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THE VALUE OF SITUATIONAL LEADERSHIP

University lecturer **Elaine Walls** lifts the lid on how situational leadership teaching methods are helping to equip community practitioners with the skills they need in the field.

There's not much literature available to guide and direct NHS leadership and their approaches within clinical practice. However, two main schools of thought exist. There are the historical transactional theories, where leaders provide rewards to followers for desired behaviours, but these are largely recognised to be ineffective in nursing care. Then there are the more modern transformational approaches that have driven NHS leadership for many years. Transformational leaders are considered to be committed leaders with a vision to empower and nurture the value that others bring (Marquis and Huston, 2012). NHS leadership theory often drives nurses towards a transformational approach to their leadership style in clinical practice. This approach is known to motivate staff and subsequently

contribute to more effective care for patients and communities by driving the NHS and service provision forward (Solomon, 2010).

But a clinical practice teacher can adapt a third way, the increasingly supportive approach of situational leadership for post-registration students.

WHAT IS SITUATIONAL LEADERSHIP?

Situational leadership can be described as the inter-relation between the task behaviour (that is, giving instruction, direction, guidance and the relationship behaviour), listening, support, and value (Thompson, 2012). This style offers the benefits of combined strategies that apply consideration to individual and environmental needs. This can maximise students' learning experiences and satisfaction within practice contexts.

Leaders who are able to respond to the challenges that arise within workforces, as

well as consider the teaching and learning needs of their followers, are recognised as increasing competency, productivity and investment in care (Thompson, 2012).

Situational leadership requires the person leading to be flexible and modify their behaviour to suit individuality rather than using a single approach (Zurlinden and Bongard, 1991).

Leadership is a key element within all nursing professions. Nurses are required to cultivate skills that enhance their own development and support their quest in becoming excellent practitioners delivering high-quality care.

THE LEADERSHIP JOURNEY

Before nurses can develop their own leadership skills, how they themselves are led in practice needs to be considered. Leading by example is essential throughout pre- and post-registration nursing programmes. Nurses are role models for the NHS, patients, communities and students across all domains and are required to lead by example as stated in the NMC code. It is therefore expected that all nurses demonstrate leadership qualities that represent knowledgeable and compassionate professional approaches. Evidence shows that students often follow the lead of their mentor/supervisor in practice (Marañón and Pera, 2015; Valiga and Ironside, 2012; Salminen et al, 2009).

In the specialist community public health nurse (SCPHN) programmes, leadership theory is embedded throughout the duration of the 52-week course. The programme modules support students in further developing their personal leadership skills by scaffolding their experiential learning on effective leadership, building confidence for their autonomous practice as a public health nurse.

Post-registration nurse training acknowledges that qualified nurse students have started their leadership development journey. These students are also often mature with families and different personal situations that may impact on their learning pathways. SCPHN students are qualified nurses with variable post-registration experience. In particular, most students on the health-visiting pathway are new to the role and also to community working. This engenders a wide range of learning needs.

THE BENEFITS OF SITUATIONAL LEADERSHIP

1. It is a more flexible approach to leadership
2. It encourages successful collaboration between student and teacher
3. It is fluid and adaptable to different situations, students and teachers
4. It assesses the maturity levels of each student and allows the teacher to accommodate the individual
5. It is supportive while still allowing students to practise and grow in confidence.

The specialist training will further embed leadership skills that can be strengthened in practice.

Clinical support of SCPHN students currently remains with a designated practice teacher (PT). The PT has responsibility to foster a positive relationship that will guide and train the student through the practice proficiencies to be a safe and skilled practitioner within their defined field. It provides a basis from which the student and teacher are able to identify and individualise study strategies to strengthen learning and student performance.

The challenges PTs face in supporting their students can change daily. PTs who support the practical training of the SCPHN students are experienced practitioners with a vested interest in education that aims to develop high-quality safe practitioners who are committed to move practice forward.

TRANSFORMATIONAL VS SITUATIONAL LEADERSHIP

Transformational leadership is recognised and well established within nursing teams. The close relationship between PTs and SCPHN students lends itself to being responsive to each student's individual needs.

This contrasts with the structured culture norms that drive transformational leadership. Sullivan and Decker (2001) explain that in nursing education the

most effective leadership style is one that complements the individuality of each student, characterised by behaviours, personal characteristics, tasks, organisational goals and the environment. Situational leadership emerged from these concepts (Blanchard et al, 1993).

