An evaluative study assessing the impact of the Leading an Empowered Organisation programme

The development of strong, effective clinical leadership is currently high on the political agenda (DoH, 1999: 2000). It is central to the government's modernisation agenda and the improvement of patient care and is reflected in the plethora of documents, strategies and initiatives currently permeating the NHS. The Leading an Empowered Organisation (LEO) programme is an integral part of the drive to increase and strengthen clinical leadership among the nursing and allied health professions. The NHSL National Nursing Leadership Programme is co-ordinating the launch of the LEO programme to over 37,000 clinical staff. The programme is designed to create a critical mass of clinical leaders with the ability to make real difference to patient care.

The study was undertaken as part of a larger evaluation to assimilate evidence regarding the impact of the LEO programme. The research also addressed contact and communication with senior staff and the impact of these on the leadership agenda.

The results indicate that the LEO programme is empowering clinical staff to facilitate new ways of working and providing participants with the practical tools to perform their roles effectively and create an environment in which others can grow and develop. There is still much to be learnt from the LEO programme and, as such, the evaluation process continues.

INTRODUCTION

The current emphasis on the development of effective clinical leadership is timely in many ways. While previous commentators have referred to leadership as an exclusive arena occupied by a chosen few at the top of organisational hierarchies, it is now widely accepted that leadership exists at all levels. Similarly, leadership is not an isolated concept. Just as the potential for leadership exists in all people at all levels (Nicholls, 1996) leadership transcends both the macro and micro in that it permeates the very fabric of healthcare and, ultimately, society.

It is largely unhelpful, therefore, to address healthcare problems in isolation. The demand for provision and accessibility of healthcare is inexorably linked to social issues and societal needs and, as such, solutions to many health issues require a holistic approach. Furthermore, both patients and staff are making their voices heard today. Professionals throughout the service, patients, and the public are all demanding involvement in the care they deliver and receive. In the past, clinical staff were delegated tasks by a senior member of staff and were required to carry out the work unquestioningly. Much more is now expected of all staff. Consequently, the NHS is increasingly recognising the value of investing more in the knowledge and ideas clinical staff at all levels can bring to the improvement of patient care.

KEY WORDS
Leadership, Empowerment, LEO, Communication, Evaluation

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Leading an Empowered Organisation (LEO) is a three-day leadership programme designed to equip frontline nurses and allied health professionals with the leadership skills and qualities required in a modern health service. It is an integral part of the policy of developing leadership among nurses and allied health professionals. The programme is currently being offered nationally to predominantly F- and G-grade nurses and equivalent allied health professionals and by the end of this year, over 32,000 clinical staff will have accessed the programme. The aims of the LEO programme are to:

- Create an environment in which people can behave as responsible adults. (It is a programme based on principles of respect, dignity and empowerment)
- Teach staff to be accountable for their behaviour by encouraging them to define clearly the responsibilities and authority for their work
- Support sisters, charge nurses and frontline team leaders to lead and initiate change in their organisations
- Lay the foundations for developing healthy relationships, skilled problem-solvers and confident risk-takers.

The programme encourages participants to adopt a facilitative style, where responsibilities and standards are clearly defined, and to foster an environment that supports challenge, growth and development. This paper documents the results of a preliminary study designed to access information on the extent to which the above aims are being achieved.

LITERATURE REVIEW

The special leadership qualities required in a modern health service have been termed 'transformational leadership'. Transformational leaders are innovative, inspirational and proactive leaders with the ability to motivate others to pursue high standards and long-term goals. Transformational leaders recognise that in order to deliver high quality patient care, an empowering culture needs to be created where communication, strong values — including belief in human potential — tolerance of mistakes and mutual respect are paramount (Clarke, 2000).

