

‘Shadowing as a technique for leadership
development for healthcare professionals: a
qualitative study.’
Master thesis

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Abstract

Title: 'Shadowing as a technique for leadership development for healthcare professionals: a qualitative study.'

Background: Healthcare professionals have an important role in providing high quality and cost-effective care. However, leadership is barely part of daily activities, because of a variety of reasons. There are successful leadership programs that include different techniques to develop leadership, including a small part of the programs that contain shadowing as a technique. However, there is little insight into the experiences and the contribution of shadowing to the leadership development of healthcare professionals.

Research question: What are the experiences of healthcare professionals with the learning technique shadowing in the development of their leadership?

Method: A general qualitative design is used to explore these experiences. Individual semi-structured interviews were conducted with a purposeful sample of twelve healthcare professionals who completed the course 'Leadership in healthcare' and shadowed a leader in healthcare. Data were analyzed using thematic analysis.

Results: Most participants indicated shadowing contributed to their leadership development, because they gained understanding in leadership and skills through shadowing. In their current practice, most participants experience an informal leadership role. They considered lifelong learning as important to be able to show leadership throughout their career.

Leadership development could only take place when certain conditions were secured, such as openness, showing natural behavior by the shadowee and having theoretical frameworks to apply into practice.

Conclusion: Healthcare professionals experience shadowing as a positive and informative method to develop leadership. Shadowing gave professionals the opportunity to develop leadership in direct practice.

Recommendations: Having insight in the concept of leadership to be able to make the right choice for the right leader is important to further explore. Further research is also needed to explore on the basis of which criteria a leader should be chosen.

Keywords: Leadership development, Shadowing, Healthcare professionals

Samenvatting

Titel: 'Schaduwen als techniek voor leiderschapsontwikkeling door gezondheidszorg professionals: een kwalitatief onderzoek.'

Achtergrond: Gezondheidszorg professionals hebben een belangrijke rol als leiders bij het leveren van kwalitatieve en kosteneffectieve zorg. Leiderschap lijkt om vele redenen nauwelijks een onderdeel van de dagelijkse activiteiten. Er zijn verschillende succesvolle leiderschapsprogramma's met technieken voor leiderschapsontwikkeling, waaronder een deel van de programma's die schaduwen als techniek bevatten. Momenteel is echter weinig inzicht in de mate waarin schaduwen en de ervaringen van gezondheidszorg professionals met schaduwen bijdragen aan leiderschapsontwikkeling.

Onderzoeksvraag: Wat zijn de ervaringen van gezondheidszorg professionals met de leertechniek schaduwen bij het ontwikkelen van hun leiderschap?

Methode: Een algemeen kwalitatief design om ervaringen te onderzoeken. Individuele semi-gestructureerde interviews zijn uitgevoerd met een doelgerichte steekproef van twaalf gezondheidszorg professionals die de cursus 'Leiderschap in de gezondheidszorg' hebben gevolgd en leider in de gezondheidszorg hebben geschaduwd. Analyse vond plaats middels thematische analyse.

Resultaten: De meeste deelnemers gaven aan dat schaduwen bijdraagt aan leiderschapsontwikkeling, omdat ze inzicht kregen in leiderschap en bijpassend vaardigheden. In de huidige praktijk ervaren de meesten een informele leiderschapsrol. Een leven lang leren vinden zij belangrijk om goed leiderschap te kunnen tonen gedurende de hele loopbaan. Leiderschapsontwikkeling kon alleen plaatsvinden wanneer aan bepaalde voorwaarden werd voldaan, zoals openheid, het tonen van natuurlijk gedrag door de leider en het hebben van theoretische kaders om in de praktijk toe te passen.

Conclusie: Professionals in de gezondheidszorg ervaren schaduwen als een positieve en leerzame methode voor leiderschapsontwikkeling. Schaduwen geeft hen de mogelijkheid om leiderschap te ontwikkelen in de directe praktijk.

