Understanding and Maximising Leadership in Pre-registration Healthcare Curricula

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Working in partnership with:

University of Worcester   Coventry University   Keele University

Authors and Key Contributors

Principal Investigator
Louise Jones, Strategic Director for Health and Well-being, University of Worcester

Lead Commissioner
Adam Turner, Leadership OD and Talent Programme Lead, Health Education West Midlands

Laura Torney
Research Assistant, Institute of Health and Society, University of Worcester

Sarah Baxter
Director Health and Social Care Unit, Faculty of Health and Life Sciences, Coventry University

(Carole) Dawn Johnson
Head of Continuing Professional Development, School of Nursing and Midwifery, Keele University

Anne O'Brien
Director of Undergraduate programmes and Senior Lecturer in Physiotherapy, School of Health and Rehabilitation, Keele University

Dr Patricia Owen
Director of Undergraduate programmes and Senior Lecturer in Nursing, School of Nursing and Midwifery, Keele University

Dr Alan Taylor
Senior Lecturer, Leadership, Management and Service Development, Faculty of Health and Life Sciences, Coventry University.

Robert Dudley
Associate Head of Institute (Professional Programmes) and Head of Academic Unit of Nursing, Midwifery, and Paramedic Science, Institute of Health and Society, University of Worcester

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Foreword

Everywhere we look in healthcare we acknowledge that developing leadership at all levels is one of our highest priorities to help sustain the future of our NHS. When we think of increasing success and efficiency in how we enable our future leaders to feel prepared we often hear questions surrounding why we tend to focus our efforts on developing professionals who are already in leadership positions. . An analogy I find useful here is we stick a plaster on it, rather than putting in place significant effort to prevent the wound in the first place.

This leads me to a more exciting prospect: What would happen if we re-focused our efforts toward inclusively enabling our healthcare leaders at the start of their professional careers, rather than waiting for the individuals to be ready to step into a leadership position before we consider offering them leadership development? This naturally leads our focus toward maximising leadership development throughout our professional talent entry points; our pre-registration student healthcare workforce.

Every year we invest significant funding and resources into our pre-registration workforce. What would happen if we started to enable common standards for leadership development before the start of their professional careers as registered healthcare workers? What difference would this make to the long term future of healthcare and our talent pipelines?

During 2014, Health Education West Midlands Leadership Team identified a unique research gap in enabling healthcare to understand what constitutes great leadership development in the pre-registration curricula. Our aim was that this research could eventually help our University partners integrate professional leadership standards when re-developing their pre-registration curricula.

Following expressions of interest, we commissioned a partnership between several Universities to explore how we could begin to maximise leadership development within the pre-registration curricula. The aim was to both explore existing best practice with a view to learn from this, and to create new empirical research to begin to understand a variety of stakeholder perspectives into what great leadership development for our multi-professional pre-registration student population could look like.

This research report provides an overview of findings from this initial exploratory work. Our ambition is for this to be a starting point for sharing and enabling best practice in pre-registration leadership development and beginning to identify what good looks like for when our University partners begin to re-develop curricula. Our aim is for this work to spring-board into wider research with a view toward identifying helpful pre-registration leadership development standards. This will enable our multi-professional student population to enter the professional healthcare workforce already having started their professional, personal and continual leadership development journeys, reducing the need for leadership development later on in their careers

Adam Turner
Leadership OD and Talent Programme Lead | Health Education West Midlands

1. Summary

Effective and influential leadership within healthcare organisations is essential to ensure high quality standards of care (Bohan and Laing, 2012., Francis, 2013., Jukkala et al, 2010., Macphee et al, 2012., Squires et al, 2010., & Wong and Laschinger, 2012). To offer this, healthcare providers and educators need to facilitate leadership development in students from the very beginning of their healthcare careers.

Three Universities in the West Midlands in collaboration with Health Education West Midlands undertook a research project to explore leadership development at pre-registration level in non-medical healthcare curricula through three approaches, specifically:

- Describing the approach toward leadership development in pre-registration curricula at the three participating Higher Education Institutions;
- Scoping the current literature in regards to the requirements for good leadership development, approaches taken and any evidence for positive impact;
- Investigating, through focus groups with key stakeholders what is effective leadership and how this may be communicated to pre-registration students.

Three individual and innovative approaches are taken to leadership development in curricula of the three HEI's, and the positive impact of inter-professional learning, extra-modular and inter-modular approaches, as well as various teaching and assessment strategies was evidenced in both internal evaluations and the results of the focus group discussions with stakeholders. This evidence has all contributed to the development of specific leadership recommendations for healthcare educators:

- Explicitly branding leadership skills within curricula and emphasising the importance of these within the clinical environment
- Reinforcing to students that it is the responsibility of healthcare professionals at all levels to demonstrate leadership qualities and behaviours relevant to the role
- Utilising the experience of Service Users collaboratively in the delivery of taught modules and assessment
- Adopting an overarching Inter-Professional Learning (IPL) approach that integrates across professional programmes
- Encouraging self-assessment of leadership skills for all healthcare students
- Ensuring the assessment of leadership behaviours in the practice setting

As well as identifying the background and detailed findings of the project, this report explores best practice and places emphasis on using the narratives of participants to tell their stories and perceptions of how the healthcare system should be addressing the opportunity to enable pre-registration students to become leaders from the beginning of their careers.

Further recommendations have been made for future research in order to identify and create guidance for identifying effective leadership and strategies for engagement of all stakeholders to enable a collaborative approach in producing this outcome. In addition, it is hoped that this report will stimulate discussion around developing a common approach to integrating leadership into all undergraduate pre-registration curricula.

2. Background

There is currently a national drive to increase clinical leadership at all levels within healthcare practice, partly in response to the Francis Report (2013). A recent leadership needs analysis conducted by Health Education West Midlands identified that there was very little understanding of what 'good' leadership development looked like in pre-registration education, and exploration of the literature associated with this project suggests that research is also very limited in this area.

However, research strongly indicated a range of leadership approaches and strategies which can benefit health outcomes (Storey and Holti, 2013a., & Pearson et al, 2004). In addition there is some evidence in the nursing literature to suggest that newly qualified nurses benefit from a period of preceptorship support as a mechanism to develop confidence and competence in their new role which encompasses aspects of leadership development (Whitehead et al, 2013). It was felt that this could be further examined in light of developing healthcare student leadership skills in their and others pre-registration programmes. Therefore, there was an opportunity to explore and maximise leadership development in the curricula and prepare new graduates to develop leadership attributes before moving into their qualified professional roles, including potential future clinical leadership roles.

Outputs from this study will provide, in conjunction with the Healthcare leadership model (NHS Leadership Academy, 2013), valuable information to address the ongoing focus on increased clinical leadership at all levels within non-medical healthcare, and will potentially have a significant impact on future NHS leadership through enabling maximisation of leadership development within the pre-registration nursing and allied health professional curricula.

The following stakeholders were identified as all holding unique and valuable viewpoints regarding leadership, which contributed to a golden star of leadership encompassing the experience of the service user / carer at the centre.

3. The Research Team

3.1 University of Worcester

The University of Worcester is one of the fastest growing University's in the UK and the only Higher Education Provider in Herefordshire and Worcestershire. It runs courses at undergraduate, postgraduate and doctoral level in a wide range of academic disciplines. The Institute of Health and Society (IHS) is the second largest department in the University and is committed to providing high quality, flexible education that meets sector requirements.

Louise Jones: Strategic Director for Health and Well-being, University of Worcester

Laura Torney: Research Assistant, Institute of Health and Society, University of Worcester

3.2 Keele University

Keele University was one of the first new United Kingdom universities of the 20th Century, achieving University status in 1962. The University provides high quality teaching across a wide range of academic and vocational subjects at undergraduate to post-doctoral levels and is one of the UKs largest integrated campus universities. The Faculty of Health offers teaching and research in medicine, physiotherapy, pharmacy, nursing and midwifery and is the largest University Faculty.

Anne O'Brien: Director of Undergraduate programmes and Senior Lecturer in Physiotherapy, School of Health and Rehabilitation, Keele University

(Carole) Dawn Johnson: Head of continuing professional development, School of Nursing and Midwifery, Keele University

Dr Patricia Owen: Director of Undergraduate programmes and Senior lecturer in Nursing, School of Nursing and Midwifery, Keele University

3.3 Coventry University

Coventry University has a strong commitment to students and their learning experience and a reputation for excellence in education and providing supportive learning environments. The Faculty of Health and Life Sciences (HLS) has a proven background in delivering high quality programmes at both undergraduate and postgraduate levels that have been designed in the context of NHS policy drivers to prepare and develop a range of health and social care practitioners to work in today's health care environment.

Sarah Baxter – Director Health and Social Care Unit, Faculty of Health and Life Sciences, Coventry University

Dr Alan Taylor - Senior Lecturer, Leadership, Management and Service Development, Faculty of Health and Life Sciences, Coventry University.

4. Project Aims

The following aims were identified and agreed by the project team in collaboration with the commissioners:

1. To scope the different approaches taken to leadership development in pre-registration education at the three participating HEI's
2. To undertake a literature review to identify and synthesis current evidence
3. To examine the expectations of various stakeholders relating to leadership in healthcare through the use of focus groups
4. To devise recommendations for how leadership development might be progressed in pre-registration education and identify potential areas for future research

5. Current Approaches to Leadership at Participating Universities

The first aim of the project was to scope the different approaches taken to leadership development in the participating universities and so identify and disseminate current practice. The University of Worcester, Keele University, and Coventry University each provide pre-registration education for Nurses, Midwives, and Physiotherapists. Two of these also train and educate future Occupational Therapists and Paramedics, and one currently also offers a Dietetics programme. The leadership agenda is addressed in different ways both intra-modular and extra-modular, and inter-professionally as well as uni-professionally as can be seen below:

5.1 University of Worcester

The Institute of Health and Society run a wide range of courses in Leadership both at undergraduate and postgraduate levels, including innovative bespoke provision for the Royal College of Nursing for a wide cross section of practitioners, registered and unregistered, which enables staff to reflect on the leadership challenges and the impacts of these within individual contexts and the wider health economy:

In the undergraduate curricula, various approaches to leadership development are taken. The Academic unit of Nursing, Midwifery and Paramedic Science each take individual but similar approaches to incorporate leadership into the curriculum whilst the academic unit of Health and Applied Social Sciences (including both Physiotherapy and Occupation Therapy) works collaboratively to educate students in leadership and ensure these skills upon qualification.

Nursing

Leadership theory and applied leadership learning is spiralled throughout the curriculum, and learning is evidenced by all students and assessed in every module. There is no individual leadership / management module and the nursing students no longer have generic modules including students from other courses such as midwifery. The approach to leadership is developmental – and becomes more applied as students' progress throughout the course.

In the first year, most of the content is focussed on self-management and personal development, for example; time management, reflective practice, team-work theory, and the organisation and structure of health and social care. The second year module expands on the theoretical aspects, taking a generic approach and covering various leadership theories. Then in the final year, the focus is on applied leadership within clinical settings, split into field-specific content. Assessment through presentations, posters and reflections are included throughout the curriculum, encouraging development of, reflection on, and demonstration of teaching and communication skills. Teaching of leadership skills includes scenario's to work through, whereby the students are often filmed and given the opportunity to view the recording and reflect on their own skills and way of dealing with a scenario. Skills modules address leadership in depth, however are not assessed specifically. The students' final 3rd year assessment in the field specific module includes a question implemented specifically to assess students' ability to manage a situation and recognise leadership within the situation. The final practice placement reflection also addresses leadership skills.

Midwifery

The entire midwifery curriculum at the University of Worcester takes an Enquiry-Based Learning (EBL) approach. Throughout the programme, triggers are presented which are directly aimed at exploring and developing leadership skills. Many of these involve planning care on a ward and prioritising workload within the team, whilst focusing on a specific scenario. In particular, the module 'The lifelong learner' is completed by students in year one, which develops in their 2nd and 3rd years of study. Similar to the nursing programme, the first year module focuses particularly on self-management. In the second year communication skills and developing identity within inter-professional teams are further explored, and in the third year this module accounts for their independent study.

In 2013, an evaluation of the programme sought students' views on how EBL had impacted upon their learning. Analysis of the questionnaires showed that the positive aspects of EBL that students were most likely to perceive were increases in critical thinking (73%), problem-solving skills (68%), and leadership skills (66%). Students' leadership skills are also encouraged and developed through implementation of student-led projects whereby students take responsibility for developing and implementing a new tool for learning and teaching.

