PROMOTING HEALTH AND WELLBEING

For Nursing and Healthcare Students

Edited by
CLARE BENNETT
AND SUE LILLYMAN

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Note to readers: throughout the book, and especially in many of the *Activities*, you will notice the use of quicklinks, such as bit.ly/2-9A

We have used these shortened versions to save you having to re-key long web addresses. Just type them into any browser and you will be taken straight to the relevant webpage. In the case of the sample quicklink above, this will take you to the NHS *Why 5 a day?* healthy eating advice at www.nhs.uk/live-well/eat-well/why-5-a-day/?tabname=food-and-diet

ESSENTIALS

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The authors and publisher have made every attempt to ensure the content of this book is up to date and accurate. However, healthcare knowledge and information is changing all the time so the reader is advised to double-check any information in this text on drug usage, treatment procedures, the use of equipment, etc. to confirm that it complies with the latest safety recommendations, standards of practice and legislation, as well as local Trust policies and procedures. Students are advised to check with their tutor and/or practice supervisor before carrying out any of the procedures in this textbook.

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About the authors

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2017 and Sarah carried out extensive community engagement work during her PhD, which has led to expertise relating to community-driven health action.

Lucy Hope is a registered midwife and senior lecturer in midwifery in the College of Health, Life and Environmental Sciences at the University of Worcester. She has experience in teaching across the undergraduate midwifery degree programme and is a PhD supervisor. Lucy has worked in a variety of clinical midwifery settings and gained considerable experience working as a midwifery researcher at the University of Birmingham on projects evaluating the effectiveness of peer support for breastfeeding and the support of pregnant women with identified social risk. Latterly she also worked as a research midwife for the National Institute for Health Research reproductive health and childbirth speciality group. In 2014 Lucy was awarded a PhD which focused on evaluating the effect of peer support for breastfeeding, utilising both quantitative and qualitative methodologies.

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Anneyce Knight, as a registered nurse, previously worked within the NHS and then moved into higher education in 2000. At the University of Greenwich, as programme leader for the BSc in health and combined studies, she led on the development of the then innovative BSc health and wellbeing. Currently, Anneyce is Acting Associate Dean for Global Engagement at Bournemouth University (Faculty of Health and Social Sciences). As part of her teaching portfolio she lectures on wellbeing, health promotion and public health. Her main research interest relates to wellbeing, presenting and writing papers nationally and internationally, as well as being co-editor of three books.

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0–5 years in promoting health and wellbeing, as well as the safeguarding of children and young people.

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Gemma Stacey-Emile is a registered mental health nurse with a background of working within substance misuse services. She is currently a lecturer at Cardiff University and teaches on substance misuse, communication skills, leadership and quality improvement on the undergraduate and postgraduate programmes for nurses and allied health professionals. Gemma has a keen interest in reducing mental health stigma, promoting compassionate care and working at an international level to learn and share experiences and knowledge.

Lisa Stephens is a registered nurse and midwife and has occupied various clinical, managerial, teaching and governance positions. In addition, she has held roles in sexual health and teenage pregnancy. She is programme lead on the BSc (Hons) midwifery programme and lead midwife for education at the College of Health, Life and Environmental Sciences at the University of Worcester. She is also a physical activity clinical champion for Public Health England. She has developed and led postgraduate modules on reproductive health and health promotion and is committed to ensuring that student midwives have a full understanding of their role in public health. Lisa has always had a passion for maternal public health, particularly breastfeeding and maternal obesity.

Katharine Whittingham is assistant professor at the University of Nottingham and is experienced in leading innovative curriculum development, reflecting her

clinical and public health expertise. She previously worked as a health promotion specialist influencing public health policy development, implementing and evaluating projects including the smoking cessation service. Katharine is a member of Public Health England Cardiovascular Disease Prevention Board working to ensure the contribution of nursing is recognised and embedded in policy and service development. She is a member of the Institute of Health Promotion and Education. Katharine has advanced knowledge of research methods in nursing practice as demonstrated through doctoral studies.