The ability to articulate a shared vision is a vital aspect of transformational leadership. The vision provides the organisation with a 'clear direction of travel', a framework for the organisation's mission and goals and enhanced employee communication, participation and commitment' (Daw and Niven, 2000). To enlist the willing cooperation of others in the vision, transformational leaders recognise the importance of valuing input from employees in both the creation and implementation of the vision, and show how they consider them and their work to be important. According to Bennis (2000), effective leaders are 'all about creating collaboration, about creating a shared sense of purpose.' A central task for the leader is the development of other leaders, creating conditions that enhance the ability of all employees to make decisions and create change. In this respect, transformational leaders are 'cultural architects' capable of promulgating the theories of their beliefs, goals and missions into a reality for themselves, those around them and, most importantly, the patients they serve.

In contrast to people who prefer to manage predictability and order, transformational leaders recognise that in order to thrive, organisations constantly need to challenge the way things are done, what is done and who does it (Almine-Merceroff, 1996). Change is often destabilising, and one of the main challenges facing leaders is how to cope with the ambiguity and uncertainty that variability accompanies change. Some managers feel it necessary to fill this apparent void with knowing and certainty, but this can serve to stifle the
creativity and innovation that potentially emanates from this uncertainty. Transformational barriers, on the other hand, are able to manage change skillfully and sensitively, and look upon such periods of uncertainty as opportunities for progression and a necessary part of organizational growth.

Arguably, there is tension between the above leadership theory and the practice environment. In an environment where performance indicators and accountability predominate, the focus of management discourse can become largely transactional. The challenge is to reconcile the value and importance of the transformational discussion to the successful implementation of the transactional necessities and, ultimately, the benefit this can have on patient care.

RESEARCH AIMS

There were three main aims of the research.

1. To determine the impact of the LEO programme on participants and examine the sustainability of the programme.
2. To gain an insight into the desirability of modern nurse and nurse consultant posts for clinical staff after undertaking the LEO course (i.e., career development).
3. To acquire information regarding the state of communication in organisations and to access suggestions for improvement from clinical staff.

METHOD

The NIS National Nursing Leadership Programme has administered a questionnaire to all LEO participants since the Programme was launched nationally in January 2002. The questionnaire was administered to participants on the first day of the programme and asked for information regarding existing leadership skills, perceptions of the benefits of the LEO programme, and the current state of communication between frontline clinicians and senior managers in their place of work. This questionnaire is currently being analysed in conjunction with INMG (Boastock Marketing Group) and results will be available in the course.

The questionnaire asked respondents if they would be willing to participate in a follow-up interview approximately six months after their return to the workplace to assess the impact and sustainability of the programme, and requested the names and contact details of those interested. This paper presents the findings from 109 interviews with these participants.

Participants were randomly selected and invited to take part in a telephone interview. All interviews followed a semi-structured format so that pre-determined questions were devised to cover certain pre-agreed topics. These were devised in collaboration with discussions with staff at the NIS National Nursing Leadership Programme, LEO facilitators and LEO participants themselves, and were modified according to the results of a pilot study. Room was allowed, however, for deviation from the pre-determined questions during the course of the interview if the conversation was meaningful and relevant to the overall focus of the research. Such a methodology offers flexibility and discovery of meaning, and was considered to be appropriate for accessing information on the social realities facing LEO participants upon their return to the workplace.

RESULTS

1. The LEO programme

Overall, 5% of LEO were...

Participants were asked to rate the course in general on the following scale: 'Very good, good, average, poor, and very poor.' Most participants thought
that, overall, the course was "very good" (64, 50%) or "good" (34, 28%).

'I thought the course was excellent. It's the best management course I've ever been on.'

'The positivity of it all was very good. It really did empower.'

Participants who rated the course as average (20, 9%) generally reported that the course should have been delivered to staff at less senior levels. However, these participants tended to be either 8 grades or senior allied health professionals. As the remit of the national programme is to deliver the programme to F and G grades or equivalent, the finding may serve to emphasize the appropriateness of the grade to which the programme is aimed.

