Leading in Uncertain Times
Evaluation of pilot programme 2012

Report to Research Alliance Committee, National Leadership and Innovation Centre for Nursing & Midwifery, HSE

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Executive Summary

A pilot phase of the Leading in Uncertain Times programme was facilitated by the National Leadership and Innovation Centre for Nursing & Midwifery, Health Service Executive in 2012. This is a two-day leadership development programme for Staff Nurses and Midwives (SN/Ms), and Clinical Nurse/Midwife Managers 1 and 2 (CNM1/CMM1 and CNM2/CMM2). The pilot phase has been evaluated by a team at Dublin City University and this evaluation report is based on two phases of evaluation data collection:

- **Data collected by the NLIC in May-July 2012**
  - From facilitators, after the facilitator preparation programme,
  - From facilitators and participants, after the pilot programme ran in 10 sites
- **Data collected by DCU in September-October 2012**
  - From facilitators, Directors of Nursing/Midwifery, participants, and members of the National Implementation Group, 6-8 weeks after the pilot programme ran

Data sources are triangulated here and key results are:

1. The facilitator preparation programme was very positively evaluated and appeared to adequately prepare facilitators to run the programme, with very positive feedback given on the programme facilitation.
2. The programme was delivered in the ten pilot sites as planned under the pilot phase. However there was short notice in some sites which had implications for preparation of participants, specifically related to the alignment of the ‘pledge’ for a change to individual/team/organisation.
3. Participation in the programme was evaluated very positively overall, especially relating to group interaction and shared learning. Participants reported increased knowledge and confidence after their participation.
4. In the immediate evaluation of the programme the ‘8 strategies for leadership’ session was found to be most useful.
5. The relevance of the components of the programme to their practice since participation in the programme was confirmed by participants in the follow-up survey.
6. Directors of Nursing/Midwifery (6 of 14 involved in pilot) stated that they were supportive of the future roll-out of the programme, though staff shortages and difficulties with release were acknowledged.
7. The role of national implementation group was found to be useful, in particular that it provided representation for all nursing/midwifery areas of practice.

**The pledge**

As the pledge is the immediate outcome of the programme and is the vehicle by which the medium term and potentially longer term impact of the programme will be achieved, specific feedback on it is highlighted:

- Of the 116 participants, 108 registered a pledge on HSELand within 24 hours of completing the pilot programme.
- Of those who registered a pledge, 72 participants (78%) completed the pledge and recorded the impact in HSELand.
- There was considerable variation in the scope of the pledges registered and completed, with no obvious alignment to organisational priorities in all cases.
• There were some difficulties with the term ‘pledge’ articulated at all stages of the evaluation.

**Recommendations**

Based on the evaluation above, the following recommendations are offered for consideration by the Research Alliance Committee and the other groups involved in future decisions about the programme.

**Implementation process**

1. There is a need to guarantee the notice period for organisations participating in the programme so that the clear pathways laid out on the documentation can be followed.
2. Pre-reading must be adhered to as a pre-requisite for participants so that they gain most from the programme. While in some cases this is difficult, that should be the exception.
3. As per the pathway, participants and line managers (and other senior managers) must link effectively before participants take part in the programme to consider a feasible service change that is best aligned with the organisational values and priorities, as well as their own interests and values.

**Programme structure/content**

4. Future facilitator preparation programmes could offer optional focus on leadership or facilitation, based on the needs of those attending a programme.
5. Although there was not unanimous feedback, it is recommended that the team re-examine some content of the 2 day programme, namely: Power and authority, Coaching, Centred leadership

**The pledge**

6. It is recommended that the term pledge be changed, to ‘service improvement’, ‘service change’. This may remove any resistance to the term, rather than the notion(or concept), of this outcome of the programme.
7. Facilitators and line managers will need to ensure that ‘pledges’ are conceived and articulated as more aligned to organisational development, and that they are SMART as clearly laid out in the programme documentation. This appears to have been covered in the programme content, but requires greater clarity and feedback about the ‘pledges’ within the programme, rather than after it.

**Next steps**

This evaluation was carried out on a particular model used in the pilot phase, within which a small number of participants from any one organisation participated. There were clear benefits for the individuals involved in this phase. The pilot was found ‘fit-for-purpose’ on its own terms – it ran well, was beneficial for participants and facilitators and participants found the programme content relevant since they took part.

**Immediate**

8. However, in order to fully evaluate the impact of this pilot programme on an organisation and ultimately on patient care and outcomes, some further evaluation is required before there can be any recommendation for national rollout from the evaluation. This would involve using a subset of the 10 pilot sites and existing facilitators to deliver an amended programme reflecting the above recommendations with a specific focus on the evaluation of organisational outcomes. The necessary tools and strategies would be developed by the
research team in collaboration with the NLIC, and would measure organisational impact and the impact on quality of patient care more meaningfully than was possible in this phase. An additional benefit is that gives the opportunity to test those tools and strategies, which themselves are a deliverable of the research service. This will also allow the potential of online evaluation of elements of the programme to be explored.

Further implementation

9. For all future roll-out of the programme, there is a need to identify the existing structures (for example, Centres of Nursing/Midwifery Education) that would help support this programme in a sustainable manner and exploit existing knowledge and capacity.

10. There were several suggestions to consider multi-disciplinary programmes on leadership and this fits with international trends. It is recommended that after further roll-out and evaluation of this programme, multi-disciplinary participation in such programmes be considered with all relevant stakeholders.

11. It would also be desirable to undertake a cost-benefit evaluation on the programme in this next phase- and to consider clearly the question of what added-value this programme offers. Based on this evaluation, this investment in further re-modelling and evaluation of the Leading in Uncertain Times programme is warranted.
1. Background: purpose and implementation of the pilot programme

In 2012 a pilot programme entitled *Leading in Uncertain Times* was facilitated by the National Leadership and Innovation Centre for Nursing & Midwifery, Health Service Executive. This is a two-day leadership development programme for Staff Nurses and Midwives (SN/Ms), and Clinical Nurse/Midwife Managers 1 and 2 (CNM1/CMM1 and CNM2/CMM2).

"Outcomes of the *Leading in Uncertain Times* programme"

The outcomes of the *Leading in Uncertain Times* are to:

- **strengthen** understanding of the role, authority and responsibility of the nurse or midwife as a leader
- **identify** personal and organisation’s values and direction
- **recognise** the contribution and importance of engagement within the team
- **cultivate** sharing and learning; to identify team-based supports that improve resilience and team working to deliver effective efficient services
- **contribute** to service improvement by using different models of leadership and develop the capacity to look to the future during uncertain times
- **become** more confident as a leader and use authority and influence wisely”.

Source: Lead facilitator Resource for LiUT programme, May 2012, p3

The lead person for this national project is based in the National Leadership and Innovation Centre for Nursing & Midwifery (NLIC). A National Implementation Group for the programme was established with representation from all areas of nursing and midwifery, and with agreed Terms of Reference. The Governance and Advisory Group of the NLIC oversees the governance of this and other programmes.

In May 2012, 24 potential facilitators participated in a two-day preparation programme. Subsequently the pilot was delivered in June and July 2012 across ten pilot sites. In those
sites, Directors of Nursing/Midwifery (DoNMs) volunteered and committed to participate, completing an Organisation Readiness checklist as part of that planning process.

The participants were drawn from the eligible populations (on some sites SNMs only, others CNM/Ms only, and in some cases both SNMs and CNM/Ms) across the pilot sites (as shown later in table 2, page 44). These are referred to as Modes A, B, C respectively. In some cases participants were drawn from two or more services. Two facilitators co-facilitated each pilot programme. The project lead attended at least some of all the pilot programmes.
2. Components of the evaluation of the pilot programme

The components of this evaluation, informed by evaluation theory, uses data collected in two phases of the LIUT programme (see below). All elements of the evaluation, including the pledges rely on self-report which is somewhat limiting in evaluation terms. Single word responses to open ended questions also provide some data but these data are also limited in the sense that a rationale or explanation for the response cannot be elicited. However the strength of the evaluation lies in the multi-stakeholder contributions enabling some triangulated analysis of patterns and trends across data sources.

Elements of the pilot programme were evaluated during its implementation (i.e. before the DCU research team involvement) as follows:

PHASE 1

1. Evaluation forms completed by facilitators on days 1 and 2 of the Facilitator Preparation programme
2. Evaluation templates completed by facilitators after day 2 of the LIUT programme, concerning the delivery of their own programme in the pilot site
3. Individual evaluation forms completed by participants on the LIUT programme in the 10 pilot sites (Handbook item 36, day 2 Handbook)

Within 24 hours of completing the two day programme participants were asked to register pledges for a proposed change they would make on HSELand. The DCU research team reviewed the pledges registered on HSELanD (as downloaded in October 2012).

These data sources outlined above have been analysed in this report.

The second phase, undertaken by DCU focused on follow-up stakeholder data and incorporated surveys, via postal questionnaires, as follows:
PHASE 2

1. Survey of participants in all pilot sites
2. Survey of facilitators in all pilot sites
3. Survey of DoNMs in all pilot sites.
4. Survey of members of the National Implementation group for the programme

Questionnaires are included in Appendices A-D. They were developed in consultation with the project lead and agreed with the NLIC. Data from the 2 phases were analysed by the DCU team using content analysis for qualitative analysis of open questions and using SPSS version 20 for analysis of closed questions.
3. Analysis of evaluations of Facilitator Preparation Programme

There were 24 participants in the 2-day Facilitator programme. All participants completed the evaluation after day 1, and 21 people did so at the end of day 2. These provide valuable information about the immediate impressions of the facilitators about their preparation programme. This preparation programme is an integral part of the programme, and in particular to its future roll-out and sustainability which depends absolutely on having facilitators effectively prepared to facilitate the programme.

Day 1 evaluations of facilitator preparation programme

Participants were prompted to comment on important issues which required evaluation to aid future planning. These prompts included:

‘The day was…’

Participants were very positive in their overall assessment of day 1, describing it as excellent, very good, very informative, fun, creative, invaluable, thought-provoking, realistic, and energising. It was also described by three participants as being very full and busy, and as passing “very quickly”. Two participants commented that it was slow to start, but then became busy. Some felt that the material was rushed, and that it was assumed that participants had background knowledge of the subject. Participants noted that “a lot” was required of them to become a facilitator, that this was a ‘revelation’; that there seemed to be “a lot to take on”. Difficulty with the timing of the leadership presentation was mentioned, with more time on facilitation sought. Day 1 was described as “a long day”, especially for those who had to travel, and a longer lunch was suggested as a means of re-energising the group. Moving around the room during exercises was described as useful. Participants welcomed the reference material provided to support the programme. Commentary also included the good use of visual aids and not too much PowerPoint. Specific mention was made by individuals about certain aspects of the day as being most useful/interesting included the shipwreck game and the eight leadership strategies.
‘The group was…’
The group dynamic and interaction was very positively evaluated by participants and they welcomed the chance to interact with colleagues from different areas of nursing and with different experiences. The group was described as open, honest, enthusiastic, inclusive, participative, motivated, non-judgemental, and respectful. Participants acknowledged that some members of the group were nervous about delivering the programme and they had shared concerns about the delivery.

The facilitator(s)
Overall participants evaluated the facilitators very positively. They were found to be very knowledgeable about leadership, engaging, open, skilled, creative, calm, empowering, and challenged participants appropriately. Again the suggestion that some aspects of the day were rushed was brought up in this section. Also some participants felt they needed to hear more about “facilitation”. Positive comments were included about the usefulness of establishing ground rules and good time keeping.

What challenges do I want to work on when I return on day 2?
Challenges identified by participants for work during day 2 were frequently related to the programme content and their ability to deliver it in the future. Participants stated that they wanted to work on:

- Becoming more knowledgeable about the programme content; confirming programme structure; covering the details of the programme; how to manage time to ‘get to grips’ with the programme; need to immerse themselves in the programme-topic; fearful of finishing the two days and not being confident in their knowledge and delivery mode; being seen as knowledgeable and supportive in leadership issues

They also shared concerns about delivering the programme:

- More knowledgeable on how to deliver it; e.g. ‘tie the programme together as to how we will present it’; More on the art of facilitation, develop facilitation skills; Increase in self-confidence in their own competence to deliver it

The following issues were also mentioned by at least two people each, categorised as follows:

1. Requiring clarity: e.g.
• Clarify aim of the pilot programme from various perspectives; like to clarify pledges, tease out examples; Find out what is expected of me; solve ambiguities around line management responsibilities in the process of the programme.

2. Skills/knowledge based: e.g.
• how to challenge effectively; to be more articulate in large groups; how to manage staff nurse and CNM group, if staff nurses feel intimidated; dealing with time management; using facilitator exercises and tools; engage in problem solving; Will observe the styles of facilitation of the presenters.

3. Developing awareness: e.g.
• Network more; promotion of the programme to staff; get more familiar with background reading; will the programme achieve leadership development; how do we change culture.

