# ENHANCING NURSE LEADERSHIP THROUGH RESEARCH, EDUCATION AND TRAINING


Abstract

This paper aims to highlight the need for research, education and training as a means of enhancing nurse leadership. Nursing, just as many other aspects of the National Health Services (NHS) in United Kingdom (UK), has been in the public eyes in the recent times (Gillett, 2012; Thomas & Richardson, 2016). The medio-public image of nursing is always under scrutiny, because nursing can be perceived as 'the face' of the health system.

This article traces a brief history of nursing and nursing leadership in order to gain an insight into how research, training and education had helped nursing and its leadership in the past and highlight the role that research, training and education can play in shaping the immediate future and beyond, of nursing and its leadership, in UK.

This paper argues for a unified training route for all nurses in UK. It also contends that degree education is most helpful in preparing the twenty first century nurses for the medical and technological advancements. This article argues for the upgrading of nursing education as a means of boosting its professional image as well as enhancing its research capabilities.

The second point addressed in this article is the medio-public image of nursing-which, in a way, is exogenous; as, this stems from inadequate hospital resources which has led to high burn-out among English nurses and, which concomitantly is affecting the quality of care given by the nurses and midwives in UK. This is a serious factor that is also affecting media and public perception of nursing.



Key words. Education, Leadership, Nursing, Research, Training


## 1. A BRIEF HISTORY OF NURSING IN UK

Nursing had been around for as long as human beings have been on earth, that is, well before records began (Kozier et al, 2008). People had always been ill and requiring tending to (or nursing).

Nursing, in UK, had a humble beginning. Prior to the Crimea war with Russia in 1854, there was no formal school of nursing established in UK. Although there were the sisterhoods-such as The Church of England's St John's House sisterhood; and, the All Saints' sisterhood. The St John's House sisterhood was employed to run the nursing care at St Thomas and Charing Cross hospitals. These sisterhoods trained the probationers (nurses in training) (Black, 2005). Florence Nightingale was a British woman who trained as a nurse in Germany. Upon her return to the UK, she established the School of Nursing at St Thomas' Hospital in London in 1860 (Dingwall et al, 1991, Baly, 1986), specifically to train nurses.

Prior to that time, many people performed similar and different roles, who were referred to as nurses, in hospitals and health care services centres. Most of them had little or no training, compared to a modern day nurse. In the middle ages, when voluntary hospitals such as St Batholomew's (1123) and St Thomas hospitals (1207) were founded, they were mainly run by monks and nuns (Helmstadter & Godden, 2011), hence, the name 'Sister' for a senior female nurse is still used today.

The important role played by Florence Nightingale during the Crimea war, especially, in reducing mortality rate among the wounded soldiers by fifty percent (although that claim is

challenged by some critics, see especially Dingwall et al, 1991), highlighted the valuable contribution that nurses can make to the lives of the soldiers and the war effort (Baly, 1986).

The battle for recognition and standardised training for nurses was a long one-having started in 1858 after the doctors had gained registration and lasted until 1919 when the bill was passed (Thomas & Richardson, 2016; Abel-Smith, 1960). As mentioned above, many people (especially women) performed many 'nursing' duties in different establishments. Many had learned to do their work through experience, thus training, experience and standards differed widely. By 1858, after the medical profession had gained registration status, opinions were being voiced by others for a similar status for nursing. Prominent among the voices was the Nursing Record (later renamed British Journal of Nursing). However, the nursing organisation was plagued by internal disagreement. The Matrons Committee was in favour of registration, but disagreed on the length of training. The Hospitals Association over-ruled the Matrons Committee and established a non-statutory voluntary register of nurses in 1887. This led to a division among the Matrons Committee. Surprisingly, Florence Nightingale was neutral, because she was opposed to any form of registration. Ethel Gordon Fenwick and her group continued to argue for registration of nurses, their effort led to the formation of British Nursing Association in 1887.

However, after many years of parliamentary aloofness over the issue, but spurred on by the great contributions nursing services had been rendering to the British military forces and personnel all over the world, coupled with the influence of Princess Helena and Queen Alexandra, who became presidents of military nurses association; a private members bill raised by a backbencher, Major Richard Barnett, was passed in December 1919. The bill was for the establishment of a regulatory body for nurses as well as registration for nurses in England/Wales; Scotland and Northern Ireland (Abel-Smith, 1960).

Ethel Gordon Fenwick (often referred to professionally as Mrs Bedford Fenwick) was the first nurse to be registered in the UK, in 1923. Although, New Zealand had begun registration of nurses in 1902, and so, Ellen Dougherty of New Zealand was the first nurse to be registered in the whole world.

