Spirited Leadership- Coaching and Mentoring Programme Evaluation

"People need to learn how to undertake self-care and how to manage situations to make an impactful difference. People need to feel value in what they do."

Quote from an interview participant

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Executive Summary

This is a report of the Spirited Leadership Programme Evaluation. The purpose of this evaluation was to examine the value and impact of the Spirited Leadership Development - Coaching and Mentoring programme. This document details the evaluation objectives, methodology, results and recommendations.

The objectives of the evaluation were:

1. To describe the programme purpose, framework, target group and delivery approach.
2. To complete a literature review encompassing: what defines quality patient care and experiences, leadership competencies required and the value and impact of leadership programmes to health organisations.
3. To determine the value to, and impact of the programme on participants and the key benefits or challenges in completing the programme.
4. To understand how the leadership skills gained are applied in practice at Counties Manukau Health and the perceived impact on quality of care and nursing practice.
5. To identify if there are barriers to implementing programme learning.
6. To provide process and environmental information that will inform the transition of programme delivery from Spirited Leadership to Counties Manukau Health.

The evaluation utilised a mixed-methods approach incorporating a literature review, surveys of programme participants and senior staff and semi-structured interviews with programme participants. Surveys were sent to 276 participants who have completed the programme once of these, 65 participants responded, a response rate of 23.5 per cent. Surveys with additional questions were sent to 15 participants who had completed the programme twice, six responded, a response rate of 40 per cent. Eight participants agree to take part in semi-structured interviews. Responses from surveys were thematically analysed and where possible quantitatively summarised and depicted in graphs. Interviews were thematically analysed to identify common themes or topics.

Results of data analysed show that the programme is highly valued. Benefits to patients and staff identified by programme participants and managers were similar and included: developing communication skills and confidence in resolving difficult conversations, increased self-awareness, critical thinking and creating a supportive environment. Suggestions for improvement focused on, ongoing support for participants post programme completion, having more coaching and mentoring sessions and providing more information to managers and staff prior to the programme.

Recommendations include:

- Provision of an annual refresher programme for participants.
- Provision of more information for participants and managers prior to the programme commencing.
- Embedding of coaching and mentoring into the culture of Counties Manukau Health, particularly for those front line staff who spend a significant amount of time with patients or clients.
- A transition period where the facilitators from Spirited Leadership could attend sessions from the first internally run programmes and provide feedback and support to Ko Awatea.
- Consideration by the facilitators of participants work shifts and locations of staff when establishing the triad peer mentoring groups.

Some of the limitations of this evaluation include: a small number of senior staff participating in the survey and a lack of accessible information relating to retention and participant roles.

Table of Contents

Table of Figures

Introduction

Counties Manukau Health has contracted Spirited Leadership to deliver a leadership programme (Spirited Leadership Development - Coaching and Mentoring Programme) to senior nursing staff since 2005, with the first course held in 2006. The purpose of the programme is improved quality of care for patients. To date, over 400 staff have participated in the Spirited Leadership Development programme.

The purpose of this evaluation is to examine the value and impact of the Spirited Leadership Development - Coaching and Mentoring programme.

Background

Although there is some data regarding staff retention, participant details and anecdotal feedback on programme benefits there is a need to complete a formal evaluation of the programme.

The programme has the following aims:

1. Create positive attitudes and working relationships to realise leadership at its best
2. Move skilfully between a directive style of leadership to facilitative style and continue to create a more enabling and empowering organisational culture
3. Develop and apply specific coaching and mentoring models, understanding, methods and skills to develop and look after self and staff personally and professionally
4. Develop internal capability to provide coaching and mentoring and develop and support each other.

The information gathered through this evaluation will support the future transition of programme delivery by Spirited Leadership to being internally managed and delivered by Counties Manukau Health.

Evaluation Framework

Evaluation objectives

The Evaluation objectives were to:

1. Describe the programme purpose, framework, target group and delivery approach.
2. Complete a literature review encompassing: what defines quality patient care and experiences, leadership competencies and the value and impact of leadership programmes to health organisations.
3. Determine the value to, and impact of the programme on participants through gathering information about their experiences and the key benefits or challenges in completing the course.
4. Understand how the leadership skills gained are applied in practice at Counties Manukau Health and the perceived impact on quality of care and nursing practice.
5. Identify if there are barriers to implementing course learning.
6. Provide process and environmental information that will support the transition of the programme through building and utilising internal capability.

Methodology

A mixed-methods approach was used within a 'realist evaluation' strategy[1, 2, 3]. The realist approach emphases identifying 'what works, for whom and in what circumstances'. This assists decision-makers in identifying what is working well and why; where improvements might be made; and how particular contexts might influence whether or not an initiative will achieve the outcomes sought.

Data was collected through several media.

- Review and analysis of existing qualitative feedback and quantitative information
- Literature review
- Programme participant and Manager/Senior Clinical staff surveys
- Semi-structured interviews with programme participants

Out of Scope: The perspectives and experiences of patients were not included.

The methodologies and research process used for the evaluation objectives are described further below.

Evaluation Objective 1: Programme Purpose, Framework, Delivery Approach

- Existing programme documentation was reviewed and analysed
- Discussion with course facilitator to confirm the delivery approach
- Review of the existing quantitative data
- Summary confirmed with the course co-ordinator

Evaluation Objective 2: Literature Review

The literature review focused on the following questions:

- What is quality patient care?
- What leadership competencies are related to the delivery of quality patient care and how much impact do they have?
- What is the impact and outcome of investment in leadership programmes by health organisations?

This literature review complements evaluation objective one, by identifying key competencies that promote quality patient care and the value of providing leadership training to staff. The findings also were used to guide the survey of course participants and provide a measure against the extent to which the programme affects patients care and organisational development.

Evaluation Objectives 3-6: Value and Application, Barriers and Improvements

The expected outcomes of objectives three to five help to establish to what degree the programme aims have been met through participation in the programme. Process and environmental information for objective six was gathered through staff surveys.

- Review and analysis of the existing qualitative feedback gathered by Spirited Leadership from participants over the last eight years.

- Online survey of programme participants.

  The survey provided quantifiable information that provided key issues for further exploration in the semi-structured interviews. These surveys explored:
  - Key benefits from course completion
  - Challenges they encountered in completing the course
  - Application in practice and any limitations of this
  - Suggestions for course improvements

    - Any change in role, career aspirations or responsibilities i.e. coaching
    - Feedback on the transition to being delivered internally

- Online survey of Managerial or Senior Clinical staff that are in a position to identify any changes in behaviours of participants, and to capture the perceived value in staff completing the programme, given the need to support time away from work for study purposes. The survey focused on;
    - Perceived value of the Spirited Leadership Development - Coaching and Mentoring course
    - Observed changes in the way the staff member engages with other staff
    - Observed changes in the confidence and skills of staff member to exercise leadership
    - Changes in the role or responsibilities of the staff member

- Semi-structured interviews with programme participants.
  These interviews explored:
    - How the programme has helped participants professionally and/or personally
    - Any change in confidence/behaviour around leadership behaviours
    - Any challenges they have subsequently faced
    - How they view coaching and mentoring

The semi-structured interviews provide more in-depth understanding as to the value of the programme and practical implementation of programme learning in Counties Manukau Health. These interviews also indicate how potential participants are interpreting or understanding the programme.

Limitations

There are several limitations to consider when discussing and interpreting findings and conclusions from this evaluation.

Firstly, the existing feedback that was used to inform the surveys is routinely collected during a group session, this may influence the nature of the responses. It is also possible that participants who feel strongly about the programme are more likely to complete feedback than those who felt neutral. Collated group feedback could only be provided for 22 of the 28 completed groups; feedback was provided on a further four programmes by one individual and for one programme through the responses of five individuals; no feedback was provided for one group. Furthermore, it is unknown as to how many individual group members responded with regards to the collated feedback. Finally, the programme aims and target group have changed since its inception, which has an impact on the applicability of the earlier group feedback.

Concerning Evaluation Objective one, information describing participant demographics and staff retention was unable to be sourced from Human Resources due to data entry limitations. This challenge was identified early in the evaluation and additional questions were added to the staff surveys as part of Evaluation Objective three to establish information on roles and career progression.

Survey questionnaires were an appropriate method for this evaluation; however, they are also associated with certain limitations. Again, those who feel more strongly about a topic are more likely to respond. As well, due to data recording limitations only 15 managers were identified for the

senior staff survey and of these only five responded. This small sample limits our ability to validate the responses and compare views.

There was also limited direct communication between individuals that completed survey responses and those responsible for final data analysis and interpretation, meaning that there was little scope to confirm or clarify interpretation of individual responses. Therefore, it is possible that some responses were not understood or interpreted as originally intended. The survey questions where possible did allow for free text responses so that participants were able to provide individualised responses. However, a defined question set was applied, which can limit participant's ability to share all relevant thoughts in relation to their experience/perception of the programme. To reduce the risk of misinterpretation additional qualitative interviews were undertaken to further explore staff perceptions of the programme.

While, the risk of misinterpretation is also valid for qualitative research, this was minimised through the use of direct quotations and validation against other themes or responses. Qualitative data may be further limited through selection bias as the interviewees represented a select and relatively small pool of individuals, with some recommended by the programme facilitator.

Evaluation Findings

Evaluation Objective 1.

The first objective of this evaluation is to describe the programme purpose, framework, target group and delivery approach.

Information regarding the programme content and delivery approach was sourced from an interview with the programme facilitator.

Data concerning participant demographics and retention within the organisation was unable to be sourced from Human Resources and additional questions were added to the staff surveys as part of Evaluation Objective 3 to establish information on roles and career progression.

Programme Summary

The Spirited Leadership Coaching and Mentoring Programme has been delivered in partnership by Counties Manukau Health and Spirited Leadership since 2006. Originally the programme targeted senior nursing staff, however, this has subsequently broadened to include staff members from a range of clinical and non-clinical disciplines.

The Spirited Leadership - Coaching and Mentoring Programme focuses on the following:

- Supporting professional and personal development
- Cultivating strategic aptitude
- Building on Leadership ability
- Enhancing communication and relational skills
- Raising awareness of self and others
- Developing resilience to embrace transformation and improbability
- Building on giving and receiving feedback capability
- Introducing models to support reflection

Leadership is about a series of relationships and connections within and without specific organisational boundaries, which have the potential for diffusing responsibility or sharing it, and therefore making leadership practices more co-operative.

Developmental relationships in form of coaching and mentoring are emerging as a key component of effective training[4]. In the existing literature mentoring and coaching are often viewed as related or intertwined[5, 6, 7] . However, there are some differences between the two skills. Mentoring tends to be described as a longer lasting complex relationship that evolves over time[4, 5, 8]. The mentor usually is a more experienced individual or subject expert who is assisting another (the mentee) in their growth and learning through sharing and transferring their expertise [4, 6, 8]. A mentor should empower and encourage the mentee, be a role model, build a professional network, and assist in the mentee's personal development. A mentee should set agendas, follow through, accept criticism, and be able to assess performance and the benefits derived from the mentoring relationship[9].

Conversely, coaching is described as an aspect of mentoring that is goal, discovery and learning focused [4, 5, 10]. Moreover, coaches do not necessarily need to be an expert but rather have the ability to facilitate learning of the participant and provide feedback[5, 7].

Coaching and mentoring are described as having the following benefits by De Souza and Viney[10].

Benefits to Mentee's	•Self-confidence •Self-reflection •Focus on key aims and objectives •Strategic thinking and problem solving skills •Focus on personal and professional development
Benefits to coach or mentor	•Increased job satisfaction •Motivation •New skills •Opportunities to break down silos and build rapport •Increase organisational understanding

Figure 1. Benefits of coaching and mentoring (De Souza and Viney[10])

A foundation stone of the Spirited Leadership programme is the holistic intelligence model. This model balances an understanding of different types of learning with action orientation leadership and reflective leadership.

Figure 2. Holistic Intelligence Model, Spirited Leadership

While it is not possible to change 'personality' through training, one view is that leadership does not reside in an individual *per se*. Instead, it is possible to improve leadership effectiveness by paying attention to qualities required for leader/follower engagement and social and emotional intelligence. This has the potential to impact in a transformational way upon the culture and climate of the organisation[11].

The Holistic Intelligence model focuses on reflection and experiential learning[7]. Boaden[12] found that action learning is regularly cited as a key tool in leadership development. Nash and Scammell[7] provide the following definition of Action Learning from Weinstein (1999) "It is a way of learning

from our actions, and from what happens to us, and around us, by taking the time to question, understand and reflect, to gain insights, and to consider how to act in the future". However, this learning approach can be limited where there are inadequate opportunities for reflection and a failure to follow up on project outcomes[12].

The Holistic Intelligence model builds on the Action Learning approach by incorporating the reflective (emotional and inspirational) learning. Reflection and reflective practice are frequently noted in general education literature and are increasingly described as essential attributes of competent health care professionals who are prepared to address challenges[13]. This model fulfils several functions, including helping to make meaning of complex situations and enabling learning from experience. A key assumption underlying the literature on reflection is that it will enhance competence, however, to date there is limited evidence to support or refute that assumption.

