Identifying the learning needs of senior nurses

In this article...

- What senior nurses think of their role
- What will help senior nurses to develop
- An approach to ascertaining the needs of senior nurses

According to the framework, SCN/TLs should:
- Ensure safe, effective clinical practice;
- Enhance the patient experience;
- Manage and develop the performance of the team;
- Contribute to the organisation's objectives.

The LBC programme, health boards (comparable to NHS trusts) were encouraged to provide local programmes and support for SCN/TL development across the four role dimensions.

In NHS Lanarkshire there are 21 such senior nurse posts: midwifery (1); mental health care (3); primary care, including health visiting (4); medical care (3); surgical care (3); older people's care (3); emergency care (3); outpatients and diagnostic services (1). They became the focus of the local LBC programme work package.
Determining the approach

We conducted a literature review in the hope that this would help us decide on an approach to conducting a learning-needs analysis. The review identified approaches and critiques of learning/training/development needs analyses from the previous six years; this period was selected to reflect the contemporary nature of approaches and their actual or potential application to the senior nurse role, which has undergone many adaptations over time. We wanted to see whether a model approach or robust findings already existed that could be implemented, replicated or further developed.

A literature review identified about 30 publications. Around two-thirds were not considered in depth as they focused on specific clinical areas or conditions, or roles that were not relevant here. The remaining third (such as, Dallinger, 2013; Pennington, 2011; Staniland et al, 2011; Dyson et al, 2009) had a more generic focus and were reviewed in depth to see whether the approach used, or roles comparable to senior nurses, had been included. The main aim was to use these to adopt or design a learning programme, or a set of learning programmes. However, the articles referred to managers' views of the learning needs of their staff, rather than themselves; no specific approach or focus on senior nurses emerged and so there were no key recommendations to follow – there was no opportunity to replicate or develop previous work.

As the words “senior nurse” (or equivalent) had not specifically featured in the initial literature review, we conducted another to identify publications over the same time period with a specific focus on any senior nurse (or equivalent) development or learning, not just learning needs analyses. Again, about 30 publications were identified. Although the literature did not specifically discuss the staff group of senior nurses (or equivalent), it did highlight the need for, nature of, and approaches to, leadership development for a range of senior staff (for example, Ezziane, 2012; Curtis et al, 2011). Hewison and Morrell (2014) concluded that leadership development takes many forms and varies according to context; engaging with people in the role locally was therefore deemed important to enable consideration of personal and local context.

We had already decided this local work on senior nurse development would be a scoping exercise rather than formal research. Little could be drawn from the literature that was appropriate to the local context, so a specific exploratory approach was designed and conducted. This involved having a “development conversation” with each senior nurse, which had:

» A clear purpose;
» Selected main areas of focus;
» An expected range of outcomes (Box 1).

This approach was used to identify individual and collective development needs emerging from being active in the senior nurse role locally and within the LBC framework. All 21 senior nurses had a development conversation; these took place in 2015 from spring until summer.

Findings

As the approach used was not evidence-based but appropriate to the local context, nurses were sent an anonymised electronic questionnaire to comment on its efficacy. Feedback requests were distributed within a week of each interview, with participants asked to return them within one week. The opportunity to provide such feedback was highlighted at the end of each development conversation but, as it was not obligatory, no reminder was sent. Box 1 summarises the questions, along with the responses received from 16 senior nurses.

Overall, this feedback showed that development conversations needed some personal purpose. Where responses varied, it reflected the individual nature and focus of each conversation. The feedback also highlighted the value in this individual approach: it gave time for reflection, and ensured direct communication about key developments and progress in the LBC programme, as well as other significant professional matters. It also allowed for a clearer picture to emerge on the senior nurse role and related development needs.

The main points from each conversation were reviewed and split into broad themes. We identified five main themes relevant to senior nurse development:

» Becoming a senior nurse;
» Aim and ambition;
». Role perceptions, profiles and portfolios;
». Knowledge, skills, learning and development;
». Career development.

All themes and their related content were confirmed by the senior nurses; quotes are taken from interviews and reflect those of other participants.