Abbreviations

ACE   adverse childhood experiences

ACT   acceptance and commitment therapy

BAME   black, Asian, minority ethnic

CHV   community health volunteer

COM   capacity, opportunity and motivation

DNA   deoxyribonucleic acid

EBHC   evidence-based healthcare

EBM   evidence-based medicine

EBP   evidence-based practice

ED   Emergency Department

EI   emotional intelligence

FGM   female genital mutilation

GP   general practitioner

HCP   healthcare practitioner

HIA   health impact assessment

HIV   human immunodeficiency virus

HNA   health needs assessment

HPV   human papillomavirus

ICN   International Council of Nurses

JSNA   joint strategic needs assessment

LMIC   low- and middle-income country

MDG   Millennium Development Goal

MECC   Making Every Contact Count

MMR   measles, mumps and rubella

MRSA   methicillin-resistant *Staphylococcus aureus*

MSK   musculoskeletal

NHS   National Health Service

NICE   National Institute for Health and Care Excellence

NMC   Nursing and Midwifery Council

ONS   Office for National Statistics

PHE   Public Health England

QOL   quality of life

RCN   Royal College of Nursing

RN   registered nurse

SDG   Sustainable Development Goal

SMART   specific, measurable, achievable, realistic and time-bound

TB   tuberculosis

UN   United Nations

WHO   World Health Organization

Introduction

Welcome to *Promoting Health and Wellbeing*. This book has been written primarily for student nurses and nursing associates; however, the discussions are equally relevant to student midwives, allied health and social care students. It is also suitable for all health and social care professionals who are new to health promotion.

Health promotion is central to contemporary healthcare practice. This book provides you with an overview of the most relevant theories and policy initiatives. Through the activities that are included in each chapter, you will also learn how to apply these to your daily practice. The book commences with an overview of the theoretical perspectives of health promotion, health education and public health. You are then introduced to behaviour change, inequalities in health, global health and wellbeing and the World Health Organization's strategies for health promotion across the lifespan. The book moves on to examining healthy public policy, promoting mental health and wellbeing, strengthening community action, the professional responsibilities of the nurse in health promotion, leadership for health promotion and evidence-based health promotion.

This book has been designed to enable you to address the outcomes of the NMC's (2018) *Standards of Proficiency for Registered Nurses* second platform 'Promoting health and preventing ill health'. Throughout the book, the discussions are underpinned by relevant psychological, sociological and nursing theory. The book can be read in sequence or as stand-alone chapters. Regardless of how you read it, to get the most out of your reading we encourage you to engage with the activities and case studies in each chapter, as these have been included to help you extend your understanding of how the various concepts relate to nursing practice.

All of the authors who have contributed to this book have a wealth of practice and educational experience and they are passionate about using health promotion theory and policy to enhance the health and wellbeing of individuals and populations. We do hope you enjoy reading this book and that your learning makes a positive contribution to how you carry out health promotion in practice.

Clare Bennett and Sue Lillyman, Editors

Chapter 10
Leadership for health promotion

Alison James

LEARNING OUTCOMES

When you have finished this chapter, you should be able to:

10.1 Discuss why leadership is important for health promotion

10.2 Outline the key skills for effective leadership

10.3 Describe approaches to leading change

10.4 Demonstrate an understanding of health-promoting leadership

10.1 Introduction

In considering why leadership is important in health promotion, it is useful to provide a definition. As we have seen in previous chapters, the WHO defines health promotion thus:

> *Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.*

(WHO, 2016)

Within this definition there is a key phrase which suggests that effective leadership is a driving force: *"enables people to increase control over their own health"*. As leadership requires vision and direction and is concerned with aligning people and partnerships, building relationships, motivating and empowering, it is possible to see that in order to facilitate this definition, effective leadership is required. Responding to changing populations and changes in health, wellbeing and disease trajectory requires these abilities so that a vision of what challenges may present are anticipated and responded to appropriately.

To understand the role of leadership in health promotion further, it is important to first explore what 'leadership' means. As a student, you will be learning and observing many different approaches to leadership within healthcare. As you gain

experience, you will form your own ideas of what it means to you as a professional and what it means within the healthcare context.

This chapter will present some of the key concepts of leadership in health promotion. Thinking of how leadership may influence the delivery of care, as well as how it can influence health promotion in our patients and our colleagues and areas of work, will support your formation of ideas while also enabling you to understand why developing an insight is important.

ACTIVITY 10.1

Identify who you consider to be a leader, in work or in your personal life. Write down the qualities and characteristics that make them a leader.

