

Miller, Paul K. ORCID: <https://orcid.org/0000-0002-5611-1354> , Relph, Nicola ORCID: <https://orcid.org/0000-0003-3323-3444> and Grimwood, Tom ORCID: <https://orcid.org/0000-0001-8099-6191> (2012) Cumbria PFT: Foundation in Management and Leadership Programme - tranche 1 survey report: cohort analysis. Cumbria Partnership Foundation Trust, Cumbria. (Unpublished)

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Cumbria PFT: Foundation in Management and Leadership Programme

Tranche 1 Survey Report: Cohort Analysis



UNIVERSITY OF CUMBRIA, FACULTY OF HEALTH & WELLBEING

November 1, 2012

Dr. Paul K. Miller, Nicola Relph & Dr. Tom Grimwood

Executive Summary.

Background.

- This report outlines findings from the first of four quantitative survey tranches (beginning, middle, end and follow-up) scheduled to be conducted around the Cumbria Partnership Foundation Trust (CPFT) “Foundation in Leadership and Management” Programme, running 2012-2013 (see Cumbria PFT, 2012), as part of a broader multi-method evaluation.
- The research presented herein was commissioned by Cumbria PFT, and conducted by a research team in the Faculty of Health and Wellbeing at the University of Cumbria.

Methods.

- An online survey, using the Bristol Online Surveys (BOS) system¹, was conducted to provide an initial analysis of the demographic characteristics and self-evaluations of the participating cohort.
 - Of the 100 participants involved in the programme, all were invited to complete to online survey via email, with a response rate of 88%. All participants were in NHS bands 4 to 8, with the substantial majority (88.6%) in bands 6 and 7.
 - The responding population was split 88.6% female to 11.4% male, with a mean age of 42.3 years.
 - 27.3% worked part-time and 72.7% full-time, with 70.5% in clinical roles and 29.5% in non-clinical roles.

¹ Copyright for the Bristol Online Surveys software is held by the University of Bristol, UK.

- The mean duration of service in the NHS was 15.84 years, the mean duration of service as a manager in the NHS was 4.49 years, and the mean number of persons managed was 11.36.
- The survey comprised a 57-question inventory (see Appendix 1, p.29) and, drawing upon key principles embedded in the Multifactorial Leadership Questionnaire (see Bass & Riggio, 2006), explored:
 - Participants' demographic details and role outlines.
 - Participants' self-evaluation of pertinent managerial skills and knowledge in general life settings.
 - Participants' knowledge of CPFT's organisational structures and vision.
 - Participants' self-evaluations of their specific skills in managing, and being managed, in their NHS role.
 - Participants' overall appraisals of themselves as managers within the NHS, and of the programme itself.
- Nine central analytic categories were developed from the raw questions pertaining to self-evaluation, each with a 'general' dimension and a 'professional' dimension.

Analytic Category	Description
1. <i>Assertiveness</i>	Capacity to be assertive with others.
2. <i>Confidence</i>	Faith in own ability to execute tasks effectively.
3. <i>Openness</i>	Capacity to respect and listen to others.
4. <i>Communication</i>	Outcomes from effective communication with others.
5. <i>Resource Management</i>	Capacity to utilise time, money and information effectively.
6. <i>Satisfaction</i>	General comfort with status quo.
7. <i>Harmony</i>	Capacity to negate or deal with conflict.
8. <i>Self-Positivity</i>	Contentment with general performance.
9. <i>Other-Positivity</i>	Positive view of how self is seen by others.

- Key differences in self-evaluation and role characteristics were explored. In short, data was analysed to elucidate any significant differences among participants along the lines of demographics and role outlines in terms of how they viewed their life skills and work skills.

- General self-evaluations were then compared to professional self-evaluations responses to establish whether participants viewed themselves as, for example, being stronger or weaker communicators in their broader lives than in their professional roles.

Key Findings.

- All participants in the survey scored themselves similarly across all self-evaluations in both their professional and broader lives. Ratings for assertiveness, confidence, communication, resource management and gender, age, experience and so forth.
- There were reported differences in professional communication skills and positivity about self in professional role between those who felt they were able to balance managerial and operational aspects of their roles (stronger assessments) and those who were not (weaker assessments).
- Participants scored themselves more highly on ‘general’ skills in six out of nine comparisons to professional scores - Communication, Resource Management, Satisfaction, Harmony, Self-Positivity and Positivity about how they would be seen by others - while confidence and assertiveness ratings did not vary between personal and professional situations.
- Perhaps surprisingly, participants also reported a greater capacity for openness in role than in broader life.

Aptitude.	Stronger in General	Stronger in Role	No Significant Difference
1. <i>Assertiveness</i>			X
2. <i>Confidence</i>			X
3. <i>Openness</i>		X	
4. <i>Communication</i>	X		
5. <i>Resource Management</i>	X		
6. <i>Satisfaction</i>	X		
7. <i>Harmony</i>	X		

8. <i>Self-Positivity</i>	X		
9. <i>Other-Positivity</i>	X		

- Participants' 1 (very poor) to 10 (very good) ratings of their knowledge of services within CPFT, understanding of quality performance measures used within CPFT, and understanding of CPFT's organisational vision, strategy and business plans clustered around the mid-scale, with diminishing numbers rating their knowledge in the higher and lower echelons.
- There were no variations in knowledge ratings according to gender, age, experience, full-time or part-time status, or number of people managed.
- However, there was a significant difference between clinical and staff and non-clinical staff, with the latter rating their knowledge in all three domains more highly.
- Participants' ratings of their hopes that the FIM programme would help them develop as managers were visibly more consistently high than those of their expectations that it would, as may well be expected pre-training.
- There were no variations in either domain according to gender, age, experience, full-time or part-time status, number of people managed or clinical/non-clinical role.
- Moreover, aspiration and expectation scores were not affected by the levels at which participants had previously scored their knowledge/understanding of CPFT and its structures and services.

Conclusions.

- Two core themes are discussed: (a) the lack of correspondence between sample demographics and self-evaluations scores and (b) the stronger evaluations of life skills than professional skills.
- It is noted that the findings of the pre-programme participant survey provide a strong baseline for progressive longitudinal analysis, and raise some interesting features in themselves.

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1. Introduction.

This report outlines findings from the first of four survey tranches (beginning, middle, end and follow-up) scheduled to be conducted around the Cumbria PFT “Foundation in Leadership and Management” Programme (henceforth FIM), running 2012-2013, as part of a broader multi-method evaluation. Primarily detailing population characteristics, and participants’ baseline self-evaluations in a range of professional spheres - from which skill and knowledge change across the duration of the programme will subsequently be tracked – statistical analysis focuses particular upon the core relationships between how participants view their management-pertinent skill-sets ‘in general’ and how they view them in their workplace roles.

1(i). The Programme.

The FIM programme was developed from a strong evidence-base within CPFT “...to build the foundations of effective management by setting the context of the organisation, providing essential practical skills, knowledge and behaviours...” (Cumbria PFT, 2012, p.3) requisite for the performance of day-to-day operational roles. Combining theoretical perspectives, practical organisational knowledge and structured reflective learning, the overall stated aims of the programme are to imbue participants with:

- Understanding of the scope of the CPFT;
- Understanding of the vision and values of CPFT, and how these apply to particular service areas and roles;
- A developing knowledge of, and practical essential skills in, the undertaking of operational roles;
- A broad perspective upon leadership approaches to encourage self- and team-development.

Specifically designed, thus, to provide insight into participants’ leadership styles, and to provide opportunity for participants to develop confidence in management and team-working, the programme comprises four sequentially-ordered modules:

1. Understanding the Organisational Context;
2. Self-Awareness and Leading for Professional and Personal Growth;
3. Service Quality and Performance;
4. Practical Management of Teams.

Consequently, the intended outcomes for participants are stated as (Cumbria PFT, 2012, p.4):

- “Knowledge and practical skills to undertake your operational management role with greater confidence;
- Insight into your leadership style and the impact of behaviours on your team and colleagues;
- Development of self-awareness;
- A deeper understanding of quality and performance measures and why they are needed to build a successful health care organisation;
- Clarity of your role and influence within the service and wider organisation.”

1(ii). Report Structure.

