Report on an Evaluation Study of the Leading an Empowered Organisation Programme (LEO) for Clinical Nurse Managers 1

Conducted by the Centre for the Development of Nursing Policy and Practice University of Leeds

for the Management Development Sub-group, Empowerment of Nurses and Midwives Steering Group - An Agenda for Change

September 2003
**Mission Statement**

We contribute to a better health service by

- **supporting people development**
- **stimulating change in the way things are done**
- **helping the whole system to improve**
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In March 2000 the Empowerment of Nurses and Midwives Steering Group - An Agenda for Change was established by the Minister for Health and Children, Micheál Martin, to develop systems which would enable nurses and midwives to have a meaningful input into the management of their units and organisations. A number of sub-groups were formed to meet the requirements of the Steering Group's terms of reference.

The Management Development Sub-group was established to explore ways in which nurses and midwives could be further empowered through management and personal development.

It was recognised that management development programmes could make a significant contribution in empowering nurses to become more involved in the management of their services. Therefore, pilot management development programmes for clinical nurse managers and middle nurse managers were commissioned and delivered over a two-year period. The programmes were designed to reflect the competencies for front-line and middle-level nurse managers as identified in the Report on Nursing Management Competencies (Office for Health Management 2001). This phase of work culminated in the publication of a document entitled Guidance on the Commissioning of Nursing Management Development Programmes: Front-Line and Middle-Level Nurse Managers (Office for Health Management 2002).

In the course of their deliberations, the Management Development Sub-group members conceptualised a framework that would provide a development pathway for all levels of nursing and midwifery management. We envisaged that at each level appropriate management development interventions should be provided through specific learning packages, specific management development programmes/interventions or professional facilitation and coaching.

In recognition of the fact that individual health agencies were already providing or were planning to provide management development programmes for Clinical Nurse Managers 1 (CNM 1s) in their respective health board areas the Sub-group members entered into discussions with a number of these agencies. The content and duration of the programmes being provided varied and it was felt that while this diversity would be a feature of management development programmes for CNM 1s on an ongoing basis, it might be beneficial to have a common core element in all such programmes.
The Leading an Empowered Organisation Programme (LEO) is widely recognised in the UK and USA for its quality and relevance in the development of nurse managers and, accordingly, we agreed to co-fund the piloting of the LEO Programme, which was facilitated by the Centre for the Development of Nursing Policy and Practice (CDNPP) at the University of Leeds, in the North Western Health Board, Southern Health Board and Western Health Board to assess its appropriateness and robustness as a common core module in all CNM1 management development programmes. The overall evaluation was conducted at the programme’s conclusion at the three venues and then at three-four months post-completion with an evaluation tool designed to reflect the nursing management competencies for front-line nursing managers.

The Sub-group members accept the main findings of this evaluation which suggest that LEO fulfills its primary intent of serving as a vehicle for personal development of individual skills in empowering and leading others. However, LEO is not a substitute for the broad-based programme of management skill needed to develop the nursing management competencies identified for front-line nursing managers though it may be considered as a common core element of such a broad-based programme. As such it could form part of the basic architecture of a development pathway for nurses and midwives as they seek promotion into and progress through the different levels of management of their profession. In time, this should lead to a cultural shift in nursing management with the emphasis on empowering and valuing people, team working and inter-professional collaboration.

Finally, the Sub-group wishes to express its appreciation to all those who led out and participated in the LEO programmes and their evaluations as reported in this publication. We hope that our initiative will make a difference to how front-line nurse managers feel about their value and contribution in providing a quality health service in Ireland.

Ann Judge, Office for Health Management
Annette Kennedy, Irish Nurses Organisation
Tim Kennelly, St John’s Hospital, Limerick
Geraldine Murray, Galway Regional Hospitals
Alan Smith, Office for Health Management
Introduction

This development programme and the evaluation of participant experience was undertaken to assess the suitability of the Leading an Empowered Organisation (LEO) programme as a mechanism for the development of leadership skills and ability for Clinical Nurse Managers 1 (CNM1). The development of leadership for these important clinical leaders is part of a strategy of preparing nurses and midwives to be more fully involved in the running of their local organisations and, in particular, to lead the clinical teams of which they are a part.

This report is offered in four parts. The first part is the executive summary which highlights the activities and results of the evaluation studies undertaken. The remaining sections present respectively: the summary of the standard LEO evaluation findings, the evaluation using the 'Front-line Competencies for Nurse Managers' as outlined in the Report on Nursing Management Competencies (2000), and the evaluation by purpose-designed questionnaire.

Background

In April 2002, the Management Development Sub-group of the Empowerment of Nurses and Midwives Steering Group, through the Office for Health Management, commissioned from the Centre for the Development of Nursing Policy and Practice (CDNPP) a development programme and evaluation study of participant experience. The result was that the Leading an Empowered Organisation Programme (LEO) was run in three health boards: the Western, Southern and North Western. LEO is a three-day programme designed by Creative Healthcare Management for nurses in leadership roles. This programme has been offered internationally for over fifteen years, and has been used in England as part of the clinical leadership programme offered by the National Health Service Leadership Centre.

The evaluation study by the CDNPP was undertaken in two parts. The first part consisted of a summary of the standard LEO programme evaluation feedback. The second part was based on the Report of Nursing Management Competencies (2000) whereby participants rated the usefulness of the LEO programme learning to their roles as CNM1s as described in the front-line nursing competency section of that report. This rating occurred at two intervals; at programme completion (before returning to work) and three to four months later.
Concurrent with the evaluation study conducted by the CDNPP, a separate evaluation was undertaken by Geraldine Murray, a member of the Management Development Sub-group. This evaluation study utilised a purpose-designed questionnaire which asked participants for a variety of additional information. This questionnaire focused on participant satisfaction with parts of the programme but allowed participants the liberty to give their subjective opinion of the programme if they so desired.

The programme

The LEO programme was held in three venues in June and July 2002. The programme in the Western Health Board was held in Mayo General Hospital and the participants were CNM1 nurses from across the services within the hospital. The programmes held in the other two health boards had CNM1 participants from several local facilities. A total of 74 people participated across the three programmes. Liz Early, an associate of the CDNPP and an experienced facilitator of the LEO programme, facilitated all three programmes.

<table>
<thead>
<tr>
<th>Participating health boards</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Health Board</td>
<td>18</td>
</tr>
<tr>
<td>Southern Health Board</td>
<td>31</td>
</tr>
<tr>
<td>North Western Health Board</td>
<td>25</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>74</strong></td>
</tr>
</tbody>
</table>

Programme evaluation

A multi-dimensional approach was taken to evaluating the impact of the LEO programme on the participant group. Participants generously gave of their time to complete the various evaluation questionnaires, though this endeavour was time consuming. The weakest return of questionnaires was experienced at the three month post-programme stage where only 20 of the 74 participants returned the nursing competency assessment.

Standard evaluation

A standard evaluation form was provided to each participant and completed on the last day of the three-day event. The standard evaluation consists of several sections (Appendix 1a). Participants are asked to identify the elements of the
programme which are most helpful. Also, there is a five point Likert-type scale rating from poor to excellent encompassing the following elements of the programme: organisation and interest of the information, the effectiveness of group activities in delivering enhanced understanding, response to participant questions, learning materials, teaching style and facilitator effectiveness. Space is available for comments and suggestions, and there is a section inviting participants to identify who else they would recommend for attendance. Section 1 of this report presents the participant responses and comments from the standard LEO evaluation.

