A research study examining the value, impact and leadership of the ward manager.

What happens to a patient on a hospital ward makes a profound difference to that individual. As well as the patient themselves, it affects the wellbeing of their friends and family, and the reputation of a hospital stands or falls by what patients experience. The ward manager role is critically important, acting as the frontline management role for the largest group of staff in the NHS. At a time when there is increasing pressure on staffing and resources, what is the value of this leadership role? What impact does the ward manager have and is there a demonstrable link between the way they lead, the patient experience and the performance of the ward?

Previous Hay Group research has shown clear and measurable links between how a leader leads, the impact on the team and, as a result, the impact on ‘bottom line’ performance. The bottom line in the private sector is typically associated with financial performance, but for the ward, the bottom line has far more stark consequences, translating into the well being and ultimately the lives of those in its care.

A robust measure of how a team will perform is Hay Group’s Organisational Climate Survey (OCS). Climate predicts future performance. It clearly differentiates high performing teams from those that deliver less value. OCS measures the degree of engagement team members feel towards important team outcomes.

What is important for this study of ward managers is that the behaviour of the manager, and the choices they make about how to lead colleagues in the team, is one of the principal factors affecting organisational climate.

Using our experience of assessing leadership styles and their impact, we looked at the role of the ward manager, and the impact they have on the performance of their ward. Among our findings, we learned that drug errors are 40% lower on
wards managed by people who deploy a wider range of leadership styles rather than a ‘one size fits all’ approach. Hay Group has been investigating this and asking what it is that high performing ward managers do that makes such a difference to performance on their wards.

Methodology
We selected performance indicators over which the ward manager has an influence in order to identify high and low performers across a group of seven English acute trusts. The performance indicators were:
- patient satisfaction
- absenteeism rates
- amount and nature of complaints
- number of drug errors and levels of severity
- staff turnover rates

Each trust nominated four ward managers to participate in the study. The trusts included foundation trusts, teaching/university hospitals, and general acute providers, serving a variety of urban and rural populations across the UK. In total, results were analysed from 22 of the ward managers who took part in the research programme. Six were excluded from the analysis due to incomplete data.

Of the 22 ward managers who took part in the study, a clear group of six high performers emerged from the pack, as did a similar sized group demonstrating lower levels of performance.

In each group we then looked at the leadership styles employed by each ward manager, and the climate of each ward (i.e. how it feels for staff to work on that ward) to see if there was any link between the impact of the ward manager on staff and the performance of the ward.

It is clear that effective ward managers do have an impact on results. At a time when there is increasing pressure on resources in the NHS and therefore on ward resources - reducing use of agency staff, costs of turnover and absenteeism, this study has shown that effective ward management has a significant impact on resource use as well as the care related performance indicators measured. The gap between low and high performing ward managers can be clearly seen in the performance indicators. High performing ward managers achieve 36% lower staff turnover\(^1\) and a 57% reduction in absenteeism\(^2\), compared to their low performing peers.

Critically, drug errors were 40% lower\(^3\) under the guidance of high performing ward managers. Potentially life threatening drug errors were more than 50%\(^4\) higher for low performing ward managers.

Across the range of indicators high performers show, on average, a 45% improvement in performance over their low performing peers.

The many faces of the successful ward manager
The underlying difference between high and low performing ward managers came down to the way they lead their staff. Hay Group analysed and measured the impact using our Leadership Style Inventory (LSI) and Organisational Climate Survey (OCS), tools which are extensively used across leadership populations in all sectors.

High performing ward managers consistently used a wider variety of leadership styles with their teams, altering their approach in line with the needs of the situation, person or people they are managing. Many more staff in the top performing wards experienced their ward manager using a range of different leadership styles. Half of those on the top performing wards used four or more of the six leadership styles the LSI measures. On lower performing wards only 20% of the ward managers used four or more styles. 80% of those on the lowest performing wards were experiencing their ward manager using two or fewer styles. (see table)

The affiliative and coaching styles are the most commonly used styles among the ward managers. Regardless of performance – over 60% of the ward staff managed by the 22 participants in the research experienced their ward manager using these two styles. In other words most nurse managers are leading in a way that is aiming to provide a warm, friendly environment in the nursing team and maximise the long term development of individuals. Our experience of seeing the affiliative style in action is that it can be particularly effective in situations where performance is already high and the added value of the manager is to encourage friendliness and build team spirit. The coaching style works well in environments where staff want to develop and are motivated to seek professional development opportunities. Both of these styles focus more on the individuals in the team, maximising their skills and potential and creating a friendly work environment, and focus less on the job that needs doing.

\(^1\) Average turnover per ward in the high performing group was 18% compared to 29% in the low performing group.
\(^2\) Average absenteeism per person in the high performing ward manager group was 8 days per year, in the low performing group 18 days per year
\(^3\) 5.3 drug errors, of all types per 12 months on the high performing wards compared to 8.8
\(^4\) 1.8 life threatening drug errors compared to 5. This category includes: Opiate errors, IV errors and drugs given where the patient has a known allergy.
Whilst the ward manager may be aiming to create an harmonious work environment, use of the coaching and affiliative styles on their own can paradoxically result in people feeling disillusioned. Leaders who consistently use the affiliative style often become too interested in creating harmony. They avoid uncomfortable performance management issues that need to be dealt with. An over reliance on the coaching style, when little or no time is available to support it, can lead to similar issues. In many cases, staff can feel that they are not acknowledged or encouraged if they do a good job, and those that perform less well are not appropriately managed.