'Although I enjoyed the course it wasn't really suitable for me. I'm not looking for a new career, but it was below me.'

'It wasn't really the right level for me but it was useful for me to know what the F and G grades are about.'

Only 5% of people rated the course as "poor". This was mainly attributed to the presentation of the material:

'I thought the course itself was probably OK, but the presentation was poor. The facilitators didn't have the drive to present the material.'

Next important aspects of the course were identified by the respondents as those that were important to them. The following are the common themes emerging from the results to this question:

- Leadership style
  A clearer understanding of leadership styles and their application was identified by many respondents as being an important aspect of the course. This is not a surprising finding considering that one of the main aims of the LEQ programme is to raise awareness of leadership issues and increase the leadership capabilities of those who undertake the course. It is, however, useful to document the success of the programme in achieving this fundamental aim:

  'It is more you have no leadership training so it's nice to take time out to understand the theory and practice some of the skills you do learn.'

  'What it gave me was a clearer understanding of the needs of different staff members and what type of leadership would meet their needs.'

- Networking
  Many respondents highlighted the opportunity to network with people from other parts of their trust and from different areas of care as the most important aspect of attending the LEQ programme. They valued the opportunity to communicate with people from other disciplines and to learn from the experiences of others outside their everyday working unit.

  'It was good to spend quality time with other people from the trust.'
Recognition of common ground
Recognition of the common ground that exists across disciplines was also raised. Many participants stated that before undertaking the course they had tended to perceive some problems and issues as being applicable only to their particular working environment. Through group work and discussion on the LEO programme, they realised that many of these issues were not unique to them. Similarly, fresh insights could be gained from others not directly involved in the matter in question. The LEO group offered a wealth of experience, knowledge and suggestions, and became an effective resource on which to draw in the development of an action plan to resolve issues faced:

"We had a multidisciplinary group but the issues and concerns we raised and the solutions we suggested were very much the same. It was nice to know we're all thinking about the same thing."

"Appreciating that you're not in isolation was really useful. The situations may differ but the bottom line is the same."

Relating theories to practical situations
Many respondents stated that the application of leadership and management concepts to everyday patient care was an important component of the course. Participants felt that doing so made the course content relevant and meaningful:

"It was good to relate the management theory to everyday patient care."

The facilitator
The facilitator's ability to present the course material had contributed greatly to the success of the programme. Confident, enthusiastic, inspirational and knowledgeable LEO facilitator 'brought the course alive' for participants:

"The facilitator was superb. Everybody felt very much in control."

"The facilitator was excellent. A heavy subject was put over in a light way."

On a few occasions, participants stated that their facilitator had been poor but this was generally attributed to the fact that the facilitator was delivering his/her first LEO programme and was noticeably nervous and less knowledgeable owing to lack of experience:

"I wasn't impressed with the facilitator. She didn't seem to know the material very well and she didn't seem to care about the course. I thought the facilitator was excellent."

Alleviations
Participants were asked if there was anything about the course they would have changed. Encouragingly, many participants could not fault it:

"There's nothing I'd change about the course."
The following comments document the main suggested alterations by those respondents who made suggestions for improvement.

- **Venue**
  The majority of respondents suggested that the venues could have been better — they were often unsuitable and run down — but made suggestions for improvements. Hosting LEO programmes on trust premises was not popular, either, because participants often returned to their working area during breaks:

  "I wish the course had been held off the trust premises. People were still carrying flags and mauls and kept disappearing to deal with work issues. It felt as though they were letting the group down when they disappeared during group work. If the course had been held away from trust premises that wouldn’t have happened."

- **Language**
  It was suggested that some of the American terminology employed during the programme was not applicable to healthcare in the UK:

  "The terminology was too American and it distracted from the course."

- **Length of course**
  Some participants felt that the course should have been longer so that they would have been able to gain a more in-depth understanding of each aspect of the course:

  "The course is three full days and it’s really strict. I know it’s difficult for people to take time out but it would have been nice if it could have had longer."