Aanbevelingen: Inzicht hebben in het begrip leiderschap om de juiste keuze te kunnen maken voor de juiste leider is belangrijk om verder te verkennen. Verder onderzoek is ook nodig om te onderzoeken op basis van welke criteria een leider gekozen zou moeten worden.

Kernwoorden: Leiderschapsontwikkeling, Schaduwen, Gezondheidszorgprofessionals

Introduction

Clinical leadership is of high importance in providing cost-effective care of high quality¹⁻⁴. Now more than ever, the need for leadership development to strengthen skills and competencies of healthcare professionals and improve quality of care is emphasized⁵⁻⁷. Governments, practitioners and policy makers increasingly believe leadership must be integrated in daily practice to meet high quality of care⁸. However, clinical leadership is not part of daily activities as a result of various reasons.

Clinical leadership is defined as: “the ability to influence actors in and outside the healthcare organization to act and enable clinical performance, provide support, play a role in enacting organizational strategic direction, challenge processes and to possess the ability to drive and implement the vision of delivering safety in healthcare”⁹. Research suggests positive relationships of leadership practices on patient outcomes, such as higher patient satisfaction and lower mortality⁴. Moreover, positive relationships are suggested on job satisfaction¹, patient safety² and organizational related outcomes⁴. Thus, quality of care provided by the hospital and the overall experience of patients^{2,3} will improve when healthcare professionals perform leadership^{2,3}.

Currently, many healthcare professionals are primarily task focused instead of focusing on fulfilling leadership roles¹⁰. According to the review of Cummings et al. there is an increasing need for leadership to ensure positive patient outcomes now and in the future because of nursing shortage and growing emphasis on EBP¹⁰. However, many healthcare professionals do not practice formal and informal leadership roles. First, there is skepticism among healthcare professionals about the contribution of leadership for patient care¹¹. Second, there is lack of confidence to take upon leadership roles and lack of vision at the higher management appears to prevent professionals to develop leadership¹. Organizations generally show little effort for finding and inspiring professionals for these roles¹¹. Finally, lack of content in undergraduate course curricula^{1,12} and poor preparation of leadership roles within organizations contributes to the low number of professionals who take on leadership roles¹.

There are several techniques for developing leadership by professionals who are not yet working as a leader¹³⁻¹⁵. For example, a program in which a majority of the participating professionals reported developed leadership skills through workshops and assessments. Their organizational and self-awareness increased, as well as their ability to empower others¹³. Edmonstones¹⁶ review showed modules as well as workshops and coaching proved the opportunity to develop leadership¹⁶. Despite the studies included in the systematic review of Hafsteinsdóttir et al.¹⁷ are of sufficient and good methodological quality, a study by West et

al.⁸ demonstrates mentoring does not lead to increased leadership effectiveness. A controlled trial showed mixed results about the effectiveness of getting multisource feedback¹⁸. Furthermore, evidence shows techniques, including workshops and assessments like the program in the qualitative study of Enterkin¹³, do have positive effect on performances such as empowering yourself and others, having the ability to relinquish control and to delegate work to others. But, when using different interventions it is difficult to know which interventions are powerful in developing leadership and which are redundant⁸.

In addition to the techniques described above, shadowing is also a learning technique. When shadowing, an individual closely follows a leader over a longer period of time¹⁹. The assumption is that the junior learns from the activities in a master-apprentice relationship through interpersonal contact and the creation of standards, values and behavior¹⁹. Therefore, direct observations of behaviors and the reason for occurring can be explored using this technique²⁰. Several pilot²¹ and intervention studies²²⁻²⁶ show shadowing is effective in teaching students skills and competencies appropriate to the training. Participants indicated, for example, they possessed improved communication skills and increased self-reflection.

Lalleman et al¹⁹ described the potential of shadowing to facilitate development of leadership practices in nurse middle managers. Shadowing is also described as a successful technique for leadership development by CEOs of acute and mental health organizations in England²⁷. However, these studies only focused on specific groups of professionals, instead of healthcare professionals in general. Currently, to the knowledge there is little insight to what extent shadowing someone and the experiences of healthcare professionals with this technique contribute to their leadership development.

