The transition from staff nurse to ward leader

The role of the ward sister/charge nurse has been highlighted as one of the most important in the NHS (Sprinks, 2010), particularly in relation to change management, vision and role modelling (Firth-Cozens and Mowbray, 2001), and providing developmental opportunities for more junior staff (Stanley, 2006). Bradshaw (2010) identifies the ward sister as the “linchpin”, drawing together patient experience and the coordination of the multidisciplinary team. The role is fundamental to ensuring high standards of care are achieved and maintained, and that patients’ experiences are optimised (Royal College of Nursing, 2009).

Ward sisters are the public face of hospitals and represent a level of management, authority and leadership to patients (RCN, 2011; Lee and Cummings, 2008). They are also role models and advisers to both nursing and multidisciplinary teams (Department of Health, 2008).

Ward sisters are central to achieving high standards, competence and a caring culture (Fenton and Phillips, 2013; Francis, 2013; DH, 2012). However, for years the development of nurses in this vital role has been neglected and many nurses have made the transition to ward sister through a process of trial and error.

Training and development

The organisation development team at Guy’s and St Thomas’ hospital was asked to deliver support and development to all ward sisters with the aim of increasing their ability to be more independent and autonomous (Cheung-Judge and Holbeche, 2011). To do this, we needed to understand the ward sisters’ current experiences, so we undertook structured interviews and fed back the themes to the chief nurse and the heads of nursing. The interviews, with approximately 30 ward sisters, 10 matrons and six heads of nursing, took place in November and December 2011 and covered the following questions:

For more on this topic go online...
- What leadership styles should senior nurses develop?
- Bit.ly/NTLeadershipStyles
- Developing skills in clinical leadership for ward sisters
- Bit.ly/NTSisterSkills
create peer support and focus on developing the attitudes and behaviours needed to deliver excellent care.

The programme
We developed Leading an Excellent Service, a programme tailored to meet ward sisters' needs, aligned with the trust's values.

The two-day programme was rolled out to groups of ward sisters between January and June 2012, with more than 60 taking part; it is now offered as required. Running it over two consecutive days provides an intense period of development and creates an environment in which participants can develop mutual support networks.

It is based on a four-stage performance management cycle (Fig 1), which we developed to reflect general good management. This approach helps participants make the transition from staff nurse to ward sister by exploring the attitudes, behaviours and practices ward sisters need to be managers and leaders. We aimed to raise awareness of the core elements of leadership and encourage participants to take responsibility for themselves and their service.

We used Argyris’ Ladder of Inference (Senge, 2006) to examine how unconscious processes can get in the way of being an effective leader unless they are uncovered and explored. Understanding the choices we have about our behaviour is essential and the model shown in Fig 2 helps participants to reflect on how they can only lead from “above the line”.

A key intervention on the programme is to develop a culture of feedback. This is practised in the classroom, focusing initially on praise and validation, and acknowledging good work; Studer (2003) identifies this as a key enabler of staff motivation, engagement and responsibility. One practice we encourage is to “hunt out good practice in your staff and validate it”, such as speaking politely to an angry or anxious caller, or going out of the way to help someone who is lost. The aim is to increase participants’ observation of good behaviour in their teams, and encourage them to offer immediate positive feedback to encourage more of this.

The final key skill practised is managing difficult conversations such as those required if a member of the team has not met the standards of behaviour or practice expected.

At the end of the programme, participants commit to what they will continue to work on with each other’s support. Their heads of nursing are invited to hear about their learning experience and draw up a contract to support them to make personal changes and changes at the ward level.

The following case study presents the joint reflections of Tara Al-Sadoon, Laura Hemmings and Karen Jackson before and after they attended the programme and their personal journeys from band 6 staff nurse to ward leader.

Reflections of the ward sisters
Before becoming ward sisters, we were senior staff nurses, bursting with ideas but without the opportunity to put them into practice; we had vision but lacked confidence to make changes. One-year secondment opportunities gave us the opportunity to try out the role of ward sister and gave us more confidence and courage to step out of our comfort zone and think positively and seriously about being able to lead our own teams in substantive ward sister posts.

We did not receive any formal preparation for the role before our secondments, and learnt on the job by observing other ward sisters. In the early days, we felt the weight of responsibility on our shoulders for the reputation of our team, our ward and our trust.

The leadership programme – along with support from our line managers and the chief nurse – enhanced our knowledge and skills in this essential nursing role.

We experienced some difficult, emotional days but have found our way through with the support and empathy of our peers.

During this journey we have compiled a list of tips on being a good ward sister (Box 1); Box 2 summarises our progress over the year from appointment to becoming experienced ward sisters.

Progress in the role
It has been a challenging journey but our knowledge has grown enormously, both clinically and in our leadership roles. The programme has enabled us to learn techniques to support and develop staff, ensuring we get the best out of our teams by coaching and inspiring them. We also have better insight about how the trust works and our position within it.

After three to four years as ward sisters,

FIG 1. LEADING AN EXCELLENT SERVICE

Stage 1. Engage and set objectives
Desired outcome: each team member is fully engaged and aligned with a clear set of behavioural standards

Stage 2. Empower and inspire
Desired outcome: team members meeting or exceeding standards with a high level of satisfaction and ownership

Stage 3. Coach and improve performance
Desired outcome: each instance where performance falls below the agreed behavioural standards is successfully addressed in a timely manner, using empowering face-to-face conversation

Stage 4. Review and re-inspire
Desired outcome: team member has a clear understanding and record of their performance evaluation and high engagement for the future

FIG 2. GETTING ABOVE THE LINE

- Satisfaction
- Mindset: ownership
- Mindset: victim
- Mindset: realm of control

- Participation
- Mindset: can and I will
- Mindset: victim

- Courage
- Mindset: can and I will
- Focus: responsibility

- Acceptance
- Focus: I can and I will
- Focus: blame

- Arrogance
- Self pity
- Frustration

- Resentment
- Fear
- Apathy

- Self pity
- Fear
- Apathy

- Acceptance
- Courage
- Participation

- Mindset: realm of control

- Focus: blame
- Focus: I can and I will
- Mindset: victim
we feel more confident in our role, in making decisions and that we will be supported in those decisions. We are more assertive and can approach multidisciplinary team members with confidence. Most importantly, this has resulted in better care and outcomes for patients.

We are now experienced ward sisters who have created cohesive teams and inspired others, and our progress has been acknowledged by our managers and peers. We own our wards and we own our teams.

**Ward standards**
We run successful wards that provide safe and excellent care; we score highly in the trust’s ward accreditation programme, which measures care quality. We have won internal care awards for offering outstanding care to vulnerable patients and their families and consistently having positive patient experience feedback, and students are keen to return to our areas once they qualify. We have developed staff to be future leaders and can ensure our wards run smoothly when we are not there.

**Conclusion**
Newly appointed ward sisters often struggle in adapting to their role, which requires management and leadership skills in addition to existing clinical skills.

The Leading an Excellent Service programme, experiential learning and peer support have empowered ward sisters in our trust to grow and develop their teams and wards to ensure high standards of care.

The case study illustrates how ward sisters develop skills over time, moving from novice to expert. The outcome is ward sisters who have the skills to lead teams effectively and provide high-quality care.