

Guest Editorial

Don't follow leaders...

The new editor of the *Journal of Nursing Management* recently expressed her intention to 'develop the Journal as a forum for debate' (Jasper 2002a) and what better place to start than here, since it is the editorial that most explicitly expresses the policy of the Journal. However, it would seem that the process has already begun. Earlier this year, Melanie Jasper wrote an editorial exploring the tensions between management and leadership roles (Jasper 2002b), to which Nadia Chambers responded in her guest editorial that we should 'consign the ongoing debate about leadership vs. management to the twentieth century dustbin', and that 'the time has come to just do it' (Chambers 2002, p. 127). I would like to extend the debate further by suggesting that the time has come to sit down (preferably with a cup of tea) and think very carefully about exactly what we are being urged to 'just do', since the situation is not nearly as straightforward as she implies.

Chambers (2002) is eager to celebrate the fact that nurses have been 'placed centre-stage as a force for change in the new NHS', and to this end have been 'given a new set of challenges and some new roles in which to tackle these' (p. 127). However, in her rush to embrace these new roles, I cannot help feeling that she is failing to look beyond the lure of 'a star performance on the centre stage' (p. 127). She is of course right to point out, and even to celebrate, the fact that nurses are being promoted by the government as autonomous, decision-making professionals, as equal members of a multidisciplinary health care team. On the other hand, however, I would argue that they are being regulated and directed as never before by an increasingly centralized and centralizing government in the culmination of what Jasper (2002b) described as 'two decades of heavy handed monitoring' (p. 64).

Chambers suggests that nurses are playing a key role in the achievement of National Service Framework (NSF) targets. This may or may not be so, but the point is surely that whilst much of what we do is now directed by these targets and by other policy-led outcomes, the nursing profession had very little say in setting the targets in the first place. Certainly, there are very few nurses on the external reference group for developing

the frameworks in my own discipline of mental health (DoH 1999), and it appears that today as never before, the focus of our work as nurses is being dictated from above. Similarly, our responses to the targets we have been set are equally out of our hands, thanks largely to the evidence-based practice (EBP) initiative. As Peter Bradshaw noted in an earlier editorial, 'The application of evidence-based practice has swept the world in the last decade like a new epidemic' (Bradshaw 2000, p. 313), adding that 'it has a salient position within British NHS policy' and that it is 'as much political as it is scientific' (p. 315).

As Bradshaw points out, there might well be an ongoing debate within nursing about exactly what constitutes EBP, but the government is in little doubt that it is practice based on the findings of randomized controlled trials (RCTs), which it refers to as Type II evidence; and especially on systematic reviews of those findings, which it awards the gold standard accolade of Type I evidence (DoH 1999, p. 6). Now, of course, whereas research (even quantitative research) generates findings that are rich, varied and often contradictory, the systematic review and particularly the meta-analysis distils all of this richness and contradiction into a single 'right' solution to any given clinical problem. Bradshaw reassures us that whilst the evidence remains ambiguous and inconclusive, we must rely on our clinical judgement to interpret it. However, as more RCTs are carried out and the databases of systematic reviews grow, the balance will inevitably shift, and 'the imposition of nationally and locally imposed clinical guidelines is clearly a threat to the historic privilege of clinical autonomy' (Bradshaw 2000, p. 315). Bradshaw was writing here about doctors; it is likely that nurses will have their promise of hard-won clinical autonomy snatched away even before it has been realized. Chambers might well envision a creative and powerful partnership between nurses, patients and clients, but the fact remains that whilst the 'Type I evidence' of the systematic review is regarded by the government as the most important and powerful, 'expert opinion, including the opinion of service users and carers' (DoH 1999, p. 6) is labelled as 'Type V evidence' and languishes at the very bottom of the hierarchy.

This disregard for the expertise of nurses and other health care workers presents a dilemma for the growing number of middle managers in nursing, all these 'modern matrons' and 'consultant nurses' that Chambers writes so effusively about. On the one hand, they have the job of spreading the good news about the current and future role of nurses in the new NHS. On the other hand, however, they have to ensure (often as a condition of their contracts being renewed) not only that the various targets set by the government are being met, but that they are being met in the ways specified by the government and its various agencies. The problem for nurse managers then, is to usher in this government-led agenda whilst reiterating the promise of an autonomous, self-directed profession. In other words, they must give the illusion that nurses played a substantive role in setting the NSF agenda, or at least that they have some control over the ways in which it will be implemented, whilst at the same time playing down the sad fact that the government considers the expertise of its workforce as the lowest form of evidence on which practice should be based.

Now, clearly, this cannot be achieved using a traditional management style; indeed, as Chambers suggests, it cannot be achieved through management at all. If nurses are expected to be centre-stage in healthcare innovation, then the government and those who manage nurses on behalf of the government must give the appearance that nurses have at least a semblance of control over the future of those innovations; that they are not merely being 'managed' in the traditional sense of being directed towards the achievement of goals that they did not set and which are outside their power to influence. Hence, the need for leadership rather than management, and in particular, for Transformational Leadership.