Evaluation against nursing management competencies
An evaluation tool called 'Developing Nursing Competency' (Appendix 2a) was designed by the CDNPP based on the nursing management competencies for front-line staff identified in the Report on Nursing Management Competencies (2000). The seven generic competencies identified for all levels of nursing managers and the three competencies specific to front-line managers were included in the evaluation tool. Under each competency statement, the 'areas of application' statements from the report were listed. The areas of application statements provide examples of activities characteristic of the competency. Participants were asked to decide what areas of competency they believed the LEO programme would assist them in developing. A five point Likert-type scale was devised ranging from 'not a lot' to 'a great deal'. Space was provided at the end of the questionnaire for comments.

The participants were asked to complete the 'Developing Nursing Competency' questionnaire at the conclusion of the programme (before returning to work) and then at three-four months following course completion. Section 2 outlines the findings from this evaluation activity.

Purpose-designed questionnaire
A questionnaire was designed to specifically capture comments and opinions not included in either the standard evaluation or the nursing competency evaluation. Specifically, participants were asked questions such as how satisfied they were that the LEO programme took into consideration their personal development needs, how satisfied they were with how the programme affected the development of their management skills, how it affected their understanding of the management of their team, how transferable were the skills acquired in the programme, the use of mentoring as a programme support, and the benefit and drawbacks of holding the programme locally. A full analysis of the responses from this questionnaire is included in Section 3 of this report.
Evaluation by nurse leaders

Nurse leader support was solicited for the LEO programme at each venue: the Southern Health Board programme was supported by Catherine Killelea, the Western Health Board programme by Geraldine Murray and the North Western Health Board programme by Jim Brown. Each of these nurse leaders was contacted following the programmes for informal feedback. Whilst detail of the comments does not form part of this report, an overview of their perceptions is included here.

Findings of the evaluation study

Detailed evaluation findings are summarised in Sections 1-3 of this report. The findings described in the executive summary represent a synthesis of the diverse information gathered, and the conclusions drawn from the evaluation activities undertaken.

The standard LEO programme evaluation shows extremely positive responses with greater than 80% of respondents reporting the highest rating (5) in all dimensions of satisfaction except for the ease of use of the participant manual for note taking. Examples of the highly rated programme dimensions are the quality of information within the programme, the activities undertaken and the teaching style. The participants had praise for the practicality of the learning, and sought to apply much of what they learned on return to the workplace. Universally they rated the facilitator (Liz Early) as a benefit to their learning.

When asked what they had learned that would be useful in their role as CNM1, comments included

• strategies for managing conflict
• aspects of problem solving
• importance of positive feedback
• I realised that I needed to look to the future
• I can make choices
• I can also have a role to play
• I will ask for clarification of my role
• I must be more assertive
• communication and feedback.

The findings of the 'Developing Nursing Competency' tool from the immediate post-programme (completion) phase of the evaluation study highlighted participant's views that they would find the LEO programme particularly valuable
in developing the following nursing management competencies: building and maintaining relationships, resilience and composure, planning and organisation, and building and leading a team. Participants found the learning less targeted on the competencies of promotion of evidence-based decision making and leading on clinical practice and service quality. The 'areas of application' statements in other competencies presented a mixed picture with some supported whilst others (such as presenting at a national forum and evaluating trends from service data) were not.

The three-four month post-programme phase of evaluation had largely the same findings as the immediate post-programme phase. However, it is interesting to note that participants at this stage were more moderate in their ratings, choosing 'helpful' more often than 'very helpful'. This finding was not unexpected in that the enthusiasm generated during the LEO programme sometimes fades on return to the real world of demanding roles. The finding supports evaluation findings from other studies that suggest that the impact of the LEO programme is augmented by systematic follow-up with refresher days, action learning or other focused activity.

The best evidence of satisfaction among nurse leaders sponsoring these programmes is that all have come forward with requests to have further staff participate in LEO, or to have a facilitator for their organisation.

Conclusion

Feedback from the evaluation study has identified genuinely positive comments about the LEO programme. The CNMs who took part in the evaluation appear to be assimilating the knowledge gained and using it to augment their managerial practice. Participants also appear to be promoting the LEO programme and its principles among their colleagues and their team. Attending the LEO programme appears to have offered the participants many benefits in their professional and personal development.

It seems reasonable to assume that LEO fulfils its primary intent of serving as a vehicle for personal development of individual skills in empowering and leading others. It is not however a broad-based programme of management skills; it can only be thought of as part of such a programme. Specifically the LEO programme could benefit from a broader adjunct programme focusing on research, evaluation, resource management, presentation skills, systems development and quality improvement. Ongoing learning activity linked to the LEO skills and philosophy of empowerment are recommended as a support to LEO participants, and to maximise the impact of the programme on work effectiveness and management competence.
Section 1

Standard LEO Evaluation

A standard LEO programme evaluation form was provided to each participant (Appendix 1a) and completed on the last day of the three-day event. The standard evaluation form consists of several sections. A five point Likert-type scale rating from poor to excellent explores the following elements of the programme: organisation and interest of the information, the effectiveness of group activities in delivering enhanced understanding, response to participant questions, learning materials, teaching style and facilitator effectiveness. Space is provided for comments and suggestions, and there is a section where participants can identify which concepts they found most useful.

Results from standard evaluation

Appendix 1b summarises the results of the standard evaluation. Comments from the forms are contained in Appendix 1c. These results indicate an overall positive experience for participants. Participants found different elements of the programme most useful depending on their learning needs and circumstances. The top three elements were relationship management, making clear requests (articulated expectations) and situational leadership. More than 80% of respondents reported the highest rating (5) in all categories except for the ease of use of the manual. Comments from the evaluation form suggest that participants see LEO as very appropriate for other members of the team, and would universally recommend the programme to others.

The participants had praise for the practicality of the learning, and sought to apply much of what they learned on return to the workplace. Universally they rated the facilitator (Liz Early) as a benefit to their learning.
Appendix 1a

Leading an Empowered Organisation

Programme Evaluation

Programme dates: 
Facilitators: 
Organisation: 

<table>
<thead>
<tr>
<th>Relationship of objectives to overall purpose/goals of activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

**Was the information provided appropriate to the objectives?**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe theories of management that have influenced today’s thinking.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Compare and contrast centralised and decentralised organisations.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Describe issues related to responsibility, authority and accountability.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Identify the major components of the management and leadership roles in an organisation.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Apply the concepts of situational leadership to your current work environment.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Utilise the strategies of articulated expectations to focus on growth and development of individuals.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Identify characteristics of healthy interpersonal relationships and the behaviours associated with unhealthy relationships.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Develop healthy, constructive responses to killer phrases.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Analyse mistake making and positive discipline strategies.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Apply the methods of problem solving and consensus decision making.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Construct an action plan based on the concepts of leading an empowered organisation.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Please turn over
Which of the elements listed below were most helpful?
management theory decentralisation (R+A+A)
role of the manager/leader articulated expectations
situational leadership theory relationship management/interdependence
problem solving/consensus risk taking/positive discipline
decision making re-entry and action plan

<table>
<thead>
<tr>
<th>Please rate the following (1=poor and 5=excellent)</th>
<th>Poor</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information was well organised and interesting.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The group activities assisted in understanding the content.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Participant questions and concerns were addressed; the responses provided further learning.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The manual captures key elements and simplifies notetaking.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The teaching styles were appropriate to the needs of the group.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The facilitator modelled the content of the program.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The meeting room was comfortable and conducive to learning.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Overall programme**

<table>
<thead>
<tr>
<th>Poor</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Facilitator**

<table>
<thead>
<tr>
<th>Poor</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Would you recommend this course to others? [ ] Yes [ ] No
If yes, to whom?

