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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Facilitating person-centred leadership support during the Covid-19 crisis

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Abstract

Background: The Covid-19 crisis has created new and difficult working conditions for all frontline healthcare staff and leaders. Ward managers in particular have faced significant challenges. The practice development initiative described in this article began at a hospital in Denmark immediately after the country's first Covid-19 wave. The hospital has person-centredness as its vision for care and research.

Aim: The purpose of this article is to offer a reflection on the ways in which our research and its findings enabled us to learn from the experiences of ward managers so as to support them and strengthen their network during a difficult time, using principles of practice development.

Conclusion and implications for practice: The evidence produced in the project was found to be relevant to leadership practice by the ward managers and led to a strengthened position at a time of crisis. This implies that:

- It is possible to establish collaborative and useful evidence for clinical practice under difficult circumstances
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- By using principles of practice development it is possible to facilitate constructive dialogues between ward managers and executive managers
- At a time of a major crisis, the role of ward managers should not be underestimated

Keywords: Person-centred, Covid-19, ward managers, practice development, facilitation, action learning

Establishing a research programme during the pandemic
We are a group of nursing researchers who are all associated with a new hospital, Zealand University Hospital in Denmark (ZUH).

The hospital has a clear vision and strategy to establish a person-centred culture. Behind this vision lies the acknowledgement of research that is context specific and seeks to generate usable, relevant and meaningful knowledge to be applied in practice (McCormack et al., 2017). The vision also recognises that person-centred cultures and practice development emphasise the human factors in healthcare – factors that focus on the relationship between staff wellbeing, leadership, team relationships, morale, satisfaction and a sense of belonging in the context of clinical effectiveness and patient outcomes. The purpose of practice development is to transform individuals and contexts of care using facilitated active learning and authentic engagement. Moreover, it directs attention to the micro-system level, but requires coherent support from the interrelated mezzo- and macro-system levels (McCormack et al., 2013).

When the Covid-19 pandemic became a reality in 2020, a large number of studies aiming to develop and find the best treatments, care and ways of organising healthcare systems were established around the world (for example, Becker, 2020; Chen et al., 2020; Sourabh, 2020), including at ZUH. When Denmark confirmed its first case of the virus, researchers in our local nursing and allied health network took the initiative to facilitate a discussion about how best to contribute in this unusual situation. We agreed to establish the collaborative research programme FRONTLINE, planned as an umbrella programme – one that unites different clinical and academic interests and competences – (Olsen and Hølge-Hazelton, 2016) and inspired by action learning (Revans, 1997; Zyber-Skerritt, 2002).

The FRONTLINE collaborative research programme
The primary intention of FRONTLINE was to deliver evidence-based, context-relevant and useful knowledge to our organisation, alongside a person-centred approach to research (McCormack et al., 2017). The action learning study reported here focuses specifically on the experiences of the ZUH leaders in the first wave of the pandemic, and learning from those experiences in order to address problems as the pandemic continues.

Our group focused on the leaders' experiences. We were involved in leadership development and knew that the communication and behaviours of leaders at a time of radical change or crisis are a key influence on staff wellbeing and effectiveness (Hartge et al., 2019). Further, being a leader under new and unprecedented circumstances can be difficult and lead to feelings of role overload, conflict or ambiguity (Evans, 2017). We also knew that despite the ward managers' familiarity with changes and adjustments, Covid-19 was likely to put them in situations they had never experienced before (Finset et al., 2020; Hølge-Hazelton et al., 2020, 2021). In our own group, we also experienced a sense of bewilderment. Nothing was familiar, we were not able to meet in person and the expectations of our organisation were unclear. In addition, one of us caught the virus. We were determined to learn from the situation and quickly decided to keep in close online contact to support and encourage each other, and share problems as they arose in order to provide alternatives for the organisation (Revans, 1997).

