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

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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 NHS National Nursing Leadership Programme is co- ordinating the launch of the LEO programme to over 32,050 clinical staff. The programme is designed to create a critical mass of clinical leaders with the ability to make a 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 learned from the LEO programme and, as such, the evaluation process continues.

KEY WORDS
Leadership, Empowerment, LEO, Communication, Evaluation

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 (Tichy, 1997) 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 inextricably 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.

To secure improvements for patients, nurses are creating new and innovative ways of working. Leadership is the vehicle through which this change can be achieved. Strategic, mould-breaking, and dynamic leaders at all levels are required in today's healthcare environment to modernise services and deliver the improvements patients demand and deserve. As such, the investment in leadership development, now more than ever, warrants being given increasing value.

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 32,050 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 responsibility 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 (Clegg, 2000).

The ability to articulate a shared vision is a vital aspect of transformational leadership. The vision provides the organisation with 'a clear future direction, a framework for the organisation's mission and goals and enhanced employee communication, participation and commitment' (Dess and Picken, 2000). To enlist the willing co-operation 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 grounding the rhetoric 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 (Alimo-Metcalfe, 1996). Change is often destabilising, and one of the main challenges facing leaders is how to cope with the ambiguity and uncertainty that invariably 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 leaders, on the other hand, are able to manage change skilfully and sensitively, and look upon such periods of uncertainty as opportunities for progression and a necessary part of organisational 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 recognise 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 matron and nurse consultant posts for clinical staff after undertaking the LEO course (that is, career development)

3. To acquire information regarding the state of communication in organisations and to access suggestions for improvement from clinical staff.

METHOD

The NHS 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 BMG (Bostock Marketing Group) and results will be available in due 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 those participants.

Participants were randomly selected and invited to take part in a telephone interview. All interviews followed a semi-structured format in that predetermined questions were devised to cover certain pre-agreed topics. These were devised in collaboration with discussions with staff at the NHS 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 rating of the LEO course

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; 59%) or 'good' (30; 30%):

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

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

Participants who rated the course as average (10; 9%) generally reported that the course should have been delivered to staff at less senior levels. However, these participants tended to be either I 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, this finding may serve to emphasise 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 blowing my own trumpet, 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 doing.'

Only five (4%) 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 facilitator didn't have the charisma to present the material.'

Most important aspects of the course

To determine the relevancy of the course and ascertain which aspects made a particular impact, respondents were asked what they felt its most important aspect(s) were: The following are the common themes emanating from the results to this question:

- Leadership styles

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 LEO 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:

'As a nurse you have no leadership training so it's nice to take time out to understand the theory and principles behind something you do daily.'

'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 LEO 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.'

'Our manager sent us on the course one by one which meant we had to mix with people from other units. I thought that was really valuable as it gave us a chance to network with people from other units.'

- 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 from 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 along the same lines.'

'Appreciating that you're not in isolation was really useful. The scenarios 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 facilitators '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 inspire me but I have spoken to people who've been on the course since and they seem to have enjoyed the course a lot more. They said their facilitator was excellent.'

Alterations

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.

- Venues

The majority of respondents suggested that the venues could have been better — these 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 bleeps and mobiles 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 phraseology was too American and it detracted 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 fully packed days and it's really tiring. I know it's difficult for people to take time out but it would have been nice if we could have had longer.'*

- Numbers on the 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 was 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 (56%) 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 chages 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 respect, 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 assertively.'

- 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 reassured me of my ability to give staff permission to do things: that to 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's made me more aware of the blocking techniques I use, so I suppose it's given me increased personal awareness.'*

- Overcoming blocking methods ('killer phrases')

Many participants commented that the programme helped them not only to recognise blocking methods but also how 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 sorts of situations we discussed don't arise so I didn't really click 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 (82; 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 patient care. Some immediately made the link between taking part and improvements in patient care:

'Yes it has. 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 exploration of this issue, however, many participants recognised that although the course might not directly affect individual patients, the ability to deal more effectively with staff indirectly benefits 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 anything that reflects on teamwork and how we can work better as a team is beneficial for the patient. Everything I do is with the patient in mind.'

