Leadership Learning in Clinical Practice: A Grounded Theory Study

Pieter J. Van Dam

1University of Tasmania, Health Services Innovation Tasmania and School of Health Sciences, Hobart, Tasmania, 7000, Australia

Introduction

This paper reports on a Constructivist Grounded Theory study exploring how Clinical Nurse leaders (CNL) have learned to lead in practice. This study was conducted as there is limited information available on how to support leadership learning in healthcare settings. Many of the issues associated with organisational systems failure are believed to be associated with a lack of leadership development. This is a worldwide problem for health services. Importantly, leadership learning among nurses is vital as there is a real need for nursing leadership. This need is well defined as rapid change and reform in health care continues to occur, contributing to increasing concerns from healthcare professionals, patients and administrators regarding the quality and safety of the care provided. In Australia, nursing leadership has been recognised as a priority concern (Health Workforce Australia, 2011). However, this priority has not led to a strategic approach in developing leadership capability in the nursing profession (Hurley & Hutchinson, 2013). Recently, the literature has highlighted a crisis in frontline-level nurse leadership and calls have been made for making leadership a matter of priority (Balogh-Robinson, 2012; Machell, Gough & Steward, 2009). The health leadership crisis has been articulated in recent healthcare reviews, such as the Francis (2013) report, showing failures by medical and nursing staff to deliver safe care, resulting in poor patient outcomes.

Within healthcare most learning occurs through practice and the essential aspects of the professional healthcare role are learned within the work environment. This may also apply to learning to lead in health. However, how this social process exactly takes places is not entirely clear. Little is known about leadership learning processes in clinical practice and few studies have been conducted in this area. It is therefore important to expose the processes of leadership learning (Kempster, 2009 a). It has been argued that he starting point of leadership
development entails social learning, as nurses within their work milieu explore ways of solving issues they encounter while they practice nursing (Copland, 2003; Sharlow, Langenhoff, Bhatti, Spiers, & Cummings, 2009).

**Aims of the study**
The identified lack of knowledge in the area of nursing leadership learning in practice, resulted in the following aims:

- To identify and describe leadership learning in practice and the processes influencing such learning, in a group of Clinical Nurse Leaders (CNL) from a variety of clinical backgrounds.
- To provide an understanding of how human behaviour, interactions and social processes of naturalistic learning influence CNLs leadership learning and development.
- To generate a substantive grounded theory of leadership learning in nursing practice.

**Methods**
The field of leadership research has been dominated by quantitative research for a long time. A qualitative research approach and, in particular, a grounded theory approach has been argued by many researchers (Bryman, 1996; Conger, 1998; Parry, 1998; Day, 2000; Lowe & Gardner, 2000, Kempster, 2009 a, b) to be the preferred method of choice for contextual leadership studies. Fundamental to grounded theory is locating the basic social process, which is the essence of a developed theory. Grounded Theory utilises a systematic set of procedures to generate an inductively derived theory (Parry, 1998) regarding a social occurrence such as clinical leadership learning in practice. A constructivist grounded theory approach as proposed by Charmaz (2006) has been used in this study. Semi-structured interviews with 19 CNLs in a Tasmanian public healthcare context enabled the collection of in-depth data of leadership learning in practice.

From the start of the investigation, it was relatively straight forward to determine the participants, who would be knowledgeable about the topic. Harper’s (1995) and Cook’s (2001, 2004) definitions of Clinical Nurse Leaders were helpful in determining the participant group. Fifteen participants were recruited into this research, by using a method of purposeful sampling.
Before starting the data collection process, it was good to practice my interview skills before data collection, as the feedback and self-reflection led to becoming more knowledgeable and experienced in this area. Without this practice the researcher may have lost the opportunity to collect some important data. Semi-structured interviews were conducted based on a flexible interview schedule, modified through theoretical sampling. This form of sampling also made it possible to conduct a second interview with four participants, to fill properties and dimensions of the emerging theoretical concepts. Data sufficiency was reached at 19 interviews, based on my judgement as a researcher.

Data analysis was conducted by utilising Charmaz’s (2006) approach of initial coding, focussed coding, using the constant comparative technique, memo writing and theoretical sampling. The memos gave insight into my thinking processes. Moreover, interactive diagrams were used to establish the connections between codes and categories, helping to make sense of the data. Categories and concepts emerged and through linking logical patterns of connectivity the substantive Grounded Theory, responding to the opportunities was generated. This substantive grounded theory has been developed from co-constructed meanings and understandings of participants’ experiences. In addition, these analysing methods and conceptualisation resulted in an identifiable process, which is core to the theory.

