



Royal College
of Nursing

Stepping In, Stepping Out, Stepping Up

Research Evaluating the Ward Sister Supervisory Role (REwardSS)





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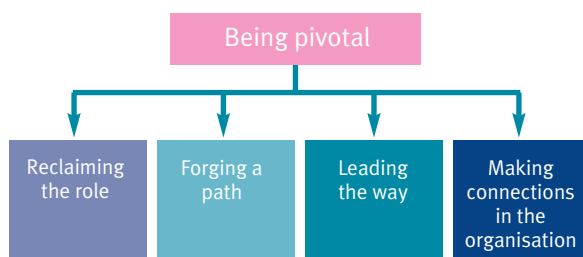
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Executive summary

This study evaluated the experience of changing to supervisory status for ward sisters through an exploration of the perceptions of ward sisters, senior nurse managers and the wider clinical team in two NHS trusts in England.

Method: Face-to-face interviews with 22 ward sisters who had moved from working within the numbers to working as a supervisory ward sister. Interviews with four senior nursing staff and two focus groups of other staff (one on each site) were also undertaken. A constructivist grounded theory approach was utilised in this study.

Findings: A theoretical framework was developed from the data to describe the experiences of the change. This consists of a core category of 'being pivotal' supported by four key categories:



- Supervisory ward sisters described the pivotal nature of the new role, facilitating the ability to balance key role elements: managing the team, being a clinical role model, developing and leading the ward team, representing and negotiating the interface with senior management/wider organisation, and being visible for patients and their relatives.
- This role requires skill and judgement based on a detailed knowledge of the ward, gathered and interpreted by the supervisory ward sister. Supervisory sisters continually build and update a 360° view of the ward and use it to step in and out of activities to provide timely guidance or act as a professional lead as required. This almost imperceptible activity provides the basis for the supervisory ward sister to step up and provide an informed and effective link between the ward area and senior levels of the organisation.

- Supervisory ward sisters were able to take a holistic view of their role, reconsider and **reclaim all the elements of the role**, something they reported difficulty with whilst working in the numbers.
- **Being clinical** was seen by supervisory ward sisters as encompassing more than caring for a patient caseload to include working alongside staff and sharing clinical skills and knowledge.
- Supervisory ward sisters took control of their own use of time, reporting an improved balance between clinical and managerial elements of their work.
- Supervisory ward sisters **forged a path for themselves** by embracing the role, reflecting on their leadership style and reinforcing the ward sister's role as 'senior colleague' rather than just another pair of hands.
- Many reported an increased feeling of autonomy and feeling less stressed.
- Perceptions of others about the role are shifting with some band 5 and 6 nurses now interested in the prospect of a supervisory ward sister role themselves as the supervisory ward sister had given them a vision of their future.
- Supervisory ward sisters felt able to take a **more effective leadership role**, developing staff by being alongside them and managing their team effectively.
- By providing a professional role model and setting clear expectations, they empower staff through this supportive/developmental approach and act as a key point of professional socialisation within their area.
- **Making connecting in the organisation** is an important dimension of their role and many supervisory ward sisters gave examples of understanding of the complex elements around frontline performance and making well informed, insightful connections between the ward and the wider organisation.
- **Organisational support** is needed so supervisory ward sisters can flourish and deliver all elements of the role effectively.
- Support includes investment to initiate and sustain the role, and also provision of opportunities to promote peer group support.

- Supervisory ward sisters are more visible as individuals on their own ward and increasingly visible as a group in the organisation.
- **Barriers to successful transition** or functioning as a supervisory ward sister were identified. These include, staffing shortages, and lack of administrative support. Some ward sisters took longer than others to rethink their role, particularly in terms of changing how they deploy themselves clinically.
- Aspects of leadership development within the role that enable individuals to achieve and sustain the role over time need more exploration
- Creative ways of examining the impact of supervisory ward sisters are needed. There is a need to build on key performance indicators and take into account less visible ways of working such as sensing, synthesising information and support and development of others. These less visible aspects of the role need to be recognized and valued.
- The invisible nature of large aspects of the role such as information gathering, synthesising, organising and sensing what is happening on the ward may continue to go unrecognised as a nursing quality.

Main discussion points

- Overall, the supervisory role appears to be a positive move for ward sisters including: improved work/life balance; increased satisfaction around development of others and driving up professional standards.
- The role is having a positive effect in some cases on perceptions of others particularly on ward sister role as a potential career option.
- Supervisory ward sisters seem to be increasingly engaging in a very informed way with quality measurement and with quality improvement cycles within their own area.
- As their profile rises within the trusts, the supervisory ward sisters are increasingly being perceived as a knowledgeable asset.
- All benefits of the role are unlikely to be easily measureable and may not be clearly evident immediately after introduction of such posts. This should be taken into account when evaluating these roles.
- Support in terms of staffing backfill, removing ward sisters from the numbers and facilitating peer group meetings provide a supportive context for supervisory ward sisters to embrace the full potential of the supervisory role.
- Provision of administrative support seemed inconsistent and lack of this resource is a barrier to effective working.

Implications for practice/research

- Organisations should ensure enabling factors such as appropriate administrative support are available to support the introduction of supervisory roles.

1

Introduction

1.1. Background to the literature

The ward sister has been regarded as the key nurse negotiating patient care for over thirty years (Pembrey, 1980) and as the person who determined what could and could not be done by nursing staff on the ward (Lewis, 1990). Ball (1998) suggested the ward sister was central to the delivery of good quality patient care and identified a number of key components of the ward sister role. The first is clinical nursing expert; the second is manager and leader of the ward team and ward environment; and the third is educator of others (nurses, other healthcare professionals, patients and carers). Lewis (1990) identified three strategies employed by ward sisters in undertaking their role effectively; defining/creating work; managing and organising work; and doing the work.

In response to recent policy changes in health care, the management component of the ward sister appears to have received greater emphasis. This includes recruitment, staff sickness absence management, disciplinary procedures, meeting targets, budgetary and resource control; and in many cases ward sisters have become known as ward managers. Such changes have been regarded as heralding a loss of professional role and control, with some arguing that the management role should be removed in order to raise standards of care (Ball, 1998).

Tensions between being a clinical expert, a leader and a manager have been cited as potentially leading to role conflict and job related stress. In addition, despite large workloads and increased management and leadership responsibilities ward sisters often lack autonomy, authority and the power to be effective managers (Menzies-Lyth 1988). Furthermore, it has been suggested that ward sisters learn their roles through the apprentice/mentorship model, through experience and observation of others (Lewis, 1990); and that their preparation for their role is often haphazard and unplanned (Ball, 1998).

Following the poor standards of care identified in Mid Staffordshire NHS Foundation Trust, the Francis Inquiry Report (Francis, 2013) included a recommendation that ward sisters and nurse managers should operate in a supervisory capacity and should

not be office bound. The ward manager should know about the care plans relating to every patient on their ward and should be visible and accessible to patients and staff alike. In addition, ward managers should work alongside staff as a role model and mentor, developing clinical competences and leadership skills within the team and ensuring that the caring culture expected of professional staff is being consistently maintained and upheld. This potentially addresses some of the concerns identified around failures in ward leadership and the need to strengthen the role of the ward sister (Darzi, 2008; RCN, 2009; Prime Ministers Commission (PMC, 2010).

The PMC recognised how some patients derived a sense of authority, safety and confidence from ward sisters/leaders and recommended strengthening the ward sister role by clearly defining their levels of authority and lines of accountability. These ideas have also been endorsed by directors of nursing who increasingly recognise the importance of ensuring the ward sister role is supported and valued to become more effective (Sawbridge & Hewison, 2011). Both the RCN (2009) and the PMC (2010) argue the ward sister role should be the lynchpin of patient experience and that the role, once key to nursing, is now confused and should be reclaimed. The RCN (2009) recommended that the ward sister role should be made supervisory and subsequently proposed a framework for the supervisory role (RCN, 2011). There is an increasing interest in moving towards supervisory status for ward sisters with some NHS trusts taking action to make this a reality. A survey of all NHS Trusts in England by Seers et al (2015) explored how supervisory ward sister roles were working. A key driver for the supervisory role was providing time to lead. Being present, being available, being visible to others, being knowledgeable and skilful, being able to develop others and developing and maintaining standards of care were key aspects of the role. The supervisory role enabled supervisory ward sisters time to think and provided clear lines of accountability. However, the supervisory role had been implemented to varying degrees depending on financial and high vacancy constraints.

1.2 Background to the study

The study was undertaken with two NHS trusts that gained funding to support the change to supervisory ward sister. Whilst both trusts have local arrangements to assess the impact of the change, this study enabled a broader and deeper understanding of the ward sisters' experiences and perceptions of the change, and an understanding of the impact of the change on others including senior nurse managers and ward teams.

In both study sites the change to supervisory status meant ward sisters would not be required to manage an allocated patient caseload, they would generally work core hours during the week (Monday – Friday), but be free to deploy their time as they chose and they would remain accountable for a range of key performance measures.

Managing the change to supervisory status required an increase in nurse staffing to enable the ward sister to relinquish their patient caseload. This uplift in staffing was part of the planning at both study sites from the outset, but due to the complexities attached to recruitment, employment, training, upskilling or improving staff skills, and retaining staff, this proved to be a major challenge following the implementation to supervisory status. During the transition, and given the time it took to get the staffing uplift in place, which was variable across both study sites, some ward sisters reported having to continue working 'in the numbers', which in turn impacted on their ability to fully discharge a supervisory role

This report provides an insight into the experiences of individual ward sisters making the transition to supervisory status over the period of data collection.

2

Study design

2.1 Research methodology and methods

This study collected data through the use of face-to-face interviews with individual supervisory ward sisters and senior nursing managers around the time of the change to supervisory status and 4 – 6 months later. Focus group interviews were used to collect data on the perspectives of the supervisory ward sister role held by members of the wider clinical team.

A constructivist grounded theory approach (Charmaz, 2014) was used. Grounded theory is a systematic methodology which seeks to construct theory that is grounded in the data. Each line of data is coded, and codes are constantly compared across all data, and grouped into concepts. Similar concepts are reviewed and revised which leads to the identification of a number of key categories which can then be placed under a core category. Constructive grounded theory is comparative, iterative and interactive and the emphasis is on the analysis of data. Early data analysis informs further data collection and constructivist grounded theory has the potential to construct theory (Charmaz, 2014).

Full details of the research methodology and methods will be reported in a paper to complement this report.

2.2 Research question

The research question was:

“What impact does the change to supervisory ward sister status have on the expectations, experiences and perceptions of ward sisters, senior nurse managers and the wider ward team?”

2.3 Objectives

The key objectives were to:

1. Explore the perspectives of those moving into a supervisory ward sister role, their interpretation and evaluation of the role, and their views on the expectations being placed on the role.

2. Explore how senior managers and wider clinical teams view the supervisory role
3. Construct a grounded theory of the supervisory ward sister role.

2.4 Project advisory group

A project advisory group was established whose membership included the research team, medical, nursing and patient representation drawn from the two trusts, educational representatives from both trusts, the local Royal College of Nursing (RCN) regional director and an independent research adviser. The group met twice during the project. The remaining interaction with the project advisory group was undertaken using email communication.

2.5 Sample

All ward sisters with a supervisory role in the two study sites were eligible for inclusion and were invited to participate (total=87). In total 22 ward sisters agreed to participate and the first interviews took place during Mar-Jun 2014 (11 ward sisters from each study site). The second interviews took place during Aug-Oct 2014 with a total of 17 interviews being undertaken. Five of the initial group of ward sisters did not take part in a second interview. Of these, four were happy to be interviewed a second time, but difficulties were experienced in relation to finding a suitable date and time due to annual leave and sickness prior to the end of the interview phase of the project. One ward sister did not respond to the request for a second interview. Overall 39 interviews were conducted with ward sisters. In addition interviews were undertaken with four senior nurses, two from each of the study site during Jun-Oct 2014. The two focus group interviews with the wider ward teams, one at each study site, were carried out in November 2014. These were aimed at the wider clinical team (registered nurses, health care assistants, medical personal, allied professionals) and any non-clinical ward staff who might wish to share their views about the supervisory ward sister (e.g. ward clerk, administrator, housekeeper, cleaner, porter). The focus

groups consisted of 14 staff at one site and six at the other (22 in total). Overall, 43 face-to-face interviews were carried out and two focus groups undertaken.

2.6 Ethics approval

The study received ethical approval from the Biomedical and Scientific Research Ethics Committee (BSREC) at the University of Warwick in October 2013. (Ward Sister Supervisory Study BSREC REGO-2013-558 v2 14/10/13)

Both trusts also gave approval for this study to go ahead.

2.7 Recruitment

2.7.1 Ward sisters

Letters inviting participation in the study were sent to all ward sisters across both study sites. A participant information leaflet outlined the informed consent process for those wishing to be involved in the study including confidentiality, data security, and right of withdrawal, benefits and any perceived risks.

The resulting sample comprised ward sisters with less than two years in post and those with experience of up to 20 years and included both female and male participants.

2.7.2 Focus groups

The two focus group interviews took place in November 2014 (n=22). Participants were identified to participate following broad advertisement at both study sites, and recruitment was assisted by the education representatives from each of the study sites.

2.8 Study sites

The two study sites participating in the study were two NHS trusts.

2.9 Data collection

All Interviews were recorded with the consent of the participants and were transcribed in full.

2.9.1 First and second interviews with ward sisters

Data was collected through the use of qualitative, face-to-face interviews. The interviews used open-ended

questions, and utilised a topic guide covering the three key components of the ward sister role (clinical expert, leader and manager). The first round of interviews (n=22) took place as close as possible to the start of the implementation phase and were used to capture what the supervisory ward sisters hoped to achieve in moving into a new role; their vision of the role and their plans on whether and how they would evaluate the role. The second interviews (n=17) took place four to six months after the first interview and were used to capture individual ward sister's perceptions on whether their expectations of the change to supervisory status had been met, whether they had come across any enablers or barriers. In addition, the second interviews were used to capture further additional data on the provisional categories emerging from the early data analysis. All interviews were recorded and transcribed in full.

2.9.2 Interviews with senior nurse managers

Data was also collected from senior nurses at each study site about their perceptions of the change to supervisory ward sister status. These interviews took place on completion of the majority of the first interviews with ward sisters.

2.9.3 Focus group interviews

Additional data was collected through the use of a focus group interview at each study site with members of the wider clinical teams who may have been affected by the change to supervisory ward sister.

2.10 Data analysis

All interviews and focus groups were recorded with the consent of the participants and were transcribed in full. All transcriptions were reviewed separately by LW & LC. Transcripts were coded line-by-line to identify actions and processes. A process of concurrent data generation and analysis was undertaken (Charmaz, 2014). Data was coded and emergent and key categories were identified. The researchers shared their individual analyses with each other as they were completed, and any differences were resolved through discussion. This process continued throughout all stages of data collection and the research team met four times to discuss the emergent findings and agree emerging codes and categories. Analysis of the first round of interview data was used to inform the second round of interviews. Data from the second round of interviews was subjected to similar coding and categorisation as was the data collected through the focus groups and the interviews

with senior nurse managers. Full details of the research methodology and methods will be reported in a later paper to complement this report.

2.11 Research sponsor

The research sponsor for the study was confirmed as the University of Warwick in a letter dated 31 January 2014, in accordance with the Department of Health's *Research Governance Framework for Health and Social Care* (2005).

2.12 Informed consent

All participants expressing a wish to be involved in the study were asked to read the participant information sheet and complete the informed consent form.

2.13 Confidentiality and security

The identity of all participants in the study remains confidential. Only the core research team have access to personal participant information held securely on RCN premises. At the completion of the study all personal information pertaining to participants will be destroyed. All participants have been given a number and this number is used when reporting direct quotations. All data, consent forms and administrative records are stored in a secure location. Only LW and LC have access to this information which will be held on password-secured computers. KS has access to anonymised transcripts. Hard copies of consent forms will be filed in locked cabinets at RCN premises; these will be kept securely and destroyed after 10 years. Because of the possibility that the four senior nurses might be identifiable from their direct quotations this data has not been specifically labelled to maintain confidentiality.

Participants were free to withdraw from the study at any time without any need to provide a reason and without any sanctions. None of the participants expressed a wish to withdraw.