Research question

What are the experiences of healthcare professionals with the learning technique shadowing in the development of their leadership?

Methods

Design

A general qualitative design is used to provide a rich description of the experiences of healthcare professionals with their development of leadership when using shadowing someone as a learning technique^{28,29}. A generic approach was chosen, because this study and the objective did not fit in a more established qualitative methodology³⁰.

Sample and setting

The study sample consisted of healthcare professionals who were purposefully selected. Eligible participants (1) worked or are working as healthcare professionals, (2) completed the course 'Leadership in healthcare' at Utrecht University and (3) shadowed at least one formal or informal leader working in healthcare. The multi-disciplinary course 'Leadership in healthcare' is a 20-week online course. During the course, attention is paid to the role the professional identity has on leadership development. The purpose of this multi-disciplinary course is to recognize, experience, theorize, understand and develop leadership practices in the context of the own practice as a healthcare professional, researcher or manager. Hereby professionals are able to make the next step in their healthcare leadership career. Topics of the course were leadership styles, models and theories. The following learning methods were used: reading online articles, watching videos and presentations, online discussions and group tutorials. A final shadowing assignment is done by the participants of the course where they were allowed to make their own choice of who to shadow. This choice had to be in line with their next leadership step or interest in career.

Data collection and procedures

Eligible professionals were invited by e-mail to participate. With this e-mail, potential participants received an invitation including an information letter with detailed information of the study. When a professional agreed for participation, an interview was planned. Participation took place on a voluntary basis. Two weeks after sending the invitation without getting a response a reminder was sent. Before the start of the interview, written informed consent is obtained regarding participation in research, the collection and use of demographic data and information as given in the interview and the storage of the obtained data for fifteen years.

Data were collected between February and May 2018. The participants were interviewed individually using semi-structured interviews. Interviewing individually was intended to create the opportunity for each participant to speak freely about the development and experiences^{28, 31}. The interviews took place at the place of preference of the participant, namely at home, work or the university. The researcher followed a training in performing qualitative interviews. The interviews were conducted by the researcher (SK). During interviewing, an interview guide was used to ensure all relevant topics were discussed³². The interview guide was based on existing literature regarding to leadership development^{21, 33-36}. Topics of the interview guide focused on experiences with shadowing in general, leadership development by the shadower, promoting and obstructing factors and leadership in daily practice. The interview guide is included in Appendix 1.

The interview started with explaining the purpose of the study, possibility to withdraw participation and measures to ensure anonymity. Also informed consent was explained and obtained. After the interview, characteristics of the participant like age and profession were collected. The interviews were audio-taped. To ensure quality, a member check is done^{31,32}. Within a month after the interview the transcript of the interview was sent to the participant. So, the participants had the opportunity to check the content of their experiences.

Data analysis

To prepare data for analysis and become familiar with the data, the interviews were transcribed verbatim³⁷. This was followed by analysing the data by using the six phases model of Braun and Clarke for thematic analysis³⁸. Two researchers independently read and re-read the transcripts of the first four interviews, generated initial codes across the data and gathered and categorized into themes. The first was the author (SK) and the second was a graduate master student of the Clinical Health Sciences program. Coding strategies and the codes and themes obtained by the researchers independently were compared and discussed after each interview until consensus was reached to improve rigor and trustworthiness^{29,31}.

Then, the themes obtained were related by the first researcher to the coded extracts and the dataset by using a thematic map to refine codes and themes³⁸. During the final step examples were extracted, findings were related back to the research question and existing literature and a final report was produced. The steps are presented in table 3.

[Insert table 3].

Moving back and forward between the steps ensured adequate analysis. Data saturation was reached when the meaning of each theme was sufficiently clear. During data analysis, the questions in the interview guide belonging to the topics has been adapted based on the data obtained during interviewing. The coding process was supported by the software program Nvivo11⁴⁰. The demographic information were entered into IBM SPSS statistics version 23⁴¹ to analyze the data.

