

## **What does leadership mean to Specialist Community Public Health Nurses (SCPHN)**

### **Practice Educators and Practice Assessors?**

#### **Introduction**

In this article, we present a discussion on the different leadership styles, namely compassionate and authentic and their relationship with Specialist Community Public Health Nurses (SCPHN) who provide support and role models for care and teach the next generation of colleagues. The discussion derives from the results of an anonymous Mentimeter evaluation, used during a Higher Education Institute (HEI) teaching session for SCPHN Practice Educators and Practice Assessors. The findings illustrate honest and important views of experienced SCPHN's who are supporting students in clinical practice. The SCPHN cohort of responders comprised of 26 Health Visitors (HV), School Health Nurses and District Nurses with varying degrees of postgraduate and professional experience.

Mentimeter is an online interactive presentation tool that allows presenters to engage their audiences through live interactive features (Mohin et al., 2022). It can be used to gather real-time feedback and encourage active participation. Participants can access Mentimeter 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, who will be expected to demonstrate these skills when they become registered practitioners (Barry et al., 2015). The Standards of proficiency for specialist community public health nurses (NMC, 2022) provides

comprehensive guidance in relationship to the SCHPN role requirements. This includes the education and training of SCHPN's, who are expected to demonstrate leadership as part of their autonomous role. The NMC also sets out specific expectations for the assessment and supervision of post-registration students (NMC, 2023). Practice Assessors are expected to support SCHPN's learning and development, to meet the NMC proficiencies and students programme learning outcomes. As Practice Assessors are in a potential position of power and can exert influence over students, they require supportive leadership skills to meet the needs of the future SCHPN workforce.

Leadership within healthcare has for many years been evaluated as a valuable commodity that is integral to successful teams (van Diggele et al., 2020). Consequently, effective leadership is a highly valued element of healthcare education, increasingly recognised as essential to the delivery of high standards of education, research and clinical practice (van Diggele et al., 2020). Programmes of study should be designed around theory, research and clinical evidence to teach leadership content to all health and social care students, regardless of identified professional roles (Gregersen-Hermans et al., 2021). A new type of leader is emerging in the wake of the Covid- 19 Pandemic, identified as a role model of integrity and credibility, who balances autonomy and accountability, emphasises teamwork, and focuses on improving patient outcomes. Healthcare education leaders are required to work effectively and collaboratively across disciplines and organisational boundaries, where titles are not always linked to leadership roles (Feldman et al., 2022).

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.

### **Compassionate Leadership**

Unsurprisingly, due to its focus on health and wellbeing, compassionate leadership has been widely discussed in nursing literature. Jemal et al. (2023) propose that compassionate leadership is also a critical component for the effectiveness of healthcare provision and treatments. This form of leadership relates to better organizational performance and workforce wellbeing, so relevant to address the current nursing workforce issues of retention and recruitment.

The post pandemic impact continues to affect staff health and wellbeing, with problems such as vacancies, recruitment, and retention issues (Bailey and West, 2020). These pre-existing problems were exacerbated by the pandemic, which brought nurses additional challenges such as rapid changes to the physical working environment and a higher intensity level of patient care required (Couper et al., 2022). SCPHN nurses had to cope with more indirect societal issues arising for their caseloads such as; travel and social restrictions, education, and workplace closures leading to social isolation and poor economic outcomes for families and household budgets (Douglas et al., 2020; Children's Commissioner 2019).

Consequently, a combination of workplace and societal issues may have produced additional psychological effects for nursing staff, as revealed when 94% of Trust leaders said they were concerned about the level of burnout across their workforce (NHS (National Health Service) Providers, 2021). SCPHN Health Visitors (HV's) have reported their services were further stretched, leaving them feeling overwhelmed with detrimental impacts on their wellbeing (Morton & Adams 2022).

A compassionate leadership style is concerned with an inter-personal process, which involves the noticing, feeling, and sense making of situations in ways that connect with others (Harris & Jones 2023). This leadership approach is rooted in the basic human instinct to care and to create safe affiliative and connected relationships, where the motivation is affiliative, collegiate, promotes social safeness, leading to greater productivity and mental

wellbeing (Blumenthal & Lee 2023). Healthcare leaders find this challenging to apply within clinical practice, as this may be in direct contrast to a more traditional leadership focus on the completion of tasks, where patient care needs have priority above the experiences of healthcare staff.

