

THIRD EDITION

CLINICAL LEADERSHIP IN NURSING AND HEALTHCARE

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CLARE L. BENNETT
ALISON H. JAMES**

WILEY Blackwell

Clinical Leadership in Nursing and Healthcare

Clinical Leadership in Nursing and Healthcare

Third Edition

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Dr Clare L. Bennett - D.Nurs, SFHEA, PGCE, MSc, BSc (Hons), Dip.N, RGN.

Clare is a Registered Nurse with a background in Immunology, HIV, Infectious Diseases and Sexual Health. She is a Doctor of Nursing and is currently a Senior Lecturer at Cardiff University. She teaches Leadership, Quality Improvement and Patient Safety on undergraduate and postgraduate programmes for nurses and allied health professionals and has conducted realist evaluations of leadership programmes for the Royal College of Nursing, Health Education England and a number of National Health Services (NHS) Trusts in England. Clare is also an honorary lecturer at the University of Freiburg, Germany, where she teaches leadership and research methods. She is an active researcher, teaches research methods and supervises doctoral students. Clare also conducts systematic reviews and teaches and coaches in the field of evidence implementation.

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Tracey is the Program Coordinator/Senior Lecturer for the University of Notre Dame Australia, Fremantle, School of Medicine Health Leadership programs and a senior leader in mental health, working as a Policy Analyst in an acute Mental Health Service. As previous Postgraduate Coordinator for the School of Nursing and Midwifery, Tracey coordinated postgraduate work integrated learning programs in clinical, mental health and perioperative nursing and on campus programs in nursing. She has many years of experience in the hospital acute care sector in healthcare policy development, student placement and general and paediatric education roles. Tracey completed her PhD on the clinical nurse educator and the influence of the role and leadership specifically related to the graduate nurse. As an active researcher, Tracey is currently engaged in research in health professional education and leadership and supervises PhD and Masters (Research) students.

Dr Sarah Dineen-Griffin - PhD MPharm, GradCertPharmPrac, BBSci, AACPA, MPS.

Sarah has significant experience in clinical roles as a community, hospital, and medicines review pharmacist. She is a Lecturer in Health Management and Leadership at Charles Sturt University in Australia. She completed her PhD in pharmacy practice focusing on consumer self-care and the co-design, evaluation, and implementation of pharmacy services (2020). Dr. Dineen-Griffin has been an investigator on national and international research projects. At an international level, she was elected to the Community Pharmacy Section Executive Committee of the International Pharmaceutical Federation (2021–2025) and is Vice Chair of the International Pharmaceutical Federation New Generation of Pharmaceutical Scientists Group (2019–2022). Sarah is an editorial board member for Research in Social and Administrative Pharmacy and *Pharmacy Practice* journal and has published in international journals. At a national level, she is vice president of the Pharmaceutical Society of Australia NSW Branch (2021–2023), chair of the Early Career Pharmacist Group for the Pharmaceutical Society of Australia NSW Branch (2020–2021) and a member of the National Self-Care Policy Advisory group (2020). Sarah was named the Pharmaceutical Society of Australia NSW Young Pharmacist of the Year (2021). She was recently appointed to the Expert Advisory Committee (the Committee) to lead the Review of the National Medicines Policy by Federal Health Minister Greg Hunt (2021).

Dr Alison H. James - DAHP, SFHEA, PGCE, MA, BA (Hons), Dip Critical Care, RGN.

Alison is a Registered Nurse and Doctor of Advanced Healthcare Practice with a background in Neurosciences, Critical Care, Osteoporosis and Knowledge Transfer consultancy in health and social care. She is a Senior Lecturer at the School of Healthcare Sciences at Cardiff University and teaches Leadership and Quality Improvement on programmes across the nursing and allied health programmes at undergraduate and postgraduate level and is a coach and mentor for student leadership in the UK. Alison's developing research interests lie in the preparation of students for values-based leadership, experiential pedagogies and social justice.

Dr Julie Reis - PhD, BN (Hons), RN.