3

Findings

3.1 Ward sister demographic

In one of the study sites the change to a supervisory role was rolled out across all ward sisters, whilst in the other study site it was only rolled out across acute in-patient services

The target number of participants was 15 ward sisters/ward managers from each study site (n=30), the final number of participants totalled 22 spread equally across the two sites. The sample included those with 0–5 years' experience up to those with 16–20 years. Ages ranged from within categories '26–35' up to '46–55' and years as a qualified nurse ranged from '6–10' to '20+'. Number of years working as a ward sister ranged from less than one year to 16–20 years. The sample included both female and male ward sisters/charge nurses. To ensure the confidentiality of all participants all interviews with ward sisters and charge nurses are simply identified as 'ward sister interview'.

3.2 Focus group demographic

Twenty two participants took part in the two focus groups, these included nursing staff, professionals allied to medicine, ward administration, human resources and senior nurse management. Fourteen staff attended at one site and six at the other.

3.3 Core and key categories identified

This section describes the overarching picture of the research participants' perceptions, expectations and experiences of the supervisory ward sister role as identified in this study. The constructed grounded theory framework emerging from the analysis identifies the core category as "Being Pivotal" and four key categories that underpin this core category. The four key categories are: reclaiming all the role; forging a path; leading the way; and connecting with the organisation (see Figure 4.1, page 30). Within each key category are a number of sub-categories that are further described in the following sections.

3.3.1 Core category: Being pivotal

"I'm in that prime position where I know what's going on, I know my staff, I know my patients, I know my team, and I know what's going on in the trust, so like it is a very important role. It is a very important role, you know what I mean, being a leader and being able to improve practice, improve patient care, improve staff and their morale and their work and wellbeing." (Ward sister interview: 713.0020, lines 863–868)

The above quotation captures the facets of the role which were described by many of the participants. The ward sister is visible as: managing the team, being a clinical role model, a source of development, interacting with patients and leading the ward team, whilst at the same time acting as the key interface, or bridge with senior management and the wider organisation and hence has the overarching experience of 'being pivotal'. What emerged from the description of their activities as given by the ward sisters was the way in which they need to skilfully negotiate this pivotal role in order to deliver on the clinical, managerial and leadership elements and the way in which this was facilitated by supervisory status.

The next section further illustrates this core category of 'being pivotal', before going on to present data from the four key categories.

A sense emerged that the supervisory ward sister steered things, making adjustments as they went along.

"I suppose I'm the rudder." (Ward sister interview 713.0018a/b, line: 779)

There was also a sense of monitoring in order to make timely adjustment.

"For me it's about focusing what is going on, on the ward and what the prioritise of the day are, um, and helping the nurses on the ward to understand what they need to do first so how to prioritise really. But I've got a finger on the pulse so I know that I can push things forward." (Ward sister interview 713.0015, lines: 61–66)

The notion of balancing or juggling featured commonly, particularly in relation to the clinical and managerial aspects of the role.

“It is hard to do both of them because you have to wear two different hats in a sense, don’t you? I mean the management aspect of it is... the management aspects yes it’s fine. I think I’m... I think I’m managing it okay [laughs]; I think yes, I manage it okay. I’m firm with them, they know... yes I’m just trying to think... yes, I achieve it fine at... well not at the moment, my office is a bit of a mess, but yes I achieve it okay, and I’m able to get that balance in to do it.” (Ward sister interview 713.0022, lines: 336-344)

“Balancing it out a bit more I’m hopeful that I will get that time to release to work clinically and, um, just getting on top of things, keeping on top of the work load and maintaining the, um, sort of like the targets really that I’m at my set trajectory and balancing that with actually me getting out there and influencing care on a ward level basis.” (Ward sister interview 714.0004, lines: 857-862)

“I mean when it’s working well it works well and you’re able to in a sense multi-task and do everything the supervisory status allows you to do.” (Ward sister interview 713.0022, lines: 230-232)

In describing having to balance their workload there was also a clear sense that ward sisters had struggled previously to deliver or successfully balance all the aspects of their role alongside having a patient caseload.

“I don’t know whether it was because I was tired or whether I was just so involved I couldn’t stand back and be objective but um, I’ve found myself with more of a vision ...of certain things across the board which I felt was starting to wane a little bit previously.” (Ward sister interview 713.0004, lines: 135-138)

Building up good, first-hand information and impressions of how the ward was working in order to balance and adjust activities was described by supervisory ward sisters as something that they had been more able to do, since the change.

“Talking to the patients, go round making sure they’re all OK... I do a quick audit looking at the notes making sure they’re alright. Making sure all the infection control stuff has all been done – so like the cleaning’s been done. Because you kind of do this as you’re going round picking up the folders checking everything’s been done seeing that it looks and feels OK...” (Ward sister interview 713.0012a/b, lines: 1174-1179)

“I think it is what you make of it yourself and the more time you invest in your clinical environment. I mean sometimes, um, from an outsiders point of view it may look like I’m not doing anything at all but often... when

there’s a natural lull... sometimes it’s nice just to ... just have a chat and you do get a feel, sort of take the temperature of your ward, you know, of what sort of mood your staff are in at the end of a nearly 12 hour shift, are they still upbeat, do they look a bit downtrodden, what, you know... just a few words and it’s amazing how you’ll pick up that someone’s not themselves, you know, and then you can pick a bit deeper and find out.” (Ward sister interview 713.0011, lines: 134-156)

Acquiring this understanding seemed to be a continuous process, and yet it appears to be done almost imperceptibly. Ward sisters talked about how doing a walkaround, whilst simultaneously observing patient and staff interactions meant they were being able to observe whether or not the patients appeared cared for and happy.

“Yesterday was good because... I enjoyed the fact that... I got to do the drugs round. So I was off to do the drugs round and I could talk to all the (patients) as I went round and... you have a little banter with the patients and then you come back and you go and help with some turns and there wasn’t many emails when I checked which was lovely. So you are thinking ‘Oh right I haven’t got to do very much with that...’ ...so I could be out there and when the visitors came I was able to go round the bays and have a chat to the (visitors) and speak to them and so that was a good day yesterday and I went home and I thought ‘I thoroughly enjoyed myself today. I’ve done the drugs I’ve been actually on the ward and that was nice.’” (Ward sister interview 714.0017, lines: 705-720 [abridged])

This monitoring could continue even while working in the office since many ward sisters talked about leaving the door open. Leaving the door open not only let staff know they could come and talk to the ward sister as they needed, but it also allowed the ward sister to remain aware of what was going on outside.

“Sometimes I’m just sat here and think – Oh it’s all gone a bit loud out there I’d better go out and go’ OK who have we escalated to, who have we contacted, what’s happened?” Because I’m in here doing stuff and I just think – I mean it’s like they did want to move my office out of the department and I went – ‘No I need to be in the heart of the department so I know what’s happening.” (Ward sister interview 713.0017, lines: 1056-1062)

So in addition to gathering specific information throughout their day ward sisters also described building up impressions, sensing or feeling what is going on.

“I think as a nurse you have ears everywhere don’t you... and I think that’s probably something that you learn as time goes on so if I hear something said that I think what’s going on I will go and delve so that I can try and resolve things before they get out of hand.” (Ward sister interview: 713.0015, lines: 191-196)

“...and the girls were starting to struggle and I could feel the tension out there. So my priority is to alleviate that tension.” (Ward sister interview 714.0014, lines: 87-89)

Many ward sisters described gaining an ‘overview’ of their ward. They were then able to use this knowledge and understanding to judge when they needed to step in to nip any potential issues in the bud.

“It’s not just being above looking down but you can actually step in... you can actually step in and work alongside someone that you think is actually struggling, or if there’s a potential issue with some relatives that you foresee, you can actually go and speak to them before it gets out of hand.” (Ward sister interview 713.0030, lines: 65-75)

Ward sisters also reported how this overview was more effectively gained if you were freed from being focused on managing your own patient caseload.

“...you’ve got an overview haven’t you and you can sort of like stand back and actually watch this behaviour in a different way. So you’re not... if you’re in it you can’t see it so much, but if you’re on the periphery you can actually see what’s going on. So it does give you empowerment for that really.” (Participant, Focus Group B, lines: 1091-1095)

This freedom also enabled ward sisters to deploy themselves in the most strategically useful way.

“...being supervisory allows me to do my ward rounds with my consultants... I don’t get pulled into other tasks. I can stick it out for the duration, I pride myself by the fact that I know every single patient on my ward and I can sit here, I don’t need a handover and I can tell you what is wrong with every single patient and what I’m waiting for in regards to their discharge. If I was involved in their care and probably having to concentrate on a team, with 28 patients, divided into two teams, I think I would probably know that for half of the ward but would I know the whole ward, I don’t know.” (Ward sister interview 714.0006, lines: 45-56)

Working in this way also meant that they were felt to be more visible to other staff and to patients, and this was clearly appreciated.

“If the supervisory ward sister was present and out clinically on the ward and visible they can actually

resolve it at the point of the problem happening. And (relatives) ... were very, very impressed with that, the presence of the senior sister being out on the ward, being on ward rounds, being visible across the whole of the unit, you know, covering all of the areas that we cover. Um, they were actually very, very impressed with it and that was even fed back regularly on a daily basis that (relatives, patients) and visitors to the unit you know, it was good to see us out there and on the unit”. (Participant, Focus Group B, lines: 20-28)

3.3.2 Key categories

The overarching category described in the previous section ‘being pivotal’ is underpinned by four key categories, and these are described in the following sections.

The first of these key categories is reclaiming all the role, which includes redefining being clinical; deploying self differently; stepping in/stepping out and autonomy, influence and being in control.

3.3.2.1 Key category 1: Reclaiming all the role

It appears from the data that the move to supervisory status prompted ward sisters to reflect on elements of their role. Many of the ward sisters reported embracing and fulfilling these elements more effectively through the opportunities afforded them by the change. As described above a number had reported feeling elements of their role had previously been constrained. Therefore it seems that as part of the experience of the transition to supervisory status, the ward sisters reconsidered and redefined aspects of their role, ultimately ‘reclaiming’ it in its totality.

Re-defining being clinical

“So that’s three hours today that I’ve been out there supporting the department, doing the post-take ward round, finding out about the poorly patients and knowing what’s going on and I’ve really, really thoroughly enjoyed it and thought this is what I really want to do, um, and yesterday I spent two hours out there cause we had (two urgent patients) ... So I took the other one, um, and I thought ‘Ohhhh this is about nursing, yes I like this.’” (Ward sister interview 713.0016, lines: 638-64)

The transition to supervisory status led to a number of ward sisters to reflect on what ‘being clinical’ means in the context of the supervisory role. A passion for nursing was clearly discernible in the way ward sisters talked about their work. The clinical element of nursing,

in the sense of direct caring interaction with patients was cited by many ward sisters as their motivation for becoming a nurse, and delivering patient-centred care as the reason they continued to nurse. Some ward sisters described a sense of satisfaction in providing one to one care and a few noted that having a caseload meant they could engage with those specific patients in a more rewarding way. Some ward sisters reported experiencing anxiety because they saw supervisory as not being clinical, and suggested that having a patient caseload and being clinical in this way was what nursing was about. However, many acknowledged that when they had a patient caseload there was always the possibility of being pulled away for managerial issues.

“I feel I’m de-skilling as a nurse. From a practical point of view...” (Ward sister interview 714.0004, lines: 34-35)

“I do miss having my patients, yes, um, but it’s nice when you can get out there... it’s difficult with a case load because if you have your own patients you’re still going to be pulled away by other people, because they’re going to come and they’re not going to just leave you – I’m clinical today I’m looking after my own patients – ‘No but we need you to do this’, or ‘Can you come and do that?’ and that draws you away from your patients. So I don’t ever think that perhaps definitely as a 7... you’re not going to be pulled away from your patient care because you will be.” (Ward sister interview 714.0017, lines: 1173-1182)

With the move to supervisory status, many ward sisters spoke about seeing their clinical role as one that enabled them to deploy themselves differently to undertake specific clinical activities. Many supervisory ward sisters spoke about being able to make personal contact with patients regularly. They also talked about allocating themselves to work alongside staff. This approach enabled the ward sisters to retain their skills whilst at the same time facilitating staff development.

“If patients need me I’m there. Every day I go round and I talk to my patients. If I was clinical there was no way I could do that. But I do go round and that’s reflected in the feedback that we get that, you know, I go round and make beds, I talk to patients, I ask them how they are, but being clinical I couldn’t do that, not at all.” (Ward sister interview 713.0020, lines: 135- 140)

“...so I envisage it as either me being extra to the numbers to be supportive of the junior staff on the floor, I mean I might have a band 5 that co-ordinates on that day so I’m there to providing support and guidance for her on that day so that she’s developing her management skills, or we’ve had quite new starters so

it’s working with directly with those in the bays. Making sure that they know what standards...” (Ward sister interview 714.0005, lines: 31-36)

“..and if a staff nurse needed support then I would go and help them, you know, if they wanted to do a dressing or look at a pressure ulcer or look at a wound or, you know. Just to be there for them to say (sister) can you help me look at this or, you know, I think it’s to be visible and to be there for them if they need, just that senior person.” (Ward sister interview 713.0008, lines: 767-773)

Deploying self differently

Supervisory ward sisters described deploying themselves differently, with some appearing to need to rebalance the amount of time they spent on the different elements of the role. This was particularly evident where choices were being made about working on managerial activities in the office, or undertaking clinically based activities. Priorities had been governed previously by the patient caseload taking precedence, which ward sisters reported as having to put managerial issues on hold and catch up on them later, working extra hours or taking work home. The experiences in this regard were various:

“I can use my time more efficiently I can ensure that we are meeting the standards. So it’s not a race against the clock every day to just do a little bit here and there I can actually check that we are doing the things that we should be doing. That I can actually observe we’re doing the things that we should be doing. I’ve got a feel for what’s going on – well I actually know what’s going on.” (Ward sister interview 713.0012a/b, lines: 1260-1267)

“um, and I think it took me a good three or four months to kind of get my head round the routine of what I was doing and how I was doing it. There was a lot of other meetings that you go to, which takes up a lot of time, and obviously you have your, um, on call rota, so I do that once a week so that’s another day out as well. So there is a lot going on but I don’t seem to be out on the ward where I want to be really.” (Ward sister interview 714.0004, lines: 21-29)

However a pattern of the general approach to deployment across the day by supervisory ward sisters was discernible.

“I feel more organised now erm so I manage my time by having my clinical time in the morning and then in the afternoon I’m freed up to do anything I’ve got to do in here you know. Any meetings I’ve gotta go to, so I feel a lot better about that. And I think it seems to fit better on

the ward. The staff know that I'll be on the ward till about half eleven twelve and then they respect that I've gotta come in and be on top of you know, my... paperwork really, so yeah.” (Ward sister interview 713.0010, lines: 36-42)

Stepping in/stepping out

In the supervisory role, this flexible deployment meant that ward sisters could step in and step out of situations. Decisions on how and when to step in and out were in response to the overall picture being built up by the supervisory ward sister as previously described.

“...like I say, spend more time with staff, I'll still work clinically so. Like I say it's more of a supervisory role so I'm, um, able to step in help and then come away again.” (Ward sister interview 713.0012a/b, lines: 58-61)

Being flexible in the way they undertook their various activities meant that the supervisory ward sisters were able to step out and observe the clinical environment and then step in to make adjustments.

“The best thing is that I am able to stand on the outside looking in more ...I can have a real strong overview and I can put something right much quicker. If I'm not happy with standards then I'm able to act much quicker, and do something quicker. ...it can't always make the situation easier to deal with because it is what it is. But it certainly makes you have that sort of 360° view of something rather than just going in there, blinkered vision because you're just too busy doing other things. It gives you an overview of everything that's going on and you can act quicker if something is not going right and you are more visual out there as well up and down the ward with relatives who may have a potential complaint, so you're de-escalating because you're there as a senior person sorting things out.” (Ward sister interview 714.0014, lines: 789-813)

“but the joy of it is when you are truly supervisory that you can dip in and out cause you can't do that when you're in the numbers cause as soon as you get pulled away to do something else, you're leaving them short and it gets to the point where they don't like you working in the numbers because they can't trust you to be there. Um, and that's not a healthy relationship to have with your staff. I like them to know I'm around on the ward and to be glad to see me.” (Ward sister interview 713.0011, lines: 38-46)

Autonomy, influence and being in control

Many ward sisters talked of embracing the sense of freedom they felt they now had through being able to be

flexible to use their time as they saw fit. Many also felt the move to supervisory status had resulted in an increased sense of authority and influence, and had allowed them to take greater control of their ward in order to fulfil their accountability and responsibility for the standard of care provided.