Are you interested in a 3 to 6 month follow-up of this programme? [ ] Yes [ ] No

Please identify any changes you would recommend in this programme below.

Please provide any specific comments/feedback for the facilitator below.

Thanks for your feedback!
Appendix 1b

Standard Evaluation Response Summary

Participants: Clinical Nurse Managers 1

1) Were these objectives met?  
   Yes - 100%  No - 0%

2) Elements identified as most helpful:

Essential elements identified in the evaluation of LEO

<table>
<thead>
<tr>
<th>Categories</th>
<th>% of response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decentralisation</td>
<td>50</td>
</tr>
<tr>
<td>Role of manager/leader</td>
<td>55</td>
</tr>
<tr>
<td>Articulated expectations</td>
<td>70</td>
</tr>
<tr>
<td>Situational leadership theory</td>
<td>75</td>
</tr>
<tr>
<td>Relationship management</td>
<td>65</td>
</tr>
<tr>
<td>Interdependence</td>
<td>60</td>
</tr>
<tr>
<td>Risk taking/positive discipline</td>
<td>55</td>
</tr>
<tr>
<td>Problem solving/consensus decision making</td>
<td>50</td>
</tr>
<tr>
<td>Re-entry and action plan</td>
<td>40</td>
</tr>
</tbody>
</table>

The following questions were rated 1=poor and 5=excellent

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information was well organised and interesting</td>
<td></td>
<td></td>
<td></td>
<td>12%</td>
<td>88%</td>
</tr>
<tr>
<td>The group activities assisted in understanding the content</td>
<td></td>
<td></td>
<td></td>
<td>8%</td>
<td>88%</td>
</tr>
<tr>
<td>Participant questions and concerns were addressed; the responses provided further learning</td>
<td></td>
<td></td>
<td>4%</td>
<td>12%</td>
<td>84%</td>
</tr>
<tr>
<td>The manual captures key elements and simplifies notetaking</td>
<td></td>
<td></td>
<td></td>
<td>36%</td>
<td>84%</td>
</tr>
<tr>
<td>The teaching styles were appropriate to the needs of the group</td>
<td></td>
<td></td>
<td></td>
<td>12%</td>
<td>84%</td>
</tr>
<tr>
<td>The facilitator modelled the content of the programme</td>
<td></td>
<td></td>
<td></td>
<td>8%</td>
<td>92%</td>
</tr>
<tr>
<td>Facilitator’s rating</td>
<td></td>
<td></td>
<td></td>
<td>4%</td>
<td>96%</td>
</tr>
</tbody>
</table>
3) Would you recommend the programme to others?
Yes - 100%  No - 0%

4) If yes, please state to whom?
See comments

5) Identification of recommended changes in programme
See comments

6) Examples of specific comments/feedback for the facilitator
See comments
Appendix 1c

Comments from Standard LEO Evaluation

Would you recommend this course to others? If so, to whom?

- All CNMs and senior management
- CNM2 and CNM3 and above
- CNM2, staff nurse
- CNM1 and 2
- To other CNM1s, but also CNM2 grades, CNM3
- To all managers
- All CNMs and Directors of Nursing
- My co-workers both senior and staff
- To a person who takes on a new role in management
- CNM2 and 3
- Peers, colleagues. CNM2s, 3s and UNO/SM
- To senior staff nurses and CNM2s
- CNM2s
- Anyone who is a manager/leader of a unit
- All other CNM1s and CNM2s - all managers
- CNM2s
- All managers, senior SIN, heads of other departments
- Other managers/leaders
- To peers/supervisors
- Newly qualified staff nurses and untrained staff
- To all staff in a professional capacity
- All qualified staff
- CNM2s

Please identify any changes you would recommend to this programme

- More role play, in acting "perhaps"
- Extra day for problem solving exercises
- More time allowed for problem solving and role play would aid in handling different situations, e.g. conflict, bullying
- Extended for at least another day, and bring in role plays for areas especially "killer phrases" and for situations dealing with management higher up
- More time on problem solving
- Extra day to practice new concepts
- Extra day for problem solving and killer phrases and more practice with same
- Follow-on programme
- More time allocated to specific types of problem solving, e.g. bullying
- Can't see what changes could be made
• More time
• More time spent on feedback and communication
• One more day could be beneficial to address further expectations of leadership
• More time to develop areas covered
• There was a lot to take in three days
• A bit longer
• More time spent on feedback. The assessment tool did not give an accurate account of me personally as I am constrained in my role as manager

Please provide any specific comments/feedback for the facilitator
• The content of the course was informative and I feel more confident in returning to the workplace to deal with issues
• Very enjoyable course. I feel empowered to deal better with difficult situations
• Liz, I enjoyed all three days. You were clear, interesting and because you came from a nursing background you were able to identify with all thoughts and matters
• Well presented, i.e. good learning environment was created
• Very enjoyable course. Facilitated very informatively thank you
• You do an excellent job
• An excellent, worthwhile course, facilitator-enhanced, the programme really got the content across to all participants
• The programme was very well structured and non-threatening, enjoyable
• You have empowered me to think differently when reacting to situations - take a step back and think before I speak
• Our facilitator was excellent at all aspects and helped lead to empower myself
• Excellent
• Don't change your style! It has been a pleasure being here for the past three days - learned so much from you
• I feel this course has been a wonderful learning experience and I can't wait to start putting it into practice!
• The venue was excellent, the facilitator was pleasant and informative
• I feel comfortable in open discussion
• The course has given me plenty of food for thought and I hope it will help me in my workplace
• Excellent programme - I would be very interested in becoming a facilitator.
• Liz's presentation was excellent; she was specific, direct, honest and clear.
• Success or failure of programme depended on the facilitator – Liz was excellent – full marks.
• An excellent course and very well presented - by all eighteen participants.
• An ideal opportunity for CNM1s to come together, expressing themselves and swing support.
• Very worthwhile, highly recommended.
• Delivered excellent. Readily identifies with the healthcare culture, concise, direct and has wonderful ability to offer direction and advice with problem solving - cannot praise her enough.
• Excellent group participation.
• You are a terrific role model.
Evaluation Using Nursing Management Competencies

An evaluation tool was designed by CDNPP based on the nursing competencies identified in the Report on Nursing Management Competencies (2000). The role of CNM1 has been considered a front-line management role, therefore the seven generic competencies identified for all levels of nursing managers and the three competencies specific to front-line managers were included in the evaluation tool (Appendix 2a). Under each competency statement, the text from the 'areas of application' statements from the report was listed. Since the areas of application statements exemplify nursing management activities characteristic of the competency, these statements were considered to be ideally suited for inclusion in the study. Participants were asked to decide what areas of competency (as described by the areas of application statements) they believed the LEO programme would assist them in developing. A five point Likert-type scale was devised ranging from 'not a lot' to 'a great deal'. Space was provided at the end of the questionnaire for comments and those have been appended to this report.

The participants were asked to complete the ‘Developing Nursing Competency’ questionnaire at the conclusion of the programme and then at three months following course completion.

