Healthcare Leadership

Change-Capable Leadership: The Real Power Propelling Successful Change
Shannon Muhly Bendixen, Michael Campbell, Corey Criswell, and Roland Smith

Center for Creative Leadership
This is not a change-management model. Instead, they focus on what leaders do when a change is successful and what leaders do when a change is unsuccessful. They asked 148 senior executive leaders about a change they successfully navigated in the past 12 to 18 months. The leaders described the challenge they faced and what they believe contributed to the successful execution of that change. Their responses include the behaviors they displayed, the actions they took, and the mindsets they adopted. The authors also asked a different group of 127 executives about a change with an unsuccessful outcome within the past 12 to 18 months. They also described the challenges they faced and the behaviors they displayed.

Being an NHS chief executive
Lisa Rodrigues
HSJ 10 October 2018
Lisa Rodrigues shares her experience of having been an NHS chief executive – the pitfalls and advantages

Nurse leadership in central to success of the new integrated care systems
Alison Moore
Nursing Standard : 31st October 2018
Nurses need a seat at the table if they’re to improve integration and outcomes. Nurses are at the heart of joined up care: they often see the parts of the patient

Staff

Staff retention support programme: one year on
NHS Improvement, October 2018
After supporting 110 NHS trusts, the programme review identifies key themes that are common to successful retention and announces plans to support more trusts

What does high turnover in nurse director posts really mean for the profession?
Stephanie Jones-Berry
Nursing Standard : 31st October 2018
With Nursing Standard research showing the trend remains unchanged, experts consider the impact. Half the nursing directors in the UK have been in post less than three years, latest research by Nursing Standard shows.

Nurse leaders’ strategies to foster nurse resilience.
Wei H, Roberts P, Strickler J, Corbett RW.
High nursing turnover rates and nursing shortages are prominent phenomena in healthcare. Finding ways to promote nurse resilience and reduce nurse burnout is imperative for nursing leaders. Fostering nurse resilience is an ongoing effort. Nurse leaders are instrumental in building a resilient nursing workforce. The strategies identified to foster nurse resilience will not only impact the nursing staff but also improve patients’ outcomes. The strategies presented are simple and can be easily implemented in any settings. Nurse leaders have an obligation to model and enable evidence-based strategies to promote nurses’ resilience.
pathway that other healthcare professionals aren’t involved in and have a holistic view of the patient’s needs. On a bigger scale, their insights can build up into a picture of what is needed to improve care locally.

A leadership scheme that confounded the sceptics
Jennifer Trueeland
Nursing Standard : 31st October 2018
How one mental health trust took action to address the lack of diversity in senior nurse roles by equipping individuals to see themselves as leaders. When Kiran Jnagal started talking to colleagues about a new nursing leadership programme, not everyone was convinced.

Role of front-line nurse leadership in improving care
Paul Whitby
Nursing Standard : 31st October 2018
Healthcare professionals continue to debate how to address the issues of suboptimal care, neglect and abuse in healthcare settings. One solution that is likely to achieve improvements in care is the widespread development of leadership skills in front-line nurses. The behaviour of front-line nurses is a major determinant of patients’ healthcare experience and their perception of the quality of care they receive. Front-line leaders in healthcare settings such as wards, care homes and clinics are the people with the strongest and most immediate influence on staff behaviour. Therefore, nurses, ward managers and matrons are well-placed to improve organisational cultures and implement appropriate changes in their practice settings, if provided with appropriate support and training.

Nurses’ psychological empowerment: An integrative approach
Orly Shapira-Lishchinsky, Pascale Benoliel
Journal of Nursing Management 2018 October 22
Despite the extensive literature on predictors and outcomes of psychological empowerment, there is a lack of studies on the nursing profession using an integrative model, simultaneously focusing on the effects of authentic leadership and psychological empowerment on OCB, and time-related misbehaviors. Nurses' psychological empowerment and their head nurses' authentic leadership may increase the nurses' OCB, while simultaneously holding opposing behaviors.

Staff Nurses’ Perceptions of Their Nurse Managers’ Transformational Leadership Behaviors and Their Own Structural Empowerment.
Khan BP, Quinn Griffin MT, Fitzpatrick JJ. J Nurs Adm. 2018 Nov 7

NHS managers’ use of nursing workforce planning and deployment technologies: a realist synthesis.
Burton C.R. et al
Health Services and Delivery Research. 2018 Nov.
Policy and reviews of health-care safety and quality emphasise the role of NHS managers in ensuring safe, good-quality patient care through effective staffing. Guidance requires that NHS managers combine professional judgement with evidence-based workforce planning and deployment tools and technologies (WPTs). Evidence has focused on the effectiveness of WPTs, but little is known about supporting their implementation, or the impact of using WPTs across settings.