For Chambers, Transformational Leaders (why the capitals?) are able to 'identify and communicate a vision for the future; articulate and gain commitment to shared values; and empower colleagues to work towards achieving organizational goals' (p. 127). Now, this might all sound very positive, but in my view, Transformational Leadership is a response *not* to the new challenges set for nursing by the DoH, but rather to the challenges of selling the new NHS agenda to the nursing workforce, and more specifically, to the dilemma that selling this agenda poses for the managers who have been given the task of doing so. By changing the rhetoric, the manager (sorry, the Transformational Leader) is able to reconcile the overt government agenda of the professionalization

and empowerment of nurses within the multidisciplinary team with the covert agenda of ensuring that those nurses use their new (if rather limited) powers to do as they are told.

We can see this duplicity quite clearly in the rhetoric of Transformational Leadership, at least as expressed by Chambers. Firstly, whereas a manager imposes predetermined goals, the Transformational Leader 'identifies and communicates a vision for the future' (Chambers 2002). Notice that this is not about helping nurses to explore their own visions; there is only one vision for the future (until the next White Paper) and that is the government's vision. Secondly, whereas a manager promotes company policy, the Transformational Leader 'articulates and gains commitment to shared values'. Notice again that it is the leader who articulates the values, usually those imposed by the organization, and which only become shared when the nurses give them their commitment. and thirdly, whereas the manager seeks to meet company targets, the Transformational Leader 'empowers colleagues to work towards achieving organizational goals'. Notice the rather peculiar use of the word 'empower', which in this case appears to mean getting nurses to achieve the *organizational* goals that the leader wishes them to achieve. You must forgive me if I see very little difference between management and leadership here.

Chambers observes that our medical colleagues would not waste their time engaging in fruitless debates about the finer distinctions between leadership and management. She is probably right, but then neither would they be sweet-talked into the position of having to sell empty promises to their colleagues through the rhetoric of Transformational Leadership in the first place. Isn't it about time that the nursing profession stopped taking such a passive stance towards every new initiative, every new White Paper, that the government throws at us, and instead became proactive in setting its *own* agenda? I would like to think that it is purely coincidental that Chambers takes as her rallying cry the marketing slogan of a multinational company with an allegedly dubious record of respecting the rights of its workers. But then again, 'Just do it' is about right. Every time a new government directive is published, we just get on and do it without any critique or any real challenge.

The quotation from my own, rather less dynamic call to arms (Don't follow leaders...) will be instantly recognizable to readers of a certain age, who will no doubt have already anticipated its ending: '...you don't need a weatherman to know which way the wind blows'. Well, I'm no meteorologist, but it would be

nice to think that there might be some stormy times ahead.

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Nadia Chambers was offered the opportunity to respond to Dr Rolfe's challenges and her reply is printed below. The editor wishes to encourage debates of this sort, and invites anyone who has a comment to make to write or e-mail to the editorial office.

Nadia Chambers' reply to the editorial challenges

It is always good to know that the cynics amongst us are alive and well and living in an interesting blend of the world of academia and the past (Rolfe 2002). Let's get real. The NHS is a political forum, whether we like it or not. Our patients demand a high standard of service, whether we are able to deliver it or not. The pace of change marches on, whether we can keep up or not. Delivering the National Service Framework (NSF) is not a case of monkey see monkey do and certainly not a slavish following of an evidence-based mantra. Take some time to read the *NSF for Older people* (DoH 2001a). Read about the central notion of person-centred care and then tell me that nursing is not key to delivering that aspiration. Read about ways in which we must ensure that older people get a good deal when they are in hospital and then tell me that nursing is not key to making this a reality. Read about the many possibilities to help older people maintain their independence and then tell me that nurses do not play a major role in supporting this. Then take a moment to listen. I can tell you about work going on at the moment where nurses are leading from the front and yes, let's not be ashamed to say it, transforming services such as hospital-at-home dermatology services, intermediate care and community-based rapid response services, older people's mental health referral, and support services and ward-based activities along with nurse-led therapy beds in the acute setting. All of these

initiatives are happening NOW in my locality and are replicated up and down the country. So when Rolfe suggests that nurses in practice are just government puppets he may like to pause and reconsider, lest he do a disservice to those colleagues who have taken up the political agenda and have begun to shape it. I recently spent a very enjoyable (and challenging) 3 days working with professional colleagues, patients, clients, service users and carers (let's call a spade a spade here – a bunch of people!) writing one of the Essence of Care (DoH 2001b) benchmarks for communication; a second group will do the same thing later this month.

This, and the other Essence of Care benchmarks are fast forming the foundation of essential care being delivered across England and Wales. Far from being a sterile set of numerical markers reduced via meta-analysis, these benchmarks are dynamic, challenging and totally centred around the needs and preferences of the patients. They are also statements of good common sense and decency as well as benchmarks of best practice. So good in fact, that some educational establishments are rumoured to be writing them into curricula! I concede that I might be a sucker for a catchy tag line but then when you are navigating the swampy lowlands (with apologies to Schon) you need something to make you smile from time to time! However, one thing I am certain of: nursing will always be at the heart and soul of the NHS, whatever the prevailing political wind

direction, and, unlike some weathermen (sorry Mr Fish) we will do our damndest to protect our patients from any upcoming hurricanes! Academic debate? Great isn't it!

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