The remainder of this report is organised around the following structure:

- In the **Methodology** (p.13), the sampling, survey design and data analytic procedures are described, alongside a statistical description of the participating cohort.
- In **Key Findings** (p.18), the central statistical trends and relationships emerging from the analysis are presented and discussed.
- In the **Conclusions** (p.25), a summary of all central themes is advanced, alongside a reflection on how this might direct further research in the programme.
- In **Appendix 1** (p.29), the full set of survey questions is presented.
- In **Appendix 2** (p.34), question-by-question descriptive analysis of the full survey data set can be found.
- In **Appendix 3** (p.64), the SPSS core variable labels are tabulated.
- In **Appendix 4** (p.67), the assembly of the SPSS compound variables is outlined in detail.

2. Methodology.

An online survey, using the Bristol Online Surveys (henceforth BOS) system, was conducted to provide an initial analysis of the demographic characteristics and self-evaluations of the participating cohort.

2(i). Participants.

Of the total number of participants in the programme (N=100), all were invited to complete to online survey via email. The response rate was 88%, with a demographic breakdown² as shown in Table 1:

Table 1: Core Population Description.

Variable.	Key Statistics.
<i>Gender.</i>	Female= 78 (88.6%) Male = 10 (11.4%)
<i>Age.</i>	Range = 24 years to 61 years Mean age = 42.3 years
<i>NHS Grade.</i>	Grade 4 = 2 (2.6%) Grade 5 = 6 (6.8%) Grade 6 = 37 (42%) Grade 7 = 41 (46.6%) Grade 8 = 2 (2.3%)

² See Appendix 2A (p.34) for further details.

The distribution of roles within this population, in terms of part and full time work, years of service and clinical and non-clinical professions, meanwhile, is shown in Table 2 (below):

Table 2: Professional Role Breakdown.

Variable.	Key Statistics.
<i>Role status.</i>	Part-time = 24 (27.3%) Full-time = 64 (72.7%)
<i>Role type.</i>	Clinical = 62 (70.5%) Non-Clinical = 26 (29.5%)
<i>Years worked in NHS.</i>	Range = 1 to 40 years Mean duration of service = 15.84 years
<i>Years worked in NHS management.</i>	Range = 0 to 26 years Mean duration of service = 4.49 years
<i>Number of people managed by participant.</i>	Range = 0 to 61 persons Mean number managed = 11.36 persons

2(ii). Survey Design.

The survey³ was designed to account for three key issues:

³ For the full structure and set of questions, refer to Appendix 1 (p.29)

1. The specific information required by CPFT itself.
2. The need to produce comparable, longitudinal data across four survey tranches.
3. The core methodological imperatives outlined in prior survey work on management and leadership, most notably those arising from the established Multifactorial Leadership Questionnaire (see Bass & Riggio, 2006).

As such, an inventory of 57 questions, in a five-section format, was employed to explore the following major themes:

- Participants' demographic details and role outlines.
- Participants' self-evaluation of pertinent managerial skills and knowledge in general life settings.
- Participants' knowledge of CPFT's organisational structures and vision.
- Participants' self-evaluations of their specific skills in managing, and being managed, in their NHS role.
- Participants' overall appraisals of themselves as managers within the NHS, and of the programme itself.

The 48 evaluative questions were measured using ten-point Likert scales to assess levels of agreement with given statements, and ten-point rating scales on which participants could provide assessments of their own levels of skill or knowledge in given fields. Ten-point scales were preferred to more familiar five-point models in order to provide greater sensitivity of measurement in subsequent analysis of longitudinal change (De Vaus, 2002).

2(iii). Procedure.

The survey was designed in draft form, evaluated by an experienced statistician for consistency and also by partners at CPFT for institutional practicality. Adaptations were made and the survey was then inputted to BOS and rendered live. All participants were invited to complete

the survey via email link to the site, with relevant assurances of personal anonymity rendered explicit throughout. Data were exported into SPSS 19.0, which was then used for all statistical analyses.

2(iv). Data Analysis.

A full suite of descriptive statistics was initially run on each individual question, with all results reported in Appendix 2 (p.34-63).

Following consideration of the data, post-coding was executed on three variables to facilitate statistical analysis. Number of years working for the NHS was grouped into 1-10 years, 11-20 years, 21-30 years and more than 30 years. Number of years working in a managerial position was grouped in to greater or less than 10 years. Number of people currently managed was grouped in to 1-10 people, 11-20 people, 21-30 people and greater than 30 people.

Eleven basic analytic categories - assertiveness, confidence, communication, listening, numeracy, time management, conflict-management, comfort with change, team-playing, independent decision-making and respect of authority were derived from direct and combined ratings of 'general' skills, attitudes and knowledge. Nine analytic categories (shown in Table 3, below) were derived from compounds of variables describing a range of pertinent practices at work⁴.

⁴ E.g. 'Role Openness' being formed out of combined results from four questions on capacity to listen, and given/received respect. See Appendix 4, p.67, for a full breakdown of the responses used in the formation of compound role categories.

Table 3: Analytic Categories Used

Analytic Category	Description
1. <i>Assertiveness</i>	Capacity to be assertive with others.
2. <i>Confidence</i>	Faith in own ability to execute tasks effectively.
3. <i>Openness</i>	Capacity to respect and listen to others.
4. <i>Communication</i>	Outcomes from effective communication with others.
5. <i>Resource Management</i>	Capacity to utilise time, money and information effectively.
6. <i>Satisfaction</i>	General comfort with status quo.
7. <i>Harmony</i>	Capacity to negate or deal with conflict.
8. <i>Self-Positivity</i>	Contentment with performance.
9. <i>Other-Positivity</i>	Positive view of how self is seen by others.

'General' categories were then recombined for comparison with those nine specifically manifesting within workplace environments to assess whether participants viewed themselves as, for example, more or less assertive in their broader lives than in their professional roles, and how these issues vary according to gender, experience, role factors and so forth.

3. Key Findings.

Results from four primary zones of analysis are displayed below:

- i. Data is analysed to elucidate any significant differences among participants along the lines of demographics and role outlines in terms of how they viewed their life skills and work skills.
- ii. General self-evaluations are compared to variables compounded from role-specific responses to establish whether participants viewed themselves as, for example, being stronger or weaker communicators in their broader lives than in their professional roles.
- iii. Organisational knowledge of CPFT is described.
- iv. Assessments of aspiration and expectation for the FIM programme itself are described, and compared to findings from (iii).

3(i). Participant Differences.

General self-evaluation variables (n=11) and professional self-evaluation variables (n=9) were checked for normality. As not all variables followed a normal distribution, non-parametric statistics were utilised. Gender, job status, job role and number of years in managerial position effects were considered using Mann Whitney U Tests. Grade, years working in the NHS and number of people managed effects were considered using Kruskal-Wallis H tests. The accepted alpha level was adjusted using a Bonferonni correction, (0.05 / number of comparisons). In most cases this was $0.05 / 21 = 0.002$.

1. Gender, job status (full time or part time), job role (clinical or non-clinical), grade, years working in the NHS, years working as a manager and number of people managed had no effect on any of the eleven general characteristics variables (assertiveness, confidence, communicator, listener, good with numbers, time management, dealing with conflict, comfort with change, team-player, independent decision making and respect of authority). All p values were above the accepted significance level.
2. Gender, job status (full time or part time), job role (clinical or non-clinical), grade, years working in the NHS, years working as a manager and number of people managed had no

effect on any of the nine role characteristics variables (assertiveness, confidence, openness, communication, resource management, satisfaction, harmony, self-positivity, other-positivity). All p values were above the accepted significance level.

3. There were two significant differences between participants who felt they were able to balance managerial and operational and those who were not. People who felt they *were* able to balance these roles scored significantly higher on Professional Communication ($p=0.000$) and Professional Self-Positivity ($p=0.000$).

In sum, all participants in the survey scored themselves similarly across all general self-evaluations and professional self-evaluations irrespective of gender, age, experience and so forth. However, there were evaluative differences in professional communication and professional self-positivity between those who felt they were able to balance managerial and operational aspects of role (stronger self-assessment) and those who were not (weaker self-assessment).

3(ii). Self-evaluation vs. Role-evaluation.

General self-evaluation variables ($n=11$) and professional self-evaluation variables ($n=9$) were checked for normality. As not all variables followed a normal distribution, non-parametric two-related variable tests (Wilcoxon matched-pair signed-rank test) were used to compare differences between self-scores and role-scores. The accepted alpha level was adjusted using a Bonferroni correction, ($0.05 / \text{number of comparisons}$) which reduced the accepted significance level to $p < 0.005$ ($0.05/10$).

