When did Leadership become Clinical?
A Evolutionary Concept Analysis of Clinical Leadership

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Outline of presentation:

- Examine concept analysis as part of theory development for a Realist Evaluation of Clinical Leadership programmes
- Critically explore the Attributes, Enablers and Consequences from a concept analysis in Clinical Leadership
- Discuss the implications for workforce culture and clinical leadership programme development
Background to Clinical Leadership:

- Key to quality clinical care and service improvement (CQC 2017)
- Staffing and financial challenges (Cornwell and Fitzsimmons 2017)
- Influential factor in transforming organisational culture (West et al 2015)
- Little robust evidence of the effectiveness of Clinical Leadership Programmes (West et al 2015)
Realist Evaluation Research Design:

**Phase 1: Concept Analysis of Clinical Leadership in all Healthcare Disciplines and Identifiable Review of Clinical Leadership Programmes**
- Enablers
- Attributes
- Consequences

**Generate preliminary theory, hypotheses and tentative CMQs**

**Phase 3: Testing revised CMQ framework with new programmes**

**Phase 2: Trust Case Study with Stakeholders**
- Realist interviews
- Focus groups
- Documentary analysis

**International Advisory CMQ expert group to explore discrepancies**

**Leads to independent theory, hypotheses and CMQs**

*Figure 1: Research Design*
Why Concept Analysis?

- Identify existing theoretical strands that define a concept
- Tie and re-tie the conceptual knots to form a stronger, more coherent ‘tapestry’ of theory for conceptual clarity
- Helps determine the existing state of the science (Penrod and Hupcey 2005)
- Landscape reflects a Realist Evaluation approach
Why Concept Analysis for Clinical Leadership?

- Emerging concept
- Ambiguous term confused with leadership, management and professionalism
- Need contextual frameworks that capture the lived experience (Jefferson et al 2014)
- Clinical leaders not pre-defined roles (McSherry and Pearce 2016)
Challenges in Concept Analysis:

- Importance of philosophical stance (Bergdahl and Bertero 2016)
- Lack of clear rules for novice researchers (Walker and Avant 1995)
- Multiple perspectives e.g. AHP
- Evaluation of the maturity of the concept (Morse et al, 1996)
Evolutionary Concept Analysis method (Rodgers 1989, 2000):

- How would Clinical Leadership be recognised (action verbs) - the attributes?
- How can Clinical Leadership be enabled – the enabling factors?
- What are the consequences of Clinical Leadership that can demonstrate impact?

Figure 6-1 Cycle of concept development. (Reprinted with permission from B. L. Rodgers [1989]. Concepts, analysis, and the development of nursing knowledge: The evolutionary cycle. Journal of Advanced Nursing, 14, 330–335.)
Context: Where individuals demonstrate clinical competence, knowledge and experience in their clinical leadership.

Mechanism – why?

- Being clinically focussed
- Demonstrating and using clinical expertise to advise others
- Using EBP in care and evaluation
- Economic climate and service redesign supporting the clinical leader role

Outcomes

- Individuals (Clinical leaders and teams) shaping and influencing the organisation to impact on standards of care
Context: The hierarchical position of clinical leaders does not necessarily influence the outcomes of clinical leadership.

Mechanism – why?
- Hierarchical position not always necessary for recognition of CL role
- Staff motivated to lead

Outcomes
- Recognition of clinical leaders for all levels
- Lack of recognition of role of AHP’s as clinical leaders
- Impact of Clinical leaders in senior positions
- Context/situational influences on emerging definitions of the Clinical Leader
Context: Clinical leaders embracing and leading change and quality improvement through clinical leadership

Mechanism – why?

- Using creativity to generate new ideas and changing the status quo
- Providing vision and imagination
- Facilitating quality improvement and innovation
- Economic climate and service redesign supporting the clinical leader role support

Outcomes

- Impact on service delivery, redesign and performance
Context: Clinical leaders using transformational leadership and managerial skills to support clinical leadership

Mechanisms - why?

- Presence of managerial skills to support effective clinical leadership
- Presence of transformational leadership abilities

Outcomes

- The presence of management and transformational clinical leadership approaches
Context: Clinical leaders living the values, beliefs and professional standards and utilising resilience in their clinical leadership role and behaviours

Mechanisms – why?
- Living the values
- Resilient behaviours

Outcomes
- Consequences of living the values e.g. values matched by actions and abilities
- Providing and demonstrating a patient/person-centred approach
Context: Clinical leaders value communication and inter- and intra-professional relationships in their role and behaviours in clinical leadership.

**Mechanisms - why?**
- Communicating effectively and listens to others
- Presence of inter- and intra-professional relationship skills to enhance workplace collegiality
- Enabling collaboration across teams
- Promoting and enabling team working and engagement

**Outcomes**
- Empowerment of teams
- Impact on the workplace environment
Context: Clinical leaders value education in their roles and behaviours in clinical leadership

Mechanisms-why?

- Educating, guiding, facilitating and mentoring
- Providing information, knowledge and expertise
- Supportive workplace environment

Outcomes

- Staff retention, recruitment and professional development
Implications for the workplace:

- Strong emphasis on clinical expertise and staying clinical
- Hierarchy – leadership for all?
- Role of AHPs as clinical leaders
- Communication and interprofessional teamwork
- Leaders of change and quality improvement
- Person/patient-centred care
- Aspirational models of CL-recruitment and retention
- Resilience – of organisation more than the individual
- Education of self/others at time of severe cpd cuts
Implications for Clinical Leadership programmes

- Interprofessional to enhance intra- and inter-professional relationships
- Work-based learning
- Linked to organisational strategies for maximum impact
- Transformational leadership and Management skills still important
- Student nurses – new NMC proficiencies
- Resilience – emotional intelligence
- Evaluation of voice of the clinical leaders
- National programme evaluation
- Can CLP enhance morale and improve recruitment and retention
- Careers pathways clearer links to leadership education
Conclusion:

- Evolutionary Concept analysis can help define Clinical Leadership
- Realist evaluation offers a framework for investigating CL
- Findings link with other CL frameworks (e.g. Jeon et al 2014 and Akhtar et al 2016)
- Realist review of Clinical leadership programmes next steps
References:


Further reading:


National Improvement and Leadership Development Board. 2017. *Developing People - Improving Care: a national framework for action on improvement and leadership development in NHS-funded services.*

https://improvement.nhs.uk/resources/culture-and-leadership/#h2-concepts-


Useful resources for Realist Evaluation and Realist Review


Websites on Realist Evaluation and Realist Review:

http://www.ramesesproject.org/

- **RAMESES I** - (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) developed quality and publication standards and training materials for realist reviews and the related approach of meta-narrative reviews.
- **RAMESES II** - developed quality and reporting standards and resources and training materials for realist evaluation.

Centre for Advancement in Realist Evaluation and Synthesis (CARES) https://realistmethodology-cares.org/ accessed 14.4.18