Results from evaluation against nursing competency at programme completion and three-four months after

Because of the length of the Developing Nursing Competency tool, the completion rate of all questions was variable. Clearly some participants scanned the tool and only marked the behavioural statements they found particularly addressed in the LEO programme. However, most completed the tool thoroughly, and made comment. The return rate on the ‘at programme completion’ tools was higher because participants were given time to complete the questionnaire in class (54 out of 74 participants). The 'post programme' evaluation return rate was 20 questionnaires out of 74.

The numerical data from the rating scale (Appendix 2b) revealed that the participants perceived that the concepts within the LEO programme were particularly aligned with the following competencies:

- Building and Maintaining Relationships - on the 'at programme completion' forms, less than 10% of responses were negative or neutral, over 90% positive; a similar response pattern was evident at three months, though no negative responses were recorded then.
Resilience and Composure - many participants seemed to be reporting a new enthusiasm and capability for their work. They saw the LEO programme as having supplied tools for potentially handling difficult situations more skilfully.

Building and Leading the Team - over 90% of responses in this competency were rated helpful or very helpful. The LEO programme's primary goal is to teach people to work in an empowering way with their teams. Participants seemed to be reporting that this goal was met.

Communication and Influencing Skills - participants saw the LEO programme as helping them to develop skill in common daily communication and influencing challenges (explaining complex and sensitive information, motivating staff, briefing staff, and arguing a case). They found it less targeted at membership in task forces, presentation skills, making a case for resources and writing reports. Few CNM1 nurses have experience or expectation of these roles in their post and therefore saw them as less important.

Service Initiation and Innovation - though this competency had some negative and neutral responses to its one application area statement, overall it rated highly.

Sustained Personal Commitment - there was some spread of response in this category, but positive responses topped 80% in most cases. The participants may have found the programme renewing or energising. This finding is supported by several comments.

Integrity and Ethical Stance - the statements in this competency reflect a mixed picture. Whilst CNM1 staff do not see their role as dissemination of values throughout the organisation, they do see themselves as vital role models and felt that LEO supported their growth in this area.

Participants reported that the LEO programme provided fewer tools and experience to address the following competencies.

Promotion of Evidence-Based Decision Making - the skills of evaluation and allocation of resources are not included in LEO and it is not surprising that those areas were not highly rated. Interestingly, the practical skills of making unpopular decisions, gathering of information and finding solutions were highly rated by LEO participants. They found support for these activities in the programme.

Planning and Organisation - the focus of the application statements in this section is allocation, procurement, prioritisation and record keeping. None of these concepts are specifically addressed in the programme.
• Leading on Clinical Practice and Service Quality - this section focuses on setting and monitoring standards of care. These concepts are not addressed in the LEO programme.

The three-four month post-programme phase of evaluation had largely the same findings as the immediate post-programme phase. However, it is interesting to note that participants were more moderate in their ratings, choosing 'helpful' more often than 'very helpful'. This finding was not unexpected in that the enthusiasm generated during the LEO programme sometimes fades on return to the real world of demanding roles. The finding supports evaluation findings from other studies that suggest that the impact of the LEO programme is augmented by systematic follow-up with refresher days, action learning or other focused activity.

Key findings from comments section of the Developing Nursing Competencies Instrument

The focus of the LEO programme is the practical learning of skills that enable the individual participant to be more effective and more resourceful. LEO is a personal development programme primarily that creates organisational improvement through the efforts of individuals with renewed skill and commitment. The comments contained in the section entitled 'Please give an example of one thing you will put into practice when you return to work' suggest that some participants left the programme with enthusiasm and clear goals for implementing improvement. Comments on the post-programme questionnaires reflect a continued enthusiasm on the part of participants and report some actions taken as a result of their learning. Here are some examples.

"Dealing effectively with an issue of bullying"
"Self-rostering of staff and improved attendance at study days"
"I communicate better with all the team"
"On a personal level I feel more confident"
"I give them more responsibility"
"I learned how to deal with conflict and stress and to be more assertive"

Summary

These findings suggest that the LEO programme is perceived to be particularly well suited to developing a participant's competence in managing relationships in the team, providing clarity for delegation, managing conflict, solving problems and building consensus. The programme is not suitable as a broad-based management
programme which would need to address skills of financial management, quality systems design, presentation at meetings and evidence-based decision making. Therefore, it would be best to include LEO as one of a broad range of programmes aligned to participant developmental needs.
## Developing Nursing Competency

This programme will assist me to develop my competency in:

### 1. Promotion of Evidence-Based Decision Making

<table>
<thead>
<tr>
<th>Not a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

- a. Evaluation of service needs and new service proposals
- b. Allocation of scarce resources across multiple demand areas
- c. Making judgements in complex disputes
- d. Evaluation of adequacy of service provision
- e. Evaluating trends from service data
- f. Integrating research finding into nursing practice
- g. Problem solving in crisis situations
- h. Finding solutions to complex client service issues
- i. Making unpopular decisions on the best evidence available
- j. Day-to-day gathering of information in the clinical setting, accessing, probing and observations of behaviours and actions

### 2. Building and Maintaining Relationships

<table>
<thead>
<tr>
<th>Not a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

- a. Building reciprocal working relationships at all levels and across service areas
- b. Providing support to staff and service users in distress
- c. Being accessible to others with sensitive issues
d. Handling employee relations issues and conflict diplomatically 1 2 3 4 5

e. Provision of support in service setting to nursing staff, other healthcare professionals, management and service users 1 2 3 4 5

3. Communication and Influencing Skills

a. Making a proposal for resource allocation or new services 1 2 3 4 5
b. Presenting at national or local fora on professional topics 1 2 3 4 5
c. Arguing the case in a complex service issue 1 2 3 4 5
d. Making motivational presentations and selling new ideas to staff 1 2 3 4 5
e. Briefing of staff and other professions 1 2 3 4 5
f. Explanation of complex and sensitive information to service users and their families 1 2 3 4 5
g. Writing formal correspondence and reports 1 2 3 4 5
h. Will be a member of influential committee/task group 1 2 3 4 5

4. Service Initiation and Innovation

a. At the forefront of clinical practice leading the team in new areas of innovative treatment and care 1 2 3 4 5

5. Resilience and Composure

a. Maintaining calm and providing leadership in a crisis 1 2 3 4 5
b. Handling a wide variety of demands in a time-limited environment 1 2 3 4 5
c. Maintains composure in pressurised negotiations for resources when confronting service accountability issues

d. Dealing with negative emotions when confronting poor performance or other contentious issues

e. Dealing with irate clients or other stakeholders in highly-charged situations

6. Integrity and Ethical Stance

a. Ensuring that professional ethics and values are disseminated through all levels of the nursing service

b. Articulating an ethical and values driven stance at corporate level

c. Contributing to the formation of organisational ethics and values

d. Dealing with complex ethical clients and service dilemmas

e. Acting as a role model for other staff in the handling of complex and sensitive situations

7. Sustained Personal Commitment

a. Continuous improvement focus to their role and that of the service

b. Champions and promotes nurse education throughout the service

c. Initiates systems to capture learning and debrief staff

d. Attends conferences, meetings and other professional fora
8. Planning and Organisation

a. Allocation and co-ordination of resources to achieve tasks, scheduling of rosters 1 2 3 4 5

b. Procuring and evaluation of material resources 1 2 3 4 5

c. Prioritisation and meeting demands under pressure or in emergencies 1 2 3 4 5

d. Record keeping and reports for operational activities 1 2 3 4 5

9. Building and Leading a Team

a. Promoting high standards in the daily running of the clinical services at unit level 1 2 3 4 5

b. Leading and managing interdisciplinary care for service users 1 2 3 4 5

c. Empowering staff through team meetings, coaching, education and promotion of staff activities 1 2 3 4 5