Julie is a Senior Lecturer in the School of Nursing, Paramedicine and Healthcare Sciences at Charles Sturt University. Julie is passionate about issues relating to health, education, and community. Julie believes strong, healthy, and sustainable communities are critical for quality of life with health and education fundamental to life outcomes. Her beliefs about health and education stem from Primary Health Care philosophy, underpinned by principles of social justice and equity. Julie's professional career includes experience in the health and tertiary education sectors as a clinician, clinical facilitator, and academic. She is a Senior Fellow with the Higher Education Academy in the UK. Julie has also been an elected local government member.

Dr Kylie Russell – PhD, RN

Kylie is the Head of Program Development, Quality and Assessment in the School of Medicine at the University of Notre Dame, Australia. Kylie has held several roles in the School of Nursing and Midwifery, including Postgraduate Coordinator, Associate Dean and Clinical Placement Coordinator. Kylie has over 20 years' experience in Western Australian government health in various roles including Clinical Nurse Manager, Staff Development Educator, Clinical Nurse Consultant, HR Manager, and various project officer roles. Kylie completed her PhD on the impact of belongingness and workplace culture on student clinical learning. Kylie is actively engaged in research, supervises research students, and sits on a number of external research committees and trusts. Kylie is a long-standing mentor to nurse leaders and board member of an NFP residential care provider.

Dr David Stanley, RN, RM, Gerontic Cert, Grad Cert HPE, Dip HE (Nursing), BN, MSc (Health Sciences), TF, NursD.

David began his nursing career at the Whyalla and District Hospital, South Australia in 1980. These were the final days of PTS (preliminary training school) training and capping ceremonies, and he entered nursing without much thought about its history or future. He completed his training as a Registered Nurse and Midwife in South Australia and worked through his formative career in a number of hospitals and clinical environments. In 1993, he completed a Bachelor of Nursing at Flinders University, Adelaide (for which he was awarded the University Medal) and worked for a short time on Thursday Island before volunteering to teach midwifery for several years in Africa. Following this wonderful experience, he moved to the UK and worked as the Coordinator of Children's Services in York

and as a Nurse Practitioner in the Midlands. He completed a Master of Health Science degree at Birmingham University, and after a short return to Australia, where he worked in Central Australia for Remote Health Services in Alice Springs, he returned to the UK in 2001 to complete his Nursing Doctorate at Nottingham University. There he undertook research in the area of clinical leadership. While he studied, he worked as a Senior Lecturer at University College Worcester (now Worcester University). Returning to Australia in 2006, he worked at several universities in Perth and then Charles Sturt University, NSW, before moving to the University of New England, where he was a Professor in Nursing.

David's career has taken him to several countries (Thailand, China, Singapore, Tanzania, Zimbabwe and the UK), where he has worked in a range of different roles. His professional interests have focused on leadership and management, aged care, the experience of transition to university for first-year nursing students, physical assessment, the experience of men in nursing and the impact the media has had on the nursing profession. He has also retained a long interest in international nursing issues and supports the benefits of nurses and midwives learning more by exploring other parts of the world with clinically focused practice opportunities. David has arranged or been part of several international clinical practice opportunities to the Philippines, Tanzania and Thailand and has supported other international trips in a number of roles associated with international coordination. He is currently an Adjunct Professor in Nursing at Charles Sturt University and Research advisor for the Fiji National University.

Preface

In the first edition of this book, Janelle Boston, an experienced clinician and educator in Perth, Western Australia, offered the following paragraph as part of her contribution:

In today's rapidly changing clinical environment and ever-increasing junior workforce, it is essential to develop and maintain strong nursing leaders who will be able to foster our future nurses for generations to come. As a Clinical Liaison Support Practitioner working with undergraduate nursing students, I believe it is important to lead by example striving for the best possible outcomes in clinical excellence by providing ongoing opportunities for professional growth in learning and development. For me outstanding clinical leaders are experts in their field, who share their passion and knowledge, who motivate and support their team members and provide positive direction no matter how challenging the situation.

We include this again here because although this book has developed to become increasingly focused on the wider healthcare team, we are sure Janelle is on to something and feel that it is important to lead by example and support the clinical leaders who are experts in their field, and who share their passion. This book is for them.