1. No significant difference were found between confidence ($p=0.440$) or assertiveness ($p=0.008$).
2. Participants scored themselves higher on communication ($p=0.001$), resource management ($p=0.000$), satisfaction ($p=0.000$), harmony ($p=0.000$), self-positivity ($p=0.000$) and other-positivity ($p=0.000$) in general life than in their professional roles.
3. Conversely, participants scored themselves more poorly on openness in general ($p=0.000$) than in their professional roles. All results are displayed graphically in Table 4.

Table 4: Self-evaluation vs. Role-evaluation

Aptitude.	Stronger in General	Stronger in Role	No Significant Difference
1. Assertiveness			X
2. Confidence			X
3. Openness		X	
4. Communication	X		
5. Resource Management	X		
6. Satisfaction	X		
7. Harmony	X		
8. Self-Positivity	X		
9. Other-Positivity	X		

In sum, findings reveal participants scoring themselves more highly on general self-evaluation scores in six out of nine comparisons to professional self-evaluation scores. While confidence and assertiveness ratings did not vary between personal and professional situations, participants felt more competent at avoiding and/or handling conflict in the professional sphere than the personal. Perhaps surprisingly, meanwhile, participants also reported a greater capacity for openness in role than in broader life.

3(iii). Organisational Knowledge.

Participants rated their organisational knowledge in three areas on a scale of 1 (very poor) to 10 (very good):

1. Understanding of services within CPFT (Figure 1);

2. Understanding of Quality performance measures used within CPFT (Figure 2), and;
3. Understanding of CPFT's Organisational vision, strategy and business plans (Figure 3).

Figure 1: Understanding of Services within CPFT.

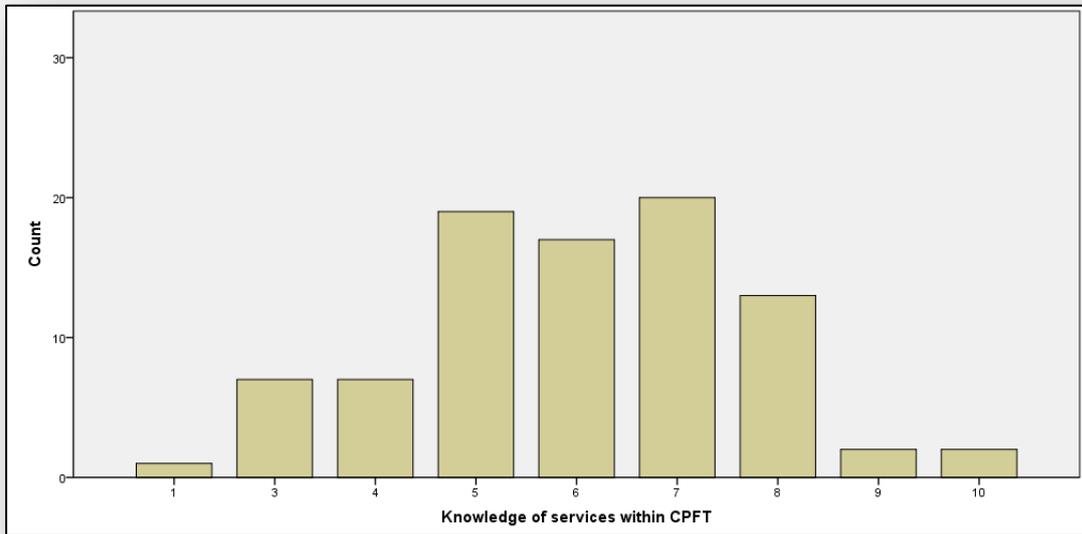


Figure 2: Understanding of Quality performance measures used within CPFT

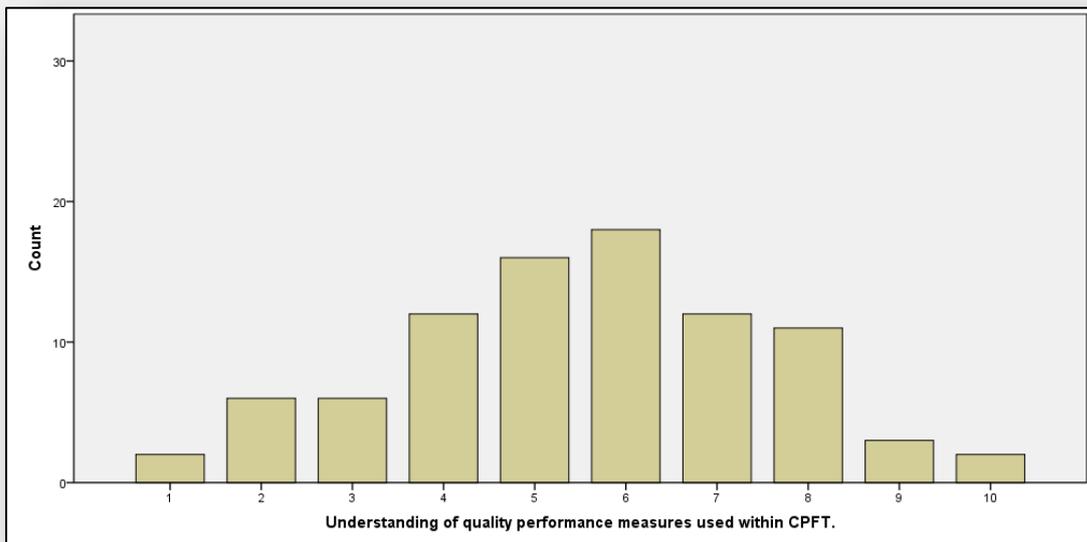
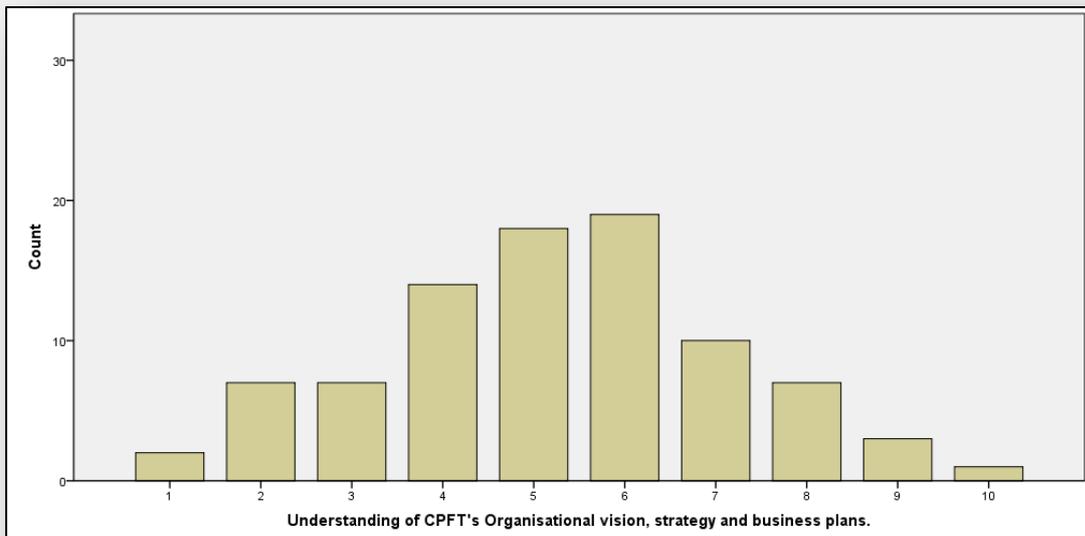


Figure 3: Understanding of CPFT's Organisational vision, strategy and business plans.



Participants' ratings in all three domains clustered around the mid-scale, with diminishing numbers rating their knowledge in the higher and lower echelons. There were no variations in knowledge ratings according to gender, age, experience, full-time or part-time status, or number of people managed. However, there was a significant difference ($p=0.009$) between clinical and staff and non-clinical staff, with the latter rating their knowledge of all three more highly.

3(iv). Aspiration and Expectation.

