other professionals and manages resources.

3. General managers: These are managers who manage others who are involved in the delivery of professional care, but not at the day-to-day (**operational**) level. Again, these are subdivided into two categories:

(a) non-professionally grounded general managers – who are not part of the profession they are managing;

(b) professionally grounded general managers – who are part of the profession they are managing.

(Adapted from Causer and Exworthy, 2003)

What Causer and Exworthy (2003) identify is that the transition from being a practitioner to being a manager can be subtle and occurs in stages. The move from practice to management is therefore not a stark one, whereby one day you are a nurse practising on the ward and the next day you are a general manager. The process identified here will most certainly allow for some adaptation and personal and professional development to take place. This notion links well with the ideas around being an individual within a learning organisation, identified in Chapter 8.

Activity 9.1   Critical thinking

Taking the categories of professionals and managers that Causer and Exworthy identify, consider all the people who work in the team in the clinical area in your most recent placement. Which of the roles identified in the model do they fit into, if any? What characteristics of Causer and Exworthy's descriptions do they display? What was their previous role? You may want to take this activity a step further and discuss the changing nature of the individual roles with them.

As this is based on your own observations, there is no specimen answer at the end of the chapter.

Undertaking this activity will help you discover there are layers of responsibility, leadership and management in the clinical setting. The degree of certainty people have in the roles they undertake can grow and develop as they move from one position to another, and as they learn from their own practice and from those around them. What is important in the transition from practice to management remains the focus on the values which you came into nursing with (see Chapter 1) and a willingness to develop both yourself and others around you (see Chapter 8).

Self-esteem and transition

As with all development, the changes that need to occur for you to move from school, or from another job, to becoming a nursing student, to qualifying and beyond, require some psychological adjustment. Even when we are excited about something, there are adjustments to make to the ways in which we think and behave as we move on to something new. Sometimes the adjustments are in response to whatever it was we aspired to not quite living up to what we expected from it. Either way, it is worth considering the nature of change and transition from being a practising nurse to being a leader.

Activity 9.2   Reflection

Think about how you felt during your first few weeks in a care environment. One day you were a member of the public and the next a carer or a student nurse. Taking responsibility for the welfare of other human beings requires some adjusting to; reflect on your feelings at this time and think about how you managed to cope with this transition.

There are some possible answers and thoughts at the end of the chapter.

Your answers to Activity 9.2 will show that emotions experienced during even a much wanted change can be quite overwhelming. What this tells us for planning to make the change from practitioner to leader or manager is that there are a host of normal emotions and responses to change we need to prepare for.

Perhaps the first lesson is that an emotional response to change is normal, so you should not be surprised if you are a little stressed by a promotion or being given a leadership role! It is worth pausing here to consider the nature of the emotional responses people have as they adapt and evolve.

Bridges and Bridges (2017), leading writers about the change process, remind us how things change, while people go through transitions. Transition involves loss and letting go, as well as developing a new understanding of how things are. In the case of a nurse making the transition from practising nurse to leader or manager, this involves a redefining of their professional and personal identity. Transition is not another word for change in this sense, it is a parallel process that people go through, some with the need for support. Bridges and Bridges' model of transition captures these ideas in a three-stage process.

Three-phase process of transition

1. Ending, losing, letting go: at this stage people have to make the adjustment to not being who they were before. For example, a student nurse on the point of qualifying must adjust to being qualified and accountable; or a staff nurse being promoted to junior sister may have to adapt to having more responsibility.

2. The neutral zone: at this stage people try to make sense of who they are now and how things are going to be. Student nurses start to accept they are now qualified and begin to adopt the persona of someone who is accountable; junior charge nurses start to understand they have to be the one to find solutions to problems and act as role models.

3. The new beginning: a new identity is forming and there is increased clarity about what is expected. There is a sense of urgency and of wanting to get on with the job.

New staff nurses start to feel confident in their own ability and what they are doing; the new charge nurse feels comfortable about being a role model and overseeing the work of the team.

