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Thank you

**Literature search results**

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**Search details**

**Resources searched**

- NICE Evidence; TRIP Database; Cochrane Library; BNI; CINAHL; EMBASE; HMIC; MEDLINE; PsychINFO; Google Scholar

**Database search terms:**

- leader* adj2 style*; leadership adj1 (transformational OR servant OR bureaucratic OR charismatic OR transactional); (leader* adj2 (type* OR technique* OR approach* OR practice* OR form* OR mode* OR method*)); LEADERSHIP STYLE; TRANSFORMATIONAL LEADERSHIP; clinic* adj2 engag*; EMPLOYEE ENGAGEMENT; ORGANIZATIONAL COMMITMENT; (clinician* OR medical OR doctor* OR nurs*) adj2 (engag* OR involv* OR commitment); (clinical adj2 (engag* OR involv* OR commitment); NHS; “national health service”; health; improvement* OR transformation OR innovation OR (service redesign*))

**Evidence / Google Scholar search string(s):**

- (leadership (style OR type OR approach OR technique OR method OR form OR mode)) (clinical (engagement OR involvement OR commitment)) (improvement OR transformation OR innovation OR (service redesign))

**Summary**

There’s not a huge amount of research in this area, and what there is does not necessarily cover mental health, but hopefully the studies’ conclusions can be applied to your setting.
### Guidelines and Policy

**Canadian Foundation for Healthcare Improvement**

*Exploring the dynamics of physician engagement and leadership for health system improvement: prospects for Canadian healthcare systems* 2013

**NHS Improving Quality**

*Service improvement in microbiology: why, what and how* 2012

**Royal Pharmaceutical Society**

*Leadership Competency Framework for Pharmacy Professionals* 2011

### Evidence Reviews

**Database of Abstracts of Reviews of Effects**

*The relationship between nursing leadership and patient outcomes: a systematic review* 2007

The few studies currently available suggest that transformational nursing leadership improves patient satisfaction with health care and reduces adverse events and complications.

**Healthcare Improvement Scotland**

*A systematic narrative review of quality improvement models in health care* 2009

**National Institute for Health research (NIHR)**

*Are we there yet? Models of medical leadership and their effectiveness: an exploratory study* 2013

*Possibilities and pitfalls for clinical leadership in improving service quality, innovation and productivity* 2013

*Leadership and better patient care: managing in the NHS* 2011

*Leadership in healthcare: a review of the literature for health care professionals, managers and researchers* 2008

*The impact of leadership factors in implementing change in complex health and social care environments: NHS plan clinical priority for mental health crises resolution teams* 2007

### Published Research – Databases

1. Developing a nurse-led clinic using transformational leadership.

**Author(s)** Gousy, M., Green, K.

**Citation:** Nursing Standard, 2015, vol./is. 29/30(37-41), 0029-6570

**Publication Date:** 2015

**Abstract:** Nurses are at the forefront of implementing and managing change, given constantly changing healthcare services and the increase in demand for health care. Therefore, it is important to identify the best style of leadership to engage nurses in
implementing service-led improvements. This article explores the effects of transformational leadership in bringing about service-led improvements in health care, using the example of setting up a nurse-led acupuncture clinic to optimise the care of patients with chronic pain. Transformational leadership was used throughout the project - from the initial local planning, training and development, through to liaising with the appropriate staff and deciding on an evaluation strategy. Transformational leadership proved to be an effective way to engage and empower nurses and other members of the chronic pain team to enable them to achieve the project aims. [Abstract]

