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Evaluation of a Primary Care Triumvirate Leadership Development Programme

Abstract

This paper evaluates a primary care triumvirate leadership programme from the perspectives of key stakeholders (General Practitioners, General Practice Nurses, Practice Managers, programme and practice colleagues); and to provide evidenced informed recommendations for future primary care triumvirate healthcare leadership development. Kirkpatrick's Four/Five Levels of Evaluation Model was used as the evaluation approach. Data was collected by the use of face to face and telephone focus group interviews. Thematic analysis was used to generate themes relating to the four levels of Kirkpatrick's model. Findings show how adopting a primary care triumvirate leadership approach offers a promising platform for operationalising the contemporary collective and distributed approaches to leadership development. Future programmes could benefit further by adopting a multi-dimensional leadership development model. This would expose the primary care triumvirate leader to the evidence based Six 'E's' approach to leadership development (evaluate, examine, exposure, education, environment, experience).

Introduction and Background to the Development of a triumvirate Leadership Programme for Primary Care

There are unprecedented challenges facing the way that both primary and community care,

Primary and community care services now face major challenges; with an increasing workload, an ageing population, and increasingly complex medical problems being diagnosed and managed in the community. The relationship between the public and health professionals is also changing – with an increasing focus on giving people information and involving them in decisions about their care. (Primary Care Workforce Commission 2015:5).

The vision for developing a truly modern world class primary care system requires the highly skilled workforce that is adaptable and can work within large interdisciplinary practices, networks or super-practices. However the underinvestment of staff working in primary care compared to the secondary care sector is now manifesting in problems associated with GP and general practice nurse recruitment and retention (Primary Care Workforce Commission 2015). This is often referred to as

an emerging workforce crisis' (Dayan et al. 2014) and until recently, has been largely invisible to commissioners and policy-makers (Baird et al. 2016).

Staff who demonstrate effective leadership behaviours are at the forefront of any future primary care transformation. By empowering and engaging self and others to work differently within a changing clinical context, good leaders are better able to plan and provide a vision for the future of their organisations. Indeed Ham, McKenna and Dunn (2016) report how better outcomes can be delivered by engaging clinical teams in reducing variations and changing the way care is delivered. However there is evidence of underinvestment in leadership development for staff working within the field of primary care.

Health Education West Midlands Triumvirate Leadership Programme for Primary Care was developed and implemented. The aim was to support general practice teams to 'unlock their potential' and improve service outcomes. The expectation being that each triumvirate team would tackle a current issue of health care or service as a focus for change management within their GP practice. It was anticipated that success in transformation and delivery would allow the opportunity for the practice to be recognised for its innovative work and allow sharing of ideas through Health Education West Midlands Beacon Status.

40 practices expressed an interest in participating in the programme. From these 24 practices were recruited. Each practice nominated one General Practitioner (GP), one General Practice Nurse (GPN) and one Practice Manager (PM) to attend as a team or triumvirate. This equated to 24 triumvirates. The programme ran over a six month period. The participants were divided into four cohorts that were geographically spread.

Triumvirate Leadership Development Programme within Primary Care

The aims of the programme were, to:

- Provide a leadership approach adopted by three key roles within general practice; GP, General Practice Nurse and Practice Manager
- Allow the organisation to optimise its success in challenging times
- Build a sustainable approach for the practice team through working together to unlock its true potential

Programme Structure

The structure comprised of an introductory day followed by a blend of taught sessions and action learning sets. The participants would work on an identified service improvement project related to the individual Primary Care practice. The timeframe was 6-9 months.

Aims and Objectives of the Programme Evaluation

1. To critically explore the experience of participating in the Triumvirate Leadership Development Programme from the perspective of key stakeholders participants (General Practitioners, General Practice Nurses, Practice Managers, programme and practice colleagues).
2. To provide evidenced-informed recommendations for primary care triumvirate healthcare leadership development.

Programme Evaluation Design

Kirkpatrick's Four/Five Levels of Evaluation Model provided the framework for the evaluation (Kirkpatrick 1983). This model is a recognised standard for evaluating the effectiveness of training. It considers the value of any type of training, formal or informal to demonstrate its value across the organisation.

The five levels of the model measure:

1. Reaction- students initial thoughts and feelings about the education and training experience
2. Learning - the resulting increase in knowledge or capability
3. Behaviour- extent of behaviour and capability improvement and implementation/application
4. Results - the effects on the business or environment resulting from the student's performance
5. Return of Investment – often used to demonstrate monetary investment in education and training.

For the purpose of this evaluation, levels 1-4 were measured.

Methodology

Sample

All twenty four triumvirates were invited to participate in the evaluation. The final evaluation sample was:

- 2 GP practice triumvirates

- Programme team
- Administration staff from one of the GP practice triumvirates
- Professional groups comprising GP, GPN, PM

Data Collection

Semi-Structured Interview

Semi structured interview was the primary data collection method, and was used in the context of the focus groups and one to one interviews. This enabled the exploration of particular themes relating to structure, processes and outcomes that impacted on triumvirate leadership development. The interview agenda was influenced by the leadership development evidence base. Similar questions were asked to all participant groups, therefore providing data that explored the same phenomena but from the various perspectives.

Data Analysis

Thematic content analysis was adopted to ensure rigour. All the focus group interviews were tape-recorded, transcribed verbatim and coding schemes generated from the line-by-line analysis of the interview schedules (Graneheim and Lundman 2004). The thematic analysis approach provided the opportunity to identify typical responses and summarised participants' accounts of their leadership development. This comparative process compared the various accounts gained from the range of participants, which enabled recurring themes to be identified and drawn together to gain an understanding of the emergent key areas around triumvirate leadership development. This approach allowed for both typical and atypical phenomena to be identified and reported on. Coding categories were derived directly from the qualitative data, with the researcher avoiding the use of preconceived categories, instead allowing the categories to flow from the data (Moretti et al. 2011:1).

