Identifying leadership development needs

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To train successful clinical leaders it is vital to know nurses’ development needs.

Although there are numerous definitions of leadership, the literature shows a broad consensus that it is a multifaceted process that takes place in a group context and involves motivating others to achieve mutually negotiated goals (Northouse, 2007; Davidson et al, 2006).

A leader’s functions include: achieving group consensus; communicating and providing direction; and maintaining group cohesion to achieve effective performance.

Effective leadership in nursing and midwifery empowers individuals and groups to engage in change. In these disciplines, clinical leadership involves influencing and motivating others in care delivery by demonstrating excellence and giving support and guidance to colleagues and students, through mentorship, supervision and inspiration. It also involves demonstrating the nursing or midwifery contribution within multidisciplinary contexts.

What is leadership development?

Clinical leadership development needs can be categorised in terms of the capabilities needed to perform as a leader, usually called competence. In the broadest sense, competence is the individual’s ability to apply knowledge, skills and attitudes to a particular standard in performing a role or task.

The literature indicates an emerging consensus around the core domains of competence required of clinical leaders. These can be broadly mapped to five levels of organisational complexity: individual; team; department; organisation; and inter-organisational. Best practice approaches focus simultaneously on leader development and leadership development within the context of organisation development.

The study

A mixed method study of nurses’ and midwives’ clinical leadership development needs was undertaken in Ireland in 2009.

This article is based on a report of the study by Casey et al (2011), which in turn was based on the larger needs analysis study (Fealy et al, 2010). The larger study was commissioned by the national clinical leadership project of the (Irish) Health Service Executive and funded by the National Council for the Professional Development of Nursing and Midwifery.

Aim and method

The study aimed to describe the clinical leadership development needs of a national sample of nurses and midwives and the views of a purposive sample.

A random sample of 2,946 nurses and midwives across all grades and divisions employed in the Health Service Executive was selected. The survey response rate was 31% (n=911). A series of 22 focus groups were conducted, involving 184 participants representing all disciplines and clinical and promotional grades.

The researchers received permission from the university. Return of the questionnaire was accepted as consent to take part in the survey and each focus group participant gave informed written consent.

Clinical leadership development needs

Clinical leadership development needs were measured using a bespoke Clinical Leadership Analysis of Need Questionnaire (CLAN-Q) developed by the research team (Fealy et al, 2010).

A total of 68 items that reflected vital tasks associated with effective performance as a clinical leader were generated from the literature and review. The CLAN-Q items related to five main areas of clinical leadership development needs:

- Managing the clinical area – involves coordinating care, ensuring adequate resources, identifying care priorities and ensuring such care is provided;
- Managing patient care – involves being a patient advocate, protecting patient dignity and confidentiality, and contributing to the development of clinical practice;
- Developing oneself as an individual – includes developing self-awareness,
Developing the profession

Specialist and advanced practitioners; clinical managers; midwives’ development needs are known. Focus group data confirmed the major themes identified in the national survey. While focus group results showed disagreement on a definition of clinical leadership, there was some consensus that it was founded on expertise, experience and credibility. Being a clinical leader was seen as more challenging for clinical nurse managers and midwifery managers because of their middle management position, multiple roles and responsibilities and lack of recognition and influence that they need. Discussion

As nurses and midwives move further away from direct care, they are less sure of their roles, so their clinical leadership development needs are greater. Their successful development as clinical leaders requires planned approaches and methods that take account of individual, team, organisational and inter-organisational health system characteristics.

Clinical leadership development need is greater in aspects related to interprofessional working, negotiating organisational systems and influencing wider policy; need is perceived as lower in aspects associated with the microsystem of direct care.

For any clinical leadership development programme, it is essential that nurses’ and midwives’ development needs are known.

Recommendations

On the basis of this study’s evidence, we make the following recommendations:

» A national clinical leadership framework is needed to support all grades of nurses and midwives, and should recognise that different clinical grades have different needs.

» A combined approach that accounts for both leader and leadership development is necessary.

» Leadership development should help nurses and midwives to place their own practice within their organisational context. In particular, strategies should be developed to help them articulate their distinct contribution to care.

» Both leader development (individual and intrapersonal) and leadership development (interpersonal and organisational) must be considered as part of the spectrum of clinical leadership development.

» Development programmes should incorporate learning experiences based in work settings, with opportunities for participants to reflect on these.

Conclusion

In meeting clinical leadership development needs for nursing and midwifery, the professions should take the lead in developing education and training programmes. Such programmes should include explicit content on the fundamentals of leadership as a basis for development.

A total package of leadership development training would incorporate expert input into aspects of theory, experiential learning in clinical practice and interdisciplinary learning. Theory elements could be developed and delivered using a number of study methods, including e-learning.

As clinical leadership development is a shared responsibility, those in leadership positions must work together to secure the recognition and influence that they need. Partnership arrangements between higher education and health services therefore provide the most appropriate synergies for strategic development of clinical leaders.

This is a summary of a study first published in the Journal of Advanced Nursing (Casey et al, 2011).

References


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