Results

Healthcare professionals and their characteristics

During recruitment, 37 invitations were sent to potential participants and 16 of them responded. Twelve responses were positive and these professionals were interviewed. Interviews lasted approximately 40 minutes. Nine participants replied on the member check and indicated they had no comments.

Eleven participants were female and also eleven participants were trained as nurse. Three of these participants combined still working as a nurse with working as policy officer or a PhD. Ten participants followed the course in 2016 and two followed the course in 2014. Key characteristics of the participants are presented in table 1. The twelve participants shadowed in total seventeen leaders. Thirteen of these cases were an upwards relationship to the shadowee. Further characteristics of the experience including the professional background of the shadowed leader, the level of shadowing compared to the level of daily work of the participants and the setting are presented in table 2.

[Insert table 1] [Insert table 2]

Themes

The results of the thematic analysis demonstrate that healthcare professionals indicated shadowing had been a positive learning experience to develop leadership. The main themes that emerged from the data are: conditions for leadership development, shadowing benefits, informal leadership roles and continuous learning.

1. Conditions for leadership development

To develop leadership through shadowing, certain conditions and circumstances are necessary according to the participants.

Getting entry

The right choice for the right leader determines whether shadowing contributes to the development of leadership.

"I actually started it blank. Maybe I have not deliberately considered my goals and why I wanted to shadow these leaders. I asked my own manager because this was an easy option. And the result was that I did not develop leadership in my opinion." (Researcher, 25 years)

The participants who had deliberately thought about choosing a leader and with what specific goals they wanted to shadow this person, reported a more positive learning experience in terms of skills they learned to apply in their own work. To develop leadership it was not necessary the shadowee was seen as role model. However, the leader had to be a source of inspiration for the participant to make a considered choice for the shadowee. Some were chosen because of the message they convey. Others because of the upwards level they were working at in comparison with the work level of the shadowers. Participants thought that shadowing someone upwards could inspire them and learn more than a leader who is working downwards,

Openness and being yourself

Shadowing is seen, by the participants, as being able to take a look inside in other jobs, roles and different fields. Therefore, it is necessary the shadowee ensured an open atmosphere. The shadowee had to be open in which activities, tasks and responsibilities he had. But the shadowee also had to be open for questions and feedback from the shadower.

“Having to stay away from certain meetings hindered the development of leadership I guess. I only got to see the positive aspects and when there were difficult discussions to be held or authoritarian leadership deployed I was not allowed not be present. I think I did not get the chance to develop leadership.” (Researcher, 25 years)

The participants who were allowed to be present by all activities of the shadowee were more positive than the participants with whom the shadowee was less open or not at all.

Furthermore, in case of an equivalent relationship between shadower and shadowee and an open atmosphere, more feedback was requested by both shadower and shadowee. In this way, shadowers were able to ask for clarification why certain decisions were made or skills have been used. This made it possible to apply this to their own leadership.

“He said we’ll have that meeting later. Read through these documents and I am very curious and I really want to know what we are going to do and how we will do that. (...) So I told him what my plan was. And he said: okay, that is exactly what we are going to do then. He gave me space to develop leadership and think about it.” (Consultant of quality, 32 years)

But also asking feedback by the shadowee made it possible to learn and develop leadership directly by the shadower. Therefore, it was important for the development the shadowee exhibited natural behavior. Participants mentioned several of the shadowees needed hours to days to get used to being shadowed. The first hours were uncomfortable and the participants indicated they had the idea the shadowees gave a positive image of themselves. Shadowees were even friendlier and more helpful to colleagues than when they showed natural behavior. Therefore, in those first few hours it was more difficult to work on the own leadership development.