Our research shows that the managers of higher performing wards create a climate (i.e. how it feels to work on the ward) for their teams which more closely match the expectations and needs of staff. In particular staff on the high performing wards experience the ward manager:

- being clear about what is expected of staff
- setting clear and challenging yet attainable goals, giving feedback and assistance to improve performance
- introducing and enforcing only those rules, procedures, policies or practices that are necessary, and minimising bureaucracy where possible around rules and procedures for ward staff
- fostering an environment where staff are cooperative, interact and are proud to belong to the ward.

Hay Group’s definitions of leadership styles

<table>
<thead>
<tr>
<th>Style:</th>
<th>Directive</th>
<th>Visionary</th>
<th>Affiliative</th>
<th>Participative</th>
<th>Pacesetting</th>
<th>Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary objective</td>
<td>Immediate compliance</td>
<td>Providing long term direction and vision</td>
<td>Creating harmony</td>
<td>Building commitment and generating new ideas</td>
<td>Accomplishing tasks to high standards</td>
<td>Long term professional development of others</td>
</tr>
<tr>
<td>When the best style works best</td>
<td>In a crisis, to kick start a turnaround, or with problem staff</td>
<td>When changes require a new vision, or when a clear direction is needed</td>
<td>To heal rifts in a team or to motivate people during stressful circumstances</td>
<td>To build buy-in or consensus, or to get input from valuable employees</td>
<td>To get quick results from a highly motivated and competent team</td>
<td>With employees who are motivated to improve performance or develop long-term strengths</td>
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So what does this mean for ensuring high performance?

Be clear about what is expected of ward managers and how this fits into the nurse management structure and wider organisation. Trusts which are clearer about their expectations of the role and how it fits into the bigger picture are able to achieve higher performance levels on the ward.

The role of the ward manager is changing and many ward managers are unsure about what is expected of them, and how what they do fits in with the wider organisation. The ward manager’s job is to provide day to day line management of nursing staff, aligning resources to best meet the needs of the ward. However, roles such as practice development nurses and the modern matron are picking up issues that are closely aligned to managing ward staff such as training, development, setting standards and monitoring quality. As a consequence the responsibility of the ward manager for the effective development and deployment of the staff they lead is muddied because they are only partly responsible for the resources on their ward. This can lead to a job that is less satisfying to do, and therefore less attractive for the best people.
Our research shows that those who manage high performing ward managers do create enough clarity about expectations of the role. This enables those in the higher performing group to manage within the complexity described. Two thirds of those in the higher performing ward manager group were clear about what was expected of them in their role as a ward manager and how this fits in with the overall direction of the trust they are in. None of the lower performing group were clear about what their job was. We know from our work with leaders and their teams across all sectors that clarity is the most important factor in providing leadership that empowers team members and delivers results.

Great nurses do not always make great managers
For many, the ward manager role has provided a stepping stone from hands on nursing into general management. If the role is to continue to provide this then it needs to provide a real management experience – real responsibilities and clear deliverables. The typical characteristics associated with the nursing profession (or in the acute, community or mental health clinical setting) - kindness, empathy and a caring attitude - we believe are not enough on their own to be successful in a management position. The most effective managers will need high levels of motivation to influence and develop their team members so that they are stronger, and better able to take decisions and run the ward effectively, even when the ward manager is not around. To do this ward managers will need to move away from styles of working with others that only aim to create harmony and a friendly working environment and balance these with being able to deploy styles that provide long term direction, engagement and a focus on standards.

In short, managing people demands different skills from those needed to look after patients. If the breadth of the ward manager role is eroded, future nurse leaders seeking to move into general management positions may lack the skills and experience necessary to make the jump. This not only has an impact on resourcing and future recruitment needs, but also has potential major implications for nursing career paths in the NHS.

How can trusts develop nurse leaders to make them more effective?
To develop the most effective future nurse leaders and maximise the chances of having consistently highly performing wards:

1. Develop a well defined ward manager role.
2. Clarify how the ward manager role relates to other nursing and management roles involved in delivering care on the ward.
3. Establish accountabilities for the ward manager that drive performance on the ward.
4. Ensure ward managers have an appropriate level of managerial and professional authority to make the changes and take the decisions needed to deliver their accountabilities.
5. Help ward managers to understand the wider picture and the impact of their leadership on patient care and the organisations’ performance as a whole.
6. Provide support and development for ward managers to enable them to broaden their repertoire of leadership styles.
7. Provide effective performance management and constructive feedback on their leadership styles.
8. Create wider development opportunities through initiatives to enable nurses to experience other environments, learn new styles and test out new skills in safe environments.