10. Leading on Clinical Practice and Service Quality

a. Ensuring that service users receive a good standard of clinical care and client service 1 2 3 4 5

b. Implementing and monitoring standards of clinical care for the service 1 2 3 4 5

c. Interdisciplinary networking to ensure high quality effective systems for service delivery 1 2 3 4 5

d. Monitoring and evaluation of accommodation and catering services for the area 1 2 3 4 5
11. Please give an example of one thing you will put into practice when you return to work

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12. What did you learn that will help you in your role as a CNM1?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

13. What support will you need to put what you have learnt into practice?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Appendix 2b

Nursing Competency Evaluation Response Summary

1. Promotion of Evidence-Based Decision Making

Promotion of Evidence-Based Decision Making - Completion

Promotion of Evidence-Based Decision Making - 3-4 month

Areas of Application

% of responses

% of responses

Evaluation of service needs
Allocation of scarce resources
Making complex judgements
Evaluation of service provision
Evaluating trends
Integrating research into practice
Problem solving in a crisis
Managing complex client issues
Making unpopular decisions
Information gathering

No help
Little help
Not sure
Helpful
Very helpful
2. Building and Maintaining Relationships

Building and Maintaining Relationships – Completion

<table>
<thead>
<tr>
<th>Areas of Application</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building good working relationships</td>
<td>80</td>
</tr>
<tr>
<td>Supporting others in distress</td>
<td>50</td>
</tr>
<tr>
<td>Being accessible</td>
<td>60</td>
</tr>
<tr>
<td>Handling conflict</td>
<td>40</td>
</tr>
<tr>
<td>Providing support</td>
<td>70</td>
</tr>
</tbody>
</table>

Building and Maintaining Relationships – 3-4 months

<table>
<thead>
<tr>
<th>Areas of Application</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building good working relationships</td>
<td>8</td>
</tr>
<tr>
<td>Supporting others in distress</td>
<td>10</td>
</tr>
<tr>
<td>Being accessible</td>
<td>20</td>
</tr>
<tr>
<td>Handling conflict</td>
<td>30</td>
</tr>
<tr>
<td>Providing support</td>
<td>40</td>
</tr>
</tbody>
</table>

% of responses: No help, Little help, Not sure, Helpful, Very helpful
3. Communication and Influencing Skills

**Communication and Influencing Skills - Completion**

- No help
- Little help
- Not sure
- Helpful
- Very helpful

### Areas of Application

<table>
<thead>
<tr>
<th>Areas of Application</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a resource proposal</td>
<td></td>
</tr>
<tr>
<td>Presenting at conferences</td>
<td></td>
</tr>
<tr>
<td>Arguing a case</td>
<td></td>
</tr>
<tr>
<td>Selling ideas</td>
<td></td>
</tr>
<tr>
<td>Briefing staff</td>
<td></td>
</tr>
<tr>
<td>Explaining to service users</td>
<td></td>
</tr>
<tr>
<td>Writing formally</td>
<td></td>
</tr>
<tr>
<td>Member of a group</td>
<td></td>
</tr>
</tbody>
</table>

**Communication and Influencing Skills - 3-4 months**

### Areas of Application

<table>
<thead>
<tr>
<th>Areas of Application</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a resource proposal</td>
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<tr>
<td>Presenting at conferences</td>
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<tr>
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<tr>
<td>Selling ideas</td>
<td></td>
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<tr>
<td>Briefing staff</td>
<td></td>
</tr>
<tr>
<td>Explaining to service users</td>
<td></td>
</tr>
<tr>
<td>Writing formally</td>
<td></td>
</tr>
<tr>
<td>Member of a group</td>
<td></td>
</tr>
</tbody>
</table>
4. Service Initiation and Innovation

Service Initiation and Innovation – Completion

Area of Application

Service Initiation and Innovation – 3-4 months

Area of Application
5. Resilience and Composure

Resilience and Composure – Completion

Resilience and Composure – 3-4 months

Areas of Application
6. Integrity and Ethical Stance

Integrity and Ethical Stance – Completion

Integrity and Ethical Stance – 3-4 months
7. Sustained Personal Commitment

Sustained Personal Commitment – Completion

Areas of Application

Sustained Personal Commitment – 3-4 months

Areas of Application
8. Planning and Organisation

Planning and Organisation – Completion

Areas of Application

Planning and Organisation – 3-4 months

Areas of Application
9. Building and Leading a Team

**Building and Leading a Team – Completion**

- **Areas of Application**
  - Promoting high standards
  - Managing services
  - Empowering staff

**Building and Leading a Team – 3-4 months**

- **Areas of Application**
  - Promoting high standards
  - Managing services
  - Empowering staff
10. Leading on Clinical Practice and Service Quality

![Bar chart showing responses to the Leading on Clinical Practice and Service Quality 3-4 months survey.](chart.png)

- Ensures high standards
- Monitors standards of care
- Networking
- Monitoring catering

Areas of Application

![Bar chart showing responses to the Leading on Clinical Practice and Service Quality completion survey.](chart.png)

- Ensures high standards
- Monitors standards of care
- Networking
- Monitoring catering

Sections:

- Leading on Clinical Practice and Service Quality
- 3-4 months
- Completion
Appendix 2c

Immediate Post-Programme Responses to Questions on the Developing Nursing Competency Tool

Question 11: Please give an example of one thing you will put into practice when you return to work

- Open communication
- Change management
- Motivate staff
- Articulate expectations to staff on ward
- Check equipment each morning and ensure a member of staff is responsible
- Positive feedback
- Empowering staff
- Killer phrase, positive accurate praise
- Empower staff to act independently by offering proper support and reward systems
- I will address each issue of concern as it arises or ask for a specific time to deal with that issue
- In a situation where a member of staff tells me it is not my job I will be more able to deal with the structure
- Definition of role
- Feedback both positive and negative
- Use the problem-solving model to bring about change for the better in the working environment
- Ask the CNM2 to provide me with feedback on the good aspects of my job as a CNM1 and ask then to identify areas where I need to improve
- Problem solving
- In a conflict situation I will try and act assertively to diffuse the problem rather than aggressively
- Apply the methods of problem solving and consensus decision making
- I will seek more clarification and feedback on my performance by articulating my own expectations and the expectations of managers
- Seek more clarification for the role of CNM1 from my CNM2 and 3 and discuss my concerns with them
- Use my newly learned skills to produce articulated expectations
- I will set up meetings with other community hospital CNM1s to debate, learn and resolve each others' problems
- Personal action plan
- Give feedback on the course to management and staff
• Say 'No' when I mean 'NO'
• Use the words 'I expect' to be more positive
• Increase delegation
• Increase risk taking
• Motivate staff by providing and explaining a structured programme and expecting them to prioritise their workload in order to fulfil that expectation
• Deal with conflict more efficiently when it arises
• Try to implement models to ensure quick, relevant and concise reports
• Deliver and encourage more positive feedback
• Become more assertive and positive
• Resolve the problems of dangerously low staffing levels
• Empower staff
• Will begin to develop formal education session further, with more structured sessions
• Learn to be comfortable giving both positive and negative feedback
• Start to say 'NO' and draw boundaries without feeling bad
• Practice responses to phrases a few times a day
• Staff appraisals on an ongoing basis
• I will endeavour to be more assertive, delegate rather than do it myself
• Confront issues rather than ignore them
• Define boundaries with CNM2
• Use articulated expectations more appropriately to my advantage
• Deal with staff attitudes and problems more effectively
• Deal with irate clients in highly charged situations
• Articulate expectations of people in certain situations
• Use model provided to solve long-standing problems
• Will concentrate on the positive and eliminate the negative
• Put systems learnt into practice to empower me and my colleagues
• Undertake change in work practice relating to nurse-led use of ventilators
• The LEO book will be my bible

