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## Enhancing and developing leadership in midwifery

Leadership is a word often heard in any workplace, and healthcare services are no different. Much has been written about leadership styles and theories, with a search of one online retailer revealing 153,589 books available on the subject. How many midwives have those books on their shelves? In a time when maternity services are rising to meet new pressures and demands, many commentators are calling for leadership to drive the profession on. How do we, as midwives, reflect on our own leadership style and the impact it has on others? Here we discuss the importance of leadership in midwifery as a profession, and to individuals, regardless of grade or position. We use an example of a project within our service to illustrate the opportunities for leadership to flourish throughout a whole team in order to achieve an end goal.

**A**s users of social media we very often get inspiration from snippets that we see posted: a comment from Sheryl Sandberg (chief operating officer of Facebook) sets the scene nicely for this article. Sandberg considers that *"leadership is about making others better as a result of your presence and making sure that impact lasts in your absence"*. How true that statement is. Very often midwives and support staff refer to 'the management' when talking about people of a more senior grade to themselves, but it would be really encouraging to witness them looking beyond the job

titles and consider the difference between managers and midwifery leaders.

### LEADERS

So what is a good leader? It is someone who does not take all of the credit for a positive result, but passes that credit on to the team. A leader coaches and develops people and enables them to make decisions; if those decisions are not the best, a good leader enables the person to rectify this. Great leaders generate enthusiasm and successfully gain the good will of the team (Kelly 2015). There are many detailed theories of leadership styles, models and approaches, which have evolved, over time – from trait theory to modern visionary styles modelled on entrepreneurial leaders such as Steve Jobs and Richard Branson. More traditional styles include the transactional approach, where an

organisational structure of management and power dynamics encourages obedience and loyalty from subordinate followers; contrasting with the more modern style of transformational leadership which

It may be that the best leaders can adapt their leadership style to the needs of a situation

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seeks to inspire from within the group, build loyalty though trust and build the team members' self-esteem.



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While some leaders may have their own personal style of leadership, it may be that the best leaders can adapt their leadership style to the needs of a situation. Being a democratic leader may be beneficial for the team on a day-to-day basis, but in times of crisis, a more autocratic approach may be most effective in resolving the situation. The ability to read situations and lead appropriately is desirable in a leader and may be a part of leadership skills that can be learned and developed.

### IMPACT OF LEADERSHIP

*Midwifery 2020; delivering expectations* (Chief Nursing Officers of England, Northern Ireland, Scotland and Wales (CNOs) 2010) demands that Heads of midwifery (HoMs) provide strategic leadership on both professional midwifery matters and service delivery. The effect of a lack of clear and effective leadership has been identified in reports into substandard care (Kirkup 2015; Frances 2013). Professor Cathy Warwick states that we need to transform leadership in midwifery by adopting new and flexible approaches to leadership, abandoning traditional hierarchies (Warwick 2015). Good leadership has to not only meet the needs of the institution but also the needs of women and midwives. Effective midwifery leaders are compassionate, caring and kind, putting both the families and staff in their care at the heart of their role (Byrom and Downe 2015).

As midwifery leaders, HoMs have a pivotal role as, not only do they have a professional remit, but also represent midwifery within their service in the trust hierarchy, ensuring the voice of midwifery is not lost. The West Midlands HoMs advisory group (WMHoMs) sought to define this role and surveyed HoMs across the West Midlands, discovering many-faceted components. Some HoMs were very much seen by their organisations as leaders and professional advisors with a voice at trust board; others were seen as operational managers with a big commitment to on-call rotas.

### THE FUTURE OF LEADERSHIP

The WMHoMs are convinced that there needs to be investment in leadership at all stages and grades, and have identified a number of rising stars who are potential midwifery leaders. Johnson (2012) agrees that leadership will continue to under perform if there is a lack of investment. This is further compounded by the 'retirement time-bomb' identified by the Royal College of Midwives (RCM) (Warwick 2015), making the profession vulnerable

to a loss of established leaders through retirement

in the next few decades. It is not just a problem for the profession, but ultimately will affect the care of women, babies and their families.

