

# Enhancing Practice 2022 Conference

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*20:20 Vision – Transforming Our Future  
Through Person-Centred Practices*

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**WEDNESDAY 6 – FRIDAY 8 APRIL 2022**  
**SAGE HOTEL WOLLONGONG, NSW AUSTRALIA**

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# How postgraduate leadership education can impact knowledge, skills and attributes in practice

Dr Rebekkah Middleton

Senior Lecturer School of Nursing, UOW

Keith Jones

Nurse Manager Leadership Initiatives, South Eastern Sydney Local Health District

Margaret Martin

South Eastern Sydney Local Health District

# A question to consider

What does the word leadership mean to you when you hear it?

- Is it innate or is it learned?
- Can it be strengthened?
- Can it be person-centred?
- Can it make a difference in health?





The primary aim of the leader is to enable associate (follower) self-actualisation, empowerment and wellbeing (coming into own) within the possibilities and constraints of the context (Cardiff 2017, p.88).

Enablers	Attributes Behaviours	Outcomes	
honesty r'ships privacy power sharing empathy loyalty communication	acknowledgement good l'ship reinforcement valued friendly env. division of work job satisfaction active listening respecting each other feedback praise Sharing ideas recreation celebration	listening teamwork attentive happy engaged motivation equality cheerful faces work dedication responsive expressive greetings appreciative tve communication soft respect manners praising active participation maintaining privacy commitment trust	tve workplace satisfied pt staff people/families org. Fun person-centred care Staff retention tve feedback A quality care loyalty pt safety effective comm. Staff feel supported good reputation Job orientation/focus

## Why?

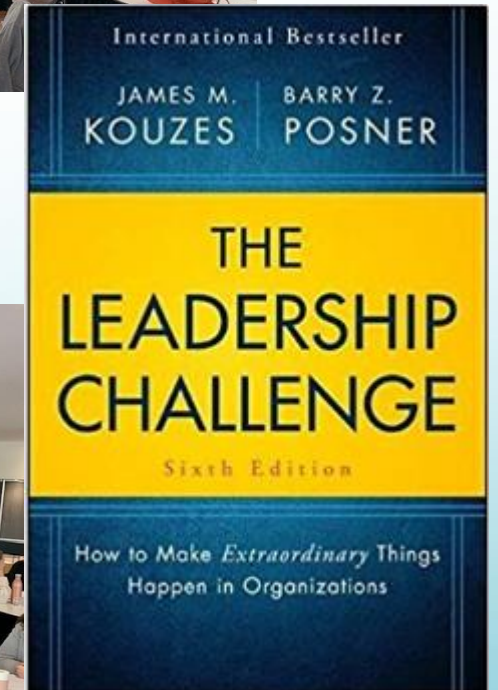


- “The importance of good leadership is becoming increasingly apparent within healthcare” (Xu 2017, p.155)
- Leadership is not the reserve of a few charismatic men and women. It is a process that ordinary people use when they are bringing forth the best from themselves and others... It is an observable and learnable set of skills and abilities that are applicable at all levels (Kouzes & Posner 2017).
- With the shifting paradigm of leadership theory and the challenge of the ever-changing context of health, leadership from healthcare professionals is imperative to ensure excellence in person-centered care is achieved.
- Gaining a better understanding of how leadership influences implementation of change and its contribution to organisational culture following formal education is vital.



# The Leadership Program

- The subject is delivered in partnership with Local Health Districts (SESLHD, ISLHD, JH&FMHN)
- Delivery consists of a series of full day workshops at the LHD
- Has an academic framework with 3 academic assignments in
- Uses practice development principles to support person-centred leadership development