“Things have definitely settled down... I just still feel like I'm just still gaining a bit more control. I think last time we spoke I think I felt that I was getting in control of it...” (Ward sister interview 714.0031, lines: 15-17)

“I wasn't thinking outside the box, I wasn't being myself, and I was being what (someone else) thought I should be, you know. And yes we were getting results, we were getting what we wanted, but the staff weren't happy. And I could see that, so I decided that, you know... I went to some coaching myself and they made me realise that it was okay to be who I was and how I am. This coincided with me becoming a supervisory ward sister and I just decided that, no I'm going to be honest and open and say, this is what I think will work, let me try it and if it doesn't we'll do it your way, but, let me... and now I'm very confident and I go, no this is what I'm doing and this is why I'm doing it.” (Ward sister interview 713.0020, lines: 645-655)

Where ward sisters felt they had autonomy and influence they did raise issues and challenge negative or unrealistic expectations. However, others were less convinced, feeling that power was given to them with one hand, and then taken away with the other.

“...it's only recently that we can put bank shifts out for our own ward... You know what I mean and we were like well, you know, you put us on a bleep rota and you trust us to take charge of this hospital out of hours and yet we're not allowed to put a bank shift out... You know we can't request an agency nurse – we're are not going to go mad, trust me, you know, we are not going to go mad with your budget – it's just, err, I think that we have extremes.” (Ward sister interview 713.0008, lines: 1626-1641)

The issue of autonomy was particularly evident when ward sisters described the expectations matrons had about the supervisory ward sister role. While some clearly identified having a collegial relationship with their matron, others described being micro managed. While the former group talked about feeling supported and appreciative in terms of being left to manage their ward as they saw fit, the latter group reported feeling confused, angry or just fed up. On the one hand they were being told they had authority and accountability to manage their ward, whilst on the other hand they

reported finding themselves having to seek the matron's permission before they could make a decision.

"I get by-passed time and time again through matron and you'll be amazed how many people don't even bother, they'll just copy me in, or I'll get stuff forwarded to me by the matron... They will communicate to the matron and completely cut me out of the loop. And that happens a lot. So they, they tell us that, you know, they want to bring back the power and the authority but the reality of it is... that power and authority has been eroded away and we're not going to get it back any time soon. They say we're a powerful group, well, not really because we've got a whole set of matrons and, you know, we have to do as we're told, like they do..." (Ward sister interview 713.0011, lines: 1076-109)

3.3.2.2 Key Category 2: Forging a path

This category emerged from the analysis that revealed that in addition to reviewing elements of the ward sister role, the transition to supervisory status had also prompted some ward sisters to engage in self-reflection and self-awareness particularly in relation to their role as a leader. Many had drawn comparisons between how they had worked in the past and how they might work or had begun to work in the new role.

Participants described a range of emotions and feelings and explored their vision for themselves and their staff, including how they could fulfil their own and their staff's full potential, how they might expand into the supervisory role in order to drive up standards, and the need for self-belief that they could be a supervisory ward sister. This appeared easier for some than for others, and it seems to be influenced by where each of them was in terms of their personal development as a ward sister at the beginning of the change to supervisory status. The sub-categories underpinning this key category are identified as enthusiasm for the role; not being one of the gang; driving improvements in patient care; reversing negative perceptions of the ward sister role; knowing self; flying in the role; and difficulties moving into the role.

Enthusiasm for the role

Overall ward sisters reported enthusiasm for the supervisory role and the changes it had facilitated. Many initially greeted the introduction of supervisory status with both anxiety and excitement; with some reporting clear ideas about what they hoped to achieve in the role.

"I think it's the right thing for us as band 7s because it's

what we need to do. We need to be out there in the ward, um, pushing things forward whatever it might be... we need to be out there and we need to be visible so that they can see that those on the ward can see that we're leaders. Um, and we can also, we can nurture, we can teach, we can share our experience, um, without having clinical, without having to try and look after patients clinically as well, um, it is, it was, really difficult to have a cohort of patients and, um, try and run the ward." (Ward sister interview: 713.0005, lines: 9-20)

"It's my job to know everything's that's going on, to pick it up, to challenge poor practice, um, to, um, to support my staff, um, to sit with my patients when they're upset, um, absolutely, I need to know. And I don't think I would have the same job satisfaction, um, and I think I would be far more stressed. Because I think I would worry about what I didn't know, whereas now... I go home feeling confident that I do know what's going on." (Ward sister interview 714.0006, lines: 1347-1352)

Driving improvements in patient care

Ward sisters described their intention to make the role work because they believed in its potential to hugely benefit improvements in patient care. Many saw the supervisory ward sister role as embodying what the ward sister should be doing as opposed to what most perceived as the fire fighting approach required in the role they had experienced before the change.

"I think it's just... I suppose it's the flexibility to be able to improve anything you know, whether that is patient care, your patient journey, your patient experience, your nursing skills. Just having that flexibility to make the improvements and to start to look at the bigger picture and not kind of feel that you're in there fire-fighting, it's being able to say okay, that's okay and now we need to look at this because this isn't quite right. So it's about having that flexibility really and flexibility for all the different aspects of the work." (Ward sister interview 714.0012, lines: 652-659)

Many ward sisters described their desire to demonstrate, through their actions, what they expected or required of the nurses on their ward. They articulated clearly the need to set a good example, and to communicate effectively with all staff about how the ward was performing in order to ensure that staff were left in no doubt about how they would be expected to approach their work in order to deliver high standards of patient care.

"Our nursing metrics on the ward have picked up since we've been supervisory, um, on this ward, you know,

we've maintaining to stay in the green, which is what the Trust expects us to do. Things like the friends and family test I've been able to be really vocal and really watch what's going on who's getting the audits before patients go home. So, for example last month ward xx won an award of being the most improved... because I was able to control who was getting those audits and controlled getting those audits back which is really important." (Ward sister interview 714.0028, lines: 157-168)

"...my standards of nursing are that I always like the patient to be cared for as if they were my own relative... So yeah, it's just about being able to talk to them and give them that time and giving them the update. And that's what I like my nursing staff to do, is one to make sure that the patients are cared for and that also about making sure the protocols are followed, that if a patient needs to hourly turn, or they've got that two hourly turning, or learning to re-assess that patient if they need it more frequently, then you do it more frequently, and just because the protocol tells us two hours, you can do it every hour... and that they take the time to speak to the patients and speak to the relatives... or if they haven't then point them in the right direction and yeah." (Ward sister interview 713.0006, lines: 437-460)

Ward sisters felt that the move to supervisory had helped them to be more effective in terms of communicating their expectations in terms of standards. They reported they were better able to deploy themselves with new starters, newly qualified staff and students and were able to ensure that everyone was made aware of how the ward sister wanted things done. Establishing and maintaining high standards of care at ward level was facilitated when ward sisters felt they were able to work as clinician, leader and manager to explain and clarify their expectations around the standards of care they expected ward staff to deliver and maintain.

"So I'm the senior person on the unit, so I'm the leader that they look towards, so I have to be a positive role model for them in every way, so professionally, clinically, um, you know, anything really that's visible. I need to be professional in every way, so that they will, hopefully, then look at me and realise that that is the way that you need to be in a clinical environment." (Ward sister interview 713.0018, lines: 780-787)

When discussing how ward sisters communicate their expectations to their staff some noted that once this had been achieved it became implicit and so simply the presence of the ward sister served as a prompt.

"I think it's your persona, I think it's the way you carry yourself, it's about being visible and it's about, it's about your persona." (Ward sister interview 713.0018, lines: 1571-573)

"Well I'm very much well let's go away and talk about things and you know, what's right about this, what's wrong and then kind of try and fix it from that really... I don't tend to have a lot of big performance as such on the ward, which is good and that's how it should be but... I'm trying to think of an example but I can only think of the fluid balance charts really... or it might be... if I see something I'd action it there and then and take the person away and have a chat with them you know..." (Ward sister interview 714.0012, lines: 501-505)

"Well I've got a look that the girls have told me that I've got, um, so sometimes perhaps if I'm just walking around the bay I'll just look at them and go, 'Really?' They'll go 'No sister I'm sorting it now'." (Ward sister interview 713.0006, lines: 596-599)

Analysis of the data from the second interviews reflected more emphasis on the quality improvement cycle.

"You are in a position more to think about how to stop that happening, you know, let's look, can we change practice, what are we doing wrong with that." (Ward sister interview 714.0031, lines: 115-118)

Reversing negative perceptions of the ward sister role

Ward sisters recognised the potential for the positive changes they associated with the supervisory ward sister role to reverse the negative perceptions of nurses and the public about ward sisters. They particularly spoke about professional standards and also saw the supervisory role as having the potential to inspire junior nurses to become a ward sister. Many talked about how many junior nurses previously viewed a ward sister role as one that was pressured and stressful, which in turn led them not to seek a ward sister role, but instead to seek posts as specialist or advanced practitioners, or remain as a band 6 ward nurse. There was a sense among some of the ward sisters that since the change to the supervisory role some of the nursing staff appeared to think more positively about taking on a ward sister role.

"... I think really in the past band 6s have tended to work as very good band 5s. Um, I think having the supervisory role will enable them to be very good band 6s and to be able to run a ward." (Ward sister interview 713.0014, lines: 1479-1483)

“Yes I think so because I’ve always been, um, encouraging them that, you know, if ever there’s another, you know, a job opportunity and they were, they’re, you know, quite eager... And they are keen to – ‘cause if I think when I was looking back when I was a band 6 I never wanted to be a band 7, ‘cause I know about the stress and the pressure but now I think that has changed.” (Ward sister interview 713.0018, lines: 508-518)

Some ward sisters also felt there was a need to clarify what the supervisory role itself entailed, as they perceived others assumed it meant not having anything particular to do.

“...sometimes in the back of your mind – I don’t know maybe I’m just being paranoid maybe they’re thinking oh, you know, the ward sister might be supervisory maybe... she’s free to do this, she’s free to do that, she’s not doing anything because she’s just supervisory, she’s just standing there supervising and delegating things and telling people to do this and that, but, you know, that could just be me..., as I said that could just be my paranoia thinking that that’s how they might be thinking...” (Ward sister interview 713.0018, lines: 584-595)

Knowing self

In reflecting on their experiences many ward sisters articulated a need for self-reflection, a sense of knowing themselves and understanding and developing their leadership style. Many participants reiterated their passion for nursing and a fundamental belief that being a ward sister was the best job in the world. While being a ward sister brought with it many challenges participants expressed how being a nurse brought them a great deal of personal satisfaction. However, some also talked about how their sense of satisfaction and motivation had been severely tested in the past, how they had felt bombarded, drowning and overloaded and how at their lowest point, they had felt de-moralised, stressed, at risk of burnout with some being close to leaving nursing altogether.

“Well I do feel more in control and less stressed because I did feel less in control and frustrated that I hadn’t got the time to do what I wanted to do. And I, I felt that sometimes you might as well pay me as a band 5 I don’t feel like I was doing anything like managerial you know.” (Ward sister interview 714.0012, lines: 325-329)

Because ward sisters were at different points in their career trajectory they were also at different points in their own development. Whilst reflecting on their

approach to the role, many talked of ward sisters they had worked for in the past, commenting on how they had either drawn on the positive attributes of these role models or how they had vowed never to mirror the negative elements they had experienced. Many participants highlighted the importance of being a good role model and saw the flexibility of the supervisory role enabling their professional approach to be more clearly seen and appreciated by staff.

“I’ve always, since being a nurse, I’ve always, no matter what role I’ve been in throughout my nursing career I lead by example. I don’t ask anybody else to do what I wouldn’t do myself and I think, um, being in a supervisory role it allows you to do things like that. It allows you to think there’s a buzzer going there, I haven’t got my own group of patients to look after, and they’re struggling so I’m going to get a commode for a patient.” (Ward sister interview 714.0028, lines: 568-576)

Not being one of the gang

Some sisters recalled how they had recognised at some point in their career as a ward sister, that while it was important to maintain a connection with the ward team, it was also important to stand slightly apart from the team in order to preserve their authority as ward manager. There seemed to be general agreement that a good ward sister remains close but distant and it appeared from some of their accounts that working in the numbers made this difficult because the ward sister was seen to be doing the same things as everyone else.

The ward sisters saw the relationship between themselves and their staff as crucial to leading the ward effectively.

“...and trying to find the balance between being a good manager and being a friend almost, trying to find that balance.” (Ward sister interview 713.0014, lines: 297-199)

“...I still have a laugh with them... when the situation calls for it, but, yeah, you know like I’ve said... they know now the boundaries really.” (Ward sister interview 714.0018, lines: 547-549)

In the early stages of the move to supervisory status it appears that ward staff continued to see the ward sister as one of the gang, an extra pair of hands. In addition, ward sisters talked of how they felt guilty and judged by ward staff when they were not seen as being clinical. This manifested itself particularly when the ward was short staffed or really busy and the staff expected the ward sister to *muck in* and take a fair share of the work as just another pair of hands.

“Because I felt really guilty when I was in the office before like I should be out helping them...” (Ward sister interview: 713.0012, lines: 567-568)

“They think I’m an extra pair of hands so that’s probably one of the most difficult things to overcome...” (Ward sister interview 713.0014, lines: 46-48)

Alternatively however, the need to be separate from the gang was also acknowledged.

“I miss being part of the team... as a ward manager ...I was far more interactive with the team because I was doing the same as them day in, day out. But I was falling behind with lots of the management stuff which didn’t give me job satisfaction... and that would really stress me out so... But I guess I do miss that bit of banter because I guess the boundaries are a little bit more divided with the team because... But I guess that might be about my own professional development and the fact that I’ve now learned that it’s not good to have too close relationships with your band 5s because those boundaries from manager to work colleagues need to be had... to be able to gain their respect and to be able to, well for them to be able to gain the understanding that if I’m saying that I want something done it’s not a case of oh, that’s just [xxxx] asking for that and that’ll be alright to do it the next day it’s actually ‘Okay Sister we’ll get that done’. And that’s far more professional for the patients and the relatives. So I guess that part I do miss, but I am going home far less stressed”. (Ward sister interview 714.0014, lines: 498-525)

This view was shared by a number of the ward sisters initially, and while they reported a willingness to roll up their sleeves and *muck in*, some made the distinction that this did not constitute them being seen as part of the numbers. As a result of these conflicting concerns some ward sisters experienced difficulties in trying to work differently both during and after the change. However, others appeared to have shifted their thinking around this issue over time, and subsequently felt that part of their role was to escalate issues up the management chain rather than constantly trying to fill the staffing gap by putting themselves back in the numbers as a temporary fix. Supervisory ward sisters also noted that staff had begun to appreciate the breadth of the role more clearly since the change.

“...I’m quite happy to go and get my hands dirty but... I’m nobody’s fool, they will think, oh, she hasn’t been out and made a bed today, or she hasn’t, you know, put a patient on the commode. But I don’t have to explain, I don’t feel the need to have to explain myself to them because they’re not sorting out... this, that and the

other” (Ward sister interview 714.0011, lines: 807-813)

“I think how they see me as well as a leader and a manager has changed. Because before there was that expectation that I’d step in and be clinical no matter what. And they didn’t have that respect of what I actually had to get done, so there wasn’t... that was kind of, well you should be clinical so many days and you should only be this. And you know, very observant about what I was doing and not realising actually sometimes things change. Whereas now I find they need me less. It’s really... you know it’s because I’m available and now they’ve got an understanding of what I do and what my role’s about, they actually are better as a team, if that makes sense.” (Ward sister interview 713.0020, lines: 230-239)

Some ward sisters recounted a realisation that they may have been too ready to see themselves as the only one who could solve problems before, or that they had previously taken a mothering approach to the ward sister role.