10.2 Defining leadership

Since 1948 the WHO has provided a macro level core leadership role for global health promotion in its functions of:

- leadership in essential areas of need and enabling a partnership approach to tackle those needs
- directing a research programme and motivating the progress and distribution of evidence-based knowledge
- establishing standards for health and evaluating their application
- conveying ethical policy based on evidence
- being agents for change and promoting sustainable programmes
- observing and scrutinising health trends globally.

(WHO, 2014)

While the WHO provides this important element of macro leadership, we also need to consider personal (micro) leadership roles and organisational (meso) leadership in the context of health promotion (*Figure 10.1*).

Micro leadership – personal level, individual or small groups

Meso leadership – organisational level, communities and larger groups

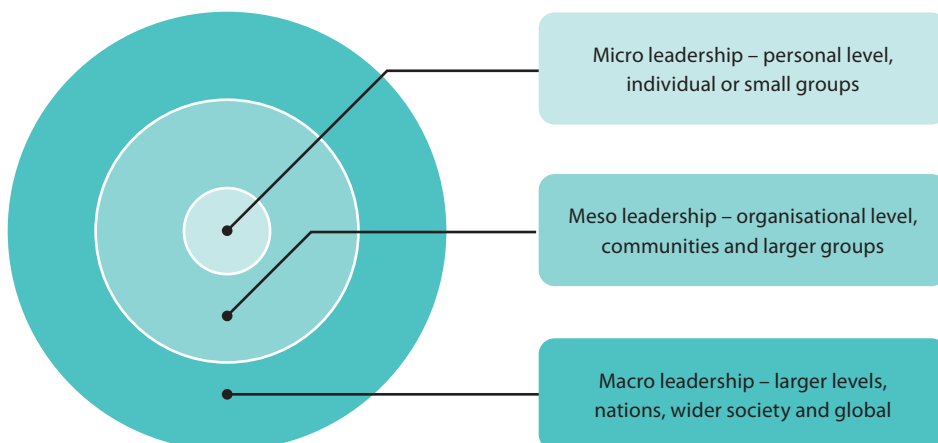Macro leadership – larger levels, nations, wider society and global

Figure 10.1 *Levels of leadership in the context of health promotion.*

First, it is necessary to create a definition. Leadership can be defined in many ways and numerous leadership theories have been developed and discussed within the texts; all are relevant and can help you to think about what leadership means to you. However, while these theories provide different approaches to leadership, none provides the absolute definition and solution to what approach works well. Some of these theories are presented in *Figure 10.2*; it will be useful for you to explore sources and texts which provide a further overview of theories and qualities of leadership to provide a broad exploration of defining leadership qualities, such as Jones and Bennett (2018) and Barr and Dowding (2019).
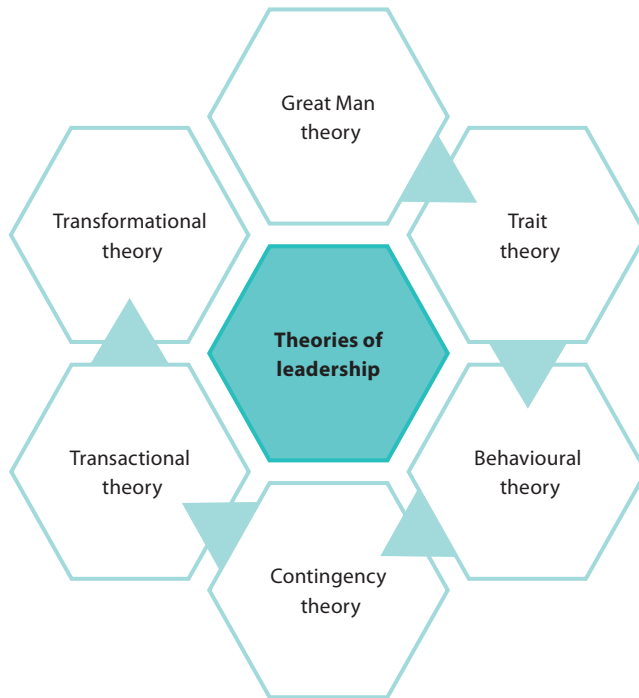

Figure 10.2 *Examples of leadership theories.*

ACTIVITY 10.2

Consider the leadership styles in *Figure 10.2* and write down your definition of what leadership is.