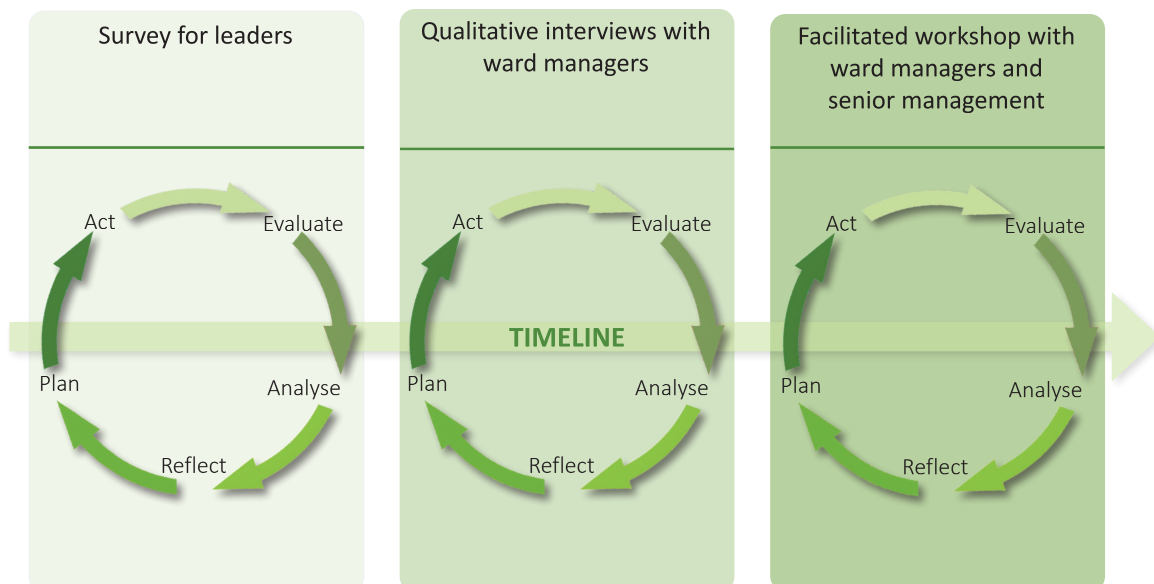
The purpose of this article
We offer a reflection on the ways our research and its findings enabled us to support ward managers and strengthen their network during a very difficult time, by using principles of practice development.

Ethical approval and informed consent
Permission to conduct the study was received from the hospital management, and approval was granted by the Danish Data Protection Agency and The National Committee on Health Research Ethics. This study was conducted in accordance with the principles of the World Medical Association Declaration of Helsinki (WMA, 2020). The participants gave informed consent to participate when they returned the written invitation to participate in the interviews.

Model of reflection

Our project used action learning principles (Revans, 1997), which are aligned with a person-centred approach to research (McCormack et al., 2017). This means learning takes place in cycles, and involves concrete experience, reflective observation and active experimentation. This developmental process supports creative and innovative thinking. Action learning has different definitions, but Revans' description captures its essence: a reflection-in-action approach that is embedded in a group setting, working on a real-life problem and resulting in exploration of alternative ways of practice. Figure 1 shows an overview of the complete process in this study.

Figure 1: Overview of the action learning cycles



Preparing the project

One of our first initiatives was contacting the head nurses' network and the executive nurse director to discuss and agree on how we could best contribute. The leaders encouraged and supported the initiative because they were already facing high pressure and having to respond quickly to new and sometimes contradictory guidelines. For this reason, two ward managers agreed to get involved and offer feedback to the project.

First action

Following the meeting with the leaders, our first action was to develop a survey for all the hospital's healthcare leaders with responsibility for staff and consider their need for support. We focused on their experiences of collaboration, coordination, communication and concerns, including values and beliefs, as these issues are closely connected to person-centred leadership (Eide and Cardiff, 2017).

As no suitable validated survey for our purpose could be identified, we developed one ourselves. Under severe time pressure, we decided it was important to capture the leaders' experiences here and now, and take the results back to our organisation. Almost three-quarters (73%) of the leaders choose to participate, and we evaluated this as a positive indication that they saw the project as important enough to spend time replying to the survey despite the demanding circumstances.

The survey results indicated that leadership support was particularly needed by ward managers, leaders with no formal management education and those with less than two years' experience, as they were being most challenged by the Covid-19 crisis (Hølge-Hazelton et al., 2020).