Worthy of note are the roles played by some other people such as Princess Helena (the daughter of Queen Victoria), and her sister-in-law, Princess Alexandra who became the Queen after the death of Queen Victoria in1901. Helena had a very strong interest in nursing and she became president of the British Nursing Association, the position which was later occupied by the new Queen Alexandra. Helena was a strong supporter of nursing.

Before discussing nurse leadership, it is necessary to briefly describe or define leadership. Defining leadership is not a very easy task. However, literature is awash with many definitions, that Bass (1990, p11) said 'There are almost as many different definitions of leadership as there are persons who have attempted to define the concept'. But, simply put leadership exists where there is someone or group of people who are leading one or a group of persons. In other words, there must be a leader and at least a follower.

Leadership is very similar in many organizations, including the NHS. The NHS recognizes the importance of leadership and has taken some bold steps in its leadership development initiative. In 2010, it launched Leadership Council and at local levels Strategic Health

Authorities, in order to meet the challenges it faces as a result of economic constraints and increasing demands (Storey, 2010).

## 2. **NURSE LEADERSHIP PRE NINETEENTH CENTURY ERA**

As mentioned earlier, nursing training was carried out by each institution according to their own needs. Also mentioned above, prior to the establishment of the school of nursing by Florence Nightingale in 1860, there was nursing training provided especially by the voluntary organizations such as St Batholomew's which was run by monks and nuns and other groups such as the sisterhoods.

To fully understand the social history of nursing in the UK (a fuller account of which can be found in Dingwall et al, 1991, Abel-Smith, 1960), it is important to understand that the British aristocratic and class system, is directly intertwined with nursing leadership in the UK. It is not expedient to delve into such details here. However, it will suffice to mention that prior to the nineteenth century, sisters were people of nobler birth or class whereas, nurses were people of lower classes (Black, 2005; Dingwall et al, 1991). The sisters trained nurses. Nurses get paid for their work, whereas sisters (who were of a higher class) worked as volunteers and philanthropists (Dingwall et al, 1991; Abel-Smith, 1960).

In the nineteenth century, a number of factors affected nursing and nursing leadership. The practice of medicine started changing due to a number of reasons. Doctors' needs were changing as a result of doctors now specialising, so the type of nurses they required had to change. Doctors began to have a say in what training the nurses they needed should have (Dingwall et al, 1991, Glasgow 2016). Doctors began to get more and more involved in the recruitment of the nurses they wanted, rather than allowing the matrons or the sisters to dictate the nurses the doctors had. The advances of science and technology also imposed new and different needs on the type of nurses required (Glasgow, 2016).

Other factors such as the political and social reforms, especially, The Poor Law, began to affect the socio-cultural status of nursing and its leadership. Prior to the establishment of the National Health Services (NHS), many poor people could not afford doctors' and hospitals' fees, so, many people depended on the philanthropic goodwill of the rich. The Poor Law introduced the provision of asylums for the sick and disabled people. These asylums were overcrowded and in poor conditions and run by nurses. Many social reformers were critical of the state and the conditions in such institutions (Abel-Smith, 1960).

Other remote factor that affected the state of nursing in the UK was the French revolution. The French revolution led to the nationalisation of private hospitals, which meant large numbers of people were admitted to the newly nationalised hospitals. Unfortunately, there were no adequate provisions of doctors and other hospital workers as well as medications. These shortages led to mass death of people. But it brought an unexpected advantage in that doctors now had many corpses to use for their studies (Cunningham, 2002). Thus, the French revolution had a 'rub-on' effect on doctors and the practice of medicine in the United Kingdom. Many doctors from the UK went to Paris to learn new practice of medicine from the experience and knowledge gained from dead bodies. Obviously, this had an impact on nursing and its leadership in the UK, as well.

## **3. NURSING LEADERSHIP BEFORE THE INTRODUCTION OF THE NHS**

Prior to the second half of the nineteenth century, nurse leadership was mainly provided by the sisters (Wildman et al, 2009). For example, The Saint John's House Sisterhood, founded in 1848, was given responsibility for managing the nursing duties at St Thomas' Hospital in 1856 and Charing Cross Hospital in 1866. Similarly, All Saints' Sisterhood was employed to run the nursing services at the University College Hospital in 1862 (Helmstadter, 1994). Although, there were matrons in hospitals, most of them tended to be confined to purely administrative and house duties rather than clinical roles (Wildman et al, 2009). Nevertheless, some were actually former nurses who had risen to the position of a matron and so were able to perform clinical supervisory roles.

