

Northumbria Research Link

Citation: Hancock, Helen, Campbell, Steve, Bignell, Pat and Kilgour, Julie (2005) The impact of leading empowered organisations (LEO) on leadership development in nursing. International Journal of Health Care Quality Assurance, 18 (3). pp. 179-192. ISSN 0952-6862

Published by: Emerald

URL: <http://dx.doi.org/10.1108/09526860510594749>
<<http://dx.doi.org/10.1108/09526860510594749>>

This version was downloaded from Northumbria Research Link:
<https://nrl.northumbria.ac.uk/id/eprint/2829/>

Northumbria University has developed Northumbria Research Link (NRL) to enable users to access the University's research output. Copyright © and moral rights for items on NRL are retained by the individual author(s) and/or other copyright owners. Single copies of full items can be reproduced, displayed or performed, and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided the authors, title and full bibliographic details are given, as well as a hyperlink and/or URL to the original metadata page. The content must not be changed in any way. Full items must not be sold commercially in any format or medium without formal permission of the copyright holder. The full policy is available online: <http://nrl.northumbria.ac.uk/policies.html>

This document may differ from the final, published version of the research and has been made available online in accordance with publisher policies. To read and/or cite from the published version of the research, please visit the publisher's website (a subscription may be required.)



The impact of Leading Empowered Organisations (LEO) on leadership development in nursing

The impact
of LEO

179

Helen Hancock

Northumbria University, Newcastle, UK and City Hospitals Sunderland NHS Foundation Trust, Sunderland, UK

Steve Campbell

City Hospitals Sunderland NHS Foundation Trust, Sunderland, UK and Northumbria University, Newcastle, UK

Pat Bignell

City Hospitals Sunderland NHS Foundation Trust, Sunderland, UK

Julie Kilgour

North East NHSU, Sunderland, UK

Abstract

Purpose – This study sought to evaluate the impact and sustainability of the Leading Empowered Organisations (LEO) programme on the role of G Grade Nurse Managers, their colleagues and therefore on patient care at CHS.

Design/methodology/approach – A qualitative, inductive research methodology, which employed 360-degree research evaluation, was used. A purposive sample of four G Grade Nurse Managers was included. Each G Grade and eight of each of their colleagues were interviewed. Data were analysed according to the principles of thematic analysis.

Findings – There was evidence of a sustained impact of the LEO programme on G Grade Nurse Managers in relation to competence, action plans, delegation, communication strategies, problem solving, risk taking, leadership and management. The study also revealed a number of significant personal and contextual factors that affected the implementation of the LEO principles. Empowerment, or a lack of it, underpinned much of what occurred in the implementation of the LEO principles by the G Grades into practice.

Originality/value – The findings indicated that both organisational and individual action is necessary to achieve leadership development. Organisations need to ensure that investment in leadership is not restricted to the LEO programme, but that it becomes a strategic priority.

Keywords Leadership, Empowerment, Nurses, Education, Working practices

Paper type Research paper



Introduction

Background

Clinical leadership is recognized as a cornerstone for the development for nursing and health care in successive government strategy documents – *Vision for the Future* (NHS Executive 1993), *Making a Difference* (Department of Health, 1999), and *National Health Service Plan* (Department of Health, 2000). These documents set a background for a new,

International Journal of Health Care
Quality Assurance
Vol. 18 No. 3, 2005
pp. 179-192
© Emerald Group Publishing Limited
0952-6862
DOI 10.1108/09526860510594749

stronger NHS that is committed to innovation and change with a strong nursing leadership. Alongside this is a contemporary literature that suggests that the nature of nursing leadership needs to change in order for nursing to make a meaningful contribution to organizations (Schuster, 1994). As Sofarelli and Brown (1998, p. 203) state:

A transformational leader will provide the skills for the profession to stretch its boundaries and be innovative in the way in which problems are viewed and solved [...] and will move nursing further into the centre of the arena of health care services.

In order to strengthen leadership in the NHS, the Leading Empowered Organisation (LEO) project was implemented throughout the UK. Designed to help nurses engage in the development and management of health services, the LEO programme aims to equip front-line staff, including allied health professionals, with the leadership skills and qualities required in a modern health service (Faugier and Woolnough, 2002). LEO enables professionals to develop empowerment in themselves and others by addressing responsibility, authority and accountability. It also helps them articulate expectations, develop autonomy, resolve conflicts, take risks and solve problems (NHS Executive, 2000).

