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## **Abstract**

Staffing problems can arise because of poor delegation skills or a failure by leaders to respond appropriately to economic factors and patient demographics. Training dilemmas, meanwhile, can arise because of managers' confusion about what constitutes 'training' and what constitutes 'education', and where responsibility of provision lies, with the consequence that they neglect these activities. This article uses Kouzes and Posner's (2009) transformational leadership model to show how managers can respond. Leaders who challenge budgets, consider new ways of working and engage effectively with the workforce can improve productivity and care, while those who invest in appropriate learning will have a highly trained workforce. The author explains how integration of leadership roles and management functions can lead to innovative problem solving.

## **Keywords**

Leadership, management, leadership model, staffing, training

Managers have a duty to provide adequate numbers of skilled staff to meet patient needs (Department of Health (DH) 2002). However, the provision of an appropriately trained workforce that has the right skill mix is an ongoing and contentious issue (Flynn and McKeown 2009, Sanford 2010).

Former health minister Lord Darzi's vision for the NHS (DH 2008) suggests that workforce quality is enhanced when there is strong leadership and management. However, not all managers have accomplished leadership skills, so it is important for organisations to develop the clinical leadership skills of their managers.

Since the Darzi review (DH 2008) there have been initiatives to improve leadership proficiency. For example, the National Leadership Council (DH 2011) has introduced frameworks and self-assessment tools to support all levels of staff to develop self-awareness and teamworking skills on a personal level, and management and service improvement strategies at an organisational level.

These initiatives build on the work of Kouzes and Pozner's transformational leadership model (Kouzes and Pozner 2007, 2009). The approach centres on the relationship between leaders and their staff, so it is an appropriate method to explore how leadership initiatives can address staffing and training challenges.

## **Staffing challenges**

White (2003) proposed that staffing problems stem from:

- Inattention.
- Fluctuations in patient numbers and acuity of patients' conditions.
- Lack of budget monitoring.
- Inconsistency in using workload unit measurement systems, namely tools that measure task needs, direct and indirect care time requirements, or patient dependency, to determine the required skill mix and nurse-to-patient ratios.

Such problems can result in understaffing and inappropriate skill mix. Patient numbers and acuity of condition are hard to predict, making it difficult to estimate accurately required workload units. Budget cuts are likely to aggravate these difficulties further.

Research (Burke 2003, Rafferty et al 2007) has shown that reductions in staffing levels due to budgetary constraints 'diminishes the commitment' and 'heightens the cynicism' of nurses and nurse managers. This has a negative effect on teamwork, delegation and trust, which in turn has an adverse effect on patient outcomes. The need for cost-effective care also influences choice of patient care mode.

Weitzel et al (2004) suggest that functional nursing is still applied on some wards. This care mode can be used to provide care cheaply by assigning functional tasks to ancillary staff, thereby minimising the number of more costly, registered nurses. Other authors, however, report that, although functional nursing can be cheap, it can result in fragmented, unsupervised care that overlooks patients' holistic needs and leaves healthcare workers understimulated and dissatisfied with their roles (Tiedeman and Lookinland 2004).

Castledine (2005) reports that certain aspects of care, such as personal and nutritional support, can be seen as unappealing or boring. Consequently these tasks are frequently delegated to nursing students or healthcare assistants (HCAs). However, Kourdi (1999) suggests that this perception of 'dustbin delegation' can result in the delegators losing the respect of those to whom they assign the tasks, who end up dissatisfied with their roles and indifferent to the quality of care.

Poor delegation decisions may also result from a tendency to overdelegate because of the delegator's weak time-management skills or uncertainty in his or her own abilities to perform the required task. This leads to an excessive workload being placed on others, which contributes to poor performance (Curtis and Redmond 2009).

Lack of prior evaluation of either the situation or the competency of those assigned to undertake tasks is another common problem faced by managers in charge of staffing. For example, there is an assumption that all HCAs can perform all HCA tasks. However, according to Fracaro (2004), many will often comply with requests to undertake tasks outside their competence because:

- They do not want to alert their managers to their limitations.
- They are ambitious to develop their careers.
- They fear that admitting their inability to do a task will damage their work reputation.
- They do not want to let down their colleagues at times of staff shortages, despite knowing their limitations (Marquis and Huston 2009).