Source: HMIC

2. Perspectives on clinical leadership: a qualitative study exploring the views of senior healthcare leaders in the UK

Author(s) Nicol, Edward D, Mohanna, Kay, Cowpe, Jenny


Publication Date: July 2014

Abstract: Introduction: Clinicians are being asked to play a major role leading the NHS. While much is written about clinical leadership, little research in the medical literature has examined perceptions of the term or mapped the perceived attributes required for success. Objective: To capture the views of senior UK healthcare leaders regarding their perception of the term 'clinical leadership' and the cultural backdrop in which it is being espoused. Setting: UK Healthcare sector Participants: Senior UK Healthcare leaders Methods: Twenty senior healthcare leaders including a former Health Minister, NHS Executives, NHS Strategic Health Authority, PCT and Acute Trust chief executives and medical directors, Medical Deans and other key actors in the UK medical leadership arena were interviewed between 2010 and 2011 using a semi-structured interview technique. Using grounded theory, themes were identified and subsequently analysed in an attempt to answer the broad questions posed. Main outcome measures: Not applicable for a qualitative research project Results: A number of themes emerged from this qualitative study. First, there was evidence of changing attitudes among doctors, particularly trainees, towards becoming involved in clinical leadership. However, there was unease over the ambiguity of the term 'clinical leadership' and the implications for the future. There was, however, broad agreement as to the perceived attributes and skills required for success in healthcare leadership. Conclusions: Clinical leadership is often perceived to be doctor centric and 'Healthcare Leadership' may be a more inclusive term. An understanding of the historical medico-political context of the leadership debate is required by all healthcare leaders to fully understand the challenges of changing healthcare culture. Whilst the broad attributes deemed essential for success as a healthcare leaders are not new, significant effort and investment, including a physical Healthcare Academy, are required to best utilise and harmonise the breadth of leadership talent in the NHS. [PUBLICATION] 27 references

Source: BNI

Available in fulltext from Journal of the Royal Society of Medicine at EBSCOhost

3. Transforming Care at the Bedside (TCAB): Enhancing Direct Care and Value-added Care.

Author(s) Dearmon, Valorie, Roussel, Linda, Buckner, Ellen B., Mulekar, Madhuri, Pomrenke, Becky, Salas, Sheri, Mosley, Aimee, Brown, Stephanie, Brown, Ann

Citation: Journal of Nursing Management, 01 May 2013, vol./is. 21/4(668-678), 09660429

Publication Date: 01 May 2013

Abstract: dearmon v., roussel l., buckner e.b., mulekar m., pomrenke b., salas s., mosley a., brown s. & Brown A. (2013) Journal of Nursing Management 21, 668-678 Transforming Care at the Bedside: enhancing direct care and value-added care Aim The purpose of this study was to examine the effectiveness of a Transforming Care at the Bedside initiative from a unit perspective. Background Improving patient outcomes and nurses' work environments are the goals of Transforming Care at the Bedside. Transforming Care at the
Bedside creates programs of change originating at the point of care and directly promoting engagement of nurses to transform work processes and quality of care on medical-surgical units. Methods This descriptive comparative study draws on multiple data sources from two nursing units: a Transforming Care at the Bedside unit where staff tested, adopted and implemented improvement ideas, and a control unit where staff continued traditional practices. Change theory provided the framework for the study. Results Direct care and value-added care increased on Transforming Care at the Bedside unit compared with the control unit. Transforming Care at the Bedside unit decreased in incidental overtime. Nurses reported that the process challenged old ways of thinking and increased nursing innovations. Hourly rounding, bedside reporting and the use of pain boards were seen as positive innovations. Conclusions Evidence supported the value-added dimension of the Transforming Care at the Bedside process at the unit level. Implications for nursing management Nurses recognized the significance of their input into processes of change. Transformational leadership and frontline projects provide a vehicle for innovation through application of human capital.

Source: CINAHL
Available in fulltext from Journal of Nursing Management at EBSCOhost

4. [Are we there yet? Models of medical leadership and their effectiveness : an exploratory study]