The three-day LEO programme was designed and created in the 1980s by Marie Manthey of Creative Healthcare Management (CHcM) in Minneapolis for nurses in the USA. The Centre for the Development of Nursing Policy and Practice (CDNPP) at Leeds University has worked extensively with CHcM to revise, adapt and improve the language and experience of LEO for UK culture, and to engage a wide range of health care professionals working in the NHS. The CDNPP began providing the LEO programme in 1993 to health care organizations in the then Yorkshire Region.

The content of the LEO programme presents emergent policy and practices in leadership and empowerment. Anticipated outcomes for participants (Smith and Edmonstone, 2001) are that they will be able to:

- challenge the current level of authority that individuals have for finance, human resource and quality issues;
- accept responsibility for reducing the level of bureaucracy in the NHS by challenging the *status quo*;
- challenge the misuse of resources caused by the lack of cross-boundary participation and collaboration and to build relationships to trust openness and honesty;
- influence changes in front-line services;
- improve access to more joined-up services through effective problem solving and risk taking; and
- devise personal development and action plans related to their role as clinical leader.

Between 2001 and 2003 more than 32,000 nurses completed LEO. Data from LEO programme evaluation indicate that 94 per cent of attendants rated the programme as good or very good. Telephone interviews with attendants six months after the programme indicated that 67 per cent felt that it had improved their leadership capabilities (Faugier and Woolnough, 2002). An evaluation of the LEO programme in Southern Ireland concluded that "significant impact on participants' leadership skills had taken place" (National Leadership Centre, 2000). The National Leadership Centre

also carried out a small pilot study (National Leadership Centre, 2000) in partnership with the CDNPP and two NHS Trusts. Stakeholders reported that LEO had increased delegation, advanced planning and the ability to clarify expectations. Cooper's (2003) study evaluated the effectiveness of the LEO training programme by examining pre-existing leadership skills and comparing them with skills on completion of the programme. The findings indicated statistically significant improvement in leadership performance with positive outcomes related to communication competence, articulation of goals, networking, assertiveness, zones of responsibility and problem solving. What is not clear, however, is:

- the sustainability of LEO's impact on the leadership skills of clinicians – no data exist on the impact of LEO on participants beyond six months of completing the programme;
- the ways in which the leadership skills of clinicians have developed;
- if there is any variation in this development between clinical areas; and
- what factors, if any, affect the use of the LEO principles in practice (this is particularly significant in the light of research that highlights the impact of culture on the development of clinical leadership (Johns, 2003)).

The study

Aim

This study sought to:

- evaluate the impact and sustainability of the LEO programme on the role of G Grade Nurse Managers, their colleagues and, therefore, on patient care at CHS in relation to: competence, communication strategies, risk taking, leadership and management style, problem solving and empowerment;
- identify what factors, if any, influence the application of knowledge gained from the LEO programme into practice; and
- identify the ongoing learning needs of G Grade Nurse Managers.

G Grade Nurse Managers were selected as the focus of this study as a result of the NHS Trust's belief that their role is the linchpin to delivering quality patient care. Responsible to their Matron and ultimately responsible to the Head of Nursing/Chief Matron and Business Manager, their three primary responsibilities are:

- (1) quality of patient care;
- (2) personnel management; and
- (3) financial management.

Key expectations of their role, as defined by the current job description, are:

- 24-hour responsibility for the provision of effective nursing service to meet individual needs of patients admitted to the ward;
- accountability for ensuring that agreed professional standards are reflected in clinical practice; and

- accountability for the overall management of the ward, deployment and supervision of staff and ensure the co-ordination of all services provided to patients, optimizing the cost effective use of all resources provided to patients, including managing the ward pay and non-pay budget.

Methodology

The research methodology was a qualitative, inductive approach based on the principles of naturalism. In the study of humans, the objective attitude of science is directly opposed to one of personal understanding and involvement (Strawson, 1974); people are not reducible to measurable objects that exist independently of their historical, cultural and social context. Naturalism offers a research approach that does not seek to control or manipulate (Leininger, 1985). Edwards and Furlong (1985) describe two fundamental axioms in this type of research. The first is to describe the world as the participants see it. This was fundamental to a study that sought the realities of the role of G Grade Nurse Managers in practice. The second is that the data are more appropriate for theory generating than for theory testing, that is, the field itself provides the resource for developing theory.

Sample

A purposive sample of four G Grade Nurse Managers, one from each of the Trust's four clinical divisions, from wards/departments with varying patient dependency, who had completed the LEO programme more than six months prior to the study, were included. For each of the G Grades, time in post was also noted. Table I indicates the distribution for the sample of G Grade Nurse Managers in this study. It includes one G Grade Nurse Manager who had completed the LEO programme more than six months prior to the study from each of the hospital's four clinical divisions, each with varying patient dependency. Patient dependency was referred to in hours per patient day (HPPD). Where HPPD did not delineate wards for the study, utilisation scores were also used. The ultimate sample comprised four G Grade Nurse Managers and a total of 32 of their colleagues.