- **Numbers on course**
  Some participants would have preferred smaller groups:

  "I felt there were too many people on the course. It was difficult to interact with 25 people and get a group that large to gel and work together."

Do participants feel that their leadership capabilities have improved since attending the LEO course?

The vast majority of participants (73, 67%) felt their leadership capabilities had improved as a result of attending the LEO programme. The 26 (24%) of participants who claimed their leadership capabilities had not improved as a result of attending the programme were comprised of those who, not surprisingly, rated the course as "poor."

Others who claimed their leadership capabilities had not improved since attending the programme were not necessarily criticising it. They stated that rather than serving to improve their leadership capabilities, the programme had acted as a good refresher course that affirmed their working practice:

"I didn’t learn a huge amount but it did confirm that I’m not a terrible manager."

- **Action plan**
  As part of the LEO programme, participants are generally asked to complete a personal action plan to take away with them and work on upon their return.
to the workplace. This may involve selecting unhealthy behaviours they currently exhibit, and identifying specific, measurable and realistic actions they can take to overcome each of these. Sixty-one (36%) participants completed an action plan and the research attempted to ascertain the extent to which participants used their plans:

"I've since been promoted to H grade and I used my manual and my action plan in preparation for the interview."

A significant number, however, (36, 33%) did not complete a plan. This finding may suggest that additional support for participants is required to provide them with the tools to implement their action plans. They reported not having enough time to implement suggested changes and a lack of commitment from other staff members to implementing any proposed changes.

Some participants reported that, although they had completed an action plan, they had not looked at it since completing the programme. Despite this, the vast majority of participants were still able to identify changes they had made to their working practice. In this respect, the action plan may serve as a useful reference tool for some participants. Others, however, may prefer to draw upon their learning as and when appropriate rather than following a formal plan.

Changes made to working practice as a result of LEO

Respondents were asked whether they felt their behaviour and/or style of work had changed since attending the LEO programme. The vast majority of participants identified some way in which they felt their working practice had improved.

This question in particular generated a variety of responses in that perceived improvements tended to be specific to individuals. In this regard, although the programme may present general material, it affects different people in different ways. The array of responses to this question highlights the rich and diverse impact the programme can have. The following quotes document changes in behaviour and/or style of work identified.

- Articulating expectations

Several respondents felt that applying the 'articulating expectations' section of the LEO programme had had an effect on their working experience:

"I'm more direct about what I expect. I'm now more explicit rather than expecting people to know what I mean."

"I'm a lot calmer. I think about what I want to say and articulate my expectations. I communicate a lot more effectively."

- Staff empowerment

The ability to empower others was recognised as a positive change in behaviour:

"Before I went on the course I took on too much, but now I'm able to delegate much better. This means I'm empowering my staff, particularly the F grades, as I'm giving them more responsibility and they're developing new skills."

"It taught me of my ability to give staff permission to make changes that empower staff you sometimes need to let them take risks and make mistakes and provide support for them if they need it."
• Not taking on too much/increased delegation

Recognition that it is acceptable to say "no" to additional work and delegate to others was also identified:

'I've learnt to delegate more. Before LEO I was close to burnout as I tried to take responsibility for everything but I'm not overloading myself any more and I've realised it's OK to do that. At the end of the day the job still gets done.'

• Recognition of differences

Some respondents identified that becoming aware of differences in learning needs and in the style of working of colleagues and peers was central to an improved working experience:

'I recognise people's differences more and realise that people often don't learn in the same way. You need to work out what people need, and encourage them to learn in a way that suits them.'

• Increased personal awareness

Some respondents stated that an increased personal awareness had led to improvements in their behaviour at work:

'I didn't learn anything new from LEO but it made me more aware of the blocking techniques I use, so I suppose it's given me increased personal awareness.'