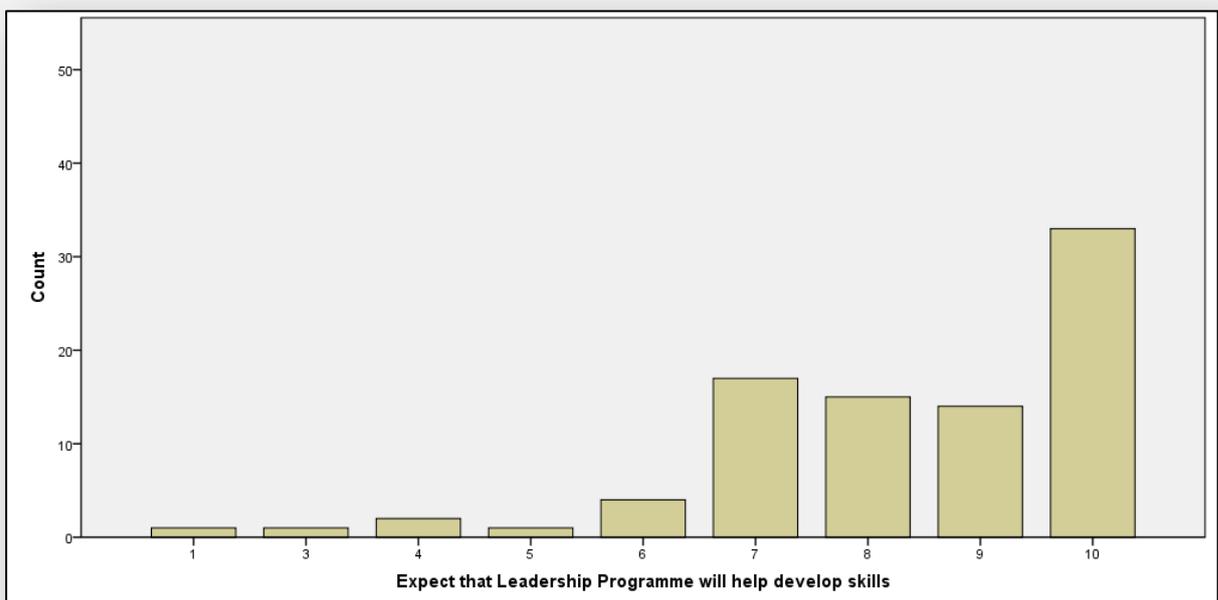
Finally, participants rated their hopes and expectations regarding the impact of the FIM programme on their management skills, on a 1 (very weak) to 10 (very strong) agreement scale, in terms of two key statements:

1. "I *hope* that the Foundation in Management and Leadership Programme will help me develop as a manager." Responses are shown in Figure 4.
2. "I *expect* that the Foundation in Management and Leadership Programme will help me develop as a manager." Responses are shown in Figure 5.

Figure 4: Aspiration.



Figure 5: Expectation.



Participants' ratings of their hopes that the FIM programme would help them develop as managers were visibly more consistently high than those of their expectations that it would, as may well be expected pre-training. There were no variations in either domain according to gender, age, experience, full-time or part-time status, number of people managed or clinical/non-clinical role. Moreover, aspiration and expectation scores were not affected by the levels at which they had previously scored their knowledge of CPFT.

4. Conclusions.

In conclusion, there are several issues of note arising from the data collected in two core domains:

4.1. Lack of correspondence between sample demographics and self-evaluations scores.

In terms of personal *and* professional self-evaluations, skills and aptitude ratings did not vary according to any of the core demographic variables. Gender, age, experience, full-time or part-time status and number of people managed had no significant effect upon the specific manners in which participants self-evaluated. However, there were evaluative differences in professional communication and professional self-positivity between those who felt they were able to balance managerial and operational aspects of role (stronger assessment) and those who were not (weaker assessment). None of the demographic factors had any effect on organisational knowledge and understanding, nor did they upon aspiration and expectation regarding the FIM programme itself.

These results are, perhaps, somewhat surprising on the whole. One could well expect that participants who had occupied managerial roles for longer might be more confident or assertive at work, or rate their resource management skills more highly. This was not the case. Also, despite widely documented differences between genders in terms of reported leadership skills (Guramatunhu-Mudiwa & Bolt, 2012; Jonsen, Maznevski, & Schneider, 2010; Spurgeon & Cross, 2006), no significant differences manifested in this realm either. The qualitative dimensions of the broader FIM evaluation should shed light upon the reasons for these trends. From an analytic point of view, however, a sample that is largely undifferentiated in terms of skill-related self-evaluations should facilitate stronger and more reliable tracking of changes as the programme progresses.

4.2. Stronger evaluations of life skills than professional skills.

Of the nine key measures, it was abundantly clear that participants felt more broadly competent in the management of their general lives than their working lives. Participants scored themselves more highly on general self-evaluation scores in six out of nine comparisons to professional self-evaluation scores. While confidence and assertiveness ratings did not vary between personal and professional situations, participants felt more competent at avoiding and/or handling conflict in the professional sphere than the personal. As the programme progresses, we would hope to see these scores balance more, with life-skills and professional-skills converging more robustly.

Perhaps surprisingly, participants did report a greater capacity for openness in role than in broader life. This may well be a result of the more structured, less psychosocially-nuanced nature of professional relationships permitting participants certain degrees of freedom in this domain that the dynamics of friendship and family do not. Once again, the qualitative dimensions of the broader FIM evaluation should shed light upon the reasons for these trends.

In sum, the findings of the pre-programme participant survey provide a strong baseline for progressive longitudinal analysis, and raise some interesting features in themselves.

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Author Details.

Dr. Paul K. Miller.

Senior Lecturer in Social Psychology.

Faculty of Health and Wellbeing, University of Cumbria, Bowerham Road, Lancaster. Lancashire, LA1 3JD.

Tel: 01524 384427

Email: paul.miller@cumbria.ac.uk |

Dr. Tom Grimwood.

Senior Lecturer in Social and Cultural Theory.

Faculty of Health and Wellbeing, University of Cumbria, Fusehill Street, Carlisle. Cumbria, CA1 2HH.

Tel: 01228 616240

Email: tom.grimwood@cumbria.ac.uk |

Nicola Relph, MSc.

Lecturer in Biomechanics.

Faculty of Health and Wellbeing, University of Cumbria, Fusehill Street, Carlisle. Cumbria, CA1 2HH.

Tel: 01228 616248

Email: nicola.relph@cumbria.ac.uk

Appendix 1: Survey Structure.

Participant Information.

Welcome to the online Foundation in Management and Leadership survey! As part of your commitment in accepting your place on the programme, completion is a requirement, though this should take no longer than five minutes and the information you provide will be of great value to us. During the course of programme, you will be asked to repeat this survey on a number of occasions, which will enable the progress of Foundation in Management and Leadership to be reviewed and the impact for staff and the organisation to be measured by an independent body.

All responses are **strictly anonymous** and there are no indicators collected which could render individual participants identifiable.

We thank you for your time and support.

A. About You and Your Role.

I. You.

- 1.** Do you identify yourself as male or female?
- 2.** What is your age in full years?

II. Your Role.

- 3.** What is your grade band?
- 4.** Do you work part-time or full-time?
- 5.** Do you occupy a clinical or non-clinical role?
- 6.** For how many years have you worked in the NHS?
- 7.** For how many years have you worked in managerial positions in the NHS?

8. How many people do you currently manage?

B. General Self-Evaluation.

Please answer all questions as honestly as you can. Remember that all data is anonymous.

I. How I see myself.

Please rate your agreement with each of the following statements on a scale of 1 (Disagree Strongly) to 10 (Agree Strongly). "In my life in general, I consider myself to be..."

- 9.** "An assertive person."
- 10.** "A confident person."
- 11.** "A good communicator."
- 12.** "A good listener."
- 13.** "Good with numbers."
- 14.** "Good at managing my time."
- 15.** "Good at dealing with conflict."
- 16.** "Comfortable with change."
- 17.** "A team-player."
- 18.** "Good at independent decision-making."
- 19.** "Respectful of authority."

C. Organisational Knowledge.

Please answer all questions.

I. Your understandings.

Rate on scale of 1 (Very poor) to 10 (Very strong) your current:

- 20.** Services within CPFT.
- 21.** Quality performance measures used within CPFT.
- 22.** CPFT's Organisational vision, strategy and business plans.

II. Role Balance.

23. Do you feel that you are able to effectively balance the operational and managerial aspects of your role? Y/N

If 'no,' which of the aspects takes up proportionately more of your time than it should?
Operational/Managerial

D. Management.

Please answer all questions.

I. Being Managed.

Rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale. "In my current role, I am..."