These reflect the practical concerns of the facilitators but also very relevant wider issues related to leadership and culture.

**Day 2 evaluations of facilitator preparation programme**

Facilitators were also asked to evaluate day 2 of their preparation programme.

**Did the programme achieve its learning objectives?**

Most participants stated that the programme had achieved it objectives. Some observed that it was more challenging for those without “facilitation” experience to master the skills in two days and suggested that they would need a lot more preparation. Again they suggested that there was a lot to take on board during the two days about programme content. However one person commented that this may be clearer when they have delivered the programme itself. One participant stated that the learning objectives were clearer at the end of the programme.

**What were the three most important things you have learnt about facilitation?**

Participants each listed three items and overall the comments reflected an understanding of facilitation in relation to specific skills, facilitation demeanour, and reassurance/insight. Participants recognised the importance of: planning and preparation, knowing the content
‘inside out’, time management and giving groups sufficient time to work, listening and ‘don’t do all the talking’, allowing different views; ensuring participation of all, ensuring aims and objectives are clear and allowing all learning outcomes to be covered. It was also clear that participants had received key messages about the demeanour required for facilitation, e.g. being open and non-judgemental, not having all the answers -making mistakes, the need to trust co-facilitators and support each other in the delivery of the programme and the need to be adaptable and expect the unexpected. There was also recognition that facilitation can be enjoyable and energising.

The three key things you will do to improve your facilitation and knowledge of LiUT and when will you do it

Again participants were asked to list three items. Overall the participants chose to gain a better understanding of the programme by further review of the materials or other background materials, to plan practice and prepare for the programme delivery – programme immersion, and reflect on their own styles, e.g. strengths and weaknesses, lateral thinking skills. Some reference was made to organisational issues such as ensuring material was available and accessible and, significantly, the need to clarify organisational expectations with specific reference to the pledge.

What and who do you need to support your ongoing development as a facilitator of LiUT?

- **What**: time, time to reflect on myself and my development needs, access to equipment, time from manager to be released for programme, online support, opportunity to facilitate

- **Who**: Lead facilitator, NCLINM lead and staff, co-facilitators, fellow facilitators on the programme, Director of Nursing, Divisional and line managers, colleagues, Practice Development Coordinator, nurse management colleagues, ‘buy-in’ from CNMs, local manager, management support and buy-in from staff, NMPDU staff, ADoNs, service people.
How will you know you have achieved what you are setting out to do?
The participants had various expectations in this regard including factors immediate to the delivery of the programme and factors after time. Immediate factors related to

- Feedback - from participants and co-facilitators,
- Smooth delivery of programme,
- Programme evaluations,
- Reflection.

Other factors were longer term and included

- Completed pledges,
- Feedback from managers after the course,
- Changes in practice,
- Visible leadership,
- Reduction in performance issues.

What difference will having taken part in this programme make for your future programme participants?
Some comments in response to this question related to how facilitators saw their enhanced facilitation skills and others referred to the longer-term outcome of enhanced leadership for participants in the future.

Comments suggested that this preparation training would enable the facilitators to show enthusiasm about the programme and to encourage others to be leaders. The programme was seen to be an enabler of more effective programme delivery through enhancement of confidence as a facilitator, increased flexibility and increased awareness of different facilitating strategies. The programme was also described as having increased the awareness of the experience of others and increasing self-awareness. The programme was considered as a component for promoting effective leadership, enhancing leadership skills, providing good role models in facilitators, underpinning a change in mind-set, and enhancing personal development.
What did you like most about the programme?

Five participants said that they found everything about the programme to be good. Others referred specifically to:

- “Good networking opportunities, learned a lot from colleagues, diversity of the group, sharing knowledge and experiences with others, great group dynamics”
- “Facilitation skills of facilitators, mixed learning styles, open style created positive environment”
- “Learning many new skills, enjoyed coaching session”
- “The energy and movement within the room; energiser”
- “Pre-reading material, memory stick”
- “Introduction to new approaches to leadership”

What did you like least? Was anything missing from the two-day preparation programme and if so, what? What if any suggestions do you have for changes in the preparation programme?

Evaluation data from the three prompts above have been compiled here because of the expected overlap and the implicit relationship between the questions. For example, if the participant highlights that they least enjoyed the lack of time to practice facilitation, this is then likely to be highlighted against missing content and included as a recommendation under the ‘suggestions’ question. Some comments from the participants were not related in this way and will also be provided below.

Participants referred in one way or another to the content of the programme, regarding facilitation skills and or facilitation practice. These ranged from the existing content being ‘too rushed’ and ‘skimmed over’ to the more recurrent idea that more time to practice was required. Providing opportunities to role-play scenarios was highlighted specifically. The need for more content in this regard – e.g. “a separate half day” was highlighted more than once. Some concern was also raised about the effectiveness of giving group feedback for facilitation practice. ‘Facilitation’ content seemed to be as important as the LiUT programme content and the two together resulted in a very intensive programme experienced as ‘long days’.
Day 1 of the programme was evaluated less positively than day 2 and seemed to arise because of a lack of clarity as to what was involved or expected. Two people described Day 1 as disjointed and drawn out and skimming over topics. However there was recognition by one that they may not have prepared enough themselves prior to attending. One suggestion in this area related to getting all the objectives from the start. The importance of background reading was recognised and it was suggested that participants be asked to read particular articles in preparation and give feedback. The premise here is that sufficient notice and time are provided for full preparation for the programme.

With regard to specific content, the intensive nature of the programme was noted with an expectation that more time is needed for individual elements of the programme in order to ‘get a better idea of how to approach each part’. There appeared to be some confusion within some of the exercises although which or what specifically was not detailed. Further clarity with regard to the different modes was sought. There was one suggestion that trying to cover eight theories resulted in ‘skimming the surface’. Dealing with ‘awkward’ people was not covered and seemed to be a desirable element. The need to talk through the layout/outline of the LiUT two days (even though it is in the documentation) was highlighted in order to be better prepared for programme delivery. There was some suggestion that facilitators should do the full programme first although it was recognised that this may be difficult in terms of resources, or that a video of the programme being delivered be available for future facilitators. One suggestion made was to arrange to meet the group in 12 months for review.

Some of the evaluation data from the three prompts related to organisational issues, e.g. clear objectives from their own site and the sharing of ‘organisational readiness’ checklists. There was also an understanding that more knowledge about supports in service sites was required.

Single item issues as they were written are listed below:

- Facilitators a little defensive at times when challenged about programme; stating too much how good the programme is
- Not enough time to explore the experience in the room
- Time-frame for roll-out of pilot programme
- Streaming facilitators into groups from same areas of nursing (acute, care older person, mental health)
Overall, the participants in the facilitator preparation programme found it to be beneficial and interesting. Differences in views are likely to be as much about the programme content as about the background, skills and knowledge of the individual respondents and their individual learning needs. These findings will be further considered later alongside data from other sources and time points.
4. Analysis of feedback from facilitators to HSE post-pilot programme delivery

Facilitators were asked to provide feedback via a template emailed to them by the project lead shortly after the pilot programme was delivered by them in their site. They were asked to focus on the following questions:

- What worked well?
- What they would do differently?
- Any other comments?

What worked well?

The facilitators listed items rather than provide more expansive responses and these have been categorised under the headings of programme structure, programme process and materials/resources. Based on the responses given the items which were deemed to work well are listed below:

**Programme structure**

- Group work (noted by many) and group interaction - open learning environment
- 8 leadership strategies allowed for a lot of debate
- Reflection time for participants
- Team games and energisers
- Coaching session worked well

**Programme process**

- Timetable flowed well
- Visibility of project lead, DoNM; support from project lead
- Group agreements worked well
- Facilitators worked well as a team
- Size of group - would recommend no more than 20
- 2 full days were needed
Facilitators being CNMs seemed to suit group
Good to mix group from two organisations

Programme materials
- Participant workbooks
- HSELaND website was very useful
- Availability of material on memory stick was useful
- Content required a lot of reading for facilitators and participants
- Facilitators pack

What would you do differently?
Facilitators gave feedback on what they would do differently, as follows (again grouped by category):

Programme materials
- Reference material was not related to Irish context – need Irish sources
- Some repetition in source material
- Difficult to present materials developed by others
- Suggest general reading on nursing leadership (e.g. text-book) as pre-requisite
- Some PowerPoint presentations had too much content on them

Programme process
- Would benefit from having more experience
- Better discussions with line managers prior to programme would have made discussion of pledge session easier; another said that little thought had gone into pledge before programme
- Material in advance of session for participants would enable better engagement
- Need for administrative support for facilitators
- Participants need to be IT literate
- Need to be a coach more than a teacher
- Needed to be more familiar with content, despite preparation
- Suggest programme does not run over holiday periods
Participants wanted to speak individually about pledge with facilitators
Participants need to register on HSELaND before programme

Programme structure and content
- Power and authority session may not fit with SNMs
- Session on values seemed too long
- Suggest focus on fewer theories in more depth
- Name ‘pledge’ is off-putting
- Consider session on people management
- Shipwreck exercise not taken seriously
- A lot of discussion about budgetary constraints – need to focus on leadership possibilities

Although not specifically asked about the facilitator preparation programme at this stage (as reported above), some facilitators referred back to that programme in terms of how it has prepared them for facilitating the programme. They reiterated the following issues/suggestions: that the preparation programme had been more about leadership than facilitation- and that they would have benefitted from more input re facilitation; another facilitator said the opposite- that she/he needed more on the programme; another said facilitators should go through the complete 2 day programme and then half day on facilitation, that the power point presentations should be covered in preparation programme.

Other comments offered included that:
- Participants had attended on their days off to avoid being cancelled, signalling high motivation levels. This linked with a comment from another site that it is difficult to have staff released. Another highlighted that there is demand for next course already
- There was some reluctance to challenge each other in group, requiring good facilitation skills
- It would be best if facilitators run course every few months (rather than just one off)
- There was another comment about coaching made in this section, namely that ‘coaching cannot be taught in brief session’; as above, there were mixed views about the coaching session and this will be returned to, in the overall conclusions.
5. Analysis of participant evaluations (at the end of day 2 of the LIUT programme)

Participants at the ten sites completed evaluation forms at the end of day 2. They have been made available to us (completed by 111 of the 116 participants). The following questions were asked in the evaluation:

1. Has the programme achieved its learning objectives
2. What are the three most important things you have learnt about leadership?
3. What three key things will you do to improve your leadership and when will you do it?
4. What and who do you need to support your leadership development?
5. How will you know that you have achieved what you are setting out to do?
6. What difference will having taken part in this programme make for you?
7. What difference will having taken part in this programme make for your patients?
8. What difference will having taken part in this programme make for your team?
9. What did you like most about the programme?
10. What did you like least
11. What if any suggestions do you have for changes to the programme?

Has the programme achieved its learning objectives?

Almost all the participants said that learning objectives were achieved, or that the programmes exceeded its objectives. Some people gave specific examples of how the objectives were met and mentioned increased awareness, knowledge about influence, making progress themselves, being energised and having the opportunity to step back and consider challenges and how to lead in that context. People also highlighted that they enjoyed the group work, exercises, networking opportunities and that they felt more confident.

Only three negative aspects were noted:

1. that 2 days were too long,
2. that there was a lot of content and this may be could be reduced, and
3. that the term ‘pledge’ should be changed, suggesting perhaps ‘commitment’.
What are the three most important things you have learnt about leadership?

Participants responded to this question in various ways. Some stated what they had learnt about themselves, but most people referred to components of the programme. Again the data evaluation yielded single word or phrases which are listed below. The bracketed numbers refers to the number of times a reference was made for each item:

- The 8 strategies of leadership (39)
- Team-work, team dynamic, team effectiveness (24)
- Role model (20)
- Circle of influence/ circle of concern (16)
- Communication (16)
- Engagement with staff (16)
- Decisiveness (13)
- That ‘everyone if a leader’ (13)
- Innovation (12)

Fewer than 10 people referred to learning about leadership and the following traits/ activities:

- Confidence; Humility; Respect; Networking/collaboration; Listening; Change/ transition; Reflection; Centred leadership; Openness

Several other components were noted by fewer than 5 people:

- Calmness; Visibility; Trust; Commitment; Styles of leadership; Knowledge; Self-preservation; Leading from behind; Impact on care; Leadership is a requirement; Personal awareness; ‘I am leading already’; Positivity; Styles of management; Building bridges; Self-awareness; Empowering; Skill development; Risk; Power and authority; Vision.