G Grade characteristics. Table II indicates the time elapsed between LEO completion and initial contact in August 2003 for each of the G Grades. It also specifies the time each had been in their current role.

HPPD utilisation (per cent)	Surgery	Medicine	Clinical division Clinical support	Child and family care
High		G Grade 2 HPPD 7.9 U 179.4 per cent		
Medium	G Grade 3 HPPD 4.8 U 115 per cent			G Grade 1 HPPD: 6.8 U 108.2 per cent
Low			G Grade 4 HPPD 5.8 U 91.8 per cent	

Table I.
LEO sampling matrix

Each G Grade was asked to select five colleagues to be included in interviews. In addition, each G Grade's line manager (Matron) was asked to identify three of the G Grade's colleagues to be included in interviews. The inclusion of eight individuals is supported by the literature, which suggests that between five (Fletcher, 1999) and 11 participants (Ramsey *et al.*, 1993) ensures anonymity and reliability of data.

Data were gathered through the use of a 360-degree model of assessment and feedback. The 360-degree assessment captures self-evaluation and observer evaluation of leadership, facilitating comparisons between the two and offers a level of robustness that would be absent in a self-report design (Bowles and Bowles, 2000). Prior to data gathering a comprehensive review of the LEO programme was undertaken and approval from the Local Research Ethics Committee (LREC) and the Trust's Scientific Review Committee was obtained for the study.

Interviews. Each G Grade Nurse Manager was interviewed regarding the impact and sustainability of the LEO programme on their role. Eight of his/her colleagues were also interviewed regarding their perceptions of the impact of the LEO programme on the role of the G Grades and themselves.

The approach to the first set of interview was largely unstructured, and non-directive questions were used. The interviewer did not use a set of research questions but had a list of issues to be covered. During the second interview set with the G Grades, which followed completion and analysis of all other interviews, some specific information was required and a more direct questioning approach was used.

Data analysis. All interviews were recorded with the participant's consent and transcribed verbatim. Data were analyzed following the principles of thematic analysis described by Attride-Stirling (2001), noting similarities and differences in perceptions among the staff involved.

Findings. Despite a number of G Grades and their colleagues expressing the view that "little had changed", actual and sustained changes to practice, management and leadership following the LEO programme were apparent. It was also evident, however, that a proportion of each G Grade's colleagues, nominated by the G Grades and their Matron, had little or no knowledge about the LEO programme. The data in Table III indicate the proportion of colleagues for each G Grade who had a limited knowledge of the LEO programme.

The following is an account of perceptions about changes to the management and leadership of the G Grades following the LEO programme from the G Grades themselves and from their colleagues with knowledge about it.

There was evidence from this study of a sustained and positive impact of the LEO programme on the G Grades' approach to their work in a number of areas as well as an ongoing need for development in others.

G Grade	Months since LEO completion	Time in post
G Grade 1	6	4 years
G Grade 2	13	21 months
G Grade 3	13	28 years
G Grade 4	13	6 years

Table II.
G Grade characteristics:
time since completion of
the LEO programme

Competence

In relation to competence, which for the LEO programme encompasses technical skills, critical thinking and interpersonal relationships, there appeared to have been most improvement in critical thinking problem solving, time management and delegation skills of the G Grades.

Communication strategies

Some G Grades and their colleagues identified inadequacies in communication. These were in wards/departments where there was no time allocated to meetings, and where there was not enough time to allow for this. This was a source of frustration for many of the G Grades' colleagues as they felt they did not have a voice in or knowledge about local and organizational issues.

Risk taking

Risk taking appeared to be related to the power (or empowerment) allocated to, or assumed by, the G Grade and was affected by:

- their previous position and associated risk taking experience, so that those with previous good experiences of risk taking tended to take more risks; and
- their relationship with their Matron and others within the directorate.

This meant that G Grades with effective relationships and communication took greater risks. All G Grades sought back-up for risks they took, either through discussion with others or their own research/investigation.

Leadership and management style

All G Grades used directing, coaching and supporting regularly and interchangeably in response to the situation, the individual and the G Grade's requirements. There was evidence of a lack of delegation by all G Grades, although for some more than others, which appeared to be attributable to a lack of a consistent or easily identifiable F Grade. The G Grades did not want to overload junior staff and most felt they should know what was going on in their area. Time constraints also impacted on delegation, so that work that had to meet a deadline was less frequently delegated.