The Nightingale model of hospital manager was that each hospital should have a senior female person (Matron) in charge of the nurses. It is believed that Nightingale sought to take control of nurses out of the hands of the doctors and place it in the hands of the matrons (Helmstadter, 2008). The proposition did not go well everywhere, especially with the doctors (Abel-Smith, 1960). But, despite the initial antagonism, however, by the end of the nineteenth century, the matron had become a very important figure in hospitals in the UK (Wildman et al, 2009).

## 4. NURSING LEADERSHIP AFTER THE INTRODUCTION OF THE NHS

The NHS, which promises health for all from cradle to death, free at the point and time of need, has been a huge success (Thomas & Richardson, 2016; Klein, 1998). The philanthropic approach to nursing training and provision of nursing services had gone. As mentioned earlier, doctors had started to get involved in determining what type of nurses they needed and the type of training they required of them. In addition, some were directly involved in the recruitment and selection of nurses. This might be seen as an erosion of the powers of the sisters and matrons.

Perhaps, the greatest change to nursing and its leadership came about after the Griffiths' Report of 1983 (Griffiths, 1983). There have been many proposals by the Conservative as well as New Labour Government (of Tony Blair/Gordon Brown, 1997-2010) since then. Two of the changes that have been introduced: are the Clinical Governance and the creation of The Modern Matrons post.

## 5. CLINICAL GOVERNANCE & MODERN MATRON

Clinical governance, which was introduced in 1998 (Department of Health 1998, Harvey, 1998) is a new way of working that affects all nurses working in any healthcare setting, especially the NHS. The government has defined clinical governance as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding standards of care, by creating an environment in which excellence in clinical care will flourish (, Harvey 1998). The activities that highlight it are clinical audit, risk management, evidence-based practice, user involvement, clinical supervision, clinical leadership, continuing professional education, management of inadequate performance, reflective practice, team building and peer review (Harvey 1998, Valentine and Smith 2000). At the heart of Clinical Governance are the Senior Nurses or Nurse Managers, who are charged with the responsibility of making it work in their wards.

The Modern Matron was re-instituted in 2000, according to the government's White Paper, NHS Plan (DOH 2000). The White Paper described the creation of the post of a Modern

Matron, a person with strong clinical leadership with clear authority at ward level (Hewison, 2001). The remit of her power and work was reiterated in April 2001 (NHS Executive, 2001). It was envisaged that by the year 2004, there would up to 2000 such officers (Hewison, 2001). According to the government, this development was prompted by public demand arising from the public consultation the government had carried out. That gives a brief history of nursing in the UK

## 6. NURSING LEADERSHIP AND NURSING RESEARCH IN THE UK

Since the 1980s, following the Griffith's Report of 1983, the importance of nursing leadership within the NHS was highly emphasized (Storey, 2016; DOH, 2000), especially by that statement in the report 'if Florence Nightingale was here, she will ask for the nurse managers' (Griffiths, 1983). The most recent and perhaps the most important change to nursing leadership is Clinical Governance, as briefly mentioned above.

Nurses and their leaders are directly charged with providing care, improving the quality of that care as well as safeguarding the standards of care. As a result of these changes, '*nursing is professionalising fast*' (Moiden, 2002, p24), especially with all nursing training now transferred to the Universities. Many roles and positions have been created over the last sixteen years or so, that have enhanced the political, academic, executive and clinical status, and hence, the professional status of nurses. By 2004, over 1000 nurse consultants were to be appointed by the NHS to work alongside hospital doctors to draw up referral and clinical protocols (Moiden, 2002). There are many academic nurses as well nurse professors in the universities. Some nurses now occupy executive and political positions, all of which have helped both the professionalization and the professional status of nurses.

However, nursing research in England and the UK as a whole is still very much in its infancy and a number of reasons can be advanced for this. According to Gill (2004), some of the reasons are: lack of adequate research-active staff, nursing research lacks purely dedicated funding within the academic institutions, there is a lack of, or a poorly developed culture of research among the nurses academic staff, as well as a competing demand on nurse academic staff.

Prior to Edinburgh University starting degree courses, nursing training was mainly confined to the hospitals. In addition, it was only in the 1970s that University of Manchester appointed the first professor of nursing in the UK. It is therefore not surprising that the Nursing Departments of most Universities in the UK have not done very well in the 5-yearly Research Assessment Exercise (RAE) of UK universities. The RAE has now been replaced by another body called the Research Excellence Framework (REF). Their most recent assessment took place in 2014.