As can be seen above, the following aspects of the programme were espoused as being the most useful:

- The 8 strategies of leadership (some of which were again individually included above)
- Team-work, team dynamic, team effectiveness
- Role modelling
- Circle of influence/ circle of concern
What three key things will you do to improve your leadership and when will you do it?
Participants described here many of the aspects they had included in the previous answer- in other words that they would put into practice many of the things they had found to be important to leadership. The most frequently cited items were:

- Engage staff
- Innovate
- Be a role model
- Communicate better
- Be more decisive
- Reflect more
- Listen more
- Be more confident

Many other interesting improvements reflecting a developing self-awareness were also noted:

- To be more humble
- To have more self-belief
- To be more assertive
- To be more visible
- To collaborate more
- Use the 8 strategies for leadership effectively

Apart from the above, all aspects of leadership covered in the programme were referred to by at least three people. Everyone who gave a time scale said that they would put these into action immediately.

What and who do you need to support your leadership development?
Most people included more than one response to this open question. The most frequently referred to were: line managers, colleagues, the team, CNMs, CNM2s in particular.

Not many people included a response relating to ‘what’ was required (apart from support from the above people). Those who did highlighted communication, HSELaND, recognition, time management and further education, but each of these was referred to by just one or two people.
How will you know that you have achieved what you are setting out to do?
Most respondents who responded to this stated that they would know they had achieved what they were setting out to do when they got feedback (from colleagues, patients and managers).
Only eight people responded that the implementation of their pledge would indicate that they had achieved what they set out to achieve. Others mentioned: patients outcomes, better staff morale, evaluation data, increased confidence and better work relations, but all in small numbers.

What difference will having taken part in this programme make for you?
The most frequently mentioned response was ‘increased confidence’ (n=36). Other frequently occurring responses were: more reflection, recognition of one’s own strengths, improved skills, increased knowledge and higher motivation (though all of these were mentioned by fewer than 10 people each).

What difference will having taken part in this programme make for your patients?
The most frequently stated differences were: improved quality of care (n=36), higher patient satisfaction and many other related aspects (such as coordinated care, streamlined care, efficient care). Only four people mentioned the pledge in their response to this question.

What difference will having taken part in this programme make for your team?
The most frequent responses related to effective team building, role modelling, better communication and better confidence in roles. There were many other aspects of effective teamwork mentioned, such as: better motivation, being valued and better relationships. Again the pledge was mentioned here by just four people.

What did you like most about the programme?
More than half of respondents (n=55) noted that group work and group interaction was what they liked most about the programme. Second to that was ‘sharing experiences’ and listening to others (n=30). The relaxed non-threatening environment was highlighted by 15 and the facilitation style by 12 respondents. Many other benefits were mentioned, such as a well-structured programme, thought-provoking ideas, networking, different personalities of the group and 5 people stated that they ‘loved everything’ about the programme.
What did you like least?
Almost half (n=50) respondents stated that there was nothing that they liked least about the programme. Five people stated that they liked the coaching least and seven that they did not like the term pledge, and most of these were in the same pilot site.
Some items just mentioned by one individual included:
- The evaluation was rushed
- Difficult accessing HSElanD
- Too much writing in handbook
- Some repetition
- Conscious of what we were saying as run by organisational management (mentioned by 2 people)

What if any suggestions do you have for changes to the programme?
Almost one third of respondents (n=35) had no suggestions to make for changes to the programme and two directly suggested that it ‘stay the same’. Five people suggested changing the term ‘pledge’ in this section. One said that they felt ‘uplifted’ by the programme and another that they hoped it would lead to ‘real change’. One person asked for more time to evaluate it at the end of the programme, as that was rushed. Three asked for more real-life scenarios relevant to clinical practice. Four mentioned the need for more preparation, especially with manager, prior to the programme. One asked for it to be rolled-out to SNMs as quickly as possible and two that it include the multi-disciplinary team (one mentioned Healthcare Assistants specifically). Two people suggested it could be condensed into one day, so that it could reach more people.

Overall, as can be seen above, participants evaluated their experience of taking part in the pilot programme very positively, when asked to evaluate it on day 2 of the programme itself. They were particularly positive about the group interaction, the facilitators and having the opportunity to stand back and reflect on their practice. These are positive immediate outcomes and are likely to have a positive effect on the individual concerned. Whether this positive experience becomes translated into organisational change and ultimately improved patient care and outcomes is a bigger question and that will be discussed below when considering the other data sources in this evaluation. One important issue to highlight at this stage is that participants anticipated that feedback from others (managers, colleagues,
patients) would inform them of the extent to which they had achieved their goals (or not). In one sense this is quite an informal way to achieve this (especially from colleagues or patients), in the sense that this would be difficult to measure and standardise. Feedback from line managers might be part of the broader performance management experience of participants, but again would be difficult to measure this as an outcome of this programme. There was little emphasis by participants on the implementation of the pledge as a sign of meeting their goals. This can be interpreted in a number of ways (perhaps they saw broader impact as being more relevant) but again it raises interesting issues relating to the consideration of the pledge as a measurable outcome within the programme. This will be returned to below in the overall conclusions.
6. Analysis of pledges recorded on HSELanD

The most visible “immediate output” of the two day programme is the registration by participants of a pledge within 24 hours of completing the programme. Most participants (n=108) registered a pledge on HSELanD. Participants could select to ‘pledge’ to make a small (realistic) change at individual, team or organisational level.

- For an individual change, participants identified the one thing they would do to develop themselves as a leader.
- For team-level change, the participants identified the things they would do to support their team through uncertain times.
- For organisation-level changes, participants identified the one thing they would do to improve their service.

As recorded, 78% of pledges registered were completed although this figure could be adjusted downwards if considering the total number of pilot programme participants (n=116). The numbers of pledges registered, recorded as completed or not completed (as downloaded from HSELanD on 24 October 2012) are shown in Table 1.

<table>
<thead>
<tr>
<th>Level of pledge</th>
<th>Individual</th>
<th>Team</th>
<th>Organisation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total pledges registered</td>
<td>40</td>
<td>39</td>
<td>29</td>
<td>108</td>
</tr>
<tr>
<td>Pledges implemented (i.e. recorded as having been completed on HSELanD)</td>
<td>26</td>
<td>29</td>
<td>17</td>
<td>72</td>
</tr>
<tr>
<td>Pledges not reported as having been implemented</td>
<td>14</td>
<td>10</td>
<td>12</td>
<td>36</td>
</tr>
<tr>
<td>% of the group (n=108) completed</td>
<td>29</td>
<td>31</td>
<td>18</td>
<td>78</td>
</tr>
</tbody>
</table>

The pledges are summarised below according to the afore-mentioned individual, team and organisational structure. They are also presented in terms of those implemented and those not. The data is presented to is such a way as to protect the identity of any sites or participants (hence some pledges are non-specifically summarised below).
### Individual focused pledges

<table>
<thead>
<tr>
<th>Individual – pledges implemented</th>
<th>Individual - pledges not implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Raise awareness of existing policies and guidelines- development of a flow-chart</td>
<td>• Develop guidance to people breaking bad news, within new role as team leader</td>
</tr>
<tr>
<td>• Develop a resource folder for staff in CCU, for new non-CCU nurses</td>
<td>• Reintroduce workbook for staff education</td>
</tr>
<tr>
<td>• Introduce date-of-discharge signage record at patient bed</td>
<td>• Develop an information sheet for clients and families</td>
</tr>
<tr>
<td>• Develop ward communication group</td>
<td>• Provide a parent information sheet for the ward</td>
</tr>
<tr>
<td>• Develop negotiation skills</td>
<td>• Instigate a health promotion project about healthy eating for clients</td>
</tr>
<tr>
<td>• Work on collaborating skills</td>
<td>• Introduce second set of medicine trolley keys to save midwifery time</td>
</tr>
<tr>
<td>• Focus on 8 leadership strategies</td>
<td>• Develop handover system</td>
</tr>
<tr>
<td>• Set up a link nurse network for wound care</td>
<td>• Evaluate all group work with clients that is currently carried out by the participant</td>
</tr>
<tr>
<td>• Plan a seminar for the unit</td>
<td>• Compare care in two centres</td>
</tr>
<tr>
<td>• Ensure completion of hand hygiene training for staff</td>
<td>• Educate staff about neonatal care regarding meconium stained liquor</td>
</tr>
<tr>
<td>• Implement changed policy for recording vital signs</td>
<td>• Energise ward group activities</td>
</tr>
<tr>
<td>• Introduce handover tool</td>
<td>• Develop information sheet for patients</td>
</tr>
<tr>
<td>• Develop an information leaflet for patients and relatives</td>
<td>• Evaluate group with service users</td>
</tr>
<tr>
<td>• Improve check-in service in Emergency department</td>
<td>• Improve collaboration on ward</td>
</tr>
<tr>
<td>• Devise a directory of services in the area</td>
<td>• Introduce audit regarding a specific care practice</td>
</tr>
<tr>
<td>• Chair multidisciplinary team meetings</td>
<td>• Implement a specified change to improve practice</td>
</tr>
<tr>
<td>• Implement a weaning clinic (2 pledges)</td>
<td></td>
</tr>
<tr>
<td>• Set up wound care clinic</td>
<td></td>
</tr>
<tr>
<td>• Improve skills in dealing with conflict</td>
<td></td>
</tr>
<tr>
<td>• Introduce healthy eating group for patients</td>
<td></td>
</tr>
<tr>
<td>• Develop a phlebotomy policy</td>
<td></td>
</tr>
<tr>
<td>• Schedule protected time for clinical support for colleagues</td>
<td></td>
</tr>
<tr>
<td>• Evaluate group with service users</td>
<td></td>
</tr>
<tr>
<td>• Improve collaboration on ward</td>
<td></td>
</tr>
<tr>
<td>• Introduce audit regarding a specific care practice</td>
<td></td>
</tr>
</tbody>
</table>
### Team focused pledges

<table>
<thead>
<tr>
<th>Team – pledges implemented</th>
<th>Team – pledges not implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Facilitate HCAs to utilise their skills based on FETAC programme undertaken</td>
<td>• Improve communication between units</td>
</tr>
<tr>
<td>• Implement a ‘positive suggestion’ process on ward</td>
<td>• Improve patient safety in theatre</td>
</tr>
<tr>
<td>• Develop handover tool</td>
<td>• Focus on medication management</td>
</tr>
<tr>
<td>• Present audit results using graphics</td>
<td>• Introduce team nursing#</td>
</tr>
<tr>
<td>• Improve linkages across nurses in diagnostic department</td>
<td>• Organise a communication book in theatre</td>
</tr>
<tr>
<td>• Use training I have in practice</td>
<td>• Improve efficiency of multi-disciplinary team on ward</td>
</tr>
<tr>
<td>• Introduce risk assessment tool</td>
<td>• Boost staff morale</td>
</tr>
<tr>
<td>• Develop a tool for team communication</td>
<td>• Introduce team meetings weekly</td>
</tr>
<tr>
<td>• Appoint a team leader on each shift if no CNM on shift</td>
<td>• Introduce a team communication folder</td>
</tr>
<tr>
<td>• Develop Personal development plans for staff on unit</td>
<td>• Improve communication with families of residents</td>
</tr>
<tr>
<td>• Adopt principles of centred leadership</td>
<td>• Develop a new ward philosophy</td>
</tr>
<tr>
<td>• Review practice in theatre closure times</td>
<td></td>
</tr>
<tr>
<td>• Change pre-op admission time for patients</td>
<td></td>
</tr>
<tr>
<td>• Introduce care plans for all patients</td>
<td></td>
</tr>
<tr>
<td>• Audit use of alternative treatment in department</td>
<td></td>
</tr>
<tr>
<td>• Set up educational sessions for the team</td>
<td></td>
</tr>
<tr>
<td>• Develop a communication tool for nurses in primary care</td>
<td></td>
</tr>
<tr>
<td>• Review communication in unit</td>
<td></td>
</tr>
<tr>
<td>• Introduce rest period for mothers in postnatal care (3 pledges in this)</td>
<td></td>
</tr>
<tr>
<td>• Initiative team meeting weekly</td>
<td></td>
</tr>
<tr>
<td>• Educate nursing staff on disposal of equipment</td>
<td></td>
</tr>
<tr>
<td>• Audit collection of clinical samples</td>
<td></td>
</tr>
<tr>
<td>• Improve theatre list planning</td>
<td></td>
</tr>
<tr>
<td>• Enhance knowledge and awareness of use of restraints in clinical practice</td>
<td></td>
</tr>
<tr>
<td>• Initiate better access of drug trolley</td>
<td></td>
</tr>
<tr>
<td>• Reform nursing rosters</td>
<td></td>
</tr>
</tbody>
</table>