Situational leadership approaches embrace an ethos of flexibility recognising that situations change and new needs emerge. It therefore utilises a range of approaches and styles that are relevant to different situations as they arise over the course of the day (Rowitz, 2014).

This leadership style incorporates the dimensions of directedness and supportiveness and promotes a method of leading and teaching in which the student can respond, influence and develop confidence. PTs that use a one-size-fits-all approach will struggle to achieve optimum learning and student satisfaction.

ADAPTING TO THE NEEDS OF THE STUDENT

A PT may need to apply a more direct and structured approach, supported by supervision and instruction, particularly early on in the programme when a student often lacks the confidence to ask questions. In this situation, the use of constructive feedback can aid learning and development. A more confident student with extensive nursing experience may find this direction constraining and benefit more from the supportive aspect of situational leadership (van der Leeuw, 2014a).

Sharing ideas and facilitating student involvement can nurture and enhance the acquisition of new knowledge and skills. Identifying student strengths and areas for development have been shown to be highly beneficial to the success of their learning journey (Nathan, 2015; Essa, 2011; Blanchard et al, 1993). As students progress through the year-long programme, professional growth should become increasingly evident. Therefore, situational leadership approaches should shift between directedness and supportive styles so that by the end of the programme students need less instruction or direction. A PT applies emotional intelligence in assessing the situation and using a leadership style that is suitable to support and guide with compassion and disparate direction (van der Leeuw, 2014b).

LEARNING TO DEAL WITH THE CHALLENGES

As experienced practitioners, it is essential that PTs possess traits that demonstrate emotional intelligence. SCPHNs deal with multifaceted, complex and emotionally challenging situations. The PT must demonstrate skills that provide safe learning environments while allowing the student to be part of the decision-making process. Creating a learning zone that allows the student to deal with challenging emotions can strengthen the learning experience, promote confidence and reassure the student that these feelings are an irrevocable part of learning (Fraser and McLaughlin, 2014).

Feelings of distress and insecurity over perceived ability can affect a student's capacity to learn by reducing their effectiveness to respond and cope in a way they desire (van der Leeuw, 2014b). Emotional intelligence within leaders/PTs can transform these feelings so that they facilitate constructive coping. Applying feedback, sharing experiences and promoting strategies to help a student deal with their distress has been shown to enable students to develop positive behaviours (Lockwood-Rayermann, 2003). Being receptive to the emotional needs of others influences how care is delivered towards individual cognition and need.

When developing learning within the clinical environment, PTs are known for their expertise in structuring learning with supportive design. The skill-set utilised in

community care delivery provides a foundation for PTs to transfer and embrace situational leadership for SCPHN students.

Each student will respond at different rates and develop skills in a range of ways when working towards achieving sign-off on the NMC practice proficiencies. A study by Essa (2011) concluded that students in South Africa reported a lack of clinical guidance with limited teacher responsiveness as a contributory factor in the failure to complete post-registration nursing programmes. The respondents, all nurses who had withdrawn from post-qualification study, explained that external influences affected their ability to learn. Situational leadership supports the PT in the individual variances that are necessary to devise individual learning strategies for SCPHN students.

PRACTICE – AND PLANNING – MAKE PERFECT

It is recognised that planning is essential within PT roles in order to meet organisational, client and student needs. Students report strengths in supervisors who have scheduled learning activities as this is considered productive

and motivating (Marañon and Pera, 2015).

As community public health nurses, PTs are well developed in being able to recognise, respond and adapt to a multitude of situations in practice. Healthcare practice requires constant containment, the ability to lead with innovation and flexibility. Nurses are required to keep pace with ongoing changes in policy and practice.

A PT should have enhanced understanding of the multidimensional and complex situations that drive and facilitate learning within the changing scope of community practice. They can utilise situational leadership approaches that nurture student confidence and commitment, developing students that share the passion for public health

practice and lead by exceptional example. Changing the face of the future workforce all starts by supporting education through effective leadership. 🌟

SITUATIONAL LEADERSHIP REQUIRES THE PERSON LEADING TO BE FLEXIBLE AND MODIFY THEIR BEHAVIOUR TO SUIT INDIVIDUALITY RATHER THAN USING A SINGLE APPROACH

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