Leadership Learning in Clinical Practice: A Grounded Theory Study

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Background
Currently there is limited information available on how to support leadership learning in the clinical healthcare setting. Many of the cultural 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 pleas for making leadership a focal point (Balogh-Robinson, 2012; Machell, Gough & Steward, 2009). The crisis has been made clear in recent healthcare reviews, such as the Francis (2013) report, showing failures by medical and nursing staff to deliver safe care.

Conventional wisdom held within the healthcare professions is that most learning occurs through practice. The essential aspects of the role are learned within a healthcare work environment. However, how this social process exactly takes places is not entirely clear. Maximising opportunities in practice to learn to lead successfully are dependent on exposing the processes of leadership learning (Kempster, 2009 a). Little is known about leadership learning processes in clinical practice and few studies have been conducted in this area. A large number of nursing studies that investigate leadership have not included the learning process and practice environment, and concentrate instead on nurses holding senior
organisational positions (Stanley & Sherratt, 2010). The 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). Therefore, a plausible argument would be that leadership learning is situated within the work environment and effective learning would entail social learning processes that have an impact on reflection and action in a specific context.

**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**

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 the 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. Through an analytical process of coding, constant comparison method, memo writing and conceptualisation, a theory of responding to the opportunities has been generated. This substantive grounded theory has been developed from co-constructed meanings and understandings of participants’ experiences.
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.
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. Consequently, the findings and generated theory add to the body of knowledge of leadership learning.

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