The G Grades' colleagues noticed changes in delegation, confidence and assertiveness. While the G Grades' level of delegation had increased, there was variation between G Grades and consensus among the colleagues about its limited application. Many of their colleagues voiced concern about restrictions to their own development and to their ability to impact on decisions about clinical practice.

Table III.
Proportion of each G
Grade's colleagues with
limited knowledge of the
LEO programme

G Grade	Knowledge ^a	Limited knowledge ^b
G Grade 1	62.5	37.5
G Grade 2	50.0	50.0
G Grade 3	37.5	62.5
G Grade 4	37.5	62.5

Notes: ^aPercentage of colleagues who had knowledge of the aims and content of the LEO programme;
^bpercentage of colleagues who had limited knowledge of the aims and content of the LEO programme

Problem solving

Action plans required for the completion of the LEO programme provided evidence of change. All G Grades had completed, implemented and evaluated changes to clinical practice. Their colleagues had noticed a more positive approach to problem solving by the G Grades which was more inclusive of them, but remained restricted by their lack of delegation (above).

Empowerment

Empowerment underpinned much of what occurred in the implementation of the LEO Principles by the G Grades. It affected their sense of ownership and of feeling valued, their approach(es) to their work, their relationships with others and their ability to make decisions about actual patient care. On a number of occasions the G Grades and their colleagues spoke of the G Grade's inherent lack of power and empowerment, which occurred at both organizational and local levels. While able to problem solve and identify solutions, they were often unable to effect changes without checking out their plans with senior colleagues. In some cases, changes to patient care delivery were implemented by other senior nursing staff without consulting the G Grade. The G Grades spoke of their sense of being "de-professionalized", "unvalued" and "invisible" as a result. The mixed message between the empowerment encouraged by the LEO programme and the lack of clarity around it in clinical practice was a source of frustration for both the G Grades and their colleagues.

Factors influencing the implementation of LEO principles into practice

Aids to implementation

Relationships. The G Grades spoke of their relationships with their medical and nursing colleagues as a source of support and assistance in effectively implementing what they had learnt from the LEO programme and, therefore, their ability to fulfill the requirements of their role.

Local characteristics. In contrast to other G Grades, those who worked in smaller wards/departments, away from the main hospital site, spoke of the freedom they had and the positive impact this had on their ability to implement LEO principles.

Barriers to implementation

Staffing. All G Grades and their colleagues spoke about the difficulties in implementing LEO principles with inadequate numbers of (skilled) staff.

Delegation. Inadequate staffing also affected the G Grades ability to delegate. The presence or absence of an identifiable deputy/F Grade was highlighted as significant to delegation.

Changes to hierarchy and structure. Role changes within the organisation affected the remit, responsibilities and empowerment ascribed to the G Grades' role. Several of the G Grades and their colleagues spoke of restrictions to their circles of influence, a lack of empowerment, and a lack of involvement in change at both local and organisational levels.

Time. Time constraints were significant, particularly in regard to effective communication, where there was no allocated or available time for meetings.

Individual characteristics of the G Grade

Delegation. Some G Grades held on to roles and responsibilities as a result of not wanting to overload junior staff and wanting knowledge of developments.

Communication. Some of the G Grades' colleagues referred to occasionally strained and ineffective communication from their G Grade that was attributed to their personality.

Personality. Some colleagues questioned the LEO programme's ability to influence the personality of the G Grade.

Experience. Many of the G Grades' colleagues referred to the impact of the G Grades' experience on their approach to leadership and management. G Grades with the most experience demonstrated the least amount of change after attending LEO. Importantly, however, this was complicated by the context of their work. Arguably, in this study the G Grades with the most experience had the least scope for change as a result of restrictions to their role.

Ongoing learning needs

While it was apparent from the findings that the LEO programme had positively influenced the approach of the G Grades, there were areas in which further development was required.

Delegation. All G Grades recognized the need to develop their delegation, although they highlighted factors affecting their ability and willingness to do so. Their colleagues highlighted the need for them to delegate more. This was partly out of concern for the G Grades as well as for the development of other staff.

Assertiveness. Assertiveness also emerged as an area in which the G Grades required more development.

Communication. Communication was identified as a problem by the G Grades' colleagues in areas where a regular time was not set aside for ward meetings.

