

Preparing for leadership

The ability to lead emerges from a variety of skills and experience at the senior level of nursing, says **Helen Barlow** and **Timothy Jackson**

The modernisation of the NHS requires clinical staff and managers to learn to work in new ways. This is especially the case in cancer care where the breadth and speed of change needed to modernise its services is a significant challenge for all healthcare professionals and managers.

An early evaluation of cancer network and hospital management teams has shown ‘much discussion has focused on “political battling” between stakeholders to protect their practices and funding, and has lost sight of the individual patient and their quality of care’ (Ferlie and Addicott 2004). The modernisation of cancer services is at times in conflict with the modernisation of the rest of the health service. Cancer policy in isolation can be easily implemented; however, health care does not operate in isolation and can conflict with other government health policies.

Workforce issues

Workforce is another major challenge. Ongoing recruitment and retention problems that face the NHS need to be explored alongside new models for delivering care. The implementation of the NHS cancer

plan is the responsibility of everyone involved in cancer care. To support and facilitate implementation of the plan, it is recommended that new cancer teams be introduced at both cancer network and cancer centre or unit level within hospitals.

The cancer management team at network and hospital level must consist of a lead nurse

The cancer management team at network and hospital level must consist of a lead nurse, lead doctor and lead manager who have ‘adequate time and support’ to deliver the agenda. Nationally agreed job descriptions are available in the *Manual of Cancer Services Standards* appendices (DH 2004b) to ensure a consistent approach.

The communication and interpretation of the national guidance is led by the cancer network management team across all healthcare settings, while the hospital cancer management team lead on the

implementation in their trust or primary care trusts (PCTs).

In a clinical capacity, lead cancer nurses in hospitals have taken on the responsibility for user involvement, palliative and supportive care, workforce development, advanced communication skills training, patient information and chemotherapy.

Difficulties in recruiting

Nationally there has been difficulty recruiting to the hospital lead cancer nurse post; many remain vacant for months despite repeated national advertisements. The reasons often given are that they are seen as difficult jobs with an unclear career progression. Once they are appointed, retention is a concern and there are high attrition rates.

At their national development conference in January 2004, cancer network nurse directors discussed the difficulties in recruiting and retaining lead cancer nurses. Anecdotal evidence from the discussions suggested that the complexity of the role, the pace of change, long working hours, unrealistic expectations and lack of support may be to blame.

There was also considerable variation across the country with the experience, skills, and education of the lead cancer nurse, which may impact on the effectiveness of the role. As cancer management teams evolve 'anecdotal evidence is emerging; the success or failure of a network or hospital cancer team can be down to the skills and personalities of one or more members of the team' (Ferlie and Addicott 2004).

It is evident that for the lead nurse to cope with the demands of the role, varied experience at a senior level is highly desirable. Those who previously held only a clinical role, the clinical nurse specialist for example, found the operational and managerial aspects of the role challenging.

Appropriate levels of experience

The findings indicate that those lead nurses who possessed ward management experience embraced the role of lead nurse with greater confidence. Research by Tim Jackson (unpublished) has supported the view that the role requires persons who have had varied experience at senior levels in the NHS, ward management experience or a background in middle management for example, before going into a clinical nurse specialist role. Those clinical nurse specialists who come into the post with only limited experience as a junior nurse may well have difficulty, which may affect retention. Jackson's research highlighted the core skills and knowledge base needed which included further training and support especially with managing difficult

behaviour and dysfunctional groups. Once implemented, The NHS Knowledge and Skills Framework (KSF) will ensure that all NHS staff have a professional development plan (DH 2004c).

As the KSF is linked to Agenda for Change (DH 2004a) progression through the pay bands will only occur if developmental objectives are met. This places responsibility on both the employer and employee for achieving the professional development plan objectives. The RCN (2003) *Framework for Adult Cancer Nursing* and NMC (2002) *Supporting Nurses and Midwives Through Life Long Learning* standards further help to develop lead nurses, if used with personal development plans.