“...I’ve just done the leading at the front line course and a lot of that was, as I’ve said before, I’m a bit of a control freak and I always feel that I have to fix people’s problems... I’m the one that’s gotta fix it. And what I’m trying to do now is when people come in and say oh such and such, and such and such I’m gonna kind of give it back to them and say okay so what are you gonna do about that. So opposed to in the past where I would’ve gone oh let’s do this and this... And now I kind of think it’s like mothering... It’s quite hard for me to do I must admit because I’m very much I’ll fix it, I’ll do it, I’ll make you happy... So I have kind of given it back to them and it is actually working quite well I must admit. You know, people are sorting out their issues for themselves instead of opposed to just coming and dumping it with me, and me feeling I’ve gotta fix it you know, they’re doing it, but it’s quite hard to stop that.” (Ward sister interview 714.0012, lines: 541-562)

“Yeah, that gives you some skills and some insight into how you can possibly deal with things, um, so I think yes I have and I think you have to change slightly.” (Ward sister interview 713.0013, lines: 985-987)

Flying in the role

Within the data it was clear that some supervisory ward sisters reported a sense of greater freedom and the chance to spread their wings and fly.

“...we are being allowed to run our wards the way that we need to run them with the teams that we’ve got. Because as you would manage one ward you wouldn’t

manage another ward necessarily the same because it just depends what the dynamics are. So I feel that senior management are sort of letting us fly our wings... And I think that is really good because it builds my confidence up as a manager, it allows the ward to see that I am their manager and I am their first port of call because in years gone by managers would be left out of a situation... So I'm feeling that we're sort of gelling more as a team because they're seeing that I'm there to support them but they also acknowledge the fact that I'm supernumerary and I do have other management things to do as well. Also it's a two way respect thing that's going on with me and team and I think it's the same when it's me and senior management since the supervisory role has been left it's a case of manage your ward, these are the targets that we want you to achieve, if you're not gonna be achieving them when you've got your capacity as a supervisory ward sister then you will be asked the question 'Well why?'" (Ward sister interview 714.0014, lines: 108-132)

This freedom enabled supervisory sisters to deliver the high standards they felt patients had a right to expect. They felt more able to maintain and sustain the quality of patient care delivered on their wards, and it was an opportunity many were keen to embrace. Part of this momentum for some, lay in their perception that the introduction of the change to supervisory status reflected an increased profile of nursing within the organisation and also that the value of the role was being acknowledged.

The sisters' description of feeling the sense of freedom that had come with the move to supervisory status appears to encapsulate what was variously described as having time to do, or time to think and act. Whilst there was a sense of having been given time this was agreed to be more about having the freedom to control how they managed their time, rather than any sense of gaining extra time. This understanding of how time was freed up was also recognised by some as providing a mechanism for planning ahead.

"I've got a band 5 nurse that was struggling with [xxxxx] issues... so because I was there supporting her and guiding her... I was able to come back in here and think what courses can I put the girl on so... she feels a bit more empowered... And that can be done immediately rather than thinking I must do that after I've finished this shift, or tomorrow I'll put it on my list to do and actually that list to do goes to the next day's list to do and before you know a few months have elapsed and that band 5 may be in the same situation again and I've not actually empowered her to get better.

So it gives you more time to look at what skills are required... because I am now able to look at the off duty in a lot more deeper detail now... I'm now able to plan in the off duty more in advance... So it's about planning ahead and when you're spending a little more time looking at your off duty with more scrutiny that's giving you more time to think right that girl needs to go on an end of life course... and I'm already able to identify where I can sort of tighten up the numbers so I can free people up to go" (Ward sister interview 713.0014, lines: 250-28)

As indicated above, many ward sisters spoke about being now able to organise their work and get home on time, and many reported how they no longer had to take work home any more, which in turn made them feel less stressed and less pressured. While some ward sisters observed that they had not previously had time or space to think much about their own future development they did report that they now felt able to do so.

"I used to be in at 7 o'clock every morning... and it's exhausting because... when you're clinical, because you're doing 7am-3pm and then I had to do my office stuff afterwards, so I wasn't going home until 6, 7, 8 o'clock at night. So I was doing clinical in the morning and then I was working over. Whereas that doesn't happen now, I can do both. And because I'm on top and because I'm flexible I'm able to fit it all in... I am I'm happy because I've got a great work/life balance, I've got a great relationship with my staff because they know that I'm available if they need me, they know that I'm available" (Ward sister interview 713.0020, lines: 90-106)

"I've just had 10 days off it's the first time I've had that amount of time off in two years because the fear of leaving the ward" (Ward sister interview 713.0014, lines: 1490-1492)

Difficulties in moving into the role

In order for the ward sister to start working in a supervisory role, additional staff were required for the wards. The period of recruitment was variable across both study sites with some areas filling their vacancies more quickly than others. Therefore, some sisters reported having to continue working in the numbers, whilst recruitment was ongoing in their area, and they reported how this impacted on their ability to fully discharge a supervisory role. This meant that individual ward sisters commenced undertaking the role at different times to others.

A wide range of experiences were described by the participants, and some of these serve to show how some

sisters continue to struggle to adopt a supervisory role. For some ward sisters who reported difficulties in embedding themselves into a supervisory role this was connected to shortfalls in staffing. Where ward vacancies were filled all at one time, some ward sisters also pointed out the extra demands on them in terms of supporting newly qualified nurses or orientating recruits from overseas. However, other ward sisters reported how they had managed to use the supervisory approach to accommodate the needs of these staff more effectively.

“We expected it but I’ve taken on a lot of new staff, um, and a lot of newly qualified staff from other trusts. So, they’ve come new to the role, but also they don’t even know where x-ray is and so forth, I could walk them and give them a tour of the hospital cause I didn’t have responsibility to do that. I can work with them I could do their drugs assessments, um, I can observe them to do like, if, for catheterisations, NG tubes. Um, one of them is really struggling with her confidence, um, and she knows that although now I don’t work with her, sort of, I don’t micro-manage anybody but I don’t micro sort of manage her but she knows that she can just come and say – can I ask you just a daft question – because she doesn’t want to ask other people, um, and that works really, really well. What else do I get to do, um, you, you can just observe. I’m always free to be able to speak to relatives”. (Ward sister interview 713.0006, lines: 63-78)

Other things that were identified as having a negative impact on a ward sister’s ability to fully take up the supervisory role were the demands around performance management and meeting targets.

“I said earlier... I felt that it would be really good, and that it would release me to go into the clinical area. I think... since I’ve seen you it’s got worse and I have less clinical time. And I had very limited clinical time then, and I think I’m pretty much office based now purely for... the key performances that they have set down and what we need to achieve and how we need to achieve it. You know we’re sitting in the office writing reports as to why things haven’t been done, why we haven’t achieved things, what we’re going to do and how we’re going to do it. And you know, you either make a choice of not switching on the computer and going out clinically, but then you’re getting phone calls to say, oh this needs to be sorted out and that needs to be sorted out, and it’s all urgent. So I think, you know, going into this I thought it would be a really good opportunity to really be out there and doing things. But as it’s gone and how the service needs of the ward have changed, things have kind of got more office based and worse really in relation to that,

which is a bit of a shame, but that’s how it is.” (Ward sister interview 714.0033, lines: 9-27)

There was a sense from some participants of their staff or themselves being ‘pulled’ around to cover staffing gaps and this reported as being difficult to work around.

“But then, but then, like we’ve, well we pull off the day as well so although I’m supposed to be supervisory and EXTRA [participant’s emphasis] to the numbers that doesn’t work because then I have to come into the numbers.” (Ward sister interview 714.0025, lines: 74-79)

3.3.2.3 Key category 3: Leading the way

This key category emerged as a result of the reports provided by ward sisters on the role of leadership in moving forward in a supervisory role. The sub-categories identified under this key category include: developing, educating and supporting staff; delegating; empowering staff; ‘knowing and sensing’ and role modelling.

“I think I probably have to use my leadership skills more, the managerial not so much because I think things, well when I first came the ward was in such a state you know and I had to manage that, but now that things are more how I want them it’s less, well people are used to doing things now so I don’t have to you know...” (Ward sister interview: 713.0025, lines: 217-221)

“Leadership to me is, um, is, um, to do with like coaching your staff and, um, allowing your staff to grow and showing them how it’s done but not doing everything for them. So giving them the confidence and the skills to be able to do it for themselves – that’s what leadership is for me. Leadership is about, um, helping people develop in order to be able to do – so you’re not doing everything for them but you are leading them in the direction on how to do it for themselves.” (Ward sister interview 713.0012a/b, lines: 949-957)

Developing, educating and supporting staff

A key aspect of developing staff was achieved through delegating a range of tasks across members of the ward team. In addition ward sisters talked about how being supervisory provided them with a range of opportunities to educate and support their ward staff in a number of ways.

“...because... I’ve got more... time I can do some training, I can go round with the staff to check documentation to check the care that’s being delivered, so I go round and I can observe... what’s going on I can speak to staff and help support them put some mechanisms in place to give better care.” (Ward sister interview 713.0012, lines: 178-183)

“It’s really bizarre and they’ve actually stepped up and they’re starting to grow themselves rather than – it’s had a really positive impact on them rather than a negative one.” (Ward sister interview 713.0012, lines: 568-573)

As has already been described ward sisters talked of their ability to deploy themselves flexibly and how this was seen as beneficial in terms of being able to work with nursing students, new starters and established team members. However, there was a sense that ward staff did need to be reassured that this was a developmental opportunity rather than a performance management issue.

“So even going back down to basics just showing them, you know, that I’m there and I’ll dip in and do those things as well and just showing them that I’m there to support them and just checking on them as well obviously because it’s a two way thing because, um, they’re not, it’s not the kind of thing you can make sure your staff are doing correctly normally but I can go in and I can just look at how they’re doing things.” (Ward sister interview 713.0004, lines: 799-806)

Working alongside staff was seen as useful in providing orientation, development and support to the ward team. Sisters expressed greater confidence in staff competencies and skills as well as helping to reinforce standards and set clear expectations.

“So surely there at the Board Round.. maybe a band 5 would lead it and with that confidence of having somebody in case of quite difficult questions you could, you know, answer that. And it’s the same with making decisions on the ward, I think there’s been a lot of staff development, a lot of confidence grown with taking charge and just to know that you’ve got that support if you need it, but actually you don’t always need it all the time, you actually do develop that you can actually do it yourself without having somebody constantly checking on you. So I think a lot on the ward now, we’ve had a lot of staff development I think, and a lot of junior band 5s now will lead the board round, they’re quite confident now to do that.” (Participant, Focus Group B, lines: 61-71)

Ward staff commented how the supervisory ward sister was easier to locate and they found it useful to be able to call upon the ward sister to provide them with assistance or guidance as required.

“...in the clinical area, so if there’s something that you think, oh they’re there, you can get to them right away rather than them being tucked away having to do their office work. They’re just more visual and you can just ask them there when you need to, not think, oh I’ll get

her when I get a minute. And often they’re looking and seeing and often before you needed to go to them... It’s just a better... just better in my opinion.” (Participant, Focus Group A, lines: 307-313)

Delegating

In reporting changes to the way they worked many supervisory ward sisters talked about how they had become better at organising the team and delegating tasks to members of the nursing team. Delegation played a role in providing further opportunities for staff development, it helped spread some of the managerial work but importantly also helped prepare some staff for moving to more senior roles. Some ward sisters also described how they capitalised on individual staff interests and used delegation to enable them to share and learn new skills.

“I don’t delegate stuff that I should be doing but... I think for their development, for their job satisfaction, for them to aspire... to progress, or to do other things I think you’ve got to have some form of succession planning... you know, there’s a big jump... certainly within xxxx for a band 5 to a band 6 and I think often there’s this perception, oh yes I’m doing it now, but actually the role’s quite a bit different, the responsibilities are quite different so I think in terms of showing them how to do things, rather, it’s not a question of dumping some of my work on them. It’s about slowly showing them... how to do it... so part of the band 6s development last year was to go on the appraisal training. They now get their appraisals done by myself and the xxxx and they’ve got some of the band 5s and the HCAs... But that’s been a learning opportunity for them, it’s feels that they’re contributing, you know, learning new skills.” (Ward sister interview 714.0013, lines: 317-345)

A number of ward sisters noted that delegation provided a valuable opportunity for staff, particularly Band 6s, to gain a deeper understanding of the ward sister role, and in some cases aspire to becoming a ward sister in the future.

“...I might seem lazy, but I don’t do any of my audits. I don’t do any of my audits, I don’t do the off duty, I only pick... the only one thing that I do keep on is sickness, but other people do return to works. Yes, because my band 6s do it all, I don’t... they have it on a rolling... and I’ve split the ward into three groups, so I will take a team, and the two band 6s take a team each, so then we split the PDRs and that’s it, and that’s to give them... because I like to think I’m indispensable, and I like to think the ward’s not going to run well if I’m not there

[but] it does. Yes it still runs. And that's the whole thing isn't it, we're not indispensable, so yes it's about giving them the knowledge and the skills to do that whilst we're not there." (Participant, Focus Group A, lines: 733-734)

Some ward sisters reported finding it difficult to delegate primarily because they believed their staff were too busy to do any additional work and they could do it more quickly themselves. Similarly some had struggled with IT systems and processes. However, it appeared that for some ward sisters, the move to supervisory status offered them the potential to reorganise work, while simultaneously making processes more robust.

"So they'd done them but I had to show them and that just proved to me that now I need to delegate those audits out to the band 6s so they've all got two to do so if I'm ever off sick as a short notice thing then they will know how to input it. But it was all about getting access to the databases, they'd done the audits, but none of them had a password for the database... for the KPI I also do that because... it doesn't take me as long... I mean if I've asked the band 6 to do it, yes they've sat with me for that hour and I've shown them where I get the information from and so they would be able to do it, but it would take them a longer time. So they are able to do it, but it's quicker for me to do..." (Ward sister interview 714.0005, lines: 715-733)

Empowering staff and building teams

On reflecting on how they deployed their team a number of ward sisters spoke of how they were seeking to engender greater independence in staff and helping them to become more forward thinking. They did this by providing them with opportunities to solve problems for themselves and take on more responsibility.

"...So yes, so at least... because that's what I like to do, out there, looking after patients as well. So yes they pick up a part of my managerial, so they can be in here and they have a degree of it. Because I'm not indispensable and I shouldn't be indispensable or make the staff feel that I am indispensable and the ward can't run without me being here. So yes, I like to make sure that... it's like next week I'm on annual leave, so yes, so my band 6 is going to be picking up my workload in here, so it's just making sure that if god forbid I had an accident and I was off for six months the ward would still be able to run, yes. And it's quite important, because we're not indispensable. I like to think I am, but I'm not." (Ward sister interview 713.0022, lines: 554-567)

Developing and supporting staff in this way enabled them to become less dependent on the supervisory

ward sister to resolve all problems. It also provided the supervisory ward sister with a mechanism to build more effective teams in which individual staff members had the capacity to take the initiative and take ownership of their individual responsibilities and accountabilities. Many of the ward sisters reported being able to invest more time in mentoring and coaching staff, helping them in turn, to understand the boundaries of their decision-making and their sphere of influence.

"I think one of the biggest things that I personally have been able to do is meet with all of my staff every three months. And I think that's really important. That's not in any of our KPIs or our metrics or anything like that, but I am able to do that, every three months meet with all of my staff. So you know, they get that one to one time that you wouldn't get otherwise. That's one thing." (Ward sister interview 713.0020, lines: 177-183)

Many ward sisters talked about the importance of developing a good understanding of their own preferences, personality traits, attitudes and behaviours, and those of the people they worked with in order to be able to manage effectively. It was often stated that having the opportunity to attend a range of leadership courses had helped them to develop their leadership skills in order to be able to build a more effective ward team. Building a happy and cohesive team was often cited by ward sisters as an important component of their role and many alluded to the link between positive staff experience and good patient experience.

"I am so proud of my team, I really am. I've got such a good team, but you know, I don't think, you know, being clinical makes that possible. I think being supervisory makes that possible because, you know, you can see what's going on, you can work with your staff; you've got time to say, are you okay, how can we develop you here, how can we support you in this situation." (Ward sister interview 713.0020, lines: 130-135)

"...and I've gone home and the ward seemed happy and I think you can tell when the ward is happy and when they're stressed. And I think I probably go home most days and they're happy". (Ward sister interview 714.0006, lines: 1113-1116)

"It's all about the quality for me, um, I do understand about having to have flow and I will, I'll do my best to support that but I think at the end of the day I've got 25 patients in front of me and I want to know that we are delivering really the best care that we can and that I've got a stable and happy work base that are competent, that they can feel that they're supported by me as their

manager, that we are a team that gel well together, that like each other, that respect each other. Um, and that we have excellent communications” (Ward sister interview 713.0011, lines: 686-695)

Knowing and sensing

As described previously, many ward sisters talked about how they know and sense what is happening on the ward. Having both an eye and an ear on the ward meant the supervisory ward sister was better able to monitor standards of care, and manage performance more effectively.