### **Training challenges**

Gaps in staff competency can arise when managers misunderstand the role of formal education providers (Marquis and Huston 2009). They may confuse 'training and socialisation' – defined as 'on-the-job' acquisition and practice of practical skills to perform tasks – with 'education' – which includes comprehensive, ongoing, personal development. As a result, managers assume that health education departments in universities and colleges are responsible for providing training as well as education. Misunderstanding about these roles leads managers to neglect their training and socialisation duties. Tubre and Collins (2000) conclude that this causes performance to suffer. In other words, if the educating organisation and the training organisation believe a particular clinical skill is the remit of the other, instruction in that skill can be overlooked. When employee training and

socialisation are neglected by ward management, staff can feel devalued and dissatisfied, and become bored and indifferent. When there is a gap between people's work roles and their aspirations, they can become apathetic and standards will deteriorate (McNeese-Smith 2000).

### **Leadership framework**

Good management, defined by strong planning, organisational skills and control, allows managers to compare system behaviours with original plans and intervene when these diverge (Kotter 2009). But system improvement also requires planned change, so successful implementation requires leadership as well as management skills.

While management is associated with control and organisation, leadership requires abilities in both coping with challenge and motivating people (Kotter 2009). There are a number of leadership styles, but the most prevalent in the literature is transformational leadership, an approach introduced by Burns (1978).

This approach draws on leaders' moral values and exploits their ability to set examples and articulate goals to instigate positive change within social structures and individuals' behaviours. As a result, followers can perform to a higher standard and develop their own leadership skills (Burns 1978).

Kouzes and Posner (2007, 2009) use the concept of transformational leadership in their model, which is founded on the premise that exemplary leaders foster a culture in which relationships between aspiring leaders and willing followers can thrive. The concept embeds five principles, the 'practices of exemplary leadership' (Box 1) (Kouzes and Posner 2007, 2009).

Using some or all of Kouzes and Posner's model can help managers develop their leadership abilities to tackle the challenges posed by staffing and education dilemmas. Some examples follow.

### **Staffing**

**Inspiring a shared vision:** Leaders achieve this by stressing the importance of the delegated tasks to the accomplishment of an entire project. They might, for example, reiterate that practising basic skills such as assisting patients with personal care contributes to the assessment and monitoring of patients' conditions. This not only increases co-operation, productivity and quality of care, but supports personal growth and improves the self-worth and job satisfaction of all staff members (Yukl and Fu 1999).

**Challenging the process:** Managers who keep up to date with health and social care trends at community and national levels have the knowledge to design an evidence-based needs assessment in their practice areas that can enable them to:

- Regularly review and challenge workload unit measurement tools to determine and fine tune their validity and reliability. These tools that measure task needs, direct and indirect care time requirements, or patient dependency, to determine required skill mix and nurse-to-patient ratio.
- Regard staffing budgets as dynamic, continuous processes open to informed negotiation, rather than fixed annual events that dictate staff levels (Barr 2005, Fagerstrom 2009).

Rather than accepting ineffective functional nursing care, managers can challenge the process to bring about change by adopting a more appropriate modular care mode. In this scenario, staff collaborate to provide care for a small group of patients under the direction of a team leader, resulting in better care and staff satisfaction. Familiarity between team members means that they

are aware of one another's abilities, helping ensure competent care delivery (Tiedeman and Lookinland 2004).

**Enabling others to act:** Successful delegation of tasks will be demonstrated by managers who use transformational leadership skills. These include being sensitive to subordinates' capabilities, being aware of their training requirements and communicating task details clearly and accurately (Quallich 2005).

For example, appraisals might include regular manager-mentor sessions, in which managers set aside time to work alongside individuals on specific tasks or projects, or working alongside staff members for designated periods of time. Such sessions can also support manager-staff relationship building and provide teaching and assessment opportunities.