Physiotherapy & Occupational Therapy

Leadership is integrated as a vertical theme throughout the pre-registration curricula. The concept of strengths-based leadership is introduced to students in their first week of year 1. They are encouraged to undertake a psychometric profile whereby they identify their own strengths, weaknesses, concerns and opportunities before their first placement begins and are given the opportunity for a one-to-one debrief with a University coach. They may also choose to have follow-up meetings in the second and third year. Impact is difficult to measure; however, visits to students in practice areas have demonstrated a level of independence in practice which was not necessarily predicted so early in the programme.

Physiotherapy and Occupational Therapy students share 2 main modules. 'Effective Communication and Ethical Practice' in the first year of study addresses communication skills and promoting positive relationships. In the second year, the two groups of students complete the module 'Team Working and Enabling Others', which expands on the first year inter-professional module by requiring students to 'reflect on styles and theories of leadership and management across a range of care settings, and explore, reflect upon and critique own experiences of team working relevant to health and/or care sectors.' In addition to leadership and organisation development being integrated into the modules at all levels, culminating in a year 3 module entitled *Leading for Enhanced Service Delivery*, extra modular leadership activities occur such as one-to-one strengths-based coaching and interdisciplinary action learning sets in relation to their practice based learning.

Students on these programmes commence clinical placements early on in their course, after only 6 weeks of the course. In addition, instead of full-time placement blocks separated from blocks of university modules, placements are part-time and run alongside University modules. In the first year, students begin clinical placements for one day per week, and by the end of the second year placements are 2.5 days per week. Research suggests that experiencing placements early on in the course encourages leadership and personal responsibility within the students.

Paramedic Science

The Foundation Degree in Paramedic Science runs over 2 years, throughout which leadership is incorporated both in taught curricula and practice assessments, with a focus on leadership development, including leadership theory. Students in their first year of the foundation degree are introduced to leadership roles in practice, and assessed on competencies around leading and managing a scene by their practice mentor. In the second year this develops to allow students to manage a scene independently. In addition, during the 2nd year of the programme, students complete 30-credit module relating to leadership and research entitled "Research and Professional Practice". Half of this module is assessed through research and the other half is based on leadership theories. For the assessment students are required to discuss leadership elements in a given scenario and are assessed on group work through a Problem-Based Learning approach.

The programme is innovative from a Paramedic Science perspective as the approach considers leadership.

5.2 Keele University

The University's internationally renowned School of Management collaborates with the Institute of Clinical Leadership demonstrating innovative collaborative work in this area, both at undergraduate and postgraduate levels. Based in the Faculty of Health, varying levels of study are available for health workers of all disciplines seeking to develop clinical management and leadership potential. Offers include:

- A leadership development programme for Clinicians
- A post-graduate Certificate in Healthcare Leadership and Management
- Leading at the Frontline – Leadership Programme for Nurses

Nursing

The School of Nursing and Midwifery has an undergraduate pre-registration curriculum which foregrounds the Nursing and Midwifery Council's (2008) Domain of Leadership, Management and Team Working and is innovative in the integration of practice and theory across the programme. The teaching of leadership, management, and team working - although a distinct domain - is delivered widely within the other domains and fields of nursing. Inherent in this design is the concept of reflection which allows students to develop solution focussed skills across modules- again facilitating the integration of theory and practice. Some of the key innovations in the programme include:

1. Modules allowing integration of theory and practice learning outcomes and reflective learning on the development of leadership attributes.
2. Assessment of leadership abilities formatively and summatively in practice throughout the programme. This includes milestone assessments where students develop skills and knowledge to lead holistic management of care need using a multi-disciplinary approach
3. A team-working project which allows students to link theoretical ideas about leadership to the actual development of their project. This has been shared with Directors of Nursing across the region.
4. A practice - based dissertation which enables students to consider ways to lead and improve service within their specific area of interest.
5. The attainment by the end of the programme of the ILM award through work in the Distinctive Keele Curriculum.

6. The ability to represent their fellow students as part of School committees and the potential to be involved in a range of volunteering and ambassadorial opportunities.
7. Participation in Faculty Inter-professional Education with midwifery students, medical students, physiotherapy students and pharmacy students. This allows developing understanding of roles of all of the Multi-Disciplinary Team, essential in leadership and team-working.
8. The Leadership, Management and Team Working domain across the three years includes learning about the role of the registered nurse in leadership, leadership and management theories, behaviours and values, the NHS Leadership Academy and transactional and transformational leadership, Authentic leadership, team working and leading a team, and skills of delegation, persuasion, and negotiation and leadership in developing quality.

Midwifery

Midwifery education is also designed according to standards set by the NMC and focuses on students learning to deliver woman centred care. In addition leadership and management within the undergraduate pre-registration midwifery programme follows the guidance from the Distinctive Keele Curriculum and the NHS Leadership Academy. The content builds over the 3 years from a concentration on the development of personal qualities in year one to an emphasis on working with others in year two. In the final year the focus centres on the midwife as leader in understanding services, responding to quality issues and improving services.

Innovations across the midwifery programme include:

1. Personal Skills development, and learning around time management, assertion, negotiation.
2. Developing clinical decision making through practice scenario's
3. Quality, risk assessment frameworks & tools for investigations of adverse incidents to include whistle blowing and raising concerns
4. Statutory Supervision
5. Framework for the management of the maternity services/staffing levels
6. Shadowing clinical leaders to develop clinical leadership ward management
7. The process of audit for service improvement
8. Café style service improvement work

Physiotherapy

The School of Health and Rehabilitation embeds leadership teaching and learning in academic sessions and practice from the first to final year of physiotherapy study in the pre-registration programme. Leadership is embedded within two main strands of teaching of the BSc (Hons) Physiotherapy programme; professional practice (4 modules across 3 years of UG programme) and the practice based component (7 placements of 1-5 week duration over the 3 years of the programme). The integration of leadership across years and modules of teaching both within the academic setting and the clinical setting means that the concept and relevance of leadership is introduced in several modules, reinforced and developed across the spiral curriculum of the three years of the programme.

In the first year leadership is introduced within the teaching associated with the professional and regulatory body frameworks. A 'Patient Experience day' also runs in the first year allowing patients to share their experiences (good and bad) being assessed and treated by health care professionals.

The concepts of leadership, clear and effective communication, clarity about direction and prognosis are often discussed during the day. This is developed further and integrated within Preparation for Practice sessions in the 2nd year, where the CSP Rules of Professional Conduct and CSP Code of Professional Values & Behaviour are discussed and reinforced with case scenarios to challenge the student to apply the professional requirements. Patient scenarios require the student to consider and apply what they have learnt about leadership.

Within the 2nd year the qualities of effective leaders, various models of leadership and theories around the development of leaders are reviewed. Students are introduced to the Leadership Academy of the NHS and the NHS leadership framework is examined. This knowledge is then integrated into a clinical context as students are made aware how therapy managers and senior staff are required to implement the leadership framework within health policy. To ensure this aspect of leadership is valued by students, this aspect is directly linked to a module assessment. Students are required to identify a national or local trust policy and write a report based on a local practice/procedure encountered whilst on clinical placement. A reflection based on their experience(s) of the application of this local practice/procedure is the final aspect of this 2nd year assessment.

The focus on leadership is expanded further within the Professional Practice Strand in the final year of physiotherapy study within the academic setting. Emphasis is placed upon leadership being a part of lifelong learning and especially in clinical practice. Led by a local Allied Health Professional (AHP) Lead and Therapy Manager, students are required to identify and debate areas for service developments, evaluating optimal ways to improve the service via audit/ service evaluation methodology. This is further explored within another 3rd year practice placement where students document a report relating to a service improvement from the perspective of patient, clinician, manager and commissioner. The student then defends and justifies their report in light of best evidence from the literature in an oral examination. Throughout the 3rd year practice based component, student leadership and management skills are assessed and graded by practice educators.

Additional faculty and university opportunities exist for all undergraduates to participate in cross Faculty IPE where leadership opportunities are often taken up by physiotherapy students.

5.3 Coventry University

The centrality of inter-professional leadership development to pre-registration curricula across all health profession courses was reinforced in the 2013 re-approval with the approval of the new Collaborative Curriculum, which threads leadership competencies throughout all three years of the undergraduate curriculum. In addition, Clinical Leadership modules are delivered to over 700 third-year and Masters Students across the Faculty. The dedicated leadership courses offered include:

- MSc in Leadership and Management in Health and Social Care
- MBA in Health Care Management
- BA(Hons) International Leadership and Management in Health and Social Care.

The undergraduate Collaborative Curriculum (2013) aims to reflect contemporary practice issues and spans 2, 3 or 4 years according to the relevant professional course structure. The 2013 Curriculum

was developed from previous success with an inter-professional learning pathway in the 2008 Curriculum. The Collaborative Curriculum is composed of 5 modules, which embrace the main themes that are central to the development of collaboration in health and social care. The collaborative modules are delivered across the participating health professional courses in a range of delivery methods that will engage with the overarching themes of communication, cooperation and collaboration, and at each level, the associated integrated collaborative capability framework. The final module, which will first be delivered in early 2016, "Working Together to Lead Service Improvement", has the following aim: that students are supported to gain a commitment to ongoing reflection and learning, underpinning their development as competent health and social care professionals to take up leadership roles as reflexive practitioners in complex service delivery environments.

The intention is that students are supported to gain a commitment to ongoing reflection and learning, underpinning their development as competent health and social care professionals to take up leadership roles as reflexive practitioners in complex service delivery environments. Students are supported to work in small inter-professional teams (normally made up of students from at least three different pre-registration professional courses) with local communities, patient, carer and service-user groups, to develop service improvement proposals, which can produce positive, measurable improvements in person-centred care. Student teams produce a project proposal, which is assessed by staff and other student teams with contributions to that assessment from patient, community, service groups (as above). Students will also be exposed to self and team development activities and tools which will allow them to explore and reflect upon their own professional identity, leadership competency, and increase their self-awareness. Individual students then produce a critical analysis of their own team's work and their own contribution to successful collaborative inter-professional practice. The themes underpinning success are inter-professional collaboration, an understanding of "leadership" sympathetic to the tensions within health and social care, relational practice and systems thinking, and a solid underpinning in improvement science.

The 2013 collaborative curriculum responded to feedback gained from students in 2012, and is foregrounding a framework of communication, cooperation and collaboration. This is within a values-based curriculum implemented through Enquiry-Based Learning (EBL). An underlying focus on patients, on deep change in health and social care through inter-professional, patient-focused collaboration is immensely significant, and understood as applied leadership thinking. The integration, and propagation, of inter-professional leadership across curricula is not an overly simplistic implementation of "leadership training" but a more nuanced and purposeful understanding of leadership contextualized to health and social care, and fully congruent with the conclusions of the HEWM-commissioned Delphi study.

In the development of the collaborative curriculum Coventry University can evidence creativity, inter-professional cross-boundary working, compassion and reflexivity. Through strategic networking and intelligence gathering, strategic awareness around leadership and service transformation in health and social care has been developed. The attempt to move curricula towards enquiry-based learning is a cardinal indicator of the university aspiration for pedagogy to match the needs of the health and care sectors for empowered, critical thinkers who can embrace and promote radical change, and service transformation. The following generative questions are used to sustain continuing development:

- Every struggle in practice is an opportunity for learning and research – how can we help our practice colleagues?
- Are there teams in practice, with whom we could work on service improvement?
- Would our colleagues value the chance for CPD development through this work?
- How can we work with practice partners, and patients and carers, to develop service improvement challenges for students from 2015/16 onwards?

This will be developed further through reflexive pedagogy as further modules are implemented in 2016 with aspirations for patients and service users, and our communities, to be commissioners of the service improvement projects undertaken by student teams. The leadership focus is maintained through an inter-professional, cross-faculty virtual leadership team, or community of practice. The curricula should be ever-changing and reflexively responsive to the needs of partners and students. In organisational development as much as pedagogy, real learning comes from questions rather more than answers.

5.4 Summary of University Practice

Difference practices exist in all three participating Universities; however, there are common themes which emerge:

- Leadership teaching is present at all levels of curricula and introduced early on in programmes.
- Activities are present both within specific theory and practice modules and extra-modularly. Students are able to balance learning about leadership theory, with the ability to put it into practice with significant direction towards personal reflection.
- Inter-professional working is used to emphasise leadership skill development. This approach helps students to work across boundaries and removes professional silos.
- Opportunities are made available to increase understanding of personal identity and leadership skills/qualities/behaviours, and also to enhance leadership skills development including aspects such as personal impact and communication, team working, service improvement, change management and resilience.

In addition, one University offers a specific opportunity to undertake a leadership qualification.

From review of this best practice, a positive approach emerges which takes students through a journey of self-discovery, helping them initially to understand themselves as professionals and their personalities/personal identity, moving on to understanding their impact on others and working in a team, and finally through to working collaboratively on a project that encompasses inter-professional Learning aspects that requires application of their leadership skills into making a positive change within real life service/practice.

