

Clinical Leadership

Benefits	Challenges
<ul style="list-style-type: none"> Improved patient outcomes Staff motivation and engagement Organisational performance Career opportunities for clinicians 	<ul style="list-style-type: none"> Lack of role definition Rejection by professional group Clinical identity remains most salient Demonstrating commitment to both profession and organisation Timely and appropriate development

Heads above the Parapet:

a study of the role and social identity of midwifery clinical leaders

Exploring the career narratives of midwifery leaders, using observation of a leadership development programme, in-depth narrative interviews, and online interaction. How do surrounding professional group and organisational discourses impact on the construction of midwifery leaders' career narratives?

Liminality

Anthropological Origins

Van Gennep (1909, 1960) describes three stages in an individual's transition from one identity to another, in the context of culturally recognisable rites of passage (e.g. childhood to adulthood):

- Separation:** the initiate is stripped of a social status already held;
- Liminal period:** the period of transition, the initiate is 'betwixt and between' identities;
- Re-assimilation:** the initiate receives the new social status.

Organisational Studies

Beech (2011) describes a similar process within career progressions:

- Separation begins with a 'triggering event';
- Liminal period is conducted in specific places for specific periods of time, and involves associated rules of conduct;
- Celebratory rituals are associated with the re-assimilation process



Beech (2011) defining liminality: *A reconstruction of identity (in which the sense of self is significantly disrupted) in such a way that the new identity is meaningful for the individual and their community*

Findings: liminality in career narratives

Separation

- Push and pull forces**
 - 'I do sometimes think to myself, how did I get to this point and why am I doing this, when I qualified as a midwife and I should be on the floor just – I should be working as a midwife. But it would never have been enough for me, to have just done that, so I needed – I needed to do something on top of my midwifery training' (Caroline, matron)
- Acknowledgement of no longer being 'in the gang'**
 - 'That's one thing I think is really challenging. If you grow up in a unit, with all your friends, I think it's much more challenging – I'm not saying it's not possible, but I find it easier not to be. So it makes the position more lonely, even though you know you're supported by your staff... But it's a minefield, if you're friends' (Susan, LSA MO)
- Leaving behind some part of a clinical identity**
 - 'I'm still a midwife, you know, I am a midwife. Midwife runs through everything I do. However, I focus on delivering a good service, a safe, quality service, and be that working with the staff or with the users, or the other agencies and the trust, that's where I see my role' (Deborah, matron)

Liminal Period

- Leadership development programmes**
 - 'I found – the luxury of having time to think. Wonderful! Having that space and that time to think... And I think a lot of us found that so rewarding. And actually, looking at yourself' (Natalie, educator)
- Secondment opportunities**
 - 'You look at it as sort of a try before you buy, and – to get a greater understanding. Because the only way you can get that... greater understanding, is actually to do it... You can be taught all the theories, but the practical element of actually being there is very different' (Louise, matron)
- Coaching**
 - 'I said to her one day, 'I feel all I need is a bottle of wine on the table, really', because it was just like sitting with a friend. And it's amazing – I don't even have the opportunity she gave me, with my husband, because it literally was an hour and half about you' (Lesley, matron/HoM)

Re-assimilation

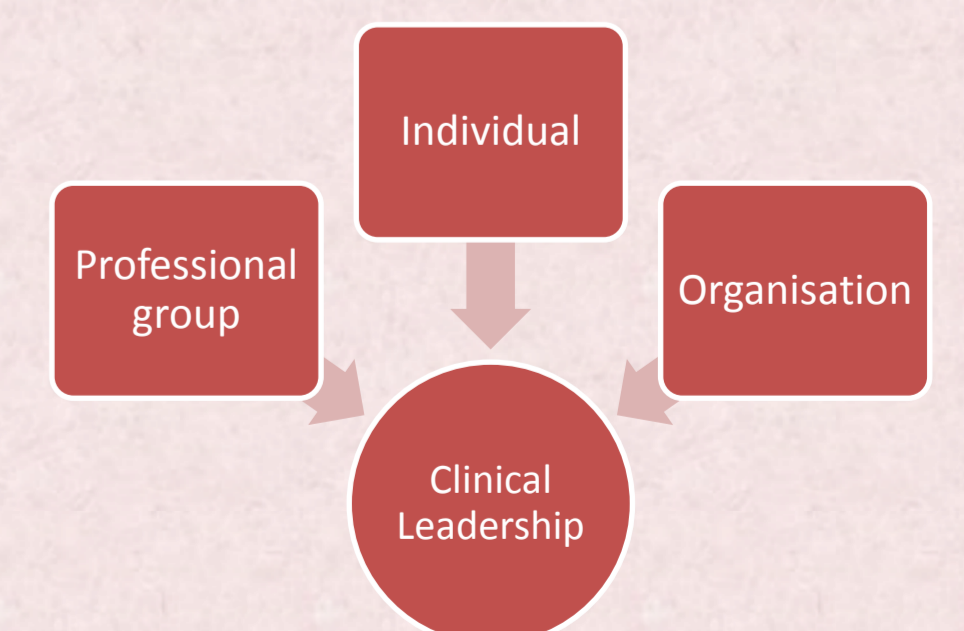
- Bringing learning from development programmes into practice**
 - 'It's the same old frustrations of time, resources, and you just start to do something and somebody pulls the rug from under your feet. And also, you have your plan in place, of where you want to go, and then something will come out of the blue on top of it... I think that's the biggest challenge thing as well – keeping the momentum going. It's so hard... it's draining' (Deborah, matron)
- Being among clinical colleagues**
 - 'They often refer to sort of the senior management team, and often really, we're kind of classed in that senior management team, when they're sort of criticising' (Louise, matron)
- The boundary-spanning midwife**
 - 'I'll often be looking after somebody, and I'll get a phone call from the head of midwifery, or one of the consultants from clinic, and I'll have to come out of caring for somebody to answer the phone to deal with [something]... Or members of staff will stop me in the corridor and say, 'Can I come in and see you? Can I make an appointment to see you?'' (Heather, matron)

Conclusions: why liminality matters in clinical leadership careers

Supportive negotiation of available discourses: clinicians need to be supported in their explorations of possible careers, suggesting the importance of timely and appropriate development opportunities such as one-to-one coaching, secondments, and formal development programmes. Such opportunities benefit individuals and the organisation, making identity transition visible and understood by all.

Adding or discarding narrative identities: experimenting with possible selves, embracing life at the threshold

Successful incorporation of new identity narratives requires individual effort and commitment, peer group validation, and structural support, meaning a whole organisation approach is required if positive role and social identities are to be constructed and maintained.



References

- Beech N (2011) Liminality and the practices of identity reconstruction. *Human Relations* 64(2): 285-302
 Van Gennep A (1960) *The Rites of Passage*. Routledge. London