Page One

BAM Exploratory Paper Word Count 1490 - 2629 including References

The impact of an action learning programme on medical consultants in senior clinical leadership roles.

150 word summary

Investment in leadership development (LD) is essential for high quality patient care (Vaithianathan, 2010). This is urgent with greater public demand (Royal College of Physicians, 2012) complexity of care (NHS England, 2013) health inequalities (Marmot, 2010) and financial challenges (Kings Fund, 2011).Ross Baker (2011) note that for building effective NHS leadership having learning strategies that test improvement and scaling up what works may be one response to this challenge.

Evaluating an action learning (AL) focussed leadership programme for Senior Medical Consultants (SMCs), the overall study examined the impact of this learning strategy at individual and organisational level to establish what is effective to deliver cultural change and embed SMCs as NHS leaders. Here, this paper will focus on one measure, data gained from the analysis of semi-structured interviews carried out with course delegates after the learning programme.

Track 12. Leadership and Leadership Development or Track 18 Organisational Transformation, Change and Development

Page Two

Introduction

In the UK at national level a number of NHS Leadership programmes have been offered in response to NHS transformation. One NHS organisation a Foundation Trust with two district general hospitals, each with a distinct culture, resulting from a merger five years ago wanted a more locally based programme that would : change the organisational culture, impact on performance, establish new networks for collaboration and improve quality and resilience of care delivery .They commissioned an action learning module within a bespoke leadership programme leading to a Post-Graduate Certificate in Strategic Management and Leadership. Action learning (Revans, 1982) is defined as : "*a process underpinning a belief in individual potential: a way of learning from our actions, and from what happens to us, and around us, by taking the time to question, understand and reflect, to gain insights, and consider how to act in future."*(Weinstein, 1995, p.3) An external evaluation of one cohort (Arup Consulting, 2012) had been undertaken showing strengths in the approach but further measures of individual and cultural change, cost effectiveness and patient care pathway outcomes are required to provide more evidence of impact and benefits for the NHS. The response is a longitudinal (one year) mixed methods case study

The main aim of this exploratory paper will be to report findings from one measure. A set of data gained from the analysis of 9 semi-structured interviews carried out with course delegates before the learning programme.

Literature Review

A backdrop of diminishing fiscal resources, public concerns over patient safety and the quality of care (Francis, 2013) and the challenging demographic of an aging population with complex needs (Oliver, Foot and Humphries, 2014) demand new ways of working in the NHS. One solution to changing the culture is that clinicians would be more engaged in leadership and management (Kings Fund, 2013, p 5). Medical Doctors and General Practitioners holding strategic clinical leadership roles are charged with making new models of care effective. Such leaders are in the gap between managerial and clinical communities (Marnoch. Mckee and Dinnie 2000), and face the differences between clinical priorities and financial controls, and individual versus systematised perceptions of clinical work (Degeling et al 2003, Kings Fund, 2013).The transformation in service models to person-centred care may affect how individuals fit with the organisational culture (Adkins & Cadwell, 2004). Equally the efficiency gains versus safety balance as set out in the Nicholson challenge remains unsolved (NHS England, 2013) as events at the Mid Staffordshire NHS foundation trust (Francis, 2013) show, illustrating poor engagement of clinical leaders and the lack of voice of Doctors (Drs) (Kings Fund, 2013, p 12). These behaviours were seen as part of a culture driven by command and control leadership. One solution to changing this was that Drs would be more engaged in leadership and management (Kings Fund, 2013, p 5). Ros Baker (2011) in a study of high performing health care organisations notes effective quality

patient care occurs when leadership is aligned and distributed across the organisation. Roebuck (2011) notes the cost to organisations of poor leadership as the role of Drs and the onset of clinical leadership from Cogwheel (1967) through to the Griffiths Report (1983) the Darzi Review (DOH, 2008) (Ham & Dickinson 2008) and Keogh (2014) has been seen as critical for effective leadership in the NHS. The commitment of Drs to this shift has been mixed. In the medical profession clinical leadership is not perceived as a specialism in its own right (Fitzgerald et al, 2006). Nor is there always clarity about what leadership roles involve (NHS Confederation, 2009) and what organisational supports are in place (Spehar et al, 2012).Storey et al (2013) report that the cross boundary context of care requires different leadership strategies and structures. Ros Baker (2011) note that for building effective NHS leadership having learning strategies that test improvement and scaling these up where they work may be one response to this challenge. Mcleraney et al (2006) in a large US study advocate a conceptual LD model based on organisational commitment to strategy, culture and structure.