6. Literature Review

The second aim of the project was to undertake a literature review in order to identify and synthesise current evidence in respect of the following two aspects:-

1. Gain a historical understanding of leadership in the NHS, within healthcare professions.
2. Gain an understanding of leadership in relation to pre-registration, non-medical education curriculum.

Eight literary databases were reviewed, specifically: CINAHL, Academic Search Complete, Medline, Pubmed, Emerald Management, Business Source Premier, British Nursing Index, and Embase.

Professional and regulatory body web information was also searched, within the Chartered Society of Physiotherapy, Nursing and Midwifery Council, Health and Care Professions Council, Royal College of Nursing, College of Occupational Therapists, NHS; Department of Health, National Leadership Council, NHS Leadership Academy.

Searches were based on the following key search terms: *leadership, leader*, develop*, train* pre-registration, pre-qualif*, education, health care, healthcare, NHS, requirements, undergraduate, health*.

In addition, each of the above terms was entered in a combination with each of the professional groups of nursing, midwifery, physiotherapy, occupational therapy, paramedic science and dietetics. The NICE Evidence Search tool was also used as well as a general search of the internet using the Google UK online search engine.

Inclusion Criteria:
For both aims, searches were restricted to evidence based on the NHS in the United Kingdom and publication years for evidence were restricted to 1948-2014 and 1990-2014 respectively for each aim. These inclusion dates allowed for an in-depth history of the NHS dating back to its early structure, whilst allowing only recent articles in the more specific 'leadership in education' objective. This search focussed on a several healthcare professions (e.g. midwifery, nursing, physiotherapy, occupational therapy, paramedic science, and dietetics).

Although this review of the relevant literature aimed to focus on a range of healthcare professions; the majority of the evidence found related specifically to nursing. The total number of publications found to be relevant to the aims and objectives of this literature review was 41. The criteria used to decide this was as follows:

For aspect 1 – The publication needed to relate specifically to both leadership and the NHS and either inform on policy changes, research in leadership development, or specific events impacting the leadership strategy within the NHS. Where legislation / policy is updated but the component being discussed is repeated from an earlier document, the earliest occurrence is referenced. All of the literature used here referred to UK developments.

For aspect 2 – The publication brief had to relate specifically to education or training at pre-registration / undergraduate level, be directed at pre-registration / undergraduate programmes initially in the UK, and relate specifically to one, some or all of the professional fields listed. The search was further expanded to include international programmes, and medical or social work education, but only when the outcomes related to or informed education of nursing or allied health professionals.

Theories of leadership and methods for leadership development and teaching have been widely explored in the context of contemporary nursing and AHP healthcare. A large amount of the literature in these areas appears to focus on the development of traits associated with transformational leadership. However, very few attempt to explain why any particular style of leadership can be so widely accepted as the goal of leadership development.

Middleton (2013) suggests there is a strong belief in the importance of some of the traits associated with transformational leadership theory. Storey and Holti (2013b) suggest that what is expected from a successful leader is generic and widely agreed upon, however their description is based on organisational and clinical outcomes rather than the skills, knowledge and traits of an individual.
In fact, many acknowledge that a positive leader should adapt to a given situation, and respond to environmental factors, and the needs of the team or people for whom they are responsible. In some circumstances the skills required for transactional leadership, for example may be more appropriate. Furthermore, measurements of leadership styles and effectiveness seem to be based on either assessment of personality / behavioural traits of the individual, or organisational outcomes, and rarely a combination of both.

One difficulty in describing the presence of leadership within healthcare curricula, is that many learning experiences and skills focussed on in pre-registration education can contribute to an individuals' leadership development, although not be named as such. For example, self-knowledge and reflective practice are common inclusions within undergraduate education, but students and tutors may not always recognise them as leadership skills. Others, for example; communication skills may be more obviously linked to leadership development and enhancing team-working skills. Thus it may be problematic to assume that all aspects of leadership development within a classroom curriculum will be easily identified.

Curtis et al (2011) highlighted a need for investigation into how leadership development in pre-registration curricula may currently transfer to preparation for graduate practice. In the current study the authors aimed to discover, from the perspective of a variety of stakeholders, what good leadership development is, how this is currently presented in pre-registration healthcare curricula, as well as how respondents believe it should be incorporated.

7. Stakeholder Expectations

The third aim of the project was to examine the different expectations of various stakeholders of leadership in healthcare. Service users were central to this work and the project teams identified five other key stakeholder groups:

- the students themselves
- university staff
- newly qualified staff
- experienced practice staff
- education commissioners

7.1 Study Design

A qualitative design was developed for the study. This included a 'case' approach to stakeholder data collection whereby participants from HEIs and the NHS Trust organisations providing placement opportunities for students were invited to semi-structured focus groups. Thematic analysis (Braun and Clarke 2006) was used to examine transcripts in relation to the two main objectives.

7.1.1 Ethics

The University of Worcester, Institute of Health and Society Research Ethics Committee reviewed and approved the plans for the project. Further reviews were undertaken by the appropriate ethics committees at Coventry and Keele University prior to beginning the data collection process. In addition, permission was sought from each of the 11 local NHS trusts from which clinical staff were recruited. Each of these NHS Trusts gave permission for staff to be recruited to participate in focus groups on trust premises or on the local University site. Each participant was provided with an overview of the project aims prior to providing written consent to take part. All participants were informed of their rights to withdraw from participation at any time and asked not to disclose any comments made by other members of the group following the discussions. Participants were advised of the plans to disseminate the findings from this study and all were made aware that any data /quotes would be anonymised in any publication.

7.1.2 Methodology

Semi-structured focus groups were held, with attendance of participants in each ranging from 2 to 9. A maximum of one hour was allowed for each of the focus groups, however some discussions continued beyond this time.

It was agreed that focus groups should be semi-structured, allowing for participants' own understanding and beliefs to shape the direction of discussions without influence from the focus group facilitator. In order to ensure that this could occur whilst maintaining the research questions as the key focus, the questions included would need to be open-ended, and covering the requirements of an effective leader both now and in the future, and how these essential requirements can be communicated and taught at pre-registration level.

Six open-ended questions were agreed by the research team and specifically chosen to initiate conversation reflecting the aims of the project. The questions were:

1. What do you understand by leadership in healthcare?
2. What are the essential elements of leadership that all healthcare professionals should be able to demonstrate?
   a. Now
   b. In - 15-20 years' time?
3. In the context of healthcare education, how should students learn about leadership?
4. In light of what you have said, what would be the impact of these leadership elements on healthcare?
5. Can you think of any good examples of leadership that you have seen?
6. Is there anything else you would like to add?

Question 5 was included to allow stakeholders an opportunity to consider the question of 'what is a good leader?' from an alternative perspective through describing a person or an experience where they have witnessed effective leadership.

Discussions were recorded and transcribed verbatim. Thematic analysis was used to explore the transcriptions for recurring themes related to the main two objectives:

1. "What is 'good' leadership?"
2. "How should students learn about leadership?"

7.1.3 Participants and Recruitment Strategy

Stakeholders were recruited from each of the three participating HEI's and 11 NHS trusts providing practice placements for students on the included programmes. The programmes of study included were Nursing, Midwifery, Physiotherapy, Occupational Therapy, Paramedic Science and Dietetics. From these professions focus groups were organised based on stakeholder groups. These groups were:

- Students
- University Educators
- Clinical staff recruited by the 'level' of their official role referred to as:
  - Senior Strategic Leaders
  - Early Clinical Leaders *(those who had been qualified for at least 2 years and were in an official leadership role in a clinical setting)*
  - Recently Qualified Staff *(those who had been qualified for between 12 months and 2 year*s)
- Service User and Carer groups who regularly volunteered or were employed by one of the participating HEI's to participate in research such as this, and for teaching.

Clinical staff from the following local NHS trusts were invited to participate:

- 2gether (Gloucester) NHS Trust
- Coventry and Warwickshire Partnership NHS Trust
- George Elliot NHS Trust, South Warwickshire NHS Trust, University Hospitals of North Staffordshire NHS Trust
- North Staffordshire Combined Healthcare NHS Trust
- Staffordshire and Stoke Partnership NHS Trust.

- University Hospitals Coventry and Warwickshire NHS Trust
- Worcestershire Acute NHS Trust
- Wye Valley NHS Trust, Worcestershire Health and Care Foundation NHS Trust

In total, 78 stakeholders participated in one of 17 focus groups reflecting a diverse range of experiences and healthcare backgrounds. The profession represented by the highest number of participants was nursing, followed by physiotherapy, and the stakeholder groups with the highest number of participants were students and Service Users / Carers. The following table shows the number of participants from stakeholder groups, divided into profession or background.

7.2 Results

Table 1: Participant numbers per stakeholder group, divided into profession or background:

	Service Users / Carers	Students	University Educators	Senior Strategic Leads	Early Clinical Leads	Newly Qualified Staff	Total
Nursing (Adult)		6	3	8	4	3	24
Nursing (Child)			1				1
Nursing (Mental Health)			1	1			2
Total Nursing		6	5	9	4	3	27
Midwifery		5	1	2			8
Physiotherapy		5	6	3	2		16
Occupational Therapy		3	2		1		6
Paramedic Science			1				1
Dietetics		1					1
Total Participants	19	20	15	14	7	3	78
Total Groups	3	5	3	3	2	1	17

Each of the 17 focus groups was transcribed verbatim within two weeks of taking place. Following completion of all focus groups and transcriptions the analysis was planned with input from all members of the research team. It was agreed that analysis would be conducted using Braun and Clarkes (2006) six-stage method. To begin with six transcriptions were read individually by two members of the research team, who then read them for a second time and used colour coding to draw out and store thematic codes as they occurred in the transcripts. The two researchers

compared codes and agreed on titles. Following this the remaining transcripts were coded using the agreed same method. The codes were then grouped to devise the wider themes to be included in the report. The titles for each of these themes were then agreed with members of the research team.

Themes relating to the two main research questions had been grouped together for the purpose of the report; however, some overlap across themes and research questions did occur. For example, the first question "What does 'good' leadership look like?" was often described in terms of how a leader operated within a team, including sharing knowledge with team members. This concept of sharing knowledge can be connected to both the expectations of a good leader of a staff team and the process of teaching pre-registration students, as reflected in the second question around pedagogy. For example:

"If we get leadership right it actually creates the leaders of the future"
(Strategic Lead group #2)

Thus the teaching of leadership in pre-registration education can be a natural outcome of an environment where leadership skills and qualities are demonstrated. This overlapping across the two questions can also be observed in conversations about role-modelling:

"Whoever is on the top leading you know, they will be a role model themselves and they'll either encourage leadership amongst their staff or they may well suffocate it perhaps in some ways"
(University Educator group #3)

"They need good role-models in their own profession as well as in other professions to give them motivation perhaps or the impetus to think that they too could make a difference in the future"
(University Educator group #2)

"*Also the role model that the mentor is - in terms of leadership for students, you know how is it influencing how they see leadership?"*
(Early clinical Lead group #2)

### 7.2.1 Question 1: Defining what is 'good' leadership?

When defining good leadership seven themes emerged included: Intrinsic qualities, knowledge for leadership, operational context, operational management, team cohesion, evolution of a leader, and service user experience. These are illustrated in the following diagram.

