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Abstract

Recent months have seen great emphasis on leadership within the United Kingdom. Unlike politicians, leaders of community nursing have little support from aides and advisors as they grapple with implementing policy agendas. This paper gives insight into some of the emotions involved in leading community nursing to meet some of the recent NHS policy agendas, for example, *shifting the balance of care*. The focus of this paper is on examining *emotions in leadership*, particularly collegial emotional labour in community nursing. Qualitative interviews with leaders of community nursing point to the current trials and tribulations of undertaking a leadership role in community nursing. The nurse leaders indicate how they undertake surface acting to mask their emotions to maintain a dignified and professional demeanour with colleagues. Interviews with nurse leaders highlight the tensions in their roles and that they often felt unsupported. Few community nurse leaders have access to emotional support in their leadership role-unless they become stressed and unwell. A recommendation is that support through coaching or mentorship should be made available for people in leadership positions whether new, experienced, senior or junior due to the challenges of the role.

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Introduction

Recent policy and reforms in the United Kingdom place emphasis on leadership in the National Health Service (NHS) for achieving quality health care.^{1,2,3,4,5,6,7,8,9} The strategies and policy frameworks indicate the valued traits of leaders and make reference to outstanding and excellent leaders¹⁰. However, it is asserted that it is the ordinary leaders that sustain much of the transformation in organisations.^{11,12,13,14,15}

Developing leadership capacity in community nursing is seen as key to achieving health care goals as care shifts from hospitals to the community and leadership skills are essential to this transformation of the vision of community nursing.¹⁶ As a consequence new leadership roles have emerged in community nursing. Essentially clinical, practise focused nurses are taking on new leadership roles and responsibilities.

Background

Currently there is a lack of research about leadership in community nursing and a dearth of evidence about the impact of adopting leadership approaches in community nursing. Leadership is very much a social process that has to contend with power relations and consequently potential for conflict which will require emotion management in the work place.¹⁷ Bolton¹⁸ suggests that 'emotion management may be carried out according to professional norms' as professionals undertake difficult social interactions in accordance with achieving their works objectives' (p. 63). Within the social context of the wider organisations cultural norms, individuals for example, nurse leaders in the NHS, undertake emotion management.

For some aspects of nursing work, the boundaries between friend and colleague or friend and client or patient can become blurred needing skills of 'emotional zoning'¹⁷ for successful social interactions in the work place. Work place emotions are reflected through

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the interpretations of the individual nurses' relationships which are embedded within the organisational norms and structures. Thus arguably, emotion management takes place in nursing work¹⁸ and recent reforms are adding new dimensions and complexity. Collegial emotional labour¹⁹ is one particular type of emotional labour identified in nursing work, whilst we have evidence of emotional labour in nursing work,^{18,19,20,21} we have little evidence of how this presents within the community nursing context.

Purpose

This paper reports the dimension of emotions in leadership which emerged from a research study which aimed to 1) identify how leadership is perceived and experienced by community nurses and 2) to examine the interaction between recent policy and leadership development in community nursing.

Method

The study used qualitative methods, involving semi-structured interviews with 12 community nurse leaders drawn purposefully from within three Health Boards in Scotland in 2009. Participants were recruited by cascading email information about the study to them through the Nurse Directors. Data were digitally voice recorded and transcribed verbatim and were managed within the Nvivo8 software following written consent from all participants. The nurses leaders with Agenda for Change (AfC) banding 7 and above with a designated leadership role (Table 1) were purposefully drawn for in depth data analysis of the theme of *emotions in leadership*. The Research and Development Departments of the three Health Boards and the Research Ethics Committee approved the study. *Emotions in leadership*, emerged as one key theme in the analyses and forms the focus of this paper.

Team Leader (TL)	5
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Lead Nurse (LN)	3
Acute Care Managers for Community Sector (ACM)	1
Assistant Nursing Director (AND)	1
Director of Nursing (ND)	2
Total	12

Table 1: Sample of nurse leader participants

Findings and Discussion

Shifting the Balance –emotion and decision making

Shifting the balance of care from hospital to the community settings is a clear policy agenda within the NHS and leadership roles are instrumental in realising this ambition for the NHS.¹⁶ Several nurses in leadership roles in the community spoke of how challenging different elements of implementing change were to meet the new agenda of shifting the balance of care. This TL alludes to a lack of understanding in acute services when negotiating with acute care colleagues the smooth transition of patients into the community.

Because nobody ever thinks about community and I think ... like there was day surgery there, the girl from the renal unit, there was somebody from – I'm trying to think where else – I said, 'so say when you've got to empty these beds of a day', I went, 'and the patients no longer want to be shipped from (Area A) to (Area B) and they decide just to take their own discharge without services'So when you're emptying your beds every day '- and they're just laughing and I think ...(Team Leader 1.3)

The TL's frustration at this lack of understanding and forward planning of her acute care service colleagues becomes evident when she is referring to the 'laughing' of her acute care

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colleagues. The lack of understanding of how acute care colleagues behaviour impacts on community nurses led to her frustration, while at the same time she has little power to make them see what the impact of their behaviour is – this then requires her to manage these emotions.