The Study Research Question

The overall research question is to consider how leadership activities will come to affect performance (Kirkpatrick & Kirkpatrick, 2007) at personal, team and organisational level over time. By leadership activities we mean a planned leadership programme which uses action learning to facilitate learning though experience, success, failure or other striking moments; and the combination thereof (Avolio & Gardner 2005).

Paper Aims

This exploratory paper will report findings from one data set of the research study from 9 semi-structured interviews. The paper aims are to :

Address what happens during and after people have attended a leadership programme. Focussing on the interaction between the enthusiasm they have gained and the insights and tools they have developed and how this plays out in the context of their day to day work.

Consider the nature of any dissonance between a clinician's leadership and identity, shaped from medical school, and a changing contextual landscape requiring a different leadership style across the wider systems. A leadership approach requiring an acceptance of uncertainly, a distributed form of leadership, a focus on values and relationships as well as an open and enquiring mind-set (Welbourn et al. 2012). In other words moving from close hand direct leadership to a more diffusive leadership of influence and seeing a wider connected picture.

Paper Objectives

1. A critical review of the self reported impact of an action research programme on the leadership and management practice of nine Doctors in clinical leadership roles.

2. Whether an action learning programme can contribute to the leadership capabilities of Doctors during a period of transformation of service delivery.

3. How an action learning leadership development programme can assist organisations to develop clinical leadership.

Methodology

A narrative inquiry methodology was used. Narrative can be defined as focusing on the meanings that people ascribe to their experiences, seeking to provide "insight that (befits) the complexity of human lives" (Josselson, 2006, p.4). Its meaning and application differs across disciplines but as Reismann (2008, p 11) writes the “investigator focuses on particular actors, in particular social places at particular social times “ . Narrative inquiry seeks to explore the intention and language (Reissman, 2008, p 11) the how and why of people’s incidents and the function set by them. It is relevant for individuals or groups, and because it is case centred it offers the opportunity for refining theory and generalisation to theoretical propositions (Radley and Chamberlain, 2001). A range of methods can support a narrative approach including interviewing which was used here. The interview was chosen because it is a well understood method (Bryman & Bell 2003) in leadership research (Bryman, A, 2011) and within health (Staniland 2009), (Bolton 2004), (The Health Foundation 2014). A middle line was taken, whereby structure was provided to ensure detailed accounts of participants biographical, educational and career experiences ,with room for participants to take their own narrative path (Chase, 2005) and to pursue topics important to them (Mason 2006), but maybe unknown to the interviewer.

Sample

A representative sample of nine senior medical consultants from the leadership programme were interviewed. All were in full time Senior Medical Consultant roles. There were seven men and two women in the sample.

The Interviews

An interview schedule was designed with four main areas for exploration. Initial questions were aimed at gaining a picture of the participants’ leader ship story – their leadership experience, role development learning style preferences and educational models experienced prior to the educational programme. Secondly questions aimed at getting an indication of use of action learning as a model of leadership development were planned. Thirdly participants were asked to explore their action learning set experience. Finally any accounts of self or peer reported behaviour change in the workplace as a result of the ALS approach were sought to gain insights into leadership activities and their perceived effect, both in terms of how they made sense of experience (Weick 2001) and the leadership decisions taken. These four areas of exploration were planned with a set of probes if more detail was required. A Research assistant undertook the interviews. Often in discussions around the interviewer / interviewee the power relationship is explored – the researcher being viewed as the holder of power. As the participants were all senior medical consultants we upheld the view of Trahar (2009) that the power in any interview shifts constantly -the difference in narrative inquiry

being that this is explored more explicitly in the form of participants intentions and messages presented.

Data Analysis and Findings

Data Analysis and findings of this cycle of the research will be reported and include: the identification of key learning activities for skill development for individual and organisational learning. Impacts will include evidence of change in leadership behaviour and style via self report. The influence of the programme on organisational culture will be critiqued.

