

Host Leadership from Board to the Ward: Engaging nurses in Leadership

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Whitepaper

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Introduction

There seems to be a common cry for more and better leadership at all levels of the NHS. The Kings Fund report 'No More Heroes' (2011) commented on the need to engage clinicians in leading and challenging practice;

'Leadership development needs to extend 'from the board to the ward'. One of the biggest weaknesses of the NHS has been its failure to engage clinicians – particularly, but not only doctors – in a sustained way in management and leadership. Individuals within the service, and its providers, need to be given both the ability and the confidence to challenge poor practice.'

The same report went on to specifically challenge the notion of how leadership is used in a contemporary National Health Service.

'The old model of 'heroic' leadership by individuals needs to adapt to become one that understands other models such as shared leadership both within organisations and across the many organisations with which the NHS has to engage in order to deliver its goals.'

This suggests that the idea of individual leadership appears to be unfit for purpose in the current climate of health care and rather there is a requirement to 'focus on developing the organisation and its teams, not just individuals, on leadership across systems of care rather than just institutions, and on followership as well as leadership.' (No More Heroes, The Kings Fund 2011).

The Francis report of 2013 reaffirmed the need for shared cultures within organisations with the patient identified as the priority in everything done and the focus of leadership at every level to embed integral values and standards . From Executive nurses and modern matrons to staff nurses, healthcare assistants and student nurses, the message should be shared and heard. All are in a position to understand and see from their particular vantage point how the care process is affecting the patient and to advocate for them through the management structure.

Leadership is also seen as a key priority within the nursing profession. The Royal College of Nursing (2010) state that:

'Nurses and nursing staff lead by example, develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs.'

In addition, it is clearly stated that nurses must work effectively with others:

‘Nurses and nursing staff work closely with their own team and with other professionals, making sure patients’ care and treatment is co-ordinated, is of a high standard and has the best possible outcome.’

The leadership challenge for nurses

One of the difficulties when we discuss ‘leadership’ with nurses and others in caring roles is that the word carries with it some unhelpful connotations. Our ideas of what a leader looks like and does are formed both from our work experience and from our cultural backgrounds in terms of films, books, stories and so on. The prevalent models of leadership in the NHS - as well as in general - have often been about ‘heroic’ leaders who want to stand firm, take the limelight, shape their organisations in their own image and be seen as the root of success.

This idea is of course nothing new - legends from classical times, through Hollywood, to modern business guru leaders such as Steve Jobs all seem to embody this archetype. The snag is that it’s not an archetype that is very appealing to people to want to help others, to do as well as lead, to act in support of patients and other staff members.

Another challenge is to balance the need to support others with the requirement to challenge and confront poor practice. This challenge will need to be done at least initially in a supportive way, but commitment to high care standards are paramount and firm leadership is required for safe and effective practice.

Many in the NHS (see for example Storey and Holti, 2013) are now calling for a distributed leadership approach, where leadership roles are shared across levels, and everyone sees themselves as playing a part in leadership in their own patch. In terms of nursing, this can extend from senior nursing positions to grass roots levels via care – co-ordination, shift co-ordination, named nurse systems etc.

To summarise the challenge, we might say that we are looking for leadership approaches which:

- Are post-heroic, focusing on creating results through and with others rather than by solo effort
- Speak to and are attractive to the people already in leadership positions

- Balance support and assertiveness, awareness and action
- Are usable across a range of contexts and settings

We would like to propose the idea of ‘host leadership’ as a useful candidate to use in progressing NHS leadership.

Leading as a host - a new yet ancient metaphor

Modern leadership writing shows a broad distinction between ‘hero’ leaders who get results by authority, hard work and expertise, and post-heroic leaders who see their role as being about getting results though bringing others together in a way which allows maximum contribution from everyone. One new option appearing is the idea of leading as a host - someone who receives or entertains guests.

We have all been hosts in some way. We have all invited people around for a meal or a party. We have all been through the balance of preparation and engagement, the joy of introducing people to new friends, the balance of leading, organizing and participating. And we have all been guests too, experiencing the skill of a good host (and perhaps the clumsiness of a bad one) first hand.

Hosts don’t just engage people by drawing them in. They introduce people to each other, make connections and act positively to bring together synergistic groups – people who can complement and add to each other’s qualities, skills and interests. The art of arranging – who to put with whom, what might make an interesting group, even thinking about keeping specific participants apart – is a key element of the host’s skill.

Having drawn people together, a good host won’t dominate the situation. He/she will move from one group to another, with a word here and a touch there, keeping an all-encompassing eye on how things are going. But the host won’t hog the limelight or become tiresome by constantly taking centre stage. The host is always on the lookout for when to intervene and when to leave things ticking along – when to step forward and when to step back. The role of the host transcends and includes both. It entails awareness and timing – and acting instantly.

The apparently mundane act of inviting and engaging guests turns out to be a very good match for a leadership approach which stresses engaging the other (the guest). Hosts are at once responsible for their guests, and also serve them, ensuring they have what they need. This sounds paradoxical, but we have all experienced and handled this tension at home. Now it’s time to bring it to work.

This everyday metaphor draws on the natural skills of many in the workforce, while also offering an approach to leadership that feels more natural and comfortable. We have heard exclamations along the lines of “I don’t really want to be a leader - but I can certainly host!”