This TL can be understood to be 'emotionally present and fully engaged' (Bolton 2008:24)²³ with the dilemmas of shifting the balance of care, but utilises a professional demeanour to negotiate her passion across the table with her acute service colleagues. The TL felt *frustrated*, but kept her emotions in control for the meeting, but spoke with passion-undertaking surface acting²² with colleagues to move the meeting forward.

Despite the TL's frustration evident above, she is remaining professional. Bolton²³ argues that such a professional demeanour distances nurses from distressing and demanding elements of their work, yet the data from this study suggest emotional management of this nature can be burdensome for some nurse leaders. Analysis of data where TLs describe what can be interpreted as surface acting indicates how the nurse leaders feel the need to mask their true emotions to meet their own goals or those of the organisation. Surface acting by nurses involves the wearing of a mask to maintain a professional demeanour in the hospital ward setting,²³ and it would seem similar practises are required in community nursing to navigate the social vagaries.

In a different health board area, this Assistant Nurse Director (AND) explains how she developed her mask to the extent that she likens it to almost becoming a Stepford Wife, alluding to the level of masking and controlling of emotions.

So, I suppose some of the big things I've read about leadership and what makes a good leader is around that being visible, being positive, being decisive without kind of too overly directive and listening. So what I try to do in this role, having come from a nurse consultant role which was a leadership one before, is to demonstrate some of those

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behaviours every time I'm with the community nurse managers. I mean, not – I mean, you don't want to look- that you're not a Stepford Wife or anything but at the same time be realistic but at the same time to try and even when I'm not feeling like being like that, to try and do it (LAUGHS). (AND2.1)

Arguably the masking of emotions and keeping up appearances can be hard work emotionally, but also it can be integral to the role and protective of the emotional demands of the job²³ and necessary to meet some of the challenges of the leadership role. It is evident that for many nurse leaders they felt constrained as to when they could be their authentic self, explaining how they often concealed their true feelings and self. Many nurse leaders described skilled performances as social actor to achieve their work goals often involving high levels of emotion management.

Managing emotions at work - a balancing act

Several of the nurses in leadership roles referred to experiencing moral dilemmas in their work, leaving them emotionally challenged and with a feeling that they had let people down. New TLs particularly, often with a clinical component to their leadership role, felt challenged around balancing their clinical time with patients and their need to attend meetings.

This following TL explains how she is experiencing these moral dilemmas within her role and how she feels she is ultimately letting junior colleagues and patients down in favour of her obligations to attend meetings.

I would say to the staff nurse, well I'll do this patient, this patient and this patient and then something would crop up and my boss would say, well you have to come to this meeting and then I would have to say to the staff nurse, 'I can't do these patients, I've got to go'. And I felt that was letting her down, you know. And I just hated that feeling of letting people down really. (TL 1.1)

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It was evident in the data that TLs feel a moral commitment to patients and their junior colleagues, but also obligated to senior colleagues and the tasks they request them to undertake. The TLs often felt trapped within the new leadership role. These concerns expressed by nurses in leadership roles can be interpreted as shifting from the sacred to the profane²³. The profane is the obligatory world of social roles such as responding to the senior leaders requests to attend meetings, whilst the personal is the sacred, involving their commitment to patients and junior colleagues concerns and maintaining good relationships. Data suggest that leadership roles presented many moral dilemmas and nurses in different leadership roles often felt unsupported in their challenging work.

Feeling unsupported and taking the flack

Several of the new TLs expressed that they had felt unsupported and indeed undermined by senior colleagues on occasions leaving them 'out on a limb.'

I have to say we have felt unsupported and I think the whole of the team, all the team leaders have experienced that at some time. That you feel like you're out on a limb.

(TL1.2)

The leadership roles were considered challenging in many ways by different nurse leaders and many of them explained how they regularly encountered and managed emotions around conflict with colleagues –indeed some saw this as the main aspect of their role as these TLs explain:

I think basically she (Lead Nurse) wants me to be an interface so that she doesn't have to deal with any difficult situations or conflict from the coal face really. (TL 1.1)

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I thought, well this is somebody who's at the same level as me who's creating this problem, I'm gonna discuss it with (Lead Nurse) but it was very much left at my door. (TL1.2)

Avoidance of conflict by senior nurse leaders meant that the new, less experienced TLs experience the conflict instead. Goldman²⁴ refers to such a leader's behaviour as toxic leadership and with no coaching the TLs considered this element of their work emotionally draining and this had led to early burn out in some nurse leaders. Prolonged surface acting with colleagues, to move forward on negotiations when there is conflict, can be seen to contribute to burn out. It has been argued that deep acting contributes to burn out,^{17,25} but data from this study suggests prolonged surface acting with colleagues is also related to burn out.