The duration of the Spirited Leadership programme is eight to nine months. Currently, three programmes are run per year with approximately 15 participants from a range of clinical roles within Counties Manukau Health attending per programme. As well, the programme is flexible and adaptable to the circumstances of different groups. A shortened version of the programme was able to be provided to the Cancer Coordinators who required a shorter training timeframe. In this instance, there were 15 programme participants from the Cancer Coordinator Team who had three training sessions held over three months with 5 participants per group.

The Spirited Leadership programme training days are held offsite to provide participants space away from work to learn and reflect. Typically 2-3 facilitators (from Counties Manukau Health and Spirited Leadership) will lead the training days together.

The content of the programme is outlined below in figure three. The nine months typically include a mix of training days, peer triad (a group 3 programme participants) coaching and mentoring sessions and coaching and mentoring with a course facilitator.

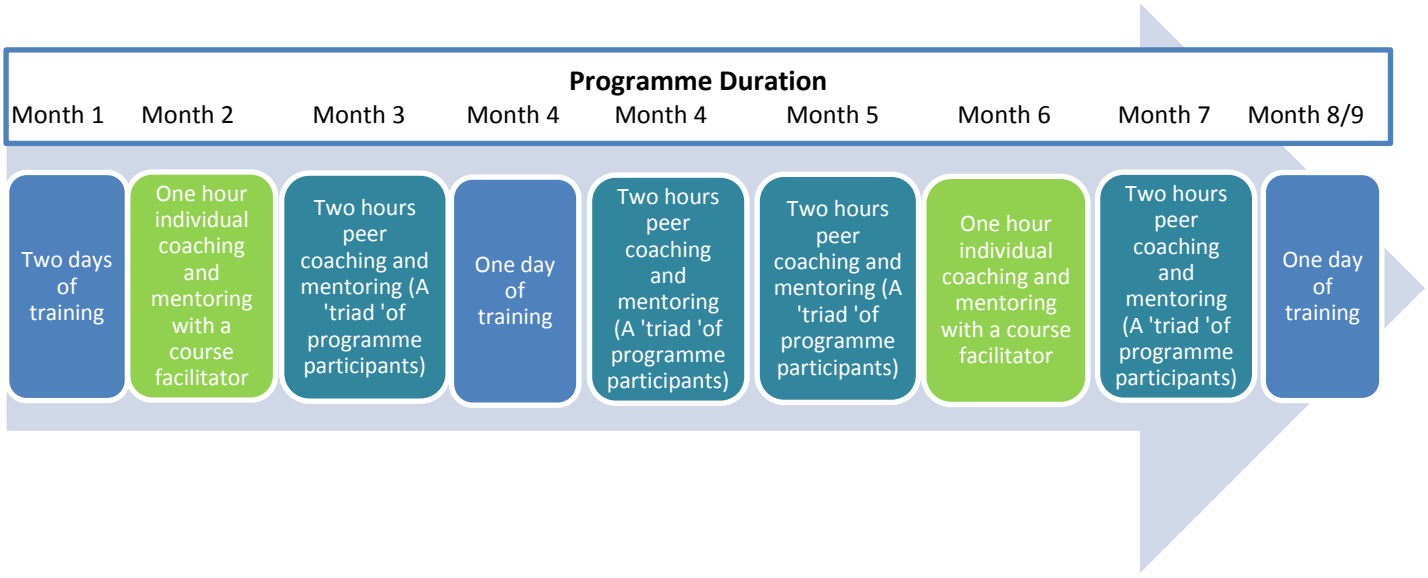

Figure 3. Programme Outline

The training days have an informal structure, and may commence with a mindfulness activity, for example, participants being encouraged to go for a short walk by themselves and reflect on how they are feeling and what thoughts and emotions they are bringing to the day. Mindfulness is defined as a moment-to-moment awareness of one's experience without judgment[14]. Once the

group has re-formed inside, participants sit in a circle and share their reflections. The facilitators draw on various models depending on the direction of the group discussion, these include: holistic intelligence, focus, skills – six gateways, skills to competent practice, the social brain, autonomy-cooperation-hierarchy, three phase agreement, three phases session management. Small group activities during the training days are done in groups of three participants (one person to observe and two to interact). Participants receive feedback throughout the training days with the aim for them to become more self-aware, thus building their emotional intelligence. A programme workbook is provided to participants but this generally is a "take home" for further reading.

The individual coaching and mentoring sessions provide private time with an experienced coaching and mentoring facilitator, whilst peer coaching and mentoring is done in teams of three programme participants, and provides opportunity for 'practice' and observation whilst also supporting each other.

Through incorporating a broad learning approach, comprising of formal training and action-learning activities, which provide opportunities to apply and improve the new learning, the Spirited Leadership Programme aligns with best practices in leadership development[4, 15].

Evaluation Objective 2.

Literature Review

The second component of this evaluation involved a review of the literature to inform the content and delivery of the Spirited Leadership Coaching and Mentoring Programme.

Three questions of the literature were asked;

1) What defines quality patient care and experiences?
2) What competencies should leaders have?
3) What are the value and impact of leadership programmes on health organisations?

Google Scholar, Embase and Medline were searched, with search terms including 'health', 'leadership', 'mentor', 'mentorship', 'investment', 'return', 'quality care', 'patient outcomes' and 'competencies'. In total 30 relevant articles were identified and are summarised below, while a further 11 articles were rejected due to not being relevant or of poor quality. The majority of articles (17) related to leadership competencies, six of which were systematic reviews. Very limited research was found regarding the value and impact of leadership programmes on health organisations and a search broader than health was completed for this aspect of the review.

Quality Patient Care and Leadership

Quality care is defined in a number of ways in the literature. According to Gantz, Sorenson and Howard[16] quality patient care is maintaining patient safety, while focusing on clinical excellence within the entire multi-disciplinary team. Moreover, quality care should result in effective, measurable, efficient outcomes for the patient, caregiver, organisation, and community[16]. This definition of quality care can be broadened to include an environment where staff are able to be autonomous in their roles. Autonomy of nursing staff was a key difference identified in hospitals designated as a Magnet[i] in America[17, 18].

However, the definition of quality care should also include the patients' perspective, rather than focusing on clinical outcomes and staff expertise. Gantz et al.[16] reported that over sixty-percent of patients' satisfaction with the care they receive in acute care settings is directly related to interaction with nurses.

Attree[19] explored the perceptions of patients and relatives regarding quality care. According to patients and families good quality care had an individual and patient focus related to need. Care also needed to be provided humanistically, via a caring relationship by staff who show involvement, commitment and concern[19]. Unsurprisingly, patients and families identified 'not so good' care as routine, unrelated to need and impersonal, provided by distant staff who did not know or involve patients in their own care.

Organisational and team leadership is linked with the quality of patient care and patient and staff safety in the literature[11, 20, 21, 22, 23]. A Kings Fund paper focused on the role of leaders in engaging staff and other stakeholders to bring about improvements in care[22]. The King's Fund report provides evidence of how organisational culture and support for staff, can ensure that patient care is more appropriate and improve outcomes. High performing organisations were those with lower

[i] A Magnet hospital is one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution.

absenteeism, with staff that are engaged in delivering a better patient experience and outcome, while encouraging patients to participate in their own care.

Moreover, the wellbeing, satisfaction and stress levels of staff can impact patient care. Therefore, leaders need to be aware that their approach and behaviour may also impact on quality through the effects they have on the wellbeing of staff[20]. Nicolson et al.[11] state that good patient care relies on effective leadership that engages with staff and communicates the vision that the patient comes first. Consequently, this type of leadership approach can have a positive impact an organisations climate and culture.

Similarly, Spence, Laschinger and Leiter[21], in their prospective study, found that nursing leadership development factors such as involvement in policy, staffing levels / absenteeism, support for a nursing model of care and nurse/doctor relationships were essential for work engagement of staff and, ultimately, patient safety and quality of care[21]. However, this study was limited by recall bias as through measuring nurses self-reports of adverse events.

In the section below leadership competencies are explored in the context of their impact on organisations and patient outcomes.

Leadership Competencies

A variety of literature was found with regards to leadership competencies. Currently, the majority of leadership research in health is related to the nursing profession. In this literature review, nine articles[16, 5, 18, 21, 23, 24, 25, 26, 27] were found concerning leadership competencies and nurses or nursing care, five of which were systematic reviews[21, 23, 24, 25, 27]. A further seven articles[4, 11, 12, 20, 22, 28, 29] including one systematic review[4], focused on a broader organisational or non-health industry approach to leadership development.

There are many different styles of leadership and leadership competencies identified in the literature. One systematic review assessing nursing leadership attributes that contribute to a healthy work environment, found that a combination of leadership styles and characteristics contribute to the development and sustainability of a healthy work environment[25]. Pearson et al.[25] identified six different leadership styles in the 48 papers reviewed including: transformational, transactional, social, instrumental, participatory and consultative leadership. These leadership approaches should not be viewed as mutually exclusive as effective leaders need to be able to be flexible and adapt their approach to the situation facing them[25]. Indeed a review by Firth-Cozens and Mowbray[20] found that a sole transformational leadership approach, focusing primarily on change can be in conflict with the type of performance management necessary for accountability in health care.

Nicolson et al.[11] explain that leaders and the approach to leadership can have a significant influence on followers' emotions. Although short-term negativity can occur in a team or organisation with minimal impact, leaders do need to be cognisant of their emotions and the impact on others in order to increase job satisfaction and performance. Research from three NHS Trusts, suggests that positively managed emotions could lead to better patient care, greater patient satisfaction and a relaxed and professional organisational climate[11]. Emotional intelligence can be defined as the ability to manage and understand one's own and other people's emotions in a consistent way so as to reflectively promote emotional and intellectual growth[11]. Moreover, emotional intelligence competencies include the following:

- The expression and appraisal of emotion
- Enhancing cognitive process and decision making
- Emotional knowledge
- Managing emotions[11]

Through undertaking qualitative interviews of leaders and followers, Nicolson et al.[11] identify that effective leaders were supportive and emotionally engaged with their followers and were able to communicate their vision and dedication to improving the quality of care to patients. This is also related to teams having good staff morale and job satisfaction. Moreover, Price-Dowd[29] found that good leadership and human resource management practices in healthcare are linked to lower patient mortality and morbidity rates. Essentially, more engaged staff, through better leadership, can result in better patient outcomes and save lives.

In addition, Firth-Cozens and Mowbray's[20] research looking at great leaders has identified further leadership competencies such as intelligence, self-confidence, determination, integrity and sociability. Similarly, in a systematic review of literature on leadership development and learning from best practice, key leadership competencies are described as: trustworthy, avid learners, comfortable with change, innovation champions, relationship builders, open to taking action, self-aware, able to foster development in others, and oriented towards achieving results[4]. Likewise, the NHS leadership model recognises personal qualities like self-awareness, self-confidence, self-control, self-knowledge, personal reflection, resilience, and determination as fundamental to how individuals behave and how they lead[29].

These competencies are also comparable to qualities identified in transformational leaders[11]. Cummings[18] found that transformational or relational leadership styles were associated with better patient outcomes in terms of reduced adverse events, complications, mortality and increased patient satisfaction. With regards to staff, transformational or relational leadership styles were associated with less turnover, absenteeism, emotional exhaustion and job tension.

A review of the evidence regarding what constitutes leader developmental readiness found that in order to grow, leaders must be motivated and open to discovering their strengths and weaknesses[30]. They must also be placed in an environment that supports openness, exploration, and growth. Literature also suggests that mentor-mentee relationship factors and individual mentee differences have the most impact on the outcome of the mentorship[30].

In addition, Richardson and Storr[21] reported that some literature shows a significant relationship between positive leadership practices and reduced prevalence of adverse events as well as increased patient satisfaction. Communication openness, formalization, participation in decision-making and relationship-orientated leadership were identified as key leadership competencies[21]. However, due to the quality of the studies reviewed and the variation of the outcomes examined it is hard to draw firm conclusions or make recommendations for leadership practice. Consequently, Richardson and Storr[21] conclude that the evidence supporting nursing contribution to patient safety through empowerment, leadership and teamwork is limited, and quantifying the contribution of each by analysing their direct impact on the safety of care is at an early stage of development.

Likewise, the relatively weak study designs of the 24 articles reviewed by Cummings et al.[24] provide limited evidence for specific factors that increase the effectiveness of nursing leadership or guide the identification of future nurse leaders. In particular, a key limitation of the literature reviewed was that no control groups were used and comparisons were made only within each group before and after the intervention to assess for a change in leadership behaviours. In research, it is widely accepted that using control and intervention groups is the most robust way to explore impact and outcomes. However, the review also highlights the importance of leaders demonstrating and modelling the skills learnt through programmes to further their abilities and teach others.

A Complementary Perspective of Leadership Development

Traditionally, leadership has been viewed as an individual-level skill, with training programmes concentrating on improving the knowledge, skills and abilities of high-potential individuals[4]. While this approach is still relevant there is a complementary perspective which views leadership development in a different way. The emphasis of this perspective is on social capital and incorporates everyone in the organisation in the development process. Social capital is built through relationships based on trust and respect that are converted into the culture and structure of the organisation. In addition to shared accountability, the acceptance of feedback is incorporated into the organisational culture to encourage the continuous improvement of those individuals being developed. Tools such as 360-degree feedback, ongoing performance discussions, coaching relationships and skip-level meetings help reinforce feedback in the culture[4].