• Overcoming blocking methods ('killers phrases')

Many participants commented that the programme helped them not only to recognise blocking methods but also to overcome them:

'I now recognise blocking techniques such as "We've tried that before and it didn't work" and I feel I'm much better at overcoming such comments.'

• No changes

Some participants, however, claimed that their behaviour or style of work had not changed since taking part in the LEO programme:

'The course talked a lot about how to handle difficult situations whereas my management style is to try to ensure the type of situations we discussed don't arise so I didn't really stick with much of what was being said.'

Resistance encountered to proposed changes

The study attempted to determine the extent to which participants had been able to apply learning in the workplace and implement proposed change. Most participants (92; 75%) reported that they had not encountered any resistance to new working methods and/or proposed changes:

'I haven't encountered any resistance because since the course I'm clear about what I'm doing and why I'm doing it.'

Those who had encountered resistance generally stated this was owing to the unwillingness of other staff to change:

'You do experience resistance if people don't think in the same way.'
‘My action plan was blocked. It’s the bottom-up thing. The attitude to LEO is different with managers. It was mocked by some of them.’

Improvements in patient care

Participants were asked if they felt taking part in the programme had had an impact on their patients care. Some immediately made the link between taking part and improvements in patient care:

‘We did it. We ask patients to provide some level of care for themselves and I am much better at articulating my expectations to them in a positive way. I also deal with the killer phrases much better now.’

‘Anything that improves me should improve my patient care.’

Initially, some participants were reluctant to suggest that their patient care had been anything but exemplary before attending the course, and indeed a discussion of this issue was not designed to suggest as such. Also, participants often struggled initially to make the connection between the learning achieved and the impact this might have on patient care because the LEO programme generally focused upon interpersonal relationships with peers and senior managers. After explanation of this issue, however, most participants recognized that although the course might not directly affect individual patients, the ability to deal more effectively with staff indirectly benefited patients:

‘I am clearer with staff about what is acceptable and what is not. This has been reflected in my staff’s performance — their approach towards patients has changed.’

‘I think that everything that reflects on teamwork and how we can work better as a team is beneficial for the patient. Everything I do is for the patient in mind.’

Sustainability

I thought the course was excellent but now I feel deflated. To be honest I feel like a useless one. The course showed me lots of different management styles and how I can recognize unhelpful styles and behaviors in managers. Understanding more has emphasized the problems we have.’

The above quote highlights the difficulties facing clinicians in implementing change when faced with resistance from senior staff, and firmly demonstrates the need to support clinicians in their work after undertaking the LEO programme. The above respondent experienced difficulties implementing her action plan as a direct result of resistance to proposed changes from her immediate manager. Clearly, the conflict between the respondent’s desire to operate in the decentralised framework the LEO programme advocates and the reality of centralised control in her workplace has left this particular respondent disillusioned. There is a need, therefore, to ensure sustainability is achieved and that the message the programme advocates becomes firmly embedded in the organisational culture of the NHS.

The vast majority of participants felt that it was crucial that the issue of sustainability was addressed and were asked for their views on achieving this.
Follow-up
By far the most commonly identified issue with regard to sustainability of the LEO programme was the need for follow-up sessions. A variety of forums for these were suggested, from an annual update to six-monthly reviews with the same group to discuss action plans and experiences since undertaking the programme:

- A regular update on an annual basis. It is a shame, because we all get so motivated and buzzing, but that has dropped off now as we are back at work.'
- 'It needs ongoing sessions to sustain things. LEO is a step but to think that a three-day course can change the NHS is a fantasy.'

Support from senior management
The second most commonly identified issue with regard to sustainability was the need for support from senior management:

- 'Support needs to come down from the top. You don't see senior staff using LEO and that's a problem.'

Critical mass
A critical mass of people, all shamed in the language of LEO, was considered to be an influential factor in its sustainability:

- 'The more widespread LEO is the better because we will all be shining from the same hymn sheet. More people would be encouraged to go on it.'