### Organisation focused pledges

<table>
<thead>
<tr>
<th>Organisation – pledges implemented</th>
<th>Organisation - Pledges not implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Audit of a training matrix, via questionnaires</td>
<td>• Improve temperature regulation on neonates</td>
</tr>
<tr>
<td>• Implement a urinary catheter care bundles</td>
<td>• Re-introduce a care support group for service users with dementia</td>
</tr>
<tr>
<td>• Introduce same day admission for ENT surgery children</td>
<td>• Introduce activities in the evening in acute setting</td>
</tr>
<tr>
<td>• Assess the storage of equipment in clinical area</td>
<td>• Implement a change in procedure of suctioning newborns</td>
</tr>
<tr>
<td>• Change to cannulation policy</td>
<td>• Drive hospital bus to facilitate group outings</td>
</tr>
<tr>
<td>• Organise training and nursing registration on electronic patient information system</td>
<td>• Introduce aromatherapy massage for patients</td>
</tr>
<tr>
<td>• Analyse the midwifery time used answering doorbell access system</td>
<td>• Introduce a coffee morning for families</td>
</tr>
<tr>
<td>• Conduct audit in delayed discharges</td>
<td>• Improve staff communication in ward</td>
</tr>
<tr>
<td>• Complete HSE risk register</td>
<td>• Achieve full record of management of IV cannulae in care plans</td>
</tr>
<tr>
<td>• Promote hand hygiene for patients and visitors</td>
<td>• Formulate a ward round folder</td>
</tr>
<tr>
<td>• Introduce patient information leaflet</td>
<td>• Improve information for resident parents of patients</td>
</tr>
<tr>
<td>• Communicate team-set goals to patients and families</td>
<td>• Provide brief education in insulin devices</td>
</tr>
<tr>
<td>• Introduce a coffee morning for families</td>
<td>• Restructure day centre hours</td>
</tr>
<tr>
<td>• Improve staff communication in ward</td>
<td>• Have equipment moved to a ward stock management system</td>
</tr>
<tr>
<td>• Achieve full record of management of IV cannulae in care plans</td>
<td>• Review use of specific hospital equipment</td>
</tr>
<tr>
<td>• Introduce patient information leaflet</td>
<td>• Address equipment moved to a ward stock management system</td>
</tr>
</tbody>
</table>

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A review of the pledges can perhaps assist in understanding the reasons why some pledges were not implemented (although clearly practical individual reasons (illness etc) may be at play). As shown in the tables above, pledges vary quite considerably in scope, even within categories. Some are very ambitious (e.g. changing the multi-disciplinary team culture). On the other hand, others represent what might be considered to be minimal practice standards (for example, instituting hand hygiene practices). Some pledges that were not implemented appear either unspecific or overly-ambitious. However, equally, some pledges that are recorded as having been implemented appear either very ambitious or narrow in scope also.

Many pledges represent useful practice development initiatives, but the link with leadership development is not so obvious. Some individual pledges appear to relate more to team or organisational level changes, and vice versa across all the categories. Participants had been advised to make their pledges using SMART (specific, measurable, achievable, realistic and time-focused) criteria and they appear to have had quite a lot of programme time dedicated to the pledge. The examples of pledges provided above would indicate that further input and or support is required if pledges are to be both measureable and realistic. However perhaps there was less follow up (even in the immediate aftermath of the programme) to ensure that the pledges selected were appropriate and fit for the purpose intended, and appropriate in scope and nature.

Regarding the implementation of the pledge registered, participants recorded that it had been implemented and a self-reported statement on impact (on self, team, organisation etc). While this self-reflection is relevant and probably useful, it does not lend itself to verification or validation. Participants are advised in their handbooks to keep their line manager and facilitators informed during the 6 weeks and that at the end of the six weeks, the participant and line manager meet to review the impact. The participant then completes the pledge section about impact and generates their certificate of achievement. This process (after the delivery of the programme) is a really important one, and one we will return to in the overall conclusions. Linked with that, and of equal importance, is the period before programme participation, when the involvement of line managers is critical to assisting participants in making realistic and relevant pledges. This of course requires knowledge and preparation for those line managers in terms of the programme itself and more broadly about leadership support. This is the pilot phase and certain time factors mitigated against longer lead-in time for participants (and their managers etc), but it is an important point for consideration for future implementation plans.
7. Follow-up Evaluation Questionnaires:

This section relates to the follow-up evaluations of the LiUT pilot programme as carried out by the DCU team in order to supplement the evaluations carried out at the end of facilitator training (section 3) and the two day programme (sections 4 and 5). The aim of this phase was to capture feedback and measure outcomes, since the completion of the programme, particularly related to the implementation of the pledge. Data collected just after the facilitators preparation programme and the pilot programmes in the 10 sites provide valuable insights into the experience of the programme and this can be best captured at the immediate time-points above. However, in order to capture the impact on participants as they returned to their workplaces and began to implement what they had learnt, experienced and committed to, provides further information that is most valuable to considering the likely impact of the programme in the medium and longer term.

7a. Follow-up evaluation of Directors of Nursing/Midwifery in pilot sites

Six responses were received from the 14 Directors of Nursing/Midwifery in the ten pilot sites (there were more than 10 DoNMs as organisations came together to share programme in some of the pilot sites).

Preparation for the pilot programme

Five respondents listed the information they had received and one did not respond to this question. Respondents referred to the different forms of information: letter of introduction, readiness checklist, programme overview, facilitator information. All six respondents stated that they received enough information prior to the pilot.

All six respondents stated that they had accessed the programme materials, although three commented that they were difficult to access. One commented that these materials were comprehensive.

Five respondents stated that they found the ‘organisational readiness’ checklist to be user-friendly, while one said that it did not add anything to how the pilot was managed. All six said they found the “organisation pathway” to be useful. Three made additional comments:
that it was useful for identifying facilitators, that it was clear and concise and that it was useful for sharing with line managers. All six respondents found the programme pathway useful.

**Facilitator and participant recruitment**

When asked about the criteria for selecting facilitators, five Directors included comments. One stated that the criteria were helpful, while another said knowing more about the programme would make it easier to select facilitators in the future. One respondent suggested that it may be useful to select a facilitator from senior nurse management level in the hospital, in order to provide a good organisational and realistic context for the programme.

Respondents (DoNMs) used different ways to recruit participants, including self-selection, nominations via Divisional managers, or recruiting those who were acting in CNM/M roles (for those relevant programmes). One Director commented that as the timeframe was very short, not enough consultation was possible about who should participate.

Five of the six respondents indicated that staff could come forward to participate, in the remaining site it appeared that Divisional managers nominated.

Four of six respondents said that in general staff did take up the opportunity. One stated that there was over-subscription, while another stated that staff did not take it up, as it was not possible to back-fill for those participating. Another commented that CNMs were very keen to participate.

When asked if there were difficulties in releasing the participants in advance, three said no, that although it was a challenge it was given priority by them. The three who said that it was difficult cited staffing shortages. Only five people answered about difficulties releasing on the day, with only one stating that there were such difficulties.

**Feedback on the pilot programme received by DoNMs**

All respondents received feedback from participants, facilitators and others in the organisation. Feedback from participants included that:
• they were very positive about the programme
• they felt others should participate and would encourage them to do so
• it focused their attention and increased their awareness of responsibilities
• encouraged them to take up roles and expand their practice
• requested a yearly programme
• content was applicable to daily work
• enjoyed networking
• enjoyed time out to reflect

Feedback from facilitators included that:

• they felt that participants had been empowered
• about the pledge and ongoing activities
• the programme was intense with a lot to cover in two days
• they gained more confidence
• they gained more experience through delivering the programme
• they felt well supported
• they would be happy to deliver it again
• they found it very rewarding
• that it was intense
• they felt increased confidence as feedback had been good
• they had felt daunted, and would like additional facilitation skills workshops

Others in the organisation fed back to Directors that:

• the pledge was valuable
• there were requests for further SN programmes
• staff were enthusiastic
• there was great interest
• the programme enabled application of learning in practice
The pledge component of the programme

All respondents were knowledgeable about the pledge within the programme. Three DoNs said they were comfortable with the use of the term ‘pledge’ in relation to the programme. Those who were not stated that it has religious connotations and that it does not capture the essence of change in practice. Another stated that it put participants under pressure as it was too focused on the pledge.

Four respondents said they had received feedback from participants about the pledge and its impact on practice. All felt that the pledge had worked in practice, as it focused participants, had been positive and had enabled small or limited changes.

Three stated that 6 weeks is adequate time to implement the pledge, while one suggested 3 months to achieve sustained change. Others did not suggest an alternative timeframe but simply said that due to pressures, 6 weeks was not adequate.

Impact of the pilot programme on the organisation

Five of the six respondents answered a question about the overall impact of the pilot programme on the organisation (keeping in mind that for some DoNs, programmes were attended by a small number of their staff members, where organisations came together in a pilot site). One stated that it is too early to be definitive about the impact at this stage. Others cited a positive benefit, improved morale, focused staff and that other staff are showing interest in future participation.

Future roll-out of the programme

Four out of the six respondents stated that the programme is appropriate for SN/Ms and all six that it is appropriate for CNM/CMMs. Some comments were included: that it is not suitable for newly qualified SNMs, and that both groups (SNMs and CNM/NMs) should not be mixed on the programme. Most comments relating to the suitability of the CNM/CMMs were very positive.

All six respondents said they would support the future roll-out of the programme in their organisation. To enable this further roll-out, two cited that fact that there is support from the
NLIC as being useful. There was a suggestion to link it within the CNME and another to have greater multi-disciplinary mixing. Being able to release staff was also stated to be a requirement, with replacement staff being funded.

Recommendations were made for the future development of the programme. These included:

- the inclusion of senior managers in the delivery of the programme;
- more preparation time for facilitators
- that it will improve in time as more staff get to know it and what is expected
- consider online learning, including lectures
- training further facilitators is required as back-up
- more links with CNME to coordinate and possibly facilitate future programmes

Further comments were that it is difficult to give feedback after one cohort and that thanks are due to the facilitators for their time and efforts.
7b. Follow-up evaluation of facilitators of the pilot programme

Seventeen of the 20 facilitators who co-delivered the pilot programme in the 10 pilot sites completed evaluation questionnaires mailed to them by the research team. This high response level indicated a high level of commitment, which comes through in the other phases of evaluation also.

We asked about the profile of the facilitators and the results related to those who responded can be summarised as follows:

- 9 had a Masters qualification, 4 a post-graduate diploma, 3 a degree and 2 a diploma, as their highest educational qualification
- 8 were Assistant Directors of Nursing/Midwifery, 3 were CNM2s, 2 CNSs, 2 CNM3s, 1 Nurse Tutor and 1 Assistant Director of Public health nursing
- Regarding practice area, 3 were in mental health, 7 in general nursing, 2 in children’s nursing, 2 in midwifery, 1 in education, 1 in older person nursing and 1 in public health nursing
- Six respondents had facilitated a programme in Mode A, 7 in Mode B and 4 in Mode C.

Four facilitators had previously undergone the Leading an Empowered Organisation (LEO) training. The facilitators had a range of education qualifications, including Masters degrees, undergraduate degrees and diplomas in leadership or management related areas.

Most volunteered for the role of facilitators, although some had been approached by managers to see if they would do so. They stated that they took the opportunity for various reasons (some altruistic, some personal) as they believed it was an important initiative and that the programme interested them. One said they wanted to ‘play their part’ in such a programme, in supporting staff and managers to lead. They were also interested in gaining experience in facilitation. Frequently they reported that the programme fitted with their role, their interests or their skill-sets. One facilitator commented that she volunteered as she felt it met a gap in current support for CNMs.

Fourteen of the 17 had previous facilitation experience, mostly running other short programmes, some through CNMEs, or supporting staff or students in various ways.
Some comments facilitators offered, when thinking back now on their preparation programme were (grouped by category):

**Programme process**
- Lead facilitator very familiar with the project
- The facilitators enjoyed the experience of the programme, especially the group interaction, stating: ‘I enjoyed the group work’; ‘group work was good’; ‘I enjoyed meeting the group but we have not kept in touch’; ‘Great to meet other facilitators; support network’
- Having the DoNMs and CEO commitment was described as important
- Five facilitators said that it required a lot of additional work and reading after the preparation programme
- Regarding the time between the preparation programme and facilitating the programme, there were mixed views. One saw it good that they delivered the programme soon after course, while another said that the time frame was short between it and running the programme, in terms of the reading that was required

**Programme structure/content**
- Regarding the facilitation aspects of the programme, there were mixed views. One person commented that there was an ‘assumption can anyone can facilitate, though many had limited experience’. Three said that they would have liked more time to practice facilitation (of the actual sessions on the programme), only one said that they did not need input on facilitation. Two commented that they found the practical facilitation session that was included very useful as they had no previous experience; and that they found the facilitation skills training for group work very useful
- Four said that they would have found it useful to run through the 2 day LiUT programme itself:
  - “definitely would have needed to run through the programme myself – felt I had inadequate knowledge”;
  - “not all material was covered in preparation programme and difficult to deliver when not so familiar with it and had not been discussed”;
  - “need to incorporate the programme into preparation course”
  - “we should have done a trial run of the programme”
• Overall there was a divergence of views on the relative merit of the coverage of leadership and/or facilitation. For example, one respondent stated that it ‘Felt like a leadership programme not one on facilitation- should have been linked more to – ‘what you will be doing’; while another stated that there was little in-depth coverage of leadership on the programme.