Discussion of findings

The focus of this study was the impact and sustainability of the LEO programme on the role of G Grade Nurse Managers, their colleagues and, therefore, on patient care at CHS. Several themes interwove throughout the study and illuminated the impact of the LEO programme in the context of clinical practice. The implementation of the LEO principles was affected by ward/department characteristics, relationships, experience, staffing, time, personality, responsibility, autonomy, authority and empowerment. Essentially, cultural, contextual, personal and interpersonal factors combined to form the complex situation in which the G Grades attempted to apply the LEO principles. These findings are discussed here in relation to the literature.

The application of knowledge

In its examination of the impact of the LEO programme this study also implicitly assessed the knowledge gained by the G Grades from the programme. This was not a traditional assessment by way of examination or viva but rather by way of conversation about what was learnt. Clearly, in order for the knowledge to be applied, it had first to be learnt. The application of knowledge, however, is by no means a simple process, but rather is a complex process that involves the individual, knowledge or cognition and the practical situation.

The differences between practical and theoretical knowledge have long been misunderstood (Argyris and Schon, 1978; Benner, 1984). Polanyi (1958) refers to the relationship between the ability of an individual to recall principles and procedures ("knowing that") and her ability to put such knowledge into practice ("knowing how"). It has been widely observed, through current examination techniques, that "knowing that" is not necessarily correlated with "knowing how" (Boreham, 1977). There is no logical connection between knowing how to do something and being able to do it. What has been learned theoretically has to be learned as personal practical knowledge in the practical situation, and has to be legitimated in and by successful practice (Jarvis, 1999). This was the case for the G Grades in this study whose use of the LEO principles was affected by a range of factors encountered in the context of the practice setting.

Organizational culture

Organisational factors such as the power, responsibility and authority afforded to and assumed by the G Grades had a significant impact on their application of the LEO principles. Role changes within the organization that altered their "circles of influence" created restrictions to their authority and their ability to make decisions. The literature surrounding the relationship between an individual and an organization helps to explore this. People are shaped, nurtured, controlled, rewarded and punished by organizations all their lives (Furnham, 1997). In the simplest sense, culture refers to a way of life of belonging to a designated group of people. Many definitions of organizational culture include details of observed behaviour, norms, dominant values, philosophies, "rules of the game" and the feelings or climate conveyed. Culture, it seems "is universal in man's experience, yet each local or regional manifestation of it is unique" (Herskovits, 1955, p. 306). To assume that organizations have a single unified culture ignores these variations (Meyerson and Marton, 1987). Indeed, each G Grade in this study worked in a ward/department that was unlike any other and, as such, presented its own reality.

Culture finds expression in learned, shared and inherited values, in the beliefs, norms and life practices of a group, guiding its processes of thinking, decision making and action. Defined as "two or more individuals who influence each other through social interaction" (Forsyth, 1983, p. 81), groups affect our performance and our decision making (Baron *et al.*, 1992). This was true for the G Grades in this study whose approaches to leadership and management were affected by those around them. What emerged seemed to fit with Hewitson and Stanton's (2003) view of the "new" role of the manager in which managers now need to learn to "thrive in chaos" and to constantly innovate, generating new ideological perspectives in the face of changing circumstances.

The individual

Pollard (1982) stresses the significance of the individual with their own intentions, background, biography, knowledge and understanding in any culture. In contrast, Denscombe (1985) highlights the impact of the culture in training, indoctrinating and socializing the individual. Ford (1985) takes the view that humans must function simultaneously as autonomous, self-assertive, independent units and as interdependent, co-operative parts of a larger unit (Koestler, 1967). From this viewpoint culture affects leadership as much as leadership affects culture (Bass and

Aviolo, 1994). This was evident here, where each G Grade demonstrated a unique approach to work while fulfilling the organization's requirements of the role.

Power

The resources of each G Grade played an important role in determining their power. Restrictions to their "circles of influence" placed limits on their ability to implement the LEO principles. What emerged reflected Deutsch's (1973) work on power as a relational concept. Deutsch's (1973) statement "A is more powerful than B" (Deutsch, 1973, p. 85) appears to fit with the situation at CHS where there was distinction between the G Grade and Matron. Deutsch (1973) developed a conception of power beyond this, through the identification of:

- *environmental power* – "A" is usually more able to favourably influence his overall environment and/or to overcome resistance than "B";
- *relationship power* – "A" is usually more able to influence "B" favourably and/or to overcome "B's" resistance than "B" is able to do with "A"; and
- *personal power* – "A" is usually more able to satisfy his desires than "B".