Question 12: What did you learn that will help you in your role as CNM1?
• I learnt to reorganise my co-dependent behaviour and replacement behaviour
• Strategies for managing conflict
• Aspects of problem solving
• Importance of positive feedback
• Response to, and management of, killer phrases
• I realised that I needed to look to the future
• Development opportunities through becoming more involved
• That I can make choices
• That I can also have a role to play
• That I will be given time to develop my role as CNM1
• I will ask for clarification of my role
• To be more assertive
• The topics of communication and feedback will help me in my role as a CNM1
• New management skills to help with problem solving
• Leaders influence others by what they say, how they say it and what they do

**Question 13: What support will you need to put what you have learned into practice?**

• Support from my line manager
• More peer and senior management support, meetings, discussions etc
• Co-operation from CNM2s and other senior management
• Managers will support me when issues arise and will address them fairly
• Further training
• CNM1 meeting
• A further group meeting
• Support for CNM1 and senior management and support for nursing colleagues
• Clarification of our role as CNM1s
Appendix 2d

Three-Four Month Post-Programme Responses to Questions on the Developing Nursing Competency Tool

Question 11: Please give an example of one thing you have put into practice since participating in the LEO programme

- Initiating a post-procedure patient information system using criteria set out in the seven steps of producing quality information. At present working on a new student orientation/induction package, incorporating the unit's clinical placements co-ordinator
- Dealing effectively with an issue of bullying, from a member of the paramedical team towards a member of my staff
- Breaking down old barriers and elitism by ensuring that all team leaders are present at hand-overs and mix socially at break time. Staff meetings are used to encourage staff to discuss 'new ideas' etc
- Listening more to all sides and not always jumping in with ideas
- Self-rostering for staff and improved education and attending study days
- The provision of in-service training, demonstration on various items, e.g. equipment, that I feel my staff would benefit from, thus providing a safe and healthy working environment for my staff and more importantly for the patients we look after. The provision of this service I feel would also help reduce the hospital budget because staff members will know how to properly operate such equipment and so reduce the repair site of same. The risk of critical incident to patient or staff will also be reduced
- I felt the course gave me ideas on best behaviour towards colleagues and other disciplines. I communicate better with all the team. I promote a calm and friendly atmosphere in my department. I am also interested in further learning
- On a personal level I feel more confident with work and this may be of value to the service provided
- Making more time available to deal with staff and sensitive issues
- Better ability to communicate
- I delegate workloads more frequently now and try to do just one job at any one time
- More positive in delegating work to subordinates. I feel more confident
- The thing I have learned is to be able to speak more and give my opinion at multi-disciplinary meetings
- Delegating and getting a good team working together for the same goal
• Learning to say "I expect someone to answer that patient's bell as soon as possible" instead of "would you mind answering that patient's bell"; more efficient use of "expect"
• Before the programme I always checked up on staff, now I give them more responsibility and rarely check up on them

Question 12: What did you learn that helped you in your role as a CNM1?
• Praising and rewarding staff motivates them. I've become more vocal about my needs and addressed some problems that were ongoing and which I hope I resolved with help
• Better able to contribute to the formation of organisation values. Better able to sell new ideas to staff
• How to be a better leader
• Being more assertive and more aware of my role
• To become more positive. Take ownership of my new role, to be able to say what I expect from other people
• I learned how to deal with conflicts and stress and to be more assertive
• To be more assertive
• Better at meeting demands under pressure and in emergencies. Making sure that record keeping is accurately done
• Confidence gained, that my opinion is valued, better understanding of people and their views
• I learned to be a manager. I learned how best to approach problems and deal with them more successfully, how best to coach staff or praise staff when appropriate. How best to deal with various skills of staff and how best to allocate staff
• I learned to be able to build relationships at all levels of the service. There seems to be better communicating from the team and maybe it has come from what I learned at the course. I also learned to try and get the staff to attend courses on different issues
• Decision making has improved and courage to stand by decisions
• To be fair. Use good communication skills. Deal with issues head on
• To access my own knowledge and be confident using same
• I find an improvement in my planning and organisational skills, resulting in my time management being that bit easier. Taking time to be more available to my staff is very important because in the long term a better working relationship, a pleasant, safe working environment is what is desired, good two-way communication is vital for the smooth running of the department. Dealing with reps when they call in person was not something that I was very
acquainted to; now with more experience I actually enjoy meeting them. When ordering the weekly stock of equipment from various companies I'm very focused on cost and on the amount required. Providing in-service training is very important, also ensuring that staff attend any lectures/workshops in other areas of the hospital that might be of benefit to them, e.g. critical incident workshop

- Reiterated the importance of good interpersonal relationships at all levels
- The technique of dealing better with conflict and crisis situations. I learned that each problem no matter how complex it appears at first can be dealt with by assessing, planning, implementing and evaluating, taking time to think it through. Engaging other skills in the problem solving process. The importance of empowerment in the day services situation whether it is patients or staff

**Question 13: Since attending the LEO programme, what support have you received to put what you have learnt into practice?**

- With support and help from my line managers I acquired extra staff to cope with the demands of my busy unit
- Support staff from the nursing colleagues on ward, also from our line managers
- Very little support
- By encouragement - my manager is to go into a new area of work and therefore this means promotion
- Most support and co-operation from my subordinates, unfortunately my manager does not give me the authority to assume all the roles I would like. She wants to remain in charge of everything. I feel CNM2 would also benefit from the LEO programme
- My CNM2 and 3 have allowed me to deal with day-to-day problems and then report to them as to how I handled the situation later as opposed to going to them first
- None
- CNM2 and myself complement each other to the benefit of a happy workplace in a small unit
- I have been given the scope to manage in a different area, therefore gaining experience and knowledge on the best way to be a good manager
- I found good co-operation from all staff in being able to put what I learned into practice. They are willing to discuss issues and we communicate better
- My CNM2 is very supportive in that she encourages me to put into practice any thoughts or ideas that I have with regard to the day-to-day running of
the department. Some of my senior staff nurses are always willing to help if I have any problem with anything. Taking charge of the department, in the absence of my CNM2 has given me valuable experience, helped to increase my confidence

- Encouragement from peers and management
- From my colleague who has also completed the LEO programme
- Support from management has been encouraging so far but because all areas of authority are limited it is very difficult to have any influence at corporate level
- My immediate line manager (CNM2) has delegated more responsibility to me for dealing with service issues and supports my use of newly developed interpersonal skills
- More time allocated to the two projects I am currently involved with to see them through to finish. Co-operation from my CNM3 and acting CNM2; co-operation from my colleagues at all levels to try out new ideas
Section 3

Evaluation using Purpose-Designed Questionnaire

A purpose-designed questionnaire was sent to all participants of the LEO programme to gather their views on a range of issues. The following table represents the return rate of the questionnaires.