• Again there were mixed views on the content overall. Three said there was too much to cover ‘Content was packed’; ‘difficult to cover in two days’; ‘it was intense- maybe 3 days required’; while only one person said that ‘I was familiar with the content- nothing new really’

Programme materials
• Handbooks were seen as essential- ‘impossible without them’.

What facilitators found most useful when they were facilitating the pilot programme was (again grouped by category):

Programme process
• Co-facilitator; worked well with colleague; support of a colleague; Having co-facilitators from another service; knowing my co-facilitators well.
• Having done a pre-run of some of the sessions; we had done a lot of preparatory work; lots of preparation, having read around the programme
• Clear time management
• My own practice/service knowledge
• Knew most participants; Enthusiastic participants
• National facilitator attended; very useful- gave me additional support there; having project lead there; support of national lead (five said this)

Programme structure/content
• Coaching exercises good
• 8 leadership strategies useful
• Focused pledge work
• Interactive group work; group work and energisers
• The practical and experiential sessions
- Group work worked very well
- Shipwreck exercise useful

**Programme materials**
- Information on memory stick (four said this); material available; slides very good, additional material; slides prepared
- Support of web-based resources
- Handbooks, pathways

**What facilitators found least useful were:**

**Programme structure/content**
- The pledge caused a lot of anxiety; too much emphasis on the pledge – too much time used for that
- Sometime content mixed academic and practical content which was challenging
- Coaching session did not work (2 said this)
- Session on power and authority- consuming and repetitious presentation- very difficult to deliver; power and authority session for staff nurses,
- Change and transition session- how sure how useful it is in practice to deal with change management
- Some reflection was repetitive

**Programme process**
- Participants did not challenge each other- maybe have a mix of level of experience
- Mixing of two groups on day 1- SNMs not so comfortable with CNMs; hard for staff nurses to complain in front of their own managers
- Lead-in time very short
- Pressure as staff were known to facilitator- ‘might be easier with strangers’
- Concerns about own ability to facilitate
- Difficulty with lists of participants- linked with printing of certificates etc
- Not sufficient time for participants to prepare
Programme materials
- Presenting material prepared by someone else; PowerPoint materials
- HSELand not useful
- NHS reference materials
- Some PowerPoint presentations were too long
- Not enough detail on PowerPoints – did not have enough background to supplement
- Maybe too much reflective material in the handouts - a lot of writing for participants

What they would change now that they had facilitated a pilot programme included:

Programme structure/content
- Begin with basics, programme assumes prior knowledge
- Omit the coaching session (2 said this) uncomfortable with this
- Introduce session from DoNM about experiential learning
- Regarding the pledge, there were various comments, mostly requesting additional input and support for the pledge component, for example, ‘need increased attention to the pledge’ and ‘participants need more guidance and support on the pledge’. On the other hand, one suggested a need to ‘Change the pledge as focus of the programme-think how else could the programme be evaluated’.
- Remove authority and power sessions; power and authority session very heavy
- Values session very heavy
- The centred leadership piece caused a lot of debate and was seen as gender bias
- Look at issues like conflict management, managing sick leave
- Some lectures over-lapping
- Interesting theories but participants require practical application

Programme process
- Interview interested participants
- Some in CNM group had very little experience in the role - possibly group by level of experience
- Make changes based on previous feedback to coordinator
- Need more lead-in time to recruit participants
• Train additional facilitators to allow 20-30 participants per programme
• Mode 3 was very interesting and gave great insights, it was exhausting to run 3 days
• Add another day around 2 months later- talk about pledge for 5 minutes
• CNM/CMM need more guidance on the pledge
• Add half-day follow-up after 3 months
• Found experience of delivering to SNMs and CNMs (over 3 days) very useful; would like to do more with SNM group- not so experienced but could do more with them
• Facilitator to do full programme
• Have this evaluation closer to the programme

Programme materials
• Tone down background pictures in presentations
• Reduce the amount of reflective solution-focused handouts
• I would look again at the PowerPoints and add some slides in to give more structure and ‘meat’ to them

When asked if they had anything to add to their previous feedback (just after they had facilitated a programme in a pilot site), some added comments, including:

• Very relevant to public health nursing
• Need nurses to take ownership on nursing leadership
• Having longer lead in time
• Ensure stakeholder aware and will action responsibilities
• Follow-up questionnaires should not rely on facilitators
• Required a lot of follow up re pledges- as nothing to be handed it, it is easier for participants not to complete online

About their experiences of co-facilitation, all responses were very positive. It involved meeting and planning and lots of preparation and even more familiarity with content was desired by some. Many said that it was great to share experiences and have back-up and so be
able to observe the group as well. Again it was stated that it was difficult to deliver a programme you had not completed yourself.

The pledge

Most people said they were moderately comfortable (n=8) or very comfortable (n=3) introducing the pledge, with one being very uncomfortable and five being a little uncomfortable.

Time had been spent discussing the pledge with managers in advance and this seemed to be helpful. Some said there were mixed responses- since some participants did not see themselves as leaders. People were happy with the idea, if not the term, in some cases, and the term was seen as an obstacle. It caused anxiety in one site and participants lost focus because of that. Participants did not seem to mind the term in some cases. Others felt it damaged the credibility of the programme and actually prevented some people coming on the programme. Some facilitators said that a lot of assistance was required for participants to identify their pledge. Where participants were not prepared for the programme, this seemed to cause the most problems and the need for prior thinking on this was emphasised by many.

Recommendations about the pledge were: to reconsider the term (‘leadership project’) and take emphasis off putting it on line and offer better after care to participants. Rather than the pledge component it was suggested that to follow-up with participants after 3 months to see if the programme was useful would be more effective. Many reminders were required. Maybe facilitators need to check if pledges were actually implemented rather than participants stating they were online. More detail was desired about the implementation and impact in some cases. Another suggested sending a copy to their manager. The pledges need to be more grounded in organisation requirements and aligned to organisational priorities.

HSELaND logging on for facilitators need to be revised, and printing of certificates for participants made easier.
Follow-up with participants

Sixteen facilitators had some form of “follow-up” with participants and the one person who said they did not, cited severe staffing shortages as the reason for that. One explained that while she understood that it was the role of the line manager to follow-up, she had been the one to consistently remind about the pledge etc. Some facilitators stated that they visited and emailed to remind participants about their pledges, and that they assisted participants with the pledge. In one site a feedback session was facilitated.

Future facilitation

All seventeen respondents said they would facilitate a programme in future.

Suggestions included:

Programme process:

- Need further training in facilitation; Need yearly programme on organisation basis; Would like to meet up with other facilitators (four said this); Need back-up facilitators; Need to facilitate more than one per year to develop knowledge; Consider refresher courses for facilitators
- Need defined role for CNMs; Need support from DoNM; Need confirmed release of staff; National recognition needed for this, need continued support of NLIC; Role of national project lead was invaluable;
- Time consuming for facilitators; Need protected time to prepare
- Pre-requisite preparation by participants; A portfolio approach and a 1-2 year mapping for participants; Benefits to have a mix from different services
- Need to think who is being nominated to do it and why; SNMs did not see themselves in leadership roles- programme assumes they do

Programme content:

- Interesting focus on power and authority as these are seen as negative by some;
- Would like to add to some of the sessions; would like to develop my own slides;
- Keep the self-awareness aspect strong;
- More depth on key concepts; too many areas with little depth.
- Would like more on coaching and emotional intelligence.
7c. Follow-up evaluation of Members of the National Implementation group- LiUT

The eight members of the group (excluding NLIC staff) were sent a postal questionnaire and 4 responded.

Regarding the implementation of the pilot programme, the aspects that worked well were stated to be:

- overall governance structures overseeing the implementation
- the number who participated
- excellent project lead
- clear roles and responsibilities
- visibility of the NLIC project lead
- networking for participants
- adequate time frames
- progress with pilot despite HSE challenges
- availability of project lead to answer questions and motivate

Some difficulties with the implementation of the pilot programme were identified as:

- concern if 2nd advert for pilot sites had not been successful; initial poor response as an indicator of low level of interest
- concern about facilitators level of experience- some preconceptions that they would be professional facilitators
- difficulty in maintaining commitment linked with the timing of the programme – over the summer
- difficult to secure buy-in from front-line managers
- lack of commitment from some DoNMs- lack of follow up seen in low numbers of completed pledges
The challenges identified for the national implementation phase were:

- impact of HSE cuts and restrictions on travel etc
- competing priorities for DoNMs
- to show outcomes of small changes
- to attract new participants, when staffing is low
- there needs to be a consequence for the DoNM if the pledges are not completed
- challenges to time to release staff
- participation levels must be cost-effective

Members of the group also suggested ways how to address these challenges:

- communicate outcomes of the pilot- ensure changes are meaningful and show results
- ensure benefits are verbalised to colleagues by pilot participants
- consider multi-disciplinary groups
- ensure national support for the programme
- ensure realistic plan for implementation
- perhaps have regional groupings for programmes, or hospital groups (e.g. for CNMs)
- there must be commitment from DoNM and CEO
- need greater awareness of the cost of running the programme
- need to see long term value and payback on investment

Recommendations for the national implementation included:

- Delighted to see national roll-out going ahead
- Sharing of experiences of key to successful changes
- Project governance of crucial
- Be realistic in what is achievable
- Commitment needs to be assured
- Need to be confident of the real benefits
- Evaluation of outcomes is required
Regarding members’ experiences of being on the Implementation group itself, comments included:

- There were clear terms of reference
- There was good communication of documentation
- Teleconferences worked well
- Challenges with teleconference- would prefer face-to-face for debate
- Prefer blend of face-to-face and teleconferences
- Make sure all sectors represented at meetings (for example, if someone called away, can that sector be represented by a replacement)
- Very good chair
- Meetings very constructive
- Very committed group
- Opinions were taken on board
- At times there was a lack of flexibility and a fixed mindset; difficult to influence
- Perhaps too eager to go ahead despite initial low uptake- commitment may not have been there

Recommendations about the Implementation group itself included:

- Ensure all members committed
- Ensure flexibility and openness
- Take on board this evaluation
- Need to be creative and flexible
7d. Follow-up evaluation with pilot site participants

Participants were asked to complete a 6 page questionnaire, this was distributed to them via the facilitators and they posted them back to the research team anonymously, using stamped-addressed envelopes. There was a response rate of 46% (53 responses from a total potential group of 116 who participated). However it is worth keeping in mind that of the 116, only 111 registered a pledge and only 73 implemented. This is linked with a variety of reasons apart from the programme, which could be personal (illness, leave) or organisational (moved areas) etc.

Of those who responded, 17% participated in Mode A (n=9), 36% (n=19) in Mode B and 47% (n=25) in Mode C. A higher proportion of those who had participated in a programme run in Mode C responded to the follow-up evaluation survey, as can be seen in Table 2. There is nothing that can be inferred from this but it is an interesting observation.

<table>
<thead>
<tr>
<th>Mode of evaluation of survey respondents</th>
<th>Mode of all Participants (when programmes ran)</th>
<th>% response rate per Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mode A</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Mode B</td>
<td>19</td>
<td>57</td>
</tr>
<tr>
<td>Mode C</td>
<td>25</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>116</td>
</tr>
</tbody>
</table>

Those who had taken part in Mode C said they learnt a lot from having both groups and having more and less experienced people together- this was said by most who commented from Mode A and C. Three stated that they thought it was better to have just managers (people from Mode B and C).
The following tables outline the respondents’ profile (based on responses to survey).

Table 3 Educational preparation of participants

<table>
<thead>
<tr>
<th>Highest educational qualification</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate</td>
<td>12</td>
<td>23.5</td>
</tr>
<tr>
<td>Diploma</td>
<td>9</td>
<td>17.6</td>
</tr>
<tr>
<td>Degree</td>
<td>10</td>
<td>19.6</td>
</tr>
<tr>
<td>Postgraduate diploma</td>
<td>16</td>
<td>31.4</td>
</tr>
<tr>
<td>Masters</td>
<td>4</td>
<td>7.8</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>

Table 4 Participant grade

<table>
<thead>
<tr>
<th>Grade/ role</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SN/SM</td>
<td>21</td>
<td>39.6</td>
</tr>
<tr>
<td>CNM1/CMM1</td>
<td>14</td>
<td>26.4</td>
</tr>
<tr>
<td>CNM2/CMM2</td>
<td>17</td>
<td>32.1</td>
</tr>
<tr>
<td>CNS/CMS</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Regarding clinical specialty, 9 respondents were from children’s nursing, 8 from mental health, 22 from general nursing, 4 from midwifery, 5 from older people nursing and others from other specific areas (e.g. rehabilitation).

The mean number of years as a registered nurse/midwife was 17.58 (standard deviation 8.76 years, minimum 2, maximum 41 years). The number of years in their current organisation was an average/mean of 12.05 years (SD 7.14, minimum 1.5 and maximum 37 years). It is worth noting at this stage that this cohort was a very experienced group with a long duration of working in their current organisation.