Nicholson et al.[11] also suggest that due to changes in organisational structures and a growing emphasis on networks and open interlinked systems, it is no longer sustainable for leadership to be held by a few in 'recognised' management positions. Instead, the focus of leadership development needs to be on relationships and connections, resulting in a more collaborative and distributed leadership approach. A leadership model that is engaging and distributed with different people working together and willing to appropriately take on or relinquish certain responsibilities is more likely to support service delivery and drive changes.

Summary of Leadership Competencies and Development

Openness

- Comfortable with change
- Innovation champions
- Open to taking action
- Oriented towards achieving results
- Open to discovering their strengths and weaknesses
- Negative feedback seeking preferences
- Willing to share leadership

Relationship & Communication Skills

- Relationship builders
- Emotionally engaged with their followers
- Supportive
- Relationship-orientated
- Able to foster development in others
- Able to communicate their vision
- Communication openness

Personal Factors

- Emotional intelligence
- Self-aware
- Self-knowledge,
- Personal reflection,
- Self-confidant,
- Self-control,
- Trustworthy
- Avid learners
- Resilient and determined

Environment

The Environment needs to support;

- Openness
- Exploration
- Growth
- Participation in decision making
- Distributed leadership

Enhanced through mentorship

Figure 4. Summary of leadership competencies and development

These leadership skills are homogeneous with the core skills of active listening or engaging with others, observation, questioning, challenge, feedback and reflection needed to be a coach or mentor identified by De Souza and Viney[10].

What is the Impact and Outcome of Investment in Leadership Programmes?

It was necessary to review literature wider than health and health organisations to identify any evidence regarding the return of investment of leadership programmes. This was due to an absence of studies into cost-effectiveness and the return of investment to health organisations of leadership programmes.

Avolio, Avey and Quinsenberry[31] examined the existing literature and evidence regarding return of investment of leadership development. They reported that despite organisational leaders acknowledging the importance of measuring return on investment (ROI), only 10-20% of organisations investing in leadership development actually evaluate the effectiveness of programmes on performance outcomes[31]. This may be due to a lack of confidence by organisational leaders in the approaches used to calculate the estimates.

A more commonly utilised approach is similar to that described by Frei, Stamm and Buddeberg-Fischer[9] where the cost of conducting a mentoring programme is compared with the benefits to students such as; earlier career choice, better performance, and higher research productivity. This approach justifies the expense as mentorship is provided without financial incentives and the costs relate to programme leaders, holding workshops, and some social events[9].

Avolio et al.[31] found some empirical studies which show leadership development interventions can have a positive effect on the attitudes, behaviours, and performance of leaders and their followers. One analysis of 70 studies, focusing on the effectiveness of managerial training, concluded that while managerial training was moderately effective, no firm conclusions could be drawn[31].

Lester et al.[30] completed a longitudinal experiment that placed participants from a leadership programme into two groups; one receiving mentoring alongside the leadership development programme, and a comparison group participating in only the leadership programme. The purpose of the study was to examine how a formal mentorship program targeting improving leader development of mentees would perform compared to a traditional leadership education program delivered in a group setting[30]. Based on evidence suggesting that leaders need to be willing to examine their own strengths and weaknesses and that mentor-mentee relationship factors impact on mentorship outcomes, the outcomes selected for the study were trust, a relational factor and feedback seeking preference, an individual factor[30].

Lester et al.[30] found that cadets in the mentorship program were significantly more likely to develop leader efficacy than in the comparison group. Similarly, a survey of 355 trainee doctors on coaching and mentoring supervision found that coaching supervision is significantly associated with talent development which includes human resource development, management practices and clinical competence[32]. In regards to trust between the mentee and mentor, higher levels of trust were significantly associated with increases in leader efficacy[30]. Moreover, trust and leadership efficacy is a key factor between leaders and followers not just leaders and mentors. The differences leadership quality identified in the three NHS Trusts were related to emotional attachment and engagement between leaders and followers[11].

Additionally, Lester et al.[30] identified that negative feedback seeking preferences were associated with increases in leader efficacy over time while an orientation towards positive feedback deterred leader efficacy development. The results from Lester et al. are interesting as both groups were receiving an intense leader development programme during the study and had spent more than three years in the leadership development programme. The only difference between the two groups was the mentorship component. Lester et al.[30] propose that the mentorship–efficacy pathway is further strengthened when trust between the mentor and mentee is high, and it is further

reinforced when the mentee is open and willing to seek critical and tough feedback from their mentor.

At the time of their research, Lester et al.[30] did not find any prior literature examining the link between mentorship and leader efficacy. However, they suggest there are three significant benefits to testing the efficacy of a mentorship program focused on enhancing leader development. Firstly, mentorship programs are likely to be more cost effective than traditional group-based interventions because they do not require contracted trainers, expensive keynote speakers, special classrooms, conference facilities, or other logistical resources. Secondly, because mentorship programme focus on leader development, many mentors will also improve as leaders and 'leader developers' alongside their mentees, and will be better prepared to lead their own organizations[30]. Thirdly, applying knowledge gained through mentorship could be easier than applying knowledge gained through group interventions as the focus is the actual work context[30]. Thus, little is "lost in translation" as the mentor and mentee are aware with the problems, issues, and examples used during mentoring sessions as opposed to training courses delivered by outside instructors.

Subsequent research also shows that coaching programmes are associated with increased leader efficacy and leader's trust in followers when compared to a control group[33]. Moreover, a significant relationship was found between increased trust in followers and reduced staff turnover[33]. However, the sample size is small which limits the generalisability of the results.

Significant improvements in the quality of team behaviours and clinical error rate were found in a quasi-experimental evaluation of the effectiveness of training and teamwork behaviours in nine Emergency Departments in America. The intervention focused on developing leadership within work teams and was supported by coaching which, emerged as a crucial tool for embedding participants learning and supporting changes to team based care[28].

In 2002, the Kellogg Foundation reviewed 55 major leadership development programmes, the aim was to shed light on how various programmes are evaluating outcomes and impacts. Their key findings indicate that most programmes measured individual leadership outcomes in traditional ways: participant reactions, changes in knowledge, skills, attitudes, behaviours and relationships built. Few dealt with the monetary value of programmes, comparing results with cost or ROI[34].

One methodology for estimating the return on leadership development and implications for measuring organisational effectiveness is described by Avolio et al[31]. This approach incorporates the number of participants, an estimated time duration for change in leadership behaviours, the size of the effect of the programme and relates this to a proportion of the employees salary and enhanced capability and capacity from participating in a leadership programme. This provides an expected benefit cost to the organisation in proving the programme which is compared to the cost of training the participants[31].

However, due to complexities several individual factors were excluded from the analysis including: motivation to perform, developmental readiness, opportunities to lead and motivation to lead.

The methodology was applied to an on-site three day leadership development programme in large American organisation. A conservative assumption was made that the programme will have an influence over the participants and their followers for 2 months. The results indicate a positive collective financial return between $69,370–$81,570 for the upper level leaders and between $165,996–$226,396 for the mid-level leaders. When considering effects on followers, the financial return across sites was $116,900 total for upper level followers and $835,000 total for mid-level leader's followers[31].

These results suggest that on average, one could expect a positive and substantial return on the effects of leadership interventions in terms of leadership effectiveness and performance. However, it is possible that leadership performance might decrease after the completion of the intervention as the participant struggles to apply new skills and knowledge learned. In addition, the basis of this approach and the assumptions were from research conducted in America, limiting their applicability to other contexts. However, Cummings[18] found that most leadership programme interventions were reported to be effective for three to six months following the training.

Richard, Holton and Katsioloudes[35] expanded on the research conducted by Avolio in a unique study using computer generated modelling as part of calculating ROI. Their results demonstrated that potential gains from effective leadership development are greater than previously estimated however, potential losses from poorly executed leadership development are also larger than previously estimated.

New staff completing a probationary period with a leadership development extension programme at the University of Georgia formed the study population of a ROI analysis. The data indicated that the employee turnover rate for the participant group was significantly lower than for the non-participant group. The authors estimated using ROI model calculations, every one-dollar spent in the program returned $3.86 in benefits and $2.86 (286%) in net benefits were returned on Investment[34].

Whilst the benefits to patients and staff of leadership programmes may have limited evidence, there is evidence to support the negative impact of poor leadership. In particular, a lack of supervisory support and poor perceptions of nurse management has been found to have potentially significant negative consequences for staff and patients. One large study of 2,047 nurses employed by 13 New York hospitals found that poor perceptions of nurse management was significantly associated with blood/body fluid exposure[27]. In addition, the authors measured the burnout levels of staff using the Maslach Burnout Inventory which has three key components; personal accomplishment, emotional exhaustion, and depersonalisation. It was found that a lack of supervisory support and involvement were the best predictors of negative outcomes in the emotional exhaustion domain and a lack of supervisory support was the best predictor of depersonalisation[27].

Moreover, in their review of the evidence for the effects of leadership in healthcare, Firth-Cozens and Mowbury[20] describe one study examining workplace stress where junior doctors detail patient harm incidents resulting from general carelessness through to errors contributing to patient deaths. These were primarily attributed to exhaustion, overwork, a lack of support, or the symptoms of depression. In addition, 40% of survey respondents described becoming irritable or even abusive to patients and to colleagues[20]. This reveals the broader impact of the psychological wellbeing of staff on patient care and outcomes and the wider clinical team. Thus, it is imperative for leaders to recognise the level of wellbeing in staff and provide appropriate support.

Summary

Quality patient care needs to be viewed from a holistic lens that incorporates clinical, operational and patient perspectives. Leadership is linked to staff morale and organisational culture, which in turn influences patient care and safety[11, 20, 21, 22, 23]. Thus leaders need to be aware of their influence on others emotions and have emotional intelligence in order to manage and understand their own and others emotions. There are a number of leadership competencies identified in the literature. These include: openness to change, taking action, learning about their own strengths and weaknesses, building relationships, engaging with followers, fostering development in others, an ability to communicate, being self-aware, resilient, motivated and having self-control. Through leadership programmes and by receiving coaching and mentoring, these competencies and skills can be developed and strengthened. Moreover, the environment in which leaders are placed needs to

support openness, exploration, growth, participation in decision making and a distributed model of leadership.

With regards to the impact and outcomes of investment in leadership programmes there is limited evidence with very few organisations measuring ROI. However, literature does suggest that improvements in leadership are related to the quality of team behaviours and clinical errors [28, 31]. There is some evidence showing that incorporating mentorship or coaching alongside a leadership programme has a significant impact on developing leader efficacy[30, 33]. Additionally, when return on investment of leadership programmes has been assessed there appear to be positive financial benefits [31, 34]. With regards to the negative impact of poor leadership, research shows that the potential for harm to staff and patients is significant, with staff experiencing burnout, having higher rates of blood/body exposure incidents, becoming irritable and abusive to patients and colleagues, and errors occurring leading to patient harm and in some cases death [20, 27].

Literature Review Limitations

This review of leadership literature is limited by several factors. Firstly, as already mentioned some of the existing evidence is weak with few leadership studies using a control group and instead measuring outcomes within the same group before and after receiving a leadership training programme. As well, the articles included in this review were not peer reviewed for quality and relevance and there may be additional articles that would add to the review but were not identified during the literature search.

In addition, there may be other leadership development programmes which have not been successful and so their outcomes may have not been published. Similarly, research into leadership programmes that resulted in a negative return on investment may not have been published. Moreover, some studies concerning health concentrated on certain departments within hospitals and their results may not be generalizable to the broader health system. Finally, there was very limited evidence relating to ROI and leadership development programmes, specifically none was found in relation to health organisations.

Evaluation Objectives 3-6.

The final component of this evaluation was to determine the value and impact of the programme on participants through gathering information about their experiences and the key benefits or challenges in completing the programme. We also sought to understand how skills gained are being practically applied, the perceived impact on patient care and to identify if there were any barriers to implementing programme learning. Finally, we requested information from participants to inform building internal capability and the future transition of the programme to Counties Manukau Health /Ko Awatea with support from Spirited Leadership. This was achieved by conducting online surveys of 291 participants and managers or senior clinical staff and semi-structured interviews with eight programme participants.

Survey questionnaires were designed following review and analysis of the existing programme feedback and the 2015 Evaluation Report on the Leadership Development Programme for Senior Leaders (Spirited Leadership). Key themes identified in the 2015 Evaluation Report included changes in leadership styles, increased resilience, staff retention and building relationships and networking. These key themes and the responses gathered in the course feedback helped to inform the survey questions and response options. Additional questions were included in the survey to establish if there is a relationship between changes in role and career progression and the Spirited Leadership Programme.

Prior to approaching staff to participate in the surveys and participant interviews, ethics approval was sought and received from the New Zealand Ethics Committee (2015#43).