Thinking of your own experience of leadership and reading about different theories will help you to identify your own thoughts of what it means to you and allow you to think of where you apply leadership skills. Burns (2010) presents leadership as two different types: transactional and transformational. Transactional leaders focus on standards, targets, goals and performance, with penalties for not achieving these. An example of this approach within healthcare is provided by Barr and Dowding (2019) as the 4-hour rule for waiting in Accident and Emergency.

Transformational leaders act in the interests of the team or followers by responding to a need through positive change, having a vision for change and engaging the team in the vision (Barr and Dowding, 2019). It is also important to understand that more than one approach can be used and there are times when one may be more effective in gaining the best outcome. For example, a transactional approach may be more effective when targets for improvements in health are urgent; for example, the Ebola crisis needed urgent action with stringent measures for preventing and minimising spread. However, a transformational approach may be more effective in implementing a change over a long period within a team, by agreeing a vision and engaging all in the process. For example, when there is a local policy change which needs to be implemented in a multidisciplinary clinical area, an engaging transformational style would ensure the team take ownership by having a shared vision. Leadership skills are needed in healthcare and nursing to ensure that the main vision and aspiration of the organisation and those that work within it are achieved; to deliver safe and effective patient care to maximum effect, despite the challenges.

Defining an approach to leadership can be helpful for you as it will impact your approach to clinical practice as you progress in your career. This is important for leading health promotion initiatives and providing influence in improving health and preventing disease.

ACTIVITY 10.3

Think about the differences between transactional and transformational leadership, as defined above. Which do you think is more aligned to your values and approach to nursing?

Recent development of leadership theory includes 'compassionate leadership', 'values-based leadership' and 'congruent leadership'. West *et al.* (2017) describe compassionate leadership as aligning well to healthcare, as it approaches leadership as an open, non-blaming, collective style. Congruent leadership is defined by Stanley (2019) as the actions of the leader being compatible with their values and beliefs. Guided by commitment and compassion, congruent leaders have a high regard for others, establish strong relationships and are values-driven (Stanley, 2019). Both approaches to leadership break from the more traditional styles from industry and business, such as those shown in *Figure 10.2*, and are well situated within health as they reflect the elements of professional practice in basing decisions on evidence and taking a caring, helping and empathetic approach (James, 2019).

ACTIVITY 10.4

Consider *Figure 10.3* and reflect on how the elements of compassionate and congruent leadership fit with the professional values, beliefs and standards within health promotion, as set out by the *Code* (Nursing and Midwifery Council, 2018).

Figure 10.3 *Key elements of compassionate and congruent leadership. Adapted from James (2019).*

Thinking further about your own leadership style from different perspectives may help you to become more self-aware. For example, in *Activity 10.1*, what were the qualities and characteristics you noted down? Do you have any of these characteristics? Do you think these are essential or are there other characteristics that you have which are equally important for good leadership? This can be considered as getting to know your own 'traits' or characteristics of leadership.

 Other aspects which may be useful for you to consider are:
- How important is someone's position in an organisation for leadership?
- Is leadership a process rather than a quality or position?
- Are leaders always considered powerful?

ACTIVITY 10.5

Considering the questions above and your own role and professional practice, do you think you can be a leader in your current position? What are the challenges and how might you overcome these to influence your own practice and that of others?

10.3 Self-awareness and emotional intelligence

Being aware of your own personal skills, your own emotions and how you respond to others is known as emotional intelligence (EI) (Goleman, 1996). As we saw in *Chapter 7*, having EI means that a person is aware of how knowledge and emotions

influence the way in which decisions are made and how a person responds and acts. Having high EI, self-awareness and awareness for others means a person recognises their own and others' emotional reactions. They can respond to people empathetically, while taking a positive, respectful and problem-solving approach to the situation (Barr and Dowding, 2019). This is important for all nursing professionals and for effective leadership as it promotes respect and honesty and ensures we are considering others' emotional situations, which may affect the way they act or behave, while also being aware of our own emotions and how we respond. EI can be applied to interactions and relationships with patients, team members and other staff, as it allows you to consider the whole context of an interaction and what the most positive and suitable response may be to promote good relationships and outcomes.