Frequently Asked Questions on the NHS Workforce Race Equality Standard (WRES)
Workforce Race Equality Standard (WRES). Published in July 2018
This document presents the frequently asked questions regarding the NHS Workforce Race Equality Analysis. It is intended to help support the understanding and use of the WRES.

The Scorecard Report 2018. Race at work 2018: McGregor-Smith review – one year on
Department for Business, Energy & Industrial Strategy and Race Disparity Unit 11 October 2018
Comparing the findings between the 2015 survey results and the position now in 2018. Progression remains important to BAME employees with 70% saying that career progression is important to them, compared to only 42% of White British employees. However, over half of BAME employees (52%), believe that they will have to leave their current organisation to progress in their career, in contrast with 38% of White British employees. In 2015, 48% of BAME managers had a performance objective to promote equality and diversity, compared to only 32% of white managers with a performance objective to promote equality and diversity. Worryingly the proportion of managers who report that they have a performance objective to promote equality at work has fallen from 41% in 2015 to 32% in 2018 –this figure has fallen almost equally for those from a White British (26% down from 32%) and BAME background (38% down from 48%).

News story: NHS pledges action to eliminate ethnicity pay gap
Department of Health and Social Care 22nd October 2018 Diversity across the NHS is above the national
The aim of this study was to investigate staff nurses’ perception of their nurse managers’ transformational leadership behaviors and their own structural empowerment. Nurses who perceived their nurse managers as demonstrating transformational leadership behaviors experienced higher structural empowerment.


Every registered nurse has the ability to act as a clinical leader. Clinical leadership is the registered nurse’s behaviours that provide direction and support to patients and the team in the delivery of patient care. This study explores the connection between the need for structural and psychological empowerment and clinical leadership behaviours. While registered nurses believe they perform clinical leadership behaviours, it is also clear that improvements in structural and psychological empowerment would improve their ability to act as clinical leaders.

Leadership skills for medical student clubs and societies Simone Ross, Tarun Sen Gupta, Peter Johnson

Medical Education 2018, 52 (11): 1181-1182

The Australian Medical Council, the national standards body for basic medical education, recommends that all medical students develop leadership skills.1 There is often little formal teaching of leadership skills in the core medical curriculum. Medical student clubs and societies (societies) offer one mechanism through which to develop leadership skills during higher education. In Australia, such societies may advocate for students, promote rural or global health or support charitable causes. Student society executives report little opportunity for leadership skills development, which can hamper their assumption of leadership roles, as well as their ability to address society in-house issues. Further, multiple societies often coexist across a course or programme, creating competition for student participation, resources and income. Poor communication and siloed decision making between societies can thus result in conflict. Developing essential leadership skills in student society executives not only builds their skills, but leads to better functioning of the societies and better outcomes for the student body.

Connecting patient experience, leadership, and the importance of involvement, information, and empathy average, with BAME staff making up 17% of the non-medical NHS workforce. However, only 11% of senior managers are BAME. This drops to 6.4% at a very senior level. In light of the figures, Health Minister Stephen Barclay set a goal for the NHS to ensure BAME representation at very senior management levels will match that across the rest of the NHS workforce within 10 years.

Age Diversity in the Workplace: The Effect of Relational Age Within Supervisor-Employee Dyads on Employees’ Work Engagement. Yang J, Matz-Costa C. Int J Aging Hum Dev. 2018 Sep;87(2):156-183

Although having a younger supervisor or a supervisor of a similar age runs counter to the traditional older supervisor-younger subordinate norm, it is becoming increasingly common in the 21st-century workplace. The current study uses theories of relational demography and relational norms as well as Selective Optimization with Compensation theory and the job demands-resources model to understand how relational age within supervisor-employee dyads influences workers’ engagement. Cross-sectional data from a multiworksite (U.S.-based) sample of 2,195 workers aged 18 to 81 years were used to estimate ordinary least squares regression models. After accounting for a variety of factors that could influence engagement levels (i.e., demographics, health status, and job or personal resources), findings indicated that employees with similar-age supervisors were less engaged than employees with older supervisors. Moreover, while employees who did not know the ages of their supervisors were just as engaged as employees with older supervisors. Implications for engaging an age-diverse workforce are discussed.