When asked if they were satisfied with the communication prior to the programme, most people indicated that they were moderately satisfied (n=22, 42.3%) or very satisfied (n=19, 36.5%), with 4 very dissatisfied and 7 a little dissatisfied. Additional comments in that
section referred to some participants having short notice for the programme (e.g. the day before (2 people), two days notice with no explanation, informed one week before that they ‘had to go’), resulting in a lack of information prior to the programme. Four mentioned that they did not understand what would be required of them (re-pledge) and that made decisions difficult. Another one person mentioned that the facilitator was very knowledgeable in preparing for the programme. Those who stated here that they did have information seemed please with that level. Some took the chance at this point to say how they benefitted from the programme. At this point one SNM said she was concerned that she was SNM level that she would be unable to change policy.

Two stated that the selection process was unclear and that while senior management support was assured beforehand, it did not happen in practice. One participant commented that her/his ADoN was very encouraging and supportive and another that her/his DoNM was very knowledgeable about the content.

Regarding the online resources provided for the pilot programme, over half of respondents (n=28, 57.1% of valid responses) stated that they found them to be user-friendly, while 21 (42.9%) respondents did not. Those who provided comments stated that they initially found it difficult to access the resources or register on HSELanD.

In terms of access to the required resources on that site, 8 respondents (15.7%) found them not very accessible, 23 (45.1%) fairly accessible and 20 (39.2%) very accessible. Thirty-eight respondents (76%) said they could access them in their workplace. Four said they had access problems and others that they would not have time to do so.

When asked if they did the pre-reading, 34 (62.2%) said they did, while 35.8% (n=19) did not. Some of those who did not said that they did not know it was required, because they had too little notice and others said they lacked the time to do so.

Twenty-four (45.3%) of respondents had participated in the online forum and 29 (54.7%) had not. Of those who had used it, 21 (63.6%) found it fairly useful and 6 (18.2%) very useful. Some said they did not know about it and some had intended to but did not have the time.

Most respondents rated the relevance of each component of the programme since the participant completed the programme very positively as follows in Table 5. The majority of respondents found all components somewhat or extremely relevant, since the programme. The only exceptions were some components about which respondents were ‘not sure’ (e.g.
sparkling leadership, power and authority). Even those were not deemed irrelevant, but perhaps were not as obviously relevant to the context/role of the respondent (e.g. staff nurses/midwives).

Table 5 Relevance of programme components since the participant had completed the programme

<table>
<thead>
<tr>
<th>Component</th>
<th>Not at all relevant</th>
<th>Not really relevant</th>
<th>Not sure</th>
<th>Somewhat relevant</th>
<th>Extremely relevant</th>
<th>Missing data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centred leadership</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>21</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Engaged leadership</td>
<td>1</td>
<td>2</td>
<td>19</td>
<td>31</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Eight leadership strategies</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td>37</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Covey’s circle of influence</td>
<td>1</td>
<td>3</td>
<td>15</td>
<td>32</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Managing change and transition</td>
<td>1</td>
<td>2</td>
<td>19</td>
<td>30</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Effective Teamwork</td>
<td>1</td>
<td></td>
<td>12</td>
<td>40</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The pledge</td>
<td>2</td>
<td>1</td>
<td>21</td>
<td>29</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Power and authority</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>22</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Expressing one’s own views on authority</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>19</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Sparkling leadership</td>
<td>1</td>
<td></td>
<td>7</td>
<td>14</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>Coaching</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>18</td>
<td>25</td>
<td>1</td>
</tr>
</tbody>
</table>

(The Table shows the number of respondents who selected each point on the scale for each component of the programme, n=53).

Table 6 Mean score on relevance of programme components since the participant had completed the programme

<table>
<thead>
<tr>
<th>Component</th>
<th>Mean score (potential range 1-5, negative to positive)</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centred leadership</td>
<td>4.31</td>
<td>0.85</td>
</tr>
<tr>
<td>Engaged leadership</td>
<td>4.49</td>
<td>0.75</td>
</tr>
<tr>
<td>Eight leadership strategies</td>
<td>4.62</td>
<td>0.75</td>
</tr>
<tr>
<td>Covey’s circle of influence</td>
<td>4.51</td>
<td>0.78</td>
</tr>
<tr>
<td>Managing change and transition</td>
<td>4.48</td>
<td>0.75</td>
</tr>
<tr>
<td>Effective Teamwork</td>
<td>4.70</td>
<td>0.69</td>
</tr>
<tr>
<td>The pledge</td>
<td>4.40</td>
<td>0.91</td>
</tr>
<tr>
<td>Power and authority</td>
<td>4.20</td>
<td>0.87</td>
</tr>
<tr>
<td>Expressing one’s own views on authority</td>
<td>4.15</td>
<td>1.03</td>
</tr>
<tr>
<td>Sparkling leadership</td>
<td>4.33</td>
<td>0.88</td>
</tr>
<tr>
<td>Coaching</td>
<td>4.23</td>
<td>0.94</td>
</tr>
</tbody>
</table>

As can be seen the mean score for all components of the programme was greater than 4, with between 4 and 5 representing a rating of between somewhat and extremely relevant.
Additional comments were offered by some participants at this stage:

- more time should be allocated to practicality of the pledge
- too many lectures in day 2
- programme was ‘best I attended’
- a lot of new thinking compared to previous courses
- boosted my confidence

Regarding the facilitation style, all those who responded were satisfied with it. Some added further comments complimenting the facilitators, on their interactive, participative, open style. Some commented that having their senior managers as facilitators meant they had to think before they spoke. Most of those who responded said facilitators were very knowledgeable about the topics, and were thought-provoking.

All but one (n=52) of those who responded to this follow-up questionnaire had initiated a pledge following the programme (one did not answer this question). Those who commented on making the pledge said that they were glad to make it and found it a useful focus and useful time frame. Some said that they found it hard to decide initially. Some mentioned here that they did not like using the term ‘pledge’.

Of those 52 who had registered a pledge, only 4 (7.7%) had not completed/implemented the pledge. It is worth noting that this suggests that those who completed the pledge are over-represented in this phase of evaluation, since in total 23% of all (n=108) those who registered a pledge did not complete them. This is an expected finding since those who did not complete the pledge would be less likely to complete and return this follow-up questionnaire.

Those who did not complete the pledge explained why not, due to sickness, moving workplaces etc. respondents described the impact and what had enabled it.

The impacts outlined included:

- **patient/client impact**: impact on clients; improved safety in practice; better feedback from clients
- **personal impact**: improved motivation; achieved something I had been planning for a long time; made me more aware of my responsibilities
• **improved practice**: practice supported by a tool; improved staff awareness of improving practice; saving time; improved communication; improved working relationships; benefits for patients and staff

Factors that had enabled pledges to result in change were stated to be:

• networking
• senior management support
• staff
• new ideas and innovations
• listening, not being offended by negative feedback

Respondents described the impact of participating in the programme as:

• **enhanced knowledge and skills**: leadership skills; increased knowledge; new things to learn; tools to be a better leader; identified the 8 strategies; made me realise what a difference ward managers can make; more conscious of different ways to deal with difficult situations; focused me as a manager;
• **enhanced awareness**: improved awareness of team work; identify my areas of concern and influence; made me more aware of what I cannot change
• **Interpersonal impact**: improved communication; see that I am not alone in my problems; great to meet others in same position
• **personal impact**: improved confidence; made me feel more valued; feel good that my idea was taken on board; empowering; make me more positive

The relevant people who supported them were (all mentioned by more than five people, unless specified):

• senior management; facilitator; staff; colleagues; HCAs; CNMs- all levels mentioned;
  Line managers; ADoN consultants (mentioned by one only)

All but one respondent said they had the support of their line manager (n=52) and the one who said they had not, clarified that their line manager was not directly involved in their change project.
Nearly three-quarters (n=39, 73.6%) stated that there were no managerial barriers to their participation in the programme. Those who explained and outlined how they were overcome said:

- Time was a problem, especially time to suit multiple people to plan; Time management; Workload; Holiday period; No access to email in work

Advice and recommendations for the future of the programme included:

**Programme process:**

- **Regarding programme preparation:** Make sure people read before the programme;
- **Regarding follow-up after the programme:** Follow-up half day; meet to share how pledges went- learn more from pledges; meet participants again; Hold the programme regularly; Give advance notice; Omit online writing up of pledge- follow up by line manager instead
- **Regarding participation and facilitation:** A mix of disciplines would be good; One staff member from an area attends at a time- allow open expression; Should be available to all staff; Should be open to HCAs and other disciplines (not specified); Choose participants based on suitability and willingness to actively take part; Involve senior staff; Careful selection of facilitators; Have maximum 12-14 on programme; Ideal for staff who are taking steps up the organisational ladder

**Programme content:**

- Omit scenarios- make believe is not useful; Include conflict management
- **Regarding the pledge:** Keep pledge simple; Rename ‘pledge’ (2 people)

**Programme resources:**

- More access to online resources in the workplace
- Programme is a positive step- admit failures and something about it

People also used this opportunity to include very positive comments about the programme:

- ‘one of the best run programmes I have experienced in the past few years’
- ‘great opportunity to network’
- ‘don’t change a thing’
All of the above findings from the questionnaire data allows for valuable feedback from those who participated, facilitated and supported the pilot programme, at a time point that enables reflection on what they experienced and how they thereafter set about putting that into practice.
8. Conclusions

As described on page 5, the desired outcomes for the *Leading in Uncertain Times programme* are to:

a) **strengthen** understanding of the role, authority and responsibility of the nurse or midwife as a leader

b) **identify** personal and organisation’s values and direction

c) **recognise** the contribution and importance of engagement within the team

d) **cultivate** sharing and learning; to identify team-based supports that improve resilience and team working to deliver effective efficient services

e) **contribute** to service improvement by using different models of leadership and develop the capacity to look to the future during uncertain times

f) **become** more confident as a leader and use authority and influence wisely.

It is against these desired outcomes that the programme must be measured. It is important to note however that this phase represents a pilot in 10 sites, with only one programme having run in each site (with some sites having participants from more than one service). **When, as anticipated, the programme is rolled-out within organisations on a sustained basis, with a sense of ownership and integration within the organisation, these outcomes can be reassessed more meaningfully, that is with larger numbers of participants and completed programmes and with sufficient time to consider the impact on services. The focus of the pilot evaluation is, therefore, based on what might be realistically expected in this phase.**

Whilst conclusive comments and issues for consideration have been made throughout this document the overall conclusions are presented below with some attention paid to similarities or trends across data sources related to both the facilitator preparation programme and the LiUT. Following the conclusion, issues for consideration by the NLICNM team are put forward and are structured according to 1. programme process, 2. programme structure and content and 3. resources/materials.
The likely pathway to a long-term outcome of increased institutional leadership capacity (not just of nursing and midwifery, but *achieved through* enhanced nursing and midwifery leadership) is portrayed in a logical framework for the programme shown in Figure 1. This model highlights the inputs, activities and outputs achieved so far and the likely outcomes at each phase (also incorporating the anticipated future roll-out of the programme).
Figure 1: Logical framework for Leading in Uncertain Times pilot and future roll out programme

**Inputs**
- Staff at NCLINM
- Lead facilitator at NCLINM
- Facilitators from pilot sites
- Support & commitment of DoNMs and CEO/GM at pilot sites
- Resource materials online
- RCN trainer for facilitator training
- Venue and catering

**Activities**
- Preparation course for 24 facilitators
- Programme run at 10 pilot sites
- **FUTURE:** Revision of programme based on evaluation and consultation
- **FUTURE:** Roll-out of programme - re-evaluation

**Participation**
- 24 Facilitators
- 116 Participants

**Outputs**
- Short
  - Pledges made within 24 hours of programme - 111
  - Increased understanding about leadership
  - Identification of personal and organisational values
  - Recognition of the importance of team engagement
  - Cultivation of sharing and learning
  - Contribution to service improvement
- Medium
  - Pledges completed within 6 weeks - 73

**Outcomes**
- Long
  - Increased institutional leadership capacity

**Outputs**
- Outputs
  - 24 facilitators trained
  - Pledges completed within 6 weeks - 73

**Inputs**
- Inputs
  - Staff at NCLINM
  - Lead facilitator at NCLINM
  - Facilitators from pilot sites
  - Support & commitment of DoNMs and CEO/GM at pilot sites
  - Resource materials online
  - RCN trainer for facilitator training
  - Venue and catering

**Activities**
- Preparation course for 24 facilitators
- Programme run at 10 pilot sites
- **FUTURE:** Revision of programme based on evaluation and consultation
- **FUTURE:** Roll-out of programme - re-evaluation

**Participation**
- 24 Facilitators
- 116 Participants

**Outputs**
- Outputs
  - 24 facilitators trained
  - Pledges completed within 6 weeks - 73

**Outcomes**
- Short
  - Pledges made within 24 hours of programme - 111
  - Increased understanding about leadership
  - Identification of personal and organisational values
  - Recognition of the importance of team engagement
  - Cultivation of sharing and learning
  - Contribution to service improvement
- Medium
  - Pledges completed within 6 weeks - 73

**Outputs**
- Outputs
  - 24 facilitators trained
  - Pledges completed within 6 weeks - 73

**Outcomes**
- Short
  - Pledges made within 24 hours of programme - 111
  - Increased understanding about leadership
  - Identification of personal and organisational values
  - Recognition of the importance of team engagement
  - Cultivation of sharing and learning
  - Contribution to service improvement
- Medium
  - Pledges completed within 6 weeks - 73

**Outcomes**
- Long
  - Increased institutional leadership capacity
Key findings of the evaluation

Overall evaluation
Participants from both the LiUT programmes and the facilitator preparation programme evaluated each programme positively overall. This is significant and it worth reflecting on, given the fact that it required the buy-in and commitment of multi-level stakeholders and the very active participation of participants, facilitators, managers and others, in resource-constrained times and contexts. In particular, the relevance of the content of the programme since completion of the programme was clearly affirmed by participants.

