Leadership skills: the ethically active manager

With an eye to contemporary topics of interest to today's nurse managers, this series explores the issues and challenges associated with becoming a leader. In this article we explore revalidation for nurses, giving advice to managers on how to support their staff through the process.

Regardless of where you work or what you do, as a manager there are always a number of ethical questions that arise in practice on a regular basis. It is important that leaders or managers understand the ethical and moral dimensions of what they do so they can act professionally, morally and with integrity, while also creating the culture and setting an example as to how other members of the staff will act.

In this article, the author examines some of the reasons why it is important for the leader to act ethically, as well as what acting ethically might require.

IS ETHICAL LEADERSHIP IMPORTANT?

How you act as a manager will have an influence on how the team who work for you behave. As a manager or leader, you set the moral tone of the team, you are the moral compass by which other people set their behaviour. A team that is led by a manager who has integrity is a team that knows what is expected of it and whose behaviours translate into supportive practice.

Staff who know what to expect of their managers are generally a happy team, they have trust in the manager, as well as in each other. A happy team works better together, has less stress and retains members.

Pettinger (2000) suggested that managers can use their personal influence to inspire the attitudes, behaviours, values and activity of their staff. The culture of the workplace is, therefore, often a good reflection of the ability of the leadership to exert influence over the wider team.

THE NEGATIVE IMPACT OF MORAL DISTRESS

When a workplace lacks a moral compass or where staff are unable to discuss and agree on the course of action in ethically tricky situations, the result can be moral distress. According to the American Association of Critical Care Nurses (AACN), moral stress occurs in nursing when:
▸ Nurses know what the ethical thing to do is, but are unable to do it
▸ When nurses act in a way at odds with their personal and professional values undermining integrity (AACN, 2008).

The consequences of moral distress are far reaching for nursing and the wider health care team. In a study centring on the intensive care setting, Elpern et al (2005) showed there to be a negative association between moral distress and important job hygiene factors, such as satisfaction, retention, physical and mental wellbeing, self image and spirituality. In a study examining care of patients in the cancer setting, Ferrell (2006) demonstrated the presence of moral distress and an associated powerful emotional response among nurses witnessing what they considered to be futile care.

Zuzelo's research (2007) suggested that nurse managers need to be able to identify and respond to the presence of moral and ethical issues in the workplace in order to prevent, or deal with the consequences of, moral distress. Zuzelo (2007) also suggested managers, therefore, need to be educated in ethics and morality, they need to understand moral distress and how to act assertively in ethical and morally testing situations. Only when managers are able to support staff in ethical and moral decision making can they help reduce the impact of moral distress in their teams.

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What is clear for these examples, and many more besides, is that there is a need for nurse managers to take a lead in the ethical and moral lives of their unit and the staff that work in them. In the renal setting, moral distress may conceivably come about as a result of many factors associated with the potential for futile treatment, issues around transplantation, the withdrawal of treatment, and patient and staff behaviours.

ETHICALLY ACTIVE MANAGEMENT

There is a requirement as a healthcare professional to think and act ethically, so what is it about leadership in health care that is different? In a classic definition of leadership, Huczynski and Buchanan (1991) stated leadership to be 'a social process in which one individual influences the behaviour of others without the use of threats or violence'. This suggests that the role of the leader is to exercise professional and personal influence on the people they in order to get a job of work done. In order to influence people to get something done, managers must have visibility to the wider team this visibility will include role modelling ethical and moral behaviours.

In essence, ethicality and morality as exercised by healthcare professional and healthcare leaders is the same things, but it is worth breaking down the roles and responsibilities of the manager into its component parts in order to examine what ethically active management might look like.

One of the most famous explanations of the roles of the manager is that of Mintzberg (1973). Mintzberg identifies 10 key roles of the manager within three overarching domains (*Table 1*); we will take one role from each of Mintzberg's three domains of management as tool to explore how managers might become ethically active.

ETHICALLY ACTIVE LIAISON

Liaison requires a manager to work with other people in a cooperative manner. In health care liaison is often about achieving holistic and joined up care for patients and, therefore, it requires the manager to communicate inclusively and truthfully. As a manager working within a team — with their own managers, with other teams and patients — liaison requires the manager to concentrate on four simultaneous processes: liaising with staff, other professionals, patients and other agencies.

Liaison with others, rather than say telling people what to do, suggests a degree of respect for them as people and their rights. Respect for people is a cornerstone of ethical behaviour and presents the manager with the opportunity to role model ethical behaviour to the immediate and wider team.

Famously, Beauchamp and Childress (2013) suggested the four principles approach to ethical decision making and behaviour in the clinical setting. These principles are:

- ⟩⟩ Doing good
- ⟩⟩ Avoiding harm
- ⟩⟩ Respect for autonomy
- ⟩⟩ Justice.