“Yes, because I felt that the third day was all clearer and more natural. So let's say that the first two or three days are a sort of period of time. Where the how, why and what of activities and decisions became clearer the last day. A longer period of time seems more desirable for the shadowee. A week or so.” (Policy officer, 32 years)

As the natural behavior of the shadowee became more visible, shadowing became more informative and leadership development became easier for the shadower.

"During the day I had the idea that she said things she would also say if I had not been there. Then it became easier for me to learn skills and apply them to my own leadership." (PhD student, 26 years)

Shadowing multiple leaders

Half of the participants have shadowed multiple leaders, especially with a view to discover which leadership style suits them and what the effect of a particular setting is on the leadership style you apply. They indicated they had experienced this as pleasant, because it made it possible to gain insight into multiple leadership styles and roles and being able to see more situations.

"It seemed interesting to me to follow two extremes in styles that work on the same level and in the same setting." (Policy officer, 32 years)

This gave the shadowers the idea to better determine which leadership styles and roles suits themselves and which skills they wanted to take with them in their own actions.

Theory versus practice

Many indicated the theory-base from the followed course has been a good preparation for shadowing. Because of this, they had sufficient knowledge of shadowing as a technique to develop leadership and of leadership styles, models, theories and strategies to influence and they were able to apply this in practice. Without this theory, most participants believed the shadow experience would have been less informative. However:

"From only books, you do not learn leadership. You do not get the essence from the theory only". (Nurse and PhD student, 36 years)

That is why all shadowers needed shadowing in which they were able to bring the learned theory into practice.

"It is the same as learning a nursing technical action. You need to know the theory, but in practice you really learn it". (Policy officer, 30 years)

"You have very informative theory in books and I think that is very helpful if you have gone through that beforehand. That you know what kind of leadership styles there are. It is essential. But in the

end, daily practice always works differently. And I think shadowing gave me insight eventually.”
(Researcher, 25 years)

2. Shadowing benefits

Shadowing is considered as an informative technique to develop leadership. The ability to see, experience and develop leadership in direct practice is seen by the participants as important for their own development. Become aware of and understanding of one's own leadership role and associated skills contributed to personal development.

“Shadowing showed me the importance of leadership by nurses or other professionals working on the ward. I have to carry out leadership more in daily practice.” (Nurse and PhD student, 36 years)

Shadowing opened the eyes of the participants on leadership. Insight has been gained into the contribution of leadership in healthcare. The participants understand the importance of leadership better. They have been taught skills to be able to execute leadership. Participants indicate that their behavior in their work has changed positively through shadowing, because they have become aware of the own role within a group and the effect of their behavior.

“I became aware of the effect of my behavior had on my discussion partners and what contribution my behavior had on achieving goals. I now know which strategies I can use to show effective leadership in various situations.” (Nurse and policy officer, 28 years)

“I often respond very quickly. While I noticed through shadowing that if you just wait, listen and think about what the other person says instead of immediately wanting to respond, then you reach the core. It is just a personal trap which could influence the group in a negative way.” (Manager, 46 years)

A mirror has been held up for the shadowers. By understanding the consequences of one's own behavior, actions and attitude can be adjusted to show leadership in a good way. The obtained self-confidence and courage made it possible to practice leadership in daily work. The perceived power distance has become smaller.

“Through shadowing I saw he is no different than you and me. Even though he works as a CEO, he is also just a human being.” (Consultant of quality, 32 years)

Participants dare to move away from others to whom they gave much power before shadowing. They dare to show leadership faster by giving their opinion or asking for help to these leaders.

By shadowing a leader working in the higher management within the own organization, the participants also gained insight into the vision, mission and goals of their organization.

“That you can translate certain things that are told or sought by management into clinical practice. What is behind and why? Sure it is difficult for us, because we have to work differently. But there is something behind why they want it. Namely for the organization. Realizing that, made me try to convince to colleagues. (..) It has taught me to learn colleagues in a certain way that we have to think about the logic behind and why they want it.” (Nurse and policy officer, 28 years)

Participants not only gained insight in leadership by shadowing a leader of the higher management. There was also the ability to present oneself as a capable professional who is able to practice leadership in daily work to the management, whereby awareness was created of the participants among shadowees at higher levels in the organization. Some shadowees of the higher management had no idea of the qualities and knowledge of the participants. These participants indicated it is highly likely that they would not have been given this change, or at least not so quickly, without shadowing.