At national HoMs forums, midwifery leaders have expressed concerns about the lack of appetite by midwives to develop into future leaders. Whilst they lead well day-to-day in clinical posts, there seems to be a reluctance to apply for modern matron or HoM positions. It could be argued that midwives see these roles as too arduous or poorly-rewarded financially; on the other hand, midwives may feel that senior positions prevent them from having a work-life balance (Ham et al 2010). Lucas (2012) suggests that coaching, action learning and reflection may support potential leaders to increase self esteem and facilitate potential leaders to set off on the appropriate career path. Ham et al (2010) noted that many started on the path to leadership when exposed to interests outside of clinical work and a desire to have a bigger impact. Seeking opportunities for midwives to start on that pathway to leadership is a strategy that ought to be part of any leadership development work. Partnership working between primary and secondary care, academia, research and community-based projects are ways for midwives to experience new ways of working and any service should seek to maintain and develop partnerships not only for staff development but for benefits to the service. Organisations should seriously consider investing in leadership programmes for all staff. University Hospitals Coventry and Warwickshire NHS Trust (UHCWT) has invested in a *Leading together* programme as part of the Trust *Vision together towards world class* programme. This has made staff feel valued and helps them to realise their potential as well as growing leaders for the future.

### IMPROVING POSTNATAL EXPERIENCE

An example of effective leadership cutting across traditional hierarchy is seen at UHCWT: in 2013, a thematic review of complaints identified that, almost without exception, complaints involved aspects of postnatal care and dissatisfaction with the care received by women and their families. The recently-appointed ward manager, supported by the matron, was committed to changing this and began by

surveying women about their desires for inpatient postnatal care. Alongside this, the matron asked staff



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about their preference for which primary clinical areas in which to be based, in order to develop the concept of 'home teams'. Staff responded by highlighting their preferences as to primary place (home) within the service, ensuring a sense of ownership and commitment to a specific clinical area/team.

The ward manager and matron responded by launching a project called *Improving postnatal experience* (ImPosE) (Fryer-Croxall and Bailey 2014). The women and families were clear that they wanted: more people to provide care; improved discharge processes; more discharge information; and partners to be able to stay over. Nursery nurses were recruited to offer an alternative care-giver with specific skills around care of the newborn; support workers were enabled to apply for an enhanced care programme and rewarded on completion with an increase in banding; and the discharge midwife role was developed. Alongside this, partners were given 24-hour access, supported by the chief executive officer who provided finance for drop-down beds and recliner chairs to enable partners to stay overnight.

In 2015, the Trust's survey into maternity service concluded that mothers had no negative comments around postnatal care, reflecting that the staff had listened to the views of families and responded effectively. This scenario demonstrates true leadership. The matron and ward manager initiated the changes, but these were implemented by the commitment of the whole team, with many new leaders emerging, from support workers and nursery nurses to clinical staff.

The wider NHS has recognised the need for new approaches to leadership, and has developed a 9-dimension healthcare leadership model (NHS Leadership Academy (LA) 2013), available for use by all healthcare leaders, regardless of their role or pay scale. However, to what extent do midwives identify themselves as leaders within their own sphere of practice and how could this influence their practice? Midwives need to see leadership as an integral part of the midwifery role.

### THE LEADER IN US ALL

Leadership is an essential component within any team working towards a specific set of goals. This is true across the layers of midwifery from national to local levels, and within smaller teams of midwives. Leadership has a part to play in all midwifery activities, whether it be by providing direct care, delivering public health messages, mentoring students, partaking in audit- or research activities, or co-ordinating shifts and caseloads. Midwives should recognise the many leaders within their midst, in whatever role they may be. Also, all midwives should recognise their own leadership potential and effectiveness and learn from personal and observed experience in order to develop themselves as leaders, whether it be to fulfil new roles and progress in their career, or to inspire those alongside them to unlock their potential. [ipm](#)

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Midwifery leaders have expressed concerns about the lack of appetite by midwives to develop into future leaders

**PRACTICE CHALLENGE**

Find out how your own organisation supports leadership. Consider how you could become involved in leadership support schemes within your organisation and represent midwives as leaders in a wider arena.

**PRACTICE CHALLENGE**

Reflect on leaders within your working team. Are all the leaders in more senior positions? Who motivates and guides your team and from what level? Think of examples of effective leadership you have witnessed

**FINAL**

**PRACTICE CHALLENGE**

In the light of what you have read here, reflect on your own leadership style and the way in which your leadership could affect those around you. How could you access targeted leadership development as part of your ongoing professional development?

**PRACTICE CHALLENGE**

Reflect on leaders you may have worked with and consider whether their leadership style fitted with a transactional or transformational model. Have different leadership styles been beneficial in different situations?