Next Steps

These will be explored in the full paper.

References

Arup Consulting., 2012 An evaluation of a Postgraduate Clinical Leadership Programme in an NHS Foundation Trust Leeds: Arup Consulting

Avolio, B.J. & Gardner, W.L., 2005. Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*, 16(3), pp.315–338. Available at: http://linkinghub.elsevier.com/retrieve/pii/S1048984305000263 [Accessed March 20, 2014].

Bolton, S.C., 2004. A Simple Matter of Control ? NHS Hospital Nurses and New Management *. *Journal of Management Studies*, (March).

Bryman, a., 2011. Mission accomplished?: Research methods in the first five years of Leadership. *Leadership*, 7(1), pp.73–83. Available at: http://lea.sagepub.com/cgi/doi/10.1177/1742715010386864 [Accessed November 24, 2014].

Bryman, B. & Bell, E., 2003. *Business Research Methods*, Oxford: Oxford University Press.

Chase, S. 2005 Narrative inquiry: Multiple lenses, approaches, voices. In N.K.Denzin and Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* California: Sage.

Corlett, S., 2012. Participant learning in and through research as reflexive dialogue: Being "struck" and the effects of recall. *Management Learning*, 44(5), pp.453–469. Available at: http://mlq.sagepub.com/cgi/doi/10.1177/1350507612453429 [Accessed March 21, 2014].

Cunliffe, A.L., 2002. Reflexive Dialogical Practice in Management Learning. *Management Learning*, 33(1), pp.35–61. Available at: http://mlq.sagepub.com/cgi/doi/10.1177/1350507602331002 [Accessed October 21, 2013].

Darzi, A. 2008., *High Quality Care for All: NHS Next Stage Review (Final Report)*. London: Department of Health

Degeling,P. Maxwell, S.Kennedy, J.Coyle,B. 2003., Medecine,management and modernisation : a ‘danse macabre’ ? *British Medical Journal* , vol 326 pp649-52.

Donaldson, A., Lank, E. & Maher, J., 2011. *Communities of Influence - Improving healthcare through conversations and connections*, London: Radcliffe Publishing Ltd.

Fitzgerald, L.Lilley, C.Ferlie, E.Addicott, R. McGivern, G.Buchanon, D.A. 2006., Managing change and role enactment in the professionalised organisation. Report to the National Coordinating Centre for NHS Delivery and Organisation R and D. London : (NCCSD0) .

Francis, R. 2013., Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London : The Stationary Office.

Gray, D.E., 2007. Facilitating Management Learning: Developing Critical Reflection Through Reflective Tools. *Management Learning*, 38(5), pp.495–517. Available at: http://mlq.sagepub.com/cgi/doi/10.1177/1350507607083204 [Accessed December 29, 2014].

Gratwick-Sarll, K; Mond, Jonathan Hay, P. 2013., Self-Recognition of Eating-Disordered Behavior in College Women: Further Evidence of Poor Eating Disorders "Mental Health Literacy" *Eating Disorders* 21.4 (Jul 2013): 310-327

Griffiths Report 1983., NHS Management Inquiry. London : Department of Health and Social Security.

Ham, C. Dickinson, H. 2008., Engaging Doctors in Leadership. Coventry : NHS Institute for Innovation and Improvement.

HMSO 1967., First Report of the joint working party on the Organisation of Medical Work in Hospitals.(the Cogwheel Report) London Her Majesty's Stationery Office .

Josselson, R. (2006). Narrative research and the challenge of accumulating knowledge. *Narrative Inquiry*, 16(1), 3-10.

Kings Fund 2013., Patient Centred Leadership. London : Kings Fund.

Lynch M, Verner E.2013., Building a clinical leadership community to drive improvement: a multi-case educational study to inform 21st century clinical commissioning, professional capability and patient care. *Educ Prim Care.* 2013 Jan;24(1):22-8.

Mason, J., 2006. Mixing methods in a qualitatively driven way. *Qualitative Research*, 6(1), pp.9–25. Available at: http://qrj.sagepub.com/cgi/doi/10.1177/1468794106058866 [Accessed May 1, 2014].