- 24. "Trusting of the people who manage me."
- 25. "Trusted by the people who manage me."
- 26. "Able to be assertive with the people who manage me."
- 27. "Good at listening to the people who manage me."
- 28. "Listened to by the people who manage me."
- 29. "Able to influence the people who manage me."
- 30. "Often have to chase the people who manage me for important information."
- 31. "Often in conflict with the people who manage me."
- 32. "Able to effectively resolve conflicts with my manager(s)."
- 33. "Respectful of the people who manage me."
- 34. "Worried about upsetting the people who manage me."
- 35. "Liked by the people who manage me."

II. Managing Others.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale. "In my current role, I feel that am..."

36. "Trusting of the people I manage."
37. "Trusted by the people I manage."
38. "Able to be assertive with the people I manage."
39. "Good at listening to the people I manage."
40. "Listened to by the people I manage."
41. "Able to influence the people I manage."
42. "Often have to chase the people I manage for important information."
43. "Often in conflict with the people I manage."
44. "Able to effectively resolve conflicts with the people I manage."
45. "Respectful of those the people I manage."
46. "Worried about upsetting the people I manage."
47. "Liked by the people I manage."

E. Role and Programme.

Please answer all questions.

I. Role Satisfaction.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale. "Overall, in my current role, I am..."

27. "Happy."
28. "Sometimes out of my depth."
29. "Good with budgetary information."
30. "Good at managing my own time."
31. "Comfortable with organisational change."
32. "Good at managing resources."
33. "Well-informed."
34. "Effective."

II. The Programme.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale.

35. “I *hope* that the Foundation in Management and Leadership Programme will help me develop as a manager.”

36. “I *expect* that the Foundation in Management and Leadership Programme will help me develop as a manager.”

Thank You!

You have now finished. We are very grateful for the time you have invested in completing this survey, and would once again like to remind participants that all data are fully anonymous.

The outcomes of the survey will be made available to all participants once Foundation in Management and Leadership Programme, and its broader evaluation, are complete.

Survey Ends.

Appendix 2: Full Statistical Breakdown by Question.

A. Core demographic breakdown of participant sample (N=88).

I. You.

Table 5: Breakdown by Gender.

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	78	88.6	88.6	88.6
Male	10	11.4	11.4	100.0
Total	88	100.0	100.0	

Table 6: Breakdown by Age.

N	Range	Minimum	Maximum	Mean	Std. Deviation
88	37	24	61	42.30	9.526

II. Your Role.

Table 7: Breakdown by NHS Grade Band.

Grade	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 4	2	2.3	2.3	2.3
5	6	6.8	6.8	9.1
6	37	42.0	42.0	51.1
7	41	46.6	46.6	97.7
8	2	2.3	2.3	100.0
Total	88	100.0	100.0	

Table 8: Breakdown by Role Status.

Status	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Full Time	64	72.7	72.7	72.7
Part Time	24	27.3	27.3	100.0
Total	88	100.0	100.0	

Table 9: Breakdown by Role Type.

Role	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Clinical	62	70.5	70.5	70.5
Non-Clinical	26	29.5	29.5	100.0
Total	88	100.0	100.0	

Table 10: Breakdown by Total Number of Years Worked in NHS.

N	Range	Minimum	Maximum	Mean	Std. Deviation
88	39	1	40	15.84	9.249

Table 11: Breakdown by Number of Years Worked in NHS Management.

N	Range	Minimum	Maximum	Mean	Std. Deviation
88	26	0	26	4.49	5.120

Table 12: Breakdown by Number of People Managed.

N	Range	Minimum	Maximum	Mean	Std. Deviation
88	61	0	61	11.36	10.617

N	Range	Minimum	Maximum	Mean	Std. Deviation
88	61	0	61	11.36	10.617

B. Summary of General Self-Evaluation Ratings.

I. How I see myself.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale. "In my life *in general*, I consider myself to be..."

Figure 6: "...an assertive person."

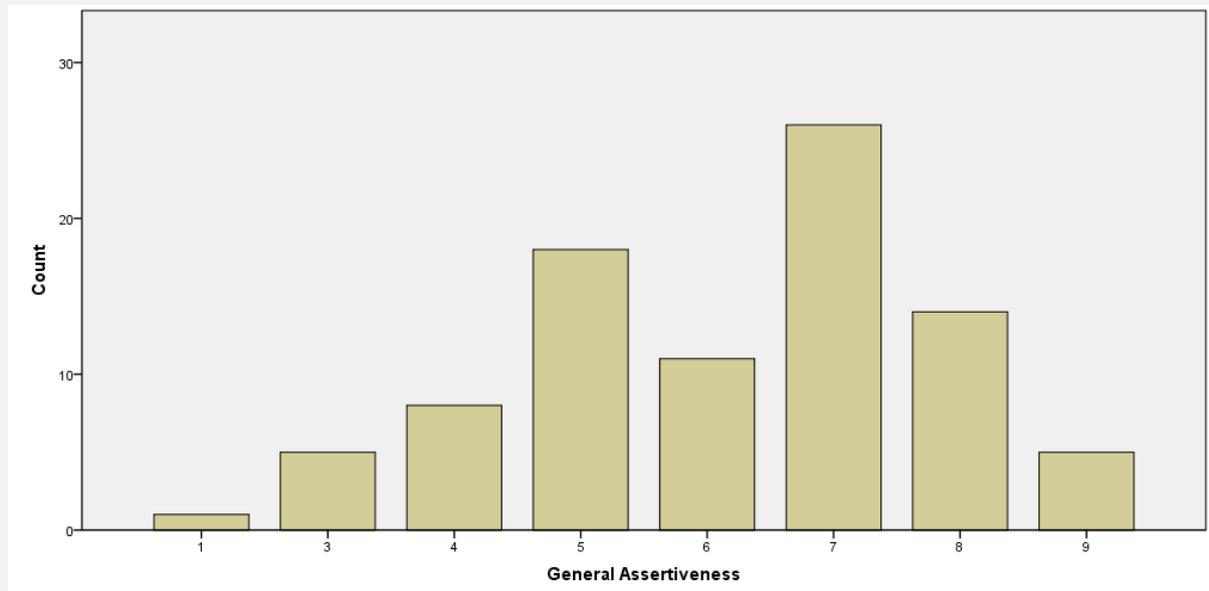


Figure 7: "...a confident person."

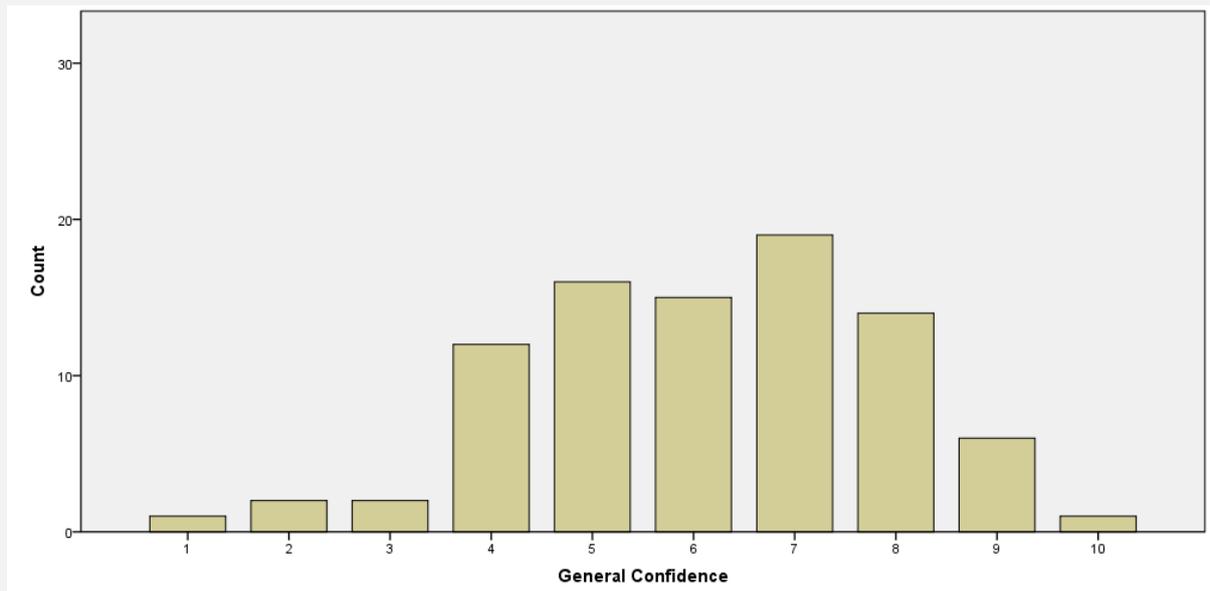


Figure 8: "...a good communicator."