Participant Survey Results

The Evaluator was provided the names of 393 programme participants. Contact details were searched for using the Microsoft Global Address list which covers the three Auckland Region District Health Boards and healthAlliance. We were unable to find contact details for 102 participants. Subsequently, surveys were sent to a total of 291 participants.

Of the 276 who have completed the programme once, 65 participants responded, a response rate of 23.5 per cent. A further 15 surveys with some additional questions were sent to participants who were participating in the Counties Coaches programme which builds on the Spirited Leadership programme. Six responded, giving a response rate of 40 per cent. The total response rate for programme participants was 71/291 or 24.4 per cent.

Programme Participation

When asked why participants wanted to do the programme the most common response from both groups was to support their professional development, followed by a desire to learn how to mentor and coach others.

Free text responses under "Other" included: *"it was an expectation"*, or *"deemed compulsory"* and one respondent was new to a manager role. This is further depicted in figure 5.

Figure 5. Reasons for completing the programme

The six participants who were participating in the Counties Coaches Programme were asked an additional question; why did they decide to complete the second programme?

In this group, the two most common reasons selected for completing the programme were to support professional development and to develop leadership capability. Unsurprisingly, respondents who participated in the Counties Coaches Programme did not rate as highly learning how to coach and mentor others, as they already have some understanding of this. Other free text explanations provided concerned furthering leadership capability and building on, or enhancing, previous learning to implement these into practice. This is further detailed in the Figure 6 below.

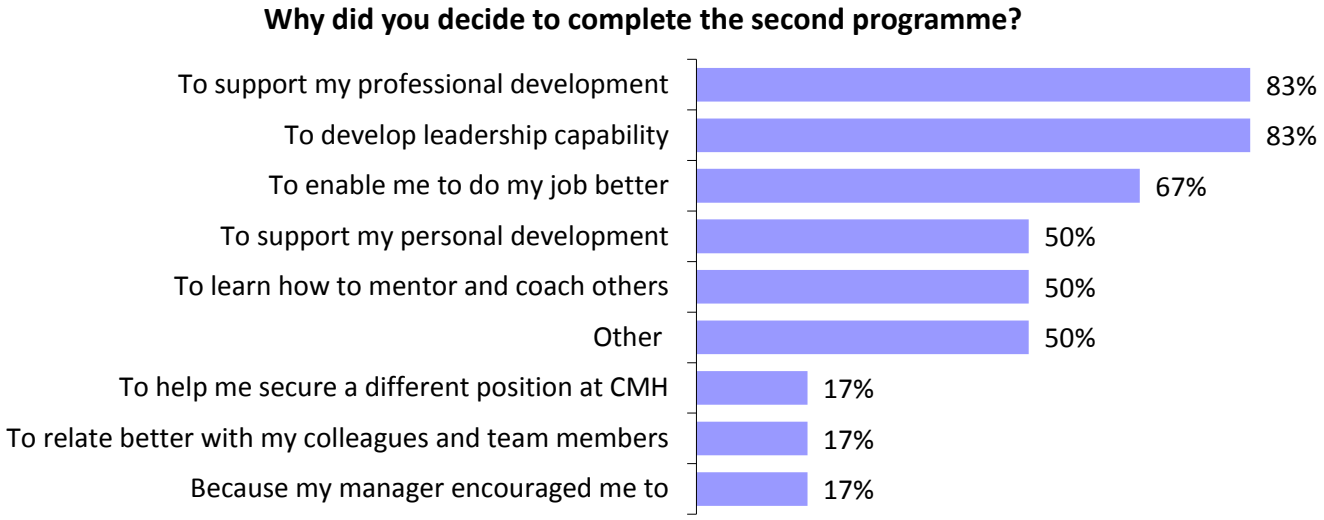

Figure 6. Reasons for completing the second programme

Concerning the expectations of all participants going into the Spirited Leadership programme, key themes were: to gain and develop coaching and mentoring skills (n=20/71), to improve their communication skills and learn how to have difficult conversations or how to approach challenging situations (n=17/71) and to develop leadership skills (n=13/71). Eight participants commented that they had no expectations, with two expanding that they were unsure what to expect, four others also commented they were unsure what to expect. Other expectations related to: generally learning new skills or to achieve all of the reasons for attending the course depicted in Figures 5 and 6. Three participants did not respond and one response was incomplete and could not be used.

Participants who had completed the Counties Coaches programme were asked to consider their expectations for the first and the second programmes. For these six respondents, expectations going into the second programme related to the following:

- To be a better coach and mentor (n=2/6)
- A refresher programme (n=2/6)
- To gain more confidence through more guided and overserved practice to start coaching and mentoring (n=1/6)
- The same as the first time (n=1/6)

All participants were asked if they had any concerns about attending the Spirited Leadership programme: 58/71 (82 per cent) had no concerns. Concerns described by 13 participants related to the following:

- The time commitment and getting time off when in a clinical role (n=5/13[ii])
- Feeling venerable about sharing, or being pressured to share (n=3/13)
- That the course content might be "touchy, feely" (n= 3/13)
- That the course may be a "waste of time" (n=3/13)
- The participants' capacity if expected to coach more than one person and having the necessary skills to coach effectively (n= 1/13).

Regarding how participants felt about starting the programme, 70 participants responded and one did not answer the question. Only seven per cent or five respondents felt ready for the programme and knew what to expect. Forty per cent or 28 participants felt ready and had some idea as to what to expect and 39 per cent or 27 felt ready, although they weren't sure of what to expect. Ten or 10 per cent felt unprepared and /or anxious and a further three selected other with one commenting they were excited, one was resentful of the time commitment and anxious and the third was ready to learn anything that would assist in a new role.

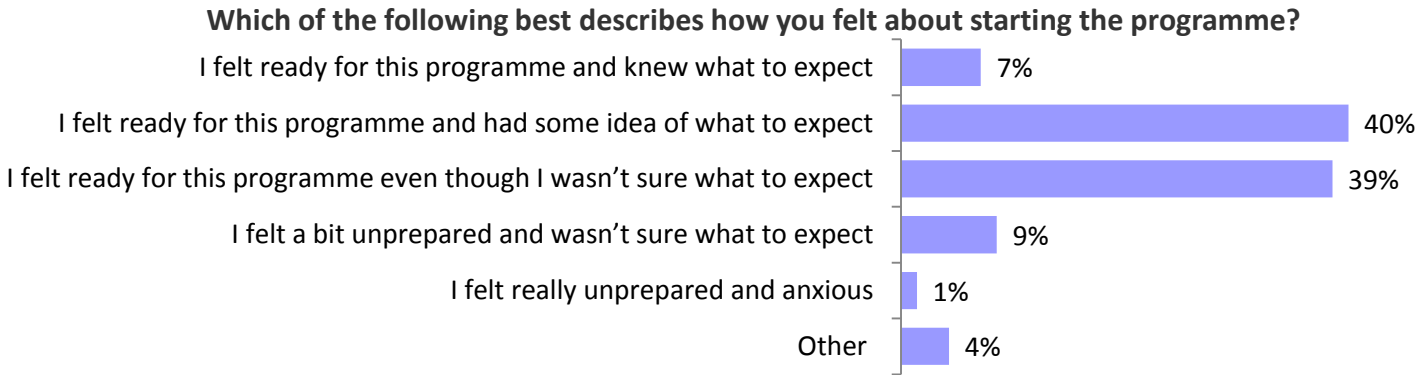

Figure 7. How prepared participants felt prior to the programme commencing

All 71 participants were asked if they had an interest in coaching and mentoring others prior to attending Spirited Leadership. Sixty-four respondents or 90 per cent did have an interest in coaching and mentoring others while 10 per cent or seven had no interest in coaching and mentoring others prior to participating in the programme. Moreover, before commencing the programme 83 per cent or 59/71 were already coaching and mentoring others, whilst 17 per cent or 12/71 were not.

Roles and Career Progression

To date the majority of programme participants appear to be nurses from a variety of roles. Twenty-one or 30 per cent of the 71 respondents described their role at the time of completing the programme as a Charge Nurse Manager (CNM) (*including those who identified as an acting CNM or

[ii] Some comments may relate to more than one theme and will be counted once per theme.

Associate CNM). A further 14 or 20 per cent identified their role as a Clinical Nurse Educator, with another 12 describing themselves as Senior Registered Nurses. Fourteen respondents were grouped into "Other Manager", this group included Service Managers, Team Managers, Service Directors and Professional Leaders. Six staff described their role as a Clinical Coach or Clinical Liaison Nurse supporting students, whilst four were a Clinical Nurse Specialist or Clinical Nurse Advisor. This breakdown is shown in further detail below in Figure 8.

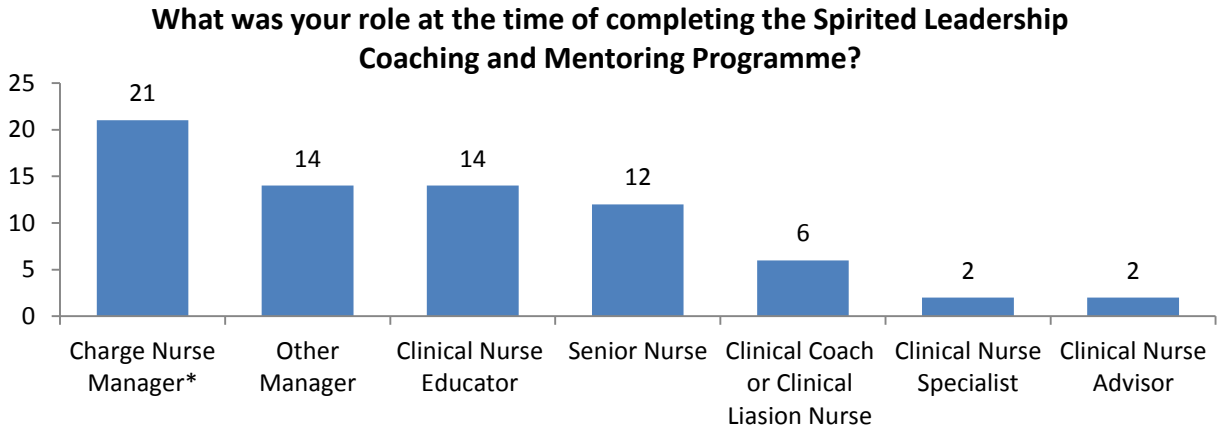

Figure 8. Professional roles of those participating in the programme

When asked if their career aspirations have changed following their participation in the Spirited Leadership Programme 25/69 (36 per cent) of respondents said "Yes". Comments typically centred around a change to a more senior role i.e. to a Charge Nurse or Clinical Nurse Specialist role from a Nurse Educator, or a desire to provide coaching and mentoring as part of their role.

Since completing the programme 52 per cent of respondents (n=37/71) have changed role with 27 per cent of those, attributing part of their role change to participating in the Spirited Leadership Programme. A key driver of all position changes was self-awareness, whether it related to an increase in self-confidence and belief in their abilities or awareness of their ability to change a negative work environment as demonstrated in the following quotes.

> *"Made me look at what the overall issues were, what affect they were having on myself, could I change the issues myself , did I feel supported by the people around me, did I have the energy or desire to do the change and what could be the outcome."*

> *"I was confident I could perform a leadership role and pursued a charge nurse position."*

> *"I was more confident and felt that I could take on the challenge with what that I've learnt and started practising my learnings on the ward."*

Senior Support

Overall respondents felt supported by their managers when participating in the programme, 83 per cent (n=59/71) of participants strongly agreed with the statement that their manager showed support through securing release time for study days. Moreover, 83 per cent (n=59/71) agreed or strongly agreed that their manager provided opportunities to share their programme learning with others on their team. Managers also provided feedback to participants regarding their leadership skills with 69 per cent (n= 49/71) agreeing or strongly agreeing with this statement. However, 31 per cent (n=22/71) either disagreed or strongly disagreed that they received feedback, suggesting that this is an area that could be improved.

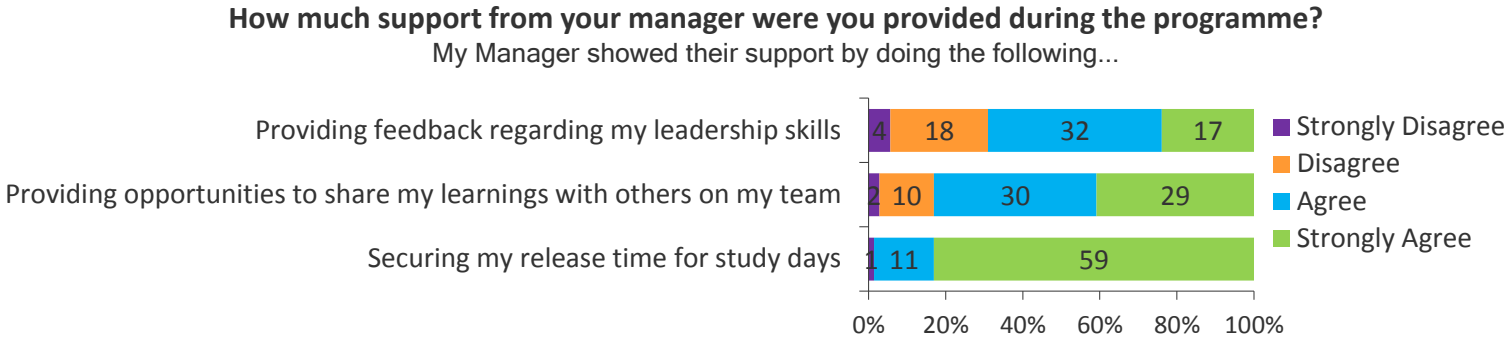

Figure 9. Extent agreement regarding managerial support

Skills and Benefits

Respondents overall were very positive about the skills and professional and personal benefits they gained through attending the Spirited Leadership Programme, nearly all of those who responded (n=69/70) either agreed or strongly agreed that the experience was rewarding. One person reported that they found little benefit from the programme as they were very experienced and had previously attended other similar training programmes. Although 70 respondents answered this section, not all questions were answered.