Findings

Findings identified themes relating to the four levels of Kirkpatrick's model. Evidence was found across all four levels. The findings are presented in tables 1-4

Kirkpatrick Level 1: Reaction

Evaluation of this level measures how the participants on the programme react to it. It is important for the participant to react favourably, otherwise they will not be motivated to learn, and develop. Findings for this level are presented in table 1.

Table 1 Kirkpatrick Level 1: Reaction

Kirkpatrick's Level 2 – Learning

Evaluation of this level defines the extent to which participants change attitudes, improve knowledge, and/or increase skills as a result of attending the programme. Findings for this level are presented in table 2.

Table 2 Kirkpatrick's Level 2 – Learning

Kirkpatrick Level 3: Behaviour

Evaluation of this level identifies the extent to which the participant have changed attitudes, improved knowledge, increased skills as a result of at ending the programme. Findings for this level are presented in table 3.

Table 3 Kirkpatrick Level 3: Behaviour

Kirkpatrick Level 4: Results

Evaluation of this level identifies the final results that occurred because the participants attended the programme. Findings for this level are presented in table 4.

Table 4 Kirkpatrick Level 4: Results

Discussion

Application of Kirkpatrick's four/five levels of evaluation (Kirkpatrick 1983, Winfrey 1999) provided the framework for presenting the evidence of, not only triumvirate reactions to the programme, but also learning, changed behaviours and ultimately results (impact of learning on the organisation).

Conducting this study provided new and crucial evidence that a primary care triumvirate leadership programme supports the primary care leader in addressing the unprecedented challenges facing the way that primary and community care are delivered (Primary Care Workforce Commission 2015). This is because triumvirate leadership provides the vehicle to operationalise the contemporary and preferred approaches to healthcare leadership, such as shared and collective leadership (Storey and Holti 2013, West et al. 2015). Bergman et al. (2012) report on the positive correlation between shared leadership and effective change management.

The triumvirates demonstrated taking collective responsibility for the success of the organisation and tried to bring other members of the primary care practice team with them on a journey. Strategies to achieve this included the triumvirate spending the time together to develop their leadership skills and working on a primary care specific service improvement project.

The GPs realised that the general practice nurse, practice manager and other professional groups should be involved in the decision making process within the primary practice context. Relating this finding to the Google model, a triumvirate structure supplies multiple viewpoints, perspectives, and expertise and can change the balance of power at the top; three managers can better resist pressure from shareholders and investors than can one person alone (Girard 2009:1).

The general practice nurses believed that they lead through the power of influence and not through the position of power. This is a concept presented by D'Amour et al. (2005) and Leigh (2012) and is often associated with shared or distributed leadership (Storey and Holiti 2013).

Findings identified the challenges of convincing the wider primary care practice team of the benefits of adopting the triumvirate approach and bringing others into the decision making process. Bringing the right people (not the available people) into the triumvirate could help spread the philosophy of this collective approach to leadership across primary care. The right people are those who are willing to challenge the reluctant follower. They are also willing to communicate and apply strategic management, change and service improvement methodologies to help transform their primary care practice.

Strengths of the triumvirate leadership programme was the sharing by participants of ideas, innovations and approaches to primary care provision that promoted quality patient care. This was achieved through the combination of programme content and the blend of teaching and learning methods.

The findings also identified programme improvements that would be included in future triumvirate primary care leadership development programmes. These included embedding teaching and learning strategies that promote self as a leader, self-assessment opportunities such as the 360 feedback (Leigh et al. 2015) and strategies that capitalise on the primary care environment as a learning organisation. Further programme improvements would include the use of instruction, feedback, coaching, mentoring and shadowing as legitimate leadership development approaches. These identified areas for healthcare leadership learning are embedded in an existing multidimensional leadership development model that is flexible and can be integrated with the aims and objectives of a leadership development programme (Leigh et al. 2012, Leigh et al. 2013, & Leigh et al. 2015, Leigh 2016). This multidimensional development model utilises the Leadership Qualities Framework (LQF) (NHS 2006) Five E's approach to learning (examine, education, exposure, experiences, and evaluation), with a sixth 'E' added recognising the importance of the educational and practice setting for leadership learning (Leigh 2016). This multidimensional leadership development model specifically applied to primary care triumvirate leadership development provides the platform to promote the future resilient primary care leader.

A limitation of this study is that impact and results are best measured sometime after programme completion. These results were generated at the end of the programme.

Conclusions

Findings show how adopting a primary care triumvirate leadership approach offers a promising platform for operationalising the contemporary collective and distributed approaches to leadership development (Storey and Holti, 2013; West et al, 2015). Future programmes could benefit further by adopting a multi-dimensional leadership development model (Leigh et al, 2015). This would expose the primary care triumvirate leader to the evidence based Six 'E's' approach to leadership development (Leigh, 2016).

Learning Applied to Future Triumvirate leadership Programmes

- The triumvirate leadership development approach is the recommended method to operationalise collective and shared leadership within the primary care setting

- Operationalise future programmes within a multidimensional leadership development model to promote the best environment to implement the following key concepts for effective primary care triumvirate leadership:
 - Bring the right people (not the available people) into the triumvirate from the outset and ensure these are the future leaders who are willing to challenge and transform primary care practice
 - Adopt teaching and learning strategies that develop the resilient triumvirate leader so that they can motivate others and challenge the reluctant followers
 - Adopt teaching and learning strategies that promote the development of strategic management, communication, change and service improvement in order to spread the triumvirate philosophy across their primary care organisation for the benefit of patient care and improved patient outcomes

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