



# Developing compassion through a relationship centred appreciative leadership programme



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## SUMMARY

**Background:** Recent attention in health care focuses on how to develop effective leaders for the future. Effective leadership is embodied in relationships and should be developed in and with staff and patients. This paper describes development, implementation and evaluation of an appreciative and relationship centred leadership programme carried out with 86 nursing staff covering 24 in-patient areas within one acute NHS Board in Scotland.

**Aim of leadership programme:** The aim of the programme was to support staff to work together to develop a culture of inquiry that would enhance delivery of compassionate care.

**Theoretical underpinnings:** The 12 month Leadership Programme used the principles of appreciative relationship centred leadership. Within this framework participants were supported to explore relationships with self, patients and families, and with teams and the wider organisation using caring conversations.

**Structure of programme:** Participants worked within communities of practice and action learning sets. They were supported to use a range of structured tools to learn about the experience of others and to identify caring practices that worked well and then explore ways in which these could happen more of the time.

**Methods:** A range of methods were used to evaluate impact of the programme including a culture questionnaire and semi structured interviews. Immersion crystallisation technique and descriptive statistics were used to analyse the data.

**Findings:** Key themes included; enhanced self-awareness, better relationships, greater ability to reflect on practice, different conversations in the workplace that were more compassionate and respectful, and an ethos of continuing learning and improvement.

**Conclusions:** The programme supported participants to think in different ways and to be reflective and engaged participants rather than passive actors in shaping the cultural climate in which compassionate relationship centred care can flourish. Multidisciplinary programmes where the process and outcomes are explicitly linked to organisational objectives need to be considered in future programmes.

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## Introduction

The pressure to develop more effective leadership practices resulting in meaningful improvement in patient care, and changes in culture is increasing both in the UK and internationally (Abbasi, 2011; Cummings et al., 2010; Francis, 2013; Health Workforce Australia, 2012). This has recently reached tipping point in the UK with the findings from the Mid Staffordshire Inquiry calling into question leadership at all levels throughout the organisation (Francis, 2013).

Now more than ever, we have to fundamentally alter our ideas of what makes an effective leader. We have to shift them away from the dominant 'command and control culture' and foster models of leadership that recognise we are all part of a living community that is complex and unpredictable. There is growing recognition internationally that leaders need to understand assumptions guiding behaviour in their organisation and work in creative ways and across boundaries (MacPhee et al., 2013; Turnbull James, 2011).

Patterson et al. (2011) argue that there are competing cultures in operation within the NHS. The drive for efficiency and effectiveness, judged predominately through quantitative measures and targets, perpetuates a 'perform or perish' culture. They argue for a relational and responsive model that recognises more explicitly quality and compassion. We have a unique opportunity to offer creative alternatives to leadership that perpetuates the command and control culture to one where leaders nurture the kinds of values, attitudes, behaviours and actions

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that are essential for relationship centred compassionate care. There is growing recognition internationally that leadership programmes need to focus on how leaders think and act rather than on a set of attributes, skills and behaviours (Gallagher and Tschudin, 2010; Turnbull James, 2011; Lucas and Buckley, 2009).

The capacity for genuine leadership is embodied in relationships and should be developed in and with staff and patients (Patterson et al., 2011; Dewar and Nolan, 2013). It requires managers to assist all involved to look beyond current circumstances and be reflective and engaged participants rather than passive actors in shaping the cultural climate in which compassionate relationship centred care can flourish (Leicester, 2009). The recent King's Fund report suggests that the development that is needed to create patient centred leaders of the future should 'tackle organisational relations, connectedness and changing organisational practices and processes' (The King's Fund, 2013: 29).

This article will discuss the development, implementation and evaluation of an appreciative and relationship centred leadership programme carried out with 86 staff within one NHS Board in Scotland.

## Background

The first author had been part of the Leadership in Compassionate Care Programme at Edinburgh Napier University and NHS Lothian (Edinburgh Napier and NHS Lothian, 2012). As part of that programme she developed a model of compassionate relationship centred care (Dewar and Nolan, 2013; Dewar, 2011). The model forms the theoretical underpinning for this leadership programme.