Author(s)  
Citation: , 2013
Publication Date: 2013
Abstract: Published by the National Institute for Health Research, 'Are we there yet? Models of medical leadership and their effectiveness: an exploratory study' comprises seven chapters preceded by an executive summary. This covers background, aims, methods, results and conclusions. The study supplies an updated picture of the type and range of medical leadership structures in English NHS trusts and analyses operations and processes. The policy context in chapter one has six sections including investment and reform, regulatory reforms for doctors and health care providers, and the Coalition Government. There are nine sections in the literature review in chapter two including the NHS context, NHS medical leaders, quality improvement programmes and experience from other countries. Study methods follow in chapter three including its limitations. Chapter four supplies survey results in terms of response rate by region, Foundation Trust status, Trust type, budgets, and staff and consultants employed. Structures follows with six sections, and processes reviewing seven aspects of the formal leadership roles of medical consultants, accountable officers, development programmes and their effectiveness, service quality, financial performance and effectiveness of medical leadership arrangements. Chapter five contains a case study thematic analysis, while the sixth chapter covers medical engagement and organisational performance, two full case studies and details of five others, and organisational performance data. The discussions and conclusions in chapter seven include policy context, questionnaire survey results from NHS trusts and case study findings. Interpretation of results and implications for the NHS conclude. There are two appendices. (90 fig, 32 tab, 78 ref)

Source: HMIC

5. Processes to engage and motivate staff

Author(s) Henderson, Amanda
Citation: Nursing Management, 2013, vol./is. 20/8(18-24), 1354-5760
Publication Date: 2013
Abstract: Nursing has a history of poor workplace contexts in which the focus has been on performing and completing tasks, rather than engaging fully with patients. Further, nursing practice is increasingly driven by bureaucratic demands and service requirements, which can result in neglect of the workplace needs of staff. This article describes how a nurse unit manager changed a poor working environment in one surgical unit by using
transformational leadership techniques to address procedural employment practices and poor team relationships. With support from nurse educators in the nursing practice development unit, clinical staff engaged in a series of activities that improved their work relationships, as well as professional and clinical development. [Abstract]

**Source:** HMIC

Available in fulltext from *Nursing Management - UK* at [EBSCOhost](http://www.ebscohost.com)

6. Leadership in healthcare

**Author(s)** Kumar R.D.C.

**Citation:** Anaesthesia and Intensive Care Medicine, January 2013, vol./is. 14/1(39-41), 1472-0299;1878-7584 (January 2013)

**Publication Date:** January 2013

**Abstract:** There is now widespread recognition that effective leadership by healthcare professionals is essential in modern healthcare settings. The major factor underpinning this is the drive to improve the quality of healthcare provision. There are many reasons why quality improvement programmes fail, however the lack of engagement of medical staff and their resistance to change are amongst the most important factors. Clinicians who assume leadership roles to promote quality are well placed to overcome these barriers but need to adopt a style of leadership that is inclusive and meets the needs of healthcare professionals. This article describes a number of leadership theories and styles, and discusses their relevance to healthcare settings (in particular the NHS). Crown Copyright © 2013 Published by Elsevier Ltd. All rights reserved.

**Source:** EMBASE


**Author(s)** Remus, Sally, Kennedy, Margaret Ann

**Citation:** Nursing Leadership (1910-622X), 01 December 2012, vol./is. 25/4(14-26), 1910622X

**Publication Date:** 01 December 2012

**Abstract:** In a recent brief to the Canadian Nurses Association's National Expert Commission on the Health of Our Nation, the Academy of Canadian Executive Nurses (ACEN) discussed leadership needs in the Canadian healthcare system, and promoted the pivotal role of nursing executives in transforming Canada's healthcare system into an integrated patient-centric system. Included among several recommendations was the need to develop innovative leadership competencies that enable nurse leaders to lead and advance transformative health system change. This paper focuses on an emerging "avant-garde executive leadership competency" recommended for today's health leaders to guide health system transformation. Specifically, this competency is articulated as "state of the art communication and technology savvy," and it implies linkages between nursing informatics competencies and transformational leadership roles for nurse executive. The authors of this paper propose that distinct nursing informatics competencies are required to augment traditional executive skills to support transformational outcomes of safe, integrated, high-quality care delivery through knowledge-driven care. International trends involving nursing informatics competencies and the evolution of new corporate informatics roles, such as chief nursing informatics officers (CNIOs), are demonstrating value and advanced transformational leadership as nursing executive roles that are informed by clinical data.