# What can person-centred leadership look like in health?

## Purpose:

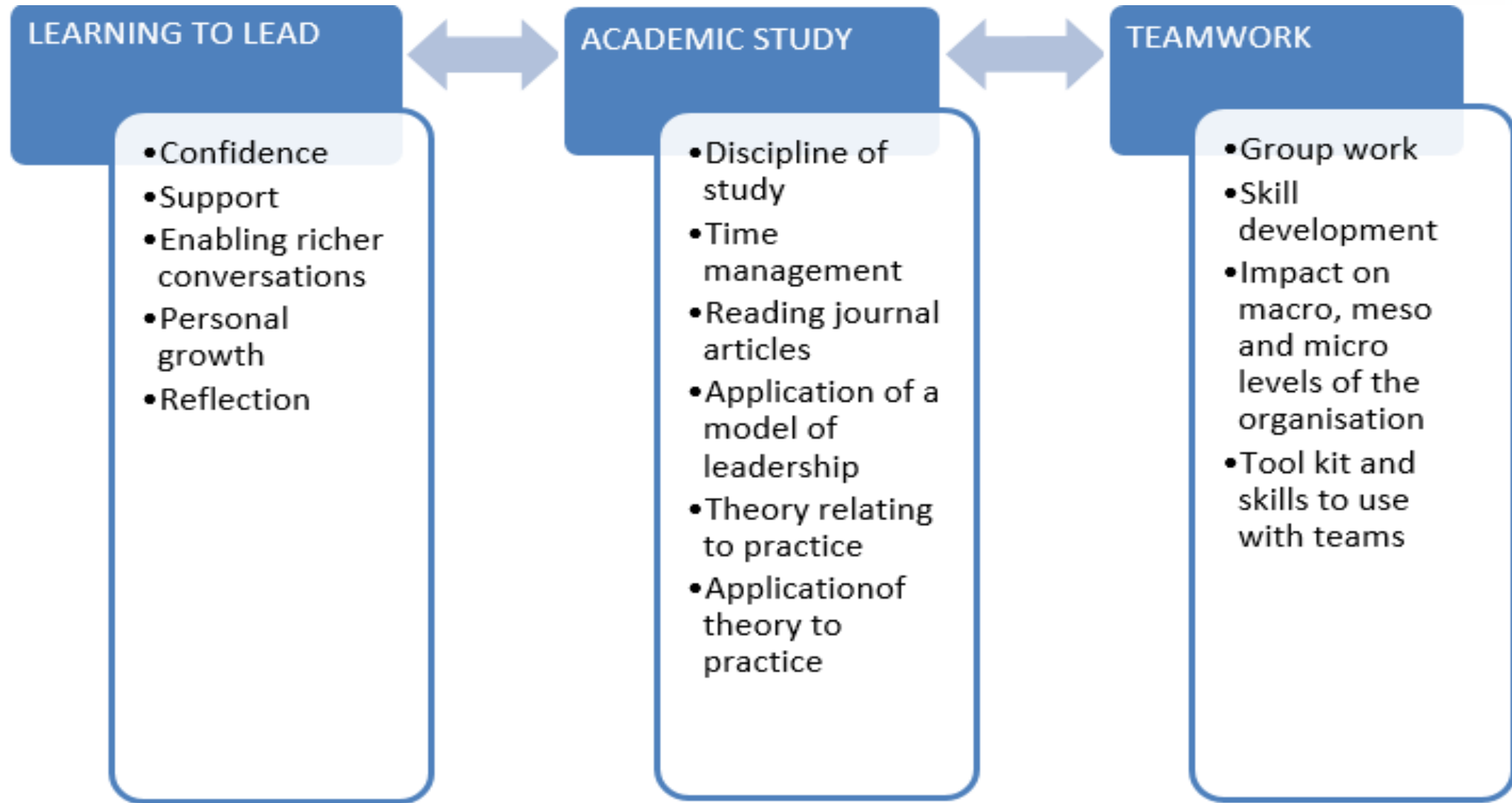
- Investigate healthcare practitioners' perspectives on how they have actively translated the leadership knowledge, skills and theory from university postgraduate subject 'Effective Leadership in Health' into everyday healthcare practice.

## Design

- Qualitative descriptive approach
- Previous participants invited to participate from 3 LHDs
- Three Group interviews
  - Fifteen participants
  - Predominantly nurses (13)
- Thematic analysis



# Findings





# What people said about their leadership approaches



# Learning to Lead

“I’m now critical of what leadership looks like, and I have the confidence to challenge and ask questions”.

(participant 1)

“The same things keep coming up, like reflective practice, values clarification, and ways of working. These are principles I have been incorporating into my everyday thinking and how I can use them.” (participant 10)

“Asking questions to elicit meaning, this is what I’m trying to do, to find connections... Having much richer conversations with people. Not only have there been conversations with each other but more with our clients/patients. People are telling me they’re having more meaningful conversations with each other based on my conversations with them.” (participant 5)

“The program made me think more deeply, so much that I left my Nurse Unit Manager role and took on a program role that involves restructure, and transition, patient flow and redesign. I found confidence to take a risk and move into this role to try to influence success more broadly, using the principle I learned in the program. I would never have done that, or thought I could do that before.” (participant 3)

# Academic Study

- Enabled deeper learning
  - Immersion in literature
  - Discussion of theory at workshops
  - Challenged by facilitators
  - Development of critical thinking
  - Helped to translate learning into practice

'I found it helpful in terms of personal and organisational change – the assessments made me do action plans that related to these things.'  
(participant 8)

'I'm still reading leadership books and researching ideas, especially in terms of inspiring and building capacity from (the) bottom up.'  
(participant 12)

'The assessments wanted *my* opinion supported by theory. They wanted me to think! It made me get into the literature.'  
(participant 13).