In order for nursing research to develop and mature, a number of issues have to be addressed, as a matter of urgency. From the ongoing discussion, it is very clear that nursing in England and the UK has come a long way. However, much more still needs to be done to enhance the professional image of nursing and for nursing to be able to hold its head up high in academic circles. Two of the issues that need to be addressed will be identified here, with suggestions on what could be done.

First, is the educational standard of those to be admitted to the register of nurses and midwives, and, linked to that is the research development among nurse practitioners.

(i) It is gratifying to note that nursing training in England is now (from 2013) through a degree route. It is suggested that those who pass through the degree route are more likely to be given basic training on how to carry out research. And the tendency would be that some of them might be interested in taking up postgraduate studies in their profession.

It is also suggested that the academic standards of those to be admitted to nursing training in the universities need to be raised to be at par with other university courses. The current five GCSEs will not help the image of nursing. It has been suggested that Oxford and Cambridge do not engage in nursing training for this reason. Black (2005) is of the opinion that improved nursing leadership and opportunities can be enhanced through education and training.

In this highly complex and advanced technologies, only highly educated and intelligent nurses will be able to cope with the healthcare demands and practice of medicine in the twenty first century.

Australia now requires a bachelor's degree for nursing registration. Some countries in Europe such as Norway and Spain only admit those with degrees into the nursing profession (Aiken et al, 2014). Scotland and Wales are also moving towards making a Bachelor's degree the minimum entry qualification to the profession (Shields & Watson, 2007). In the USA, about 80% of the nurses there have a minimum of Bachelor's degree, compared with 28% in England (Aiken et al 2014). In fact, most states in the USA will only allow those with a degree on their register (Shields & Watson, 2007).

The above issue is well summarised by the following quotation from Shields & Watson (2007, p72). '*Two important journals are published in Britain: Journal of Clinical Nursing* and *Journal of Advanced Nursing. Most of their submissions come from overseas. The UK content is from a handful of universities and health services, exemplary places where real evidence generation is prized and encouraged. However, in most nursing journals, much of the 'research' published in the UK is audit, evaluation of programmes, or initiatives driven by the NHS'. A recent report from the Higher Education Policy Institute confirms this: 'It is striking how little the study of nursing appears to have been "academised" by its move to the Higher Education sector' (p. 6), and 'research is a much less prominent feature of academic life in nursing departments than in academic departments generally'.*

(ii) The second area to be identified is the medio-public image of nursing (see Gillett, 2012; Thomas & Richardson, 2016). Aiken and her colleagues (Aiken et al, 2014) have brilliantly defended this issue. Aiken et al (2014), in a comparative study of 12 European countries found that English nurses are not uncaring as portrayed by the media and the public. In addition, recent reports about the impact of the Modern Matrons give a favourable outlook of the importance of this post, especially from the patients' perspective.

However, more needs to be done, as White (2012) puts it, nurse managers and directors need to develop their political and lobbying skills in order to enhance their status in the corridors of power and influence strategic national decisions that will affect their profession and their staff (Gillett, 2012).

Aiken et al (2014) identify burn-out among English nurses to be one of the worst among the 12 countries studied. Their findings also reported that inadequate resources is affecting nurses in the performance of their duties effectively.

In this time of financial crisis and cut-backs, the nurses and their managers are between the 'devil and a hard rock' in terms of discharging their duties of care effectively. Thus, as mentioned above, it will take higher and better negotiating skills of the nurse managers and directors to be able to influence strategic decisions that will affect nursing and the care they provide, which ultimately will lead to a better medio-public image of nurses and midwives.

Conclusion. This brief analysis gives a hint of the problems facing nursing in the twenty first century UK and what nursing needs to do to enhance its leadership. Nursing is a noble profession and the face of any health care system. It thus behoves both the practitioners and the end-users of nursing service, that is, the public, including the media to help in maintaining and enhancing the image of nursing (Gillett, 2012). Some writers have suggested that medicine without nursing is not feasible (Black, 2005; Shields & Watson, 2007).

The following comment seems a fitting conclusion of this article. Aiken and her colleagues indicate that '*nurses in England are not 'uncaring'. On the contrary, they score highly on measures of caring. Negative perceptions of nurses in England can be explained by their excessive workload and inadequate skill mix. Put simply, nurses in England do not have the time to show how much they care' Aiken et al, 2014 p22).*

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