Difficulties
Several respondents reported attempting to sustain the LEO programme but highlighted difficulties in achieving this:

- 'After LEO we started up action groups for staff. It started with eight in the group and now we're down to four. It's difficult to maintain enthusiasm and people are so busy.'
- 'My life is a fire-fighting exercise. We are just keeping the heads above water so we don't have time to implement innovative ideas.'

2. Career development
The LEO programme targeted 12,000 F- and G-grade nurses and the equivalent level among the allied health professions because it wanted to create a cadre of talented nurse leaders capable of fulfilling the new government posts of modern matron and nurse consultant. The research investigated the desirability of these posts for clinicians and their perceptions of future career progression. As modern matron and nurse consultant posts are aimed at nurses, the following questions were not applicable for respondents from the allied health professions:

- Modern matron posts
  Participants were asked to indicate whether they had applied for a modern matron post. Only one participant had applied, and she had been successful:

- 'Since LEO I am now in a modern matron role. I find it interesting.'
One-fifth of respondents (22; 20%) stated that they would consider applying for a modern matron post in the future:

"I would consider applying as it may mean you have more of an overall impact on patient care and the power to do this."

The vast majority of respondents (87; 90%) claimed they would not consider applying for a modern matron post, identifying three main reasons for their lack of enthusiasm. First, a concern that the role might take them further away from patient care, second that they would be retiring in the next few years and were happy to remain in their current post until then; and third, an appreciation of the pressures that modern matrons will face:

"No chance. We've just had one appointed and they don't know what their role is. They will probably get dumped into everything nobody wants."

- Nurse consultants:

Similarly, participants were asked whether they had applied for a nurse consultant post. These participants perceived the role as involving increased management responsibility while enabling them to remain in clinical practice:

"It's not all managerial responsibility. It's more clinically focused."

A significant number (31; 28%) of respondents stated they would consider applying for a nurse consultant role in the future. One respondent attributed experiencing the LEO programme as the reason for her particular interest in pursuing the role:

"I'm particularly interested in this area of work. LEO is beneficial in this respect."

The majority of respondents (78; 72%) stated they would not consider applying for a nurse consultant role, mainly because of the academic qualifications required:

"I'm academic staff now so if..."

The other reasons for not applying were a lack of intention to move into a more senior position, a lack of knowledge as to which role to pursue, and retirement:

"I'm no intention of moving up the ladder. I'm a clinician. I prefer to be hands on."

3. COMMUNICATION

Communication between healthcare professionals and senior management (general)

There is evidence that a breakdown in communication can be due largely to an absence of effective leadership (Drum, 2000). Although argue that the Commission for Health Improvement, for example, have illustrated the detrimental effect, ultimately, of a lack of communication between senior staff and between frontline clinicians in particular, on patient care (Commission for Health Improvement, 2000). This study attempted to access information regarding the state of communication within organisations, particularly between the nurse director or equivalent professional lead and between frontline clinicians and the
Chief executive. Suggestions for improvement are also highlighted.

- Lack of visibility
  The lack of visibility among senior management was highlighted as an issue of major concern:
  
  "It can be improved by them getting out of their offices. It's about putting names to faces."
  
  Some respondents questioned the ability of senior staff to make well-informed decisions about patient care without an awareness of clinical realities:
  
  "Communication is absurd. Half of them have no idea what we do."

- Lack of communication
  The lack of visibility meant there was a distinct lack of effective communication between healthcare professionals and senior management in many organisations:
  
  "There aren't really any real, direct communications. We receive fliers but there's no face-to-face contact. They'll see you if they need to -- if there's a problem."
  
  "... We're just the work-horses. If it doesn't concern you, you don't know."

- One-way communication — top-down
  The communication that did exist was often regarded as one way, that is, top-down:
  
  "It's a one-way system — from the top down. We don't know about the issues we — whether information gets to who it's intended for, whether people block things for their own reasons. We never know about that."
  