Emotional Injury: stress

Several of the nurses in leadership roles described emotional injuries¹⁷ such as stress in relation to their work as they fell into a commitment trap with their work. When emotion management fails and stress becomes over whelming, ill health is experienced.

Before I was ill I have to say – I would be emailing at 11 o'clock at night or at weekendsI was very doubtful about everything I was doing, you know, is this a correct decision, are we going the right way down this route, do you think I could do that. (TL1.2)

This TL described her crisis of identity, questioning her own personal and shared values and beliefs which lead to internal personal conflict, culminating in illness. It is suggested in the literature that burn out is largely due to organisation wide practices and norms and is yet often treated as individual pathologies rather than organisational structural dilemmas.²⁵

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Certainly, in reflecting on her behaviour this TL related her emailing practices to being common place amongst other senior nurses in leadership roles within the organisation.

However, not all nurses in leadership roles experience burn out as a result of the stress of their work. This Nurse Director (ND) described her leadership role as a resilience role. Different levels of resilience have been related to the success of leaders in leadership roles.¹⁷

So it's a kinda resilience role although there was many times I would have a dark night of the soul thinking, I'm never gonna get them together but I just kept on, you know, moving them forward and, you know (ND1.1)

Work life balance has been associated with different levels of resilience and the ability of leaders to sustain leadership roles¹⁷. In addition, developing supportive infrastructures such as coaching can support people in leadership positions through the challenging aspects of their decision making. However, it became evident in this study that only a couple of the nurse leaders had such a support mechanism in place, despite recognition of its value.

Tribulations-Human kindness

Much of the emotion management described by the nurse leaders was around challenging situations and conflict with colleagues. Yet, there are many people undertaking leadership roles in community nursing and some have been doing it for quite some time. As this TL points out, community jobs are dynamic and interesting and while people often latch on to the negative aspects of the work, good things do come of these roles.

But it's a shame because I think community jobs are very good jobs to have. They can be very varied, very satisfying and all the rest of it but people moan so much about them (TL 1.1)

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Nurses in community and those in nursing leadership positions enjoy a level of autonomy of practice found in few other areas of nursing work within the NHS. The opportunity to undertake leadership roles combined with direct patient care involving individuals and families is another aspect of community nursing work highly valued by the nurse leaders—that is not to say it is not without challenges. The opportunity to work with patients and families enables TLs in particular, to feel grounded in nursing practice and feel congruent with their own values and beliefs system. The moral dilemmas arose when leadership work challenged this value and belief base that originally attracted many to community nursing.

As this ND clarifies when there is respect and humanity in nursing work it is a much treasured and valued asset.

I do think that people are doing extraordinary things and I think from where, where I'm trying to come from – my brand of nursing and, and leadership, we're trying to position those skills and abilities and the way people work and it is about – some of the stuff's about respect for one another, I mean, not even anything that, you know, just about human kindness and behaviours. (ND1.2)

Collegial emotional labour¹⁹ around conflict it seems, is rife in community nursing work and requires emotion management to achieve the goals of the NHS organization. Humanity, the core of nursing work, needs to be brought to the fore of nursing leadership work too.

Implication for practice and education

Challenges from conflict and emotion management mean community nursing leaders need to be supported through coaching and mentoring approaches even when they become more experienced in leadership roles. Few community nurse leaders in this study had access to emotional support in their leadership role—unless they become stressed and unwell. Nursing

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education with a focus on leadership development needs to consider the emotion work that leadership in different settings entails. Nursing is often considered emotionally challenging work due to caring for patients. This study highlights some of the emotional challenges of leading a community nursing workforce and the need for good working relations to support colleagues for positive leadership experiences.

Conclusions

There are significant trials and tribulations in community nursing leadership work. Conflict is evident in everyday work and emotion management is undertaken to navigate the social terrain within the professional feeling rules²² of nursing. A core aspect of the community nursing leadership role is surface acting to negotiate the challenges of organisational change to meet NHS policy agendas and personal work goals of the nurse leaders. Surface acting²² in emotion work is not without dangers. Personal conflict of the leaders own values and identity can become challenged through the process of managing emotions in nursing work to meet organization goals. Collegial emotional labour¹⁹ is evident in leadership roles in community nursing and often requiring extensive surface acting with nursing colleagues to meet individual leader's and NHS policies agendas.

Key Points

- Leadership in community nursing involves emotional management which can be understood as collegial emotional labour.
- Community nursing leaders need to support new and less experienced leadership roles
- Community nursing needs to organise mentoring and coaching in leadership roles for support and development.

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