**Findings**

This research has discovered the ways in which learning from practice is important to clinical nursing leadership development, and has determined how and why this is the case. Learning occurs by engaging with different experiences as they arise. These experiences are called opportunities and they present themselves in the work milieu and have been identified as: *recognising the impact of significant others, optimising staff relationships* and *integrating formal information*. Significant people played a major role and were identified as previous managers, peers and, on occasion close relatives. These significant people either deliberately or through coincidence influenced leadership learning by displaying positive or negative behaviours. CNLs learn through observing behaviours of others and these behaviours are either copied or rejected depending on the value assigned to it. Optimizing staff relationships relates to the transition into a role with more authority, which affects former peer relations. The CNL learned to adjust to a formal leadership role by setting boundaries and changing previous relationships with staff. Integrating formal information, that is, reading and courses helped leadership to develop by confirming CNLs’ actions as either in line with this
information or not. Based on this experience CNLs were able to integrate knowledge within their practice. In addition, formal information contributed to expanding the context CNLs were engaged in as it broadened their horizons.

The opportunities can be responded to in three different ways. These responses can differ for the individual CNL with each opportunity presented. These responses have been identified as: *knowing it already, blending in* and *activating*. The critical method of learning is activating, as it leads to a four stage process: reflecting, discovering, deciding and choosing (RDDC process). Reflecting leads to the discovery of behaviours, followed by deciding whether or not to work on those behaviours. A choice is made to use newly learned or altered behaviours and a change occurs, the core of leadership development. This change entails a redirection of the way CNLs engaged with their world. Progressing through the process CNLs move from one level of self-awareness to an increased level of self-awareness. Therefore, participants learned to know themselves by moving through the phases and developed a better understanding of their self and their social environment. The ability to successfully display changed behaviours was regarded as a personal achievement.

Reflection within this study has a central place and has been identified as the process of analysing, reconsidering and questioning learning opportunities and events, leading to alternative actions and changed behaviours. Therefore, CNLs must be able to connect with their thoughts and feelings and build on these to aid in creating new understandings regarding self. Through the utilisation of critical reflection CNLs understood what behaviours they needed to change and/or what they needed to do to modify those behaviours. Reflection is a precursor to the decision to work on behaviours, which may lead to changes in personal understandings and potentially behaviour (Schön, 1991; Kolb, 1984; Mezirow, 1990). In this study it has been shown that reflection has the potential to change behaviour. This is a result of critical self-reflection; the process of questioning one's own assumptions and meaning perspectives triggered by observations, formal information and feedback from others.

How CNLs responded depended on the enablers and disablers. These have been identified as: *bringing in the persona, having credibility in the speciality, perceptions of autonomy*. The enablers and disablers, had a deep impact on the leadership journey of CNLs as it exposed the conditions for learning to occur. CNLs’ personae to a large extent influenced learning outcomes, either in a positive or negative way. The personae affected how CNLs handled the feelings and emotions that were evoked by the opportunities and what kind of motivation they brought to learn from the opportunities. It further has become clear that it was important
to possess clinical expertise to progress into the formal leadership position as it led to acceptance from others. Feeling accepted allowed CNLs to be more at ease and to be more open in activating the RDDC process. Finally, the CNLs acted on emerging opportunities in a constantly changing environment. The ability to experiment within a leadership role as a result of being supported and having professional autonomy, enhanced the learning opportunities encountered. It has become clear that work environments in which CNLs learned were those in which access to support was available.

**Conclusion**

From this study it has become clear that learning to lead occurs in practice by responding to learning opportunities and that this learning involves a complex social process. It has become apparent that the encountered learning opportunities are key stimuli shaping leadership learning. CNLs respond to these learning opportunities in a variety of ways, identified as knowing it already, blending in and activating. The enablers and disablers influence the way in which a response is applied. The four stages of the RDDC process results in altered or new behaviours. Therefore, leadership development efforts should focus on this process. This study and its findings offer insights into a particular area of leadership learning. Leadership is a continual journey where reflection is essential to learning to lead, as theorised in this study, which finds support from the existing conceptual as well as empirical work. Consequently, the findings and generated theory add to the body of knowledge of leadership learning.

**Keywords:** Leadership; learning; opportunities and constructivist grounded theory
References