**Source:** CINAHL

8. The clinical nurse leader.

**Author(s)** Stavrianopoulos, Theodosios
Abstract: Background: The Clinical Nurse Leader (CNL) is the first new role in nursing since the nurse practitioner was introduced over many years ago. The CNL evolved after the American Association of Colleges of Nursing (AACN) convened a task force to identify ways to improve quality of patient care and determine how to prepare nurses with the skills and competencies needed to thrive in the current and future healthcare system. The original task force on education developed models for nursing education and regulation. A second task force was established, and from that work, a new role emerged—the Clinical Nurse Leader (CNL). Aim: The aim of the present study was review the literature about the role of Clinical Nurse Leader. Method and Material: Method was used is to search in databases (PUBMED, SCOPUS) to identify articles related to the role of clinical nurse leader. The search took place in February 2011 for scientific papers until February 2011. The keywords used in combination were: clinical, nurse, leader, leadership. Results: The Clinical Nurse Leader role was developed in response to concerns about the quality and safety of nursing care in the complex, technologically advanced, ever-changing healthcare system. The CNL could be a clinician, an advanced generalist, an outcomes manager, an interdisciplinary care team manager, a patient advocate, an educator, an information manager, a member of the profession and a lifelong learner. Conclusions: The Clinical Nurse Leader role emerged following several years of research and discussion with stakeholders as a way to engage highly skilled clinicians in outcomes-based practice and quality improvement strategies. The CNL is an advanced generalist clinician with education at the master's degree level. The Clinical Nurse Leader is an emerging nursing role developed by the American Association of Colleges of Nursing (AACN) in collaboration with an array of leaders from the practice environment. Two AACN task forces were convened to identify a) how to improve the quality of patient care and b) how to best prepare nurses with the competencies needed to thrive in the current and future health care system.

Source: CINAHL


Author(s) Cameron, Shona, Harbison, Jean, Lambert, Vicky, Dickson, Caroline

Citation: Journal of Advanced Nursing, 01 July 2012, vol./is. 68/7(1469-1481), 03092402

Abstract: This article is a report on a study investigating how leadership is perceived in community nursing teams and how these perceptions are translated into working practices of team leaders. Background. The consensus in community nursing literature is that leadership is important, and especially so in a time of change. However, little empirical evidence exists on how leadership works in practice. Method. The study adopted an exploratory descriptive design, utilising individual semi-structured interviews and focus groups in four case-studies, with a total of 54 participants. Two case-studies focussed on district nursing teams and two involved public health nursing teams, located in two geographical areas. Participants debated their understanding of the concept of leadership, its associated practices and behaviours in teams, if they saw themselves as leaders, and what preparation was required. The study was undertaken in 2009. Framework analysis techniques were employed to analyse the data. Findings. A ‘quasi-family’ model of leadership emerged, with significant emphasis on the importance of personal relationships and support. Nursing grade had a greater impact on perceptions of leadership than geographical context or professional and clinical focus. Conclusion. No clear fit with any existing theoretical framework was identified. However, nurses in the highest grade banding, in particular, demonstrated practices associated with transformational leadership. Nurses expressed the very clear need to be acknowledged, respected and valued, and that those who provided this support were regarded as good leaders.

Source: CINAHL

Available in fulltext from Journal of Advanced Nursing at EBSCOhost

**Author(s)** Skog, Alexander, Peyre, Sarah E., Pozner, Charles N., Thorndike, Mary, Hicks, Gloria, Dellaripa, Paul F.

**Citation:** Teaching & Learning in Medicine, 01 July 2012, vol./is. 24/3(225-230), 10401334

**Publication Date:** 01 July 2012

**Abstract:** Background: The situational leadership model suggests that an effective leader adapts leadership style depending on the followers' level of competency. Purpose: We assessed the applicability and reliability of the situational leadership model when observing residents in simulated hospital floor-based scenarios. Methods: Resident teams engaged in clinical simulated scenarios. Video recordings were divided into clips based on Emergency Severity Index v4 acuity scores. Situational leadership styles were identified in clips by two physicians. Interrater reliability was determined through descriptive statistical data analysis. Results: There were 114 participants recorded in 20 sessions, and 109 clips were reviewed and scored. There was a high level of interrater reliability (weighted kappa r = .81) supporting situational leadership model's applicability to medical teams. A suggestive correlation was found between frequency of changes in leadership style and the ability to effectively lead a medical team. Conclusions: The situational leadership model represents a unique tool to assess medical leadership performance in the context of acuity changes.