“Well you use your eyes, you know, if you’re out working with someone and you can see how they respond after 10 hours to a patient that’s driving them absolutely bonkers if they’re still kind and sweet to them.” (Ward sister interview 713.0011, lines: 872-876)

Knowing and sensing appeared to be an intuitive skill which enabled ward sisters to accumulate knowledge first-hand about the ways in which staff were conversing with patients, or handling, or not handling situations. This meant the ward sister was available to immediately step in, allowing them the opportunity to intervene in order to nip things in the bud and prevent issues escalating into formal complaints. It also meant they were able to take someone aside quietly if they felt they needed to improve, or they used this knowledge to assess staff training needs and then made the necessary changes to the e-rostering to ensure staff were able to attend the training in a timely manner.

“I think it depends on the people involved, because you obviously know you’re staff quite well as to how they react and sometimes you know that if you’re going to challenge them now it probably isn’t a good time but if you leave it to a bit later on in the afternoon when they’ve calmed down it might then be a better time. I think it depends on the individuals and it depends on what the situation is”. (Ward sister interview 713.0015, lines: 604-610)

Taken alongside the activities many described in terms of developing and supporting staff some ward sisters likened their new role to being the conductor of an orchestra or the coach of a sports team.

“...I suppose I’m more like a coaching manager, whereas I’m... they don’t see... they see me as a colleague, they respect my position, but they don’t see me as this authoritarian manager that I’m the boss and what I say goes; they don’t see that at all. If they’re unhappy about a decision or they don’t think something works, they’re very vocal. They will come up and say, I’m not sure that

this works, but this is what I think might work. And we try it, so they see me as somebody that they come to, to move a service forward (Ward sister interview 713.0020, lines: 267-274)

“I don’t see myself as a referee I see myself as more of a bit of a co-ordinator and nurturing the best out of my staff that I can – putting things right when they need to be put right, um, but that’s the best similarity I can think I’m kind of on the line of that pitch now and I’m looking in and I’m seeing things where they can be tackled better or they need to be managed at a different angle.” (Ward sister interview 714.0028, lines: 711-718)

Role modelling

Many ward sisters talked about the importance of leading by example and regarded themselves as a role model.

“As a role model, as a voice of experience, somebody that staff and patients and relatives should be able to come to and get the answers that they require, and if I don’t know them to pass them onto the relevant people. So I suppose it’s about being a leader, yes.” (Ward sister interview 713.0023, lines: 52-56)

“I challenge, I challenge regularly I have a very good relationship with both of my, um, consultants, um, and I think if I had a ward round where I didn’t question what they were doing they would probably both be a little worried about me, um, and I think role modelling that it’s OK to challenge is important.” (Ward sister interview 713.0014, lines: 706-711)

As discussed previously many were concerned to maintain clinical credibility and for some the opportunity to work alongside staff was enabling them to pass on skills and knowledge more effectively.

“...now doing it I do feel that I’ve got a lot of experience a lot of knowledge, a lot of clinical experience that actually makes me the role model and the leader that I am.” (Ward sister interview 713.0013, lines: 1459-1462)

3.3.2.4 Key Category 4: Making connections with the organisation

In this category ward sisters observations and perceptions which emerged about the change in terms of the organisational aspects of the change are explored.

Drivers for change

Many ward sisters noted their appreciation that this change had been supported and clearly saw the role as a positive move.

“Well I think we’ve been lucky to have the opportunity to do it and I think we were all quite excited about, you know, the opportunity to, um, be able to, you know, try and improve quality and have the time to do the things we’re supposed to do in our job description.” (Ward sister interview 713.0008, lines: 7-11)

However in thinking about how the change to supervisory status was launched some of the ward sisters expressed initial suspicion about what lay behind the initiative and whether the key driver to improve quality, or manage failing performance.

“...I felt it was sold to us really around the quality of care... I do feel we are expected to do such a lot more than what we were before, whether it’s just because it’s been formalised. Because they’ve given us nine KPIs that they want us to achieve as part of this role..., but in the hospital itself as a whole there’s been a... huge, massive drive around floor and capacity. So there’s an expectation now that really that’s a huge part of your job, so I do get quite torn between the two; the amount of managerial stuff that’s expected of us. So even just for example today trying to do the next four weeks off duty, I’ve been doing that all morning and I’ve only done the qualified nurses... And then on top of that you have all of the normal stuff, you know, the HR, sickness reviews, booking everybody in for their training, complaints, RCAs, incidents all of that jazz. Then they sort of, they want you to be present and visible on the ward, which I understand and I agree with, but I think a lot of us thought we would be more out there and less in the office really supporting junior staff looking at our metrics and, you know, having more of that touchy feely presence with the patients”. (Ward sister interview 714.0011, lines: 14-46)

Some sisters speculated about whether the intention was to utilise measurement as a carrot or a stick and this was an issue raised by focus group participants where there was a clear delineation across viewpoints.

“We have what we call an accountability meeting, so if any of our patients develop either a fall with harm or a grade 3 or grade 4 pressure ulcer then there’s a root cause analysis undertaken and that root cause analysis is presented to a panel... come hell or high water, and the case is presented by the senior sister or whoever... And we are looking to see if there’s anything we could do to deem it avoidable or unavoidable, both with the fall with harm or the pressure ulcer... I think having that approach as well it gives the sisters more ammunition to go back and go, I’ve been to that meeting, the [unclear – 00:24:02] aren’t being completed, the documentation

isn’t being... it gives them that... we can be like they have a big stick that they can go back and beat their staff with at times (Participant 1, Focus Group A, line: 348-362 [abridged])

“...the stick’s great” (Participant 2 Focus Group line: 363)

“...the carrot’s even better” (Participant 3 Focus Group A: line 364)

“...yes you can use a carrot to gently guide them, but we all know we don’t all have nurses that can be guided, and you do just have nurses that just... just shouldn’t be nurses... so yes, so that’s where the stick/carrot come in” (Participant 2 Focus Group A, lines: 419-422)

However, there was also a view that sometimes they were given mixed messages about expectations.

“Yeah, that’s the message, that’s the message that they want us to do, um, for example they want us to be, we have to be out of the office between 8.00am and 10.00am and that has to be clinical time... but then we’ve kind of had a couple instances where meetings have then been put in at 9.30am. And that’s kind of the mixed messages there...” (Ward sister interview 714.0031, lines: 32-40)

Acknowledging increased visibility of the supervisory ward sister

There were points of commonality across ward sisters’ perceptions about organisation expectations of the role. Many of the ward sisters reported how a key expectation was that the move to supervisory status would make the ward sister more visible. However, some suggested that the need to be visible across the organisation highlighted how some staff failed to appreciate the importance of the managerial and leadership functions of the supervisory ward sister role. Some ward sisters had a sense that the managerial and leadership functions were viewed by some of the ward staff as being less important than the clinical functions of the role. However, the majority of participants believed the change to supervisory status had resulted in ward sisters being much more visible.

“Yeah in a nutshell I think it’s about being visible and being proactive.” (Ward sister interview 713.0004, lines: 640-641)

For some ward sisters however, being stuck in the office was the result of having to deal with a backlog of administrative and managerial tasks which they felt they had to complete before going out on the ward.

“...when we went supervisory there was a lot of backdate, there was a lot of stuff that was still sat in your... inbox... and I’m just starting to get on top of it and the systems had just becoming in place and now that I’ve got those, starting to get on top of those systems that then maybe just a matter of just monitoring them and rolling them over and then that will maybe release some time for me to go out onto the ward.” (Ward sister interview 714.0004, lines: 113-122)

“I’m one hundred percent in the office at the moment. But that is because I’m, I’m focussing on those office based KPIs.” (Ward sister interview 714.0004, lines: 83-85)

There was also a sense from some that that assumptions were made by the organisation that ward sisters would now have more time to attend meetings since they had been made supervisory, which some argued was not always the case.

“I don’t know if it’s a downside but obviously there’s more flexibility for meetings but there also seems to be from... higher up that we are supervisory we have more time for meetings... it’s a little bit dictatorial... that’s not in my mind how supervisory is. Yes it’s nice to have the time to do that but I actually I need to plan how I want to use my time and if that’s not gonna benefit me, my patients, my team, then I don’t... So if it feels kind of a little bit prescriptive... you’re supervisory therefore I’ve slotted this in for you. Well actually that’s not, that’s not supervisory (laughs)... In some respects that’s a little bit hard. I did, or do kind of feel that we’re you know as a group of senior sisters it’s... for example we had performance meetings of two hours and then we had a falls meeting afterwards which was three hours in one day when you know the reason for us being supervisory was to be supervisory out there seeing what’s going on... it’s about getting that balance.” (Ward sister interview 714.0012, lines: 114-131)

While it appeared that some supervisory sisters saw an emerging opportunity to assert themselves more, others perceived that the focus on ward management led others to assume that supervisory ward sisters were able to take on additional work.

Conversely however, some other staff felt that engaging ward sisters in taking on additional work was a sign of how far the sister’s profile had been raised; and that it was less about asking them to do more and more about approaching them for advice or expertise. Senior nurse managers particularly saw a value in ward sisters being involved more in the organisation decision-making processes because they were identified as the group best placed to know what was required.

When discussing the provision of formal and information meetings, forums and networking opportunities many of the participants recognised how a united group of supervisory ward sisters had potential to be a powerful voice in the organisation. Some ward sisters felt the organisation was now interested in what they had to say and in some cases they felt their views were listened to and acted on.

“...we do get answers to questions – cause quite often you sit there and you think you’re the only person having an issue and you talk about it and actually it turns out that quite a few are so, we do, realise that we’re quite a strong, um, forceful body, we can effect change”. (Ward sister interview 713.0015, lines: 646-651)

“...as a group of senior sisters we’ve kind of, the last, probably the last month, six weeks maybe a little bit longer, we’ve kind of got together more as a team and we’ve kind of re-launched our senior sister forum. And there’s various things that we’re kind of, we feel a bit more empowered to take control over. So that, that’s good whereas before I kind of remember saying to you that, I felt like I wanted to lead a rebellion”. (Ward sister interview 714.0031, lines: 41-47)

“...actually I get excited very, um, obviously the senior sister impact, the senior sister role, because there are senior sisters in every area of the hospital, in terms of the organisation it has a global effect on the organisation and obviously when they’re setting up their processes and their checks and their challenges and what they’re measured against – they are, they are trust, you know. [The chief nurse] is responsible for the entire hospital, so her focus is going to be how it’s going drive the trust forward. I’m responsible for my little corner of the organisation and that’s what excites me.” (Ward sister interview 7130011, lines: 709-720)

Supportive mechanisms for supervisory ward sisters

While sisters across both sites reported on the provision of both formal and informal mechanisms that enabled them to come together as a group, their participation in these meetings was variable due to different perceptions around how useful such meetings were. For some sisters meetings were viewed these as offering ongoing support in terms of their growing sense of individual authority and influence. A number remarked on enjoying the opportunity to share and compare with each other and indicated that this type of peer support had not been something they had had previously experienced.

“With other band 7s and at the supervisory ward sisters meeting that we have monthly we are more familiar with each other now and it’s quite nice to learn from each other and know what the experiences are on other wards and if you are having a difficulty with something then it’s nice to know how other people have solved that problem.” (Ward sister interview 714.0028, lines 830-836)

There were some comments around the benefits of sisters being able to allocate time to attend meetings.

“I go to the directorate meeting on a regular basis. I am not having to send apologies to so many meetings at directorate level as I was before because if they were short on the ward.” (Ward sister interview 714.0028, lines: 532-535)

This not only meant attendance improved but also that meetings were more effective in terms of not having to repeat things to those who had not been at the last meeting.

However, alternative views were offered which suggested that many ward sisters did not attend meetings, and even though attempts had been made to make meetings more attractive to ward sisters, attendance had not improved.

“I think that a lot of people just don’t go still, I mean I don’t know if it’s because they don’t chase people, or their matrons don’t ask them they don’t go, but I’ve just always gone. But we found before that, well one new Band 7 said she didn’t always go because they repeated things, but now they’ve changed the format of it, and they do it now so there’s less meetings but still the attendance doesn’t seem to be better.” (Ward sister interview 714.0025, lines: 407-413)

“I mean I haven’t been to the last one because I was interviewing on that day, so I don’t know what the attendance was at that one...” (Ward sister interview 714.0025, line: 415)

For others meetings were viewed in a less positive light primarily because some people felt they did not provide them with a platform to influence organisation priorities.

“...we’re very reactive, we’re not proactive, [supervisory] status gives you an ability to voice or express your opinions but you know I’ve come unstuck in the past expressing opinions... and maybe it’s because I’ve been to so many meetings... I will be a bit of a devil’s advocate about, but some people don’t like, or they don’t wanna hear the bad things... well I’m not gonna go to a meeting

and tell them all the good things... they should take that as read.” (Ward sister interview 714.0023, lines: 606-614)

The challenges related to staffing (in terms of uplift and upskilling) and the perceived burden associated with the managerial function (duplication of effort, incompatible IT systems and lack of clerical/admin support) still remained unresolved for some sisters; leading them to question how influential they were.

“...and I sort of said, you know, that I felt that we should have a clerical person that just typed things up for us that could write the off duty out for me and, and just those little, like photocopying – I have to do my own photocopying which is fine, my filing is fine but I have – I’ve got 28 members of staff on my ward – so if they all do a bit of mandatory training and I’ve all got – I could have like 40 odd certificates to throw in and actually a bit of admin support would mean that at a band 1 or 2 they could do that and I could be out there in the clinical area with my patients.” (Ward sister interview 714.0027, lines: 125-136)

Inequalities in the provision of admin and clerical support for supervisory ward sisters

Some ward sisters reported the burden of workload associated with management processes, audits and other data inputs which they felt was not only exacerbated through a lack of clerical or admin support, but was aggravated as the result of having to duplicate the same information into separate IT systems.

“But it does seem a bit ludicrous that you’re entering your sickness three times onto three different systems.” (Ward sister interview 713.0015, lines: 862-863)

It was unclear how allocation of administrative support was made, as within the same organisation some ward sisters had PA support, and others did not.

“Well some sisters have got a PA some sisters haven’t got a PA, um, some sisters use them in different ways. But I think you do need to have some sort of – because of the volume of work that gets generated, bearing in mind that if I’m fully staffed I’ve got like nearly 50 direct reports”. (Ward sister interview 714.0029, lines: 812-817)

There were clear variations reported from ward sisters working in the same organisation in terms of whether or not administrative support was provided, and the impact a lack of such support had on a ward sister’s capacity to get through the management tasks expected.

“Um, and then to be able to follow up on what you want them to achieve then something as simple as doing a,

um, a leaver form could take me 20 minutes, which that would be her role. So I think a lot of it is, is paperwork that I could be offloading onto somebody else.” (Ward sister interview 714.0029, lines: 827-832)

Sustainability and measures of quality

Many ward sisters described having ‘24/7’ accountability and responsibility for the ward, with some suggesting they felt more accountable since the change to supervisory status. While they did not necessarily believe they had been given additional areas of responsibility many referred to the higher profile and greater transparency being placed on accountability, specifically in relation to their ability to manage KPIs.

“I mean looking at my own KPIs you know I’ve seen that my sickness levels are down, now whether that’s just because my sickness meetings have been done on time and people are a bit more ooh, I’ve gotta have a sickness meeting. Whereas before I didn’t always have time to do them on time so it’s been about tightening up the process. So you know one of the ones is to improve your sickness by one per cent which I’ve done. My patient metrics, my nursing metrics are well have tended to always been fairly good but where we had kind of struggled a little bit with the fluid balance as I said and that’s improved.. So there’s various aspects that I can see has improved ...” (Ward sister interview 714.0012, lines: 674-682)

Many sisters articulated their understanding of the organisations expectations of the supervisory ward sister in relation to KPIs. They recognised the significant financial investment that the organisation had made in order to support the change to supervisory, as well as the requirement to show a return on that investment.