Reflecting on these findings as a team, we identified the need not only to share them with the ward managers, but also to pursue the issue of manager support as a strategic issue that needed attention. As soon as the results had been analysed and anonymised, they were shared with the ward managers involved and the executive management. Together with them, we agreed this insight generated both an opportunity and ethical obligation to understand the situation in greater depth by continuing our work. Our focus needed to be on the nursing ward managers as they were the leaders at the front line on the clinical wards, they were the largest group, and the results identified them as being under most pressure. Simultaneously, we began writing the results into a research article that has now been published, indicating that an external evaluation of the research in the first cycle was of high scientific standard (Hølge-Hazelton et al., 2020).

Second action

In the next step we planned qualitative telephone interviews with the ward managers, as this is a viable, safe and convenient method for collecting information about sensitive topics in workplaces (Mealer and Jones, 2014; Drabble et al., 2016). The aim of the interviews was to explicate the experiences of nursing ward managers during and after the first wave of the pandemic in order to reflect and learn how person-centred nursing leadership may be strengthened in future times of crisis (Hølge-Hazelton et al., 2021).

At that stage, the first Covid-19 wave was slowing so we were aware of the need to capture the ward managers' experiences as close to the situation as possible. All of us who are native Danish speakers conducted the interviews, using a semi-structured interview guide that we developed collaboratively based on key findings from the survey and on person-centred leadership theory (Eide and Cardiff, 2017; Hølge-Hazelton et al., 2020).

A total of 13 ward managers, all of whom had participated in the survey, volunteered for the interviews. The analysis of the findings showed they often experienced a lack of timely, relevant information, had minimal involvement in decision making and little acknowledgement from the head nurse of the department or the executive management. This meant their sense of their own competence and leadership values and beliefs came under pressure as they balanced the needs of different stakeholders. Our reflections on the managers' experiences were they were a result of the existing organisational cultures and the traditional hierarchy of communication (Hølge-Hazelton et al., 2021).

When we presented the results of the qualitative study to the executive nursing director and the ward managers, they agreed it was necessary to set up a meeting between the ward managers' network and the executive management in order to acknowledge the problematic issues that arose and to demonstrate support for the managers. We regarded this positive response to our sensitive and critical research results as a confirmation that our approach was received as intended by both the executive nurse director and the ward managers. We reflected on this response with the ward managers and while they remained supportive of our overall research approach up to that point, they felt there was a need for 'direct engagement' with senior and strategic leaders so meaningful dialogue could be established that would lead to co-produced action. The ward managers encouraged the research team to facilitate this potentially delicate meeting as a workshop. The CEO of the hospital, the executive nurse director and the head of human resources all wished to be present and this was welcomed by the ward managers' network. After being invited to facilitate the workshop, we held an online meeting of our team to prepare, in accordance with some of the principles of practice development: inclusion, a high level of participation and collaboration (Dewing et al., 2014). We evaluated the privilege and confidence of the ward managers as an indication that we were on the right track, and we wanted to ensure they did not feel intimidated by the presence of the executive management.

We therefore suggested the following aims for the workshop:
- To share the experiences of the Covid-19 crisis among and between the ward managers and with the executive management
- To establish a constructive and sustainable way forward
- To strengthen the ward managers' network

Third action

Planning for the workshop was guided by the principles of practice development (Dewing et al., 2014) in order for the participants to feel their experiences were appreciated and treated respectfully, and that they were included and involved in the decisions about a way forward. This involved planning a highly participatory and interactive session (Aldred, 2011).

The ward managers' network is open to all 60 nursing ward managers at the hospital, has its own terms of reference and meets four times a year. It was necessary to secure a large space to allow for Covid-19 distancing, so an auditorium with room for 125 people was booked. Here it was possible to set up chairs and tables and allow two metres of space between participants. An invitation to participate in the workshop was sent out to the network by the coordinating ward managers.

More than 20 ward managers signed up for the workshop. It was scheduled for September 2020 but unfortunately, the day before it was due to take place, it had to be postponed due to new regional Covid-19 guidelines prohibiting all non-emergency meetings.