All three describe the situation between the G Grades and Matrons in this study, on at least some occasions. Undeniably, practice development requires an organization in which genuine delegation of both responsibility and freedom to exercise initiative and to innovate exists (Holden, 1991; Walsh and Ford, 1992). Constraints evident in this study appeared, at least to some extent, to restrict this development.

Interpersonal relationships

Relationships between the G Grades and their senior colleagues (namely Matron) had important implications for their autonomy and role. While Batey and Lewis's (1982, p. 15) definition of autonomy as "the freedom to make discretionary and binding decisions consistent with one's scope of practice and freedom to act on those decisions" is frequently cited in the nursing literature, it is argued that the definition does not address advocacy or the centrality of the client (Wade, 1999) and fails to address the evolving trend of interdependence in health care. A definition of autonomy as both independent and interdependent practice-related decision making, based on a complex body of knowledge and skill (McKay, 1983) that is manifested through communication of mutual respect and trust, both intra- and inter-professionally (Grinnell, 1989; Kramer and Schmalenberg, 1993), appears to do so.

Autonomous, discretionary decision making is crucial to autonomous practice (Benner, 1984; Holden, 1991). Nurses who exhibit professional autonomy have the courage to make choices and assume responsibility for their actions (Holden, 1991; Cherow, 1994). It is argued, however, that accountability, essential to professional practice, requires both the acquisition of research-based knowledge and experience in a given field (Burnard and Chapman, 1988). It is also apparent from the findings of this study that these qualities alone do not ensure the application of such knowledge into practice. Accountability also requires that authority and a degree of autonomy are inherent in the individual's role (Moloney, 1986; Ormerod, 1993). As was evident here, the levels of autonomy and accountability varied amongst the G Grades and in some cases this puts limitations or boundaries on their practice. The situation reflects the

view of English (1997) who referred to the disparity between the high level of expertise and responsibility of senior nurses and the authority that goes with it.

Risk taking is a feature of the G Grade role. Joseph *et al.* (1988) observed that nurses were comfortable with being accountable for the decisions they made provided they were supported by reasonable policies which allowed for flexibility, encouraged safe practice and provided they had received appropriate education. This was not consistently the case in this study. The findings indicated that the G Grades corroborated on decisions and intended changes with senior staff, namely the Matron.

Empowerment

Napoleon I (1769-1821) described leaders as “dealers in hope” (Chandler, 2002). He also indicated that leadership is not about power over others but about empowerment. In defining empowerment, Clutterbuck (1994, p. 13) suggests the following:

- finding new ways to concentrate power in the hands of the people who need it most to get the job done, putting authority, responsibility and resources and rights at the most appropriate level;
- the controlled transfer of power from management to employee in the long-term interest of the business as a whole; and
- creating the circumstances where people can use their faculties and abilities at the maximum level in pursuit of common goals, both human and profit oriented.

Genuine empowerment results from power being built into the work of employees, not through it being granted to them by others (Mintzberg, 1996). When leaders experience this level of personal empowerment, they begin to make a significant impact on the broader culture of the organization. Empowerment is best founded on leadership that is both situational and transformational (Western and Edmonstone, 2000). Situational leadership theory (Hersey and Blanchard, 1977; Hersey and Blanchard, 1984) is based on the assumption that effective leaders exhibit versatility and flexibility that enables them to adapt their behaviour to the changing demands placed upon them (Stogdill, 1974). It is one of the foundations of the LEO programme. There was evidence of this, as the G Grades adapted their leadership style to the needs of the individual, for example a directive style for the novice, coaching for the competent, supportive for the proficient and delegation for the expert. What also emerged however, were restrictions to their role as a result of disempowerment through a lack of clarity and understanding about roles and responsibilities and the assumption of power by senior colleagues. A lack of empowerment underpinned much of what occurred for the G Grades in this study in relation to their ability to apply the LEO principles to their practice, to that of others, and to patient care. As a result, the range of working practice that could be implemented in relation to direct patient care and to broader issues of care delivery was highly variable.

Conclusion

There is ongoing debate and a lack of understanding in the literature about how professionals learn, develop and apply knowledge and how the LEO programme impacts upon clinical practice. This study provided insight into the realities of this for a group of G Grade Nurse Managers.

The organizational culture in which these G Grades practised appeared critical to their application of the LEO principles into practice. Prior to the study a new structure of roles, with clear responsibilities for each, had been put in place within the organization. What was planned through this restructuring was a collaborative approach to management and leadership with the devolution of responsibility and empowerment to G Grades and their colleagues an integral part of this. The findings, however, indicated that the G Grades and their colleagues experienced a hierarchy for management and leadership decisions which was dependent upon contextual and personal factors. While, to some extent, this was linked with inaccurate perceptions by the G Grades and their colleagues, the result was a situation in which empowerment, so revered by the LEO programme, was not realized in clinical practice. In many situations the G Grades did not feel able to apply the LEO principles. This had implications for their development and for that of their colleagues, as well as for patient care delivery.