Each of the results is colour coded to make it easy to track. Each element of the spider diagram is be expanded upon using sub themes, and the rich narratives from the participants bring the theme and sub theme to life

The opening question in the focus groups "What do you understand by leadership in healthcare", followed by "What are the essential elements of leadership that all healthcare professionals should be able to demonstrate" prompted discussions around the skills required in order to be an effective leader. This resulted in some debate regarding teaching and learning of these skills, with some respondents expressing a belief that some requirements for being a good leader are innate abilities, which should be possessed by all healthcare professionals prior to commencing a pre-registration course.
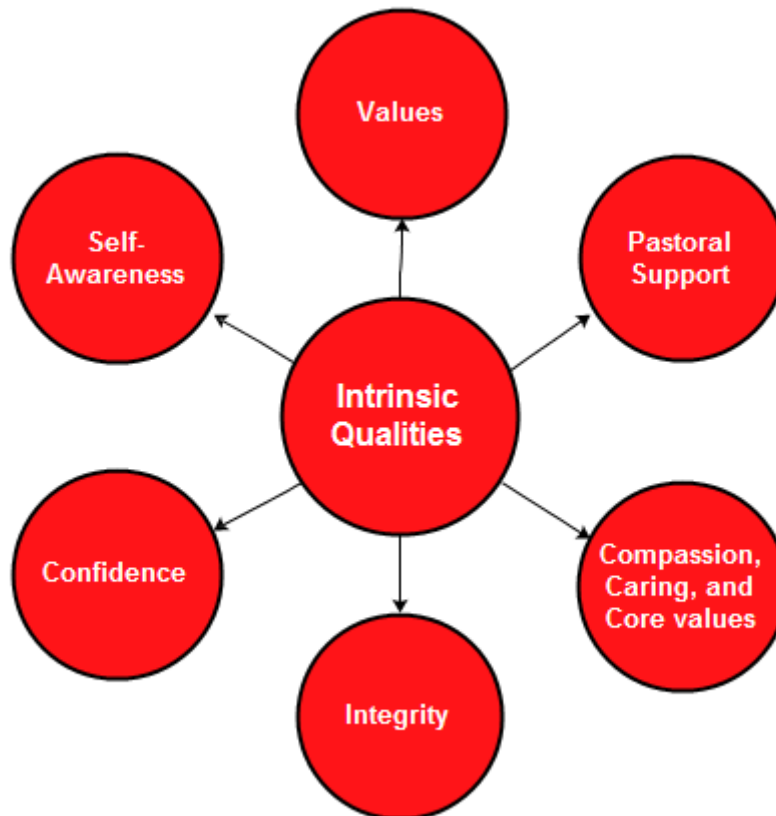
"The leadership qualities are so essential, even if you're not a leader the attributes are still required just to be within a team"
(Student group #2)

"It's not like you can bottle it, there's a degree of learning and a degree of experience but there's also that degree of core values and that's the really important stuff"
(Strategic Lead group #2)

"I strongly believe that everybody can become a leader, you can actually teach people to become leaders but a lot of it is around the support they get to develop those skills and practice those skills"
(Strategic Lead group #2)

Some of the skills which were repeatedly mentioned during these discussions were communication skills, emotional intelligence, self-awareness, empathy and confidence. Respondents discussed these skills and the potential to teach them, deeming them essential both for creating an effective team and environment, and to increase the confidence of others to lead themselves.

"They need to be fairly confident in their role - that doesn't necessarily mean they need to be at the top of their role at all they can just be a competent, confident band 5 who is new to the role but actually is quietly confident in their ability to do their job"
(University Educator group #1)

In order to ensure that the environment is positive and effective both for the staff team and the patients, a good leader according to the participants would be required to provide an element of pastoral support to their staff in order to create an environment comfortable enough to instil confidence and awareness in teams.

"If there is poor leadership they feel at risk, they immediately feel safe if there is a good structure and a strong leader who is willing to carry everything forward"
(Strategic Lead group #2)

"Creating a nurturing environment"
(Service User group #2)

"Support them, because that's what it's all about isn't it? Trying to build the workforce of tomorrow by bringing them up"
(Strategic Lead group #2)

Being honest and open with the team and the service user was listed as a trait of good leaders. It was argued that integrity and honesty could promote trusting relationships within the service area, and allow patients control over their care.

"Somebody with the honesty to tell a patient or service user or carer if they're unsure about something, and to be upfront if there is uncertainty, and to share that openly with people who are on the receiving end of whatever the uncertainty might be"
(Service User group #2)

"Somebody who is a leader needs to have integrity about them, believability, and I had this idea of honesty and things... I think that's really important"
(University Educator group #1)

Some of this 'believability' would arise from a genuine concern for the well-being of staff and patients.

"Healthcare is about care and compassion isn't it? And that's why we go into the job"
(Student group #3)

"I think it's caring, caring should be shown at all levels if you care as a manager then your team will obviously, hopefully care, you know you're expecting them to care aren't you?"
(Early clinical Lead group #2)

It was also argued that although some of the qualities listed may be innate and so impossible for some individuals to learn from scratch, it is unlikely that these people would be driven to work in a healthcare environment, as most of the essential values such as care and compassion also often act as the initial motives to train to work in healthcare.

"Nobody joins the health professions because they want a good wage - they join the health professions because somewhere inside them they have a wish to make life better for other people and that really should be what gets people out of bed in the morning. I would like to think that if people were able to move forward on the leadership agenda then we would all have a little bit more of an opportunity to get out of bed in the morning for the things that we trained to do"
(University Educator group #1)

"The people who want to nurse – they want to nurse, don't they?... You want to work within the health service for a reason don't you? Because you care!"
(Early clinical Lead group #2)

Knowledge was highlighted as a major requirement for all leaders. That is, knowledge of their clinical role, understanding of the roles of others, and awareness of their own strengths and weaknesses.
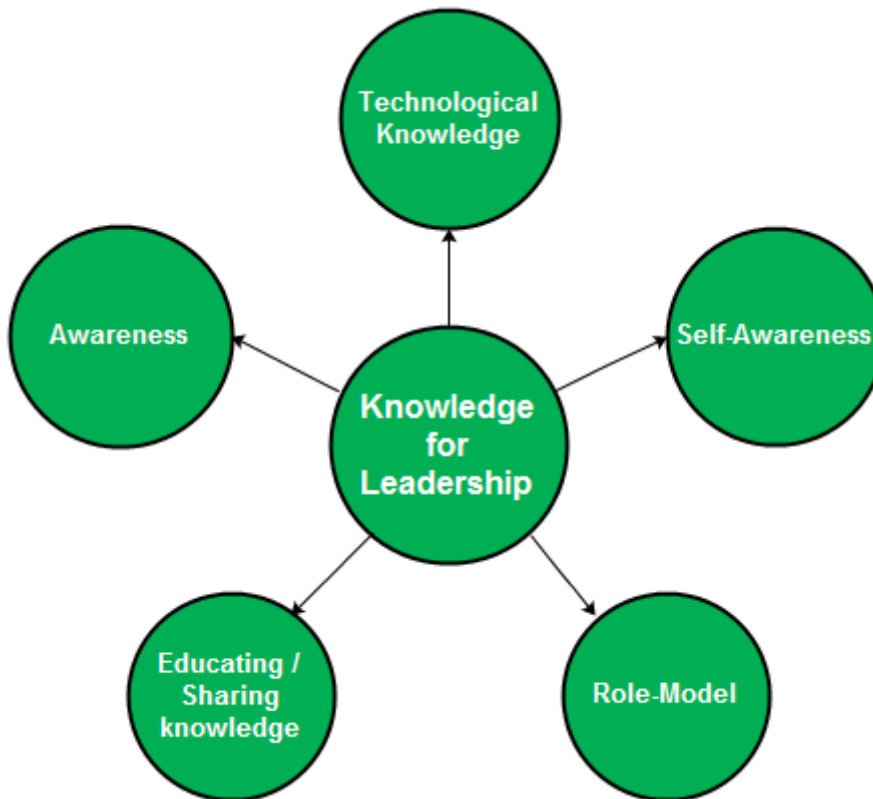
"People who know their own worth, they know they have a part – a really big part to play no matter what is thrown at them they know – they can be resilient, they can have that grounding"
(Early clinical Lead group #2)

"It's also recognising it's a 2-way process even if you might be the leader, recognising the person you're interacting with - you can learn from them! You have to be open-minded enough to know that you can learn from them."
(Service User group #2)

In addition to the importance of self-awareness and self-management in terms of ability to recognise a need to further develop their own knowledge or skills, it was also argued that effective leaders should be able to recognise leadership in themselves and others and take responsibility to lead, but also allow others to do the same.

"When we think of leaders we think of those enigmatic leaders that encourage us whether it's those big personalities that inspire us to do something and are passionate about it - but I also think leadership sometimes is at that other level and you don't have to be the person that walks

into a room who everybody wants to rush around and be around but for me it's about responsibility"
(University Educator group #1)

"When we talk to students about leadership and management I think they always think 'Oh, it's nothing to do with us - it will be to do with us in about 10 years' so I think really preparing them for 'You have to have a degree of autonomy', 'You have to be the problem-solver', 'the visionary!'"
(University Educator group #1)

One area mentioned specifically on several occasions was that of the developments in technology and how technological advances are utilised within NHS settings:

"I think technology is going to be a big thing the way technology is changing"
(Early clinical Lead group #1)

In the current healthcare environment it has been noted that the reliance on technology is rapidly increasing, and so to continue to enhance services and meet the increasing demands, all healthcare staff will be required to have an understanding of technology, and it will be a necessity that those professionals who have the knowledge to manage this technology take some responsibility for ensuring that their colleagues are also able to adapt to new processes.

"Technology will have a massive influence because, now we're moving from the paper books to using Ipads for a lot of the wards so you have to be technologically savvy and also help out others who might have problems with it"
(Student group #2)

As evidenced in this quote from a pre-registration student, an emphasis was placed on ability and willingness to share knowledge, more so than necessarily having specific knowledge initially.

"They'd have responsibility and they'd have a particular interest and area of passion and would share that information with others"
(University Educator group #1)

"You're making sure the rest of the team is on the same page as well. It's no good having something in your own head if you're not going to talk about them"
(Student group #3)

"Developing others – the future leaders"
(Early clinical Lead group #2)

In the topic of enabling others and sharing knowledge, the importance of supporting others in seeking knowledge was also addressed.

It was noted that in addition to those aspects previously mentioned which are important for leadership, organised and effective management itself is also essential.

"There is Clinical leadership, Managerial leadership, and Strategic leadership in my view"
(Strategic Leader group #1)

In order to effectively organise and manage a service area, those responsible would need to provide a consistent structure and environment, which is able to adapt to given situations.

"You can't be a great leader on a Tuesday and Thursday but then Monday, Wednesday and Friday you're rubbish. And actually sometimes you can feel very uncomfortable working with somebody who is one minute fantastic and the next minute… you just don't know where you're standing"
(Strategic leader group #2)

"I have got ward managers or ward sisters that I had throughout my nursing career who I would aspire to be like and it was because they were all very different and they'd all got different values, I suppose I've taken a bit out of everything you know because you can't just have one style… I think you have to be adaptable"
(Strategic leader group #2)

This adaptable leader and environment would depend on the ability of staff and management to monitor services and respond appropriately to any noted issues or areas for improvement.

"It's also about recognising when there needs to be some kind of intervention"
(Service User group #2)

Delegation is an important part of management, and can also be important for effective leadership. Delegation can improve the efficiency and quality of the service area, and also encourage others to take responsibility and become leaders of smaller projects.

"Delegating when they might not be able to do something because they've got too much to do, so they get the outcome they want by including others"
(Service User group #2)

"Where I used to practice we had a really nice band 5 development group and they all led on different projects and I thought that was a really nice way of them developing their leadership skills and other people would be looking at different things rather than one person trying to review everything and channelling all that information so I think that worked quite well"
(University Educator group #1)

"If you've got good leadership then you would have good teamwork, effective teamwork. I think if we got things right as well it would be a huge motivator, I think people would take an interest and commit"
(Early clinical Lead group #2)

The ability of the team to work together is important in ensuring all tasks are completed to the highest standard, and an effective leader can help to promote this environment. Beyond the managerial responsibility of delegation – a leader will delegate appropriately in order that the individual skills of team members are utilised and therefore encouraged and supported. To do this some knowledge of the skills and personalities present within the team is required and a leader must be able to recognise strengths in others.

"Appreciation for others as well and appreciation for other peoples roles"
(University Educator group #2)

This includes those from other professions...

"As minority professions I think you're much more disparate in where clinicians are based and I think you don't have the same professional structures to feed that information down so I think people have to - they may be newly qualified but they may be the only one that is advocating for that profession and seeing what changes they have to make and finding the evidence base for things....."
(University Educator group #1)

"Understanding how we fit within that broader service framework and about how we negotiate with our colleagues so the best package of care is being delivered to the people and the clients that need it"
(University Educator group #1)

"We no longer work in our professional groups the way that we used to work in so your leadership needs to have that collaborative ability to work across professions and see the whole picture and see how everything sort of comes together"
(University Educator group #1)

…..and an understanding that leadership is the responsibility of all healthcare professionals, and not merely those in official management positions.

"Leadership should be seen at all levels, so it's not only about the vision of the chief executives or health authorities, there should be leadership in every team, in every group, so it's at ward level within shifts right up to your director of nursing and your board of directors"
(Strategic Lead group #2)

"I would like to add that it's not necessarily a boss, it could be anybody"
(Service User group #2)

"Whether you're moving up the system into your leadership, your management, all those sorts of things or whether you're staying at your assistant level or whatever - you understand that leadership is part of your professional role and professional responsibility"
(University Educator group #1)

"Sometimes with leadership people look at it as just the person who is at the top whereas I think leadership to me is more – everybody is involved in it, you know?
(Student group #3)

Communication within the smaller team and across the wider organisation is essential to ensure that all professionals are informed of developments, and able to communicate any concerns.