BOX 1. DEVELOPMENT CONVERSATIONS

Purpose

» Specifically focus on, and give time for, senior nurses’ personal development and the developments required in their area of responsibility
» Look at personal and area preparedness to implement CAAS and NMC revalidation (two key leadership challenges of the upcoming year)
» Reflect key learning points from other Leading Better Care (LBC) programmes of work

Focus

» Personal reflections: role and performance, personal development and the new set of organisational values
» Reflections on area of responsibility: Senior charge nurses/team leaders’ supervisory time and supervision; staff selection, induction and succession planning; staff learning and development; staff communication and engagement
» Development: CAAS and NMC revalidation
» Personal actions: stopping, starting or continuing differently

Outcomes

Each senior nurse should:

» Feel more personally supported for the challenges ahead
» Have increased awareness of the LBC programme and its outputs to date
» Feel more confident in supporting CAAS and NMC revalidation
» Be able to better identify and plan to meet their own development needs

Information gathered would inform senior nurses’ future learning activities

CAAS = Care Assurance and Accreditation Scheme, NMC = Nursing and Midwifery Council
Becoming a senior nurse
Most senior nurses had evolved into the role – few had included it in a career plan. Most had looked, or been identified, for development opportunities in their previous post and “grew into” the senior nurse post.

Succession planning for the senior nurse role appears to be informal; seeking out “influencers and/or challengers who will make the difference” appears to form an important, yet informal, consideration. Leadership and management development, and experience, were critical to becoming a senior nurse. As such, the chance to undertake such development, and facility to provide evidence of having done so, should be given to more junior levels and sought at selection. Making managerial or leadership experiences available to more junior staff (for example, job shadowing or substitution) would be an excellent investment, creating a future talent pool and increasing awareness of the senior nurse role and its complexities.

In previous jobs, the senior nurse role had acted as a “buffer” between the clinical coalface, and senior managers and leaders so senior nurses needed the chance to learn from, and work with, a new set of people – senior managers and leaders, and other experienced senior nurses – to become effective in their role, while maintaining the connection with their clinical teams. In becoming a senior nurse, individuals needed, but had rarely received, a period of preparation, orientation and induction, including dedicated formal supervision. While new senior nurses did have transferable skills from previous work experience and learning, they needed new supported learning from the perspective of the senior nurse role. An induction/orientation period, including dedicated formal supervision, would help them identify and use transferable skills, while helping them acquire any necessary new skills.

Aims and ambitions
Each senior nurse’s aim was to make it easy for staff always “to do the right thing”, so they had to be highly influential when new developments or changes were being considered that affected their areas of responsibility. Multifaceted ambition also emerged:

- To know how to feedback and be confident doing so;
- To help people change their practice as required.

Ongoing learning and development was required and included:
- Expert observation and reflection skills;
- Expert knowledge to know what had to be done and how, thereby influencing work standards and systems;
- Expert people skills, including self-awareness, to work with and through a range of people.

From every situation encountered, senior nurses needed to exercise an “intention to learn” – to do and to review. In short, they needed to consider what had gone well (finding the value) and what could have gone better (drive for improvement).

As many situations they dealt with were unique in their complexity, they had to find ways of identifying and sharing good practice and learning, within and across areas. They had to continually address individual and collective capacity, workload management and organisational skills, exercise their individual and collective voice, and be happy to ask for help and support to continually improve themselves and their areas. More robust support for required “on the job” learning was identified.

Role perceptions, profiles and portfolios
Purposeful visibility was critical. Professional credibility and being valued as an inspirational leader and excellent role model with and by SCN/TLS was of utmost importance, emphasising the need for dedicated clinical time to actively support those SCN/TLS to deliver effectively across all four dimensions of the LBC framework.

In their clinical time and on their “patch”, senior nurses had to be “part of the team, yet apart from the team” to exercise the expected level of responsibility. They had to be proactive, not reactive; role model good reflective practice while being visible as the guardians of quality and standards; and provide meaningful feedback. Senior nurses “loved their job” and wanted to “work with others to make a difference”. For many, “it is a brilliant job”. Initially it could be “scary” as expectations were daunting. Most situations encountered for the first time in the role were new experiences, emphasising the need for continued learning support through robust task mentorship, peer support, and leadership and supervision.