Respondents were also given the opportunity to describe other benefits they have found through completing the programme. For nine respondents the programme has had a significant impact on a personal level:

> *"At the time I found the course extremely challenging on a personal level especially the one-to-one session at the end of the course. I was personally challenged about things I did not know existed and it took a long time to accept. After four and a half years I have gone back and have supervision with the leader I found so challenging. I now have monthly supervision with her."*

> *"Many of the skills and techniques learned during the course have had positive influence on home/ family and communication strategies within relationships outside of work as well."*

> *"It gave me insight and time to reflect and change repetitive behaviours. Made me aware of my limits and* [the] *importance of balance."*

> *"My passion for my roles has not waned over time (even if I get tired) and I believe that this can be attributed to the skills that I learned on the course. I believe that with the skills I learned I have been able to support/encourage/ motivate others to be passionate about their roles at times."*

Four respondents also commented on how the programme provided structure and the confidence for them to take on coaching and mentoring:

> *"It gave me a language to describe what I was intuitively doing. It gave me structure to coaching and mentoring."*

> *"This was an excellent course to embed prior learning & knowledge and I could see it being very useful for a number of others within my team who provide coaching and mentoring."*

"A lot more confidence in my abilities to inspire, coach, mentor and provide passion with my team, new graduates and others in my network."

Skills and benefits gained through completing the Spirited Leadership Development programme

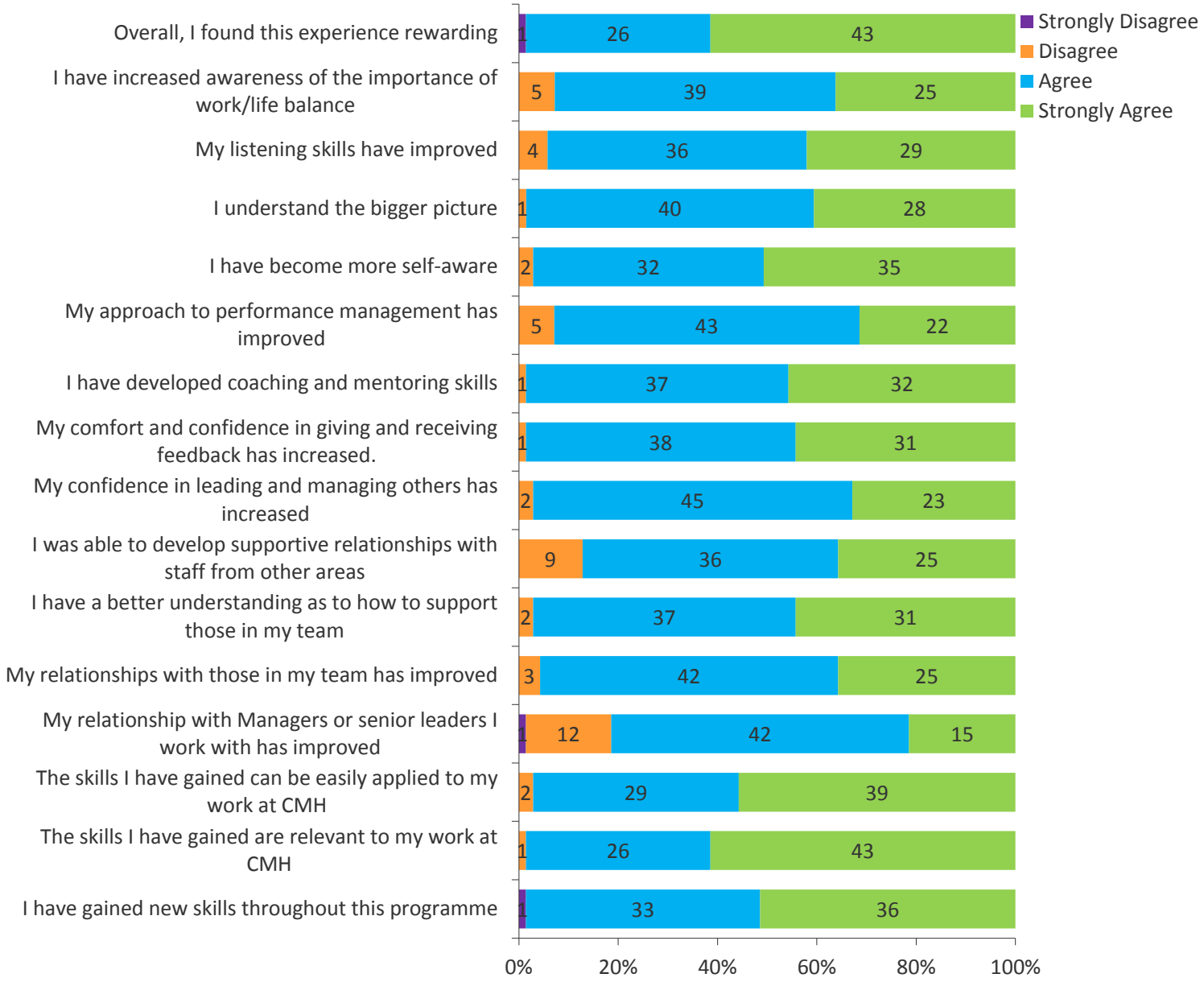

Figure 10. Self-reported skills and benefits

Those completing the programme a second time commented that it has improved and cemented their practice.

"Since attending the second course I am a lot more mindful of active listening and putting that into place when I am coaching someone. This has resulted in me being asked to coach some people from outside my usual area. Also it has meant that attendees have indicated that the change in focus has enabled them to think about their situation differently and find their own solutions."

"This is an opportunity to embed and change the culture with a greater interdisciplinary perspective. I think it's not a first or second programme approach - rather it should be an ongoing learning opportunity to help ensure that the principles, values and behaviours that the spirited leadership promotes becomes an everyday cultural reality."

Challenges

The most challenging aspect of the programme identified by 59 per cent (n=40/68) of respondents was meeting with their peers for triad group coaching and mentoring sessions. Other challenges identified were maintaining momentum over the programme and attending one-on-one sessions.

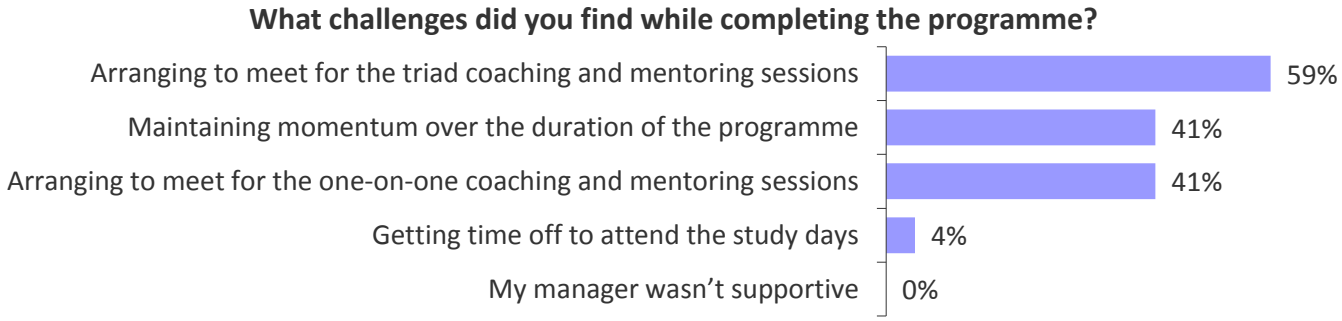

Figure 11. Programme challenges

Respondents described challenges relating to the triads as due to: staff leaving, trying to coordinate with others who are on different shifts (i.e. night duty vs day shifts) and a triad member who "could not get rid of her charge nurse hat and do reflective listening."

Learning

Nearly all of those surveyed (n=69/70) felt that they had been able to utilise or implement their learning from the programme. One person did not answer this question. However, 30 per cent (n=21/69) reported that they had faced challenges in utilising their skills and learning from the programme. The most commonly reported challenge (n=10/21) was a lack of opportunity to provide coaching and mentoring to others or a lack of capacity to schedule time for coaching and mentoring:

"Identifying staff in need of coaching and mentoring was a barrier. Obtaining manager commitment for release of the individual to attend mentoring sessions is an issue."

"Because of the sheer volume of work I struggled to have time to implement what I knew I should have been doing."

"The one person I was involved with coaching has resigned and so I do not have that role any longer and feel like I would benefit from using the skills more regularly. I know I use the skills with patients but that seems to be easier for me and would like more opportunity with colleagues."

A further six respondents felt that they needed to gain more confidence to be able to fully implement their programme learning:

"I did not find a coachee and due to lack of confidence did not do any formal coaching however I have used the communication skills I gained every day since."

"My own personal confidence - ensuring that I changed the way I approached issues (not falling back into old habits/ practices)."

Other respondents referred to the challenge of working with others and managers who are not self-aware and are not open to incorporating coaching and mentoring into their environment.

In terms of how programme participants have implemented their learning from Spirited Leadership, 64 per cent of respondents (n=45/70) stated that they have changed their approach to managing staff. A further 57 per cent (n=40/70) have encouraged other staff members to complete the programme themselves with 54 per cent (n=38/70) currently providing coaching and mentoring to others. Of those who currently provide coaching and mentoring, 13 are receiving coaching and mentoring themselves. In total 14 respondents are currently receiving coaching and mentoring.

How have you utilised or implemented your learning from the programme?

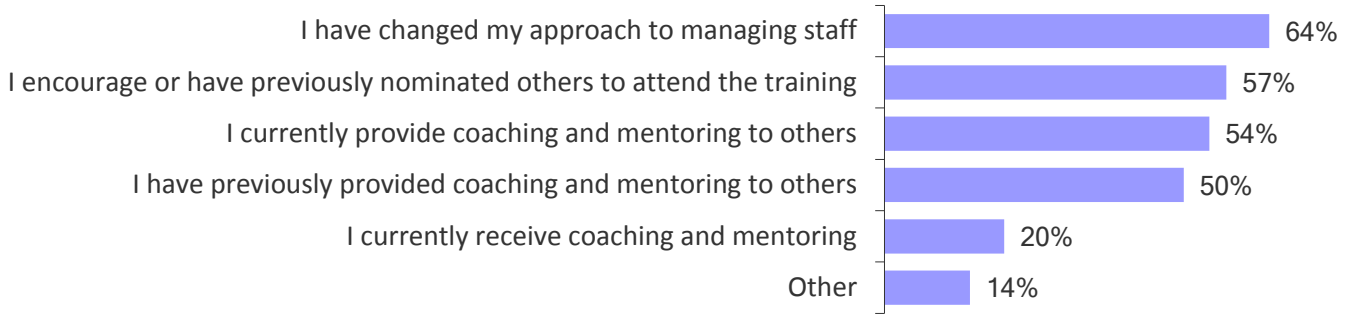

Figure 12. Responses relating to applicability of learning

Respondents who provided additional information under "Other" referred to having extra tools, providing informal coaching, encouraging an interdisciplinary approach, utilising their skills with clients and families and in general being more self-aware of their own behaviours and attitudes and how this can affect those around them.

Value to Counties Manukau Health

With regards to the impact and value of the programme to Counties Manukau Health, not all respondents rated each component of the question. Of those who responded (n=67) all participants either agreed or strongly agreed that it supports a shift in the organisational culture to one that is more supportive, four participants did not complete this question. Furthermore, 67/69 agreed or strongly agreed that the programme helps to embed and uphold the values of the organisation and 64/66 agreed or strongly agreed that the programme improves patient care.

What do you think is the impact and value of the programme to Counties Manukau Health?