# Teamwork

- “Encourage the heart [K&P] was low for me, it was a huge realisation and so I consciously considered why? I started to make public and private acknowledgement of people. I recognised people for what they were doing in meetings and one on one. I incorporated recognition and praise into every meeting. People loved seeing their name on the board with their contribution or achievement. Our team moved to one of enthusiasm.” (participant 7)
- “I’m leading by example. I’m part of the team. The distinction between leadership and management is so profound for me now and I work to be present with my team. It’s made a difference to our relationships. We talk more openly.” (participant 10)
- “Encouragement is huge. I really now focus on creating the psychological safety so that everyone can contribute. I want to build a community of like mindedness and that comfort, that’s what we seek often from a work community. Often there’s not real connection amongst the team so making that happen as a leader is pinnacle.” (participant 3)

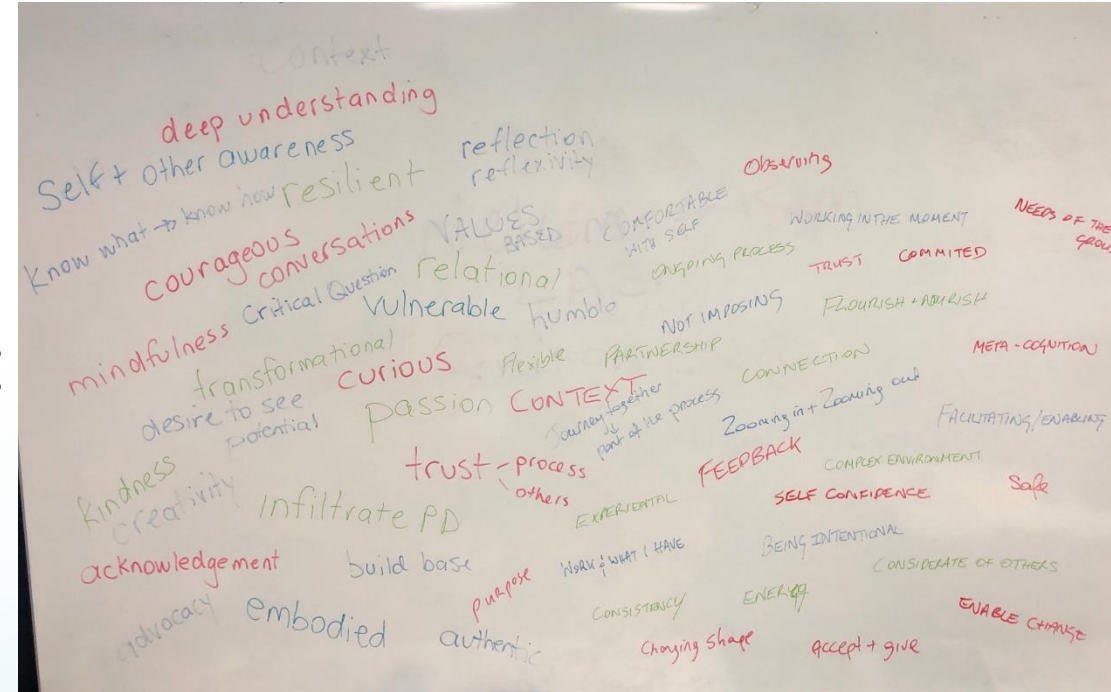
# Implications

- Trust is engendered when collaboration is fostered amongst healthcare professionals -> cohesions, open discussion, better healthcare provision
- Broader networking amongst disciplines -> power and influence, knowledge, support
- Self-awareness leads to self-development and maturity in responses and actions
- Awareness of others (team and other disciplines) enhances capacity and capability. Behaviours that value and enable others impact service delivery -> people are respected and enabled to be their best
- Awareness of context enhanced
- Use of research to inform decisions and priorities
- Learning from others. Physical presence in workshops promotes sharing and mutual understanding, allows safe environment to practice and then take back to workplace
- Formal assessment contributes to learning



# Key factors/Learning

- Use of leadership model
- Translating knowledge and theory to healthcare practice brings about transformation
- Collaboration and shared facilitation between academia and local healthcare leaders
  - Valued
  - Mentioned by participants as contributing to the links





# Yes!

## Leadership education does translate into health practice

"I learned a lot about myself in the program and then go out into the big wide world as a leader. It gave me confidence plus tools to step into leadership roles:

"I'm not afraid to approach people with my ideas.....to get buy in from people in higher positions. I'm doing this now- I never would have before"

"I now have the confidence to speak up more and get involved in discussions in the workshops and in my workplace"

"The same thing keeps coming up, like reflective practice, values clarification, and ways of working. These are principles I have been incorporating into my everyday thinking and how I can use them"

"I'm leading by example. I'm part of the team. The distinction between leadership and management is so profound for me now. I work to be present with my team. It's made a difference to our relationships . We talk more openly"

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