Key roles of host leaders

Work on host leadership (McKergow, 2009, McKergow and Bailey, 2014) show that hosts – and host leaders – engage in a very contextual way. Rather than following some set of ‘rules’, they adopt a variety of different ‘roles’ by stepping forward when things are needed, and then stepping back again to survey the scene and see what might be needed next. McKergow and Bailey have produced an analysis of the roles played by host leaders are:

- Initiator: Seeing what is needed and responding
- Inviter: Reaching out and engaging people with influence and soft power
- Space-creator: Ensuring that the space – physical and interactional - is well prepared and supportive
- Gatekeeper: Welcoming people over the threshold and (sometimes) ushering them out
- Connector: Connecting people with each other and with resources to create possibilities and new relationships
- Co-participator: Having served everyone, they also join in with the front-line action from time to time.

These roles are very rich and multi-dimensional. In this whitepaper we can start to see how host leadership might look in a nursing team based in a hospital setting for example. In other settings the metaphor applies in different ways; when the health professional enters the home of the patient they are both a guest (in the patient’s home) and a host (of the patient in the healthcare system).

Applying host leadership in the ward

Let us look at some of the key nursing roles in the ward (consideration is given that these terms may vary); Ward manager, senior staff nurse and newly qualified staff nurse. While all the six roles above are important, we might focus on which particular host leadership elements might connect at different levels and to different degrees within each role. Note that the roles are by no means fully representative or limited to that in care but merely used as an example to represent the Host metaphor.

Ward manager

The ward manager occupies a key leadership position considered to be experienced with authority and accountability, they are charged with the delivery of quality care situated in the patient experience. From a host leadership perspective, the ward manager's 'guests' are a large and varied group – not just nursing staff but include and are not limited to the multidisciplinary team, families and carers and representatives of external agencies.

Ward manager as space-creator: The overall look and feel of the ward is high on the ward manager's mind, and to this end they will be very focused on making sure that their space is working well. This will include physical aspects including cleanliness as well as interactional elements such as relationships. How does it feel to be on the ward? How does the environment affect experience? Is the space being respected, refreshed and renewed?

Ward manager as gatekeeper: The ward manager will be very focused on making sure everything is working smoothly, seeing the bigger picture with an experienced eye, supporting staff movement, application of systems and processes – how things are supposed to work (and what to do if they aren't working). This might include supporting teams and visitors in engaging with 'house rules' or how to feedback if the house rules are not as expected! In addition, the ward manager and team will be charged with the movement of 'guests' from the ward back to their own environment

Staff nurses

Qualified staff nurses form the backbone of any ward – but how do they connect with leadership? As host leaders, staff nurses might see their 'guests' as patients, as well as carers, family members and other visitors to the ward environment. While ward managers have a formal leadership role and may be referred to for certain decisions, staff nurses are very well placed to see what is going on, connect with patients and ensure they have what they need.

Staff nurse as inviter: Nurses can lead effectively in a number of ways including noticing and drawing attention to areas of need, working inter- professionally, engaging across 3rd sector organisations, creating opportunity and possibilities for change. Nurses are instrumental in leading and co-ordinating multidisciplinary team meetings. They have a key role in developing collaborative working with the patient, and also ensuring that carers and family are part of the picture. They are integral to the care process, advocating on the patient's behalf if needed, working with consultants and other key members of the team to deliver patient centred care.

Staff nurse as connector: Bringing the right people together is a key element of nursing, and the staff nurse is in a prime position to see who else can play a part with this particular patient and how to connect with them – including boundary-spanning and wider sources. Pointing out and connecting patients and carers with resources plays a vital role too – support services, specialist advice centres etc. only have value if the people who need them are aware! Nurses

can lead by bringing energy and people together, at the right moment, and nobody else is in such a good position to achieve this key leadership task.

Newly qualified nurses

Newly qualified nurse as initiator: Although the following roles are also integrative to staff nurses, the newly qualified nurse receives a special consideration here. It is well documented that the transition from student to staff nurse is challenging, often affectionately termed newly qualified-itis to describe the state of transition and belief that one should know everything there is to know about the role occupied. A new pair of eyes can often be an excellent asset, and can see things that others may have overlooked. Part of the challenge is feeling able to represent a different viewpoint whilst fitting in to a new team and environment.

Consistent with the NMC Code of Conduct, the initiator role is about ‘hearing what is being called for’ and then acting in a way that is congruent with experience and limitations. So, if the newly qualified nurse notices something that needs doing, and somehow this is not being done, they can be the first to raise the matter. This doesn’t necessarily mean doing it but to at least take a small step – to raise it with colleagues, to see a new way forward, to discuss possible alternatives. Of course nurses are duty bound to raise concerns too, implementing a shared approach of Host leadership in teams can create common language and understanding of roles, the role of initiator can support action in difficult and transitional periods.

Newly-qualified nurse as co-participant: One of the best ways for newly-qualified nurses to learn and gain experience is for them to jump right in and get on with doing what’s needed. While this is naturally expected at this level, it can also lay the foundations of a career that never loses touch with the hard work, frustrations, rewards, privileges and surprises of hands on care. Indeed, this is a thought for leaders at all levels in healthcare – how can you find a way, once in a while, to connect with patients and front-line staff?

Distributed leadership on the ward

In these short examples, we have seen how host leadership can be distributed throughout the ward structure. Each person can think of themselves as a host. Their guests may vary, but always include the patients. And each can also see themselves as acting as guests in their various teams, shifts and groups, which may be hosted by someone else. Our experience is that good hosts also know a lot about being good guests.

We hope this short whitepaper has shown a little of how the metaphor of leading as a host can throw new light on good and useful leadership behaviour and skill at all levels in hospital settings. Where there is new light, there can be better vision and clearer action. And where there is clearer action, there can be improved results and patient satisfaction.

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The ideas presented in this whitepaper are discussed further in the award-winning book [Host: Six new roles of engagement for teams, organisations, communities and movements](#) is out now. Buy it in print or Kindle format at [amazon.com](#) or [amazon.co.uk](#).

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