**Source:** CINAHL

11. [Leadership and engagement for improvement in the NHS: together we can]

**Author(s)**

**Citation:** , 2012

**Publication Date:** 2012

**Abstract:** The King's Fund reports on 'Leadership and Engagement for Improvement in the NHS' with the subtitle 'Together we can'. It continues the work of the Commission on Leadership report 'No More Heroes' (King's Fund 2011). There are five chapters preceded by a foreword from the chief executive, Chris Ham, which outlines the type of effective leadership and management required by the NHS, and particularly leadership across systems of care to support greater integration of services serving the needs of patients and populations. There are then 12 findings and recommendations and an introduction stressing the importance of engagement. It identifies the three main NHS challenges of driving up quality of care, finding billions of pounds of productivity gains and making the government's reforms work through shared leadership. This second report emphasises that engaging staff and patients is essential in facilitating change and improvement. Making the case for engagement comprises chapter three with seven sections beginning with why engagement matters and what it means. The third topic is staff engagement in the NHS. Questions on staff engagement were included in the annual staff survey in England in 2009 and it is measured through psychological engagement (or motivation), advocacy and involvement. Other topics discuss staff and patient engagement and the role of leadership in engagement. Chapter four looks at engaging different groups with six sections looking at engaging staff, patients, doctors, nurses and health professionals, boards and generally across the system. The conclusions follow and there is an appendix. Cites numerous references. This publication builds on the report 'No More Heroes', a 2011 study of the future of leadership and management in the NHS. It investigates in more detail than in the original report the role of leaders in engaging others in improving health and social care. Starting from the research finding that NHS leaders favour a style focussed on target delivery rather than engaging patients and staff, the report goes on to describe evidence that links medical engagement with organisational performance in the NHS and health systems generally. The report makes several suggestions of how management training in the NHS can develop the engagement style of leadership which, it claims, could significantly improve organisational performance. Cites numerous references.

**Source:** HMIC
12. Linking transformational leadership to nurses' extra-role performance: the mediating role of self-efficacy and work engagement.

Author(s) Salanova, Marisa, Lorente, Laura, Chambel, Maria J., Martinez, Isabel M.

Citation: Journal of Advanced Nursing, 01 October 2011, vol./is. 67/10(2256-2266), 03092402

Publication Date: 01 October 2011

Aims. This paper is a report of a social cognitive theory-guided study about the link between supervisors' transformational leadership and staff nurses' extra-role performance as mediated by nurse self-efficacy and work engagement. Background. Past research has acknowledged the positive influence that transformational leaders have on employee (extra-role) performance. However, less is known about the psychological mechanisms that may explain the links between transformational leaders and extra-role performance, which encompasses behaviours that are not considered formal job requirements, but which facilitate the smooth functioning of the organization as a social system. Methods. Seventeen supervisors evaluated nurses' extra-role performance, the data generating a sample consisting of 280 dyads. The nurses worked in different health services in a large Portuguese hospital and the participation rate was 76.9% for nurses and 100% for supervisors. Data were collected during 2009. A theory-driven model of the relationships between transformation leadership, self-efficacy, work engagement and nurses' extra-role performance was tested using Structural Equation Modelling. Results. Data analysis revealed a full mediation model in which transformational leadership explained extra-role performance through self-efficacy and work engagement. A direct relationship between transformational leadership and work engagement was also found. Conclusion. Nurses' supervisors with a transformational leadership style enhance different 'extra-role' performance in nurses and this increases hospital efficacy. They do so by establishing a sense of self-efficacy but also by amplifying their levels of engagement in the workplace.