(Adapted from Bridges and Bridges, 2017)

While progressing through transition – it is normal for people to experience a whole range of different emotions even if the change is something that is wanted. Understanding these emotions and recognising them in yourself, as well as others, is a good way of helping maintain and develop your confidence as you progress through your career. When these emotional responses feel overwhelming, it is worth harking back to our discussion of values in Chapter 1; what is important about the values of caring and of leading care is that they are the same values, the only difference is how they are expressed. You may find it useful here to revisit the case study from Chapter 1 (p7) in which Deirdre, the ward sister, explains to Julius, the newly qualified nurse, how what she does as the ward manager supports the ward staff in the delivery of care.

Hopson and Adams (1976) propose a useful, and enduring, model identifying some of the stages people go through when transitioning. This model is not linear (people move through it in different directions at different rates and may skip stages), nor does it necessarily apply to all transitions people go through; nevertheless, it is a useful model for helping us to understand the emotional response to transition.

Changes in self-esteem during transitions

- Immobilisation: the feeling of being unable to act and being overwhelmed. Transitions for which people are unprepared and ones associated with negative expectations may intensify this stage.
- Minimisation: a coping mechanism. People often deny the change is happening. This reaction is common in a crisis that is too difficult to face head-on.
- Depression: some people become depressed when facing the reality of change.
- Accepting reality: occurs when a person begins to let go of things and starts to accept the reality of the change.
- Testing: begins when the reality of the change has been accepted. At this stage people start to try out new behaviours to cope with the new situation.
- Seeking meaning: a reflective stage, during which people try to work out how things are different.
- Internalisation: the final stage of the process, during which the new situation becomes accepted. The new understanding then becomes part of the person's behaviour.

(Adapted from Hopson and Adams, 1976)

When making the transition from student to trained nurse and then on to leader and manager, it is useful for us to be aware of the ways in which we react to change as individuals. Being aware of our own responses enables us to make sense of, and progress through, the various emotional responses to change, as well as managing how we behave around and support other people.

Change and transition are not only confined to the workplace: changes in home circumstances, bereavement and ill health will all impact on how people feel and behave. Being aware of this and maintaining good channels of communication allow the leader or manager to develop skills and confidence in people management which are strongly associated with emotional intelligence. The emotionally literate manager is sensitive to the verbal and non-verbal cues given off by their staff rather than waiting to be told that someone is upset or stressed. They can anticipate an emotional response to change and are therefore ready to address it.

Activity 9.3 Evidence-based practice and research

Hopson and Adams' model of the changes in self-esteem during change is similar to a famous model of the stages of grief by Elizabeth Kubler-Ross. Go online and find the Kubler-Ross model and read what it says (see the useful websites at the end of the chapter). Compare and contrast what you learn about the stages of grief in this model with the Hopson and Adams model. What similarities and differences do you notice? What does this tell you about the psychological impact of change in the workplace?

There are some possible answers and thoughts at the end of the chapter.

Being prepared for the emotional response that you may have to a change in your role or work circumstances means you will be able to better prepare yourself mentally. As a leader or manager, providing support to your team through supervision, information giving and being supportive will mean you can help reduce some of the impact of negative emotional responses to transition.

Activity 9.4 Evidence-based practice and research

Look up the **Holmes–Rahe Life Event Rating Scale** (see the useful websites at the end of the chapter) and read the categories of change people find most stressful; some of the listed changes may surprise you.

As this is based on your own observations, there is no specimen answer at the end of the chapter.

Developing yourself as a leader

This section will present and examine some of the strategies you can use to prepare yourself for a leadership or management role while managing your emotional response to change. All the ideas presented here are tools and tactics that can be used while you are a student, staff nurse, charge nurse or beyond to improve and enhance your own confidence, understand yourself better and develop self-discipline.

Robinson-Walker (2020, pviii) says *self mastery is a continuous journey toward excellence, one that can be undertaken by nurses at any stage of their nursing and leadership careers.* The thing is, only you can truly know whether you are willing to put effort into your self-mastery and development.