For nursing leaders this would involve approaches, which consider the power balance between leader and followers, to lead teams in ways that enhance productivity and mental wellbeing. Whilst it cannot be denied that effective teams need a shared vision and goals, this does not need to be at the cost of psychological well-being. Evidence shows that the intentional practice of compassion focused activities has a significant positive impact on a range of psychological and physiological systems including; frontal cortex, amygdala, heart rate and immune functioning (Goleman & Davidson 2017; Passmore & Oades, 2015; Passmore 2019). Therefore, a compassionate approach could improve both the psychological and physical health of staff.

Ramachandran et al. (2023) recommend exploring the six dimensions of compassionate leadership: open communication, empathy, physical and mental well-being, inclusion, integrity, dignity, and respect. Considering these dimensions involves a shift in leadership mindset and cultures, to focus on staff wellbeing in the short term, to elicit improved quality care of patients in the longer term. Research has shown this is an effective approach moving away from outmoded leadership styles, known to result in poorer mental health outcomes for staff and task success for the leader, at the expense of the teams' efforts (Blumenthal & Lee 2023).

Adopting the Professional Nurse Advocate (PNA) role (NHS England & NHS Improvement 2021) and using a model of restorative supervision taught on the PNA course is one feasible way to address this. The restorative function of the PNA role has been shown to have a positive impact on the wellbeing of staff, as it reduces burnout, stress, and absence (NHS England & NHS Improvement 2021). Restorative and compassionate leadership models have the potential to improve nurse's health and well-being.

Authors have suggested that compassionate leadership can be associated with the idea of 'servant leadership', which incorporates qualities of empathy and a deep commitment to others (Meuser and Smallfield 2023). However, caution must be employed when relating servant leadership to nursing roles as literature suggests this can lead to emotional burnout for the leader, as they do not prioritise their own objectives or individual needs (Canavesi and Minelli 2022).

One way to mitigate this is to use a 'healthful leadership' approach. Dickson et al (2022) identify healthful leadership as one relational style of a compassionate leadership approach. Their review identifies six common behaviours, which are characteristic of healthful leadership practice;

1. *being visible and present*
2. *being open and engaging*
3. *caring for self and others*
4. *embodying values*
5. *being prepared and preparing others*
6. *using available information and support.*

Factors that enable healthful leadership are created by the culture within which they lead and from the leaders' personal attributes, values, and style. Leaders who embody values of empathy, courage, compassion, and authenticity can create conditions for positive and healthful relationships. These conditions are commonly found in other relational leadership styles such as authentic leadership, where the focus is on developing genuine relationships with others and developing others. Dickson et al (2022) report that healthful leadership practices are not prioritised by nurse leaders and studies on the impact of this style, in relation to nursing well-being, is absent.

A healthful leadership approach can be supported with models used to improve nursing health and well-being, such as the ABC model outlined below in **Figure 1**. The model can be

used in staff discussions to enable leaders to identify where they can focus their efforts in clinical practice and provides a good starting point from which to examine workforce issues and staff needs.

**Figure 1. The Kings Fund (2023) ABC model of nurse's core needs.**



### **Authentic Leadership**

Authenticity has been defined as ‘a life-long process of self-discovery that includes realizing personal potential and acting on that potential’ (Star, 2008). Fundamental to authenticity is the notion of people remaining true to their core values (Galloway 2022). Gardner et al. (2005) states that authenticity in nursing means being in the ‘present, being real and genuine in who you are, and possessing and demonstrating character.

Authentic leadership is a new nursing concept often not well defined (Long, 2023). Authentic leadership is built on the concept; individuals are self-aware and understand their sphere of influence (Galloway, 2022). According to Raso (2019), an authentic leader is a genuine, trustworthy, reliable, and believable individual in a position of responsibility. These build trust among team members, patients, and other healthcare professionals. Trust is foundational for effective communication, collaboration, and a positive work environment. A positive work culture, in turn, enhances job satisfaction, reduces burnout, and promotes overall well-being among nursing staff.

Leaders who adopt an authentic leadership style are concerned with developing genuine relationships with others and bringing out the best in them (Raso, 2013). Authentic leaders also exhibit individualised consideration of staff, motivating them and stimulating creativity and innovation (Galloway 2022). They practice what they believe in with integrity, even when they make a mistake, and in doing so they demonstrate transparent decision-making, confidence, optimism, hope and resilience (Galloway, 2022; Long ,2023). Authentic leadership aligns strongly with the A-EQUIP Model (NHS England, 2021) and that of the PNA role. The PNA role builds strong relationships built on trust and transparency and having honest conversations and this has been recognised to be fundamental to support the psychological safety of the SCPHN workforce (Jennison and Walker, 2023).

