

Developing practice nurses' leadership skills

Clinical leadership skills are essential to improving care. Alison Hughes, Paula Elson and Ian Govier discuss the progress of a Welsh strategy to help practice nurses improve their leadership skills



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Submitted for peer review 15 May 2006; accepted for publication 2 June 2006

Key words: Professional development, clinical leadership, practice nursing, action learning, patient stories

This article outlines the development of a pilot clinical leadership programme for practice nurses in Wales. The background, content and structure of the programme are discussed and preliminary feedback from participants is presented. The article will then reflect on some of the challenges for the future development of such a programme.

Background

The need for good clinical leadership skills among health professionals is seen as key to the provision of high-quality, effective, patient-centred care, as well as for the development and future of the NHS (Department of Health (DH), 1999; DH, 2000; National Assembly for Wales, 2000; Scottish Executive, 2000; National Assembly for Wales, 2001, HM Treasury, 2002; Scottish Executive, 2003; Welsh Assembly Government, 2005). There are currently a number of agencies and organizations that provide clinical leadership training and development for NHS staff and one of these is the Royal College of Nursing (RCN). While such training and development is recognized as important, it appears that little has so far been available for those working in primary care, such as practice nurses.

To address this issue locally, a number of local health boards (LHBs) in South Wales commissioned RCN Wales to develop and deliver a programme that would help meet the specific leadership development needs of practice nurses. In the context of an ever-changing primary care agenda, practice nurses face a number of important and unique challenges and opportunities. Practice nurses tend to work in relative isolation, sometimes with minimal day-to-day professional support. They are frequently at the forefront of implementing policy initiatives and are increasingly expected to lead and manage other nurses. The role of GPs as independent contractors and the employers of practice nurses also raises a number of challenges.

Practice nurses require good negotiating and influencing skills to ensure that the services and care offered by general practice are patient centred. They also need these skills to

ensure that nurses' contribution to general practice is recognized and remains important. Practice nurses must have effective clinical leadership to meet these challenges, and the Leadership in Practice programme was developed to address these needs. A steering committee comprising key stakeholders was established to oversee a pilot programme. The first, year-long programme began in September 2005 and had six participants.

Leadership in Practice

Programme content and structure

The content and structure of the Leadership in Practice programme are based on the principles that underpin the RCN's highly successful Clinical Leadership Programme. This programme aims to help participants fulfil their leadership potential through:

- Active participation in clinical leadership developmental workshops and related activities
- Achieving effective change through action learning and the accompanying personal development activities (personal development plans, reflective diaries, mentorship, shadowing)
- Helping practice nurses take action to enhance the quality of health care provision by using patient stories.

The programme begins with a series of one day workshops which cover leadership, personal development, team-working, patient stories and action learning. Thereafter, participants meet monthly. They attend eight action learning days and three needs-led workshops where the focus of the workshop is centred on the specific needs of the participants. To date these have included assertiveness training, library and information retrieval skills sessions, and the opportunity to shadow colleagues such as practice managers, senior LHB staff and Welsh Assembly members.

There are no direct financial costs to the practices or the participants as LHBs fund the programme. However, staffing costs are not reimbursed by the LHBs and participants must negotiate with their practice for the

time off to attend the programme. This has often meant that participants have attended some of the sessions in their own time. For one person this has been the case for the entire programme.

Action learning

As an action learning set, participants meet regularly to learn together and to help and support each other. Action learning allows them to consider aspects of their work and professional life, to share experiences and, with the support of set members, to work toward resolving a number of challenges. In an environment which encourages 'high challenge' and 'high support', participants explore and try a number of different and new ideas. As a result of these sessions participants have identified a number of professional and personal developmental needs. These include how to say 'no', how to manage difficult working relationships with colleagues, and how to bring about change and influence care and services. These needs are incorporated into the programme as needs-led workshops.

Patient stories

During the course of the programme participants are expected to elicit and interpret a number of patient stories. Patient stories, also known as patient narratives, are audio-taped interviews with patients about their experience of receiving care. They are an effective way of enabling patients to identify areas for quality improvement and to highlight positive aspects of their experience.

Once the interviews are complete the audio-tapes are 'mind-mapped' (Buzan, 2006) and themes which help celebrate good care and address areas for improvement are identified. Mind maps, also known as 'spider diagrams', are a useful way of taking notes and structuring thoughts and ideas. Participants listen to the tape and jot down key words and phrases, linking them together to create a map. This helps identify main themes and to build a picture of patients' experiences. From these themes action plans are then devised and implemented. Action learning also provides a useful forum for participants to access help and support in developing these plans.