Set incremental goals

Target setting is a key factor in self-motivation. If you cannot be bothered to put in the work, then whatever it is you are aiming to do will not happen. Motivation is an interesting tool, in personal, professional and leadership development. Herzberg (1959), the most famous theorist in this area, proposed the motivation–hygiene theory of job satisfaction. In essence, Herzberg's theory suggests people will work hard to achieve the hygiene factors, as achieving these will make them happy, but only for a short time. It is only the true motivators that keep people happy and motivate them in the longer term.

Motivation–hygiene theory of job satisfaction

Hygiene factors

- quality of relationships with supervisors;
- working conditions;
- salary;
- status;
- job security;
- quality of relationship with subordinates;
- personal life.

True motivators

- achievement;
- recognition;
- opportunity for advancement;
- work itself;
- responsibility;
- sense of personal growth.

(Adapted from Herzberg, 1959)

What we can see is that motivation lies in taking responsibility and improving on what we do and therefore who we are. For the student this may mean getting better at writing essays, by learning from feedback. For the leader it may be important to ensure the hygiene factors are all in place before worrying too much about the motivators, although some things remain outside the sphere of influence of most nurse leaders.

Case study: Recognising the value of motivation

Jacinta had recently been promoted to Modern Matron in the surgical care team. Jacinta had worked her way up through the team over a period of years and was very much aware of the issues that preoccupied the staff. She knew that staff morale was incredibly low as the team felt overworked, understaffed, poorly cared for and generally neglected. Jacinta understood the team felt the need for further professional development as well as some clarity about promotion opportunities. Jacinta was also aware that the whole team were fed up with the state of their coffee room, which had been allowed to deteriorate over time. She knew she needed to do something fast to raise the morale of the whole team and to consolidate her position as the team leader, but she also knew she had limited funds with which to do anything.

Jacinta considered her options and decided there were some things she could do collectively for the team as well as some things she needed to do for individuals within the team to raise morale, gain trust and improve motivation. Jacinta decided to spend some of the capital budget available to her to buy new furniture for the coffee room. By doing so she improved working conditions for the whole team and addressed a hygiene need.

Jacinta quickly realised she could not provide the motivation the staff needed purely by spending money (which was not available to her anyway), so she identified new roles for various members of the team as link nurses for infection control, diabetes and wound management, providing some of the junior staff with a sense of increased responsibility, recognition and personal growth. Furthermore, Jacinta took it upon herself to try to make sure staff went home when their shifts ended. She praised effort and cultivated her relationships within the team, addressing key hygiene and motivational needs.

This case study, based on a real-life experience, demonstrates how easy it can be to grow as a leader or manager in the eyes of the team by making small but important changes which show the team the manager cares about them as individuals. As we saw in Chapter 2, demonstrating that you, as a leader, care about people is a key strategy for gaining the trust of the team.

Facilitating and bringing about the changes meant not only did the team feel happier, but Jacinta's confidence as a manager grew as she started to notice a change in the morale of the team and that the team had started to trust her as someone who both cared about them and was able to get things done.

Trust is an important element of the role of the manager, ensuring the work which the team needs to get done is done. In their meta-analysis, Dirks and Ferrin (2002) demonstrated how trust is important in the prevention and management of conflict; they also demonstrated how having a positive attitude as a leader will reflect in your orientation to work, the *manner* by which you achieve goals, and this in turn leads to another important observation, which is about citizenship.

Because the team learn to trust the way you work and the types of goals you set yourself, they start to feel responsibility toward the things you find important. This citizenship is, in essence, about the ways in which we behave toward each other and how we share some common values and aspirations. In turn, this means that the leader can be confident the members of the team will also work toward achieving the goals the leader has set, because they also want to.

Learn to actively listen

For the nurse as much as the leader or manager, listening is a fundamental skill. When we learn to listen to others, be it in a formal or informal situation, we can understand the true context of situations. Listening also enables us as nurses and as managers, to find solutions to problems that we may not have identified for ourselves.