“If you wanted some of these quality markers to improve then we couldn’t go on as we were, you know, so it was great that we got the recognition and we got the investment. You know, brilliant, you know and we were all, you know, really pleased that, you know. That was recognised.” (Ward sister interview 713.0008, lines: 1106-1111)

However, this recognition also led some sisters to be concerned about the implications for the role if the case could not be made satisfactorily. Many supervisory ward sisters stated they would be extremely unhappy if supervisory status was taken away.

“But obviously, you know, the trust is very much looking at targets, numbers, but she wanted to get the sense of how we felt that we were doing, you know, in an emotive

point of view. So she was fairly supportive for it continuing but I suppose the Trust will only kind of they want to see the actual figures, so you did kind of feel a bit, oh, a bit deflated really and, you know, how could we possibly go back to where we were before.” (Ward sister interview 714.0031, lines: 1502-1511)

“I think that people do need to know that from a band 7 perspective to maintain the standards and to meet the deadlines we do need the protected time that this Trust has given us and I think if things change with supervisory role I think it would – certainly it would make me feel quite tense because I’m thinking how can I attain the standards what I’ve been able to attain over the last sort of 12 months if the hours were to change or, you know, whatever would change.” (Ward sister interview 714.0028, lines: 921-933)

However, there was a sense from senior managers that they wanted to continue to support the supervisory role.

“It’s probably changed the way... I suppose it’s kind of made me feel a little bit more recognised for the job that you actually do and that the organisation, the organisation have come to, well they’ve kind of invested in you and they’ve given us the opportunity to you know make these changes. I feel more positive, more engaged. Like I’ve said I love my job and I love working for the Trust and I love my ward but you do actually think does anybody actually care and I suppose you do kind of feel you know actually we’re being invested in here and there’s a lot of, yes there’s a lot of expectations and but there’s also a lot of belief that we actually you know do this.” (Ward sister interview 714.0012, lines: 790-799)

Whilst many sisters appreciated that importance of measurement, some expressed concerns that any overriding focus on measurement would miss the point. For some, the essence of good care and effective team management might be less tangible and so not easily measured. Some sisters remarked on the dangers of focusing too closely on the process of paperwork rather than any close examination of the questions raised by the data, leading some to note that measurement could be reduced to a tick box exercise.

“But again and I know they need to have some form of being able to measure our nursing performance for our documentation but it isn’t always measured the same, every single ward is completely different and has very different challenges, um, and I don’t know whether that’s necessarily taken into account.” (Ward sister interview 714.0029, lines: 572- 578)

However, some sisters did talk about patient feedback and how they felt the family and friends test scores had improved since the change; and suggested that perhaps this might be the result of their increased visibility and being more accessible to patients.

“Because the patients generally give good feedback anyway, and every month we get lots of cards and chocolates, if you have a look outside you can see there’s quite a few cards out there, and they’re all quite recent.” (Ward sister interview 714.0025, lines: 117-120)

“When you give time to your staff then the way they deliver their care improves, so, by me giving time to them their standards have improved and, you know, the reports that we’re getting back from the net recommender cards is that patients are very happy on here... So we’re getting a lot of feedback that staff know what they’re doing, that staff are happy and helpful” (Ward sister interview 713.0012, lines: 193–202)

Whilst some sisters saw accountability meetings to review KPI data as a means for being told off, others regarded these as an opportunity to review their data and to illuminate the discussion around performance with specific knowledge of contributing factors, particularly to dips.

“I think the supervisory role allows me the time to look at individual situations better and to monitor and control it, so in which case the sickness has come down. I mean unanticipated sickness where people are genuinely ill at the last minute you can’t... well you can’t account for those because we’re human beings but certainly the band 2s are more aware that I’m looking at what’s going on and I’m analysing and I am sort of clocking it my mind, whereas before it was kind of have I got time to do a return to work interview and obviously a return to work interview it’s key to keeping people off their sickness. So I’m having time to do that and I’m able to plan and structure sickness reviews much better. So that’s just one example from the KPIs. It’s reducing sickness by one per cent.” (Ward sister interview 714.0014, lines: 162-177)

Some ward sisters talked about the importance of monitoring performance and many noted success in improving KPI scores during the period of this study. This had also prompted some to consider aspects of their role and impact that could not be captured by quantitative measures but were nevertheless crucial to quality improvement.

“...whether your staff are happy and those things, and you can’t capture the data for that and whether they feel

supported and that sort of thing, so you can’t capture that data on a monthly basis or... because it’s very subjective isn’t it, data, so yes the data that we’re capturing on there is just your factual data on there with your falls, your pressure ulcers.” (Ward sister interview 713.0022, lines: 82-89)

“Senior managers are... they want the factual information, so whether your pressure ulcers are down, whether your falls are down, whether your patients are cared for, that sort of thing, whether your mandatory training is high, whether your PTR’s are done on time. But as I say there is that other component of being a manager, of being a team player and being supervisory, and it is yes, so whether staff are supported, whether the staff morale is high on the ward.” (Ward sister interview 713.0022, lines: 169-177)

The following example draws both issues together.

“I find that I’ve got a lot more time; I go round and see my patients every day and ask them how they are. I’ve got free time to help my staff; I’m up to date with all of my office based stuff, so all of my letters are done on time, all of my meetings are done on time.... so we’re top in our ADT, admissions, transfers and discharge. We’re top in our patient feedback and recommender cards. Our metrics have consistently stayed above 98% the whole time. We’ve got the highest compliance of antibiotics, so our compliance and our ability, and that’s because I’m able to lead, I’m able to be on the ward, I’m able to work with my staff, I’m able to make sure they’re trained.” (Ward sister interview 713.0020, lines: 7-20)

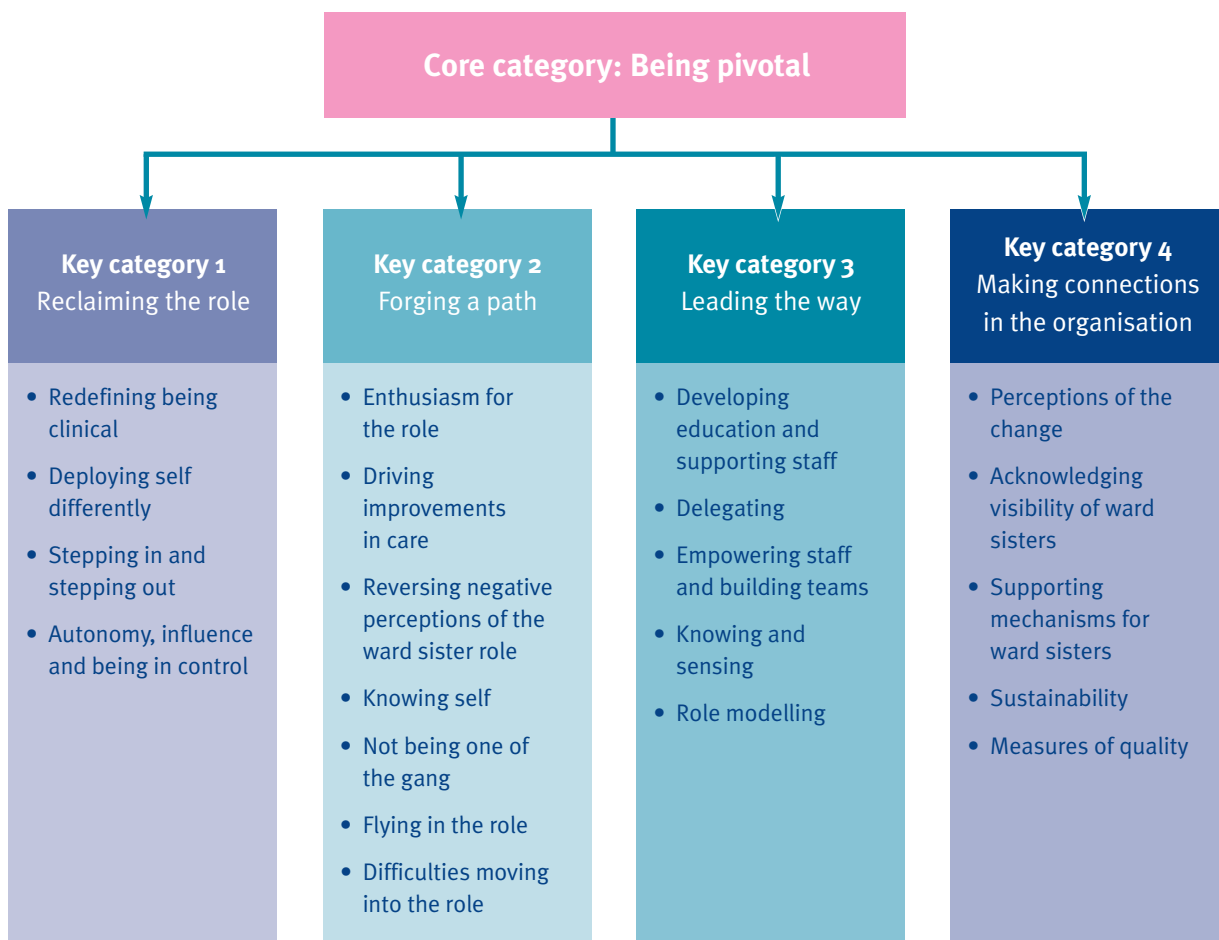
4

Discussion

4.1 Core and key categories

This study identified the core category of **Being pivotal** from analysis of participants' perceptions, expectations and experiences in the supervisory ward sister role. Four key categories: **Reclaiming all the role**; **Forging a path**; **Leading the way**; and **Making connections in the organisation** (see Figure 4.1) also emerged. These are not mutually exclusive or hierarchical, but should be regarded as interlacing activities.

Figure 4.1 Core categories and key categories



This study demonstrated that moving to supervisory status enabled ward sisters to be pivotal, that is undertake all aspects of their role. The transition has allowed them to find a balance between clinical and managerial elements of their role and to provide improved leadership to their teams. The role requires skill and judgement which is based on a detailed knowledge of the ward, gathered personally and interpreted by the supervisory ward sister. Supervisory ward sisters continually build and update a 360° view of their ward and are able to step in and out of activities to provide timely guidance, correction or a professional lead as required. This activity can be almost imperceptible but provides the basis for the supervisory ward sister to provide an informed and effective link between the ward area and senior levels of the organisation.

Four key aspects appear to contribute to successful transition to supervisory status. Firstly the ward sisters seem to have reconsidered and reclaimed all the various elements of the ward sister role. Those making this transition appear to redefine **being clinical** as encompassing more than simply caring for a patient caseload but including working alongside staff and sharing clinical skills and knowledge. In addition, they have taken control of their own use of time and achieved improved balance between the clinical and managerial elements of their work.

The supervisory ward sisters in this study have forged a path for themselves in terms of embracing the role. The change has prompted them to reflect on their leadership style and served to reinforce the sister's role as 'senior colleague' rather than just another pair of hands. Many report an increased feeling of autonomy and being less stressed. There is also some indication that the perceptions of others about the role are also changing. This especially in relation to Bands 5 & 6 nurses, some of whom are now more interested in the prospect of becoming a supervisory ward sister themselves.

This study has also shown that as they take on a supervisory role, the ward sisters have been able to define their leadership role more clearly in terms of developing staff and being a role model and managing their team effectively. They provide a clear lead for professional standards and empower other staff.

In order for the supervisory role to function effectively, there needs to be a supportive organisational climate. This is not only through investment to support the introduction of the role, but in the provision of opportunities to get peer group support functioning and in the engagement with ward sisters to inform

discussions on measurement particularly around KPIs. So whilst the supervisory sisters have become more visible as individuals on their own ward, as a group they have become increasingly visible and potentially valuable in the organisation.

4.1.1 Being pivotal

Key message: This study demonstrated that the move to supervisory status maximises the pivotal nature of the ward sister role. This brings benefits as it facilitates full realisation of the varied elements of the role: managing the team, being a clinical role model, a source of development and leading the ward team but also representing and negotiating the interface with senior management and the wider organisation, and being visible for patients and their relatives.

Modern health care environments are frequently described as complex and sometimes chaotic and nurses are seen as needing to balance and make sense of 'multiple contradictory discourses' in order to ensure service delivery runs smoothly (Latimer, 2014). In this study, the descriptions given by the sisters gave a clear sense that the supervisory role was connected with balancing and juggling. Being pivotal can be seen in terms of being essential or key, as well as providing a finely tuned balance. The supervisory ward sister role demanded a balancing act; not only managing the team, being a clinical role model, a source of development and leading the ward team but also representing and negotiating the interface with senior management and the wider organisation, and being visible for patients and their relatives.

The Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) identifies the ward manager's role as being '*... universally recognised as absolutely critical*' (p.1518). This is supported by the findings of this study. In addition Francis recommends that improved frontline leadership could be achieved by making the ward sister supervisory. This perception also features strongly among the participants in this study. What has emerged is a clear picture from the sisters involved that they felt unable to be consistently effective 'pivots' before changing to supervisory status. The data revealed that supervisory ward sisters felt more able to do what they believed they should be/always wanted to be doing. The data also shows that some of the ward sisters attribute their ability to undertake the many facets of their role more effectively to the move to supervisory status.

This pivotal role is complex, has many facets and requires

a high level of skill. The supervisory ward sisters reported gathering detailed knowledge of their area. This knowledge ranges across the hard environment (for example, cleanliness), through to their staff (levels of knowledge and skill, personal factors), the patients on the ward (wellbeing, concerns, relatives concerns) and includes an understanding of how the wider organisational goals translate to their area (targets, KPIs). A number of insights into how this knowledge and understanding is compiled have emerged from the data. Firstly, working in a supervisory capacity seems to have enabled the sisters to deploy themselves more strategically to gather this knowledge. It also made it more likely that the sister witnessed things such as staff competency or behaviour first hand. Supervisory ward sisters talked about being visible and making themselves available to staff, patients and relatives. This was an overt strategy in terms of knowing what is going on and what is of concern to people. However, it is also evident from the data that the ward sisters were using various senses to understand the overall performance of the ward. Not only were they asking, watching and listening, they were also building up impressions, sensing a change in the tempo or mood in patients, staff and the environment. Because of the variety of ways the ward sisters gain this knowledge, some of this activity is almost imperceptible to others. This almost invisible facet of nursing knowledge gathering has been noted elsewhere (Allen, 2014) and is arguably an unrecognised and undervalued nursing quality.

It can be argued that this knowledge is unique to the ward sister and contributes heavily to their pivotal capabilities. This is reflected in the comments by a number of supervisory ward sisters around 'building up an overview' or a '360° view'. It is built up over time, particularly in terms of knowing the ward staff. Also (especially for supervisory ward sisters) it is gained first hand. This means that as the ward sister becomes more established, this monitoring capability can become increasingly sensitive. This finding is echoed by Bonis (2009) who defines this 'knowing' in nursing as involving "a uniquely personal type of knowledge, constructed by objective knowledge interfaced with the individual's awareness and subjective perspective on personal experience; it is a dynamic process and result of personal reflection and transformation" (p.1330).

Once the sister had this overview, they then reported being able to be more proactive and make judgements about when, whether and how to intervene and steer things back on course. This finding resonates with those of Allen (2014) who observed that nurses, in making sense of different pieces of knowledge created the working knowledge that sustains everyday service

delivery. This may involve seeing a developmental need in a member of staff and working alongside them to address it but similarly, it might enable the supervisory ward sister, in discussions with senior managers, to illuminate measurement data through an understanding of the context in which a particular episode of performance had occurred.

In short, the supervisory role enable the sisters to step in, step out and step up.

Figure 4.2 provides a model of a fully functioning supervisory ward sister.