The LEO programme must extend its role from that of the creation and transmission of "generalizable" knowledge to that of enhancing the knowledge creation capacities of individuals and professional communities. If it is to enhance empowerment, leadership and autonomy it must embrace education in preference to training, understanding in preference to technique, and autonomous decision-making and inquiry in preference to content. All of this must be relevant to the context in which it is to be used and supported by genuine empowerment in the individual's role.

References

- Argyris, C. and Schon, D.A. (1978), *Theory in Practice: Increasing Professional Effectiveness*, Jossey-Bass, San Francisco, CA.
- Attride-Stirling, J. (2001), "Thematic networks: an analytic to research", *Qualitative Research*, Vol. 1 No. 3, pp. 385-405.
- Bass, B. and Avolio, B. (1994), "Transformational leadership and organisational culture", *International Journal of Public Administration*, Vol. 17 No. 3, pp. 541-54.
- Baron, S., Norbert, L.K. and Miller, N. (1992), *Group Process, Group Decision, Group Action*, Open University Press, Buckingham.
- Batey, M. and Lewis, F.M. (1982), "Clarifying autonomy and accountability in nursing service. Part 1", *Journal of Nursing Administration*, Vol. 12 No. 9, pp. 13-19.
- Benner, P. (1984), *From Novice to Expert Excellence and Power in Clinical Nursing Practice*, Addison-Wesley, Reading, MA.
- Boreham, N.C. (1977), "The use of case histories to assess nurses' ability to solve clinical problems", *Journal of Advanced Nursing*, Vol. 2, pp. 57-66.
- Bowles, N.B. and Bowles, A.E. (2000), "A comparative study of transformational leadership in nursing development units and conventional clinical settings", *Journal of Nursing Management*, Vol. 8 No. 2, pp. 69-76.
- Burnard, P. and Chapman, C. (1988), *Professional and Ethical Issues in Nursing*, Wiley, Chichester.
- Chandler, D.G. (2002), *The Military Maxims of Napoleon*, Greenhill Books, London.
- Cherow, E. (1994), "Professional autonomy: then is now", *Seminars In Hearing*, Vol. 15 No. 3, pp. 178-89.
- Clutterbuck, D. (1994), *The Power of Empowerment*, BCA, London.

- Cooper, S.J. (2003), "An evaluation of the Leading Empowered Organisations programme", *Nursing Standard*, Vol. 17 No. 24, pp. 33-9.
- Denscombe, M. (1985), *Classroom Control: A Sociological Perspective*, University of Leicester, Leicester.
- Department of Health (1999), *Making a Difference*, HMSO, London.
- Department of Health (2000), *The NHS Plan: A Plan for Investment, a Plan for Reform*, HMSO, London.
- Deutsch, M. (1973), *The Resolution of Conflict: Constructive and Destructive Processes*, Yale University Press, New Haven, CT.
- Edwards, A.D. and Furlong, V.J. (1985), "Reflections on the language of teaching", in Burgess, R.G. (Ed.), *Field Methods in the Study of Education*, Falmer Press, London, pp. 21-36.
- English, T. (1997), "Personal paper: 'Medicine in the 1990s needs a team approach'", *British Medical Journal*, Vol. 314 No. 7081, pp. 661-3.
- Faugier, J. and Woolnough, H. (2002), "The impact of the LEO programme", *Nursing Times*, Vol. 98 No. 50, pp. 25-8.
- Fletcher, C. (1999), *Appraisal: Routes to Improved Performance*, Institute of Personnel and Development, London.
- Ford, M. (1985), "The concept of competence: themes and variations", in Marlowe, H.A. and Weinberg, R.B. (Eds), *Competence Development*, Charles P. Thomas, Springfield, IL, pp. 3-49.
- Forsyth, D.R. (1983), *An Introduction to Group Dynamics*, Brooks Cole, Monterey, CA.
- Furnham, A. (1997), *The Psychology of Behaviour at Work*, Psychology Press, Hove.
- Grinnell, S.K. (1989), "Post conference reflections: autonomy and independence for health professionals?", *Journal of Allied Health*, Vol. 18 No. 1, pp. 115-21.
- Hersey, P. and Blanchard, K. (1977), *Management of Organizational Behavior: Utilizing Human Resources*, 3rd ed., Prentice-Hall, Englewood Cliffs, NJ.
- Hersey, P. and Blanchard, K. (1984), *The Management of Organizational Behavior*, 4th ed., Prentice-Hall, Englewood Cliffs, NJ.
- Herskovits, M.J. (1955), *Cultural Anthropology*, Alfred A. Knopf, New York, NY.
- Hewitson, A. and Stanton, A. (2003), "From conflict to collaboration? Contrasts and convergence in the development of nursing and management theory", *Journal of Nursing Management*, Vol. 11, pp. 15-24.
- Holden, R.J. (1991), "Responsibility and autonomous nursing practice", *Journal of Advanced Nursing*, Vol. 16 No. 4, pp. 398-403.
- Jarvis, P. (1999), "The way forward for practice education", *Nurse Education Today*, Vol. 19, pp. 269-73.
- Johns, C. (2003), "Clinical supervision as a model for clinical leadership", *Journal of Nursing Management*, Vol. 11 No. 1, pp. 25-34.
- Joseph, D.H., Maltrone, J. and Osborne, E. (1988), "Actual decision making factors that determine practices in clinical settings", *Canadian Journal of Nursing Research*, Vol. 20 No. 2, pp. 19-30.
- Koestler, A. (1967), *Janis: A Summing up*, Random House, New York, NY.
- Kramer, M. and Schmalenberg, C. (1993), "Learning from success, autonomy and empowerment", *Nursing Management*, Vol. 24 No. 5, pp. 58-64.