Source: CINAHL
Available in fulltext from Journal of Advanced Nursing at EBSCOhost

13. Improving health care through effective clinical leadership: "The fine art of Herding Cats"

Author(s) Leider H.L.

Citation: Journal of Pain and Symptom Management, January 2011, vol./is. 41/1(179), 0885-3924 (January 2011)

Publication Date: January 2011

Abstract: Objectives: 1. Recognize why it is critical to foster clinical leadership to improve quality of care. 2. Examine the effectiveness of traditional methods of influencing healthcare professionals. 3. Discuss a new model of clinical leadership-the "Herding Cats Model"-and how it can be applied to the field of palliative care. Healthcare leaders typically face a major challenge when they attempt to influence other healthcare professionals. Despite the fact that their goal is noble-to foster improvements in patient care and outcomes-resistance to change is often strong and pervasive. Traditional leadership models for influencing clinicians have achieved limited success as the selection, training, and acculturation of healthcare professionals emphasizes and reinforces personal autonomy over collaboration, teamwork, and the adoption of best practices created by others. This presentation will examine why it is so difficult for leaders to influence other healthcare professionals and the effectiveness of multiple traditional strategies to influence professionals and other professionals. Finally, a new model of leadership that can be used to effectively engage clinicians will be presented and its application to the field of palliative care will be explored.

Source: EMBASE
14. Clinicians in the driving seat - Microsoft Health

Author(s) Kos S.

Citation: Journal of Medical Imaging and Radiation Oncology, October 2010, vol./is. 54/(A26), 1754-9477 (October 2010)

Publication Date: October 2010

Abstract: Providing high quality care in today’s increasingly complex healthcare environment is a challenge for clinicians, executives and policy makers. Top-down programmes of reform driven by government or IT suffer for lack of clinical involvement, ultimately compromising outcomes and lasting change. In this context, clinical leadership becomes increasingly important. This paper examines clinical leadership. It models the responsibilities of clinicians, benefits of the approach, and tools required for effective clinical leadership. This framework is applied to the individual, care team, health system and professional community levels. The case for clinical leadership as a vehicle for successful organisational change is developed, and contrasted against examples of clinical change that has not been formulated and implemented with clinicians as active drivers. A fundamental question is posed: are clinical leaders currently equipped with the right tools to be successful? The tools to be effective at each of these levels are explored, with examples of best practice illustrated. These tools are evaluated against the Australian health reform agenda and contemporary issues in information technology. A new model of clinical reform is proposed, challenging clinical leaders to take a more active role in decision making that affects the clinical workplace. Governance models from other geographies are presented where empowered clinicians work collaboratively with the organisation to prioritise, design, champion and embed lasting change.

Source: EMBASE

Available in fulltext from Journal of Medical Imaging & Radiation Oncology at EBSCOhost

15. Nine structures and leadership practices essential for a magnetic (healthy) work environment.

Author(s) Kramer, Marlene, Schmalenberg, Claudia, Maguire, Patricia

Citation: Nursing administration quarterly, Jan 2010, vol. 34, no. 1, p. 4-17 (2010 Jan-Mar)

Publication Date: January 2010

Abstract: Improving clinical nurse work environments is a major challenge faced by nurse executives today. To meet this challenge, nurse leaders must implement the "right" structures and best leadership practices so that clinical nurses can engage in the work processes and relationships that are empirically linked to quality patient outcomes. What are these "right" structures and best leadership practices? Meta-analyses of 2 sets of publications were used to identify organizational structures and best leadership practices essential to a healthy work environment, that is, a work environment that enables them to engage in the work processes and relationships needed for quality patient care outcomes. The first set was 12 publications from 7 professional organizations/regulatory bodies that advocated forces, hallmarks, and standards for a healthy work environment. The second set was 18 publications from the Essentials of Magnetism structure-identification studies, in which the aggregated results from 1300 interviews with staff nurse, manager, and physician "experts" were compared with the agency results. Broadening the categories and final aggregation yielded the 9 most important and influential structures essential to a quality work environment. Suggestions for implementing these structures are provided.

