IMPROVING SERVICES THROUGH LEADERSHIP DEVELOPMENT

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHOR Gillian Janes, MA, PgCLTHE, BSc, RGN, is senior lecturer and CETL4HealthNE fellow, School of Health and Social Care, University of Teesside, Middlesbrough.


This qualitative study aimed to evaluate the perceived impact of a new leadership development module (Leadership with a Purpose) from student, mentor/manager and service development perspectives. All participants reported a positive impact, with students and mentors identifying similar effects. The study supports limited research showing a positive impact of similar programmes. Its main contribution is in providing evidence on applying learning to practice in terms of service improvement following attendance. This fills a major gap in current knowledge.

The Leadership with a Purpose (LWAP) module is one of a range of short introductory programmes available to health and social care staff in the UK, some of which have been evaluated (Janes and Wadding, 2004; Cooper, 2003). Major academic reviews concur in recognising the limited empirical evidence of the impact of leadership development programmes on practice (Hartley and Hinksman, 2003; Williams, 2003), so it was important to evaluate this new, local module. A literature review was carried out – for details see nursingtimes.net.

AIM The study aimed to evaluate the perceived impact of the LWAP module in practice from mentor/manager, service development and student perspectives, in order to inform future provision. A model for this evaluation was used to show how this study adds value by evaluating at a deeper level (level 3, behavioural change; and indirectly at level 4, impact on the organisation) than usual.

METHOD An action-orientated evaluation methodology was used, which combines a focus of process evaluation with action research. The study used a qualitative, interpretive approach to data collection, which aims to capture and interpret the meaning of lived experiences of individuals. It was undertaken in the north of England.

The potential study population comprised a purposive, initial cohort sample of nine module participants from a range of disciplines and of both sexes, plus the practice mentor and line manager for each student. Inclusion and exclusion criteria were developed. All final participants were female registered nurses and worked in one of two large acute NHS trusts.

To minimise potential ethical dilemmas, recruitment to the study began after students had received assessment results.

Data collection included developing and piloting a semi-structured interview guide to ensure a degree of continuity and focus for the interviews. One-to-one tape-recorded interviews were carried out with students, practice mentors and line managers. These were transcribed verbatim as soon as possible and participants were given the opportunity to verify their transcript.

A framework guided the thematic analysis of each transcript and provided a transparent audit trail. Data analysis was undertaken independently by the researcher and a colleague involved in the project. Participants were able to verify the final themes and research report.

RESULTS AND DISCUSSION Six nurses and one midwife took part. Four interviews were with students and three with people with a dual role of practice mentor/line manager. The students had been in their current roles from a few months to almost 20 years. All were experienced. Four broad themes and several sub-themes emerged.

Theme 1: LWAP in context

The importance of contextual influences was not a new finding. However, the usefulness of leadership development in a period of personal or organisational transition was an unexpected finding not identified in the literature. All participants were experiencing personal or organisational transition. Similarly, all mentors identified transition as the motivating factor for recommending LWAP.

All mentors said students had gained from the module and they planned to continue recommending it. Mentors in particular saw the module as a means of helping staff cope with new roles and changing work practices, and leading NHS transformation.

Theme 2: Impact on the individual

Changed attitudes: Subtle but important changes in attitude were the most frequently cited differences by students and mentors.
alike. For example, a changed attitude to leadership was common. This underpinned different attitudes to service improvement, resulting in students seeing this as part of their role.

Interviewees consistently identified having greater confidence and self-esteem as a result of attending the LWAP programme. Mentors highlighted the link between these feelings, increased risk-taking behaviour and willingness to learn from mistakes. Increased confidence, self-esteem and risk-taking underpin self-belief, which is central to leadership effectiveness in the NHS (DH, 2002).

**Improved skills:** All interviewees highlighted the development of key leadership skills: increased self-awareness; influencing skills, including assertiveness and communication; and delegation. Enhanced assertiveness enabled effective accountability – another key leadership skill for NHS staff (DH, 2002).

**Increased knowledge:** Students showed increased knowledge in: leadership theory; tools and strategies; and the broader context of leadership practice. Gaining an understanding of contemporary views on leadership appeared to have the most wide-ranging effect, changing participants’ approach to the topic and helping them to see its relevance to them.

**Theme 3: Ability to work with others**

**Attitudinal changes:** Enhanced recognition of the contribution of others and the ability to motivate them were frequently identified by both students and mentors, although there were slight differences. Valuing the contribution of others led to an increased willingness to ask for and accept support. The ability to influence others was identified by both groups and attributed to improved empathy and communication.

**Enhanced ability to influence others**

**Project characteristics:** The application of learning in practice was clearly evident from the service improvements implemented by participants. Common characteristics of these were: service user focus; multiple stakeholder involvement; unexpected spin-offs; and the catalytic effect of module attendance.

Projects included: the introduction of telephone follow-up for orthopaedic patients; reducing inappropriate referrals to an antenatal unit; a daily rest period for surgical patients post-ICU; and better access to antenatal scanning. User-centred evaluation – a module requirement – resulted in positive feedback from patients.

Strong evidence emerged on the role of LWAP as a catalyst for service improvement. Project ideas were not necessarily new but, in all cases, module attendance created the opportunity, motivation and commitment for implementation.

The notion of LWAP as a driver for improvement was an unexpected finding and has not been noted by other authors. It provides a strong argument for the provision of formal programmes, including the compulsory implementation of a service improvement project.

**Factors affecting project success:** Key policy drivers for service improvement were said to facilitate project success, particularly by mentors. In addition, support from immediate colleagues and managers and a positive organisational culture were strongly linked to effective project implementation by all participants. Both groups consistently felt students’ ability to apply the enhanced knowledge and personal skills gained from the module improved project success.

Factors such as the multidisciplinary nature of practice and financial constraints were, not surprisingly, identified as barriers to implementation by both groups, although these were not considered insurmountable.

**STUDY LIMITATIONS**

One limitation of the study is that none of the students who failed to submit the module assignment participated. This may have been for a number of reasons, for example, having a negative experience of the module or being too busy to take time out of practice to participate. In addition, all participants were women.

**CONCLUSION**

The absence of an agreed framework for evaluating leadership development modules is apparent, despite massive investment in this area. The nebulous concept of leadership in health and social care means a multifaceted approach to evaluation is required.

Despite some differences, the findings are strikingly similar to those of previous studies evaluating the impact of short programmes. This study’s main contribution to the literature is its focus on the application of learning in practice through the implementation of service improvement projects. This enabled us to explore the impact of LWAP at level 3 (behavioural change) and indirectly at level 4 (impact on the organisation). This constitutes a major gap in the current body of knowledge, which this study addresses by providing evidence of service improvement following module attendance.

**REFERENCES**


