

Effectiveness of leadership capacity building in the health sector

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Question

What is the evidence that leadership training or courses lead to sustainably better leadership and management skills in the health sector?

- What leadership courses are offered to health workers (nurses, in particular) and health policy makers?
- What are the most effective types of capacity building processes to improve leadership skills in the health sector in low and low/middle income countries (LICs/LMICs)?
- What is the evidence about the effectiveness of leadership courses from a UK perspective?

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The K4D helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

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1. Overview

Although there are options available for building health workers' and health policy makers' capacity to become stronger leaders (i.e. as public health leaders or managers), there is little evidence that specific training or courses lead to sustainably better leadership and management skills. Key findings are listed below:

- Leadership programmes offered to health workers (nurses, in particular) and health policy makers include the *NHS Leadership Academy*, *Royal College of Nurses' Clinical Leadership Programme*, and the Florence Nightingale Foundation (FNF) Leadership Scholarships in the UK. All of which have been found to have significant effect on the respondents' careers by creating the conditions to help them move into senior-level positions in the NHS after *General Leadership* training (Giordano, 2016; NHS Leadership Academy, 2013; Florence Nightingale Foundation, 2018; NHS Leadership Academy, 2018).
- After *Nurse Director Leadership* training, however, success was impeded in organisations where nursing was not highly valued by the board, especially by the Chief Executive (Kirk, 2009). Staff turnover in the organisation was also a key factor constraining what a Nurse Executive Director (NED) could achieve.
- The '*Enabling Black and Minority Ethnic Group (BME) Nurse and Midwife progression into Senior Leadership Positions*' report (NHS England, 2017) includes examples that outline best practice approaches, and a number of suggested actions to support improvement. However, the evidence available is for UK based senior nurses, rather than for overseas-trained nurses who specifically choose the UK for leadership training.

It is argued that the most effective types of capacity building processes to improve leadership skills in the health sector are monthly intensive training (e.g. 'Global Nursing Policy Leadership Institute Programme', GNPLI), or one-year fellowships with mentorship (e.g. 'Improving Global Health through Learning Development' programme, IGH) as part of UK-LIC/LMIC partnership programmes:

- GNPLI was a five-month programme which ended in November 2017. It aimed to enhance the effectiveness of current and future nursing leaders in bringing about policy changes that lead to health improvement. Twenty-seven senior nurses completed the programme, with action plans to begin upon their return to their home countries. However, only anecdotal evidence that such successful leadership candidates effectively applied these new skills when returning home was provided for this rapid review; and
- IGH uses a novel approach to leadership development for UK healthcare workers (acting as 'fellows') as it also contributes to health service improvement in a developing country (Hockey et al., 2009; THET, 2017). An independent evaluation noted that there was some impact on the NHS as a result of this programme, however, the majority of fellows struggled to find opportunities to apply their learning immediately on return from their overseas placement (Walmsley et al., 2012).

Due to gaps in literature, lessons for the UK, i.e. for the NHS workers, can be based on evidence about the effectiveness of leadership courses to become public health leaders and managers from the perspective of other English speaking countries (RCN, 2016). Although a high number of nurses are female, the evidence included in this rapid review is 'gender-blind'. No evidence was sought for leadership programmes specifically for disabled healthcare workers.

2. Effectiveness of leadership courses offered to health workers and health policy workers in the UK

Leadership can be defined as a multi-faceted process of identifying a goal or target, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals (Porter-O'Grady, 2003; Frankel, 2008). Leadership for senior nurses is primarily about the following: making decisions; delegating appropriately; resolving conflict; and acting with integrity. The role also involves nurturing others and being aware of how people in the team are feeling by "being emotionally in tune with staff" (Frankel, 2008). A good and successful leader will seek to develop other staff through their leadership.