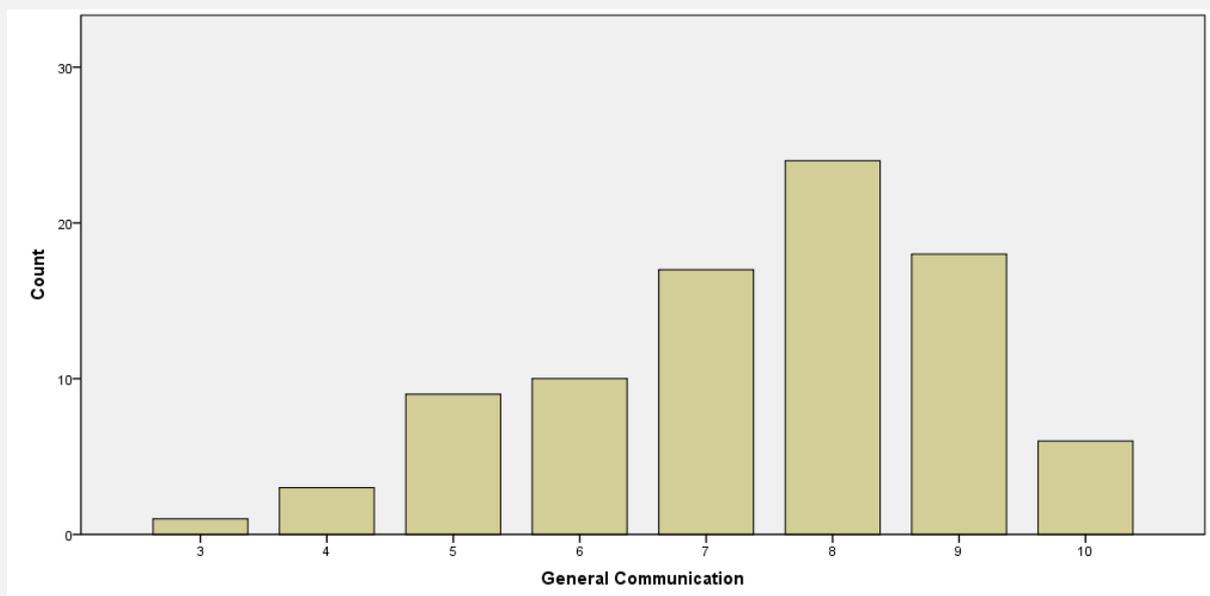


Figure 9: "...a good listener."

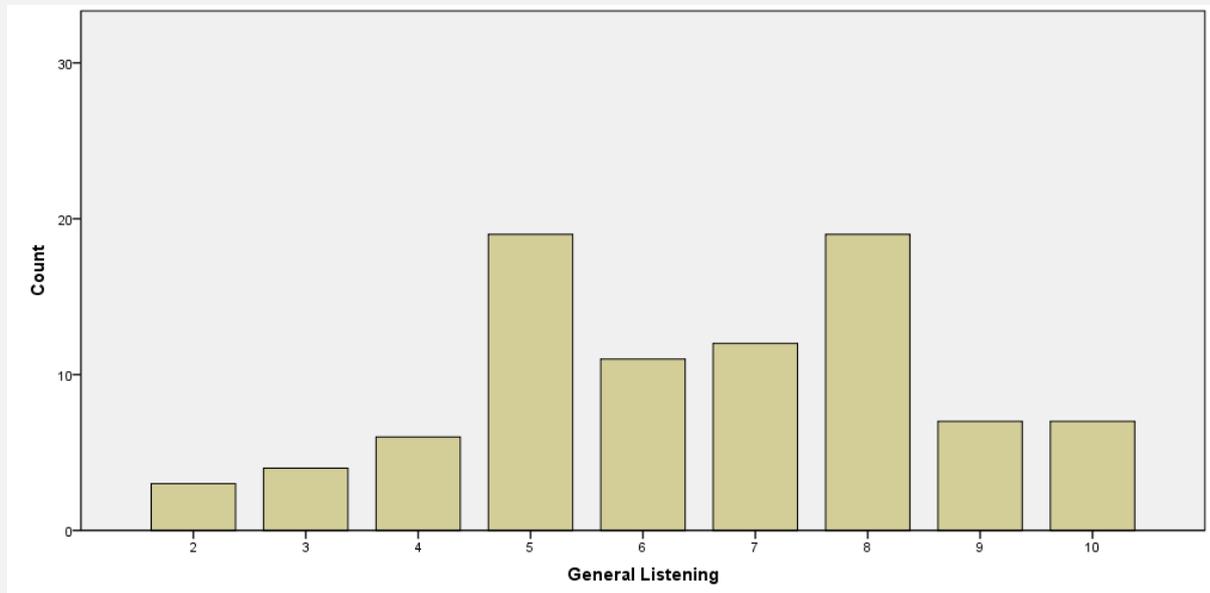


Figure 10: "... good with numbers."

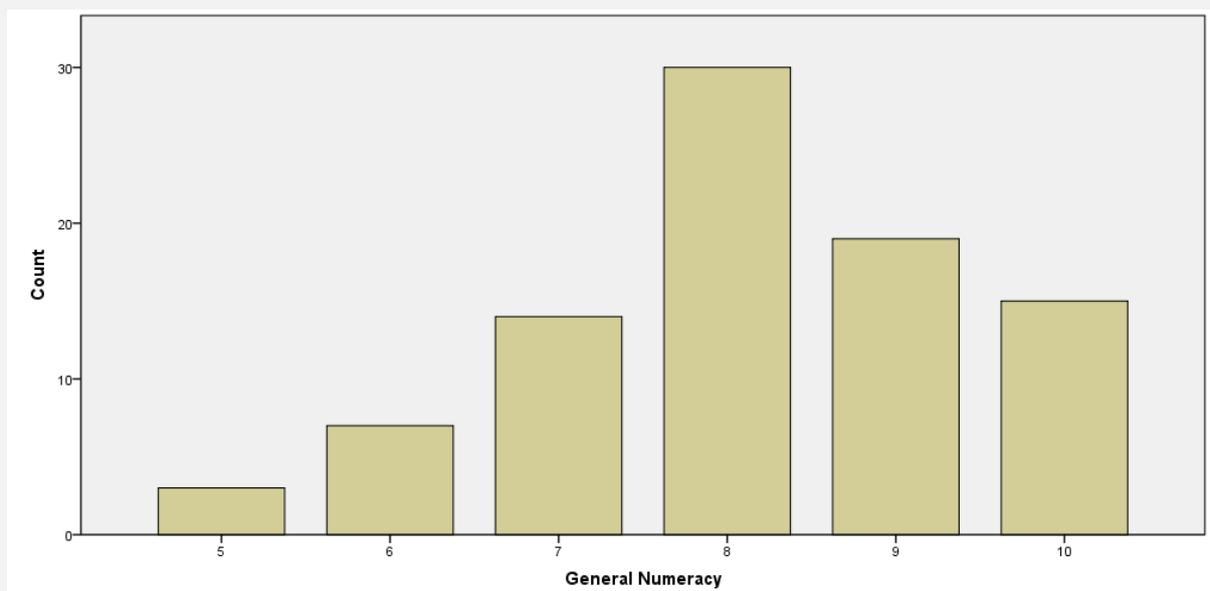


Figure 11: "... good at managing my time."