"If leadership involves working with respect with other people in terms of team-working and things I think you would have a much happier workforce where people could say what they needed to say and they would be listened to. Maybe not everybody would agree with them but there would be an adult conversation going on"
(University Educator group #1)

"You need to have really, really good communication skills, appropriate communication skills with the people you're dealing with"

(Service User group #2)

"As a manager you have to give feedback but how you give it is an art itself I think it's really difficult. If I could say there was one thing I would like to develop it's how to give good feedback"
(Early clinical Lead group #2)

This level of effective communication can enable working relationships to develop which would in turn allow for leaders to gain the understanding and knowledge of their teams required for appropriate delegation as discussed earlier in this section. Listening and communicating feedback effectively can also help to encourage and motivate teams.

"I'm thinking of clinicians that I've worked with during my time in clinical practice who I would say were great leaders because they were enablers, they listened to what staff had to say, they gave responsibility where it was due, they gave encouragement, they enabled people to flourish."
(University Educator group #2)

"A good leader is one who encourages other people to develop themselves and isn't threatened by those people who might develop themselves beyond that individual … they need to nourish those people's ideas and it might take them off in different directions"
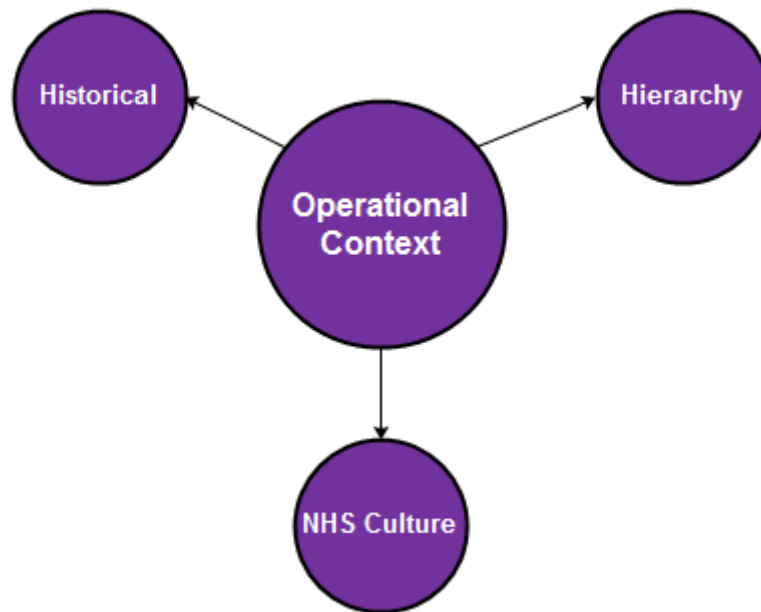(University Educator group #2)

One of the academic respondents also highlighted a key difference between management and leadership and the tools available to them to encourage a team. They explained that without the authority of management, a leader requires the ability to motivate and inspire.

"You can have managers that are excellent leaders can't you? And they inspire and motivate, but essentially if the person wasn't inspired and motivated the manager could still say 'You've got to do it anyway', whereas I think if you're a leader and you don't have that authority you're more reliant on having to inspire people"
(University Educator group #1)

Some of the participants, in particular the service users, reasoned that the environment and context in which people work can influence the impact of any leadership and that some changes in culture could go a long way towards encouraging future leaders. This was discussed in the context of the wider NHS culture down to departments and specific service areas.

"The culture of the organisation, whoever is at the top leading you know, they will be a role model themselves and they'll either encourage leadership amongst their staff or they may well suffocate it perhaps in some ways"
(University Educator group #2)

"We've got a cultural chasm between wanting to improve health and wellbeing for society (and actually I think everybody comes into the health service with that single aim), and number crunching, paper-ticking"
(University Educator group #3)

It was also frequently noted that a focus on any existing hierarchy can inhibit development of leaders, particularly those at pre-registration or newly qualified level.

"There are inherent hierarchical structures in the NHS that we can't change overnight but that doesn't mean to say that people can't have an opportunity to perhaps be in charge of something for a month or two"
(University Educator group #2)

"Historically we came from a much more hierarchical structure where you went through professional development and leadership developed and grew as you went through when that's

now considered such a key and important skill maybe we should be looking at doing it differently?"
(University Educator group #1)

The historical influence mentioned here was also noted by some of the service user groups, a number of whom had noticed a potential barrier to enhancing services embedded in the culture of organisations.

" It's all… 'We've always done it this way, this is the way we're going to do it', 'But, why?', 'Because we have always done it this way.....' "
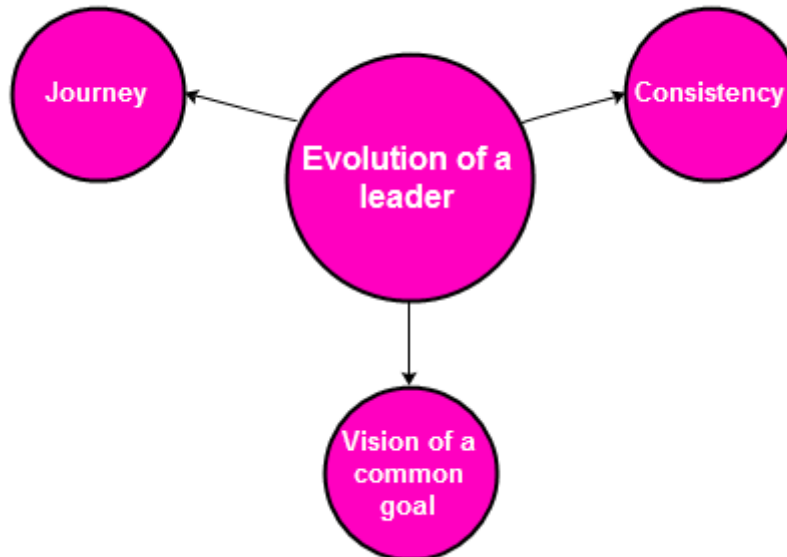(Service User group #3)

"It's about being aware that things can change - just because this is how you've always done it doesn't necessarily mean to say this is the way it always has to be done"
(Service User group #2)

The metaphor of a journey and moving towards a common goal was used frequently throughout the focus groups in order to describe what leadership is.

"It's about challenge as well, in terms of poor practice or poor performance, challenging individuals, challenging processes – testing those, and some of that is about providing direction for the people who work there"
(Early clinical leader group #2)

Of course this relies heavily on communication in order to ensure that the goal is visible and understood and that all team members can focus on this direction.

"Guiding, signposting!"
(Service User group #2)

"Bringing vision and inspiration to bring about change"
(Early Clinical Lead group #2)

*"Horizon scanning, it's knowing the current agenda and things that are influencing future changes"*
(University Educator group #1)

"Able to see the bigger picture, able to see through to completion"
(Service User group #2)

The main goal of any healthcare team should be to provide the best possible quality of care to the service users, and this factor was discussed in all of the focus groups held. The healthcare professionals and students upheld the experience of the patients as the main factor to indicate effectiveness of leadership within an organisation.
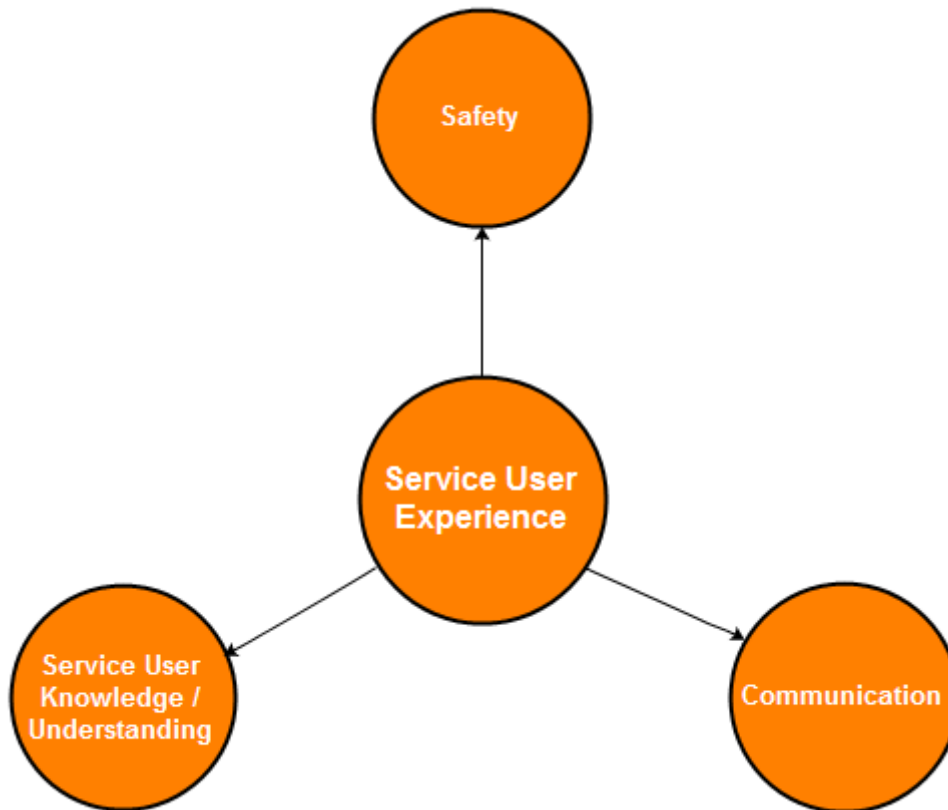
If you've got better communication within the team then the team will be more efficient and that means the patient is going to get better treatment, they're going to go through hospital faster which means the backlog of patients that are waiting will clear through faster and it will just hopefully increase the efficiency and the productivity of the NHS is general"
(Student group #2)

"They can see you've got a role model on the ward, the patients feel happier because they feel as though they're being cared for by individuals who want to be there, who are inspiring the students to want to be there. We're asking for the patients experience of these students and I think that has been quite a key turning point because nobody ever asked the patients 'What do you think about the students?, you know? 'How are they looking after you?, 'Do you think they treat you right?' So I think in turn that is bringing the patient back into the forefront of their own care."
(Strategic Lead group #2)

"Acknowledging that patients can also be leaders can't they? They do... they are more and more so now than ever. That they inspire health professionals by what they say and how they react to things"
(Early clinical lead group #2)

7.2.2 Question 2: How should students learn about leadership? - Pedagogy
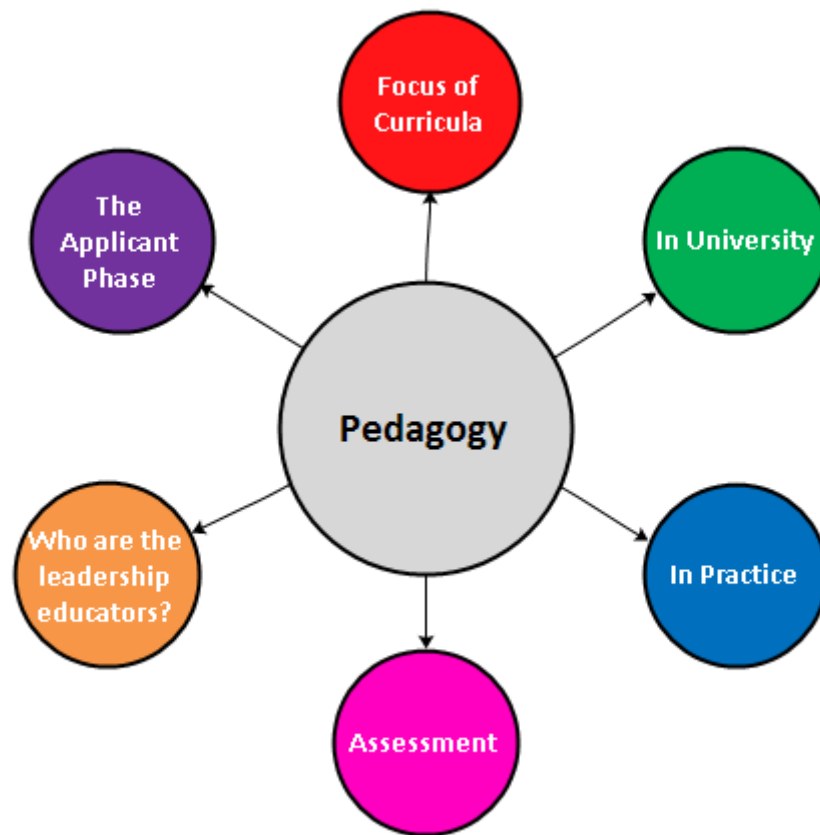
The view that innate abilities and core values are essential to becoming a good leader continued in the discussions around teaching at pre-registration level. It was recognised by a number of participants that those essential qualities may not be easy for everyone to develop, and that those who enter into the healthcare environment should display some of these values expected of all healthcare professionals.
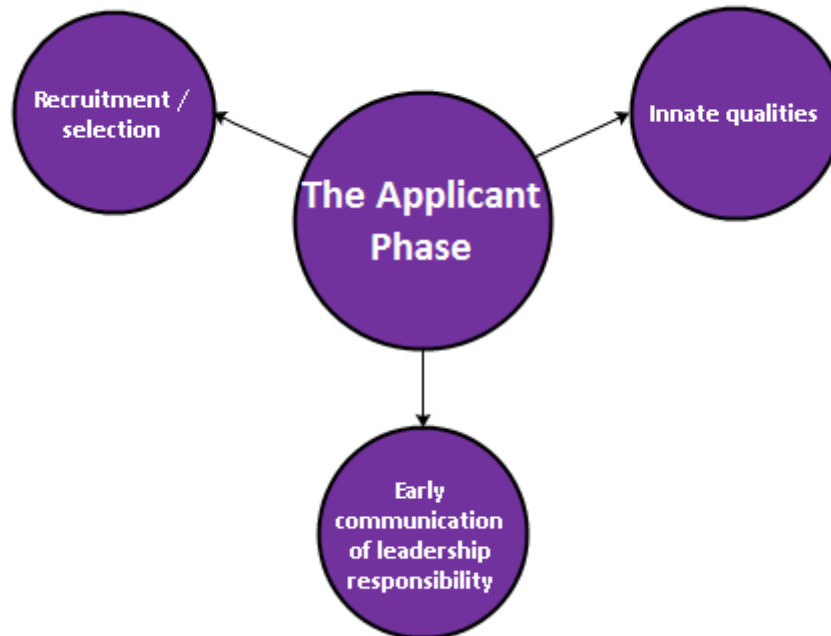
Participants commented that these values should be assessed at the applicant stage to ensure that those beginning the pre-registration programme have a caring and compassionate attitude. All three of the participating HEI's follow a 'values-based recruitment' method which is designed to do this. The positive effect of this had been noticed by staff in clinical areas.