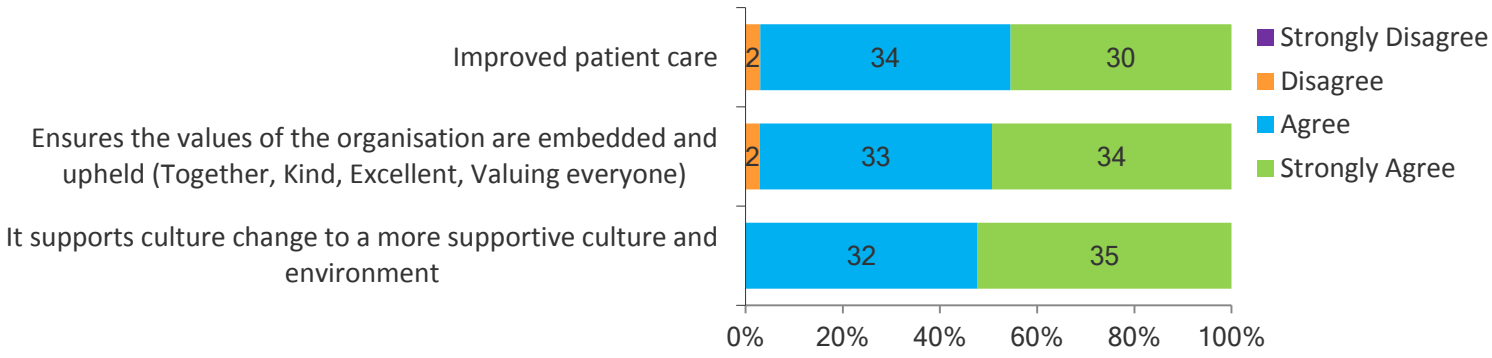

Figure 13. Programme value and impact

Further comments provided by respondents reflected how the programme helps to:

- Improve relationships between staff and departments (n=5)
- Increase staff satisfaction, creates positivity at work (n=3)
- Raise awareness of ways to approach issues and encourage others to find solutions (n=2)
- Grow good leaders (n=1)
- Enhance communication skills (n=1)
- Support the values and approach of professional coaching and mentoring (n=1)

Moreover, participants were asked to describe how the Spirited Leadership Programme contributes to improved patient care. Fifty-four respondents provided feedback, key themes that emerged include:

- Creating an environment where staff feel supported, valued and safe generates positive staff moral and greater capacity in staff to care for others (n=16).

  "Improving morale and fostering positive thinking impacts on how staff provide care. Endorsing staff contributions and opportunities to develop are hugely important aspects of coaching and mentoring and can only impact positively on patient care."

  "Staff that feel heard, understood and supported have a greater capacity to care for those around them."

  "By looking after the staff it means the patient interactions are better. Increases safety by reflective mentoring."

- Professional development of staff (n=15)

  "Because it facilitates staff to use critical thinking and problem solving rather than providing all the solutions and answers which allows staff to grow and develop the skills they use with the patients they see."

  "It is invaluable and provides opportunities to get feedback on your own learning and listening styles in a supportive non-judgmental environment. It has taught me to understand others needs in learning and how to develop strengths and also to manage succession planning on the ward."

  "Contributes to enhancing high performing people through supporting development of staff in constructive and supportive way giving leaders skills to support their staff and improve staff engagement."

  "When you have relaxed upskilled staff who can and are addressing issues as they arise and not putting them aside as they find it too hard to manage. When issues are addressed promptly issues can be sorted earlier before they are bigger, staff involved will feel that they have been heard, satisfaction with the job increases. Having unsatisfied and unhappy staff can affect the care they give patients."

- Increased self-awareness and improved emotional intelligence leading to a more supportive and understanding environment (n=11).

  "It is my belief that if more staff had more self-awareness they would be more understanding of their patients and the teams they are working in. I believe that as professionals our attitudes and behaviours do affect the care we give to our patients and the way we treat our colleagues."

"As a coach I think it increases your observation skills allowing you to be more aware of your patient at that time. It helps you to think about what might be important for the person. It increases your awareness of listening to not just the words someone is saying but how they are saying it and what this may mean. It increases your awareness of clarifying what is meant".

- Improved communication skills between staff, departments and with patients/clients and families / whaanau (n=11).

  "The gateways/skills you learn allow for more effective communication to help the patient identify and hopefully self-manage their health and wellbeing. It ensures the values of the organisation are upheld because it works to empower the patient, providing support and valuing each individual looking to provide excellent care."

  "Any programme that makes you question the way others see or hear you is very valuable in a communication centred role."

- Patient centric focus (n=3)

  "Fosters emphasis on patient centric approach and empathetic approach to therapeutic relationship."

Concerning the length of the programme 60/67 respondents thought that it was appropriate. A small number of respondents felt that the programme was too long and could be condensed. The majority of respondents stated that they had been able to complete the programme (68/69). One respondent missed a group session due to a child being ill.

Overall, 99 per cent of respondents (n=68/69) would recommend the programme to other staff with a number stating that they have already done so. The themes describing the reasons why other staff should be encouraged to participate in the Spirited Leadership Programme were very similar to those identified through asking participants how the programme impacts on patient care. The key reasons identified are:

- To increase their self-awareness and provide an opportunity for growth and development (n=34)

  "To increase self-awareness, and learn one's own strengths which will in turn help others to grow through mentorship and coaching."

  "It allows time to self-analyse and reflect on own behaviours and cultures which are counterproductive and can lead to negativity and give you the tools to assist in change."

  "It is uplifting and empowering. Provides the how to with the can do. Assists with reflection and analysis of staff, colleagues and patient care."

- To improve confidence and communication skills (n=19)

"All nurses preceptor as part of their nursing role. We are teachers and educators inherent in our role as a nurse. We therefore should continue to improve and enhance our teaching/educating/communication roles."

"The programme provides time out from the workplace to self-reflect and work on how your reactions affect those around you. Learning to listen to your colleagues and patients would be the one most valuable lesson that all of us need to revisit from time to time and the course provided this."

- To support staff in building a positive organisational culture (n=10)

  "Helps for people to understand each other and best support each other in a manner that reflects the visions of the organisation."

- To develop coaching and mentoring skills (n=7)

  "I think there is potential within the organisation to have a nurse / career coach / mentor within each service. These could provide this resource to each area (as a lived experience person) and perhaps training to other staff who are interested ass part of career development."

  "To gain understanding of what coaching and mentoring is and awareness of self and emotional intelligence."

- To encourage networking and working with staff from different areas (n=5)

  "It promotes self-awareness, gives you tools for handling situations, you meet similar people from other parts of the organisation which is good for networking and useful in your job and at times you realise that you are not the only person going through hard times, but lots of other people are also."

Building Internal Capability and Future Transition to Counties Manukau Health/Ko Awatea

With regards to the Spirited Leadership Programme transitioning to Counties Manukau Health/Ko Awatea, and building more internal capability, 70 per cent (n=47/67) of respondents were supportive. Comments were made by 18 staff relating to concerns with losing the external facilitators. Commonly, respondents felt that having external facilitators created a more *"confidential setting"* that created *"openness and provided a different perspective".* There was also concern expressed that exceptional calibre of the facilitators could not be matched. A further seven staff commented that if the programme was to transition, the facilitators would need to be very experienced and skilled.

Although the location of the programme will be unchanged, 10 participants emphasised that there is great value in going offsite to Eden Gardens, as participants were *"able to relax and clear their minds of work and pressures",* participants found *"the venue very conducive to self-reflection and awareness".* Being located offsite also meant that staff were not able to be called back into work thus *"protecting their time"*. However, five participants were supportive of the programme being delivered at Ko Awatea, citing reasons such as cost saving and ease of access and transport.

Of those who have only completed the Spirited Leadership programme, a significant number of respondents (n=56/63 or 89 per cent) were interested in attending a short 1-2 day refresher programme.

Programme Improvements

Improvements to the programme were suggested by 37 respondents, a further 13 were unsure or felt that the programme was "excellent" already. The majority of suggestions for improvement were related to the provision of additional support (n=23/37). These included:

- Having a short follow up programme or annual update
- Increasing the number of one-on-one or triad sessions and reducing the number of group sessions
- Providing support to participants post the programme so that participants are confident in mentoring others.

Five respondents had suggestions as to how to improve the peer groups with a focus on the matching of individuals to make it easier for them to meet. One respondent asked that there is more emphasis on resilience and resolving issues that arise in the groups. Two recommended that the Spirited Leadership Programme should be linked with the supervision and preceptor training as they have a similar approach. Finally, five respondents felt that the programme could be shortened and one felt that it should be offered to other staff not just managers or senior nurses.

Final Feedback

Final feedback from respondents was very positive and enthusiastic with one person identifying a lack of culture change in some teams.

> *"Yes, thank you for this opportunity to attend the course and provide feedback. It has been life changing."*
>
> *"Enjoyed the course - was some time ago, but I still remember some of the key learnings and utilise on a regular basis. I have supported a number of staff to attend and their feedback has been very positive."*
>
> *"I am a believer! But I lack the practice to gain confidence. Staff on the floor only come to a coach and mentor as part of a support plan (expectation). Cultural change needed to make coaching sort after rather than a punishment for not doing well."*
>
> *"I found the programme beneficial. I still meet with my peer group although we work for different DHB's. It has been 5 years since I did the course."*
>
> *"Worthwhile course, encouraging facilitators, have gained skills and utilise these daily. It has changed my practice for the better, but realise there is ongoing learning and to refresh Coaching and Mentoring would be valuable."*
>
> *"Anouk and Nicola* [The facilitators] *made this course worthwhile, what is disappointing is seeing the numbers that have gone through this training and the lack of change of culture within the teams that I know have attended."*

Senior Staff Survey Results

Surveys were sent to 15 Clinical Nurse Directors, Managers and Nurse Educators who have supported staff participating in the Spirited Leadership Programme. A total of five responses were collected, a response rate of 30 per cent.

Three out of five respondents described themselves as somewhat familiar with the programme, with one stating they were very familiar and one not at all familiar. Three of the respondents have previously completed the programme themselves, one became aware of it through a staff member wanting to complete the programme and one became aware of the programme when it was suggested as a useful tool for their team. No respondents identified as having concerns regarding staff members attending the programme.

Programme Participation

Figure 14 depicts responses as to why participants were supported in their application to attend the Spirited Leadership Programme.

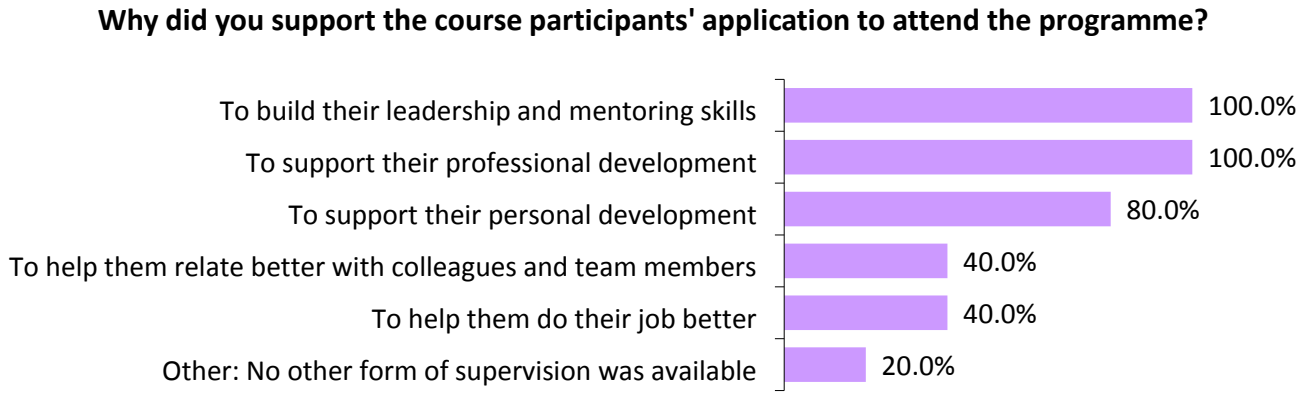

Figure 14. Reasons for supporting participants

Those surveyed would prefer more information about the programme to be made available prior to the programme starting. Three out of five respondents felt they did not understand what was required in terms of their support and input to programme participants and two out of five felt they did not understand what was required of participants during the programme. However, four out of five respondents felt the information provided at the start of the programme was sufficient. This is further detailed in Figure 15.

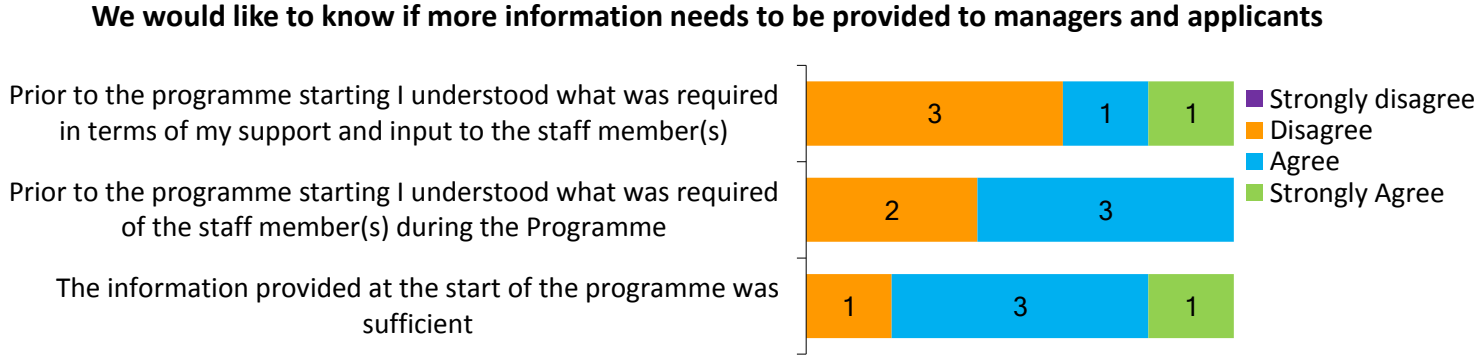

Figure 15. Extent of agreement about provision of information

Positive Changes in Participants

Overall, feedback from senior staff regarding the participation of staff in the Spirited Leadership Programme was very positive. All survey respondents either agreed or strongly agreed that the programme has been very valuable to staff members. As well, all respondents agreed that through participating in the Spirited Leadership Programme, their relationship with course participants has improved. However, some respondents disagreed that they had seen changes in staff with regards to improved performance management, patient relationships, understanding the bigger picture and increased awareness of work/life balance. This may be due to the changes in behaviour simply not observed, rather than lacking within the staff member(s). Furthermore, no negative changes in staff were identified as a result of participating in the programme.