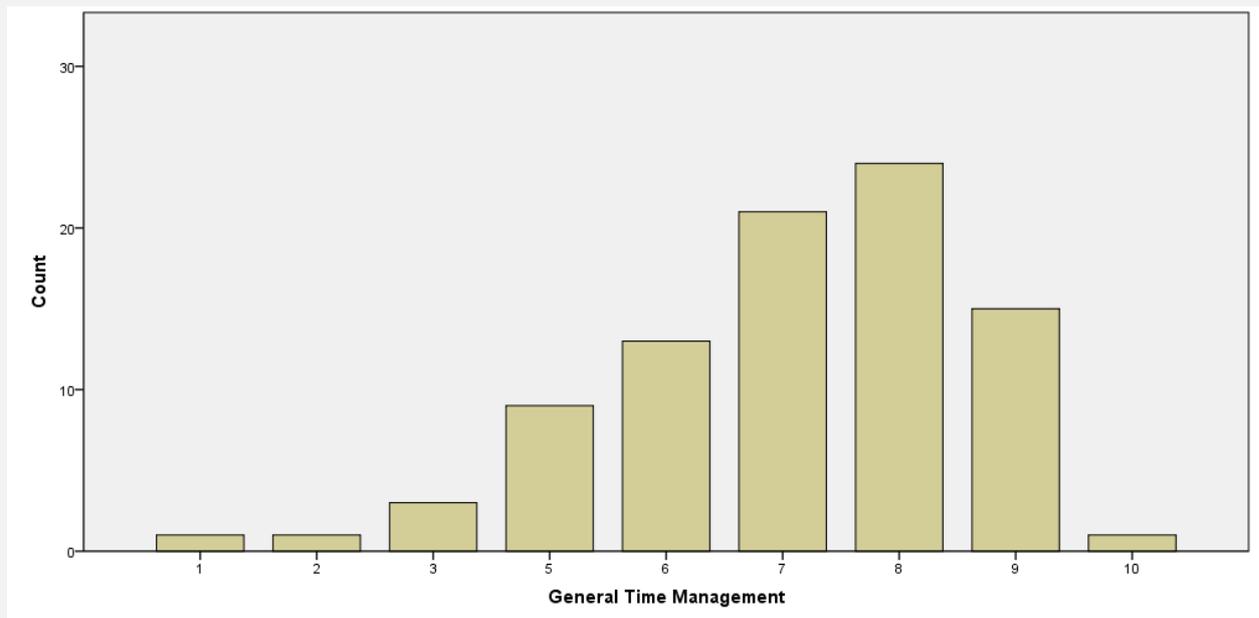


Figure 12: "... good at dealing with conflict."

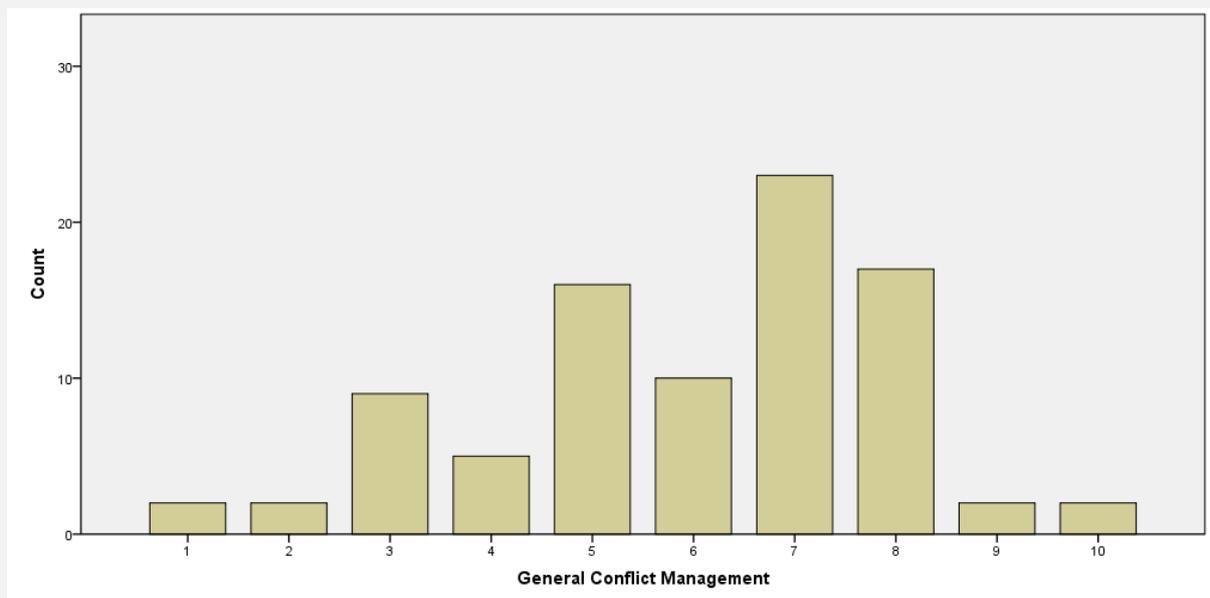


Figure 13: "... comfortable with change."

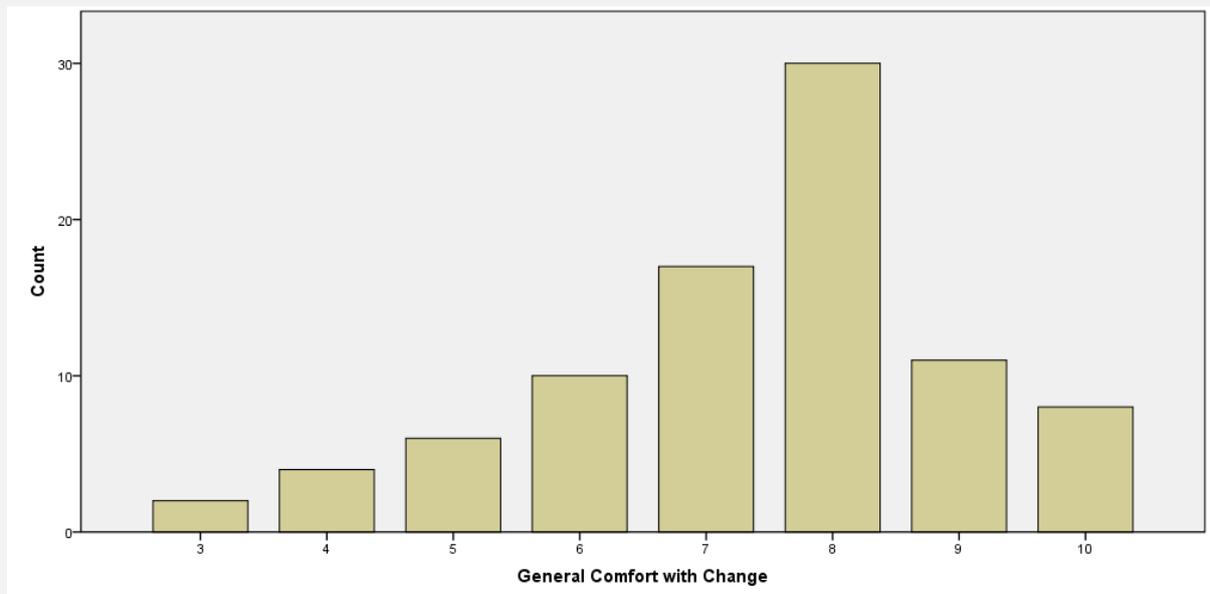


Figure 14: "... a team player."

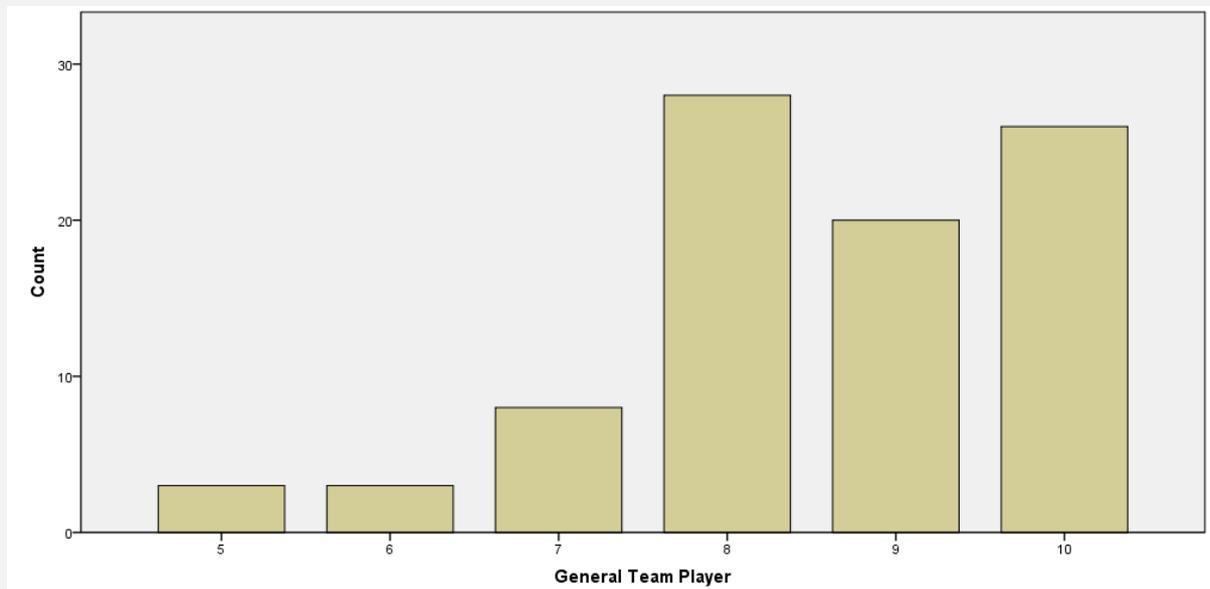


Figure 15: "... good at independent decision-making."