Leadership development for health workers has received much focus in the NHS over recent years, and many local programmes/training options now exist to support such workers to develop skills, which will enable them to take up positions of influence within their local health economy (Hockey et al., 2009: 309):

Leadership training options

The following course types and opportunities have been used in leadership training programmes for nurses:

One-off, multi-day programmes

Health Education England runs a multi-professional leadership programme, which includes nurses, but does not focus specifically on them. In March 2013, a new leadership programme for senior (Band 6 and 7) front-line¹ nurses and midwives from across the NHS was started. The eight-day course, developed and delivered by the NHS Leadership Academy, focuses on the approach and behaviours of front-line nurses and midwives who have leadership responsibilities, such as team leaders, ward sisters and supervisors, and the environment they create for their colleagues and patients. Although these courses were specifically for nursing and midwives, the NHS Leadership Academy has been running multi-disciplinary foundation, mid- and senior-level, leadership core programmes since September 2013 (NHS Leadership Academy, 2013). Its latest case study shows that the taught modules and interaction in meeting groups helped one participant to "embellish [his] personal leadership skills" resulting in him becoming a Black and Minority Ethnic (BME) leader (NHS Leadership Academy, 2018).²

¹ Providing services directly to members of the public.

² An expert consulted for this rapid review stated that a paper about this training has been submitted which is currently in the reviewing process.

Bespoke scholarship programmes

The Florence Nightingale Foundation (FNF) offers three³ different types of leadership scholarship programmes for nurses:

General Leadership Scholarships of up to £15,000 are available to nurses and midwives working at a senior level in health and social care. These scholarships are also open to Deans and Deputy Deans of Schools of Nursing/ Faculties of Health in Universities. Scholars undertake a bespoke programme geared to their individual needs.

The latest of three external evaluations of the Foundation's Leadership Scholarship programme was produced by the University of Southampton in 2015 (Giordano, 2016). The scholarships were found to have a significant effect on the respondents' careers by creating the conditions that have helped them to move into senior-level positions in the NHS. Of 58 respondents, 33 (57%) had changed jobs or roles (Giordano, 2016: 7). Almost all (93%) of Scholars believed that the Scholarship had a positive effect on their careers, whether or not their roles had changed. Some Scholars decided to stay in their current roles because of the Scholarship, where they developed innovative programmes. For example, one said that she had intended to be a CEO, but after taking a course at Harvard Business School as part of her bespoke training, she decided that she wanted to improve on her current work. As a result, she developed a national programme in maternity care while in her current role (Giordano, 2016: 11).

Aspiring Nurse Director Leadership Scholarships of up to £14,000 are available to experienced nurses and midwives who have the potential to secure a Board level position in the next 2-3 years. Scholars undertake a core programme of development in addition to a bespoke programme geared to their individual needs.

There are no evaluations currently available for this training. However, a study by Kirk (2009) investigated the factors Nurse Executive Directors (NEDs) consider important to their effectiveness, examining whether factors identified in previous studies remain relevant, and identifying themes that might inform current practice and future research. This was the first study that identified characteristics that UK NEDs associate with their effectiveness. It confirms that similar studies in the USA are relevant to the UK. The study identified potential development areas for current and aspiring NEDs, and indicated characteristics that might be important when recruiting NED. The term "effectiveness" was deliberately not defined in this study to allow the subjects maximum scope to contribute to an understanding of it (Kirk, 2009: 957).

When surveyed, all the NEDs considered other NEDs to be successful if they had served in more than one executive role (Kirk, 2009: 959). The most prominent theme reported by the NEDs when describing colleagues they considered *not* to have been highly effective was marginalisation. These colleagues were perceived as being unable to operate successfully within the board (i.e. only having a nursing focus) and as such had become viewed as a "non-entity" or "seen and not heard" (Kirk, 2009: 960). Further research is needed to develop a model of effectiveness that could be used to measure NED performance (Kirk, 2009: 964). Staff turnover in the organisation, especially the lack of a stable executive team or stable peer support networks, was a key factor constraining what a NED could achieve. Some of the NEDs felt that

³ A fourth scholarship programme - the Public Health England/FNF *Nana Quawson Public Health Leadership award* of up to £11,000 - provides the opportunity for public health nurses to make a difference to children, young people and families. As the scheme was set up in 2017, there have been no recipients to report on as yet.

success was impeded in organisations where nursing was not highly valued by the board, especially the Chief Executive. All of these factors were associated with a sense of isolation (Kirk, 2009: 961).

Emerging Leaders Scholarships of up to £10,000 are available to Band 7 and 8 nurses and midwives. Applicants must have already completed a front-line leadership development programme before the start of the scholarship. Scholars undertake a core programme of development in addition to a bespoke programme geared to their individual needs. One case study report showed that a Scholarship recipient originally from the Philippines has now become an effective leader. However, this was after working in the NHS (at the same Band) for 15 years in dementia care (The Florence Nightingale Foundation, 2018). His bespoke programme included a course on 'negotiation for increase effectiveness' at Harvard University. This resulted in him developing in-house training and sharing sessions for his staff, as well as the opportunity to persuade provincial health officials to include dementia in the health care discussions and priorities for his province in the Philippines.