Managing information was identified in Chapter 2 as one of Mintzberg's (1975) roles of the manager. Information allows us to make decisions that are well grounded, and learning to listen and to be enquiring will enhance your ability both to understand what is going on around you and to make sound decisions.

In this context, listening is more about taking the time to hear what people are saying, and trying to understand it, while placing what we are hearing in the context of what we know. As an active skill, listening is important for personal growth and professional development (Jackson and Ellis, 2010).

Activity 9.5   Evidence-based practice and research

Go online and find some websites that talk about the skills you need to become an active listener. Make a list of the skills and tips the websites identify and think about how they compare to how you are when you are listening to other people. Take the time to then practise some of the skills you identify when talking to friends, colleagues and patients.

As this is based on your own observations, there is no specimen answer at the end of the chapter.

Understand, then communicate

The aim of listening properly and effectively is to understand. Understanding situations and new ideas is a good way of developing your confidence. Part of understanding is

the ability to ask the right questions at the right time, as well as being able to communicate your ideas in an effective way. Communicating effectively hinges on your ability to understand what other people know as well as what it is they want.

As a leader or manager your confidence will develop as people become aware you are able to communicate clearly. Clear communication will mean members of the team understand what it is you want from them; it allows you to explain ideas and delegate effectively. Learning to understand before speaking is a key skill for the aspiring leader or manager; we have all been in situations when individuals have made themselves look silly because they have said something that demonstrates they have not been listening.

Believe in yourself

Self-belief is not the same as arrogance or being egocentric. Self-belief is having the confidence you can do something well and doing it. Self-belief comes only from practice, from exercising your leadership muscles by developing and maintaining good relationships with staff and understanding yourself. When you believe in what you are doing as well as believe you can do it, other people will see this and feel able to follow your lead.

Leaders and managers who are confident in their own abilities are better able to develop their team and are comfortable with members of the team having better skills and knowledge in certain areas than they do. The manager who has self-belief will recognise the team is more important than self, and this team-focused attitude will help develop trust.

Don't be afraid to make mistakes

Making mistakes is part of life. This is as true for the leader or manager as it is for individual team workers. Learning to reflect enables us to make sense of what has happened as well as learning how to do something better in the future (see Esterhuizen, 2019). Learning from our mistakes can make us stronger as individuals and as leaders as we develop new ways of working which take account of what we have learned as well as where we want to be. Failure often precedes success, as it is through trying new ways of working that we can be innovative (Tian and Yue Wang, 2014).

Part of the process of growing as a person and a leader is the ability to accept responsibility for the things we get wrong. When, as leaders, we develop the ability to accept responsibility for our own actions, we can role model responsibility and accountability to our team.

Within the team context, supporting others who make mistakes empowers them to make decisions and take actions with the confidence they will be supported; a key element of trust. Bekirogullari (2019) reminds leaders that to achieve success they need to allow their team to try new things and make mistakes. So being brave enough to try

new things and new ways of working is useful in developing your confidence in yourself and in your ability to lead others.

Learn to manage your time effectively

The pressures on time for leaders come in all shapes and forms and can quite easily disrupt the working day. Time management is the art of getting the most from your time by developing an awareness of what time is and how it is used. Understanding how to use time wisely will help you understand what you can achieve and in what time frame. This will translate into the confidence to take on new roles and tasks or allow you to explain why you cannot.

John Adair (1990), whose model of action-centred leadership we looked at in Chapter 2, suggests leaders and managers need to learn to manage time before they can manage anything else. He sees good time management as a requirement for allowing us to focus on what we do and achieving our goals. Time management is therefore about being focused on attaining goals and achieving results. In Adair's view, there are ten principles by which good time management can be achieved.

