Title:

Evaluating Action Learning for Strategic Clinical Leadership Among Consultant Nurses

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Session Title:

Learning Styles

Slot:

I 11: Monday, 30 October 2017: 3:45 PM-4:30 PM

Scheduled Time:

3:45 PM

Keywords:

Action learning, Clinical leadership and co-operative inquiry

References:

Baldwin, R., Duffield, C.M., Fry, M., Roche, M., Stasa, H. & Solman, A. (2013) The role and functions of Clinical Nurse Consultants, an Australian advanced practice role: A descriptive exploratory cohort study. *International Journal of Nursing Studies*, 50, 326-334.

Chan, D.S.K.,, Lee, D.T.F., Chair S.Y., Fung S.Y.K., Chan E.L.S. and Chan C.W.H. (2014) A qualitative study on the roles and responsibilities of nurse consultants in Hong Kong. *International Journal of Nursing Practice*, 20: 475-481.

Portoghese, I., Galletta, M., Battistelli, A., Saiani, L., Penna, M.P. and Allegrini, E. (2012) Change-related expectations and commitment to change of nurses: the role of leadership and communication. *Journal of Nursing Management*, 20: 582-591

Abstract Summary:

Using a co-operative inquiry methodology, this paper presents an 18 month evaluation of a two year action learning set to support the clinical leadership of five non-medical consultants. The outcome illustrated the value-added of collaborative learning to improve their strategic leadership. **Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
• Through action learning, realise the impact	The consultant practitioners recognised the
of self leadership to empower senior clinical	importance of external facilitation of action
leaders to influence the culture within a whole	learning to maintain their focus, ensure shared
organisation not just their clinical specialty.	'air time' and a willingness to seek an

	outcome. All five aspired to lead and recognised the process of development and support they achieved which enabled them to reach beyond their immediate sphere of influence.
• Understand the 'value-added' of collaborative learning within a confidential action learning set.	Recognising the importance of collegiality and with a focus on the individual, action learning can be a powerful tool to bring to conscious awareness, thoughts and reflections about participants' role to inform action.

Abstract Text:

Introduction: In spite of the consultant nurse and therapist role being well established in the UK healthcare system, the role seems to be fraught with ambiguity, lacking clear distinction between other specialist clinical roles such as advanced clinical practitioners (Baldwin et al 2013). Even at the highest level of clinical practice, as with the newly qualified, such ambiguity has resulted in job dissatisfaction, increased intention to leave and higher rates of turnover and burnout (O'Brien-Pallas et al 2010. Spooner-Lane & Patton, 2007). With the non-medical consultant role having been introduced into a number of other countries such as Australia (Wilkes et al 2015), Hong Kong (Chan et al 2014) and Italy (Portoghese et al 2012) and facing a myriad of complex issues, these roles require to develop personal resilience, commitment and a belief in their own leadership skills to succeed. In 2013, a two year action learning set (ALS) was introduced in one hospital in SW England to support their collective leadership.

Aim: This paper seeks to present the findings from four stages of reflection and action of a co-operative inquiry to evaluate a two year ALS with four consultant nurses and one therapy consultant.

Methodology: Heron and Reason (2001) advocate co-operative inquiry as a way of researching *with* rather than *on* people and particularly apt to evaluate the ALS. Co-operative inquiry assisted the consultant nurses and therapist along with a nurse educator to better understand their world and created a new way of exploring it. Following the 2 year ALS and engaged in collective discussion, co-operative inquiry was a natural progression of the already existing collaborative relationship of inquiry. With all participants actively contributing to the four phases of discussion, reflection, analysis and action, the process took approximately 18 months to complete. All four discussions were digitally recorded, transcribed and reviewed independently before agreeing three main themes. Additionally, the Director of Nursing could not find time to join the group for her views so with all in agreement, she agreed to separate telephone interview to hear her evaluation.

Findings: Three main themes emerged and illustrated how the ALS: i) offered structure and support to keep them focused, ii) enabled a wider influence iii) empowered them to succeed.

Conclusion: In spite of all consultants experiencing significant challenges in their role, the ALS provided structure to gain and receive support from each other; it enabled them to believe in themselves, gave them confidence to deal with the unexpected and helped them move forward by sharing their common goals and realising their vision for the organisation. The ALS encouraged them to address all four dimensions of their role and look beyond their own organisation locally, nationally and internationally to widen their horizons, think differently and safeguard the role for the future of the organisation. Finally, through a process of self-leadership, the ALS empowered them to lead, not just in their clinical speciality but more widely within the organisation and beyond. Through the ALS, the consultants have embraced the research dimension of their role and collectively are committed to disseminate their innovation through publication.