4.1.2 Reclaiming all the role

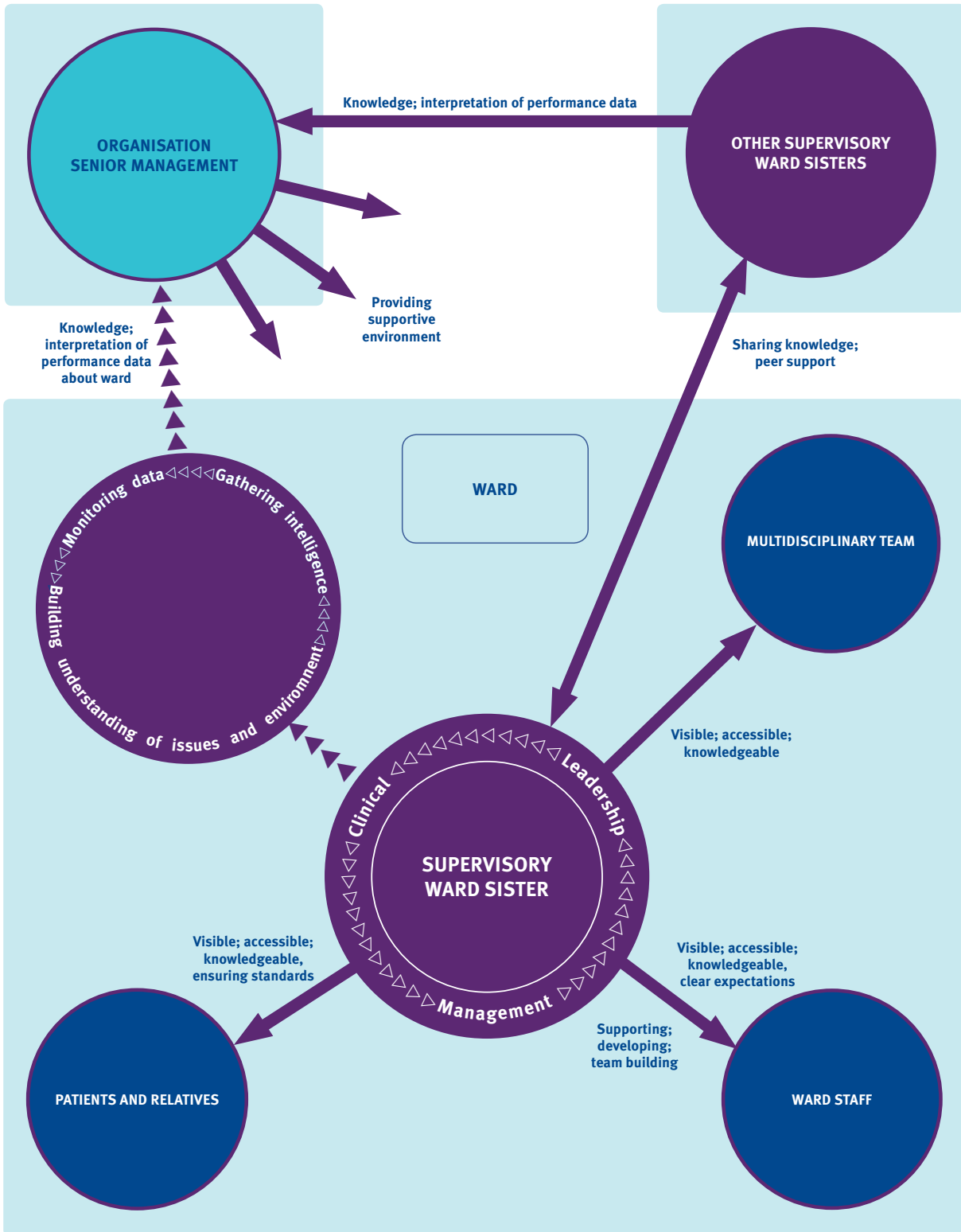
Key message: supervisory status appears to have enabled ward sisters to take a holistic view of their role and reflect on the components which support them being the ward sister as opposed to just another nurse. This has led them to work differently across all the aspects of the ward sister role and effectively 'reclaim' elements they were unable to achieve successfully whilst working in the numbers.

Redefining clinical

Participants reported that to function effectively they need to work differently to the 'other' nurses on the ward (see also **forging a path** below). They also seem to be concerned that they retain clinical credibility. The move to supervisory status has highlighted the conflict that this can generate for ward sisters; as a leader they need to work differently but in order to retain their nursing credibility they need to be seen to be skilled in the clinical domain. This gives some indication that redefining what 'clinical' means in terms of the supervisory ward sister role may be helpful in supporting ward sisters to appreciate how they can retain their clinical expertise whilst moving away from the traditional view of 'clinical' equating to having an allocated group of patients within the ward. It seems to have been a struggle for some ward sisters to let go of the concept of having a caseload.

The effect of other nurses' expectations of everyone needing to 'muck in' appear also to have weighed heavily for some in this regard. This coupled with the pressures on staffing in some wards may explain why some sisters have struggled to 'get started' on the supervisory role, perhaps finding it more logical or less unsettling to go back into the numbers and 'help out'. However over time it appears that some ward sisters have redefined what they consider to be 'clinical' for a ward sister. This would include working alongside staff or allocating oneself to a specific patient or clinical activity for a short period.

Figure 4.2 Model of a fully functioning supervisory ward sister



A ward is shown (bottom half of figure) and reflects the functioning of the individual supervisory ward sister. Above it, the wider organisational context is shown, with other sisters functioning in a similar way (top right) and interacting with each other. The model shows how all the supervisory sisters interact with the wider organisation, including senior managers (top left).

There was a concern voiced by a few ward sisters about losing clinical skills, but for others this appeared to be less of a concern. Rather, some talked about being able to share and use their expertise more effectively. Mendes, de Cruz and Angelo (2014) note that the concept of the clinical role of the nurse has hardly been explored in conceptual terms and have attempted to draw together clinical attributes of this role. They conclude that the clinical role is a process of complex interaction between nurses and patients with critical thinking, informed experience and a sense of clinical autonomy as its antecedents. It could be argued that the data from this study indicates that the supervisory role builds upon these attributes by utilising them in a wider context of supervising and developing nursing care as well as continuing to be involved in some elements of clinical activity directly.

Deploying self

It was clear from the data that the supervisory ward sisters were deploying themselves differently once in the role. This broadly manifested itself in dividing up time flexibly between clinically based activity, often in the morning, and managerial activities, often office based, in the afternoon. Once again there was a range of experience described by participants and it is interesting that some who were finding it difficult to achieve this new balance variously reported being required to attend meetings and activities which require them to be away from the ward or to be stuck with office based paperwork. In this latter instance it could be that they were still dealing with the backlog many ward sisters described as having had initially. The backlog appears to have been generated whilst working in the numbers and not having sufficient time to catch up. Therefore, it is possible that more of the ward sisters will achieve their aim of deploying themselves differently over time as this is addressed.

Being free from the constraints of a specific caseload and being able to deploy one's own time appear to contribute to the way in which supervisory ward sisters felt they were 'stepping back' and looking at what was going on and then 'stepping in' and taking action where needed. This seems to be a key factor in the difference between the way ward sisters were working before the move to supervisory status and afterward. Having a clinical caseload seemed to have hampered the ward sisters ability to gain this overview as many either only saw their own corner of the ward, or were only able to snatch short periods of time to take stock. The sense of being pulled away from and pulled back into the clinical work reflected in the data contrasts sharply with the sense of the ward sister being in

control of when to decide to step back and when to step in once adopting a supervisory approach.

Those making a successful move to supervisory status seem to have done two things. First they appear to have made a shift in their thinking around ways to be 'clinical' and what 'being clinical' means in the context of effective supervisory ward sister working. Second they seem to have taken control of their own use of time, deciding how they would structure their working day and spend their time. So whilst some ward sisters talk about themselves and their staff being 'pulled' away to fill gaps in staffing (often on different wards) or of being 'required' to attend meetings or being unable to leave the office, by contrast supervisory sisters talk of how they allocate themselves to do specific things such as working alongside a student nurse or checking documentation. In particular a number talked about enjoying the flexibility of being able to manage their own time.

These changes may explain why these supervisory ward sisters also described increasing feelings of autonomy and influence. Some ward sisters reported that personal development such as leadership courses had helped them in this regard. Spreitzer (1999) has observed that "empowered individuals do not see their work situation as 'given' but rather something able to be shaped by their actions." (p 511). The resulting feeling of not only freedom, but also reduced pressure, less stress and a better work life balance was felt to be positive by the ward sisters in this study.

As this autonomy becomes more evident it is unsurprising that it has had some impact on previous patterns of relationships with other staff. The ward sister role has been described elsewhere as practitioner-manager (Hale et al (2012)) but it has also been proposed that this blend of hands-on nursing, professional ward leadership and organisation management has given rise to a number of tensions and ambiguities in the ward sister role. This has led to the often divergent and conflicting expectations of nurses, doctors and managers about the role and function of the ward sister. This may explain some of the mixed feelings experienced by some sisters around the change to supervisory status. Similarly it could reflect the difficulties some were still experiencing in achieving sufficient recruitment to support them coming out of the numbers. The way in which some ward sisters feel judged by other staff for not 'being clinical' can be seen to impact on the ability of some to assert their leadership and management functions. These staff perceptions appear to have started to shift in some

wards over the course of the study from expecting the ward sister to behave as just another pair of hands and ‘muck in’ to appreciating the different role of the supervisory ward sister and understanding the benefit of them deploying themselves differently. However there may also be a need for other groups such as matrons to redefine their relationship with the ward sister working in a supervisory role.

4.1.3 Forging a path

Key message: an effective ward sister needs to be slightly separate from the clinical team, reflect on their own development as leader and thereby empower themselves to set and drive expectations and standards. The supervisory role facilitates this.

The move to supervisory status appears to have been generally welcomed with enthusiasm by the majority of ward sisters and although there was some scepticism among a few, all had thought about the potential it offered to be more effective. It is also clear that many had started to think about what the role meant for them in terms of their own management and leadership style.

Finding a degree of separation

The sample included nurses who had been working at ward sister level for a comparatively short time and those who had been in such a post for many years. Participants had a variety of backgrounds and experience. From the picture emerging from the data we can see nurses in the process of developing individually in their role as a ward sister. This development will necessarily involve working out how to function as a leader rather than one of the team, how to motivate and manage people and how to communicate a vision and get support to deliver it. Whilst this journey from novice to expert happens in many roles there is some indication from this work that the process of becoming a fully developed ward sister can be hampered by ‘being in the numbers’.

Developing as a leader

Many ward sisters spoke about making the transition to their first ward sister role and a key observation made in this regard was the eventual realisation that the ward sister cannot continue to be ‘one of the gang’. In order to be able to maintain fairness and assert authority there needs to be a clear delineation between the ward sister and the ward staff (McCallum, 2012). However the ward sister still needs to be close to the team in order to know and understand personalities and work on building an effective team.

Some ward sisters achieved that realignment of relationships. Others seemed to be experiencing conflicts in terms of feeling judged by teammates especially when staffing was short and there was an expectation that the ward sister would just muck in. Many ward sisters spoke about the way in which staff were moved around to cover staffing shortfalls on other wards and so it is perhaps not surprising that staff would expect the ward sister to also plug gaps. However it could be argued that some of the staff were therefore receiving mixed messages about whether the ward sister should be viewed as ‘just another pair of hands’ or was in fact different. This is supported by the comments of some supervisory ward sisters that over time the staff had come to understand what the ward sister’s role now was and had changed their attitude accordingly. It could be argued that working in the numbers serves to undermine the sister’s ability to achieve the requisite distance and that this could undermine their potential to lead and manage the team effectively.

Many participants described undertaking some form of leadership development. There is a focus on leadership within health care generally and both organisations did provide leadership development opportunities for ward sisters. Some participants mentioning courses appeared to feel they had been beneficial, although reaction was mixed in terms of whether all ward sisters had taken advantage of the various development opportunities. Mention of these courses often arose through the ward sisters commenting on the way in which the move to supervisory status had caused them to reflect on themselves and their style and how they had drawn on insights from these courses to help inform their thinking. Changes in leadership style were mentioned by a number of ward sisters, particularly in terms of understanding their role in staff development.

A picture emerged of the ward sisters moving into supervisory roles engaging more strongly with ideas around the need to develop and empower staff and of this moving up their priorities, especially as they now felt they had time to devote to this. It is also an aspect of the ward sister role which has arguably diminished previously (Bradshaw, 2010) Acting as a role model and teaching and transferring skills and standards to new staff can be seen as part of the professional socialisation aspect of the ward sister role (Lewis, 1990) and an important element in terms of professionalism in nursing generally. This supports the study findings that these ward sisters were clearly very involved in clinical work, but predominantly working alongside other nurses to support and develop them. This was particularly notable in terms of orientating new staff

and working with student and junior nurses. This is an important aspect of the supervisory ward sister role as it has been shown that staff value leaders who 'have their values and beliefs on show for others to recognise and follow' (Stanley, 2014: p.125). So here, the ward supervisory sister can be seen demonstrating not only their skills and expertise but also establishing and communicating standards and expectations.

Some of the ward sisters felt that junior staff (band 5 and band 6 nurses) upon seeing these changes were beginning to revise their perceptions of the ward sister role which had previously been negative. This is an important finding as the reluctance of junior nurses to take on these roles is a serious current concern and has been noted elsewhere (Doherty, 2003).

4.1.4 Leading the way

Key message: Supervisory ward sisters were able to take a clearer leadership role, becoming a more effective leader and role model and developing staff by being alongside them. This potential for empowering ward staff supports the supervisory ward sister in becoming the standard bearer for professionalism in nursing.

Leading and empowering

Building on the freedom afforded by the supervisory role, ward sisters reported various changes to the way they were working with and deploying their staff. It seems they had begun to support staff in taking on new challenges in terms of taking up link roles or leading clinical training sessions. Nurses look for clinical leaders who are supportive, demonstrate empowerment and foster confidence (Stanley, 2014), and in this study, ward sisters were able to focus on these aspects, and this elicited a very positive response in many staff. Supervisory ward sisters also reported delegating work to other staff. In the case of band 6 nurses delegation was seen as developmental as well as a sharing of the burden on the ward sister. The potential for this to orientate the band 6 nurse to the requirements of a more senior role was cited by many as a benefit. Delegation appeared to be increasing the appreciation of staff for the elements of the role in its entirety, giving them a supported taste of the role and leading some towards aspirations of becoming a supervisory ward sister themselves. Many ward sisters felt the change to supervisory had increased the potential to encourage ward nursing staff to consider seeking a ward sister role in the future. Many ward sisters talked about using this sort of delegation to take an opportunity to do some

clinical work whilst the Band 6 undertook a specific managerial task.

The ward sisters were all very clear about the need to be an effective role model. Some had reflected on professional leadership and ensured that clear expectations were set. This was not only in relation to achieving targets, but was also related to behaving in a professional way. These findings demonstrate the supervisory ward sisters were behaving in the ways envisaged by the Francis Report (2013): role modelling, developing staff and setting professional standards. This approach also aligns with one of the essential competencies for nurse leaders in 2020, outlined by Huston (2008) namely the ability to balance authenticity with performance expectations. Huston describes this as authentic leadership and notes that this approach inspires followers through the leader's principles and conviction to act. Various ward sisters used the analogies of 'coach' and 'conductor' to describe their role in relation to their ward team. This combines the notions described previously about being part of the action and the team whilst also having a degree of separation and taking on a role of guiding and steering. The notion of the supervisory ward sister empowering and encouraging their junior staff is reflective of the approach to leadership which these ward sisters were taking.

Gathering knowledge for action

Having time to move around their environment strategically to observe, participate, work alongside, judge the atmosphere and so on, enabled supervisory sisters to gain the overview essential for driving up quality through setting and monitoring standards of care. The often imperceptible nature of this element of their work emerged from the accounts given in this study. Through sensing what was happening they could step in, deal with a situation and step out again, and this was viewed by the sisters as helping them prevent problems and be more effective. Similar findings have been noted by Allen (2014) who states that "These are not plug and play capacities but built up over time and integrated with the surroundings" (p.137).

4.1.5 Connecting with the organisation

Key message: organisational support is needed to ensure ward sisters have an organisation culture that allows them to flourish in delivering a supervisory ward sister role. The supervisory ward sister makes the connections between the ward and the wider organisation, and their detailed knowledge of the ward and the factors affecting it enable them to gain a deeper understanding of complexity to discussions about performance.

Perceptions of the change

The introduction of supervisory status for ward sisters in the two trusts appears to have been broadly greeted with enthusiasm and a degree of excitement by most of the ward sisters interviewed. However this was tinged with some scepticism on the part of some participants. Whilst they could see the potential of the role itself, there seemed to be a wariness that there may be hidden drawbacks or agendas. This appeared to centre around the perceived pressure on measuring performance through selected KPIs and what might result if sufficient scores were not attained. It may also reflect a general feeling of mistrust in terms of the broader background of continual change and staffing reductions and reorganisations in the NHS. Nonetheless, the overall impression given by the sisters is that they were keen to move into the new role and try to make it work.