The science of motivation can help explain some of the root causes driving clinician burnout, a critical vulnerability in healthcare today. Research finds autonomy, mastery, and purpose to be drivers of intrinsic motivation, and healthcare leaders can use these three principles in program design and communication strategies to make progress toward rediscovering joy and passion in the life-giving work of healthcare. Before healthcare organizations launch new programs to address these challenges, however, we must align our leadership and communication approaches with the fundamental drivers of
in the care process
Jana Archer, Lynn Stevenson, Angela Coulter, Adrienne Mercer Breen
To improve health outcomes, restore trust, and create a safe and healing environment for patients, the health system needs to shift from being disease, system, and provider focused to being patient centred. Drawing from a patient story, this article focuses on three aspects of the care process that have a significant impact on patient experience: involvement in care, information about treatment and care, and empathy and respect. It will also provide recommendations for leaders in how to become more patient centred and aligned to the LEADS competency framework.

Associations of ambivalent leadership with distress and cortisol secretion
Raphael M Herr, et al
Journal of Behavioral Medicine 2018 October 26
Ambivalent social ties, i.e., whereby a relationship is evaluated simultaneously in positive and negative terms, are a potential source of distress and can perturb health-relevant biological functions. Social interactions at the workplace, in particular with supervisors, are often described in ambivalent terms, but the psychological and psychobiological impact of such interactions has received little scientific attention.

‘It depends what you mean by leadership’: An analysis of stakeholder perspectives on consumer leadership
Stephanie Stewart, et al
International Journal of Mental Health Nursing 2018 October 3
Contemporary mental health policies call for increased involvement of consumers in leadership across mental health service design, delivery, and evaluation. However, consumer leadership is not currently well understood within academia or in mental health services themselves. This study investigates how consumer leadership is currently conceptualized by stakeholders at the service delivery level. Findings indicate constructions of consumer leadership within mental health organizations can be understood in relation to four themes: consumer leadership roles, requirements, purpose, and process. Inconsistencies across participants’ perceptions of consumer leadership were identified as constituting barriers to its development, highlighting the need to better clarify the nature of consumer leadership

Advancing consumer engagement: Supporting, developing and empowering youth leadership in cancer

motivation that brought us to healthcare in the first place-and in a way that brings out the best in our care teams and builds their creative capacity for any future challenges.

New People Directorate
NHS Improvement and NHS England 2018
Creation of a new People directorate led by a new Chief People Officer, a shared post between NHS Improvement and NHS England, and hosted by NHS Improvement, with responsibility for providing a cohesive approach to recruiting, retaining, deploying and developing the current NHS workforce.

I had depression and was running a mental health trust
Lynne Pearce
Nursing Standard : 31st October 2018
It has taken more than 40 years for Lisa Rodrigues to talk about her mental health difficulties. She hopes her candour will help others who are struggling at the top. A year before she left her position as the chief executive of a mental health trust, Lisa Rodrigues wrote about her depression and anxiety, which began when she was 15 years old. ‘I’d been secretive about it,’ says Ms Rodrigues, who qualified as a nurse in 1977 at Great Ormond Street Hospital in London. ‘But I thought I’d kept it secret for long enough. It’s about destigmatising.’

Mentoring
Share your views on the value of staff networks
NHS Employers 2018
A survey has been launched to help the NHS understand the value of staff networks, how they operate and their potential to shape the future strategic direction of their organisation; culture and behaviours. In addition, the survey will also gather insights on equality and diversity challenges and key workforce data.
Link to the survey

Who Wants Feedback? Effects of Transformational Leadership and Leader-Member Exchange on Mental Health Practitioners’ Attitudes Toward Feedback
Karissa M Fenwick, Kim C Brimhall, Michael Hurlburt, Gregory Aarons
Psychiatric Services: a Journal of the American Psychiatric Association 2018 October 30
The purpose of this study was to identify the mechanisms through which different aspects of
Healthcare reform increasingly stresses the importance of consumer engagement in promoting public health and improving healthcare systems. However, existing initiatives typically focus on individuals’ involvement in their own care and engage consumers through consultation rather than collaboration, limiting their ability to influence higher-level decision-making, policy and practice. Moreover, these initiatives underrepresent those already marginalised from healthcare systems and the growing movement to involve patients in the organisation and delivery of cancer care has largely neglected young people in particular. A meaningful commitment to consumer engagement must look beyond actively involving young people in their own care and begin to engage them in shaping the systems and organisations that serve them.