Macintyre, G. Green,P.L. Orme, J.Crisp, B.R.Manthorpe, J.Hussein,S. Moriarty,J. Stevens, M.Sharpe, E. 2011., Using vignettes to evaluate the outcomes of student learning ; Data from the evaluation of the New Social Work Degree in England. *Social Work Education* vol 30, no 2: 207-222.

McAlearney, A.S. 2006., Leadership development in healthcare: a qualitative study *Journal of Organizational Behavior* Volume 27, Issue 7, pages 967–982

Marnoch, G. McKee, L. Dinnie, N. 2000., Between Organisations and Institutions. Legitimacy and Medical Managers. *Public Administration* vol 78 pp 967-87.

Moldavsky, et al Maria; Pass, Sarah; Sayal, Kapil 2014.,Primary school teachers' attitudes about children with attention deficit/hyperactivity disorder and the role of pharmacological treatment *Clinical Child Psychology and Psychiatry* 19.2 (Apr 2014): 202-216.

Nicholson, D., 2008. *NHS Chief Executive's annual report 2008/09*, Available at: http://www.healthcare-today.co.uk/doclibrary/documents/pdf/215_the_year_2008-09.pdf.

Oliver, D. Foot, C.Humphries, R. 2014., Making our Health and Care Systems fit for an elderly population. London : Kings Fund.

Phillips N, Byrne G. 2013., Enhancing frontline clinical leadership in an acute hospital trust. *J Clin Nurs.* 2013 Sep;22(17-18):2625-35. doi: 10.1111/jocn.12088. Epub 2013 Apr 5.

Plsek, P.E. & Greenhalgh, T., 2001. Complexity science: The challenge of complexity in health care. *Bmj*, 323(7313), pp.625–628. Available at: http://www.bmj.com/cgi/doi/10.1136/bmj.323.7313.625 [Accessed August 23, 2011].

Radley, A. Chamberlain, K. 2001 Health Psychology and the study of the case: from method to analytic concern. *Social Science and Medicine,* 53, 321-332.

Ramsey, C., 2014. Management learning: A scholarship of practice centred on attention? *Management Learning*, 45(1), pp.6–20. Available at: http://mlq.sagepub.com/cgi/doi/10.1177/1350507612473563 [Accessed July 20, 2014].

Revans, R.W. 1982 *What is Action Learning?* Journal of Management Development, Vol. 1, No.3.

Riessman, C. K. 2008 *Narrative methods in the human sciences.* Thousand Oaks, Ca.: Sage.

Ross Baker, G. 2011., The role of leaders in high performing health care systems. London : Kings Fund.

Schön, D., 1991. *The Reflective Practitioner - How professional Think in Action*, Aldershot: Ashgate.

Spehar I, Frich JC, Kjekshus LE. 2012., *Clinicians' experiences of becoming a clinical manager: a qualitative study.* BMC Health Serv Res. 2012 Nov 22;12:421. doi: 10.1186/1472-6963-12-421.

Staniland, K., 2009. A sociological ethnographic study of clinical governance implementation in one NHS Hospital Trust. *Clinical Governance: An International Journal*, 14(4), pp.271–280. Available at: http://www.emeraldinsight.com/10.1108/14777270911007782 [Accessed October 21, 2013].

Storey, J., and Holti, R. 2013., Possibilities and Pitfalls for Clinical Leadership in Improving Service Quality, Innovation and Productivity, Final report. NIHR Service Delivery and Organisation programme available from http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_09-1001-22_V05.pdf

The Health Foundation, 2014. *Perspectives on context - A selection of essays considering the role of context on successful quality improvement*, London.

Trahar, S. 2009. Beyond the Story Itself: Narrative Inquiry and Autoethnography *Intercultural Research in Higher Education* Volume 10, No. 1, Art. 30 – January 2009.

Weick, K.E., 2001. *Making Sense of the Organization*, Malden MA: Blackwell.

Weinstein, K. 1995 (2nd edition) *Action Learning* Aldershot: Gower

Welbourn, D. et al., 2012. *Leadership of whole systems*, London. Available at: http://www.kingsfund.org.uk/sites/files/kf/leadership-whole-systems-welbourn-warwick-carnall-fathers-leadership-review2012