Government training opportunities

The Royal College of Nurses' ground-breaking 'Clinical Leadership Programme' (CLP) has been recognised across the UK as an effective development programme for front-line ward leaders giving them the necessary tools and skills to effectively transition into this role. The core aims of the initiative identified five themes that appeared to be common in the most effective leaders: self-awareness, team work, patient focus, networking and political awareness. The Department of Health in England commissioned the programme as part of the 'Making a Difference Strategy for Nursing' in 2001. Variations of the CLP have also been commissioned by the Welsh Assembly, and the programme was commissioned by the Scottish Government for every Board in NHS Scotland (RCN, 2016: 5):

In England, the Trainees Co-ordinating Centre manages a large range of National Institute for Health Research (NIHR) training and career development awards available at different levels and accessible by different professional backgrounds. 'NIHR Collaborations for Leadership in Applied Health Research and Care' (CLAHRC) run a large range of research training courses and capacity development programmes.

The Health and Social Care Services in Public Health Agency Northern Ireland (Research and Development) builds research capacity in Northern Ireland through training opportunities, creating opportunities for researchers to compete for research funding on a wider UK or international basis.

In Scotland the Chief Scientist Office offers training fellowships aimed at improving the research and development skills base; increasing the development of evidence-based practice. The Clinical Research Training for Scotland co-ordinates the provision of clinical research education and training across Scotland. There is a national NHS Scotland programme to support Senior Charge Nurses⁴ entitled 'Leading Better Care (LBC)' - however, the LBC report focuses on standardising and clarifying the responsibilities of the SCN role, and it pays no direct attention to

⁴ Ward leaders/ sisters.

incentivising future recruitment of ward leaders, or defining the career structure for senior grades (RCN, 2016: 7).

Health and Care Research Wales offers a number of schemes designed to support capacity building in health and social care research. In 2008, the Welsh Government initiated a flagship leadership programme called 'Free to Lead, Free to Care.' The particulars of this initiative are incorporated under various terms across different hospitals, but its defining feature is a drive to train ward leaders (Bands 6, 7 and 8) so that the Welsh health system has a sustainable supply of future leaders (RCN, 2016: 7). However, some of these ward leaders have indicated that much of their time is spent helping to plug shortages in staff rotas (RCN, 2016: 8).

BME progression options

The NHS Workforce Race Equality Standard (WRES) programme of work is focussed upon closing the gaps in white and BME staff experiences and opportunities across the NHS and health and social care settings. One in every five NHS nurses are from BME backgrounds, rising to much higher levels (up to 40%) in some regions and parts of the country, such as London (NHS England, 2017: 6). Yet, very often, the opportunities and experiences that BME nurses and midwives (and BME staff in general) receive is not readily available. The 'Enabling BME Nurse and Midwife progression into Senior Leadership Positions' report (NHS England, 2017) summarises the learning from this engagement work, including examples that outline best practice approaches and a number of suggested actions to support improvement.

These options are for UK based senior nurses, rather than for overseas-trained nurses who specifically choose the UK for leadership training. One of the six sites included in this report was Bradford, West Yorkshire, which has a high proportion of BME health services staff. It is reported that Bradford Teaching Hospitals NHS Foundation Trust Board regularly monitors (every six months) the employment position of BME staff in relation to overall staffing numbers, senior manager numbers, promotion and turnover (NHS England, 2017: 9).

3. Effectiveness of leadership programmes available in LICs/LMICs

Strengthening nurse leadership at all levels is an international nursing priority, with many nursing organisations developing leadership roles and representation at national or board level (RCN, 2016: 3). Leadership programmes with international training components are listed in this section:

UK-LIC/LMIC Partnership programmes

Improving Global Health through Leadership Development

The 'Improving Global Health (IGH) through Leadership Development' programme from Tropical Health and Education Trust (THET) is a one-year partnership leadership scheme which has been in existence since 2007. IGH differs from most existing leadership schemes in that its area of practice is a placement in one of five developing countries. Trainee doctors and more experienced nurses, midwives and allied health professionals (AHPs) are placed in a developing

country to develop leadership and quality improvement skills while contributing to Millennium goals in the developing countries.