Challenged, but not knocked out

Disappointed but not discouraged by this missed opportunity, we consulted the nurse managers who helped develop the workshop and together decided on the following way forward:
- To reschedule the workshop for November 2020 and thereby send a signal to the ward managers that their experiences would not be overlooked or forgotten
- To develop a short online PowerPoint presentation of the results of the two earlier cycles for all the ward managers
- To conduct a short follow-up survey, seeking ward managers' opinions on how to best proceed
- To use the responses from that survey as a stepping stone to facilitate the November meeting

Although the strict regional restrictions on meetings were still in place in November, the executive management decided to make an exception and gave special permission for our workshop to go ahead. The rationale was that a second wave of the pandemic was under way, which would place renewed demands on staff and therefore even more pressure on the ward managers.

However, the meeting was subject to conditions that largely prohibited the planned interactive activities. These had to be adapted, using a new Covid-19-friendly script.

Content of the workshop

The workshop was divided into two sections, each containing the presentation of various results, a group discussion and a summary of the former (Table 1). The second section included time for the executive management to comment or express what they had in mind. The workshop ended with an evaluation of its process and content. The participants said it had given them new, relevant knowledge and insights that would be valuable in addressing the fresh challenges ahead.

Table 1: Agenda of the workshop for ward managers and executive leaders	
	Content of the session
Session 1	• Presentation of results from the survey of leaders • Discussion: do the results from FRONTLINE resonate with your own experience of the situation? • Summary of the discussion
Session 2	• Presentation of results from the recent survey for ward managers • Discussion: what actions can strengthen the ward mangers' network? • Summary of the discussion • Comments and proposals from the executive management • Evaluation

Looking back and reflecting on the process

We consider the research process described in this article as being both normative and action driven, which are core values in person-centred leadership research (Eide and Cardiff, 2017). Consistent with all action-oriented research, we needed to be able to respond in the moment to changing contexts, circumstances and situations. While the pandemic presented a particular set of challenges in this respect, the reflexive methods we adopted were consistent with those underpinning action-oriented research in general (Bradbury, 2015). By producing relevant evidence for practice (McCormack et al., 2002) the process, including development, analysis, sharing, reflection and acting on the results of the questionnaires and interviews, can be described as following the cyclic nature of action learning (Revans 1997) as well as action research (McNiff and Whitehead 2002). Figure 1, above, offers a visual representation of the process from survey to workshop.

In our group, we have experience of action research processes that have failed or collapsed (Kjerholt et al., 2016; Tulinius and Hølge-Hazelton, 2011) and therefore, it is surprising that the only barriers we experienced related to Covid-19 safety issues. This created opportunities for person-centred moments that might have been harder to obtain under less challenging circumstances. McCormack and McCance (2017) suggest staff and patients in most organisations experience 'person-centred moments' as opposed to person-centred cultures or care. They pose this issue as a challenge to organisations to develop person-centred cultures that can be sustained over time. Our programme of research was embedded in the day-to-day realities of the organisation and so had immediate resonance with, and a potential impact on, the participants. We suggest this enabled the research approach and outcomes to be seen as immediately useful to ward managers, at a time when they most needed help and support. This resulted in some of the often-cited barriers to change – such as lack of time and competing agendas – being 'parked' in order to deliver this support and help. It is still too early to evaluate fully the outcome of the FRONTLINE leadership programme. However, the email below from one of the participating ward managers indicates the evidence-based choices we made have been helpful:

> *'I believe the FRONTLINE project has helped create better contact with the hospital management. For me, the CEO also has a completely new approach to us on the floor and a completely different openness to our challenges. And we have needed that, as it is us who are in the middle of it. So, I definitely think that the FRONTLINE project has been of great importance in opening up this channel, which has been necessary in a time of Covid-19 and a lot of large changes, and I think and hope that they also learn a lot from having that direct contact with us'* (E-mail from ward manager, January 2021).

This underlines, that it is possible to facilitate practice development among leaders even during a healthcare crisis. Drawing on the principles of practice development embedded in our action learning-oriented approach enabled significant learning to be achieved, which could be immediately actioned and which has the potential to facilitate ongoing engagement towards culture change. As facilitators, this has not only been valuable in the sense that the leaders we worked with gained more than we could have hoped for, but also because it has contributed to our own development and collaborative

practice as a team. We believe this story is not 'complete'. Instead, it represents a moment in time that challenged existing cultural norms, and can be used as a basis for the planning and facilitation of ongoing culture change in the organisation as it move towards its vision and strategy of person-centredness.

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