  In many organisations it appeared that senior management controlled the flow of information. Participants felt managers guarded information and were reluctant to provide staff with more than they felt they needed to know.

- Honesty and openness
  The lack of informational flow led to suspicion and mistrust among some participants:
  
  "We need a bit more honesty and openness. I think there's a culture of feeding just enough information to keep people quiet."
  
  "You have to go through a lot of people to get what you want and there is too much lip service."

- Problems with communication
  Additional problems with communication were the lack of flexible working and a reliance on computer systems:
  
  "Senior staff need to recognise that not all are on email or are computer literate. Executive trust members should pass down information without it being Chinese whispers."

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Importance of regular contact with the nurse director

Participants were asked whether they felt it was important to have regular contact with their nurse director (or equivalent professional lead). The question was designed to explore the extent to which participants felt it was important to discuss professional issues with the senior representative in the trust who was responsible for taking such issues forward. The vast majority of participants felt it was essential to engage in regular communication with their nurse director:

"At the end of the day they are the people who are responsible for the day. They keep us informed. They need to be on top of things," one participant commented.

A small number of respondents did not find that regular contact was important, especially as the role of the nurse director and clinical staff evolved. They no longer perceived the director as someone they needed to keep on their radar.

"We don't have regular contact with the nurse director. We're happy with the level of contact at the moment," another participant said.

Several respondents, however, appeared relatively positive about the effectiveness of their nurse director and therefore felt increased contact would not necessarily lead to improvements. The dependency seemed driven more by the lack of a focus on developing leadership in the nurse director's day-to-day work. Many nurse directors have extensive responsibilities and, increasingly, nursing and the development of nursing leadership is viewed as somewhat marginal. This was reflected frequently by respondents who reflected a lack of involvement in this agenda in their responses:

"It's not necessary to see the nurse director on a regular basis. I can't see how it would influence anything.

Despite the importance of regular contact stated by many respondents, many highlighted that contact was not necessarily a feature of current working practice:

"They never drop their feet by coming down to find out what’s like for us.

Two main reasons for increased contact with the nurse director emerged from the research. First, the need to communicate professional issues and update the nurse director on the future direction of professional developments:

"It’s important for practice issues, for advice and for two-way feedback.

A second reason for increased contact being important was because it was felt that a commitment to regular contact with frontline clinical staff would embody the feeling of value and support among those the nurse director is charged with representing:

"For me in particular, knowing that someone is listening and will act on your concerns can give good job satisfaction."
Importance of regular contact with the chief executive

Similarly, respondents were asked if they felt it was important to have regular contact with their chief executive. Again, the vast majority of respondents thought it was necessary. These were some instances of effective working relations between the chief executive and participants:

"He is actually very good. He does listen."

It became clear, however, that regular contact was the exception rather than the norm:

"It would be nice if he knew what we did."

"I've never even met him."

Respondents felt regular contact would enable chief executives to hear about the issues and concerns facing frontline clinical staff first hand rather than hearing what would be a distorted picture of reality presented from some managers:

"He is the one making the decisions and holding the purse strings. If there are issues passed through managers, it can be like Chinese whispers. People don't want to admit to problems. He needs to know the reality of situations."

An awareness of clinical realities was regarded as paramount:

"Our chief executive has come to have conversations and doesn't have a clue about clinical realities. He's a nice, approachable, down-to-earth bloke but was horrified to see that district nurses didn't have mobile phones and computers."

Furthermore, it was estimated that a visible, approachable chief executive would increase staff morale:

"I've never met him. For morale purposes it would be nice if he showed his face."

Some respondents questioned the necessity for regular contact with the chief executive:

"It would be nice to see him once a year but I don't think it's really necessary."

"Would it really be of any benefit?"

These opinions were mainly held because of a belief that effective communication will exist when appropriate management structures are in place:

"I think it's putting in to effect regular contact with the chief executive. We need effective managers capable of sharing the decision-making."