- Leininger, M.M. (1985), "The nature, rationale and importance of qualitative research methods in nursing", in Leininger, M.M. (Ed.), *Qualitative Research Methods in Nursing*, Grune & Stratton, New York, NY, pp. 1-25.
- McKay, P.S. (1983), "Interdependent decision making: redefining professional autonomy", *Nursing Administration Quarterly*, Vol. 7 No. 4, pp. 21-30.
- Mintzberg, H. (1996), *The Nature of Managerial Work*, Harper & Row, New York, NY.
- Moloney, M. (1986), *Professionalism of Nursing*, Lippincott, Philadelphia, PA.
- Meyerson, D. and Marton, J. (1987), "Cultural change: an integration of three different views", *Journal of Management Studies*, Vol. 24 No. 6, pp. 624-47.
- National Leadership Centre (2000), "Leading Empowered Organisations: evidence of the success of the programme", unpublished report, National Leadership Centre, Manchester.
- NHS Executive (1993), *A Vision for the Future*, Department of Health, London.
- NHS Executive (2000), *Workforce and Development – Embodying Leadership in the NHS*, NHS Executive, London.
- Ormerod, J.A. (1993), "Accountability in nurse education", *British Journal of Nursing*, Vol. 2 No. 14, pp. 730-3.
- Polanyi, M. (1958), *Personal Knowledge: Towards A Post Critical Philosophy*, Routledge and Kegan Paul, London.
- Pollard, A. (1982), "A model of classroom coping strategies", *British Journal of Sociology of Education*, Vol. 3 No. 1 (supplement), pp. 9-37.
- Ramsey, P.G., Wenrich, M.D., Carline, J.D., Inui, T.S., Larson, E.B. and Logerfo, J.P. (1993), "Use of peer ratings to evaluate physician performance", *Journal of the American Medical Association*, Vol. 269 No. 13, pp. 1655-60.
- Schuster, J. (1994), "Transforming your leadership style", *Association Management*, Vol. 46, pp. 39-42.
- Smith, S. and Edmonstone, J. (2001), "Learning to lead", *Nursing Management*, Vol. 8 No. 3, pp. 10-13.
- Sofarelli, D. and Brown, D. (1998), "The need for nursing leadership in uncertain times", *Journal of Nursing Management*, Vol. 6, pp. 201-7.
- Stogdill, R. (1974), "Historical trends in leadership theory and training", *Journal of Contemporary Business*, Vol. 7, pp. 92-104.
- Strawson, P.F. (1974), *Freedom and Resentment*, Methuen, London.
- Wade, G.H. (1999), "Professional nurse autonomy: concept analysis and application to nursing education", *Journal of Advanced Nursing*, Vol. 30 No. 2, pp. 310-8.
- Walsh, M. and Ford, P. (1992), *Nursing Rituals, Research and Rational Actions*, Butterworth-Heinemann, Oxford.
- Western, J. and Edmonstone, J. (2000), *Learning to Lead: A Contribution to Thinking on Leadership in Northern & Yorkshire Region*, NHSP for NHS Executive, Northern & Yorkshire Regional Office, Durham.