Theory summary: Adair's ten principles of good time management

1. Develop a personal sense of time: understand where your time goes, where it is wasted and where it could be better used. For the leader it may also uncover areas of work that might be better delegated to someone else.
2. Identify long-term goals: know what you want to achieve in life and work. Adair recognises values as being a key driving force behind setting such goals.
3. Make medium-term plans: understand what you need to do to prepare you to achieve your long-term goals and plan how to achieve them. Medium-term plans involve setting realistic goals that are measurable.
4. Plan the day: without planning what you will achieve today, you cannot know whether you have used your time wisely. Learn to say no to things that are a poor use of your time or which interfere with you achieving your goals.
5. Make the best use of your best time: understand what times of day you work best and work during them. Take time to think about issues and ideas that need planning while doing other more mundane activities.
6. Organise office work: make sure you organise your life and your working space so things you need are at hand when you need them.
7. Manage meetings: understand what you want from a meeting and stick to the time available for this.
8. Delegate effectively: consider what things you need to do and what might be better done by someone else.

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9. Make use of committed time: plan to use time that is usually wasted waiting or travelling and use it to good effect, perhaps reading something, making phone calls, or thinking constructively about an issue.

10. Manage your health: things are easier to achieve when we are well, so look after yourself and make time to do things that are necessary for your physical and mental well-being.

(Adapted from Adair, 1990)

For Adair, making good use of time and being aware of what we can achieve in a given time frame are key to developing confidence and being successful. Knowing what you achieved and why is a great motivator.

Activity 9.6   Evidence-based practice and research

Keep a diary of all the things you do for one week. Split the time into 15-minute slots and record what you do: be careful to record wasted time as well as activities. After a week review the diary and identify times during which you could have done something useful if you were prepared. Consider how you might adapt some of your ways of working and habits to allow you to achieve more in the time available to you.

You may wish to use this exercise as a springboard for planning your personal development and planning what you want to achieve, how and by when. Understanding how you use time will enable you to plan this more effectively.

As this is based on your own observations, there is no specimen answer at the end of the chapter.

Once you understand how you use time and where you can fit in tasks to make your use of time more efficient, you will start to see that it is possible to fit more into your day. When you free up time you can decide how to use it, perhaps undertaking more work or engaging in a hobby or other interest.

Know your values

You may feel we have discussed values too much in this book; however, since our values shape the ways we behave, their importance cannot be overestimated. Knowing what your values are as a human, as a nurse and ultimately as a leader or manager, will mean there is consistency in the ways in which you act. Sticking to your values will not only mean you are happier in whatever you do; it will mean the team will know what to expect from you and, perhaps more importantly, what you expect from them. Trust, which is how leaders get things done, relies on leaders demonstrating their integrity to their followers (Setyaningram et al., 2020).

One of the issues that face nurses as they move from practice to leadership and management roles is their lack of clarity about their identity. It is easy to forget things that mattered to you as a student or staff nurse, the values that guided your desire to be a nurse and your subsequent practice as you become more engaged with leadership and management roles. Understanding what your values are now, and being able to discuss them in a meaningful way, will help you remain grounded and focused as you prepare for leadership.

Issues such as fairness, treating people as equals, being polite and behaving with care and compassion might feature on your list. These are all basic values that are easily forgotten in the milieu of the busy working day. Practising these values and ensuring they become part of who you are and how you act will allow you to establish a reputation as someone who knows what they are doing and what they are about. The NMC (2018a) *Future Nurse: Standards of Proficiency for Registered Nurses* document talks about the duty of the nurse to act as a role model to others in several places. This bears witness to the fact that, as a registered nurse, you must demonstrate not only the proficiencies, but also the positive behaviours the NMC and the public expect of you at all times.

Activity 9.7 Reflection

Take some time now to consider the things that you value as a human being and as a nurse. Think about what you might have said at interview about why you wanted to train as a nurse, or the skills and attributes that you bring to your current role. Consider the issues in practice that cause you frustration and the behaviours which you think are unacceptable from your colleagues. Write these things down and keep them safe. Spend some time over the next few weeks thinking about and observing these issues in practice and considering what you might do to change poor practice and role model good leadership values when you are able to do so.