To understand and develop self-awareness, a model such as the Johari window (Luft, 1969) could be used, as seen in *Chapter 7*. This model (*Figure 10.4*) allows exploration of four areas: the open, the blind, the hidden and the unknown. Jones and Bennett helpfully describe the areas as follows:

> *The open area is the area that we know about ourselves and that others also know about us. Examples may be physical characteristics and personality traits.*

> *The blind area is made up of characteristics that others know about us, but we are not aware of. This may include communication skills that others are aware of, but we have no insight into.*

> *The hidden area is made up of things we know about ourselves that we wish to keep private.*

> *The unknown area is unknown to both ourselves and others.*
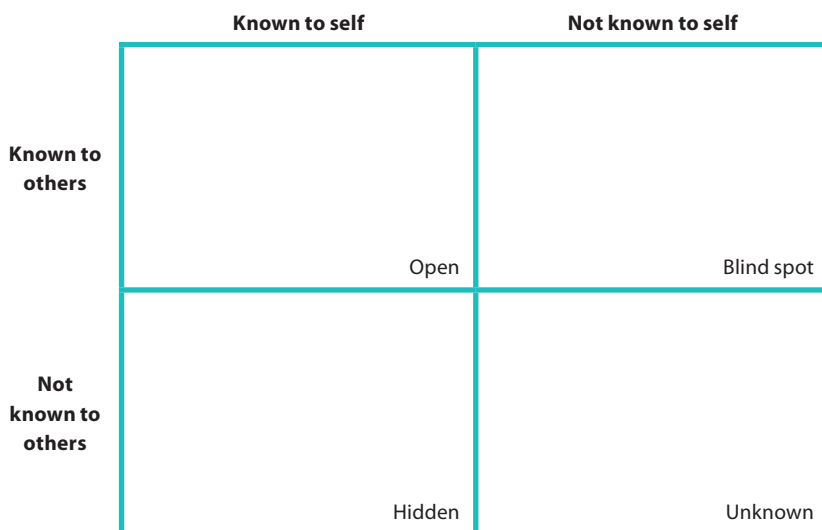
(Jones and Bennett, 2018, pp. 41–2)

	Known to self	Not known to self
Known to others	Open	Blind spot
Not known to others	Hidden	Unknown

Figure 10.4 *The Johari window (Luft, 1969).*

ACTIVITY 10.6 ✎

Use the Johari window to describe your characteristics in each area. Consider how you may decrease the size of the blind spot area by seeking others' views of your traits.

Another way you can become more self-aware is through reflection and keeping reflective diaries. As this forms part of our professional requirements by the Nursing and Midwifery Council, this can be an effective way of exploring your EI and self-awareness, as your experience as a professional nurse develops and extends.

10.4 Emotional intelligence and health promotion

Public health and health promotion are concerned with enhancing quality of life and health within populations. Understanding emotions and responses to health and lifestyle can allow nurses to design and effect the best outcomes for people by providing insight into why choices are made. Here, examples of research are provided such as Bhochhibhoya and Branscum (2015) who consider the importance of EI and how health promotion may be approached. They suggest that working with adolescents and young adults on developing self-awareness and EI may contribute to their lifestyle choices and therefore longer-term health outcomes. Further research is needed in this area which may support insight into how EI could be used within health promotion as a preventative approach.

10.4.1 Smoking

Smoking tobacco and the associated preventable conditions of lung disease, cardiovascular disease and cancer are a public health issue and adolescents are a vulnerable population due to peer pressure and tobacco advertising. Trinidad and Johnson (2002) explored the relationship between EI and adolescent smoking and drinking alcohol in 205 adolescents in southern California. Using an EI measuring scale, an association between smoking and low EI in adolescents in the 7th and 8th grade found they were twice as likely to be involved in smoking than those students with higher EI.

10.4.2 Negative lifestyle behaviours

Brackett, Mayer and Warner (2004) found low EI to be a predictor of negative life outcomes. The researchers explored 330 students' self-care behaviour, leisure activity and interpersonal relationships. Female students measured higher levels of EI, and lower EI in male students was associated with negative lifestyle outcomes which included illegal drug use, alcohol use and reduced peer relationships. The researchers suggest low EI to be associated with negative behaviours for male higher education students.