Sustainability

'I thought the course was excellent but now I feel deflated. To be honest I feel like a victim now. The course showed me lots of different management styles and now I can recognise unhealthy styles and behaviours in managers. Understanding more has emphasised 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 messages the programme advocates become 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 the sustainability of the LEO programme was the need for follow-up sessions. A variety of formats 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 left so motivated and buzzing, but that has dropped off now we are back at work.'

'It needs ongoing sessions to revisit things. LEO is a start 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 managers:

'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 fluent 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 singing from the same hymn sheet. More people should 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 our heads above water so we don't have time to implement innovative ideas.'

2. CAREER DEVELOPMENT

The LEO programme targeted 32,050 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; 80%) 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 with 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:

'The academic stuff puts me off.'

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 next, and retirement:

'I've 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 (Bennis, 2000). Recent reports from 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 abysmal. 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 isn't really any real, direct communication. We receive flyers 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 routes up — whether information gets to who it's supposed to, 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 e-mail or are computer literate. Executive trust members should pass down information without it being Chinese whispers.'*

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 way things are run from a nursing point of view. They need to be in touch with clinical staff. They are no longer practising clinically so they need to know what's going on on the ground.'*

A small number of respondents did not feel it was important to have regular contact with their nurse director. This was largely because they were content with the current level of contact they did have:

> *'It would just be impossible to see more of the nurse director. I'm happy with the level of contact at the moment.'*

Several respondents, however, appeared relatively despondent about the effectiveness of their nurse director and therefore felt increased contact would not necessarily lead to improvements. This despondency seemed often to stem from the lack of a focus on nursing leadership in the nurse directors' 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 improve anything.'*

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

> *'They never dirty their feet by coming down to find out what it's like for us.'*

Two main reasons for increased contact with the nurse director emanated from the research. First, a 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 engender 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 action 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. There were some instances of effective working relations between the chief executive and participants:

'He's 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 seen her.'

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 could be a distorted picture of reality presented from some managers:

'He is the one making the decisions and holding the purse strings. If things do get passed through managers it can be like Chinese whispers. People dilute or 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 in from communications 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 considered 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 pushing it to expect regular contact with the chief executive. We need effective managers capable of filtering the communication down.'

Other participants felt the chief executive would be too busy to engage in regular contact, and indicated that the nurse director should take forward 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 visited participants in their working environment and had instigated positive change as a direct result of communicating with staff:

Our chief executive came onto my ward on an ad hoc *visit. He had an impromptu meeting with myself and my manager and I told him about all the problems we have. As a result he sorted out increased staffing for us, more equipment and some other things we requested.'*

'Contact is important. We've just recently got mobile phones approved by speaking directly to our chief executive.'

DISCUSSION

The information for this study was accessed by qualitative interviews with 109 participants approximately six months after their return to their workplace. The interviews were designed to examine the impact of the LEO programme and address wider leadership issues influencing the ability of organisations to operate effectively. This study is part of a wider evaluation 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 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 practice with participants from other disciplines and areas of care. The comments indicate that LEO is helping participants to enable others and to create an environment 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 assure the longevity of the message. The initial empowerment of clinical staff will be undone if organisations do not recognise and value the principles 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 they have acquired and if the behaviour that LEO advocates is accepted as being definitive. If senior staff fail to offer their support, the result will be a cadre of talented nurse leaders disempowered and disillusioned by their inability to initiate changes.

Increased communication between clinical staff at the frontline of patient care and senior management may also be a means of implementing change. Senior managers need to assure frontline staff that their views and concerns are valued by 'walking the job' and making the effort to meet those staff. Although trust mergers have doubled organisations in size and changed senior managers' location, so making their physical visibility difficult, the detrimental 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 (LEO) programme is providing over 32,050 clinical staff with the tools to achieve this.

While this study was restricted to 109 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 main 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 initiated high levels of personal growth and awareness. The issue facing clinical leadership development, however, is the level of preparation and support organisations put in place to empowered staff once they have experienced the Leading an Empowered Organisation (LEO) programme.

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

†The authors wish to thank all those included in this study.

KEY POINTS

- **The results of the study 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**
- **The NHS needs to foster an environment where the messages LEO 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**

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