Training

**Leadership Observation and Feedback Tool: A Novel Instrument for Assessment of Clinical Leadership Skills.**

While leadership training is increasingly incorporated into residency education, existing assessment tools to provide feedback on leadership skills are only applicable in limited contexts. We developed an instrument, the Leadership Observation and Feedback Tool (LOFT), for assessing clinical leadership. Despite a rigorous approach to instrument design, we were unable to collect convincing validity evidence for our instrument. The tool may still have some usefulness for providing formative feedback to residents on their clinical leadership skills.

**Developing excellent leaders – the role of Executive Coaching for GP specialty trainees.**
Harte S, McGlade K. 2018 Sep;29(5):286-292

Given an increasingly complex healthcare environment, doctors need to rise to the challenges of leadership. Executive coaching offers innovative and workable means of realising excellence in leadership. Coaching creates an empowering, 'high challenge, high support' environment for significant growth. Coaching helps provide leadership 'language' and 'identity'. It appears to 'name' clients as 'leaders' and challenges 'imposter phenomenon'. Coaching provided bespoke, deep, experiential learning, with transferable benefits not leadership affect mental health practitioners’ attitudes toward supervisory feedback. Study results contribute to the growing body of evidence suggesting that leaders play a key role in shaping mental health service delivery. Both leadership behavior and high-quality supervisor-practitioner relationships are important in supporting practitioners in delivering evidence-based mental health care. Policymakers, administrators, and researchers should consider an integrative approach when developing leadership training interventions.

**Quality Improvement**

**Partnership Agreement Between Ministry of Defence and NHS England for the Commissioning of Health Services for the Armed Forces**

**Ministry of Defence and NHS England** 2018

This agreement sets out a partnership approach, which enables the Ministry of Defence (MOD) to work with the NHS to plan and organise the delivery of healthcare for the Armed Forces community and support the best outcomes and experience for patients and their families and carers. As part of this commitment to working together to ensure safe and effective services, which improve health outcomes for the Armed Forces community, these services must be tailored to the needs of the Armed Forces community, in accordance with the Armed Forces Covenant. They must also ensure that patients experience a seamless transition between services, minimising any risks associated with accessing care commissioned and provided to the Armed Forces community. They must also provide as a minimum the same standards and quality of care that can be expected by the civilian community.

**Emergence of informal clinical leadership as a catalyst for improving patient care quality and job satisfaction.**

To analyze the critical attributes of clinical leadership and test a model linking clinical leadership behaviours of staff nurses to patient care quality and job satisfaction. The findings indicate that informal leadership at the clinical level may be an under used asset in healthcare and if identified and developed, staff nurse clinical leaders have potential to improve the delivery of patient care and may offer a tangible solution to the patient safety conundrum.
otherwise available in the Specialty Training programme.

**Student-led simulation: preparing students for leadership**
Sharon Edwards, Mandy Lee, Kelly Sluman
*Nursing Management (Harrow)* 2018 October 25

It is vital to prepare nurses to become informed leaders with the required knowledge and skills to support effective patient care and outcomes. This article describes an innovative teaching method that enables students to create simulation scenarios based on their clinical experiences, to lead simulations and to take part in self-reflection and peer review activities. The article shows how the method can help prepare nursing students to become future leaders by allowing them to practise ‘real-life’, real-time leadership skills, and apply theory to practice in the safety of a simulated scenario.

**Leadership books in the library**

**The essence of leadership: explorations from literature** [electronic resource]
Manikutty, S., Singh, Sampat Pal, Bloomsbury India 2018

**A very short, fairly interesting and reasonably cheap book about studying leadership** [electronic resource]
Jackson, Brad and Parry, Ken W. SAGE 2018

**Snapshots of great leadership** [electronic resource]
Howell, Jon P. and Issac, Wanasika Routledge 2018

**Leadership: for nursing, health and social care students** [electronic resource]
Jones, Louise and Bennett, Clare L. Lantern 2018

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This bulletin is based partly on the leadership blog for Thames Valley and Wessex Leadership Academy:
[https://blogs.bodleian.ox.ac.uk/tvw-knowledge-hub/home/](https://blogs.bodleian.ox.ac.uk/tvw-knowledge-hub/home/)

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