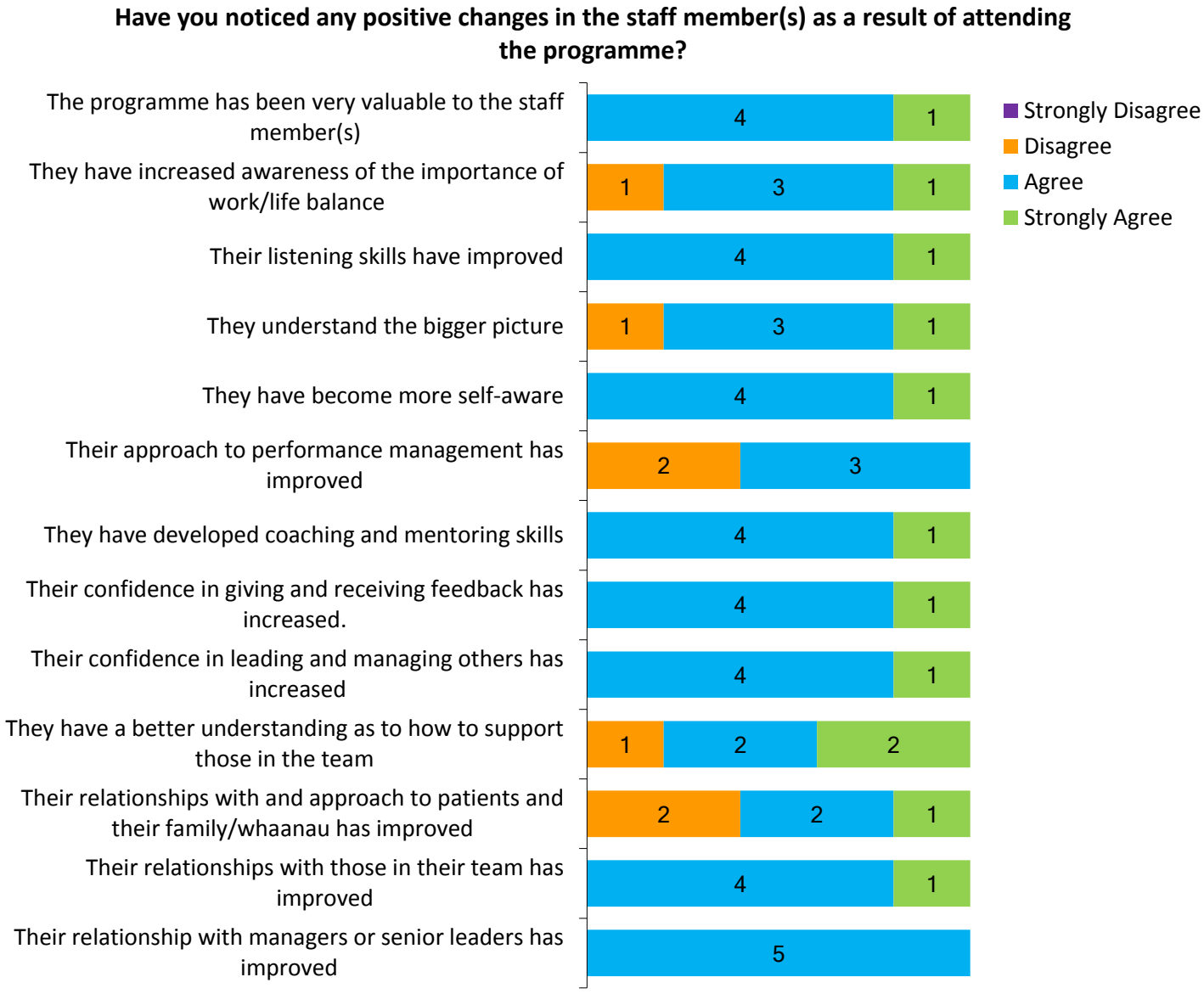

Figure 16. Perceived changes in staff

In terms of the role and responsibilities of staff following their participation in programme, 40 per cent (n=2/5) of respondents stated that this has changed, with one respondent commenting that following the course a staff member was supported through a successful application for a promotion. Three out of five respondents reported no change in the role and responsibility of staff.

In addition, two respondents were currently reviewing how to best utilise the skills their staff member had gained, two further respondents were not considering how to utilise the staff members skills and one respondent selected not applicable due to the staff member having been promoted.

Challenges

The main challenge identified regarding staff participation in the programme was unsurprisingly securing release time for staff to attend study days and the coaching and mentoring sessions.

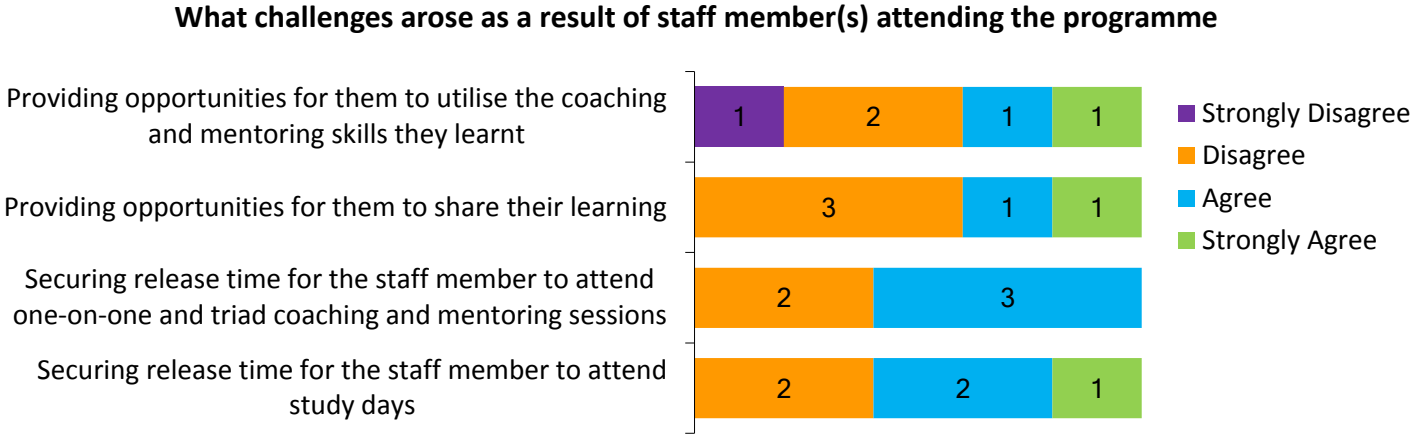

Figure 17. Challenges for managers

Value to Counties Manukau Health

With regards to the impact and value of the programme to Counties Manukau Health, respondents all agreed or strongly agreed with the following statements; it supports culture change to a more supportive culture and environment, ensures the values of the organisation are embedded and upheld (Together, Kind, Excellent, Valuing everyone) and improved patient care. Two respondents gave further details regarding how the programme contributes to improved patient care.

> *"Leaders who can develop skills to raise issues early and appropriately will always add value and ultimately improve patient care."*

> *"Staff are more self-aware and have improved communication skills and are able to de-escalate situations."*

Four respondents felt the programme length was appropriate, while one who had previously completed the programme, felt from their own experience that it was an introduction to coaching and mentoring and further sessions would be useful. All respondents would recommend the programme to others, citing reasons that staff should attend the programme as:

- To gain confidence in having difficult conversations and coaching and mentoring others
- To learn communication strategies
- For an opportunity to improve how staff interact with others.

Overall, respondents felt the programme builds capabilities that feed value back into the organisation, and those who have attended have gained a lot from the programme. It was also suggested that mentorship should become part of usual nursing practice.

Four of the respondents would support the programme being transitioned to Counties Manukau Health/Ko Awatea, while one felt that when completing the programme the anonymity of external facilitators was most beneficial and perhaps just for groups of senior leaders it is more appropriate to continue to contract out to Spirited Leadership.

Programme Improvements

Opportunities for improvement were identified by three respondents as the following:

- More information for managers about the programme
- Facilitate ways for the triads to continue to meet after the programme
- To make it more visible internally and provide support to participants so that they can ring-fence time to support others.

Qualitative Interviews

Eight programme participants took part in semi-structured interviews that used open-ended questions. This included those who have recently finished the programme, and those who completed the programme three to four years ago. Figure 18 depicts a word cloud summarising the interview content, the size of the words is related to the number of times they are repeated.

Figure 18. Interview word cloud

Five main themes emerged from the interviews, these are further explored below.

Figure 19. Key themes

Working with others

When considering the impact of the programme, professionally and personally, participants felt they had more understanding of others and improved communication and listening skills. In particular, participants described how their communication skills improved through becoming more self-aware and stopping, and thinking before speaking. As well, participants have transformed the way they frame discussions, changing the language they use from reactionary and negative to open and supportive and while being aware of their own behaviour and emotions.

> *"It's not just a course, it's being able to think differently about how you come across and how your behaviour impacts on other people."*

These individual or personal changes have a ripple effect, through influencing how patients and staff around them feel. As a result of 'listening with intent' and reframing discussions with positive language, interviewees identified that those they interact with feel more valued and supported.

> *"We are all feeling more valued because we respect each other's opinions more… I believe it's the course because it's how I've changed my conversations and how I approach things."*

> *"I think it's important because if you don't lead efficiently and effectively, and that's your communication, documentation, how you assign patient load, how you communicate with your team and with the patient/family, you're not going to get 100% patient centred care."*

> *"The language that the senior nurses use and the way that they interact with their staff is improved from doing the programme and I think that for example, in performance reviews the language that nurses who have done the programme use with their staff nurses is a lot more positive and it's a lot more valuing around staff, I think that has a roll on effect to improve patient care in that way staff feel valued they feel part of the team, really enhances the energy around care delivery."*

Interviewee's also spoke of how the programme has given them tools for dealing with difficult situations and learning how to communicate in a way that doesn't offend or can be misconstrued.

> *"One thing I learned in the course was when you have conflict between the staff, how to solve it. So what I did was put them face to face in a room, have a third party, which was me, and talking to them to say look what was your issue, what was this one's issue, come to a point and say look it was a misunderstanding and move on from there….*[prior to the course] *I would have talked to them individually and then go to my charge nurse and tell her there was a quarrel and ask her to talk to them."*

The skills learnt in the programme are also translatable to working with patients and families to de-escalate a situation where someone is angry or upset. Participants have found that allowing patients and families to express their concerns and 'have their say' often results in them calming down and becoming less anxious, making it easier to identify a way forward.

> *"With angry or frustrated patients I will step back and let them finish what they need to say…. if you try and say something to them while they are yelling it'll just escalate more, they'll calm down... listen to them and then you start talking."*

> *"The skills I use when talking to the patients as well. It's helped me with conversations and getting ready to help patients see what matters most to them… I'm involved a lot in the discharge planning and I get called fairly often for patients who aren't so happy with what's*

going on at home, for the District Nurses, and what's the relationship, what's happening and how the care is given … so I go in and talk with the patients over those concerns. It actually brings out all those skills, I can use [the skills] *in getting information out of the patients and the response is just wonderful. It's nice to see that their happy. It was an issue for them but by the end of the conversation they say their much happier now….I feel I've got more to the point of the problem… I'm hitting the nail on the head more often."*

In addition, the skills learnt in the programme can be 'used for life' including in one's home or personal life. One interviewee described how developing her communication skills helped her personally as an advocate of her child who has a serious medical condition. She was able to be proactive in asking for a management plan from her child's doctor and school and was also able to communicate more clearly to all parties involved, including her husband. Her daughter now has an effective management plan, has transferred to a better school and has been accepted for funding for a teachers aid. This has all contributed to reducing her stress levels.

"I've been able to use the skills and say I need help… home life does affect my work life but this is the best way I can manage will you support me… I pay it forward to my staff if they need to go, if their kids are sick... it has made me a more rounded person, it's made me a much better, more transparent person as a leader."

Not owning others problems

Several of the interviewees described themselves as 'fix it' people, taking responsibility on themselves for solving all challenges or issues that may arise. Through participating in the programme they realised that they do not have to 'take everything on' or solve situations on their own.