"I think the recruitment values has helped and we're now at a stage of selection rather than recruitment"
(Strategic Lead group #2)

"We can start to have a look at what kind of leaders they are and getting that concept of leadership into their heads really rather than waiting until they're in practice. Leadership needs to come first – the concept of it"
(Early clinical Lead group #2)

University
Tutor

Practice
Mentor

Who are the
leadership
educators?

Service Users

Assesment
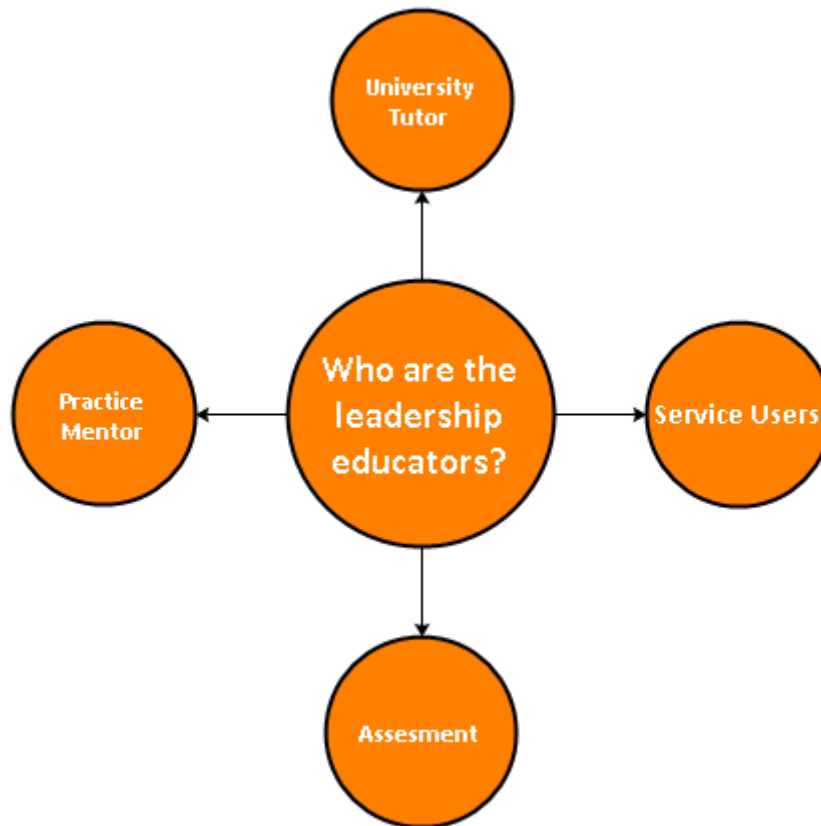
Pre-registration healthcare programmes are all taught in collaboration with various stakeholders. For some of the programmes, students spend 50% of their time in university, and 50% of their time in the clinical area as part of their practice placements. Therefore it is the responsibility of all organisations involved to ensure that good, effective leadership is role-modelled by those people involved with facilitating students' education to include University Educators and Practice mentors. It was also suggested that in order to ensure students are exposed to effective leadership during their practice placements, the University does and should provide support for mentors in practice in doing this.

"I'd like the university to give you support for knowledge because you often get challenged at work and you think 'I just don't know' and you just don't know where to look. I think if you could just draw on something somewhere to give you that support and knowledge and evidence to back you up it's really important you know – because the university or something within that network could be your google for finding out something that would give you the support that is credible – which is really important I think – credibility"
(Early clinical Lead group #2)

"Making sure your mentors are trained to promote leadership and to enhance leadership and that they themselves are seen as leaders as well. Because the mentors are lost amongst it all I think

and student training relies heavily on mentorship. As a mentor I feel that I need to be led and I look to the university for that"
(Early clinical Lead group #2**)**

Another stakeholder in the process of education healthcare professionals is the service user themselves. Service Users, such as those who participated in this project, often have experience of clinical scenarios whereby leadership is apparent.

"Having been a patient for so long there has been a lot of critical situations where I was the observer, I've watched teams of people and watched who is leading - because my life depended on it so you soon get to know who is a good leader and who isn't depending on how well you are being treated"
(Service User group #2)

With this knowledge, the Service User can play an important role in educating students about the importance of strong leadership and their responsibility to ensure leadership is effective.

"*I think an excellent idea would be to have a Service User led session on leadership because we've come up with a lot of ideas that I suspect may not come up within the University because we are able to say things that are not stuck within a political remit"*
(Service User group #2)
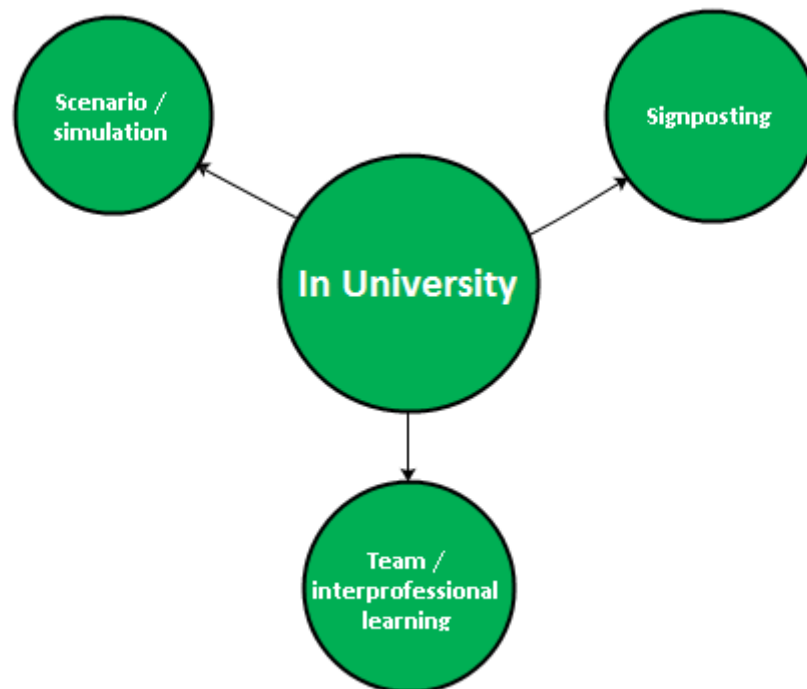
The university has an important role to play as educators; they are also responsible for organising practice placements and for ensuring mentors are fully qualified, trained and prepared to lead and teach students. Some of the participants had ideas on how the University could prepare students for practice and why this is important.

"They need a theoretical base, I would imagine they need to have some sort of opportunities to rehearse those behaviours in a safe environment before they then get the opportunity to practice them"
(University Educator group #2)

"Before I qualified your band 5's just did the day-to-day running of the ward, your band 6's took charge of the ward but now your band 5's take charge of the ward which is taken on quite early after you qualify so I think as a 3rd year you should be shown these leadership skills and know what responsibilities you're going to have"
(Newly qualified group #1)

"There could be a reflective assignment on when they took a leadership role or reflective assignment on somebody in practice who they identify as a leader and admire and what qualities they admire about that leader"
(Early clinical Lead group #2)

"The last clinical placement they have to do a service development plan so they have to look at where they are and come up with an idea about how to improve that service, put in a report… and what we found from that is that they come up with some pretty amazing ideas sometimes that are really simple and we now look at ways of feeding that back into the organisation and it's enabling

them to see that you can make small changes that make a big difference to the service and
benefits to the patients"
(University Educator group #2)

"In the context of learning we once had to do a leadership activity and we were observed by our
tutors and we received feedback on our leadership style and I thought that was really useful
because there were practical situations we thought about and how we'd manage and how they
could be developed further so if they had something like that in a ward based environment, so
with somebody looking at what leadership skills they were using, what they could develop that
might be something useful"
(Early clinical Lead group #2)
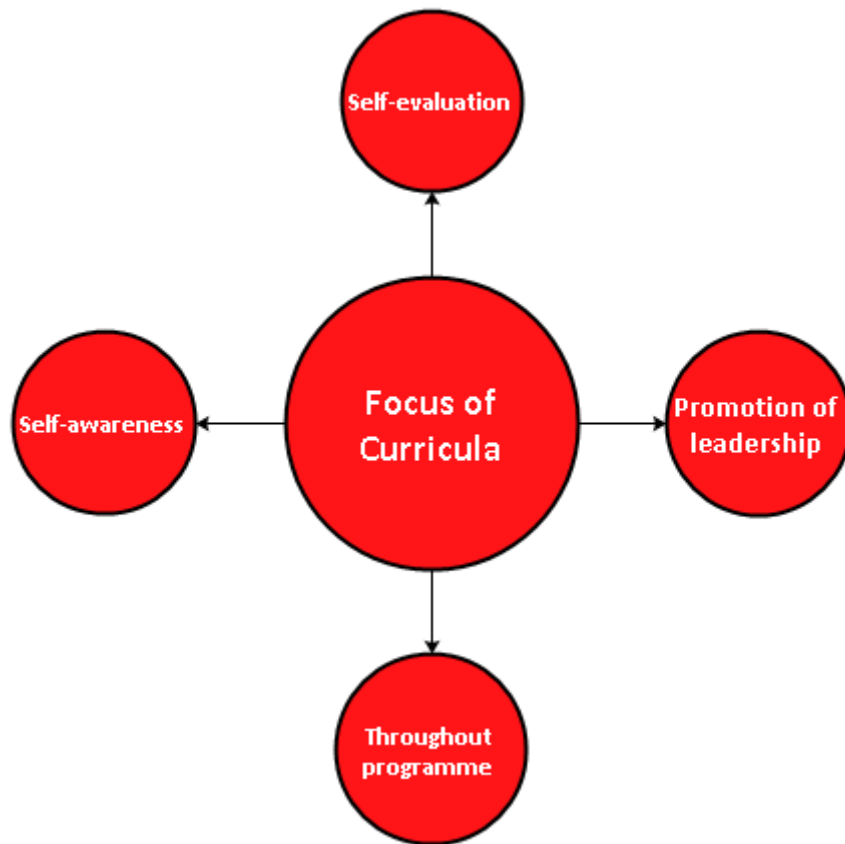
There were varying ideas of how and when leadership should be presented to students. The participating HEI's have different methods, with some including leadership as a learning outcome in each individual university-based module, and another threading leadership capabilities throughout a collaborative curriculum studied across the three or four years of the pre-registration professional courses which culminates in a service improvement module, with leadership as a core element.

> *"The exposure part is important because you get onto your placement and they might say 'oh you're in your first year you have time left to learn this – you don't need to know it yet. But that's not the point what if your first placement is in A and E and you never go back to A and E again that's the only time you're going to be exposed to A and E so in your career wherever you go right from your first placement they need to give you the maximum knowledge rather than saying 'you don't need to know much on your first placement'*
> (Student group #1)

Leadership is currently included as a main focus in large parts of pre-registration curricula, as detailed in the earlier section on current approaches to leadership. A review of the current process confirms that leadership is present in the curricula at all 3 of the participating HEI's, and some of the skills discussed earlier are also embedded into learning outcomes. However, it was noted by some of the participants that often the leadership theory included within university modules is recognised as part of leadership development, but the development of specific skills through group working,

problem-based learning, practice simulation and clinical placements is not necessarily viewed as part of this.