10.4.3 EI in nursing

The concepts that comprise EI have been acknowledged as important in relation to leadership in healthcare professions; ensuring challenges are confronted and provision of appropriate and effective service provision is led with consideration (Carragher and Gormley, 2016; Akerjordet and Severinsson, 2008). Furthermore, evidence suggests developing EI in undergraduate nursing students to enhance future leadership strengths is needed. In public health, this would enable a caring, compassionate and values-based approach to leading healthcare delivery and health promotion (Codier *et al.*, 2010; Duygulu, Hiçdurmaz and Akyar, 2011; Benson *et al.*, 2012; Foster *et al.*, 2015).

ACTIVITY 10.7

Think of a situation where you have been involved in, or witnessed, a challenging interaction in a health promotion activity, either with a colleague or between a professional and a patient. Think about the situation from both sides. How did those involved respond and do you think they considered each other's emotions?

Reflect on how this may have been different if both had applied consideration of the other's experience.

10.5 Leadership skills in practice

In your experience as a student and when you qualify, you will develop skills which all include aspects of leadership, for example:
- planning and organising the provision of care
- making decisions
- working effectively within teams
- communicating clearly
- planning and implementing change
- evaluating care.

ACTIVITY 10.8

The list above is relevant to all aspects of leadership and all areas of healthcare. Reflect on how you think these are important to health promotion. For example, you may want to consider how you would use your leadership style in planning a health promotion project. Who would you need to engage with and who would be involved in making decisions? In terms of working within the team, do you know the strengths and characteristics of the team and would you consider allocating certain tasks to some? If so, why? How would you know if your project is successful – what would you need to measure and when?

10.6 Leadership or management?

It is useful to further define your view of your own leadership competencies by considering the differences between management and leadership. Management can be defined as a more functional activity and role which involves setting goals, allocating resources, generating solutions and ensuring targets and aims are met. The managerial role is usually hierarchical and takes a transactional approach to ensure the organisation functions in its parts.

Leaders, however, tend to influence rather than direct; they have a broader view of the end vision and consider the relationships needed to achieve this. In health promotion this distinction is important as we see from the WHO (2016) definition at the beginning of this chapter; it is concerned with having an overall view of the aim and goal for a wider population and considering how to achieve that. A useful way to differentiate between leadership and management is to consider management as **analysis**, the separation of issues into different parts or tasks, and leadership as **synthesis**, the combination of factors to provide a combined vision (Porter-O'Grady and Malloch, 2016). In the context of health promotion, while management is also important to deliver appropriate activities and functions, leadership sets the extended course for improving the health of a population.

ACTIVITY 10.9

Consider the elements of management and leadership below. Reflect on your experience of management and leadership and how these activities fit or overlap between both. Using the overlapping circles in *Figure 10.5*, plot these elements and consider how some may overlap.

Management
Organising staffing
Managing budgets
Developing solutions
Allocating tasks and roles
Organising workload
Risk averse
Coordinating activities
Ensuring targets are met

Leadership
Communicating aims and goals
Inspiring teams
Providing the vision
Empowering individuals
Motivating change
Accepting risk
Establishing strategic direction
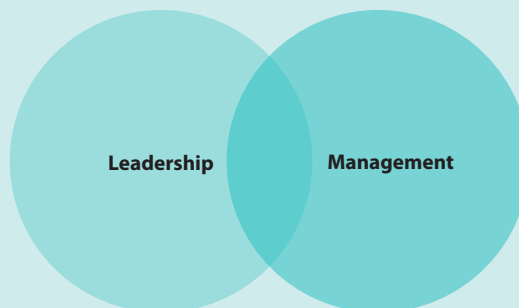Influencing stakeholders

Figure 10.5 *Interrelationship between leadership and management.*

10.7 Leading for change

Change is a constant in healthcare; whether it is due to an increasing ageing population, the prevalence of disease or the effects of global warming (WHO, 2018). Promoting health and wellbeing within populations requires an ability to adapt and respond to the challenges of implementing change. Leaders are channels for implementing change and for driving agendas for change and responding to anticipated demands. As countries become increasingly connected and inter-dependent with moving workforces, leading change presents further challenges; issues such as the culture, beliefs and values of all populations need to be considered, as well as equality of provision of healthcare. Globalisation has given many opportunities for sharing practice, supporting innovation in research and healthcare; however, it also produces challenges.

