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# Strengthening the capacity of nursing leaders through multifaceted professional development initiatives: A mixed method evaluation of the 'Take The Lead' program



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## KEYWORDS

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Nursing Unit Manager;  
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## Summary

**Background:** Effective nursing leadership is necessary for the delivery of safe, high quality healthcare. Yet experience and research tells us that nursing leaders are commonly unprepared for their roles. *Take The Lead (TTL)*, a large-scale, multifaceted professional development program was initiated in New South Wales, Australia, to strengthen the capacity of Nursing/Midwifery Unit Managers (N/MUMs). The aim of this study was to examine the effects of *TTL* on job performance, nursing leadership and patient experience.

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*Methods:* Nursing/Midwifery Unit Managers ( $n=30$ ) and managers of N/MUMs ( $n=30$ ) who had completed the *TTL* program were interviewed between August and December 2010. The semi-structured interviews included a combination of open-ended questions and questions that required respondents to rate statements using a Likert scale. Data from the open-ended questions were thematically analysed to identify and categorise key concepts. The responses to the Likert items were analysed via descriptive statistics.

*Results:* Nursing/Midwifery Unit Managers' participation in *TTL* engendered improvements in job performance and leadership skills, as well as some improvement in patients' experiences of care. The program facilitated role clarification and helped foster peer-support and learning networks, which were perceived to provide ongoing professional and personal benefits to participants.

*Conclusions:* Our study revealed a consensus about the beneficial outcomes of *TTL* among those involved with the program. It supports the significant and ongoing value of widely implemented, multifaceted nursing leadership development programs and demonstrates that participants value their informal interactions as highly as they do the formal content. These findings have implications for delivery mode of similar professional development programs.

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## 1. Background

In Australia, and elsewhere, Nursing/Midwifery Unit Managers (N/MUMs) have overall responsibility for the co-ordination of patient services, unit management and nursing staff management (Hawes, 2009). The role has evolved considerably over the last forty years, from an initial emphasis on "clinical leaders amongst equals" towards a greater focus on professional management and extensive administrative duties (Duffield, Kearin, Johnston, & Leonard, 2007).

Significant challenges have accompanied this transformation. Studies have identified confusion among N/MUMs regarding the boundaries and expectations of their role, exacerbated by insufficient professional development mechanisms. In some cases, this has resulted in N/MUMs feeling ill-equipped to carry out their assigned tasks (Duffield, Kearin, et al., 2007; Hawes, 2009; Paliadelis, 2005; Queensland Government, 2008). The lack of role clarity and preparation can impair efficiency, satisfaction and staffing levels (Duffield, Kearin, et al., 2007; Garling, 2008; Paliadelis, Cruickshank, & Sheridan, 2007; Queensland Government, 2008). This has the potential to impede the development of effective nursing leadership, a critical feature of safe, well-managed healthcare services.

Associations between effective nursing leadership and attributes of a well-functioning health system are well established. These include patient safety and satisfaction (Cummings, Midodzi, Wong, & Estabrooks, 2010; Duffield, Roche, et al., 2007; Squires, Tourangeau, Spence Laschinger, & Doran, 2010; Tregunno et al., 2009; Wong & Cummings, 2007); improved staff retention (Anthony et al., 2005; Duffield, Roche, Blay, & Stasa, 2011; Duffield, Roche, O'Brien-Pallas, Catling-Paull, & King, 2009; Fennimore & Wolf, 2011); use of best practice guidelines (Cummings et al., 2010); higher productivity and organisational commitment (Chiok Foong Loke, 2001; Cummings et al., 2010); better student placement experiences (Andrews et al., 2006); and healthier work environments (Pearson et al., 2007).

Despite such reported benefits of effective nursing leadership, there is broad acknowledgement of shortcomings in leadership development, skills and role clarity among

unit-level nurse managers in Australia (Paliadelis, 2005); New Zealand (McCallin & Frankson, 2010); South Africa (Pillay, 2011); the United Kingdom (Gould, Kelly, Goldstone, & Maidwell, 2001; Kleinman, 2003); Ireland (Casey, McNamara, Fealy, & Geraghty, 2011); and Finland (Bondas, 2006). In recent years, recognition of the detrimental impacts of deficient nursing leadership on patients, staff and organisations has focussed greater policy attention on developing nursing leadership skills (Bondas, 2009; Casey et al., 2011; Fennimore & Wolf, 2011; Gould et al., 2001; Kleinman, 2003; Loo & Thorpe, 2004; McCallin & Frankson, 2010; Paliadelis, 2005; Pillay, 2011).

The principal mechanisms to achieve this have been the instigation of professional development, formal mentoring and administrative assistance programs (Garling, 2008; Hawes, 2009; Queensland Government, 2008). Increasingly, discrete educational programs have been packaged into complex "leadership bundles" (Abraham, 2011; MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012; Martin, McCormack, Fitzsimons, & Spirig, 2012), comprising participative leadership training (George et al., 2002) and transformational leadership education (Duygulu & Kublay, 2011; MacPhee & Bouthillette, 2008; MacPhee et al., 2012). The increasing use of these multifaceted educational programs attests to the complexity of nursing leadership, and the challenge of systematically facilitating its development.

One such initiative is "Take The Lead" (*TTL*), a program used in publicly funded health services in the state of New South Wales (NSW), Australia, to enhance nursing leaders by clarifying, standardising, developing and facilitating the leadership role of N/MUMs. The Nursing and Midwifery Office of NSW Health, the responsible Ministry, designed the program following stakeholder consultation (Hawes, 2009). The three components of the program were a conceptual framework describing the purpose and core roles of N/MUMs (N.S.W. Health, 2010a), mechanisms to reduce N/MUMs' administrative load, and five professional development modules. These modules targeted communication, lean thinking, financial management, rostering and leadership (N.S.W. Health, 2008). Links to these modules are available on the NSW Health Website (N.S.W. Health, NDS).

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