"I think a lot of the time you don't realise that you're learning about leadership when it's happening, like with Problem-Based Learning you're the chair of the group but you don't notice that you're leading, and it's the same on placement you're not told that you're the leader of the care of that person it's just the job"
(Student group #1)

"I don't think they ever link the word do they? They say all these synonyms and buzzwords and then they don't actually say – oh yeah we're basically trying to get the message of leadership across"
(Student group #3)

"I think sometimes it's more articulating it in terms of leadership because all those things that we've listed I think we'd all say that we definitely cover within our programmes to some extent or to a large extent – it's just that the students don't necessarily see it as a leadership skill, they see it as a generic skill. So how much we need to develop these further I don't know – we just need to make it more explicit to the student that that is a skill to do with leadership so that once they leave pre-registration education they realise that they've actually got a lot of leadership qualities there to move on"
(University Educator group #2)

"I think all the students need to be made aware that they are all leaders – they are leaders because they are representing the profession and in that alone you are a leader and they need to be aware of that"
(Early clinical Lead group #2)
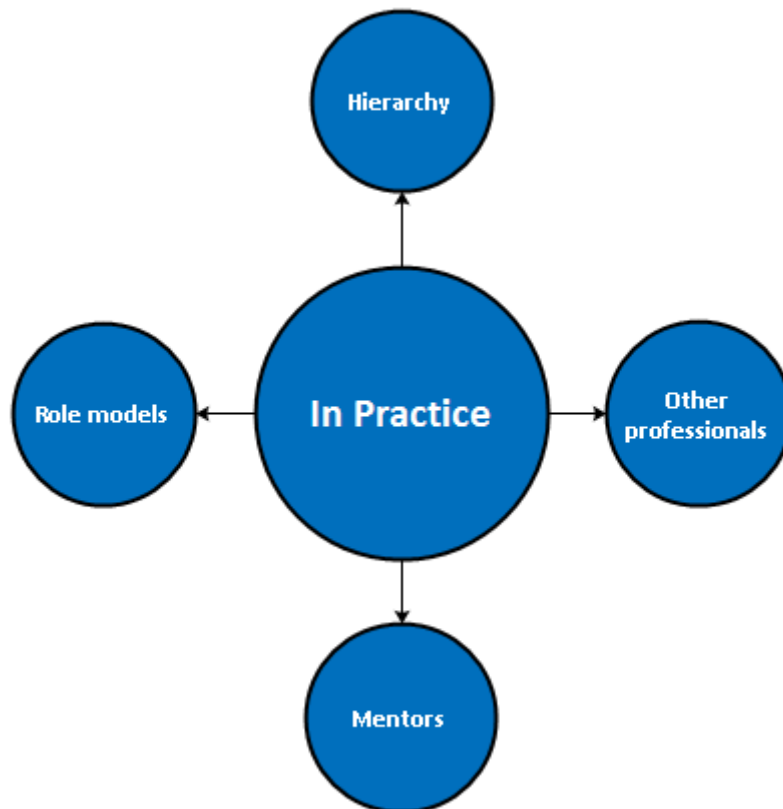
"It's an important part of their clinical placements and things like that as well – that it's not just seen as time to learn the hands-on skills – treating patients but leadership skills come throughout and I think that's got to be in the communication with the educators so that they know the students are there to learn an array of skills apart from just how to treat a patient or how to do an assessment"
(University Educator group #2)

Some concern was indicated regarding any expectation of pre-registration students to demonstrate leadership within their practice placements, with some expressing the feeling that while they have mentors who are present throughout their clinical practice, the relationship between the mentor and student may somehow inhibit this.

"As students we have certain things we can and can't do because it falls on our clinical educators but then does that stop our leadership skills? Because at the back of our heads we're going 'we've got leaders, we can't lead' you know? You do take responsibility but you've got that little voice saying 'Somebody is responsible for me'"
(Student group #3)

"They need to be made aware of it at university and then on each clinical placement they'd be given the opportunity to be in charge and make their own clinical decisions – which they do, or we do with our students they get the chance to be in charge of the ward for a couple of days so that

they can build their delegation skills and prioritisation skills and things like that because they are likely to have to do that as a junior"
(Early clinical Lead group #1)
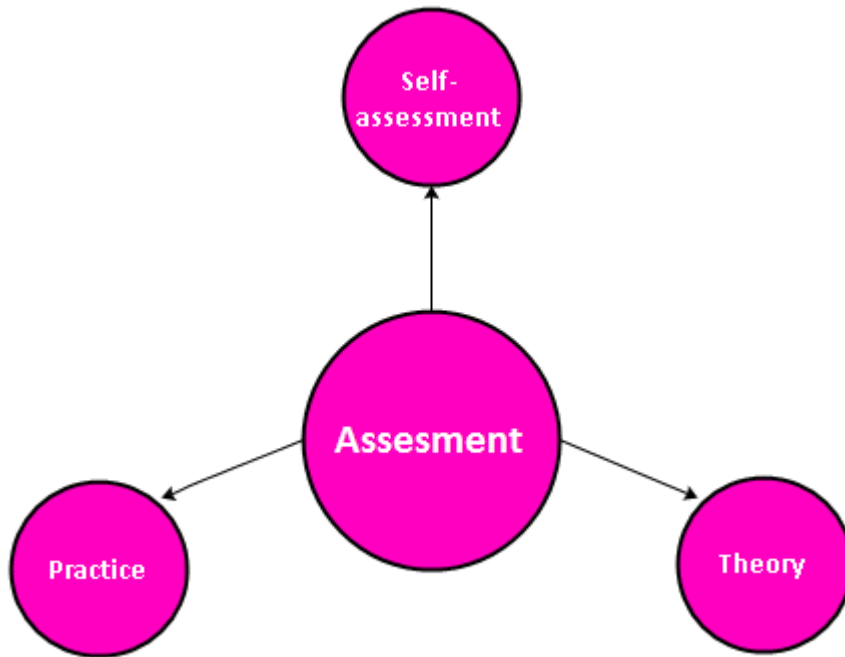
Currently, although students are assessed in practice on their clinical skills, there is some disparity in how leadership is evaluated depending on the location of the placement and the specific mentor. Many of the respondents expressed the view that leadership skills should be specifically assessed in practice, particularly in a final placement where students are nearing qualification.

"In our cohort what we did in the first year was have these communication assessments where you have to pretend you're meeting somebody and it's a pretend thing done in a classroom where you've got somebody watching you, somebody recording you. For me I think what you do in that assessment is not what I would ever do on a ward, whereas I would think that assessment is more suited to be carried out by our clinical tutors, where they would take us to a practice area and say 'right I can see a relative coming down that corridor can you go and interact with them and see if you can help them' which is good because you don't know what they want, you don't know what they are expecting from you which I think is best"
(Student group #1)

7.3 Discussion

The stakeholder focus groups led to a significant amount of rich data; however, the thematic analysis of that data can be distilled down into six areas

7.3.1 'Branding' of Leadership

One interesting observation from various participants was that of the 'branding' of leadership within pre-registration curricula. It was noted that often, students (and in some cases healthcare professionals) may display and value certain skills and qualities within the practice setting, but will not necessarily recognise these as leadership skills. This was largely attributed to a lack of effective labelling of these skills within the curriculum, however some also mentioned that the presence of a hierarchical structure within some practice settings could leave students and newly qualified staff with the impression that leadership is not yet expected of them, nor is it a large part of their role. It is therefore recommended that educators consider the language used when discussing the importance of particular skills with students, and that inter-personal and leadership skills are highlighted as an important part of clinical practice in addition to clinical skills.

7.3.2 Responsibility to Lead

In addition to the responsibility of University Educators to ensure that students are aware of their responsibility to lead, set a positive example, and positively represent their profession at all times in practice, practice educators and mentors themselves also have this responsibility to be positive role-models and leaders. When discussing leadership for pre-registration students, the topic of mentors was raised in the Early Clinical lead focus groups and also the Newly Qualified staff focus groups. Interestingly, these groups all referred to mentoring students, but with no direct indication of a belief that relatively newly qualified mentors should be leaders. One group did not acknowledge mentors' responsibility to lead at all, despite various mentions of students in practice with them. Another group also spoke about mentors for a large proportion of the focus group discussion, however, this discussion centred around providing leadership for mentors, and not necessarily how mentors can provide good leadership and role-modelling to students. It was also suggested that more emphasis is placed on leadership within mentor training and updates.

7.3.3 Service User Collaboration

Service users, university educators and clinical staff all discussed the value of service users in educating healthcare students both within the clinical and university settings. In addition to this, the impact of service user experiences on views around leadership for students and qualified professionals was mentioned by all stakeholder groups. Some of the students discussed practice situations where interaction with service users had led them to further consideration and understanding of their role as leaders not only to their colleagues, but also to the service users themselves who would sometimes look to students for encouragement. This engagement with service users beyond clinical requirements was deemed extremely valuable for the topic of leadership. Service user-led sessions in the university setting would therefore be appropriate for educating students on the importance of leadership and the associated skills from all healthcare staff.

7.3.4   Inter-professional Learning

Some discussion was also held around the influence of other staff and students in the clinical and university settings. Some of the students considered learning alongside students from other professions extremely valuable as they realised they would in this situation be expected to lead those with different backgrounds, knowledge and skills and were able to learn from each other about the roles of other professional groups in the clinical environment. Inter-professional learning in both university and clinical settings is therefore regarded as crucial to allowing students the opportunity to lead each other, both across professional groups and within teams, and particularly in dispelling beliefs that any existing hierarchy prevents them from being able to implement positive changes through their own ideas in practice.

7.3.5   Personal Profiling Opportunities

Another valuable opportunity discussed by students was being able to complete psychometric tests, which were then discussed with peers and senior university staff during their first term on the programme. Later in the programme they were able to complete these again, prior to revisiting the previous version. This was deemed useful to the students who had had this opportunity as it provided them with an opportunity to consider the development of self-leadership and manage their own skills and learning.

7.3.6   Assessment in Practice, Feedback and Reflexivity

The current processes of assessment in practice for leadership were recognised as positive by students; however, there was some discussion around its timing on the course and the methods used. Some of the students expressed a need for leadership skills to be assessed and monitored very early in the course, and only recognised those assessments as being present as a part of their final practice placements. The service user groups also all discussed the presence of leadership during student placements and suggested that a full day of managing a ward would be valuable to enhancing the confidence of final year students prior to registration. It was not noted whether this occurred in the placement areas being discussed. In addition the timing of leadership theory within the curricula was discussed by some student groups who felt that it should be included in the curricula from the very beginning of the programme in order to allow progression and development in leadership skills to be monitored by the students themselves and their educators throughout the course.

7.4 Recommendations for Developing Future Healthcare Leaders through Pre-registration Education

Drawing on the above, the following recommendations are proposed:

Branding of leadership	Leadership terminology should be used more overtly within both the University and Practice settings The importance of students demonstrating leadership skills alongside clinical skills in practice placements should be highlighted
Responsibility to lead	Students need to be aware of their responsibility to lead as part of their professional development Leadership needs to be including in practice educator and mentor training. Practice Educators and Mentors should provide good leadership and role-modelling to students.
Service User collaboration	Service user-led sessions should be included the university setting to educate students on the their perceptions regarding leadership at all levels of all healthcare staff
Inter-professional learning	Leadership scenarios should be included in inter-professional learning sessions
Personal profiling	Students should have the opportunity to understand their personal strengths and how these relate to developing leadership skills
Assessment in practice	Leadership skills should be monitored and assessed throughout the course, not just the final stages

8. Areas for Further Investigation and Future Research Opportunities

The literature review concluded that there was little evidence available regarding teaching of leadership at pre-registration level. Although evaluations of leadership development courses aimed at qualified healthcare professionals have deemed them to be effective, no evaluations of pre-registration leadership development were found. The relevant professional bodies and regulators all impose guidelines and recommendations around leadership in the curricula; however, HEI's vary on how these are implemented. The focus groups held as part of this study aimed to identify and highlight good practice in leadership development and assess the impact of these strategies on pre-registration students and service users. The recommendations discussed in the previous section will be reviewed by the participating HEI's with an aim to ensure all students benefit from this learning and that positive aspects of each programme continue to impact on current and future students. It is, however, recommended that a further evaluation of any strategies put in place as a result of these findings is conducted.