ACTIVITY 10.10

Consider your response to change in practice. How do you usually feel when a new way of working is introduced? Do you respond positively? Write down the negative and positive feelings you have about changes in your working practice. Think of others in your team – do they respond well to change?

In undertaking *Activity 10.10* you may have noticed that people respond differently to change. Being prepared for how people respond is an important part of leadership, as there are methods to manage this and ensure the team can move into the new way or approach needed, to ensure the vision of change is achieved. Kotter and Schlesinger (1979) set out four reasons for resisting change:

- self-interest – people may feel the change is not helpful or beneficial for them
- lack of trust or misunderstanding
- people prefer stability and security
- different expectations.

Being aware of these issues can allow a leader to prepare the team by providing clear communication of the reasons for change and the evidence for making the change. In health promotion, this may need further planning as it may involve addressing large populations in making lifestyle changes. Empowering people to enable them to take control of their health is a key role in health promotion; providing people with the information, methods, resources and support can enable change to occur.

It is possible people may experience an array of feelings when faced with changes to their lifestyle, such as loss, anger, frustration and stress, as well as more positive feelings such as achievement, pride and happiness. Therefore, being aware of possible responses to change can be useful in your choice of approach and leading the change. Health practitioners can lead by ensuring the message and reason for improving health are clear, by planning for all the possible responses and being flexible in adapting to the needs of the person. Imposed change can result in unsuccessful outcomes and may be less likely to be sustained, so careful consideration of how a change is to be introduced is important, as we have seen in

Chapter 2. Barr and Dowding (2019) set out the possible effects of a change that is imposed, including:

- feelings of anxiety and uncertainty
- lack of control
- lack of understanding
- resistance
- uncertain commitment.

These effects are the opposite to enabling empowerment; so when leading change, it may be helpful to adopt strategies suggested by Kotter and Schlesinger (1979) such as:

- educating and persuading
- including and involving
- supporting and enabling
- negotiating
- influencing
- reviewing at each stage
- responding appropriately
- being creative in seeking out alternative approaches
- providing the evidence base for change.

ACTIVITY 10.11

Think of a successful health promotion campaign. Why do you think it went well? Were any of the above strategies used?

Examples may be found on the following websites:
Public Health England: bit.ly/A10-11A
Public Health Wales: bit.ly/A10-11B
Public Health Scotland: bit.ly/A10-11C
Public Health Agency Northern Ireland: bit.ly/A10-11D

10.8 Planning, implementing and evaluating

In health promotion, it is necessary to consider the impact of the proposed change, as well as considering how it can be sustained. It is useful to consider the strengths and drivers which can support the implementation of the change. Lewin's (1951) force field analysis is a useful tool to support the planning, implementation and evaluation of sustainability. Using qualitative (soft) and quantitative (hard) information, it is possible to use the tool to plan the impact of the change and consider its positive driving forces and negative resisting forces, in order to provide a possible estimated prediction of success. This is also a useful tool as it can be used with all stakeholders; the team, service users and patients, to engage all in the planning and process of implementing change, encouraging commitment and empowering those involved.

One example of using a force field analysis to plot the driving forces and resisting forces might be for increasing activity in those aged over 65 years in a rural area. Driving forces may be improving social contact for isolated people, enhanced wellbeing, improved health and reduced aches and pains. Resisting forces may be difficulty in reaching the meeting point due to lack of transport, lack of confidence, lack of knowledge about health benefits and mobility issues. By plotting the forces using different sized arrows to indicate the strength of the influence, it is possible to view which forces are stronger (*Figure 10.6*). Consider how established and immovable those strong forces are, which forces can be influenced to overcome the challenges, and what strategies need to be implemented to take the plan forward.
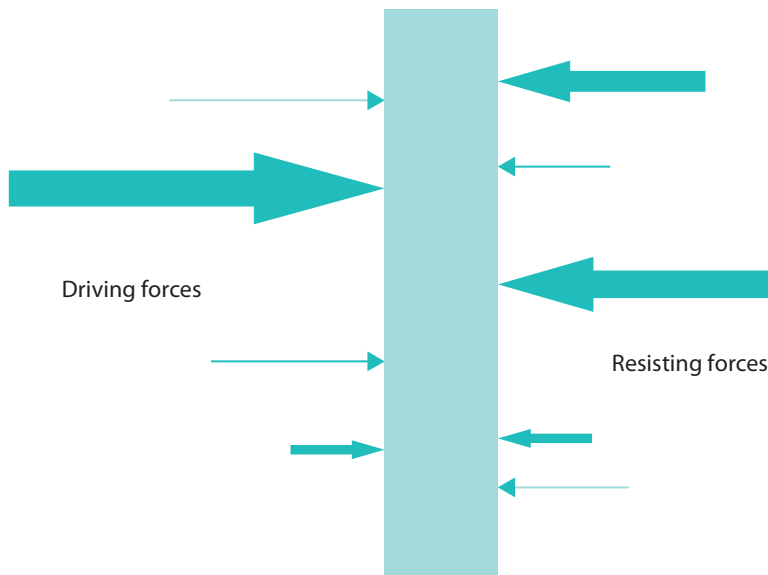