Senior nurses tried to “be the best by doing the best”. They wanted, and needed, to present their role positively; it provided much job satisfaction even if, at times, it...
felt overwhelmingly busy. The role was diverse and challenging, presenting many learning situations. Senior nurses were acutely aware of the need to project this positive image and not to be, or become, so overwhelmed that the role became unattractive to themselves or others; this is a key consideration in succession planning.

There were excellent examples of senior nurse portfolios involving an oversight (clinical leadership, support and supervision) of designated clinical areas, line management for designated staff/staff groups and agreed sets of other responsibilities (for example, for national or local programmes). These were systematically reviewed and changes agreed as required, giving the nurses clarity on their responsibilities. This helped them to better manage their time and prioritisation, and be effective members of the senior management and professional leadership team. However, for some, portfolios appeared somewhat arbitrary - ever-changing and continually growing, with little local support. Periodic and systematic review was needed to ensure its focus and deliverability; management and leadership expertise was clearly required.

Knowledge, skills and development

Although senior nurses had to know their patch, they did not need to be, nor could they be, clinical experts in all areas. They did, however, need to know who the clinical experts were and/or from where the evidence base of practice derived. They had to emphasise root-cause analysis and problem solving to identify, target and build sustainability into responses, thereby reducing the incessant "fire fighting". Some practical knowledge and skills were seen as essential:

- Staff selection;
- Sickness/absence management;
- Personnel record keeping;
- Planning for individual and team learning.

Focused learning also included skills in using email, diary management, giving presentations and writing reports. It included learning to work well with administrative or other support staff or corporate services, and a commitment to continuous learning. Senior nurses mainly learned on the job and often from each other. Support, supervision and learning built on formal reflective practice were crucial.

Overall, the knowledge and skills required differed from those required of SCN/TLs (the previous role held by most). While SCN/TLs were responsible for the four dimensions of the LBC role framework in ward/department/team areas, senior nurses had a wider remit of areas, and a stronger clinical leadership, support and supervision role in exercising their responsibility for care quality, experience and staff development. To do this, they had to be able to influence, bring about sustained change, say no as well as yes, participate well in meetings, review personal effectiveness, line manage, and drive forward developments in areas for which they had delegated responsibilities (such as national programmes).

Competence in previous roles provided a sound base for taking on the role but "this was not sufficient in itself"; commitment to continuous learning was vital. Much learning was "on the job" but this had to be underpinned by skills in critical thinking, reasoning and questioning – which could be derived from robust academic learning.

Senior nurses also needed opportunities for ongoing career development. This could involve diversification through internal movement; role change, for example, through secondment or a new work portfolio; or opportunities to act up or seek promotion. Whatever the situation, opportunities helped them learn new skills and knowledge, reflect on their role and bring new learning to current or future roles.

Conclusion

From the approach taken, it can be seen that, to date, senior nurse (or equivalent) development has not been a particular area of focus in the literature, nationally or locally, in the LBC programme. This is despite the pivotal importance of the role in providing clinical leadership, support and supervision to SCN/TLs as they carry out their LBC role and bring about required change at the front line.

Each senior nurse was given an opportunity for personal reflection and growth, distinct from the existing personal development planning and review process; this was much valued and appreciated by most. However, the main outcome was the collation of a full internal report to share with managers and leaders across the organisation. This featured key recommendations (now progressing) for local senior nurse development, including developing and providing a short update/refresher programme on essential knowledge and skills, further specific input on other LBC work packages, developing a robust induction process and a role development framework for senior nurses, and further considering this kind of approach to help develop future senior nurses or others.

The overall impact of the development conversation intervention was broader than anticipated. While generic management and leadership development needs were identified, so were a range of other specific, practical and contextually relevant needs. The approach appears to be worth considering as a way of exploring the ongoing development of those in leadership positions. This also reflected the literature enabling engagement with those in the role so their specific and more generic senior nurse development needs could be identified with plans of how to address them.

The development conversation was a chance to listen to people in important, challenging roles. It has resulted in an undertaking to design, deliver and evaluate responses to the many development needs identified. This work is in progress.

References


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