Progress so far

A short evaluative questionnaire was completed by participants in February (half way through the programme). Their responses indicated that they had already benefited in a

number of ways. These included:

- Exposure to different ways of learning and gaining support from each other
- Having more time to reflect on their own practice and their own leadership capabilities
- Developing greater self-awareness and self-determination.
- A shift in how some participants related to patients, suggesting a more open, patient-centred approach to care.

Responses

A number of comments from programme participants support these findings (Table 1).

While participants appreciated the facilitative approach to the programme and the move away from more traditional, academic approaches to coursework, some expressed a need for a more directive learning strategy.

I need a little more structure in the way of more informative sessions. It's difficult to accept the approach of not being taught! More input from outside speakers. (PN4)

This is an important issue because one of the main features of the programme is the shift away from more traditional methods of teaching toward one where participants take responsibility for their own development and learning, and building their own self-management skills. These are key leadership qualities. It can take a while to develop the skills and confidence required for successful action learning and this may have contributed to the

Table 1. Participants' responses to the questionnaire

[The programme] has given me time to reflect on my own thoughts and behaviour—made me more thoughtful. It has made me look for resolutions to problems rather than 'putting up with them' (PN1)

I have identified my certain weaknesses within my leadership skills. Increased confidence and in my approach when dealing with patients and family members (PN4)

I feel that I have developed personally by realizing that there is only one person who can control my attitude and that is myself. Since realizing this and practising it I can affect others' attitudes and their enthusiasm by leading by example (PN 5)

I listen to my patients and offer more open-ended questions and I have started to try and draw them to solve their problems, like in action learning. (PN 4)

I like the fact that the group comprises of practice nurses. We all have similar roles and issues, therefore can relate to many of the situations that are brought up in action learning sets (PN2)

The study days are informal but informative. This is a new way of learning for me as I am used to writing plenty and listening little. This programme has turned the style of learning I am used to on its head. Patient stories have been invaluable as it has given patients the opportunity to 'have their say' and for staff to listen and respond (PN5)

KEY POINTS

- Clinical leadership is essential for the delivery of high quality health care
- The development of clinical leadership skills has been a neglected area of professional development for practice nurses
- 'Leadership in Practice' goes some way to addressing this gap.

Conflict of interest:
None

participants' initial unease and their requests for a more structured learning strategy.

Delivery of care

In response to patient stories, participants are working on a number of changes to service delivery and patient care. These include reviewing the practice appointment system, developing a group education programme for people with diabetes, ongoing changes and improvement to a smoking cessation service, looking at ways to engage more fully with the views and wishes of patients and establishing practice team meetings where new ideas and successes can be shared.

Looking to the future

Challenges

A consideration of the experiences of participants and facilitators has highlighted a number of issues. These need attention if programmes such as Leadership in Practice are to be successful in meeting the needs of practice nurses and developing their clinical leadership skills.

Time and workload

One of the greatest challenges faced by the participants is the lack of time and the ever increasing workload. While some time was built into the programme to record patient stories, to shadow and network with colleagues, this has proved inadequate for a few participants. In addition, finding sufficient time and cover to enable them to take part in the course has been a challenge. Future programmes will need to address this issue.

Policies

The political context in which practice nurses work also represents a challenge for this group. With the introduction of the new *General Medical Services (GMS) Contract* in April 2004, services in general practice are increasingly target (and 'points') driven. The challenge for nurses is to articulate the value of programmes such as Leadership in Practice in a way that fits with the concerns and needs of the practice as a business, while also drawing attention to the importance of clinical leadership skills in improving patient care and the running of the practice as a whole.

Who else could benefit?

It is also important to question whether the Leadership in Practice programme should be opened up to other members of the wider

primary health care team such as community nurses, midwives, health visitors, and school nurses. Doing so could enrich nurses' experiences and learning, and go some way to overcoming the barriers to integrated working which continue to plague primary and community care.

Conclusions

To the best of the authors' knowledge the Leadership in Practice programme is the first of its kind in the UK, and provides practice nurses with the support and help they need to develop their leadership skills. For the most part, clinical leadership has been a neglected aspect of personal development and training for practice nurses, yet the continuing success of other clinical leadership programmes suggests that such programmes can have an important impact on improving patient care and enabling nurses to fulfil their leadership potential (Cunningham and Kitson, 2000). Leadership in Practice goes some way to achieving this goal.

While the Leadership in Practice programme is being piloted in southeast Wales, the expectation is that it will form an important addition to the range of leadership programmes provided by the RCN, and, as such, it could be offered across the UK in the future. For further details please contact Paula Elson on 02920 751 373

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