Source: Medline

16. Positive working relationships matter for better nurse and patient outcomes. [Special issue]

Author(s)

Citation: Journal of Nursing Management, 2010, vol./is. 18/8, 0966-0429
Publication Date: 2010


Source: HMIC

Available in fulltext from Journal of Nursing Management at EBSCOhost

17. On the scene at Children's Hospitals and Clinics of Minnesota.

Author(s) Malone, Ginger, Akre, Mari, Hauck, Mary

Citation: Nursing administration quarterly, Jan 2009, vol. 33, no. 1, p. 54-61 (2009 Jan-Mar)

Publication Date: January 2009

Abstract: Transformational nursing leadership requires innovation and best practice synthesis to engage and advance nursing practice and outcomes. Children's Hospital and Clinics of Minnesota is creating a sustainable culture of patient safety that expects collaborative practice involving families and all clinical disciplines. Leadership and practice structures are essential to ensure high-reliability processes and achieve breakthrough performance. Several infrastructural paths are described to illustrate how Children's Hospitals and Clinics of Minnesota integrates multiple approaches toward a common purpose of clinical excellence.

Source: Medline

18. Clinical leadership: Using observations of care to focus risk management and quality improvement activities in the clinical setting.

Author(s) Ferguson, Lorraine, Calvert, Judy, Davie, Marilyn, Fallon, Mark, Fred, Nada, Gerbach, Vicki, Sinclair, Lynn

Citation: Contemporary Nurse, Apr 2007, vol. 24, no. 2, p. 212-224, 1037-6178 (Apr 2007)

Publication Date: April 2007

Abstract: In an era when patient safety and quality of care are a daily concern for health care professionals, it is important for nurse managers and other clinical leaders to have a repertoire of skills and interventions that can be used to motivate and engage clinical teams in risk assessment and continuous quality improvement at the level of patient care delivery.
This paper describes how a cohort of clinical leaders who were undertaking a leadership development program used a relatively simple, patient-focused intervention called the 'observation of care' to help focus the clinical team's attention on areas for improvement within the clinical setting. The main quality and safety themes arising out of the observations that were undertaken by the Clinical Leaders (CLs) were related to the environment, occupational health and safety, communication and team function, clinical practice and patient care. The observations of care also provided the CLs with many opportunities to acknowledge and celebrate exemplary practice as it was observed as a means of enhancing the development of a quality and safety culture within the clinical setting. The 'observation of care' intervention can be used by Clinical Leader's to engage and motivate clinical teams to focus on continuously improving the safety and quality of their own work environment and the care delivered to patients within that environment. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Source: PsycINFO

Available in fulltext from Contemporary Nurse: A Journal for the Australian Nursing Profession at EBSCOhost

Available in fulltext from Contemporary Nurse : a Journal for the Australian Nursing Profession at ProQuest

19. How effective leaders achieve success in critical change initiatives part 4: emergent leadership--an example with doctors

Author(s) Peterson L., King S.

Citation: Healthcare quarterly (Toronto, Ont.), 2007, vol./is. 10/4(59-63, 2), 1710-2774 (2007)

Publication Date: 2007

Abstract: Engaging family doctors in clinical practice innovations has often been seen to be a difficult challenge. It is happening in some creative ways with the Hamilton Family Health Team. This article illustrates how Ontario's Ministry of Health and Long-Term Care, some of the original leaders in the Hamilton Team, and CEO Terry McCarthy have created an environment that fosters emergent leadership. Their approach has accelerated the delivery of both increased access and improved patient care.