One of the major strengths of both the facilitator preparation and the pilot LiUT programmes and obvious throughout the various stakeholder evaluations was the benefit and enjoyment experienced by facilitators and participants as a result of the group dynamics, peer interaction and shared learning. This resulted in increased confidence and offered networking and reflection opportunities to participants and facilitators, and this is in keeping with the literature on leadership development. Outcomes relating to increased confidence, raised self-awareness and an enhanced understanding of the relevant issues pertinent to clinical and organisational leadership were prevalent throughout.

In the case of both programmes the level and nature of facilitation was deemed to be excellent in terms of facilitations skills, knowledge and the ability to support and guide. Facilitators are to be congratulated for their commitment which has thus far involved a considerable amount of time, preparation, focused delivery and evaluation, which they were happy to do.

The pilot programme implementation process
There were also some issues, however shared across both programmes in terms of the short notice given to participants, their level of preparedness and the extent to which they understood or were informed about what they were about to undertake. Whilst this may be due in large part to processes internal to the organisations, there may also be factors relevant to implementation schedules and dates and need to be noted for future development of the programme. The documentation on organisational readiness, organisational pathway and programme pathways is very clear and in particular Directors of Nursing/Midwifery were
satisfied with those. It is therefore necessary to keep in mind that practical matters relating to short notice in some of the pilot sites do not undermine the potential value of the same programme process, when implemented fully as planned and documented.

**Facilitator preparation programme**

There were opposing views from facilitators as to whether the facilitator preparation programme should have more or less content on both facilitation and leadership-facilitators reported both perspectives on both of these; this seems to be based on the specific needs of each facilitator and while experience levels etc differed, participants reported very favourably on facilitators and facilitation styles. Five facilitators (within various aspects of the evaluation data) felt that facilitator training should incorporate not only leadership and facilitation skills but also a “run through” of the actual programme they were being expected to teach.

Whilst the facilitators felt mostly prepared, and the preparation programme could therefore be deemed to have achieved its objective, some felt uncomfortable with the standardised facilitation tools and some of the content. Specifics are provided in the relevant sections previously. Participants had mixed views about those in management roles in their organisation being facilitators, as some felt that it inhibited honesty from participants, while others felt that it was important to get a realistic sense of the organisation in the programme.

**Appropriateness of programme content**

While some people had specific comments on aspects of the LiUT programme about which they were less positive (e.g. centred leadership, power and authority sessions), others said the opposite. Therefore there was not a clear sense of which aspects, if any, did not fit the purpose of the programme. In the follow-up questionnaire all elements were very positively rated in terms of their relevance since the programme. Educational theory would indicate that content review, is not necessarily appropriate after only one programme particularly where the numbers involved in the evaluation are relatively small. Where there are trends in content commentary, e.g. coaching, power and authority, it may be that the individual sessions need to be revised rather than a decision as to whether they are ‘in’ or ‘out’. 

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Directors of Nursing and Midwifery support

Directors of Nursing and Midwifery gave feedback only to a limited extent and this might reflect the pilot nature of this programme; those who did comment were positive about their experience of their organisation taking part in the pilot programme and were supportive of the future roll-out of the programme.

The pledge

Across both the facilitator preparation and pilot programme there appears to have been most challenges associated with the pledges in one way or another. The need for further clarity with regard to the pledge, its purpose, process and ‘fit’ was raised in the evaluations of both the preparation programme and the LiUT. Whilst the active work associated with any programme is usually the most anxiety-provoking component of education or training, the pledge seemed to cause discomfort to some both the facilitators and the LiUT participants. This is not to say that the pledge is not useful or a necessary part of the future programmes but rather that the level of understanding and skill associated with the pledge being relevant and pertinent requires further attention. Further training for facilitators, in this regard, would seem necessary. There is also the question however of the level of understanding and ability of those guiding participants to develop SMART objectives e.g. line managers and mentors. This is covered in both the facilitator preparation programme and both days of the programme itself, but it appears that there was still some lack of clarity about the nature of the pledges to be made and implemented. In fact even if there was widespread comfort with the notion of the pledge (which there was not), its effectiveness can be best judged on the successful implementation of appropriate pledges, which was not overwhelmingly the case.

The relative ‘weakness’ of a significant number of the pledges would indicate additional learning needs in terms of SMART objective setting and may have contributed to the relatively low completion rates. The self-report component of the pledges is also problematic if the pledge is to continue to be considered a significant evaluation method for the programme outputs and indicator of leadership development. Importantly, many highlighted the need to have the pledge more integrated with and aligned to the organisation’s priorities. The relationship between the pledges and organisational objectives would benefit from enhanced discussion between line managers before and after the programme in order to work towards cohesion of effort and organisational ‘fit’. While not unanimous, there was
resistance to the term ‘pledge’. However overall the pledge represents a potentially valid attempt at measuring if participants have taken what they have learned and used it effectively.

Conclusions

Returning to the stated programme outcomes listed above, it is clear that many of them were met within the pilot. In particular there is evidence that the following outcomes have been met to a great extent, even in the pilot phase:

- sharing and learning (4),
- confidence-building (6),
- greater understanding of roles in leadership (1)
- recognition of the importance of team engagement (3)

Participants and others did also support the sense that personal and organisational values are being identified to a greater extent (2) and that service improvements (5) are taking place as a result of this programme. These two outcomes are more likely to be achieved more fully as the programme becomes owned and integrated into organisation and services.

8a. Recommendations

In conclusion, based on the evaluation above, the following recommendations are offered for consideration by the Research Alliance Committee and the other groups involved in future decisions about the programme.

Implementation process

1. There is a need to guarantee the notice period for organisations participating in the programme so that the clear pathways laid out on the documentation can be followed.
2. Pre-reading must be adhered to as a pre-requisite for participants so that they gain most from the programme. While in some cases this is difficult, that should be the exception.
3. As per the pathway, participants and line managers (and other senior managers) must link effectively before participants take part in the programme to consider a service change
that is best aligned with the organisational values and priorities, as well as their own interests and values.

_The pledge_

4. It is recommended that the term pledge be changed, to ‘service improvement’, ‘service change’ to remove any resistance to the term rather than the notion of this outcome of the programme.

5. Facilitators and line managers will need to ensure that feasible ‘pledges’ are conceived and articulated as more aligned to organisational development and that they are SMART as clearly laid out in the programme documentation. This appears to have been covered in the programme content, but perhaps greater clarity and feedback on ‘pledges’ could happen within the programme, rather than after it.

_Programme structure/content_

6. Future facilitator preparation programmes could offer optional focus on leadership or facilitation, based on the needs of those attending a programme.

7. Although there was not unanimous feedback, it is recommended that the team re-examine some content of the 2 day programme, namely:
   - Power and authority
   - Coaching
   - Centred leadership

_Recommended next steps_

This evaluation was carried out on a particular model used in the pilot phase, within which a small number of participants from any one organisation participated. There were clear benefits for the individuals involved in this phase. The pilot was found ‘fit-for-purpose’ on its own terms – it ran well, was beneficial for participants and facilitators and participants found the programme content relevant since they took part. Most participants also completed pledge which signified a heightened awareness and a practical change and improvement to the health service in which they work. If rolled-out it is likely that further benefits would accrue to the organisations concerned, as a critical mass of staff participated in such a programme.
**Recommendation regarding immediate roll-out**

8. However, in order to fully evaluate the impact of this pilot programme on organisation and ultimately on patient care and outcomes, some further evaluation is required before there can be any recommendation for national rollout from the evaluation. This would involve using a subset of the 10 pilot sites and existing facilitators to deliver an amended programme reflecting the above recommendations with a specific focus on evaluation organisational outcomes. The necessary tools and strategies would be developed by the research team in collaboration with the NLIC, and would measure organisational and the improved quality of patient care impact more meaningfully than was possible in this phase. An additional benefit is that gives the opportunity to test those tools and strategies, which themselves are a deliverable of the research service. This will also allow the potential of online evaluation of elements of the programme to be explored.

**Future implementation**

9. There is a need to identify the existing structures (for example, Centres of Nursing/Midwifery Education) that would help support the roll-out of this programme in a sustainable manner and exploit existing knowledge and capacity.

10. There were several suggestions to consider multi-disciplinary programmes on leadership and this fits with international trends. It is recommended that after further roll-out and evaluation of this programme, multi-disciplinary participation in such programmes be considered with all relevant stakeholders.

**Conclusions**

There appears to be an appetite in the services for leadership training and therefore this programme is timely. In the current climate however, there needs to be a consideration of the resources required to underpin the LiUT in the absence of conclusive outputs and demonstrably more effective delivery of care. We know that effective nurse leadership impacts patient and nurse outcomes and this programme has the potential to enhance the leadership capacity of nurses and midwives throughout the health service. Based on the experience of this evaluation, the DCU team will provide evaluation strategies and tools in collaboration with the NLIC in the next phase of the research service to assist with the
development of a mechanism for a sustainable programme that is cost-effective and can be shown to be so.
Appendices

Questionnaires used in follow-up evaluation

A. Directors of Nursing/Midwifery
B. Facilitators
C. Members of the National Implementation group
D. Participants
E. Letter to accompany questionnaires to DoNMs, facilitators and participants
F. Letter to accompany questionnaire to members of the National Implementation Group
**LEADING IN UNCERTAIN TIMES- Pilot programme 2012**

**Director of Nursing/ Midwifery follow-up evaluation questionnaire**

**Preparation for the pilot programme**

1. What information did you receive prior to the pilot programme?

   |  |  
   | --- | --- |
   |  |  

2. Did you have enough information before the pilot programme?
   
   - [ ] Yes
   - [ ] No

2.a. If not, what information would have been useful?

   |  |  
   | --- | --- |
   |  |  

3. Have you accessed the pilot programme materials on HSELand?
   
   - [ ] Yes
   - [ ] No

3.a. Please comment

   |  |  
   | --- | --- |
   |  |  

4. Did you find the ‘organisational readiness’ checklist user-friendly?
   
   - [ ] Yes
   - [ ] No

4.a. If not what suggestions would you make to make it more appropriate in future

   |  |  
   | --- | --- |
   |  |  

5. Did you find the organisation pathway useful?
   
   - [ ] Yes
   - [ ] No

5.a. Please comment

   |  |  
   | --- | --- |
   |  |  

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6. Did you find the programme pathway useful?
   1 □ Yes    2 □ No

6.a. Please comment

Facilitator recruitment

7. Have you any comments on the criteria given for the selection of facilitators for the pilot programme?

Participant recruitment to programme

8. How were participants identified for the pilot programme?

9. Were there opportunities for staff to come forward for the pilot programme?
   1 □ Yes    2 □ No

10. In general did staff take up the opportunity to participate in the programme?
    1 □ Yes    2 □ No

10.a. Please comment

11. Were there difficulties in releasing participants for the programme in advance of the pilot programme?
    1 □ Yes    2 □ No

11.a. Please comment

12. Were there difficulties in releasing participants on the days of the pilot programme?
12. Have you received feedback on the pilot programme from:

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>No</th>
<th>If yes, what was that feedback</th>
<th>If no, please comment</th>
</tr>
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<tbody>
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</table>

Feedback on the pilot programme from participants, facilitator and others

13. Have you received feedback on the pilot programme from:

14. What do you know about the pledge component of the programme?
15. Are you comfortable with the word ‘pledge’ in relation to this programme?

1 □ Yes  2 □ No

15.a. If not, why?

16. Have you received feedback from pilot participants about their pledge?

1 □ Yes  2 □ No

16.a. Please comment

17. In your opinion, did the pledge component work in practice?

1 □ Yes  2 □ No

17.a. If yes, why?

17.b. If no, why not?