<table>
<thead>
<tr>
<th>Area where the programme was delivered</th>
<th>Number of participants at the programme (n=X)</th>
<th>Number of questionnaires Returned</th>
<th>Percentage (%) of Participants who returned questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHB</td>
<td>18</td>
<td>13</td>
<td>72%</td>
</tr>
<tr>
<td>SHB</td>
<td>31</td>
<td>15</td>
<td>48%</td>
</tr>
<tr>
<td>NWHB</td>
<td>25</td>
<td>11</td>
<td>44%</td>
</tr>
<tr>
<td>Totals</td>
<td>74</td>
<td>39</td>
<td>52%</td>
</tr>
</tbody>
</table>

Method of Analysis
The questionnaire asked the CNMs to rank their levels of satisfaction with certain parts of the programme but allowed participants the liberty to give their subjective opinion of the programme if they so desired. The method of analysis used therefore is a combination of descriptive statistical analysis and content analysis.

Presentation of findings
The following section presents the findings from each question. The findings are displayed in tabular, chart and written form. A short analysis of each of the findings is included.

Question 1: What was your understanding of the "LEO" programme before your involvement in it?
The following chart identifies the most common answers given to question 1.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer given</td>
<td>7 (18%)</td>
</tr>
<tr>
<td>No/little or vague understanding</td>
<td>10 (25.5%)</td>
</tr>
<tr>
<td>Self-development course</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Leadership skills</td>
<td>5 (12.5%)</td>
</tr>
<tr>
<td>An introduction to, or a way of improving, management skills</td>
<td>11 (28%)</td>
</tr>
</tbody>
</table>
The results show that participants knew little about the course prior to its commencement. Some of the participants (18%) declined to comment, 25.5% admitted to having little or no understanding and only 12.5% made mention of leadership skills in their answers to this initial question, even though they were filling in the questionnaire after they had attended the course.

One participant admitted that he/she "had read the book on the programme but felt it necessary to know further about the same". Another participant described the LEO programme as "an opportunity to learn".

**Question 2(a): How satisfied were you that your own self-development needs were identified prior to the course incorporating them into the programme?**

The following chart identifies the number of participants who ranked their levels of satisfaction with the identification of their self-development needs.

![Bar chart](chart.png)

Participants were either satisfied or very satisfied with the identification of their self-development needs in 69% of returned questionnaires. This can be compared favourably to the total of the rest of the respondents' replies.
Question 2 (b): Please comment on your answer.
The following chart identifies the most common answers given to question 2 (b).

<table>
<thead>
<tr>
<th>Comment</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No comment</td>
<td>4 (10%)</td>
</tr>
<tr>
<td>Already knew needs but LEO helped fulfil needs</td>
<td>8 (20%)</td>
</tr>
<tr>
<td>Satisfied that LEO helped to identify self-development needs</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>Needs were not assessed prior to the course</td>
<td>2 (5%)</td>
</tr>
</tbody>
</table>

There may have been some confusion as to the interpretation of this question. The question was intended to ask whether the participant's needs were identified early in the programme, and then if the LEO trainer incorporated them into the programme.

If this is the interpretation by the participants, then some of the participants (n=8) identified that they were already aware of their own self-development needs prior to the commencement of the course. One participant felt that it was up to the individual to identify his or her own needs.

Other participants (n=6) stated that LEO helped them to identify their needs as the course progressed. One participant admitted to never having thought about his/her self-development needs. Another participant stated:

I was indifferent prior to participation as I felt this was just going to be another management course full of theory with little regard for the reality on the ward. I had little expectation of a successful course.

Participant's made specific reference to the following self-development needs as having been addressed by the programme:

- identifying leadership styles
- flexible approach
- managing difficult situations
- managing people
- identifying problem solving models
- gaining confidence in the job.
One participant stated:

It identified areas where improvement was needed and gave me lots of useful ideas and practical ways of dealing with everyday events and people.

Another CNM wrote:

I was often unsure of how to express myself but the course has taught me ways to achieve this.

Yet another participant stated:

I would have understood the skills more specifically for management but now I realise these are life skills and can be used in all areas of life.

Other participants identified that they needed more information and support regarding assertiveness training, stress management and conflict management.

It is not always easy to put the ideals into practice because of the different personalities on the ward.

Of concern is one instance where the participant was simply "told" that he/she was attending the course and had no involvement in the identification of his/her needs.

The development needs were developed by the matron to participate in the programme. I was not involved in this but got a lot of benefit from the course.

This type of autocracy surely goes against the ethos of an empowered organisation.
Question 3: Are you satisfied with how the programme has impacted your management skills?

The following chart identifies participants levels of satisfaction that the LEO course had impacted their management skills.

None of the participants declined to answer this question. An overwhelming majority of the CNMs were either "satisfied" (n=14) or "very satisfied" (n=23) that the course had impacted their management skills.

Question 4: Has the programme changed the way you manage your team?

The following is a chart comparing the answers given in response to question 4.

92% (n=36) of the CNMs agreed that the programme changed the way they manage their team.
Question 4(b): How has the programme changed the way you manage your team?
The following chart identifies the most common answers given to question 4 (b).

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>4 (10%)</td>
</tr>
<tr>
<td>The participant uses key phrases for example &quot;I expect&quot; and sets clear objectives</td>
<td>7 (18%)</td>
</tr>
<tr>
<td>The participant is more assertive</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Improvement in communication</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>Improvement in delegation</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>Improvement in motivation</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>The participant has gained confidence in own abilities</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>The participant now empowers his/her staff, trusts them and gives them feedback</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>The participant feels he/she is better at problem solving and dealing with difficult situations/people</td>
<td>9 (23%)</td>
</tr>
</tbody>
</table>

Some of the participants (n=9) identified that the course changed the way that they now deal with problematic situations and the people who may be central to those situations. One participant had acquired from the LEO programme "an ability to stop, think and articulate my expectation in a difficult situation". Another participant continued this theme by adding:

I don't need to have all the answers, I can deflect problems back to whoever and thereby empower them to come up with some answers.

These are very positive improvements in management style and psyche and are directly attributed to the participant's involvement on the course.

Other participants wrote that the LEO programme had given them the ability to "look at the whole picture", "be more aware of the pitfalls that can arise due to bad management" and "identify practical solutions to day-to-day problems".

One area of concern is evident where a participant identified that he/she "is not required to manage. I don't manage, only when my CNM2 is on holidays." Another CNM identified that his/her management style had not changed because "I have not been working long enough in the role".

Another CNM stated that adapting to change is "a gradual process. I feel more comfortable and confident in my role as manager."
Question 5: Have you a better understanding of the way you manage your team?

The following is a pie chart comparing the answers given in response to question 5. 94% (n=37) of the CNMs identified that they had a better understanding of how they manage their team.

![Pie chart showing 94% with Yes, 3% with No, and 3% with Incomplete]

Question 5 (b). Have you a better understanding of the way you manage your team?

The table outlines the most common positive reasons why the participants feel that they have a better understanding of the way they manage their teams.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>5</td>
<td>12.5%</td>
</tr>
<tr>
<td>Communication skills</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td>Problem solving and dealing with difficult people/situations</td>
<td>5</td>
<td>12.5%</td>
</tr>
<tr>
<td>Insight into leadership</td>
<td>5</td>
<td>12.5%</td>
</tr>
<tr>
<td>Become a proactive team member</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td>Better at motivating</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Planning and setting goals and objectives</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td>More insight into management techniques</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Delegation</td>
<td>3</td>
<td>7.5%</td>
</tr>
<tr>
<td>Giving feedback</td>
<td>3</td>
<td>7.5%</td>
</tr>
<tr>
<td>Giving support to staff and assessing staff needs</td>
<td>3</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Respondents appear to have taken the skills acquired through their attendance of the LEO programme and applied them to their daily work.
One of the participants stated that before he/she attended the course he/she “looked at the nurses as staff - now I can see that individuals can be at different stages of maturity and what motivates them, what they need to be getting from the job etc”.