Nurses are constantly striving to improve their leadership skills to achieve those traits highlighted, as there is a mutual understanding these can lead to improvements in our healthcare environments (Raso, 2019). Trust is gained through honesty, integrity and having a moral compass. Teams recognise these qualities as trustworthy and are more likely to be influenced by a leader who demonstrates these within their leadership and decision-making. There is evidence that nurses who are authentic make for positive working cultures (Alexander and Lopes, 2018). Nurses who feel their leaders are authentic are more likely to voice concerns, share ideas, and engage in constructive dialogue. This type of communication is essential for addressing challenges, fostering innovation, and continuously improving patient care.

Authentic leadership is crucial in nursing for several reasons, as it directly influences the quality of patient care, team dynamics, and the overall work environment (Waite et al., 2014). Engaged nurses are more committed to their roles, leading to increased productivity and a positive impact on patient care. 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). This sets the tone for the nursing team and contributes to the professions overall credibility and reputation.

**The Evaluation of individual’s views and opinions.**

Results from the Mentimeter evaluation captured the views and opinions of the SCPHN Practice Educators and Practice Assessors, who are supporting students in clinical practice. Their answers provided an insight into how they perceived their own current style of leadership.

**Figure 2:**

Q1. What type of leader do you think you are in your practice environment? (24 responses in total)
'Compassionate'
'A leader that listens and is approachable'
'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'.

The key themes identified in Figure 2, their responses were how they perceived themselves as compassionate leaders, role modelling, energetic and authentic. It was also recognised how the responders identified their preferred leadership style in their clinical practice. It can be agreed these are the skills and qualities required to support student nurses and to support the student SCPHN. It can be argued that’s SCPHN’s develop an artistry over the period of their studies and in the post qualifying period that cannot be taught, but it develops



with the support of a highly skilled Practice Educator or Practice Assessor who is the epitome of excellence in communication and interpersonal skills.

**Figure 3:**

Q2. What is your preferred leadership style? (22 responses in total)
'Authentic and compassionate'
'Clear communication and feedback'
'Democratic'
'Transformational'
'Mixed between transformational and situational'
'Compassionate'
'Supportive and caring'
'Transactional'

It is not surprising that transformational leadership is recognised and provided as an answer to support students by the Practice Educators and Practice Assessors. Galloway (2022) describes transformational leadership as having a perspective that is wider than just an action. It involves coaching and supporting people and aligning the interests of 'the team' with the interests of the organisation they work in. Galloway (2022) recognises how trust is central to transformational leadership, as are respect, knowledge of and interest in followers, and the ability to provide opportunities for development of them.

In addition, transactional leadership has made an appearance in the Mentimeter, and this can be understood to be required for task-based situations involving extrinsic rewards. In this situation, it could be argued that students need to achieve a task to progress and develop with their studies. However, it has been suggested that leaders who support students and newly qualified colleagues will adopt a situational leadership approach (Barry et al., 2016).

**Figure 4:**

Q3. Which compassionate qualities do you feel leaders should display most? (18 responses)

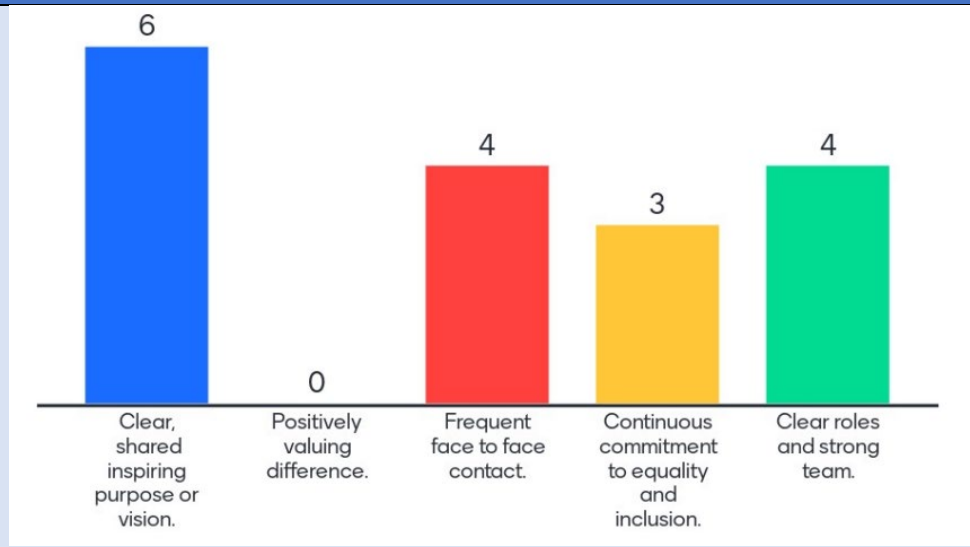


Interestingly, responders did not provide the answers exactly how they were expected to with their third question. While 'supportive' was recognised as the most compassionate quality of a leader, other qualities featured lower on the scale of compassionate, such as 'encouraging of people's differences' and 'focused on what is best for their employees'. There was an opportunity to explore this further and the responders reflected on their responses and concluded that they would still agree with the order ranking of most compassionate.