What is important when considering Beauchamp and Childress's (2013) four principles approach to ethics is that in any given situation one has to consider the 'scope' of what one is doing. That is to say an element of judgement that reflects the situation in hand has to apply.

If we consider liaison and how this reflects the elements of the four principles approach, we might consider that the ethically active manager in the act of liaising is attempting to 'do good' for staff, other professionals, patients and other agencies; that is liaison requires establish

Table 1. Ten key roles of the manager adapted from Mintzberg (1973)		
Interpersonal roles	Informational roles	Decisional roles
⟩⟩ Figurehead ⟩⟩ Leader ⟩⟩ Liaison	⟩⟩ Monitor ⟩⟩ Disseminator ⟩⟩ Spokesperson	⟩⟩ Entrepreneur ⟩⟩ Disturbance handler ⟩⟩ Resource allocator ⟩⟩ Negotiator

relationships and negotiating good outcomes while trying to find ways of working which avoid harm. One might also argue that by communicating with other people, the manager is showing respect for their opinions and their autonomy, and that good liaison takes into account everyone's needs and is, in that respect, demonstrating justice.

Ethically active managers will role model liaison in establishing relationships with others that are inclusive and honest and they will encourage their team to do the same.

ETHICALLY ACTIVE MONITORING

All managers receive and disseminate a lot of information. Monitoring information requires the manager to be aware of formal and informal sources of information, as well as considering the nature and usefulness of the information they receive. If we apply Beauchamp and Childress's (2013) model to monitoring, it is clear that managers must only use information to achieve what is good for the team and the individual, they should not use information they come across to harm other people, nor in ways that are unfair.

For example, if managers comes across unsubstantiated information as they are monitoring their work environment, gossiping about it would demonstrate a lack of respect for the individuals involved and might cause them harm, demonstrating a lack of respect for their autonomy and is unfair. The ethically active manager, therefore, role models restraint in the way in which they manage the information they encounter in the course of their role.

ETHICALLY ACTIVE RESOURCE HANDLING

Managing resources is one of the biggest challenges facing any manager. Resources include people, time, equipment and access to treatment. Arguably one of the biggest resources managers has is their time. How managers uses their time can set precedents among the team and time management becomes a barometer for good practice in the wider team.

Ethically active managers will identify that the nature of how they share their time among the team will be regarded by many as a demonstration of how fair (or just) they are. Having perceived favourites, who are allocated more of the managers time, might indicate to the team a lack of justice (fairness) in the way in which the manager operates.

Using the staff resource fairly is a good indicator of an ethically active manager. Ethical managers will be equitable not only in spending equal amounts of time with members of the team, but also in how they allocate training and other resources to the wider team.

CONCLUSION

Being an ethically active manager requires more of the manager that just following the Nursing and Midwifery Council's Code (NMC, 2015). Ethical activity in management practice has the potential to influence the entire culture of the team, improve recruitment and retention, and manage moral distress in the team. Ethicality needs to be thought about in all management-related activity and should form the cornerstone of all action for healthcare managers. **Wuk**

REFERENCES

American Association of Critical Care Nurses (2008) *Position Statement: Moral Distress.* Available at: http://www.aacn.org/WD/practice/Docs/Moral_Distress.pdf (accessed 12.01.2016)

Beauchamp, TL, Childress, JF (2013) *Principles of Biomedical Ethics.* 7th edn. Oxford University Press, Oxford

Elpern EH, Covert B, and Kleinpell R (2005) Moral distress of staff nurses in a medical intensive care unit. *Am J Crit Care* 14(6) 523–30

Ferrell BR (2006) Understanding the moral distress of nurses witnessing medically futile care. *Oncology Nursing Forum* 33(5): 922–30

Huczynski A and Buchanan D (1991) *Organizational Behaviour: An Introductory Text.* 2nd edn. Prentice Hall, London: 494

Mintzberg H (1973) *The Nature of Managerial Work.* Harper and Row, New York

The Nursing and Midwifery Council (2015) *The code: Professional Standards of Practice and Behaviour for Nurses and Midwives.* NMC, London

Pettinger, R (2000) *Mastering Organisational Behaviour.* MacMillan, Basingstoke

Zuzelo PR (2007) Exploring the moral distress of registered nurses. *Nursing Ethics* 14(3): 344–59

Key points

▸ Ethically active management is the responsibility of all managers
▸ Failure to be ethically active can cause moral distress
▸ Ethical activity should be a feature of all management activity
▸ Ethical management requires attention to doing good, avoiding harm, respecting autonomy and behaving fairly.