Driving forces

Resisting forces

Figure 10.6 *Force field analysis.*

ACTIVITY 10.12

Using *Figure 10.6*, think of a small change you would like to make personally or in practice. Plot the forces and consider your approach to taking the change forward.

A shared decision-making approach to health promotion may be adopted more widely and in strategic public health directions, for example as seen in the prudent healthcare policy in Wales (Bevan Commission, 2013). Within this policy, prudent healthcare aims to provide patients and the public with an equal partnership with the healthcare professionals in making decisions about their treatment and care, as well as shaping future health services. This can enable leadership to be shared also, by professionals and all stakeholders, taking a collaborative approach to leading change. This approach can also encourage sustainability and build capacity, as investment in the programme by those at whom it is aimed can result in a commitment and engagement in its success.

10.9 Health-promoting leadership

While we have discussed the importance of leadership in health promotion, there is a further aspect of leadership which relates to the work environment and culture of our organisations, which needs consideration. Staffing shortages, pressures of the demand of workload and maintaining the quality of care provision we want to provide, mean mastery in nursing leadership is important to support and drive forward professional integrity. Being able to lead in maintaining and nurturing a healthy supportive collegiate workplace is the responsibility of all nurses to ensure we are effective and maintain high standards of care. Akerjordet, Furunes and Haver (2018) suggest strong leadership within nursing can encourage increased satisfaction in the workplace, decrease costs and promote high quality nursing care. Ensuring the organisation promotes a culture of health and wellbeing may encourage a valued and motivated workforce.

> *'Health-promoting leadership concerns creating a culture for health-promoting workplaces and values that inspire and motivate employees to participate in such a development.'*

(Eriksson, Axelsson and Axelsson, 2011, p. 17)

This applies across the healthcare professions to ensure optimum patient outcomes and effective teamworking. While nurses try to provide high quality care for patients and service users, there is sometimes a tendency to place personal health and wellbeing as a lower priority. Evidence from research demonstrates high rates of burnout and negative health outcomes in nurses where workplace empowerment is lacking (Laschinger, Wong and Grau, 2013). There is, therefore, a place for health-promoting leadership to ensure responsibility is acknowledged for the workforce's wellbeing, recognising the feelings and needs of colleagues and peers within the workplace. A health-focused and motivating work environment is essential if nursing is to flourish and nursing leadership at all levels can encourage this holistic approach.

An integrative review by Akerjordet, Furunes and Haver (2018) of research into health-promoting leadership found attributes of a health-promoting leader in nursing requires:

- courage and responsibility
- a holistic view of leadership
- an approach to enhance recovery and reduce stress
- acknowledgement of the context of the organisation.

ACTIVITY 10.13

Consider your own work environment and colleagues. Is there an emphasis on health and wellbeing for staff? Reflecting on your leadership skills, what could you do to make improvements in how staff wellbeing is considered?

KEY LEARNING POINTS

Three key points to take away from *Chapter 10*:
- ✅ Defining an approach to leadership can be helpful for you as it will impact on your approach to clinical practice as you progress in your health promotion role.
- ✅ EI is important for all nursing professionals and for effective leadership, as it promotes respect and honesty and ensures consideration of others' emotional situations.
- ✅ Leaders are channels for implementing change and for driving agendas for change, responding to anticipated demands; planning and anticipating responses to change is a useful strategy.

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