The number of different organisations and PCTs that lead nurses have to work with appears not to be a significant factor in their ability to cope. All but one respondent in Jackson's research said this was not a problem, but rather it was a benefit as it gave the majority the opportunity to meet with

stakeholders from across a number of care boundaries.

The experience of meaningfulness

Clearly this aspect of the work corresponds to what Katz and van Maanen (1977) describe as 'loci of work satisfaction'. It might also be argued that such work dimensions introduce an essential degree of 'skill variety, task identity and task significance', identified by Hackman and Oldham (1980) as contributing to the experience of meaningfulness of the work. However, interaction with stakeholders also provides a means of receiving feedback – knowledge of the actual results of work activities (Hackman and Oldham) and recognition for achievement (Herzberg 1966) and a source of psychological 'strokes' (Berne 1964) which Clements (1980) describes as one of the most practical solutions to the problem of [worker] motivation.

Thus this aspect of the work appears to bring significant benefits to the respondents. The experience of lead nurses working across a number of organisations needs to be shared with the larger health community, to ensure clinical staff can benefit from the knowledge and expertise gained by the lead cancer nurses.

Issues regarding role clarity are apparent. The hospital cancer team and network nurse director must work with the →

nurse, to help her/him manage conflicting demands. Leaders must model the behaviour they expect from others (Manthey 2003), especially if the lead cancer nurse role is to appear an attractive career choice, essential for succession planning. A second aspect of role clarity concerns the position of the lead nurse within the organisation and the support available. Jackson found that while the frequency of team meetings varied, contact with the trust's chief nurse was in most cases about once per month. Most respondents found this to be satisfactory and also helpful. Four lead cancer nurses highlighted level of authority within the nursing structure as a problem; all suggested the post be positioned within the corporate nursing structure and at assistant chief nurse level.

The rationale was that this would improve perception and allow access to the wider hospital services where cancer patients are treated. Support from the cancer network nurse director was recognised by all as a valuable support mechanism. It is this (political) aspect of organisational existence that underlines the emphasis on leadership;

innovation, 'taking people with you' and traits such as judgement, initiative, drive, energy, credibility, and tenacity. While participants could describe leadership, good leaders and vision, recognising that leaders are both born and made, with leadership flourishing when faced with imminent threats (Posner 2002), participants recognised that they needed assistance to become good leaders. This would increase their motivation and the ability to deliver and achieve.



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Funding the lead cancer nurse post has been a challenge for many hospitals but research has highlighted examples of innovations and positive impact lead nurses are having on the modernisation of cancer services and importantly the benefits to patients. However, these achievements are not currently being shared professionally to enable them to build on good practice or avoid reinvention and duplication of effort.

While the post has its challenges, most lead cancer nurses feel it is a good career choice and would recommend this role to other nurses. Many commented that the role of lead cancer nurse facilitated their future career aspirations. The lead nurse role has the potential to become an attractive career choice with the development of clear professional progression, either to a nurse consultant or network nurse director, an alternative to the traditional nursing management career path.

By ensuring nurses and allied health professionals have adequate time, support and the necessary skills, they will be empowered to meet the challenges, not just in relation to cancer care but also in other areas of health

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personal influence, expertise, role modelling and competence (Stewart 1995) appear to be essential ingredients in the professional role development of cancer network lead nurses.

Lead cancer nurses attended a workshop at the UK Oncology Nurses' Society (UKONS) conference in November last year to look at leadership and vision. Together they explored: 'What is leadership?' Leadership traits, vision, and preparing lead cancer nurses to lead.

Lively discussion took place about

Interaction

Some of the ideas generated echo findings throughout this article: High level support, cancer management team cohesion, mentors and coaching, supervision and getting help with being political. Communication with others in a similar role through conferences, such as the UKONS event, as well as interaction through the cancer network nurse directors website which helps share ideas and work.

care. Otherwise it will have been a missed opportunity, and a considerable waste of money and energy **cnp**

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