Volunteers from the NHS in the UK each complete a six-month placement as a 'fellow' with, currently, one of five overseas partnerships (THET, 2017). From the UK side, each fellow is assigned a trained mentor, and they meet in the UK before they travel overseas for the six-month placement. Face-to-face links have been very positive, and would be even more relevant if at any point things weren't going well. Mentors attend an initial 2-day training programme and attend a Continuing Professional Development (CPD) event every two years. The mentor supports them throughout the programme with fortnightly contact as a minimum. Post-placement/re-entry into the NHS includes an interview with mentor on return, sign-off of learning log, and a presentation of achievements within three months of return. On the fellow's return another mentor meeting occurs.

An independent evaluation of the programme showed that impact was found at the level of personal development; working collaboratively; and understanding the value of audit, teaching and quality improvement. There was some impact on the NHS, however, the majority of fellows struggled to find opportunities to apply their learning immediately on return from their overseas placement (Walmsley et al., 2012). Walmsley and colleagues (2012: 227) argue that only fellows who enjoyed the fellowship responded to the invitation to take part; judging the extent to which the fellowship meets its goal of creating a cadre of improvement champions in the NHS will require time to elapse. Nurses, midwives, AHPs and others, also attributed significant career progress to the fellowship (Walmsley et al., 2012: 227).

The experience gained from this partnership has demonstrated clear advantages to both parties: for example, Cambodia benefited from experienced clinicians and improvement experts, and UK participants enhanced their leadership skills in a manner not achievable through their usual employment "within a rigid and managed hierarchy" (Hockey et al., 2009: 315). Other developed healthcare systems could adopt this leadership development method to both improve the leadership capability of their own staff while also making a significant contribution to less well-developed healthcare systems.

Another case study from South Africa shows that, as the IGH programme developed, more time was given considering the appropriate match between fellows and supervisors, and what both parties may get from working together in order to prove successful (THET, 2017).

Global Nursing Policy Leadership Institute Programme

The first International Council of Nurses' (ICN) 'Global Nursing Policy Leadership Institute Programme' (GNPLI) concluded in September 2017 with the graduation of 27 nurse leaders from 19 countries (ICN, 2017). GNPLI is the successor of the renowned Global Nursing Leadership Institute, which ICN ran from 2009 to 2016, this new ICN initiative was conceived in response to the changing needs of nurse leaders to support them in their efforts to shape and influence policy to meet growing global health challenges. The GNPLI aims to enhance the effectiveness of current and future nursing leaders in bringing about policy changes that lead to health improvement, through increasing their political and policy competence. GNPLI 2017 was a five-month programme including an Induction Module from July to September 2017, a Residential Workshop of one week in September, and an Implementation Module from September to November 2017. Twenty-seven senior nurses completed the programme with action plans to begin upon their return to their home countries.

Experience from one expert consulted for this review who attended the training states that the GNPLI suggests the importance of (a) establishing relationships between leaders in different countries, and (b) peer/coaching support in the LIC/LMIC countries backed up by on-going access to this using communication systems such as video-conferencing.

Country case study: Uganda

There is a critical shortage of qualified health workforce for the growing population with diverse health care needs in Uganda. The following are examples of successful leadership programmes for healthcare workers with international involvement:

Palliative Care Nurse Leadership Programme with mentorship

The 'Uganda Palliative Care Nurse Leadership Programme' is a new programme which aims to develop nurse leaders within palliative care in Uganda. It is being run by a partnership between the University of Edinburgh, Makerere University, and the Palliative Care Association of Uganda (PCAU), funded through a grant by THET from UK aid. Twenty nurses commenced the Fellowship programme in August 2015 to January 2017. Eighteen of the nurses already had specialist training in palliative care (Diploma or Degree); the remaining two had degrees in nursing alongside palliative care training.

Research suggests that mentorship facilitates learning opportunities, helping to supervise and assess staff in the practice setting (Frankel, 2008). There are two types of mentors within the programme: those who are able to go to Uganda for an extended period e.g. two-months to a year, and those who can provide regular ongoing mentorship to the nurses remotely from the UK with short visits to Uganda to meet their mentees where possible. In 2016 it was noted that, whilst the programme is still in its early stages, with the Fellows having just completed their second taught module, it is clear that it is already having an impact. Each of the nurses has been implementing their work plans, with strides being made both in terms of individual leadership goals, and workplace goals. Six of the nurse leaders have begun the implementation of a nurse link programme with another three to follow shortly. Others have implemented activities such as daily reporting on patients, training within their hospitals, support for others to provide palliative care and supervision of other sites.