Other participants felt the chief executive would be too busy to engage in regular contact and indicated that the same director should take forwarding the views of the nursing workforce:
"I shouldn’t think he knows who I am but we have to be realistic. He’s probably really busy."

However, the interviews generated some refreshing instances of where chief executives had shared participants in their working environment and had instigated positive change as a direct result of communicating with staff.

Our chief executive came into my ward one day and told me he had an impromptu meeting with myself and my manager and told her about all the initiatives we have. It is true he invited our nursing staff for an open meeting and gave them the chance to voice their opinions.

"Contact is important. We’ve just recently got mobile phones approved by our chief executive."

**DISCUSSION**

The interviews for this study were secured by qualitative interviews with 30 participants approximately six months after their return to their workplace. The interviews were designed to examine the impact of the LEO programme and the role of leadership issues influencing the ability of organisations to operate effectively. The study is part of a wider evaluation of the LEO programme being conducted by the NHS National Nursing Leadership Programme.

The vast majority of participants benefited from the LEO programme and felt that there were demonstrable differences in both their behaviour and working practices as a direct result of attending. Participants appreciated the opportunity to learn about different leadership styles in an accessible and practical way and to discuss current and future ideas and practices with participants from other disciplines and areas of care. The comments indicate that LEO is developing participants’ organisational skills and that the environment is one in which their staff can grow and develop.

The research has provided evidence to suggest that attending the LEO programme facilitates the empowerment of clinical staff. While this finding meets one of the programme’s objectives, the key to the long-term success of the programme will be the ability of organisations to ensure the longevity of the message. The initial empowerment of clinical staff will be undermined if organisations do not recognise and value the principles that their staff are learning.

If clinicians are to be provided with the knowledge and skills to operate more effectively, the NHS needs to foster an environment where the messages LEO advocates are paramount. This will be achieved only if clinicians have support in implementing the new ideas that they have acquired and if the behaviour of LEO advocates is accepted as being definitive. If sense fails to offer the support, the results will be a cadre of talented nurse leaders disempowered and disillusioned by their inability to initiate change.

Increased communication between clinical staff at all levels, induction of newer nurses and senior management may well be a means of implementing change. Senior managers need to ensure frontline staff that their views and concerns are valued by ‘walking the talk’ and taking the effort to meet their staff. Although junior managers have double organisations in size and changed senior managers’ location, so making their physical visibility difficult, the decremental effect on morale of a lack of communication was demonstrated by participants in this study, emphasising the importance of developing effective measures to engage with clinical staff.
CONCLUSION

Effective leadership is essential if the health service is to modernise and provide improvements for patients. The leadership qualities required in a modern health service derive from transformational leadership theory and include the ability to motivate and influence others to produce change, in order to provide high standards of care for patients and a harmonious working environment for staff. The Leading an Empowered Organisation (L100) programme is providing over 32,000 clinical staff with the tools to achieve this.

While this study was restricted to 189 participants, it does provide evidence to support the leadership development of those who have experienced the programme and that, as a result, advances in service delivery and patient care are being made. Data from the final evaluation of the programme which has been collected by questionnaire is currently being analysed and will be published early next year. Initial viewing of this data suggests that the course has been highly valued by participants and has resulted in high levels of personal growth and awareness. The case for clinical leadership development, however, is the level of preparation and support organisations put in place to empower clinical staff, so they have experienced the leading an Empowered Organisation (L100) programme.

For more information about leadership in the nursing and allied health professions visit the NHS National Nursing Leadership Programme website: www.nursingleadership.nhs.uk

KEY POINTS

- The results of the study indicate that the L100 programme is empowering clinical staff to facilitate new ways of working and providing participants with the practical tools to perform their roles effectively.

- The NHS needs to foster an environment where the messages L100 advocates are paramount.

- Communication between clinical staff at the frontline of patient care and senior management needs to be addressed.

- Advances in service delivery and patient care are being made.

REFERENCES