

What does leadership mean to Specialist Community Public Health Nurses?

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AIMS

- We will discuss leadership styles in the context of Specialist Community Public Health Nursing (SCPHN).
- Restorative Supervision will be applied to the role of the leader and the SCPHN with a focus on the A-EQUIP model.

Mentimeter



- Can be used to gather real -time **feedback** and encourage **active participation**.
- Participants can access the tool through **their devices** and respond to questions or vote on various topics, which can be displayed instantly on the presenter's screen. It is often used to enhance engagement, collect data, and foster collaboration in both educational and professional settings (Mayhew et al, 2020).
- As all responses are **anonymous** , this should encourage **open and honest** discussion, resulting in **richer qualitative data** .

- Practice educators and practice assessors must demonstrate **leadership** as part of their nursing role and in facilitating student learning.
- In addition, they are responsible for **developing effective leadership** skills in students (Barry et al, 2015).
- The Standards of proficiency for SCPHNs (Nursing and Midwifery Council (NMC), 2022) provide comprehensive guidance in relation to the SCHPN role requirements.

- Evidence shows that the **intentional practice of compassion** **-focused activities** has a significant positive impact on a range of psychological and physiological systems
- *What activities could be used.....*

Compassionate Leadership

- relates to better **organisational performance** and workforce wellbeing, so relevant to address the current nursing workforce issues of **retention and recruitment** (Walker and Jennison, 2024).
- is rooted in the basic human instinct to care, and to create **safe** and **connected** relationships where the motivation is affiliative, collegiate and promotes social safeness, leading to greater productivity and mental wellbeing (Blumenthal and Lee, 2023).

- **Compassionate** and **authentic leadership styles** are considered under the umbrella of **relational leadership styles**, which underpin modern nursing leadership (Cummings et al, 2021; Pattison and Corser, 2023).
- Cummings et al (2021) recognised targeted **educational interventions are an effective method of leadership development** in nurses and, therefore, it can be demonstrated this can be applied to the SCPHN programmes of study.

Autonomy

The need to have control over one's work life, and to be able to act consistently with one's values

1. Authority, empowerment and influence
2. Justice and fairness
3. Work conditions and working schedules

Belonging

The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

4. Teamworking
5. Culture and leadership

Contribution

The need to experience effectiveness in work and deliver valued outcomes

6. Workload
7. Management and supervision
8. Education, learning and development

Authentic Leadership:

- Fundamental to authenticity is the notion of **people remaining true to their core values** (Galloway, 2022). Gardner et al (2005) state that authenticity in nursing means being in the present, **being real and genuine in who you are**, and possessing and demonstrating character.

- Authentic leaders help **build resilience** among their teams by acknowledging challenges, providing emotional support and fostering a culture that values wellbeing (Northouse, 2029).
- This **resilience is essential for coping with the stressors** of the profession and demonstrates a commitment to the highest standards of practice, ethical conduct and continuous improvement (Waite et al, 2014).

- Authentic leadership aligns strongly with the A -EQUIP model (NHS England, 2021) and that of the Professional Nurse Advocate (PNA) role.
- The PNA role builds strong relationships built on trust, transparency and honest conversations, and this has been recognised as fundamental to support the psychological safety of the SCPHN workforce (Jennison and Walker, 2023).

PMA.....PNA.....

- Restorative Supervision as identified by Wallbank (2007) is one element of four within the Advocating for Education and Quality Improvement A -EQUIP model.
- A-EQUIP was introduced following deregulation of statutory supervision of midwives and used this approach to support midwives, to support women and their families.

The A-EQUIP model works in four ways:

- advocating for the patient, the nurse and healthcare staff
 - providing clinical supervision using a restorative approach
 - enabling nurses to undertake personal action for quality improvement
 - promoting the education and development of nurses.
- (NHS England 2021).

- 94% of Trust leaders said they were concerned about the level of burnout across their workforce (NHS Providers, 2021).
- Recruitment
- Retention
- Absenteeism
- Student experience
- Quality and Safety
-

Benefits of RCS (Davenport, 2019, Wallbank, 2013)

■ For the individual:

- feel supported
- experience less stress
- reduced burnout and sickness absence
- develop personally and professionally
- less inclined to leave the profession
- confidence increased
- feel less isolated
- develop clinical competence and knowledge .

■ For the organisation:

- develops nursing practice to improve quality of patient care
- improved communication between professional groups
- dissemination of good practice, shared learning
- reduced turnover of staff/sickness absence
- tool for maintaining, monitoring and developing good practice
- innovation encouraged
- staff more motivated
- higher job satisfaction

- **Leadership and management practices have a significant impact on quality** .
- By supporting professionals to slow down and consider experiences of care through reflective discussion, supportive challenges and open and honest feedback, restorative clinical supervision provides an opportunity to consider new perspectives and supports decision -making (NHS England, 2017).

- Dickson et al (2022) identify healthful leadership as one relational style of a compassionate leadership approach. Their review identifies six common behaviours characteristic of healthful leadership practice:
 - Being visible and present
 - Being open and engaging
 - Caring for self and others
 - Embodying values
 - Being prepared and preparing others
 - Using available information and support.

Mentimeter results in more depth



Q1. What type of leader do you think you are in your practice environment?