It was agreed by the responders that 'supportive' and 'thoughtful and kind' were required by leaders to enable others to develop and thrive within the team. Kindness is often overlooked and can often be interpreted to be a natural quality for many healthcare staff and expected to 'be a given' for a nurse to behold. Wei et al (2019) recognises that kindness is pivotal to support nurses to develop resilience and this can be demonstrated by leaders who role model these behaviours.

**Figure 5:**

Q4. Which value is most important to you in a leader? (17 responses)



It was asked in question four ‘Which value is most important to you in a leader?’ The top scoring response was ‘clear, shared inspiring purpose or vision’ and this aligns with the ABC model of nurse's core needs (The Kings Fund, 2023) and the Contribution and Belonging elements. Critically, the value that did not score any support was ‘positively valuing difference’ which could be considered a direct conflict to the core needs (The Kings Fund, 2023) and the Autonomy element of the ABC model.

**Figure 6:**

Q5. What skills do you feel leaders should have? (26 responses)	
‘Caring’	‘Self-awareness, experience and wisdom’
‘Visibility’	‘Asks and responds to views and opinions’
‘Creative thinking’	‘Positivity’
‘Compassionate’	‘Credible’
‘Listening, strategic vision’	‘Supportive’
‘Approachable’	‘Empathy’

'Honest'	'Knowledge'
'Open'	'Non-judgmental'

Question five has been presented here with a summary of the answers provided. All the answers capture the key themes of compassionate and authentic leadership styles (Galloway 2022; Northouse 2021). It is recognised that nurses are motivated by intrinsic rewards and want to feel valued within their role and have a sense of belonging (The Kings Fund 2023; Dames 2019). Dames (2019) concluded in their work that nurses need to be supported as they make the transition to registered practice, this can also be applied to those who are making the transition to SCPHN. The role of the PNA can be well placed to support student SCPHN's and newly qualified colleagues. The A-EQUIP model (NHS England 2021) supports the workforce to develop both professionally and personally. The A-EQUIP Model can be used as a tool to incorporate a robust structure to support students and teams alike.

### **Situational Leadership**

One theme that emerged from the Mentimeter was related to transactional leadership. This approach includes both intrinsic and extrinsic motivators for SCHPN students and Practice Assessors/Educators. Therefore, this may lead to an approach which encompasses situational leadership whereby flexibility and change management.

Galloway (2022) suggests situational leadership allows a leader to alter their approach according to circumstances and that a leader can be either task-oriented or person-oriented as appropriate depending on the situation. It is also one of the first theories that includes followers as a key part of considerations.

Situational leadership in nursing is essential due to the dynamic and complex nature of healthcare environments and the competing challenges facing nurses daily (Walls, 2019).

Patients in healthcare settings have diverse needs, and their conditions can change rapidly. Situational leadership allows nurses to adapt their leadership style based on the specific needs of individual patients, ensuring personalised and effective care. This consideration extends not just to the situation itself; situational leadership is a sophisticated framework from which leaders may make assessments about the readiness of followers and the context (Galloway 2022; Northouse 2019). Nursing teams consist of individuals with various levels of experience and expertise and situational leadership recognises that not all nurses require the same level of guidance and support, and it allows nurse leaders to tailor their approach, providing more direction to less experienced staff while giving experienced nurses greater autonomy (Walls 2019).

Nurses often face situations that require quick and critical decision-making and situational leadership enables nurse leaders to assess the urgency and complexity of a situation and adjust their leadership style accordingly, whether it involves guiding the team through an emergency or allowing experienced nurses to take the lead in routine tasks (Galloway, 2022). Situational leadership emphasises collaboration and allows nurse leaders to foster a team-oriented culture. Leaders can adapt their approach to promote communication, cooperation, and shared decision-making among team members. For the most efficient leadership approach, situational leaders should determine the motivations and orientations of followers and adjust their style accordingly (Galloway, 2022).