As this is based on your own observations, there is no specimen answer at the end of the chapter.

It is all too simple when you become a leader to forget how it feels to be led, so instead of addressing and rejecting the negative leadership behaviours and values you have witnessed, you adopt the same negative leadership behaviours.

Develop resilience

One of the hallmarks of the strong leader or manager is the ability to be resilient. Resilience is the ability to take criticism constructively, listen to what people are saying about your organisation and team without taking it personally, and to understand the meaning of situations.

Resilience is not about developing a thick skin, not least because a thick skin prevents effective empathy. Resilience is more about having the ability to deal with stressful situations.

Here, again, it is important to understand yourself. If you understand what things you find stressful and why, you can learn to manage them.

Case study: Developing resilience

Loiselle was a newly qualified nurse on a general medical ward. She had not worked on the ward as a student and did not know any of the team. Loiselle found the healthcare support workers and nursing associates on the ward were very free and easy about making complaints, grumbling and suggesting how things might be done better.

As the new staff nurse, Loiselle was often the target of these suggestions and gripes. Loiselle found it hard to cope with all the information and after a few weeks in post started to take all the negative comments personally, as if they were a reflection on her. She started to feel incredibly stressed and did not want to go to work anymore. Loiselle discussed her feelings with the ward manager. The ward manager, who had come up through the ranks in the hospital, suggested to Loiselle that she stopped taking all the criticism as personal and that she turned issues back to the other staff, with questions like 'how would you see this progressing?' or 'what would you suggest we do to improve this?' The manager also suggested Loiselle should not accept some of the unfair things people were saying and that she should tell them that what they were saying was unfair. She reminded her the staff were 'testing her' because she was new.

Asking these simple questions reminded Loiselle that the problems were not hers. She started turning questions back to the team and reminded staff that if they had an issue with how things were, they should talk to the manager. She developed a reputation for being fair-minded and not someone who would tolerate unreasonable behaviour.

This case study demonstrates how one of the skills of being a leader is learning what a gripe or moan means and who it is aimed at. It also demonstrates how taking on board issues which are not personal, and are not purely your own problem, may lead to a sense of helplessness and futility. Taking charge of such situations by being brave enough to ask for a solution (rather than saying something like 'I know what you mean', try saying 'how might this be resolved?') can help you, as the leader, to develop delegation skills and demonstrate trust. It can also help you move away from being weak and downtrodden.

So in part, resilience is about developing strategies to deflect and reflect problems back to where they really belong; although, of course, this does not mean every problem that comes your way belongs to someone else!

Confront challenging situations

Developing resilience leads us into the next skill, which is about not being afraid to get involved. There are times as a nurse when situations arise and people behave in

ways that we feel are not acceptable. Such situations need confronting, and learning to communicate your point in a way that links in with your expressed values is a good place to start. For a manager or leader, there is often nowhere to hide and learning to confront difficult situations early is a good idea. One strategy for the novice is to accompany more experienced staff who are, for example, breaking bad news; ask questions about what they did after the event and reflect on the answers. We discussed some strategies in Chapter 5 where we suggested some of the approaches to managing conflict might include: collaborating, compromising, accommodating, competing and dodging (Thomas and Kilmann, 1974). The art of good leadership lies in using a right approach for any given situation, and there is often more than one, and not becoming known for always using the same approach regardless of the nature of the situation that has arisen.

Another sort of challenging situation is one that you do not understand or about which you are uncertain. The key to developing the ability to confront such a situation is developing the confidence to ask questions. Not knowing is not a weakness, pretending you do might well be. Asking questions allows for understanding and should not be mistaken for weakness. As an aspiring leader it is important that you develop a reputation for being enquiring and that you support others in their efforts to achieve self-awareness and self-development.

