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## The role of front-line nurse leadership in improving care

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Residing in a hospital or care home can sometimes mean placing oneself at risk of poor practice, neglect or abuse. This is particularly the case for vulnerable people, especially those with Learning Disabilities or older people (e.g. Rowan Ward 2003; Leas Cross 2006; Stafford Hospital 2010, 2013; Winterbourne View 2012; Glan Clwyd 2014; Gosport War Memorial Hospital 2018).

There has been considerable discussion in the nursing literature and soul-searching in the profession about this. An explanation is unlikely to be found in terms of a sudden, and unexplained, decline in the moral character of today's nurses. A more satisfactory explanation is set forth using situational variables. Salient features of a ward or care home may include 1) The quantity of work; 2) The emotional quality of that work; 3) Inappropriate rewards for non-care tasks alongside lack of reward for care tasks; 4) Social pressures, especially intergroup hostility and conformity to group norms.

One very practical way of combatting such situational factors, and one that can be put in to action immediately, is to develop the leadership abilities of every qualified nurse working on a ward or in a care home. Every nurse who has any supervisory role will necessarily exercise leadership and it is at the frontline that the effects on the patients' lived experience of this leadership will be felt most acutely.

While some nurses are 'naturals' at leadership most will have to work to develop themselves. A straightforward model for frontline leadership is described that includes 1) Professional and Organisational skills; 2) Personal Values; 3) The Appropriate Use of Authority; 4) Interpersonal skills. Examples of how frontline nurses may articulate and strengthen their personal values and then use their personal and positional power to put these values in to action will be given.

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