Situational leadership is valuable in driving quality improvement initiatives (Drew and Pandit, 2022). Nurse leaders can assess the readiness of their teams for change, adjust their leadership style to support the implementation of new practices, and encourage a culture of continuous improvement (Walls, 2019). Patient safety is a top priority in nursing and by adopting situational leadership, nurse leaders can ensure that their teams are well-prepared to address safety concerns, respond to emergencies, and follow established protocols to prevent adverse events (Merrill, 2015).

However, this more traditional leadership style focuses on meeting the needs of the service and patients first, rather than prioritising the workforce well-being to raise patient care quality. The promotion of workforce wellbeing is crucial to ensuring staff retention, recruitment, and reduced absenteeism (Jennison & Walker 2023). The A-EQUIP Model and the PNA role is pivotal in supporting Practice Educators and Practice Assessors to support their SCPHN students.

Prior to the pandemic, in 80% of UK (United Kingdom) areas, Health Visiting caseloads were already above the 250 children maximum average recommended by the Institute of Health Visiting (iHV) (Conti & Dow 2020). Due to a reduction in face-to-face contacts during the pandemic, many HV's reported concerns that they would miss parental mental health conditions, child growth concerns and the wider determinants of health (Conti & Dow 2020). Years of underfunding and the decision to categorise health visiting as a "partial stop" service during the pandemic, were identified as root causes of a service struggling to meet rising levels of families' needs (Morton & Adams 2023). With rising caseload numbers and a shift towards more prescribed ways of working, many HVs reported that their ability to work as autonomous practitioners was eroded (iHV 2020).

It could be suggested that this unique and complex mix of factors has been influential in declining SCHPN retention figures. The iHV (2023) reports that HV workforce numbers have fallen by more than 40% in England (in workforce data reviewed from October 2015-April 2023). The Government has attempted to address this by introducing the NHS Long Term Workforce Plan (2023) intended to focus on NHS workforce needs, to meet the future challenges of the service including SCPHN's. The Plan is light on detail for health visiting but includes commitments to improve retention through career development initiatives, flexible working and improved staff wellbeing. This includes an ambition to expand training places for HV's, district nurses, and qualified school nurses from 1,811 in 2022 to 3,788 places by the year 2031.

Although The Plan reveals the most common reasons for leaving the NHS as;

- pay and reward
- work-life balance
- progression and continuing professional development
- health and wellbeing.

The future NHS human resources and organisational development report (NHS England, 2020) is cited in The Plan and refers to how professionals can work differently, to create a consistently compassionate, inclusive, and values-driven culture to improve staff experiences. However, The Plan recommendations do not examine in detail how leadership approaches relate directly to the reasons staff choose to leave the NHS.

Considering The Plan (NHS England 2020) focusses on inclusivity and values driven cultures, the mentimeter responses for question four have not applied any significance to SCPHN practice. Could it be argued that the lack of visible significance is more of an expected consideration for practitioners? Could it be suggested that practitioners feel this is too large an issue for them to address, that this is more of a cultural change, which they feel unable to influence.

Moving forwards, recommendations for the future could include:

- Embedding leadership theory throughout programmes for SCPHN students to apply to practice. Entrench compassionate and authentic leadership styles in practice from the start of the role's trajectory.
- To build positive cultures through implementing the A-EQUIP Model and PNA role in personal and professional development pathways.
- Provide leadership training for the workforce as pre-requisite for promotion.
- Any educational courses for Practice Educators and Practice Assessors need to have an underpinning of the A- EQUIP Model and the PNA. This must include the

key attributes of the PNA training, which embodies communication, leadership, restorative supervision, and quality assurance.

### **Key Points x 3**

- Programmes of study should include leadership content for all health and social care students, regardless of identified professional roles.
- Restorative, compassionate, and authentic leadership models can support improvements in nurses' psychological and physical health and well-being.
- The A-EQUIP Model and the PNA role is perfectly placed to support Practice Educators and Practice Assessors to support their students.

### **Conclusion**

In this article, we have presented a discussion on the different leadership styles, namely compassionate and authentic and their relationship with SCPHN's who provide support and role models for care and teach the next generation of colleagues. The discussion derives from the results of an anonymous Mentimeter evaluation, which captured the views of SCPHN Practice Educators and Practice Assessors. The findings illustrate honest and important views of experienced SCPHN's who are supporting students in clinical practice. In the past, transactional leadership styles were a more flexible approach for rapidly changing healthcare organisations, but after the pandemic, we need a new leadership approach which has a focus on individual wellbeing and workforce issues. Authentic and Compassionate leadership styles should be embedded within the SCPHN role to make this difference.

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