18. In your view is 6 weeks long enough time to implement the pledge?

1 □ Yes  2 □ No

18.a. Please comment

Impact of the programme

19. What in your view is the overall impact of the pilot programme for your organisation?

Future roll-out of the programme
20. Do you think that the programme is appropriate for staff nurses/midwives?
   1☐ Yes          2☐ No

   20.a. Please comment on the appropriateness of the programme for staff nurses/midwives


21. Do you think that the programme is appropriate for CNMs/CMMs?
   1☐ Yes          2☐ No

   21. a. Please comment.


22. Will you support the further participation of your organisation in the programme?
   1☐ Yes          2☐ No

   22.a. Please comment


23. What would enable you to implement this programme for further use in your organisation?


24. Have you any recommendation for the future development of the programme?


25. Please include any other comments you have related to the pilot programme:
We sincerely thank you for taking the time to complete this questionnaire. Please return it to Anne Matthews at Dublin City University in the attached stamped addressed envelope before Friday 12 October 2012. Feel free to provide additional feedback on extra pages.

Re: Director of Nursing/ Midwifery follow-up evaluation

We are grateful for your assistance in anonymously completing this questionnaire. We would also like to offer you the opportunity to discuss or expand upon any of the issues raised above with us, confidentially, via telephone interview. If you are willing to be contacted to arrange an interview to take place in the week starting 19 October 2012, please email me separately stating this, at anne.matthews@dcu.ie.
LEADING IN UNCERTAIN TIMES- Pilot programme 2012

Facilitator follow-up evaluation questionnaire

Demographic/professional information

1. What is your highest educational level (please tick)?

<table>
<thead>
<tr>
<th>Certificate</th>
<th>Diploma</th>
<th>Degree</th>
<th>Post Grad Diploma</th>
<th>Masters</th>
<th>PhD</th>
</tr>
</thead>
</table>

2. What is your grade?

<table>
<thead>
<tr>
<th>Staff nurse/ midwife</th>
<th>CNM1/ CMM1</th>
<th>CNM2/ CMM2</th>
<th>ADoN</th>
<th>CNS/ CMS</th>
<th>ANP/AMP</th>
<th>Public Health Nurse</th>
</tr>
</thead>
</table>

3. What is your area of practice/specialty (e.g. mental health, midwifery, public health)?

Background information

4. Please describe any previous leadership and management training which you have undertaken.

5. How were you selected for the facilitator role?

6. Why did you become a facilitator for the Leading in Uncertain Times pilot programme?
7. Had you facilitated other training programmes before this pilot?

1☐ Yes 2☐ No

7.a. If yes, please give details:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Thinking back now to the preparation programme, what are your views on it?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. What did you find most useful when you were facilitating your programme?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. What did you find least useful when you were facilitating your programme?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. What would you change about it, if anything, now that you have facilitated a pilot programme?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. You provided feedback following the delivery of the pilot programme in your site. Thinking back on that now, have you anything to add?

________________________________________________________________________
________________________________________________________________________
13. What were your experiences of co-facilitation?

14. How comfortable were you introducing the ‘pledge’?

1 □ Very uncomfortable  2 □ A little uncomfortable  3 □ Moderately comfortable  4 □ Very comfortable

14.a. How was the ‘pledge’ received by your group?

15. Have you had any “follow-up” with participants?

1 □ Yes  2 □ No

15.a. Please comment:

16. Would you facilitate the Leading in Uncertain Times programme in the future?

1 □ Yes  2 □ No

16.a. If not, why not?
16.b. If yes, what would you need in order to do that? e.g. training, support, other.....

17. Finally, can you indicate if your facilitated a pilot programme in Mode (please tick):
   - A (Staff nurses/midwives), ______
   - B (CNMs/CMMs- 1 and 2) ______
   - C (SN/Ms and CNM/CMMs): ________

17.a. Please comment on this if you wish:

We sincerely thank you for taking the time to complete this questionnaire. Please return it to Anne Matthews at Dublin City University in the attached stamped addressed envelope before Friday 12 October 2012.

Feel free to provide additional feedback on extra pages.
LEADING IN UNCERTAIN TIMES- Pilot programme 2012

Leading in Uncertain Times Programme - National Implementation Group- Evaluation questionnaire

Implementation of the pilot programme

1. From your perspective, what has worked well within the implementation of the pilot programme of Leading in Uncertain Times? Please explain your response.

2. Were there any difficulties relating to the implementation of the pilot programme, from your perspective? Please explain.

National implementation phase

3. What, if any, do you think are the challenges for the national implementation of the Leading in Uncertain Time programme?

3(a) How can those challenges be addressed?
4. Have you any recommendations for the national implementation of the programme, based on the pilot and your role on the implementation group? Please explain.

Experience of the National Implementation Group
5. What was your experience of being on the national implementation group for the programme?

6. Have you any advice or recommendations on how to improve the working of the group?

We sincerely thank you for taking the time to complete this questionnaire. Please return it to Anne Matthews at Dublin City University in the attached stamped addressed envelope before Friday 19 October 2012. Feel free to provide additional feedback on extra pages.
Members of the National Implementation Group

We are grateful for your assistance in anonymously completing this questionnaire. We would also like to offer you the opportunity to discuss or expand upon any of the issues raised above with us, confidentially, via telephone interview. If you are willing to be contacted to arrange an interview to take place in the week starting 22 October 2012, please email me separately stating this, at anne.matthews@dcu.ie or by phone to 01-7008957.
LEADING IN UNCERTAIN TIMES- Pilot programme 2012

Participant follow-up evaluation questionnaire

Demographic/professional information

18. What is your highest educational level (please tick)?

Certificate  Diploma  Degree  Post Grad Diploma  Masters  PhD

19. What is your grade/role?

Staff nurse/ midwife  CNM1/ CMM1  CNM2/ CMM2  CNS/ CMS  Public Health Nurse

20. What is your area of practice/specialty (e.g. mental health, medicine, A&E, midwifery, public health)?

21. For how many years have you been a registered nurse/midwife?

22. For how many years have you worked in your current organisation?

Programme resources

23. How satisfied were you with the communication prior to the pilot programme?

1☐ Very dissatisfied  2☐ A little dissatisfied  3☐ Moderately satisfied  4☐ Very satisfied

6.a. Please add any comments you have to explain your response.


24. Are the online resources provided for the pilot programme user-friendly?

1 □ Yes 2 □ No

7.a. Please explain why you answered yes or no:


25. How accessible were the resources for you on HSELanD?

1 □ not very accessible 2 □ Fairly accessible 3 □ Very accessible

8.a. Please comment.


8.b. Could you access these in your workplace?

1 □ Yes 2 □ No

8.c. If not, why:


26. Did you do the online pre-reading?

1 □ Yes 2 □ No

9.a. If not, why not:


27. Have you interacted on the online forum since completing the two-day programme?

1 □ Yes 2 □ No
Programme Content
This section is designed to capture your reflections on the programme since and its usefulness to you in your work environment.

28. Thinking back to the content of the programme how relevant have these components been to you since completing the two-day programme:

<table>
<thead>
<tr>
<th>Component</th>
<th>Not at all relevant</th>
<th>Not really relevant</th>
<th>Not sure</th>
<th>Somewhat relevant</th>
<th>Extremely relevant</th>
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<tr>
<td>11.1 Centred leadership</td>
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<td>11.3 Eight leadership strategies</td>
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<td>11.4 Covey’s circle of influence</td>
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<td>11.5 Managing change and transition</td>
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<td>11.6 Effective Teamwork</td>
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<td>11.7 The pledge</td>
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<td>11.8 Power and authority</td>
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<td>11.9 Expressing one’s own views on authority</td>
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<td>11.10 Sparkling leadership</td>
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<td>11.11 Coaching</td>
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11.a. Have you any other comments on the content or delivery of the two-days:
Satisfaction with Facilitators

29. What is your view on the facilitation style used in your programme?

30. Were the facilitators knowledgeable about the topics (please be specific)

Pledge

31. Did you make a pledge?

1 □ Yes  2 □ No

32. If not, please comment (and go to question 17):

33. If yes, what was your experience of making the pledge

16.a. If yes, did you implement the pledge?

1 □ Yes  2 □ No

16.b. Please comment:
16.c. If yes, what impact did it have?


16.d. If your ‘pledge’ resulted in a change, what enabled you to make the change?


**Impact of programme**

34. What difference did taking part in the programme make for you?


35. Who were the relevant people in your organisation who supported you to implement the pledge?


36. Was your line manager supportive of your participation?

   1☐ Yes          2☐ No

37. Were there any workplace or managerial barriers to your participation in the programme?

   1☐ Yes          2☐ No

22.a. Please explain and include how these barriers were overcome


38. What advice/recommendations would you have for future programme implementation:

39. Finally can you indicate if your programme had participants who were:
   o Staff nurses/midwives only ______
   o CNMs/CMMs- 1 and 2 only ______
   o Both SN/Ms and CNM/CMMs _______

22.a. Please comment about this if you wish:

We sincerely thank you for taking the time to complete this questionnaire. Please return it to Anne Matthews at Dublin City University in the attached stamped addressed envelope before Friday 19 October 2012. Feel free to provide additional feedback on extra pages.
24 September 2012

Re: Ongoing evaluation of the “Leading in Uncertain Times” Pilot Programme 2012

Dear Directors of Nursing and Midwifery, Site Facilitators and Participants.

Further to a letter sent on 16th July 2012 by Cora Lunn, Interim Director, National Leadership and Innovation Centre for Nursing and Midwifery (NLICNM), I am currently leading a team from the School of Nursing and Human Sciences at Dublin City University which is conducting an independent evaluation of the ‘Leading in Uncertain Times’ programme. The purpose of this evaluation is to ensure that the programme is useful and appropriate. This evaluation will include contributions from Directors of Nursing in the pilot sites, programme facilitators, and programme participants.

I acknowledge that you may have already provided feedback immediately following the programme and I wish to thank you for this. However this current evaluation phase is designed to capture your reflections some time after programme delivery when you may have some time to think about its applicability to your workplace and staff within your services.

I wish to assure you that no identifiers will be attached to the questionnaire and therefore your response is entirely anonymous. All answers will be treated confidentially. Completion of the questionnaire implies consent.

Both the teams at DCU and at the National Leadership and Innovation Centre for Nursing and Midwifery are eager to ensure that the evaluation is conducted as soon as possible, to enable the national implementation group consider the recommendations of the evaluation. You are provided with a stamped addressed envelope for your convenience, and I ask you to return this as soon as possible, and before 12 October 2012.

If you have any queries, please contact me at anne.matthews@dcu.ie or on 01-7008957.

Many thanks in advance for your cooperation and ongoing participation in this evaluation.

Kind regards

Dr Anne Matthews

Lead contact, Research Service to NLICNM

School of Nursing and Human Sciences

Dublin City University, Dublin 9

cc. Ms Cora Lunn, Interim Director, National Leadership and Innovation Centre for Nursing and Midwifery

Ms Annette Connolly, Leading in Uncertain Times, National Implementation Group
5 October 2012

Re: Ongoing evaluation of the “Leading in Uncertain Times” Pilot Programme 2012

Dear Members of the National Implementation Group- Leading in Uncertain Times Programme.

I am currently leading a team from the School of Nursing and Human Sciences at Dublin City University that is conducting an independent evaluation of the ‘Leading in Uncertain Times’ pilot programme. The purpose of this evaluation is to ensure that the programme is useful and appropriate. This evaluation will include contributions from Directors of Nursing in the pilot sites, programme facilitators, and programme participants. We also now wish to elicit feedback from the members of the National Implementation Group for the Programme on the implementation of the pilot programme and about the experience of membership of the Implementation Group itself.

I wish to assure you that no identifiers will be attached to the questionnaire and therefore your response is entirely anonymous. Completion of the questionnaire implies consent.

Both the teams at DCU and at the National Leadership and Innovation Centre for Nursing and Midwifery are eager to ensure that the evaluation is conducted as soon as possible, to enable the national implementation group to consider the recommendations of the evaluation. You are provided with a stamped addressed envelope for your convenience, and I ask you to return the completed questionnaire as soon as possible, and before 19 October 2012, as we are required to complete this evaluation of the pilot programme by the end of October 2012.

We would also like to offer you the opportunity to discuss or expand upon any of the issues raised within the questionnaire, confidentially, via telephone interview. If you are willing to be contacted to arrange an interview to take place in the week starting 22 October 2012, please contact me separately stating this, at anne.matthews@dcu.ie or by phone to 01-7008957.

Many thanks in advance for your cooperation and ongoing participation in this evaluation.

Kind regards

Dr Anne Matthews
Lead contact, Research Service to NLICNM
School of Nursing and Human Sciences
Dublin City University, Dublin 9
Phone: 01-7008957

cc. Ms Cora Lunn, Interim Director, National Leadership and Innovation Centre for Nursing and Midwifery
Ms Annette Connolly, Leading in Uncertain Times, National Implementation Group