Intensive training model: The Living Goods

The training model used for 'The Living Goods'⁵ community health promoters (CHPs) is a one-month intensive training. The training includes: integrated Community Case Management (iCCM), maternal and new-born care, use of android phones in health care reporting and business skills (Amanya, 2017).

Post training evaluation shows that the course content and experience is well perceived, with over 98% of the trainees rating it as very good. Consequently, CHPs were said to conduct their duties in a professional manner, with less chances of dropout. The training was therefore

⁵ Living Goods supports networks of 'Avon-like' health entrepreneurs who go door-to-door to teach families how to improve their health and wealth and sell life-changing products, such as simple treatments for malaria and diarrhoea, safe delivery kits, fortified foods, clean cook stoves, water filters, and solar lights. This is conducted with the aid of international partners.

deemed to be a practical and effective leadership model. This makes it replicable especially for community health workers (CHW) training programmes in rural communities.

‘Train-the-trainer’ health worker leadership programme

A two-year ‘train-the-trainer’ programme conducted by healthcare workers (HCWs) and CHWs in Masindi district of Uganda has been used in a lung health awareness programme (Van Gemert et al, 2017). Educational materials for use in training HCWs and CHWs were developed by Makerere University Lung Institute, Uganda; Peninsula Medical School, University of Plymouth, United Kingdom, and the International Primary Care Respiratory Group, London; these materials were approved by the Ugandan Ministry of Health.

To date, 12 HCWs have been trained to become leaders, who have already trained 47 HCWs and 100 CHWs.

4. Gaps in evidence

There is a lack of evaluations/sustainability reports on the effectiveness of leadership programmes with overseas training components. One expert consulted for this review stated that there is no significant evidence base for this query as it would be hard to conduct a study that compared different approaches, in particular “there would be huge challenges with the intervention and picking outcomes.”

The Faculty of Medical Leadership and Management, The King’s Fund, and the Centre for Creative Leadership collectively initiated a review of the evidence by a team including clinicians, managers, psychologists, practitioners and project managers entitled ‘Leadership and Leadership Development in Health Care: The Evidence Base’ (West et al., 2015). The summary describes key messages from the review in relation to leadership at different levels of analysis, including a description of the leadership task and the most effective leadership behaviours at individual, team, board and national levels. However, there is no ‘best approach’ to leadership training in healthcare listed. Experts consulted for this rapid review believe that this is because this topic is not “compelling” in the UK.

5. Conclusions

According to the Royal College of Nursing, key lessons for UK nurses and health policy makers are available, based on case studies from Australia, New Zealand and the United States. They include addressing role ambiguity; intentional succession planning in career pathways (as internationally, there is strong evidence that role ambiguity can discourage junior nurses from taking up leadership roles), and preventing overburdening with unnecessary administrative tasks that take them away from clinical supervision and staff mentoring (RCN 2016: 22-24). There is also a need for provision and access to effective role models; organisations that value clinical competence, and promotion of centres of excellence for these nurse leaders (Borbasi and Gaston, 2002).

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Key websites

- The Florence Nightingale Foundation: Scholar's Report - Leadership Scholarship: <http://www.florence-nightingale-foundation.org.uk/content/page/949/>
- NHS Leadership Academy – Programmes for every level of leadership responsibility: <https://www.leadershipacademy.nhs.uk/programmes/>
- THET - Video – Developing leaders, improving global health: <https://www.thet.org/stories/developing-leaders-improving-global-health/>
- Abstracts from the 1st International Symposium on Community Health Workers (2017): http://www.healthsystemsglobal.org/upload/resource/CHW_symposium_supplement.pdf
- East London Foundation NHS Trust (ELFT) Annual Quality Conference 2018: 24 April 2018- including an afternoon workshop for external delegates on 'Leadership for Improvement': <https://qi.elft.nhs.uk/event/quality-conf-18/>
- Fifth Global Symposium on Health Systems Research (8 - 12 October, 2018) in Liverpool, UK: <http://healthsystemsresearch.org/hsr2018/>

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