Another CNM identified that “when I delegate and praise I am trusting, which is impacting work.” Yet other participants stated that they now have regular staff meetings where

Decision making is achieved through consensus. [There is a] team focus with support for each other [and a] focus on continuous improvement.

Another participant identified that he/she had “a better understanding of the position and the power that goes along with it”.

The only participant who identified not having a better understanding of how he/she managed the team summed it up in the following way.

As a working staff nurse in a unit with the title CNM1, we only act up if the CNM2 is on holidays, so I don’t think that the role is acknowledged.

This is an example of a manager who is not being supported and empowered to full potential.

**Question 6(a): Would you identify mentoring as a useful addition to the programme?**
The following chart is a comparison of the answers given to question 7.

It can be seen that a majority of the participants (n=31) identified mentoring as a useful addition to the programme.
Question 6(b): Why?

A majority of respondents identified their view that mentoring would be a very useful addition to the programme. The table outlines the most common reasons why.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>14 (36%)</td>
</tr>
<tr>
<td>Don't know/unsure</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>Good to have support locally</td>
<td>5 (12.5%)</td>
</tr>
<tr>
<td>A mentor could give advice and guidance</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>A mentor could discuss problems/challenges/new skills</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>A mentor could assess progress</td>
<td>5 (12.5%)</td>
</tr>
<tr>
<td>The concept of mentoring could help to prepare Degree students</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>A mentor could help to make transition from nurse to manager</td>
<td>5 (12.5%)</td>
</tr>
</tbody>
</table>

Some of the participants (n=14) identified that they thought mentoring was a useful addition but did not identify why they thought so. Of those that answered "No" to the concept of mentoring one participant wrote:

No, I feel that CNM 1 and 2 should support each other, complementing strengths and weaknesses using experience with non-experience.

However this researcher would argue that this is one of the underlying concepts behind mentoring. There was an underlying feeling in the answers given that some of the participants were unsure as to what mentoring actually was. One participant described mentoring as

A philosophy of setting and maintaining standards and practices, quality of care for the patient. A better understanding of one's role in the department.

Another participant, although of the view that mentoring would be a good idea, reported being unsure how it could be implemented: "I would like to see how it works - I am not sure how it is going to be used in the programme but I think it is very useful". Another respondent however knew about the concept of mentoring from personal experience and advocated it strongly.

I am involved in the pilot mentoring programme and have benefited from this involvement on both a personal and professional level. It can assist in the transition from nurse to manager.
Question 7: How satisfied were you with the quality of the teaching?

The majority of participants were very satisfied (n=32) with the quality of the teaching, the rest were satisfied (n=7). Of interest is that none of the participants was dissatisfied with the quality of the teaching.

Question 8: How satisfied were you that the skills acquired through the course are transferable to real life situations?

The majority of participants stated that they were satisfied (n=21) or very satisfied (n=14) that the skills acquired through the course are transferable to real life situations.
Question 9: How satisfied were you with the administration of the programme?

<table>
<thead>
<tr>
<th>Not at all satisfied</th>
<th>Dissatisfied</th>
<th>Indifferent</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11 (28%)</td>
<td>28 (72%)</td>
</tr>
</tbody>
</table>

The majority of participants were very satisfied with the administration of the programme, the rest were satisfied. Of interest is that none of the participants was dissatisfied with the administration of the programme.

Question 10: What are the main benefits associated with running the programme at local level?

The CNMs identified that there were many benefits associated with running the programme at a local level. The table outlines the most common reasons identified.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>No travel/convenience/ease of access to the course</td>
<td>22 (56%)</td>
</tr>
<tr>
<td>Less cost/more cost effective</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>No disruption/more time with family</td>
<td>5 (12.5%)</td>
</tr>
<tr>
<td>No overnight stay</td>
<td>3 (7.5%)</td>
</tr>
<tr>
<td>Good to speak with local people with similar problems/familiar people</td>
<td>20 (51%)</td>
</tr>
<tr>
<td>Share experiences locally, not just within the hospital but the health</td>
<td>9 (23%)</td>
</tr>
<tr>
<td>board</td>
<td></td>
</tr>
<tr>
<td>Nice to get together with staff of the same grade</td>
<td>4 (10%)</td>
</tr>
<tr>
<td>More staff able to attend</td>
<td>5 (12.5%)</td>
</tr>
<tr>
<td>Exchange of ideas</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>More time in bed /less tired and more alert</td>
<td>3 (7.5%)</td>
</tr>
</tbody>
</table>

On a personal level, participants reported that running the course at a local level had many benefits for them. Participants cited "less travel", "less disruption to family life", "ease of access to the course" and the "convenience" of having the programme run at local level as being greatly beneficial.

In addition to these personal reasons the participants also reported that running the course locally had many benefits from a professional standpoint. It was felt that meeting "local people with local problems" and "local solutions" was of great
benefit. Also participants stated that they felt more comfortable talking in front of colleagues than they would before strangers.

One participant reported feeling that having the programme run at a local level contributed to "open honest discussion because we were comfortable in each others company".

Other participants stated that they were able to network within the group and one participant stated that he/she had "exchanged phone numbers to keep in touch".

**Question 11: What are the main drawbacks associated with running the programme at local level?**

<table>
<thead>
<tr>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No answer</strong></td>
</tr>
<tr>
<td>8 (20%)</td>
</tr>
<tr>
<td><strong>No draw backs/none</strong></td>
</tr>
<tr>
<td>22 (56%)</td>
</tr>
<tr>
<td><strong>It might be nice to know the roles of CNMs in other hospitals and how they work</strong></td>
</tr>
<tr>
<td>4 (10%)</td>
</tr>
<tr>
<td><strong>Fear of speaking about one specific area, labelling disloyalty, confidentiality</strong></td>
</tr>
<tr>
<td>5 (12.5%)</td>
</tr>
</tbody>
</table>

Although the majority of respondents identified no problems/drawbacks in having the programme at local level, one participant remained fearful that "doing a programme with work colleagues may restrict interaction for fear of stories being carried back to work". Another participant wrote: "In problem cases it may be possible to identify the personalities involved and therefore prohibit people from speaking out".

These are valid and understandable fears. Other participants admitted that they may have "missed out on the wider picture" by not meeting managers from other areas. One described how a networking opportunity was missed: "If the course had been elsewhere people may have stayed over and this would have given us more time to interact and network".

Twenty-two of the respondents reported that they had seen no problem or drawbacks to having the course run at a local level. Perhaps this is evidence of the group buying into the concept that what is said in the room stays in the room.
Any recommendations

The recommendations below are those which were identified by the participants.

- "A follow on course after a few weeks would be useful."
- "More such programmes."
- The programme "would benefit senior staff nurses."
- "Could this have been done in the hospital/lecture hall to save costs?"
- "Should be available to other nurse managers and senior staff."
- "CNM2 should do the programme first."
- "Prior to the course everyone agreed that anything discussed would not leave the group."
Creative Health Care Management (2002), Leading an Empowered Organisation

Office for Health Management (2000), Report on Nursing Management Competencies

Office for Health Management (2002), Guidance on the Commissioning of Nursing Management Development Programmes: Front-Line and Middle-Level Managers