Develop your emotional intelligence

Perhaps many of the ideas contained in this book can be boiled down to one key message: develop your emotional intelligence. Throughout the book we have suggested there is a need to understand yourself and the part you play in many situations before you look at what other people are doing or saying. You also need to understand where other people are coming from and what motivates their actions.

Emotional intelligence requires you to be able to use this understanding to communicate effectively. Emotional intelligence, as well as the ability and desire to help others achieve their goals, reflect strongly on many of the standards of proficiency for registered nurse education highlighted at the start of this chapter.

From your practice you will know that many of the skills, attributes and roles that nurses undertake require them to be self-aware and aware of the needs of others. This awareness, which you are required to develop as a student nurse, will most certainly be a big part of the suite of competencies that we have suggested in this book go toward creating effective managers and leaders. What is important for you as you develop from student nurse to staff nurse, sister and beyond is that you conscientiously continue to develop these capabilities in such a way that they become part of how you behave and, therefore, who you are. Nurse leaders and managers are entrusted with the management and leadership of people delivering care to some of the most vulnerable in society. By becoming a good role model, you can be more certain that the care you and your team deliver lives up to the lofty ideals of modern nursing practice.

Chapter summary

In this chapter we have explored the journey from student nurse to nurse manager and what this might mean for us in managing our emotional responses to change and transition. We have identified some important strategies, skills, tactics and values which, taken together, can better prepare you for the responsibilities leadership and management bring. We have demonstrated how developing trust can have a positive impact on the development of self and of the wider team. The challenge lies in engaging with these ways of being from the start of your career and nurturing them as you develop onward into your career as a nurse and a leader.

Activities: Brief outline answers

Activity 9.2 Reflection (p174)

The emotions people experience during changes and transitions are not purely tied to the sort of change they are experiencing. All change can bring fear and trepidation, even the changes that are wanted and exciting. The move into a caring role requires some thought about who you put first, how you behave, what impact the emotional investment will have on you as a person and how you will adapt.

Activity 9.3 Evidence-based practice and research (p176)

When you compare the model of the stages of grief with that of changes in self-esteem during transition you will notice they both evoke strong reactions. These reactions include not accepting what is happening through various stages of frustration and anger and finally to some sort of acceptance. Both models identify how people do not necessarily proceed through all the stages, nor necessarily in order and not to a set timeframe, and people can go backward as well as forward through the model.

For the leader this is potentially tricky as, at any one stage of a change, the staff involved can be at different stages in their reactions, while some staff who appeared to have moved might move backward.

Further reading

Davis, N (2011) *Learning Skills for Nursing Students.* Exeter: Learning Matters.

Gives helpful advice for gaining knowledge and confidence.

Esterhuizen, P (2019) *Reflective Practice in Nursing* (3rd edition). London: SAGE.

Essential advice on how to understand yourself and grow in professionalism.

Forde-Johnson, C (2018) *How to Thrive as a Newly Qualified Nurse.* Banbury: Lantern.

A mix of survival skills as a newly qualified nurse and as a new leader.

Jones, L and Bennett, CL (2012) *Leadership in Health and Social Care: An Introduction for Emerging Leaders.* Banbury: Lantern.

An easy to read general introduction to growing yourself as a leader.

Useful websites

www.businessballs.com/self-confidence-assertiveness.htm

A useful and interesting take on developing self-confidence.

http://changingminds.org/disciplines/change_management/psychology_change/ psychology_change.htm

A quirky but informative look at the psychology of change and transition.

http://changingminds.org/disciplines/change_management/kubler_ross/kubler_ross.htm

A useful introduction to the work of Kubler-Ross on the stages of grief during the dying process.

www.learnmanagement2.com/managementconcepts.htm

Some good pages on motivational theories can be found here.

www.mindtools.com/CommSkll/ActiveListening.htm

Some insights into active listening.

www.mindtools.com/pages/article/newTCS_82.htm

The Holmes and Rahe stress scale.

www.psychologytoday.com/basics/emotional-intelligence

A suite of very useful articles all about emotional intelligence.