'Enabling others to act' involves creating an open environment in which staff feel able to approach managers to raise difficulties or admit to limitations without feeling they will be judged, and have their performance objectively evaluated with a view to improvement rather than censure (Axley 1992). For example:

- Manager-mentor sessions contribute to building trust and openness.
- Regular informal group discussions centred on exploration and revision of skills allow staff to share experience and information, and address gaps in knowledge and offer peer support.
- Management 'surgery sessions' allow staff to 'drop in' to discuss concerns.

## Training

**Modelling the way:** Managers can 'model the way' by participating in group teaching and coaching sessions, sharing their experiences of events and incidents, thereby providing material from which everyone can learn.

Knowledge of the following seminal learning theories will support the process:

- The concept of andragogy, premised on fostering an adult learning environment of openness, opportunity, respect and shared direction (Knowles 1980).
- Social learning theory (Bandura 1977), which recognises the importance of on-the-job training through direct and vicarious experiences.

Furthermore, it is important to consider that:

- Manager-mentor sessions support provision of adequate mentoring and role modelling for all staff to support the socialisation process.
- Staff can be encouraged to research, prepare and deliver training sessions to their peers.

**Enabling others to act:** Managers who use transformational leadership skills aim to encourage staff by fostering an environment that embraces education, training, and personal and professional development. Marquis and Huston (2009) suggest that this involves a willingness to collaborate with education providers.

For example, on-site discussions with individual staff together with their continuing professional development or national vocational qualification tutors would enable education and training to be tailored to individual needs and work environments. It would also ensure efficient use of available resources, and define roles and role expectations.

**Encouraging the heart:** Training and education are most successful when motivational strategies are integrated in learning programmes. Knowledge and understanding of what motivates individual employees can contribute to their own goals and that of the organisation (McConnell 2005). To achieve this managers can:

- Hold regular one-to-one discussions and appraisal sessions that might include planning individuals' workloads so that preferred tasks and skills development, as well as basic tasks and unappealing activities, are included.
- Use the sessions to discuss and plan career goals and pathways, inviting staff to suggest, participate in or lead service improvement, peer support projects or training sessions.

Attention to training, education and staff development also contributes towards a climate of 'joy', as described by Manion (2003), which supports Herzberg's (2003) motivational theory. Manion (2003) suggests that pathways to joy at work depend on 'love of work', 'achievement' and 'recognition'. The challenges, potential and enhanced ability that learning provides can add to feelings of excitement, enthusiasm, pride and appreciation that are integral to these pathways. Managers can do this by:

- Discussing, documenting and disseminating staff achievements.
- Engaging in group learning and group socialising to create a community environment.
- Celebrating staff achievements publicly to demonstrate recognition of the significance of their contributions and learning.

## **Conclusion**

This article has used Kouzes and Posner's (2007, 2009) transformational leadership model to illustrate how managers can use leadership skills to inspire and support staff, with a view to promoting better care.

While robust management skills are necessary to implement the mechanics of planning, organisation and control, leadership skills are essential to creating a motivating, visionary and adaptable environment in which staff can flourish. When leadership roles are integrated with management functions, innovative problem solving can be achieved.

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### **Box 1 Five practices of exemplary leadership**

**Modelling the way** Initially involves leaders developing self-awareness and examining and recognising their personal and professional values. Once these ideals are clarified, they can express their vision by synchronising their behaviours with these values.

**Inspiring a shared vision** Entails envisioning improvements and possibilities, then enlisting the team to share and participate in the aspirations.

**Challenging the process** Requires leaders to search for opportunities, take the initiative, and experiment with new ideas and alternative systems.

**Enabling others to act** Includes fostering collaboration, interaction and trust. The resulting 'enabling environment' promotes choice, accountability and power sharing.

**Encouraging the heart** Means that others' contributions are recognised, appreciated and celebrated to develop community spirit and common goals. (Kouzes and Posner 2007, 2009)