"I have learnt that is OK to say 'no'… as charge nurse you feel like you have to take on everything … it was just OK to say 'not today'."

"It's changed my outlook and I'm more calmer in myself, because I think I don't have to solve this situation that's going on, we can do it all together….so I feel more relaxed."

This has resulted in participants feeling less pressured and calmer, in addition to building problem solving capacity in others within the team. Participants described giving staff opportunities to identify areas of improvement through asking staff what they think and giving them the tools to go away and find a solution rather than just providing answers. One manager described how their approach to team meetings has changed, whereas previously they would go in with preconceived ideas and solutions, they now go in with an open mind ready to have open discourse and dialogue with staff.

"One of the biggest things that I've taken away from the whole programme… is not owning other people's crap, people have a tendency to either work related stuff or personal related stuff to go...there it is, this is how I'm feeling today, 'offload'."

"It's given me good prompts and guides to help get information out of people or help me not to solve people's problems... We like to fix everything as nurses and we can't and we're not meant to, we're meant to encourage people to solve their own or come to their own resolutions."

"In the beginning I struggled with the whole concept… learning the approach. It was all too hard, talking to people. Because I'm fix it, that is my approach...the course really just made me try different ways… it gave me the opportunity to try different ways of how not to not fix

it but keep my mouth shut and let that person fix it themselves and it did take quite a few months to work it through … and all of a sudden it just clicked."

However, participants recognised the need for ongoing practice, self-monitoring and checking in with others from their programme mentoring triad or in their workplace to ensure that they do not 'revert back' to their old 'fix it' ways.

Professional support and development

Participants found that the programme provided them with professional support as well as professional development. The location and reflective approach to the programme also gave participants a sense that the organisation values them.

> *"I came out of that thinking yay I've got some tools that I can use now. It was about me. I felt that was quite empowering I guess."*

> *"I've worked for big organisations literally my whole career and* [it is the] *same problem different place… there are barriers every five minutes… you can't have one-on-ones because of the workload and the demand commitments....This course is a little way to go towards that because it's actually good for you, you get away from the organisation and it's paid for."*

> *"For me it felt like not only were you being invested in, you were being taken away and treated nicely in a beautiful environment. …..This was solid time, so it felt like team building rather than just leadership and development."*

The format of the course, and in particular, the one-on-one mentoring and regular peer group meetings were identified as highly valuable in providing the time to fully grasp and practice the concepts taught in the in-class sessions.

Participants also commented on the timing of the programme in relation to their professional career. One commented that they were new to the organisation and a senior role and although the programme was useful, as a new staff member taking on a significant amount of information she may have been able to get more value out of the programme a year later. Another participant was unsure as to whether they should continue in their role due to stress from low staffing and their migration to New Zealand. Through participating in programme he learnt how to focus and prioritise and it gave him a better understanding of approaches he should take. Others wished that they had been able to complete the programme earlier in their professional career.

> *"I didn't have great expectations because I was a bit of a cynic. I've done courses like that before so my expectations were quite low actually… I thought I was going to learn nothing...*[My expectations were] *exceeded at the end of the day because I learned things. I learned different forms of communication I had never been taught before and it was good for me. I wish I had had it when I was a junior charge nurse."*

Participants were also enthusiastic about the programme being further developed and follow up or refresher sessions added.

> *"I seriously think this programme should be somewhat modelled into a University paper… because it really gives you an insight into how you are performing in your role, what are the areas of weaknesses, what are your strengths, what are the things you could improve on. I think it would make a difference to a lot of people."*

"It's like watching a really good movie and then you think I might have missed some of that, because you really enjoyed that movie, so you go back and you pick out different things. It's one of those courses that you could literally have once a year… and you would always get something out of it."

"Anyone undertaking the first coaching and mentoring programme needs a follow-up refresher to sustain the learning. The second programme I am currently undertaking has been a fantastic way to rejuvenate the concepts... a refresher every year would help cement the language and give the opportunity for more role plays."

Moreover, participants commented that the skills they learnt are something that stay with them and provide a set of tools that can be drawn upon.

"As I've progressed along in my leadership I've been able to reflect back on what I learned in the original programme and utilise the skills."

"For myself, this course has certainly given me a better understanding and a better approach to problem solving and I feel that I am more effective in my role."

"It's strengthened my personal and professional development. It's given me stronger relationship skills. I think I had some strengths in those areas but it's developed that further. It's allowed me to have the confidence to feedback upwards as well as across and not just down."

Coaching and mentoring

Participants provided details of their current mentoring or coaching. All eight of those interviewed have implemented these skills into their work, whether informally or formally.

"I really like the approach of this [programme] it's not as formal, you don't have to take notes, that's the comment that the girl I am coaching and mentoring said, she had actually done a supervision course herself, so she knew what to expect and she came with her book and things….I didn't know what was expected and I just took this approach and she actually sat back and made the comment 'oh this is better it's not so structured'… she said 'I like this it's not so formal'."

Several challenges to providing mentoring and coaching to others were identified, these included:

- Staff being limited in the time they can take off the ward,
- Not being released from clinical duties themselves and
- A lack of understanding by managers as to what is involved for both the mentor and mentee.

Solutions to overcoming these barriers included;

- Scheduling sessions prior to or after a shift so they are not preoccupied with a heavy workload or distracted thinking about upcoming patients,
- Doing informal mentoring, both dealing with crisis situations and preventing situations arising by helping people develop the skills they need to cope with a problem before it escalates to crisis level.
- Informal one-on-one interactions with staff that are often standing up and on the go in corridors.
- Holding both group and one-to-one sessions where students could voice issues they are having and receive feedback at the nurses station or when appropriate in a private room.

Mentoring sessions have involved discussions regarding: communication skills, self-reflection and awareness, new graduates becoming part of the ward, conflict resolution, identifying and improving weaknesses and providing feedback.

> *"When I'm working with people I'm working to develop their skills in self-reflection and in self-awareness. I work with people around things like providing feedback or challenging situations they find themselves in, or sometimes people just feel so overwhelmed with the 'busy-ness' with what's going on with everything we just work through that. Using the principles and the gateways from our coaching and mentoring programmes to try and help people find some perspective and clarity and make some plans of how they can action things going forward."*

Participants clearly enjoyed being able to support and help those around them *"finding value in making sure they feel valued"*. In one case the participant identified there is a current gap of supervision support available for District Nurses and that as a result of completing the Spirited Leadership programme they can help reduce this gap through providing support to the team.

Future programme participants

Those interviewed saw great value in other staff participating in the programme, describing the potential impact as 'huge'.

> *"It's not even professional development, it's people development in many ways."*

Those interviewed recommended that the 'right people' need to be encouraged to complete the programme and that it should be available to more people, including frontline staff who need these skills to deliver a high level of care, not just senior staff or mangers. However, these views were tempered by the realities of resourcing and funding with interviewees acknowledging that as leaders they have a role in imparting their knowledge to others. There is, "*a certain level of people that without doubt probably should have done the programme and that is anybody who is managing anybody else, anybody who reports to a manager who is of a certain level and anybody who is remotely strategic, anybody who has to have relationships outside of normal for them."*

> *"I think the more people* [that do the programme], *they have to be the right people they have to be the people that have the skill to lead and to accept change because change is coming and perhaps not have the most experience but they're really shown that they can communicate and lead a team. I think those are the people we need to harness."*

> *"What I'd love to see is more front line nursing staff get the opportunity to do it."*

> *"If you get it right on the floor and you invest in those that you are growing, it's just a roll on. So when you invest in the preceptor who's training the new nurse they learn those skills earlier on, so when they're at the bedside it's right there, it implemented…. change is coming and if you hit it right, it's just a domino flow if they are supported…not just told."*

One interviewee noted that it has been difficult to find opportunities for up and coming leaders on the nursing floor to get onto similar programs and it would be beneficial for these staff to undertake the programme. Particularly as in the health care industry, nurses and other professionals give so much of themselves.

> *"People need to learn how to undertake self-care and how to manage situations to make an impactful difference. People need to feel value in what they do."*

A shift in perceptions and understanding does need to occur within the organisation regarding the Spirited Leadership Programme and the value of coaching and mentoring. One interviewee commented on the stigma of taking part in a programme that others do not believe will work long term and while she has tried to encourage others in her area to participate in the programme, some feedback has been 'why does anyone else need to complete it as the skill set is already in the team'. Another commented on the title of programme and a general 'vibe of being airy fairy' and that if others understood what the programme was about and the longer term benefit they may be more receptive.

Evaluation Summary

From the literature, quality patient care needs to be viewed from a holistic lens that incorporates clinical, operational and patient perspectives. Leadership is linked to staff morale and organisational culture, which in turn influences patient care and safety. A number of leadership competencies were identified in the literature, including; openness to change, taking action, learning about their strengths and weaknesses, building relationships, engaging with followers, fostering development in others, an ability to communicate, being self-aware, resilient, motivated and having self-control.

Through the surveys and qualitative interviews we found that the Spirited Leadership Programme promotes the development of these key leadership competencies. In particular, participants and senior staff identified that staff who participate in the programme are more self-aware, have improved communication and conflict resolution skills and foster development in others. Ninety-nine per cent of participants surveyed either agreed or strongly agreed that the skills they have gained are relevant to their work while ninety-six per cent either agreed or strongly agreed that they had become more self-aware and had a better understanding as to how to support their team. Participants also described the skills they gained through completing the programme as 'skills for life', which can be applied to interactions with patients and families and their personal home life.

Survey respondents reported that the Spirited Leadership Programme contributes to improved patient care, through creating a supportive and valuing environment, improving the communication skills of staff and building emotional intelligence in staff. Those interviewed gave examples as to how they have applied the skills developed in the programme in dealing with frustrated or upset patients. In particular, by being able to listen and draw out the details of patients and families or whaanau's concerns they are able to come to an agreed way forward.

While the programme environment at Eden Gardens supports the development of these skills and trust and transparency of participants, at times participants have to overcome barriers in their work environment. These barriers include; attitudes of others, time for front line staff to attend the programme or participate in coaching and mentoring, maintaining momentum and receiving ongoing support from their peer triad group. Those interviewed described some solutions to these obstacles such as providing informal mentoring, and meeting with staff prior to or after a shift.

Concerning the impact and outcomes of investment in leadership programmes there is limited evidence available. However, the literature does suggest that improvements in leadership are related to the quality of team behaviours and reduced clinical errors [28, 31]. With regards to the negative impact of poor leadership, research shows that the potential for harm to staff and patients is significant, with staff experiencing burnout having, higher rates of blood/body exposure incidents, becoming irritable and abusive to patients and colleagues, and errors occurring leading to patient harm and in some cases death [20, 27]. Participants shared several examples as to how they have made

positive changes to their behaviour as a result of completing the programme, which has resulted in a more supportive team environment and culture and better patient outcomes. Furthermore, in this evaluation no negative impacts of staff attending the Spirited Leadership Programme were identified.

The programme supports a model of distributed leadership, through the participants 'stepping back' and allowing others to develop their critical thinking and problem solving skills. Several of those interviewed described themselves as 'fix-it' people and prior to completing the programme had felt as though they had to take responsibility on themselves for solving all challenges and issues that may arise. Subsequently, they have realised that "it is OK to say no", this has resulted in participants feeling less pressured and more relaxed in addition to allowing others the opportunity to come up with solutions.

Participants were very supportive of others attending the programme and wished that it could be expanded and provided to those at the forefront. However, through providing coaching and mentoring participants are able to share their learning with others. Fifty-four per cent of those surveyed are currently providing coaching and mentoring to other staff and some of those interviewed described how they provide informal coaching and mentoring to those they work with.

Suggestions for programme improvement included: providing more information, having a refresher programme, matching individuals for the triad groups and making the programme more visible.

Overall, 70 per cent of respondents were supportive of further capacity being developed internally and the transition of the programme to Counties Maukau Health/Ko Awatea. Commentary by Lester et al. [30] supports this approach, in that through being internally delivered, both the facilitators and participants are inherently familiar with the problems, issues and examples used in the programme sessions and one-on-one mentoring as opposed to external instructors. Thirty per cent (n=20) of those surveyed did not support the transition, with the most commonly raised concern relating to the *"confidential setting"* and *"different perspective"* provided by the external facilitators.

Through this evaluation we have been able to determine that the Spirited Leadership Programme aligns with research evidence for effective leadership programmes. As well, the skills developed through the programme have great benefits to participants and Counties Manukau Health by creating a more supportive culture, improving communication and promoting a model of distributed leadership which leads to improved patient care.

Recommendations

Recommendations include:

- Raising awareness of the programme internally and embedding of coaching and mentoring into the culture of Counties Manukau Health, particularly for those front line staff who spend a significant amount of time with patients or clients.
- Provision of an annual refresher programme for participants.
- Provision of more information for participants and managers prior to the programme commencing.
- A transition period where the facilitators from Spirited Leadership could attend sessions from the first internally run programmes and provide feedback and support to Ko Awatea.
- Consideration by the facilitators of participants work shifts and locations of staff when establishing the triad peer mentoring groups.

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