

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

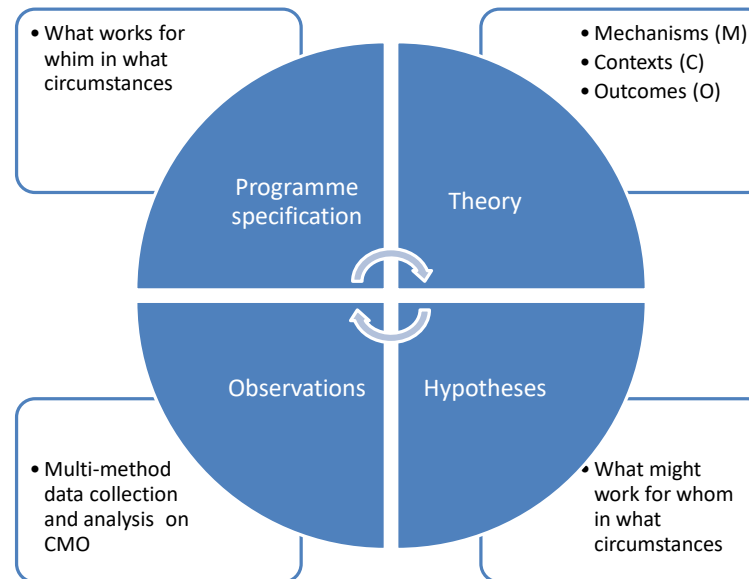


Background to Clinical Leadership:

- 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 Cycle (Pawson and Tilley 2004): *What works best for whom, when, why and in what circumstances?*



Realist Evaluation Research Design:

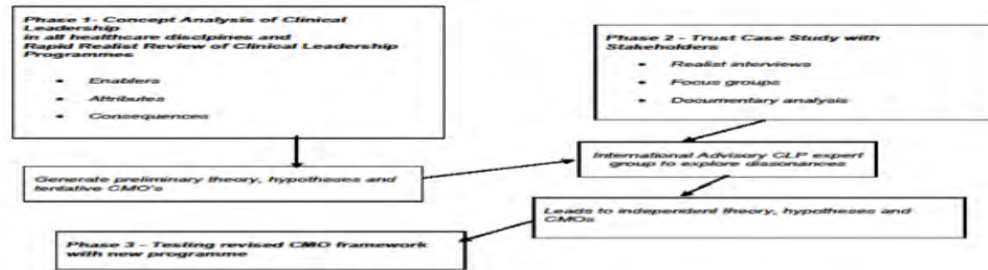


Figure 1 Research Design

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



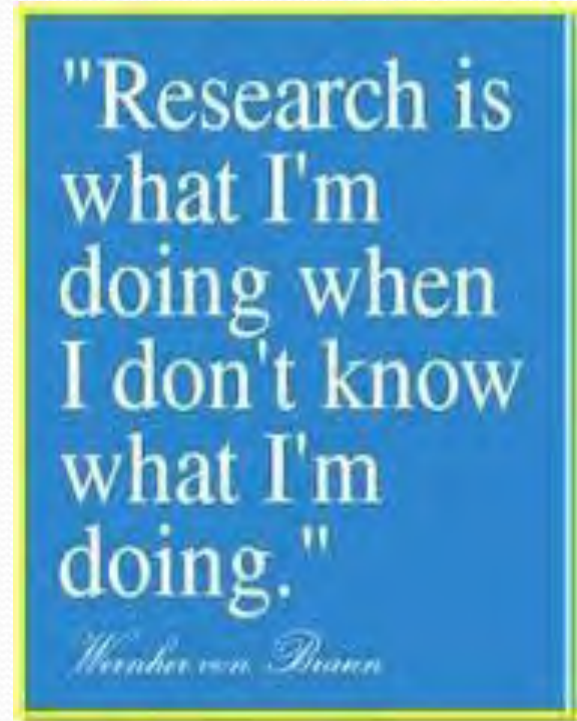
Why Concept Analysis for Clinical Leadership?

- Emerging concept
- Ambiguous term confused with leadership, management and professionalism
- Need contextual frameworks that capture the lived experience (Jefferson et al 2104)
- Clinical leaders not pre-defined roles (McSherry and Pearce 2016)



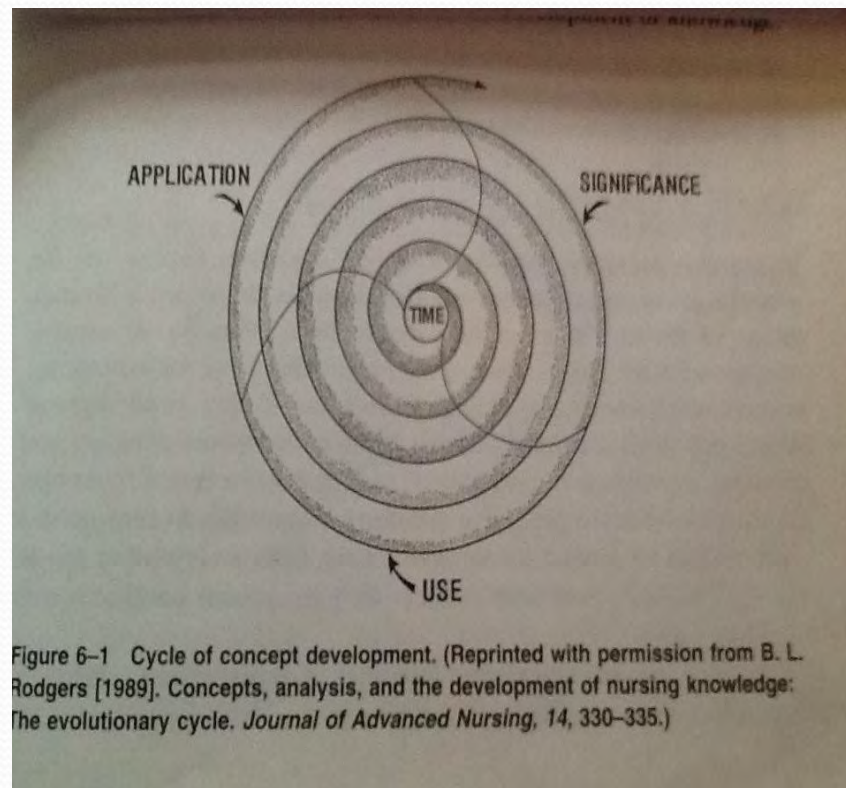
Challenges in Concept Analysis:

- 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?



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



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Realist Evaluation and Realist Review

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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)

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