The third edition of this book is the culmination of a considerable effort to understand clinical leadership (and followership) and reflects the authors' professional interest in this topic. The book is primarily based on several extensive research projects that considered who clinical leaders are, why they are seen as clinical leaders, what the characteristics of clinical leadership might be and the experience of being a clinical leader. It is also based on our years of involvement in clinical leadership, as senior clinicians, academics, researchers and educators, dealing with the issue of clinical leadership from a practical, applied position or as an educator and researcher. Collectively, our aim has been to try to understand and share our understandings with clinically focused health professionals from a range of disciplines.

David's interest is also firmly based on his own experience of being a nurse and midwife. He recalls rejoicing in the pleasure of working with effective, wonderful and inspiring clinical healthcare leaders. A number of names come easily to mind: Sister Johnson and Paul Fennell, both of whom I had the joy of working with when I was a student and then a registered nurse at the Whyalla and District Hospital in South Australia; Sister Barbra, Sister Helen, Doctor Mike and Doctor Monica, from my days as a volunteer in Zimbabwe

at the Murambinda Mission Hospital; and Christina Schwerdt and Penny Rackham from my short stay as an educator on Thursday Island. There are many, many others; but I also recall the depths of facing shift after shift with ‘leaders’ who were never at the bedside, always at meetings or only showed up on the ward to criticise and ridicule (I won’t name any, but sadly their names come quite crisply to mind too). Likewise, Clare can recall the joy of working in clinical teams where values-based leadership led to shared understandings and a shared passion for improvement, meaning that patient care was of the highest standard. However, like David, she can also readily recall the damaging effect of poor leadership that rewarded those who maintained the status quo and punished those who wished to innovate, with deleterious effects on staff morale and, importantly, patient outcomes. Alison’s interest in leadership has developed through her clinical nursing career and her time working with health and social care teams, and her awareness of how leadership impacts the dynamics of teams and cultures in practice. She has continued to focus on leadership in her research and is particularly interested in how students are prepared for leadership, and how experiencing both positive and negative styles of leadership can influence others in practice.

Collectively, we were drawn to investigate this topic because of our long association with the nursing profession and other healthcare disciplines. We have held a long and passionate interest in clinical leadership, particularly from the perspective of promoting better healthcare. We have sought to understand and promote greater clinical leadership and healthcare empowerment and support the development of insight into clinical leadership that can have positive impacts on the quality of care provided to patients and clients in a plethora of healthcare environments.

Clinical Leadership in Nursing and Healthcare was written for healthcare professionals who act principally in direct client/patient care. It will also be useful for students studying health-related courses at undergraduate and postgraduate levels, and for nurses and other healthcare professionals in roles of increasing autonomy, such as nurse practitioners and specialist health providers, health professionals studying leadership (or management) and anyone who wants to maximise their contribution to healthcare.

The purpose of the text is to motivate and inspire, as well as to offer guidance and support for clinical leaders (or aspiring clinical leaders) to take change and innovation forward and to initiate greater quality in care or therapies and treatments by basing these on their professional values. There are many books about management (and leadership) for nurse managers or healthcare managers, and, while their contribution to the health service is great, this book was not necessarily written with these professionals in mind. If you are a manager of some sort and you have this book in your hand now, by all means read on, as we are sure there are lessons and messages in the text for any health professional. However, our hope when we sat to write *Clinical Leadership in Nursing and Healthcare* was to generate an understanding of leadership for clinical leaders: leaders at the bedside or who remain ‘hands on’ in their interaction with clients or patients; leaders who might not have the badge, or the title, or the confidence, or the realisation, but who are leaders in the health service, nonetheless. These are leaders in the eyes of the people who follow them (their junior colleagues, their senior colleagues, patients or clients, other professionals, students and learners, qualified practitioners or yet-to-be-qualified practitioners),

although they might not realise it themselves. These are the key leaders who can and will have a vast impact on the provision of quality healthcare, innovation and change within the health service.