Source: EMBASE

20. Leading improvement.

Author(s) Ovretveit, John

Citation: Journal of Health Organization and Management, 2005, vol./is. 19/6(413-430), 1477-7266

Publication Date: 2005

Abstract: PURPOSE: To provide research-informed guidance to leaders of quality and safety improvement and evidence-based materials for education programmes for leaders. DESIGN/METHODOLOGY/APPROACH: Search of databases and hard copy literature since 1985 into managers' and leaders' role in quality and safety improvement. Classification into 'eA': Empirical strong research evidence, 'eB': Empirical research, weak evidence and, 'eC': Conceptual discussion, not based on systematic empirical research. Summary, and synthesis of the best available evidence for a guidance checklist for leaders. FINDINGS: Although most literature emphasises the importance of committed leadership for successful quality and safety improvement, research evidence supporting this is scarce and often scientifically limited. The research shows evidence of the limitations and scope of leader actions for improving health care provision, the need to engage clinicians in this work and ways to do so, as well as the leadership role played by others apart from senior leaders. The ability of managers and other leaders skillfully to tailor Q&SI to the situation may be important but descriptions of how leaders do this and evidence supporting this proposition are lacking. RESEARCH LIMITATIONS/IMPLICATIONATIONS: More research is needed about whether or how the leader role is different according to the stage of quality and safety development of the organisation, the type of organisation, the type of context,
the level and type of leader and the type of improvement and improvement method.
PRACTICAL IMPLICATIONS: Implications for leaders' actions are provided in a 'best
evidence guidance' checklist. This provides more tangible and research-informed guidance
than the inspirational literature or studies from single organisations. ORIGINALITY/VALUE:
This paper provides the first overview and synthesis of a wide range of studies which can
be used as a basis for future research and materials for educational programmes. It
provides the first detailed guidance for leaders about specific actions which research
suggests they need to take to improve quality and safety. 65 refs. [Abstract]

Source: HMIC
Available in fulltext from Journal of Health Organization and Management at ProQuest

Additional research

Engaging Pediatric Intensive Care Unit (PICU) clinical staff to lead practice improvement:
the PICU Participatory Action Research Project (PICU-PAR) Implementation Science 2014

Google Scholar

From the 1st fifty results:

Leading improvement
J Øvretveit - Journal of health organization and management, 2005 - emeraldinsight.com
... In summary, some evidence suggests that senior leaders need to build a “system of
leadership for improvement” (SLI), which are all ... need to identify and then stimulate a
variety of leaders in an organisation to take a common approach to leading the type of
improvement ...
Cited by 76 Related articles All 6 versions Cite Save

Measure, learn, and improve: physicians' involvement in quality improvement
AMJ Audet, MM Doty, J Shamasdin, SC Schoenbaum - Health Affairs, 2005 - Health Affairs
... solo, small [2–9 physicians], medium [10–49], or large [50 or more]): mode of
compensation ... about the quality of care they provide (Exhibit 2f). The most common
type of data ... With the exception of willingness to share data with medical leadership,
these opinions varied little by ... Cited by 212 Related articles All 20 versions Cite Save

[PDF] When clinicians lead
J Mountford, C Webb - McKinsey Quarterly, 2009 - peakhealthcare.co.nz
... Service leaders are the second type: passionate advocates of their own units or teams,
who are ... the basics of leadership, such as an awareness of their personal style and how
... Starting from isolated pockets of excellence and innovation, clinical leadership still
has a long road to ... Cited by 44 Related articles All 15 versions Cite Save More

Engaging clinicians in quality improvement initiatives: art or science?
AN Siriwardena - Quality in primary care, 2009 - ingentaconnect.com
... more sceptical towards it, particularly if it is seen as being imposed externally,
particularly by 'management', in the form of controls ... 1 Ham C. Improving the
performance of health services: the role of clinical leadership. ... From resistance to
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Medical professionalism: leadership competency—an essential ingredient

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... framework will differ according to the career stage of the doctor and the type of role...
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... A contextualized approach to investigating leadership has been widely advocated (eg. Osborn et al., 2002 and ... organizational contexts, and to examine the under-researched primary care sector where leadership dynamics may ... Case study site, Managerial, Clinical, Hybrid, Total. ...
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