“(..) I also believe as a result of shadowing him, I partly have a different role within the organization . So it also has helped me to put myself more on the map. It was a nice extra. He knew me by name. But he has now seen and experienced me in a different way. So it helped me to develop myself and my leadership roles within the organization.” (Nurse and policy officer, 28 years)

“Because of this chance I am able to practice leadership more in daily work than when I was working ‘just’ as a nurse.” (Nurse and PhD student, 36 years)

3. Informal leadership roles

Most participants indicated they do not feel they are fulfilling a leadership role in daily work. However, when asking additional questions during interviewing, the participants told they use skills in daily practice to provide leadership in an informal manner.

“Through shadowing I learned that you can also practice leadership without having a formal role as a manager for example.” (PhD student, 26 years)

Because the participants have gained insight into leadership and the organization, they dare more to communicate with and convince colleagues in conversations. Leadership is also used informally to support students or guide them in a different way.

4. Continuous learning

The participants do not agree whether the hours of shadowing prescribed in the course has been sufficient to develop leadership. Seven participants thought it was a good step towards

practicing leadership, but they needed more training and work experience to show leadership in practice. But there were also participants with the opinion that shadowing is sufficient to show leadership in daily practice.

“After shadowing, I was confident enough to work as a leader. More training was not necessary for me to develop leadership further.” (Consultant of quality, 25 years)

Participants mentioned also that the shadowed leaders have indicated that shadowing has been a positive and informative experience for themselves. Most of them never underwent the experience of being shadowed before. These leaders made use of the situation by asking feedback and reflecting on their own actions and behaviour.

“I noticed that she herself also reflected on her actions as a result of the shadowing experience”.
(Policy officer, 32 years)

In addition, some shadowed leaders have used the opportunity to obtain additional information about shadowing in common, leadership development and the current clinical practice. Because of these positive experiences, three couples of shadowers and shadowees have continued to work together as buddies. They consult each other, ask for feedback, answer questions, support each other in their personal and career development and performing leadership.

“If I now do have a question or a situation that I find more difficult or if I think how are you going to get someone in here or I find something difficult, then I ask him how he would respond. And that also works the other way around. He asks me for advice too”. (Policy officer, 30 years)

In this way, they both work on sustainable development of leadership and it facilitates lifelong learning.

Discussion

The experiences of healthcare professionals with leadership development through shadowing someone are explored in this study. Four themes emerged from the data: conditions for leadership development, shadowing benefits, informal leadership roles and continuous learning. The findings of the study suggests mainly positive experiences on leadership development as a result of shadowing. Participants found shadowing an informative experience to develop leadership. Previous studies confirmed the conclusion that shadowing is a positive and informative experience and learning technique^{42, 43}. This study showed that considering who to shadow and getting entry to the leader was important. The

ideal shadowing candidate was according to the participants a leader working upwards in the own organization. It was striking that many participants had an upwards relationship with their choice, because they thought they would learn more from it. Upward comparisons can serve as a source of inspiration, learning and self-improvement when shadowing others who “perform better”⁴⁴. However, leadership is not just upwards in the direction of formal leadership roles such as manager or CEO. Most participants had the idea of not practising a leadership role. It was thought that leadership could only be practiced in formal leadership roles, such as a management role. They do carry out leadership in an informal manner. Shadowing has made a significant contribution and showed the participants that it is not necessary to have a formal role as a leader to carry out leadership. Important results could also be achieved when practising leadership informally. It seems that the definition of leadership has not been completely clear to the participants when choosing a leader to shadow.