The book presents the information in three parts. First it addresses the topic of clinical leadership and leadership in general. Much of what healthcare professionals know about leadership is based on insights and writings from the management paradigm. The first section redresses this by outlining why clinical leadership and quality or innovation are linked. It also discusses what leadership means by describing the theories that underpin what we know about leadership. As well, it describes the difference between leadership and management; looks at the attributes and value of followers; offers a description of the characteristics of clinical leaders; and sets out a number of theories of leadership that point to a values-based approach to leadership, including a new theory: congruent leadership. This theory, developed from research specifically undertaken with a range of health professionals, is directly relevant for bedside, clinical leaders to gain an understanding about what leadership means.

The second part of the book deals with the 'tools' for developing effective clinical leadership skills and insights. Chapters in this part offer information about organisational culture, managing change, decision making, team working, reflection, creativity, motivation and inspiration, networking, delegation, how to deal effectively with conflict, the relevance of quality initiatives and project management for clinical leaders and the use of evidence-based practice. These topics are all provided so that clinical leaders can orchestrate successful change and innovation and focus on their values or lead effective quality initiatives.

The final part of the book addresses issues that put clinical leadership into context. The topics relate to gender, generational groups, power, politics, empowerment, oppression, leading in challenging times or during times of crisis and how clinical leaders can (using a *congruent leadership* or a *values-based* style) have positive impacts on the quality of healthcare and lead their patients or clients, colleagues, team mates, co-workers, organisation and the health service in general towards a better tomorrow.

Within most chapters there are 'Clinical Leader Stories' – these offer an example of clinical leadership in practice from the view of a clinician. Most were provided by students undertaking clinical leadership courses or as part of the undergraduate degrees. Thank you to the many students who gave their permission to use these stories. Also, at the end of each chapter, you will find a short biography of a different leader. When we set out on the journey to explore clinical leadership, we realised that there were few (if any) texts that addressed clinical leadership and few texts addressed leadership without reference to management (this is discussed further in Chapter 2). The second realisation was that the examples of leaders presented in the past published texts were, with few exceptions (e.g. Florence Nightingale, Boudica or Queen Elizabeth the 1st), all men and all from positions traditionally associated with leadership or management. This edition has expanded the profile of the leaders considered to include leaders and people who are often under-represented or fail to be recognised in terms of leadership. Leaders are indeed present at any level of an organisation, in the health service or across the spectrum of society, and the examples given show that leaders can be anyone who leads with their values to the fore. We make no apologies for focusing on underrepresented leaders in this book or for using many

examples of women leaders. However, it does pose a dilemma because the lack of male leaders in the health service (particularly in nursing) means that in redressing one imbalance we are creating another. There are many significant men we know who have led in the health service, even in nursing (e.g. Walt Whitman, Phil Della, Luke Yokota and others), but the aim of this text is to make clear the part of many under-represented leaders who have contributed and led in a variety of fields. We hope you enjoy reading about their significant contributions.

David Stanley
Clare L. Bennett
Alison H. James

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In the first edition, *Clinical Leadership: Innovation into Action* (2011), David neglected to acknowledge the wonderful input from his doctoral supervisors, Karen Cox and Linda Ellison (both from Nottingham University in England), and he hopes they will forgive this oversight. Karen Cox was an inspirational supervisor who prompted him to look beyond

the end of his doctoral studies and keep asking the ‘so what?’ question, and Linda offered sound doctoral advice from an educational perspective that David found invaluable.

There are many others who have in many ways added to the completion of this project. Colleagues have offered support and encouragement, and undergraduate and postgraduate students have kept us keenly interested in the topic of clinical leadership. They have all fueled our desire to do our best for them and remind us always that at the core of our learning is the client, patient, healthcare consumer – or person. Thank you all.

It is not only giants that do great things.

November 2021

*David Stanley
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Part I

Clinical Leaders: Role Models for Values-Based Leadership

Nothing in life is to be feared. It is only to be understood.