The research that generated the model examined excellent compassionate care in practice with staff, patients and families in an older people acute care setting (Dewar and Nolan, 2013). This model is based on caring conversations that allow the development of knowledge about the person (be it staff member, patient or family member) that provides insights into: who they are and what matters to them, and an understanding about how they feel about their experience. This knowledge helps people adopt a relational approach that enables people to work together to shape the way things are done and thus provide care that feels compassionate to patients, staff and families. The interpersonal process of the caring conversations is crucial to developing these relationships that help people to deliver compassionate care. During these conversations staff need to be supported to be courageous, connect emotionally, be curious, collaborate with others, consider other perspectives, compromise and celebrate to give positive feedback in the moment and identify the things that have worked well (Dewar, 2013; Dewar and Nolan, 2013).

An opportunity arose in one Health Board in Scotland to develop a new leadership programme. Senior managers were keen that this programme would build on previous improvement and leadership initiatives and focus on doing things differently rather than doing different things. Thus they wanted it to be seen as a 'way of being' rather than implementing yet another quality programme.

The programme was therefore designed around the model of compassionate relationship centred care highlighted above, and sought to enhance and support existing leadership capacity. It aimed to provide appreciative and relationship focused leadership that began with a close analysis of what worked well and had as a core approach learning in the context of its application. It provided opportunities and support for understanding own personal strengths and potential for growth. It focused on roles, relationships and practices in the specific organisational context and supported conversations and learning with people who share that context. It was rooted in the values and behaviours of care and compassion and worked with individuals, teams and the organisation concurrently to bring about sustainable change. It also provided opportunities to experiment with new behaviours. The emphasis was not on designing new projects but on working with people to consider how they could reframe existing quality initiatives, such as patient safety or regular care rounds, as learning opportunities.

## The Programme

### Aim

The aim of the programme was to support staff to work together to develop a culture of inquiry where feedback, support and being curious about practice are expected, invited and responded to positively at personal, team and organisational levels.

### Theoretical Underpinnings

Leadership models that focus on engagement and emphasise teamwork, collaboration and 'connectedness', and removing barriers to communication and original thinking are advocated in the literature (Alimo-Metcalfe and Alban-Metcalfe, 2008). These authors argue for programmes that encourage leaders to see the world through the eyes of others, to take on board their concerns and perspectives and to work with their ideas.

Building on this imperative this programme was based around 3 theoretical principles which were:

*Inquiring appreciatively* — where people are supported to identify when things work well and work to 'amplify' this (Cooperrider et al., 2003; Dewar and Mackay, 2010). Participants were supported to build on the strengths of the organisation rather than trying to compensate for weakness. They used and encouraged others to engage in curious questioning to appreciate other perspectives to guide development and action.

*Relationship centred practice* — where leadership effectiveness has to do with the ability of the leader to create positive relationships within the organisation (Hardacre et al., 2011; Nolan et al., 2006; Tresolini and Pew-Fetzer Task Force, 1994). Participants were supported to work in a way where understanding, learning and action were considered in the context of relationships, both with themselves, others including patients, families and staff, and the wider organisation.

*Experience based design* — where participants' seek out and value the experiences of those who give and receive the service and use this to explore, celebrate and develop practice. This approach offers an opportunity for dialogue that provides rich insights into the nuance and meaning of feedback from patients, staff and families (Bate and Robert, 2006). Evidence suggests that learning from people's experience is a powerful lever for innovation and development (Coulter, 2011; Dewar and Nolan, 2013).

The Leadership Programme was a year-long programme that used the principles of appreciative relationship centred leadership to enable all participants (86 staff, including all clinical nurse managers, charge nurses/ward managers and other staff nurses across all patient areas in one NHS Board) to build on their existing skills, knowledge and experience and work within a framework of relationships.

Within this framework participants were supported to explore:

- Relationships with self
- Relationships with patients and families
- Relationships with teams and the wider organisation

Exploring and developing these relationships were supported by methods that helped staff to inquire about:

- Who we are and what matters to us
- How we feel about our experiences

And to use this relational knowledge to

- Work together to shape the way things are done.

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