When the participant set goals before the start of shadowing, a greater learning experience was reported. Several studies confirmed this by indicating detailed planning and preparation are important to have an embodied learning experience in which goals that have been prepared beforehand are achieved^{43,44,46} to give meaningful substance to shadowing⁴⁶. The professionals reported as most important learning points become aware of and gain understanding in their own role and behaviour to be able to fulfill leadership in a good and effective way. A study showed seeing a shadowee at work increases comparison of the shadower to the shadowee which allows the professionals to learn and develop themselves²⁵.

Conditions for a meaningful learning experience were openness and being yourself by the shadowee. When there was no open atmosphere, learning and development was experienced as difficult by the shadowers. The shadowee had to be open to tell and show what a normal working day meant and which skills and leadership styles he used to achieve goals to create a learning experience. Therefore the shadowee had to be confident enough to show his or her qualities and possible weaknesses. This is confirmed in a study in which shadowing works the best with a confident leader who is comfortable enough in his role to show all aspects of daily practice⁴⁷. However, both the shadowee and the shadower should have an open attitude. In order to achieve this, it is recommended to decide on a daily basis what has to be learned and developed and make adjustments on the way when necessary⁴⁸. Shadowing, according to the results, does not appear to be informative when shadowers start the experience blank.

In order to further develop leadership, it has become clear lifelong learning is necessary. Three participants have done this by continuing to work together with the shadowed leader as buddies. Several studies^{49,50} indicate paired learning, whereby buddies

of different professional groups work together, improved knowledge and attitudes between a wide range of multi-professional clinicians and managers.

Limitations

Due to limited time a relatively small and homogeneous group participated. However, the sample size was appropriate for qualitative analysis²⁸. Because of the retrospective approach of this study the chance of recall bias increased. Before the start of the interview the participants were asked to read their final assessment of the course to reduce bias. Another limitation of the study is that not all interviews have been analyzed by multiple researchers. This may increase the risk of biased results. The interviews which were analyzed by several researchers were all analyzed in the same way and consensus on the results was obtained by discussing codes and themes.

Conclusion

This study covered the experiences of healthcare professionals. The participants had the opinion that shadowing a leader is a positive and informative method for to develop leadership. Shadowing also has a positive influence on personal and career development according to the shadowers. However, it is important to think about certain conditions to ensure shadowing will be an effective technique to develop skills to practice leadership in both a formal and informal manner. Shadowing is an informative first step in developing leadership, but lifelong learning is needed to show good and effective leadership in practice throughout the career.

Recommendations

Allowing healthcare professionals and leaders to shadow each other has to be an informative first step. Therefore, it is important that professionals who would like to shadow, have insight in the concept of leadership to be able to make the right choice for the right leader. It is interesting to know on the basis of which criteria a leader is chosen. It can be wondered whether there should be a match between shadower and shadowee. Also the question of what a good preparation entails to make shadowing successful can be investigated in further research.

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Tables

Table 1. Key characteristics of study participants (N=12)		
	Frequency	Percent (%)
Gender		
Male	1	8.3
Female	11	91.7
Age in years (range)	25 – 46	-
Profession		
Nurse	11	91.7
Physiotherapist	1	8.3
Current function		
PhD student	1	8.3
Combination of PhD student and nursing	1	8.3
Manager	1	8.3
Lecturer researcher	1	8.3
Consultant of quality	1	8.3
Combination of researcher and policy officer	1	8.3
Policy officer	3	25.3
Researcher	1	8.3
Combination of nursing and policy officer	2	16.6
Institution		
University	3	25.3
General hospital	1	8.3
Professional association	1	8.3
Inpatient mental healthcare	1	8.3
Ambulatory mental healthcare	1	8.3
Nursing home	1	8.3
University Medical Centre	1	8.3
Government institute	1	8.3
Municipal Medical and Health Services	1	8.3
Center for youth and family	1	8.3
Professional working experience in years (range)	3,5 – 23	-