Appreciation of professional leadership at senior level

The sisters were appreciative of the role that their respective chief nurses had played in championing the supervisory role, and in successfully gaining agreement for it to be introduced. The sense of needing to ensure that the role had an impact and justified the financial investment appears to have been very clearly communicated across the ward sisters. What does seem to be important for the ward sisters is that the move to supervisory status was perceived as an acknowledgement of the important nature of their role. The importance of a supportive organisational context has been recognised elsewhere (Hewison, 2011) and it has been argued that the development of authentic leadership is facilitated by an ethical and engaged organisation climate (Bamford et al., 2012). This would seem to support the picture emerging from the data of the organisation actively recognising and taking steps to support ward sisters in delivering the supervisory role.

The data shows that many of the ward sisters had previously wanted to work in the way now expected by

the organisation, but it was the organisation support, especially in terms of improved staffing and facilitating peer group meetings, which enabled many of them to discharge the supervisory role. There was a palpable enthusiasm for the supervisory role coming out of the data. This seems to be related to the sense of professional achievement the ward sisters recounted. It may also be enhanced by the reduction of some stressors experienced previously coupled with the sense of a supportive organisational context. The data revealed some sisters reported both vitality and a sense of learning at work. This has been described as thriving at work, which is further enabled by a context such as information sharing, a climate of trust and respect (Spreitzer, 2005).

Increasing visibility

A key expectation of the change was that ward sisters would be more visible, and the majority of participants felt this had been achieved. The data show that ward sisters were also beginning to form a perception of themselves as a group and an entity within the organisation. However, this appears to be an emergent perception and not one which was consistently held across the group. There were a range of views among the group as to whether they were being 'put upon' with more work now they were more visible, or whether this offered an opportunity to assert the ward sister perspective into the business of the organisation. It is possible that this is reflective of the range of individuals' differing experiences and a resurgence of the original wariness to mistrust agendas. However, it may be symptomatic of a group who were once under the radar getting used to what their new landscape offers them. This emerging sense of the importance of organisational relationships running alongside the therapeutic relationships in nursing has been proposed by Allen (2014).

Strengthening the peer group

Overall the participants appreciated the attempts that the senior nurses had made to support the ward sisters in the transition; particularly with regard to arranging meetings and encouraging discussion and feedback. There was some data that indicated that these meetings and discussions with other supervisory ward sisters were becoming increasingly relevant and helpful as the supervisory ward sister role evolved and developed. However in the meantime there is again some indication that some sisters continue to perceive some meetings as taking them away from their clinical area and not always worth attending. This seems to have

been the general perception of meetings at the outset of the study, so there is a slight shift being reflected in terms of those who've attended the new meetings and feel they are making headway with them. However, some retain a scepticism about their value and do not go. Elsewhere it has been noted that designated forums to discuss issues of common concern, problem solve and access peer support have been identified by ward sisters as beneficial (Mills, 2005)

Expanding the debate on KPIs/outcome/impact measures

Despite the emphasis that ward sisters perceived to have been placed on the importance of performance against the KPIs, they seemed less clear about how well or badly the role was being evaluated against these over time. It is possible that mechanisms for broad feedback were still in development during the period of the study. The range of differing attitudes to KPIs, their usefulness and their interpretation, may be reflective of the general debate around measurement in health care. However it could be argued that the data from this study reflects a developing of the ward sisters' approach to KPIs in terms of their role. While some ward sisters appeared to regard data collection primarily as a burden and data review as a punitive exercise, others demonstrated clear insights into the nature of performance measurement and described how discussions of performance were used as opportunities to highlight issues that impacted on specific scores. Amongst these views, it is apparent that many sisters were also reflecting on the nature of measurement itself. Furthermore, observations made by a number of participants that the current (quantitative) emphasis placed on KPIs results in many areas of their impact on patient and organisation outcomes failing to get measured, and as such, continue to go unrecognised and potentially undervalued.

Barriers to introduction and functioning

During the study, barriers to successful transition or functioning as a supervisory ward sister were identified. These include staffing shortages, and lack of administrative support. Trusts were clearly providing support in terms of staffing backfill, however a number of ward sisters in situations where recruitment was slow found it hard to move into supervisory working. It is clear from this study that enabling the sister to work in a supervisory way full time and not carry an allocated patient caseload was a key factor in supporting the sisters to embrace the full potential of the supervisory role effectively.

Both trusts had introduced meetings between the sisters and the chief nurse, and also facilitated peer group meetings. These were still in development during this study making it difficult to comment on their impact. However, ward sisters found aspects of them useful and it is possible that this will increase over time. Peer group support did seem to be something that ward sisters found useful and was made more possible through being able to schedule attendance.

The provision of administrative support was inconsistent. Some sisters reported struggling with removing themselves from the numbers and with dealing with a heavy administrative burden. This issue is difficult as it is unclear how the decisions around allocation of administrative support are made (and was not part of our study) but it was reported by many participants to be a key factor in their ability to get the balance right. The administrative burden on ward sisters is well recognised and the positive impact of relieving this has been demonstrated (Mazerigarb, 2013). It remains a concern that even though many ward sisters reported their ongoing attempts to argue for administrative support and further clarity around IT systems, many also felt their concerns were not being addressed.

5

Conclusion and implications

This study evaluated the experience of changing to supervisory status for ward sisters through an exploration of the perceptions of ward sisters, senior nurse managers and the wider clinical team in two NHS trusts in England.

5.1 Main findings

A core category of **being pivotal** emerged, underpinned by four key categories:

- reclaiming all the role
- forging a path
- leading the way
- connecting with the organisation.

The study demonstrated that the move to supervisory status maximises the pivotal nature of the ward sister role. This brings benefits as it facilitates full realisation of the varied elements of the role: managing the team, being a clinical role model, a source of development and leading the ward team but also representing and negotiating the interface with senior management and the wider organisation, and being visible for patients and their relatives.

This role requires skill and judgement based on a detailed knowledge of the ward, gathered and interpreted by the supervisory ward sister. Supervisory sisters continually build and update a 360° view of the ward and use it to step in and out of activities to provide timely guidance or act as a professional lead as required. This almost imperceptible activity provides the basis for the supervisory sister to step up and provide an informed and effective link between ward area and senior levels of the organisation.

Supervisory status appears to have enabled ward sisters to take a holistic view of their role and reflect on the components which support them being the ward sister as opposed to just another pair of hands. This has led them to work differently across all the aspects of the ward sister role and effectively 'reclaim' elements they were unable to achieve successfully whilst working in the numbers.

It appears that supervisory ward sisters shifted their thinking around what constitutes 'being clinical'. This was seen by these sisters as encompassing more than simply caring for a patient caseload to include working alongside staff and sharing clinical skills and knowledge.

Supervisory ward sisters took control of their own use of time, reporting an improved balance between clinical and managerial elements of their work.

An effective ward sister needs to be slightly separate from the clinical team, reflect on their own development as leader and thereby empower themselves to set and drive expectations and standard. The supervisory role facilitates this. Supervisory ward sisters are more visible as individuals on their own ward and increasingly visible as a group in the organisation.

Supervisory ward sisters were able to take a clearer leadership role, becoming a more effective leader and role model and developing staff by being alongside them. This potential for empowering ward staff supports the supervisory ward sister in becoming the standard bearer for professionalism in nursing. Many reported an increased feeling of autonomy and being less stressed. Perceptions of others about the role are shifting, especially bands 5 and 6 nurses (some are now interested in the prospect of supervisory sister role themselves), as the supervisory ward sister had given them a vision of their future.

Connecting with the organisation is an important dimension of their role and supervisory ward sisters gave examples of understanding of the complex elements around frontline performance and of making well informed, insightful connections between the ward and the wider organisation. This detailed knowledge of the ward and the factors affecting performance bring an understanding of complexity to the discussion about performance.

Organisational support is needed to provide ward sisters with the context in which they can flourish and deliver all elements of the role effectively. Such support includes investment to support introduction of the role but also provision of opportunities to promote peer group support.

Barriers to successful transition or functioning as a supervisory ward sister were identified. These include, staffing shortages, and lack of administrative support. Some sisters took longer than others to rethink their role particularly in terms of changing how they deploy themselves clinically.

5.2 Main discussion points

The move appears to have been positive for those who were successfully able to make the transition and for the organisations in which they work. Supervisory sisters appeared to be able to achieve an improved work/life balance. They seemed to be deriving particular satisfaction in being able to ensure they drove standards by providing professional leadership and acting as a role model. Their approach to developing staff seemed to be having a knock-on effect in terms of empowering them and improving their perceptions about the ward sister role as a potential career option. Some ward sisters report improvements in some areas of the KPIs associated with monitoring of this change within the trusts. Over time during this study, there appears to have been a shift in the thinking of supervisory ward sisters in terms of engaging in a very informed way with quality measurement and with quality improvement cycles within their own area. It seems that as their profile rises within the trusts, the ward sisters are increasingly being perceived as a knowledgeable asset.

This study has demonstrated that the impact of the supervisory ward sister is multifaceted and encompasses many qualitative aspects, some of which are likely to increase over time in post. It is therefore unlikely that all benefits of the role will be easily measureable and may not be clearly evident immediately after introduction of such posts. This should be taken into account when evaluating these roles.

Trusts were clearly providing support in terms of staffing backfill and facilitating peer group meetings. It is clear from this study that enabling the ward sister to work in a supervisory way full time and removing them from the numbers was a key factor in supporting the ward sisters to embrace the full potential of the supervisory role effectively. However the provision of administrative support seemed inconsistent. The reasons for this are not clear but it continues to present some ward sisters with a barrier to effective working.

- Overall, the supervisory role appears to be a positive move for ward sisters: including improved work/life balance; increased satisfaction around development of others and driving up professional standards.
- The role is having a positive effect in some cases on perceptions of others particularly on ward sister role as a potential career option.
- Supervisory ward sisters seem to be increasingly engaging in a very informed way with quality measurement and with quality improvement cycles within their own area.
- As their profile rises within the trusts, the supervisory sisters are increasingly being perceived as a knowledgeable asset.
- All benefits of the role are unlikely to be easily measureable and may not be clearly evident immediately after introduction of such posts. This should be taken into account when evaluating these roles.
- Support in terms of staffing backfill, removing ward sisters from the numbers and facilitating peer group meetings provide a supportive context for supervisory ward sisters to embrace the full potential of the supervisory role.
- Provision of administrative support seemed inconsistent and this lack of resource is a barrier to effective working.

5.3 Implications for practice/research

- Organisations should ensure enabling factors such as appropriate administrative support are available to support the introduction of supervisory roles.
- It would be useful to examine in more detail how the different aspects of the supervisory ward sister role can best be progressed.
- More work is needed to assess the impact of aspects of the supervisory ward sister role that are not currently addressed by KPIs.
- The invisible nature of large aspects of the role such as information gathering, synthesising, organising and sense what is happening on the ward may continue to go unrecognised as a nursing quality.

References

- Allen D (2014) Re-conceptualising holism in the contemporary nursing mandate: from individual to organisational relationships, *Social science and Medicine*, 119, pp.131-138.
- Ball J (1998) "From ward sister to ward manager" in Mackenzie J (editor) *Ward Management in Practice*, Edinburgh: Churchill Livingstone.
- Bamford M, Wong C, Laschinger H (2013) The influence of authentic nurse leadership and areas of work life on work engagement of registered nurses, *Journal of Nursing Management*, 21, pp.529-540.
- Bonis S A (2009) Knowing in nursing: a concept analysis, *Journal of Advanced Nursing*, 65(6), pp.1328-1341.
- Bradshaw A (2010) Is the ward sister role still relevant to the quality of patient care? A critical examination of the ward sister role past and present, *Journal of Clinical Nursing*, 19 (23-24), pp.2555-2563.
- Charmaz K (2014) *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis* (Introducing Qualitative Methods series) (2nd Edition) Sage: London.
- Curtin L (2000) The first ten principles for the ethical administration of nursing services, *Nursing Administration Quarterly*, 25 (1), pp.7-13.
- Darzi A (2008) *High quality for all: NHS Next Stage Review Final Report*, CM7432, London: The Stationery Office.
- Doherty C (2003) Modernisation: the role of ward sisters and charge nurses, *Nursing Standard*, 17 (52), pp.33-35.
- Farrelly R (2014) Not just a leader – a visible leader, *British Journal of Nursing*, 23 (5), pp.295.
- Fenton C (2013) Developing skills in clinical leadership for ward sisters, *Nursing Times*, 107(9), pp.12-15.
- Francis R (2013) *Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, Final Report*. HC 947. February 2013, London: The Stationery Office.
- Hale C, Doherty C and Gatenby M (2012) *Continuity and tension in the definition, perception and enactment of the first-line management role in healthcare*, National Institute for Health Research, SDO: London.
- Hewison A (2013) *The missing leaders: rediscovering the ward sister/charge nurse role*, *Leadership in Health Services*, 26 (4), pp.268-282.
- Hewison and Sawbridge (2011) *Time to care? Responding to concerns about poor nursing care*, Policy Paper 12 (December), University of Birmingham Health Services Management Team: Birmingham.
- Huston C (2008) Preparing nurse leaders for 2020, *Journal of Nursing Management*, 16, pp.905-911.
- Latimer J (2014) Nursing, the politics of organisation and meanings of care, *Journal of Research in Nursing*, 10 (7-8), pp.537-545.
- Lewis (1990) The hospital ward sister: professional gatekeeper, *Journal Advanced Nursing*, 15, pp.808-818.
- McCallum A (2012) Clarifying nurse roles: who exactly is the ward sister?, *British Journal Nursing*, 21(5), pp.325.
- Mazengarb S (2013) Using clerical staff to free up ward sister time, *Nursing Times*, 109 (29), pp.12-13.
- Mendes MA, da Cruz DA and Angelo M (2014) Clinical role of the nurse: concept analysis, *Journal of Clinical Nursing*, doi: 10.1111/jocn.12545.
- Menzies-Lyth (1988) The crisis in nursing: facing the crisis, *Psychoanalytic Psychotherapy*, 13, pp.2207-2212.
- Mills C, (2005) Developing the ability to lead, *Nursing Management*, 12(4), pp.20-23.
- Pegram A (2013) Strengthening the role of the ward manager: a review of the literature, *Journal of Nursing Management*, DOI. 10.1111/jonm.12047.
- Pembrey S (1980) *The ward sister: Key to Nursing*, London: RCN.
- Philip N, Byrne G (2013) Enhancing front line clinical leadership in an acute hospital trust, *Journal of Clinical Nursing*, 22, pp.2625-2635.
- Prime Ministers Commission (2010) *Front line care: the future of nursing and midwifery in England*, London: The Stationery Office.

- RCN (2009) *Breaking down barriers, driving up standards: The role of the ward sister and charge nurse*, London: RCN.
- RCN (2011) *Making the business case for ward sisters/team leaders to be supervisory to practice*, London: RCN.
- Seers K, Staniszewska S Tutton L Watterson L and Currie L (2015) *A survey to provide baseline activity in relation to ward sister/charge nurse supervisory roles*. <https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2016/01/rcnri-report-supervisory-roles-survey-dec15.pdf> Accessed 5-1-16
- Stanley D (2006) Role conflict: leaders and managers, *Nursing Management*, 13(5), pp.31-37.
- Stanley D (2012) Clinical leadership and innovation, *Journal of Nursing Education and Practice*. 2(2), pp.119-126.
- Stanley D (2014) Clinical leadership characteristics confirmed *Journal of Research in Nursing* 19 (2), pp.118-128.
- Spreitzer G, De Janasz S et al (1999) Empowered to lead: the role of empowerment in leadership *Journal Organisational Behaviour* 20 (4), pp.511-526.
- Spreitzer G, Sutcliffe K et al (2005) A socially embedded model of thriving at work, *Organisation Science*, 16 (5), pp.537-549.
- Sprinks J (2010) Do ward sisters and charge nurses have the authority to do their job?, *Nursing Management*, 17(1), pp.20-22.
- Townsend K, Wilkinson A, Kellner S (2013) Opening the black box in nursing work and management practice: the role of ward managers, *Journal Nursing Management*, DOI: 10.1111/jonm.12115, pp.1-10.



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