- 'Respectful'
- 'Role model'
- 'Energetic and authentic'
- 'A leader that listens and is approachable'
- 'A listener'
- 'Positive to develop practice and encourage colleague development'
- 'Wanting high standards'

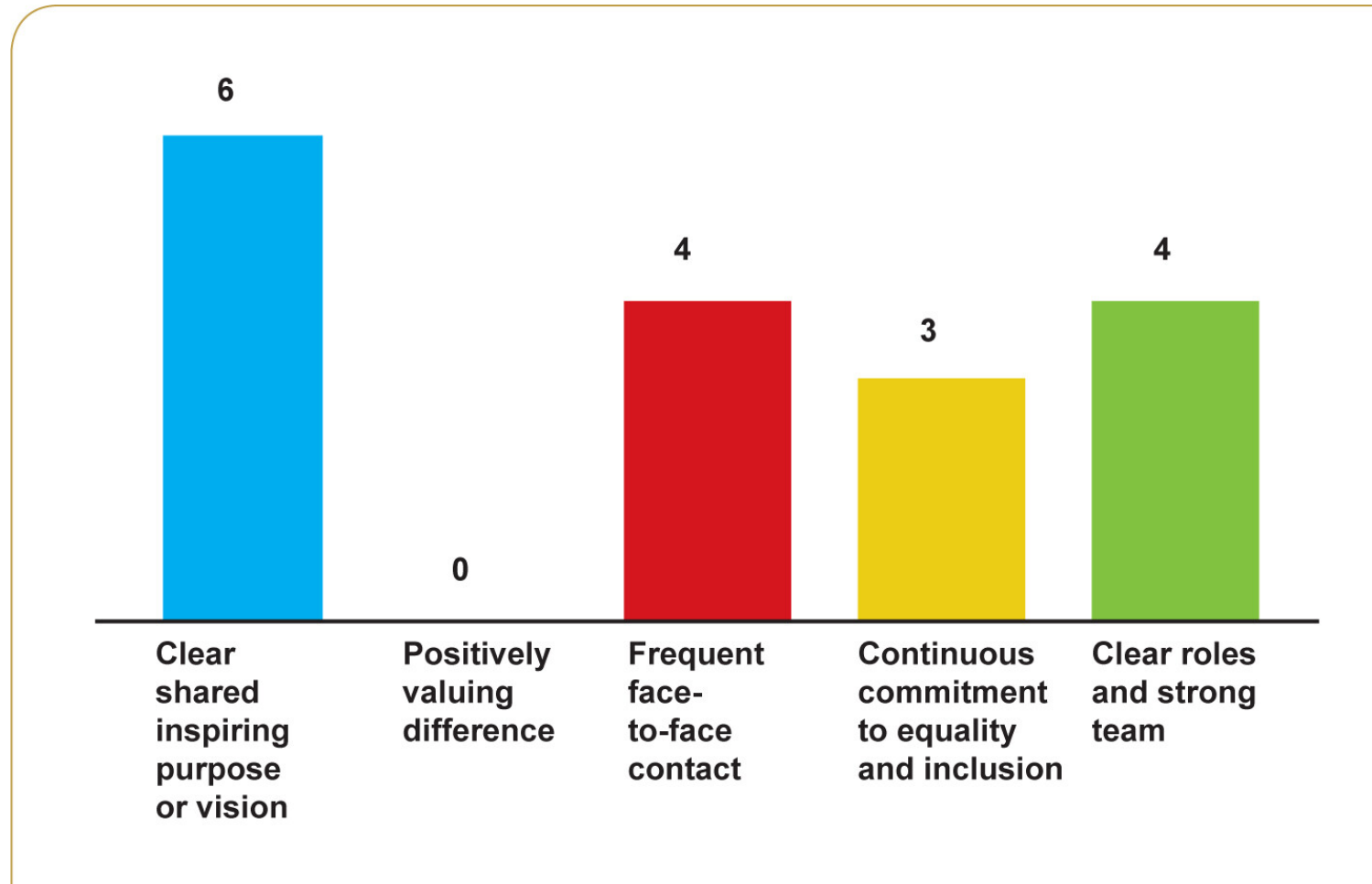
Q2. What is your preferred leadership style?

- 'Authentic and compassionate'
- 'Clear communication and feedback'
- 'Democratic'
- 'Transformational'
- 'Mixed between transformational and situational'
- 'Compassionate'
- 'Supportive and caring'
- 'Transactional'

Q3. Which compassionate qualities do you feel leaders should display most?



Q4. Which value is most important to you in a leader?



Q5. What skills do you feel leaders should have?

- 'Caring'
- 'Creative thinking'
- 'Compassionate '
- 'Visibility'
- 'Listening, strategic vision'
- 'Approachable'
- 'Honest'
- 'Open'
- 'Self-awareness, experience and wisdom'

- 'Asks and responds to views and opinions'
- 'Positivity'
- 'Credible'
- 'Supportive'
- 'Empathy'
- 'Knowledge'
- 'Non-judgemental '

- Walker, J. and Jennison, L., (2024). What does leadership mean to specialist community public health nurses?. Journal of Health Visiting, 12(2), pp.62-70. Available at:
<https://www.magonlineibrary.com/doi/abs/10.12968/johv.2024.12.2.62>
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| Thank you

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