Table 2. Characteristics of shadowed leaders (N=17)		
	Frequency	Percent (%)
Setting where is shadowed		
Internal (within the own organization)	11	64,7
External	6	35,3
Shadowed leader		
Manager	7	41,2
Owner of an ICT company focused on physiotherapy	1	5,9
Policy officer	1	5,9
Director	4	23,5
CEO	1	5,9
Consultant of quality	1	5,9
Medical consultant	1	5,9
Politician	1	5,9
Level*		
Upwards	13	76,5
Horizontal	0	0
Downwards	0	0
Hospital-wide	4	23,5

* Leadership can take place upwards, i.e. to the higher management, horizontally, i.e. towards professionals working in the same profession, downwards to the people managed and hospital-wide towards healthcare professionals with another healthcare profession⁹.

Table 3: Phases of thematic analysis³⁸

<i>Phase</i>	<i>Description of the process</i>
<i>1. Familiarizing yourself with your data</i>	Transcribing data, reading and re- reading the data, noting down initial ideas
<i>2. Generating initial codes</i>	Coding interesting features of the data in systematic fashion across the entire data set, collating data relevant to each code
<i>3. Searching for themes</i>	Collating codes into potential themes, gathering all data relevant to each potential theme
<i>4. Reviewing themes</i>	Checking in the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic 'map' of the analysis
<i>5. Defining and naming themes</i>	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme
<i>6. Producing the report</i>	The final opportunity for analysis. Selection of vivid, compelling extract example, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis

Appendix 1: Interview guide (end-version)

Introduction:

- Introduction of the interviewer;
- Discussion of the purpose of the study, clarification of the conversation topic and definitions;
- Informed consent;
- Discussing anonymity and confidentiality;
- Discussing member check;
- Discussing withdrawal;
- Indicating the question does not have to be answered and that clarification may be requested;
- Collecting participants characteristics by filling in the CRF;
- Request permission to audio-tape the interview.

Experiences with shadowing in general:

- Can you tell me in which setting you have shadowed? How many leaders have you shadowed? Who was the leader? For what reason have you chosen this person / persons?
- How did you gain access to this leader?
- How did you experience the process prior to shadowing?
- Can you tell me how you experienced shadowing in general?
- What did you notice during this period?
- What were your goals at the start of shadowing? To what extent have these goals been achieved?
- What was the impact of shadowing in general on your professional conduct?

Leadership development:

- What is leadership according to you?
- In what way did shadowing contribute to the development of leadership?
- Do you think shadowing contributes to the development of leadership?
- Did you have a certain leadership style before you went shadowing?
- Has this style changed by shadowing? Or was it an addition to your existing leadership style?
- Was the period that you have shadowed sufficient to develop leadership? Was 24 to 48 hours of shadowing sufficient for you to develop leadership?

- What do you think are the critical strengths needed to be a successful leader in healthcare?

Role model:

- Has the person you shadowed acted as a role model for your own development of leadership?
- Which skills of leadership, organization or decision-making did the leader use?
- How is this reflected in your leadership development and activities?
- Which style of leadership did the person you shadowed have? And how was that reflected in daily practice?
- Has there been any contact with the person you shadowed after shadowing? And if so, does this person still contribute to your further development of leadership?

Promoting and obstructing factors:

- What do you experience as facilitating factors of the learning technique shadowing to develop leadership?
- What are the benefits of shadowing compared to other management courses/training/ workshops?
- What do you perceive as obstructing/weak factors of the learning technique shadowing to develop leadership?
- What did you miss when shadowing to develop leadership?

Daily practice:

- How does shadowing affect your daily work?
- To what extent is leadership reflected in your daily work?
- How does your leadership influence your daily practice?
- Which aspects of shadowing are reflected in your daily work?
- When were you switched from a clinical position to a leadership position? What influence did shadowing have on this change?
- How do you play a role in devising and implementing strategic decisions?

Rounding:

- Discussing questions and/or comments;
- Making agreements about member check;
- If necessary, complete CRF if this has not already been done.