



**TITLE** A Multiple-Case Study Evaluation of the RCN Clinical Leadership Programme in England

**RESEARCHER** Shirley Large, Annie Macleod, Geraldine Cunningham, & Alison Kitson  
Royal College of Nursing Institute (London) 2005

**OBJECTIVE** The purpose of the study was to establish how key stakeholders perceive the effectiveness and acceptability of the RCN Clinical Leadership Programme, where effectiveness was determined by assessing if there had been any development in the leadership capabilities of programme participants (clinical leaders).

## **METHODOLOGY**

Sixteen case study sites (two from each region) were identified from the 80 English trusts taking part in the Clinical Leadership Programme (CLP). A random sample of 154 clinical leaders (58% response rate) returned a baseline and post-programme questionnaire outlining their Leadership Practices Inventory results. The sample population did not include clinical leaders from the case study sites. Forty-two percent (N=91) of the clinical leaders from the case study sites completed the same baseline and post-programme questionnaire.

## **KEY FINDINGS**

The authors write: “The pre-eminent finding of this study is the positive change in leadership capability of clinical leaders. Leadership change is confirmed in the triangulated data of the qualitative interviews of the key stakeholders from the 16 case study sites and from the findings of the more broadly applied baseline and post-360 degree Leadership Practices Inventory” (pp. 4-5).

The baseline scores on the LPI were consistently higher from observers (managers, coworkers, and direct reports) than from the clinical leaders at Time 1 (baseline). The post-programme (Time 2) LPI scores on all five leadership practices were significantly higher ( $p < .001$ ) than they were at Time 1, and this was true not only for self reports, but also true for observers (managers, coworkers, and direct reports). The clinical leaders’ self score had the highest change in average scores on the LPI (Time1 versus Time 2), followed by manager, coworkers, and direct reports. The authors suggest that this result “may be that clinical leaders become more aware of their increased

knowledge and intention to utilize new leadership behaviours, before changes in leadership behaviour become apparent to others” (p. 60).

Ninety-four percent of the clinical leaders agree or strongly agreed that the LPI was “a useful tool for understanding my leadership development needs,” 89 percent agreed or strongly agreed that the LPI “was useful for developing my professional development plan,” 95% agreed or strongly agreed that “it was useful to have a measure of how others perceive my leadership capabilities,” and 85% agreed or strongly agreed that the LPI “was able to show changes in my leadership capability over time.” Sixty-nine percent agreed or strongly agreed that the terminology in the LPI was easy to understand. However, 10 disagreed with this statement and one respondent strongly disagreed. In this setting the authors suggest that the instrument may have benefited from some “Anglicisation.”