Marie Curie, Polish-born French physicist and chemist,
famous for her work on radioactivity, first recipient of two Nobel prizes,
the first female professor, University of Paris

Clinical Leadership in Nursing and Healthcare suggests that clinically focused leadership or clinical leadership and administration-based or managerial leadership are not the same thing. The case for this view is set out in this first part of the book. To support this statement, the book outlines a number of principles, frameworks, tools and topics describing how nurses and other health professionals can develop, lead and deliver effective clinical care – as clinical leaders, not as managers or as administrative leaders in the academic, political or managerial sphere. It also outlines a new theory of values-based leadership – congruent leadership, which has been developed from a number of research studies exploring the nature and characteristics of clinical leadership from a wide range of different health professional disciplines, in the UK and Australia.

Congruent leadership theory suggests that leaders demonstrate a match (congruence) between the leader's values and beliefs and their actions. As such, clinically focused health professionals have moved decisively and clearly in the direction of their values and beliefs and can be seen expressing congruent leadership. They may simply have stood by their values, working not because they wanted to change the world but because they knew that what they were doing was the right thing to do and that their actions were making a difference, if only in the life of one person.

It is timely that clinical leadership is being re-evaluated and frameworks developed that support it (Stanton et al. 2010; Martin and Learmonth 2012; Mannix et al. 2013; Storey and Holti 2013; Scully 2014; McLellan 2015; Rose 2015; West et al. 2015; Bender 2016; Swanwick and McKimm 2017; James et al. 2021), because it is clear that in attempting to climb the career ladder, many health professionals have faced the dilemma of having to move further

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away from the core reason they first became health professionals, resulting in role confusion and blurring of values (Stanley 2006c; Copeland 2014; Stanley 2019). Many have had to move into management or administrative positions or academic roles and leave their clinical roles further behind with each promotion. However, if leadership happens at all levels (Cook 2001; Stanley 2006a, b, 2008, 2011; Higgins et al. 2014; Swanwick and McKimm 2017; Stanley 2019), identifying who the clinical leaders are and attempting to gain an understanding of what clinical leadership means becomes vital.

The first part of this book comprises five chapters. Chapter 1 deals with an exploration of the concept of clinical leadership. It explores the attributes of effective clinical leaders and outlines the rationale behind these attributes, then discusses why an understanding of clinical leadership matters now. The chapter considers what clinical leadership is and who clinical leaders are. Could a therapy team leader, who is busy telephoning staffing agencies in order to find staff to fill vacancies for a busy clinic, be the clinical leader? Could it be a nurse consultant, paramedic lead or nurse practitioner who is in the process of initiating a reform of clinically based practice on a recent research project? Could a healthcare assistant or physiotherapy aid who, day in and day out, has cared for sick and frail medical patients on a busy orthopaedic rehabilitation ward be the clinical leader? Could the bright-eyed, newly qualified occupational therapist who approaches work with enthusiasm and the hope that they are making a difference to people's lives on a busy rehabilitation day-case unit be the clinical leader? Could it be the junior registered nurse who remains focused on essential bedside care and refuses to become drawn into the ward management issues? Or is the manager the clinical leader, as they keep staff focused on issues of quality, cleanliness and care?

Reflection Point

There are 'Reflection Points' throughout this book. These are to encourage you to pause and reflect on the topic or issues being discussed.

Start the book by pausing to reflect on who you think the clinical leaders are in your clinical area or practice location. Imagine that a relative or friend is ill and requires care in the clinical area you work in. Who are the people you would point to as clinical leaders? Who would confidently care for and lead the care for your relative or friend? What are your thoughts? Could it be any or all of the people described earlier?

Chapter 2 offers an introduction to the various definitions, styles and theories of leadership. A spectrum of perspectives are presented to help health professionals come to grips with the concept of leadership. It is suggested that there are a wide range of views, beliefs and ideas about what leadership means, what types of leadership there are and how the types of leadership might be employed to build relationships, communicate more effectively, promote vision or values and bring about change or innovation. Chapter 3 offers an insight into values-based leadership, what it means and the theories that support it. One of these is congruent leadership theory (Stanley 2006a, b, 2008, 2011, 2014, 2019). This theory of leadership was developed specifically from research exploring clinically focused leadership as it relates to health professionals. Congruent leadership is promoted in this book as