9. Conclusions

The perception of what is "good leadership" appears to be complex from all stakeholders' perspectives.

Role models of effective leadership are needed within both academic and clinical settings for both students and newly qualified health professionals.

All grades of clinical staff have elements of leadership within their roles; therefore mentorship opportunities especially for newly qualified and early clinical leaders should be further developed.

There are many examples of good practice where leadership is taught in innovative ways within healthcare curricula of the West Midlands.

Leadership components and branding of skills, attributes and competencies need to be made significantly more explicit within healthcare curricula.

Service users have a valuable (and currently under-utilised) role in sharing good practice examples of healthcare leadership in action.

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South Warwickshire NHS Foundation Trust
Staffordshire and Stoke-on-Trent Partnership NHS Trust
University Hospital of North Staffordshire NHS Trust*
University Hospitals Coventry and Warwickshire NHS Trust
Worcestershire Acute Hospitals NHS Trust
Worcestershire Health and Care NHS Trust
Wye Valley NHS Trust

*Now University Hospitals of North Midlands NHS Trust

11. Appendices

11.1 **Example of a Participant Information Sheet**

11.2 **Focus Group Schedule of Questions**

11.3 **Consent Form**

11.4 **Learning from the Project**

11.5 **References from Full Literature Review**

11.1 Example of Participant Information Sheet for Service User/Carer

Thank you for your interest in this study and for taking the time to read this information sheet. Before you decide whether or not to take part it is important that you understand why the research is being done and what it will involve. Please take time to read this carefully and ask the researcher if you have any questions. Feel free to discuss participation with others if you wish.

Aim

The purpose of the project is to obtain the views of various stakeholders regarding current practice and to identify methods of maximising leadership development within pre-registration healthcare education.

This project is being conducted by researchers at the University of Worcester in collaboration with Coventry University, Keele University, and Health Education West Midlands (HEWM).

Your invitation

You have been invited to participate because your general experience as a service user or carer will be valuable to inform current practice. You will be allocated a group depending on which University you have been identified by. We are hoping to recruit up to 5 participants who are service users or carers based within your geographical area to attend this focus group.

What will happen?

If you agree to take part you will be invited to a group discussion about the requirements of leadership development for health care professionals during University education. You will be asked to draw upon your expertise in order to consider what leadership development may be necessary in pre-registration curricula and how current practice may be enhanced. These will take place at a time and place most convenient for all members of your group, and will take no longer than 1 hour of your time. During the discussions recording equipment will be used.
The researchers do not anticipate any physical or psychological harm to participants as a result of this study.

Themes emerging from focus groups that take place with all stakeholders will be summarised and disseminated to a reference group from the Local Education and Training Boards (LETBs) for further discussion. Only summarised information will be shared with the LETBs and in the event that an individual's response is presented to the Board participant identification numbers only will be used, ensuring participant anonymity.

Please take the time to read the following information carefully, before agreeing to participate in this investigation

Voluntary participation: It is important that you are aware and agree that your participation in this investigation is entirely voluntary. You will be reimbursed for any expenses occurred as a result of your participation in this study.

Focus groups: If you agree to participate in a focus group your response will be recorded, however your responses will be anonymised. You will be provided with an identification number which is linked to your responses. The researchers will not store any information linking participants to their identification number; therefore it is important that you make a note of this number. Your responses will be transcribed into written format within 14 days. The transcriptions will be analysed for use in the final report which will be completed in September 2014. Please ensure that you do not disclose your own, or anyone else's participant information number after these focus groups are complete.

Your contact details: This information document is for you to keep, and holds your participant information number (above). The attached consent form will be kept by the researchers. Your name on the consent form will not be used to recruit for future investigations and your participant identification number is not recorded on the consent form, so the researchers will be unable to trace any responses back to you. All data will be stored by your unique participant identification number, and you will be the only person with access to this number*. **Please ensure you make a note of this for your future reference.**

Right to withdraw: It is important that you are aware that you have the right to withdraw from this investigation at any time up until 10 working days after your participation in the focus group by quoting your participant identification number to any one of the listed researchers. After this time period the researcher will no longer be able to remove any information from the analysis or published report.

Storage of data: The discussion recordings will be destroyed within 14 days. By this time transcriptions of the data will be complete. The transcriptions will be held by staff at the University of Worcester in electronic format on a secure, password-protected network for a maximum of 3 years. During this time only the researchers will have access to the data.

If you would like any further information, please do not hesitate to contact the researchers. Contact details are provided below. You will also need these contact details in the event that you would like to withdraw from the investigation.

Principal investigator:
Louise Jones (Louise.Jones@worc.ac.uk)
Strategic Director for Health and Wellbeing, University of Worcester.

Research Assistant :
Laura Torney (l.torney@worc.ac.uk)

Additional researchers:
Alan Taylor (Coventry University)
Sarah Baxter (Coventry University)
Patricia Owen (Keele University)
Dawn Johnson (Keele University)
Anne O'Brien (Keele University)

Health Education West Midlands contact:
Adam Turner (Adam.Turner@wm.hee.nhs.uk)

If you have any concerns about the research project please contact John-Paul Wilson (Director of Research Development, University of Worcester) j.wilson@worc.ac.uk

11.2 Focus Group Schedule

Introduction:

- Introductions- Research Assistant
- Welcome participants.
- "This focus group is in relation to a project on understanding and maximising leadership in pre-registration health curricula. This focus group should last approximately one hour."
- Allow participants to introduce themselves to the group.
- "The purpose of the project is to obtain the views of various stakeholders regarding current practice in leadership in healthcare and to identify methods of maximising leadership development within pre-registration healthcare curricula. This project is being conducted by researchers at the University of Worcester, Coventry University, Keele University, and is supported by Health Education West Midlands (HEWM)."
- "This focus group aims to gain your thoughts and opinions on current practices of leadership in healthcare and what you feel should be done in the future. We believe that your role as (*group role*) is invaluable in aiding us in gaining information in this specific area. "
- Remind participants that the focus group will be recorded for transcription purposes only, identities will remain anonymous and the recording will be destroyed within 14 days of transcription. Any names mentioned during the focus group including the names of individuals not in focus group will be omitted from transcriptions. I may also make a few notes throughout the focus group to serve as reminders or prompts.
- Right to withdraw at any point during the focus group and right to withdraw data up until 30th September 2014. No reason for withdrawal is needed. Only participant identification number is linked to your data. Explain the need for participant number to withdraw data.
- My role as the researcher is to facilitate the focus group and ask the main questions involved in this research. I will only serve to prompt discussions but will not be involved in the actual discussions.
- Ground rules
  - Feel free to speak as it is important that we gain the thoughts and opinions of a wide range of stakeholders.
  - Giving each other time to speak
  - No right or wrong answers
  - To assure confidentiality of information within the group it is important that you refrain from discussing the comments of other participants and of what was discussed between us outside of the focus group. This is to ensure that everyone is able to speak freely within a climate of respect.
- Any questions before recording begin?

Students: Please could you state your year and field of study.

1. What do you understand by leadership in healthcare?

2. What are the essential elements of leadership that all healthcare professionals should be able to demonstrate?
   a. Now
   b. In - 15-20 years' time?

3. In the context of students in healthcare education, how should students learn about leadership?

4. In light of what you have said, what would be the impact of these leadership elements on healthcare?

5. Can you think of any good examples of leadership that you have seen?

6. Is there anything else you would like to add?

11.3 Consent Form

Title of project: Understanding and maximising leadership in pre-registration healthcare curricula.

Principal Investigator: Louise Jones

Please initial in relevant box.

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.

☐ ☐

I confirm that I have had sufficient time to consider whether I want to take part in this study

☐ ☐

I understand that I do not have to take part in this research and I can change my mind at any time. I understand that I may withdraw my data by contacting the researcher with my participant identification number within 10 working days of my participation in the focus group

☐ ☐

I agree to allow the use of audio recording equipment during the research focus group

☐ ☐

I agree for any information that I give within the focus group to be used in publications or reports. I understand that this information will be anonymised before use, and that it will not be possible to identify me from this.

☐ ☐

I know who to contact if I have any concerns about this research

☐ ☐

I will not disclose any participant identification numbers outside of this group

☐ ☐

I agree to take part in this study.

☐ ☐

Name of participant _____

Date_____   Signature _____

Name of person taking consent _____

Date_____   Signature _____

11.4 Learning from the Project

11.4.1 Key Challenge 1: timeliness of gaining relevant approvals and permissions

 Full ethical approval was sought from the lead HEI (The University of Worcester), with proportionate ethical reviews conducted at both Coventry University and Keele University, with the final approval from the Institute of Health and Society Research Ethics Committee at the University of Worcester attached to the project proposal. In addition to this, Research & Development (R&D) departments at each of the 11 participating NHS Trusts were contacted to review the proposal and consider granting permission for data to be collected through the inclusion of clinical staff in focus groups.

Although no major ethical concerns were highlighted by any of these reviewers, there were varying expectations from the individual trust departments regarding the information requested, the format of this information in the proposal, the format of supporting documentation, and the review process itself. These varying expectations created a lengthy process as each request for amendments from one reviewer would need to be upheld, and then communicated with each of the other reviewers, including those who had already provided approval, and those who were in the process of reviewing the documentation. In addition, due to the nature of the project, being non-experimental, non-clinical evaluative work recruiting only NHS staff from the participating trusts, the appropriate procedure for review was at times unclear. Varying approaches to reviewing the project materials were also taken by participating trusts which led to a lack of consistency in decisions on whether to approach the project as research or as an evaluation. NHS guidance on research, for 'high-risk' or clinical trials is very clear, however the interpretation of 'low-risk', 'non-experimental' evaluations appeared inconsistent across trusts. During this process the planned timescales for the focus groups had to be extended by the project team due to the increased amount of time spent on gaining all relevant approvals. This had a major impact on the project timescales.

The involvement of clinical staff in projects such is this is vital to ensure their valuable knowledge and expertise is included in any data collection; however, it is suggested that consideration is given to regularising NHS guidance for low-risk, non-experimental evaluations to assist with future research.

11.4.2 Key Challenge 2: recruitment to focus groups

Each member of the research team took responsibility for organising some focus groups, including recruitment and arranging venues. This process effectively ensured that data collection was efficient and all identified stakeholder groups were represented. However, although a lot of interest was generated within the clinical areas through distribution of flyers and project information, it was not always possible, due to the nature of the clinical environment, to organise times when a varied group of participants were available to attend. There were particular challenges for newly qualified and early clinical leader participants (often with the highest clinical caseloads) to be available to attend. The research team were able to resolve this to a degree by adding additional focus groups times where initial recruitment or attendance had been modest.

It is therefore suggested in future that HEI's work in partnership with local NHS trusts to develop particular recruitment strategies to encourage participation in studies such as those underlined in the current project.

11.4.3 Good Practice: project monitoring

In the early phase of the project it was agreed that a process be set up in order to monitor the progress of the project, to alert the group to any concerns and to allow for consideration of how the team were collaborating and learning. A questionnaire was devised and distributed which allowed all groups members to rate progression and perceived effectiveness of the project and anonymously provide comments regarding challenges and learning from the project so far. Group members were asked to rate the following criteria using a Likert Scale:

1) The project is achieving its milestones in a timely way
2) The partners are collaborating well
3) The outputs of the project so far are of good quality
4) Everyone is learning in the LPRE project
5) Overall I am pleased with the progress of the LPRE project

Each of the above questions was presented with a 4-point scale rating system with possible responses of 'strongly disagree', 'disagree', 'agree', and 'strongly agree'. In addition, an open-ended question "Have you any other comments on the quality of the LPRE Project?" was included allowing for text responses.

The survey was presented to the group during month five and again during month nine. The second time the questionnaire was presented, an additional comments box was included with the instructions "please use this box to identify learning from the project to date – what opportunities and challenges are arising?" Results were discussed at the following group meetings and plans were put in place to respond to any issues raised.

11.4.4 SLOT Analysis of collaborative project working

Strengths

Networking with new colleagues.
Sharing existing practice relating to project topic.
Understanding more about different professions within healthcare practice.
Working with HEWM to fulfil the aims of the project.
Developing understanding of the research process across three HEIs.
Flexibility of the Research Assistant to flex contract over a longer period.

Opportunities

Future networking.
Writing publications and presenting at conferences.
Developing future perspectives for research relating to project topic.
Implementing recommendations of project into curricula.

Limitations

Time-limited project with a brief for non-medical programmes.
Geographical distance between the HEIs within HEWM, separated by busy motorways limited attendance at meetings.
Building a research team quickly, to make important decisions about the shape of the project.

Threats

Literature Review.
Multi-site ethical approval processes.
Timing and venue relating to arranging focus groups for clinical staff.

11.5 Full References from Literature Review

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