“Myers Briggs test could enable personal and reflective journey”

Most, if not all, nurses join the profession to nurse and rarely to become managers or leaders. As a result, when they secure their first managerial roles the reality can be different than they expect. They go into management to focus on improving and maintaining standards of care and then they become embroiled in issues related to staff and people management.

My introduction to management was not dissimilar to this, fuelled by an enthusiasm to improve care but with an unrealistic and potentially naïve view that if you treat everyone fairly all will be well.

My light-bulb moment came when the chief nurse suggested I go on a King’s Fund course. It was five days long and based on your own Myers Briggs personality inventory. This self-inventory is designed to identify a person’s personality type, strengths, and preferences. It can show how individuals react, and how others may react differently. We spent the week exploring how different personalities approach situations differently. And so the light bulb was turned on and the understanding of self and my own interaction with people had begun. When I look back, this was a pivotal turning point for me – learning how each of us deal with, and react to, conflict and change, and even prioritise workloads, so differently.

In my current role I was approached by our learning and development department who were interested in providing coaching support to sisters and charge nurses along with completion of their Myers Briggs personality inventory to provide a starting knowledge base and enable an informed conversation.

The coaching course piloted at Stockport was based on this notion; of providing time out for leaders (ward sisters, charge nurses and other clinical leaders) in conjunction with completion of their own Myers Briggs to enable a personal and reflective journey to build understanding, resilience and support. They received 90 minutes of coaching per month. Initially, many struggled with having time just for them, as many had not been given such structured access to time out before. Soon, though, they saw how valuable it could be.

The personal reflections received at the end were outstanding, all demonstrating significant personal growth. However, measuring the effect after just six months would be naïve. This is about starting a journey, to create and support our leaders to better understand their styles, the styles of others and build that understanding, through coaching, to enable them to apply their commitment to care. This, of course, is why they joined the nursing profession in the first place, they wanted to build and maintain better teams that then deliver outstanding patient care – all the time – so it then becomes “the way care is delivered round here”.

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Reflection is an important element of maintaining care standards. Looking back over how you have managed a particular issue will doubtless improve the way you work and deal with similar issues in the future. But, as well as personal reflection, guided reflection has a role to play.

A research project by the North West Directors Nursing Network (see p25) looked into the frequency and quality of guided reflective practice across nine mental health and learning disability trusts. Staff were positive about guided reflective practice and its effect. However, the project revealed a lack of organised and systematic reflection among nurses. The research team make practical suggestions about how this can be remedied with the aim of improving support to nurses and quality of care.

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