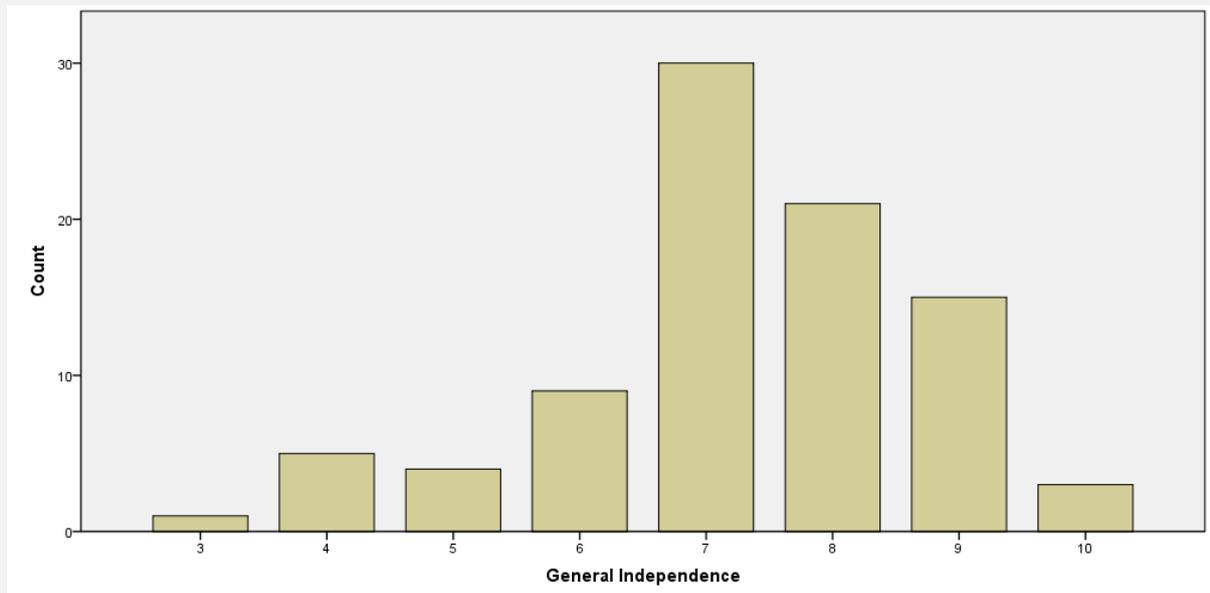
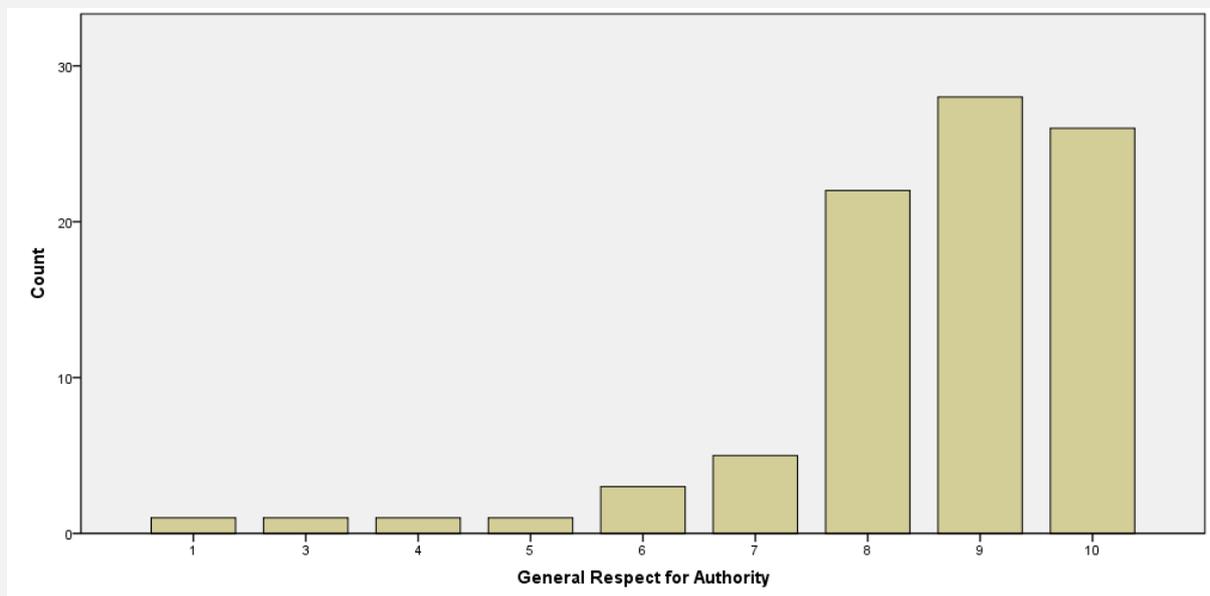


Figure 16: "...respectful of authority."



C. Summary of Organisational Knowledge Self-Ratings.

I. Your understandings.

Please rate on scale of 1 (Very poor) to 10 (Very strong) your current:

Figure 17: Understanding of Services within CPFT.

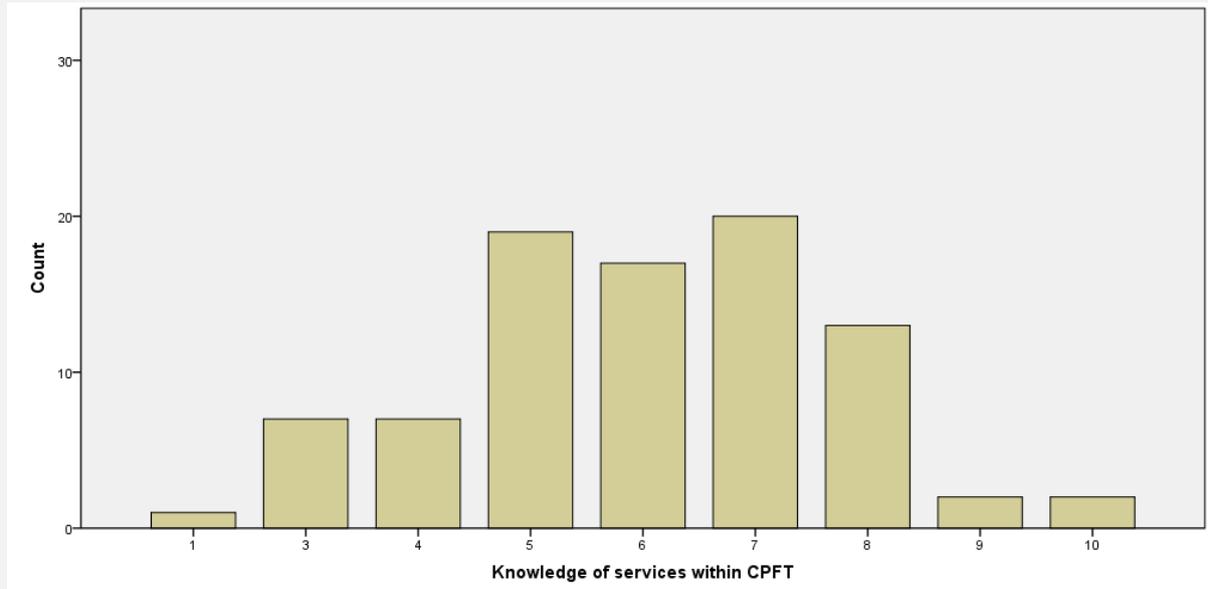


Figure 18: Understanding of Quality performance measures used within CPFT

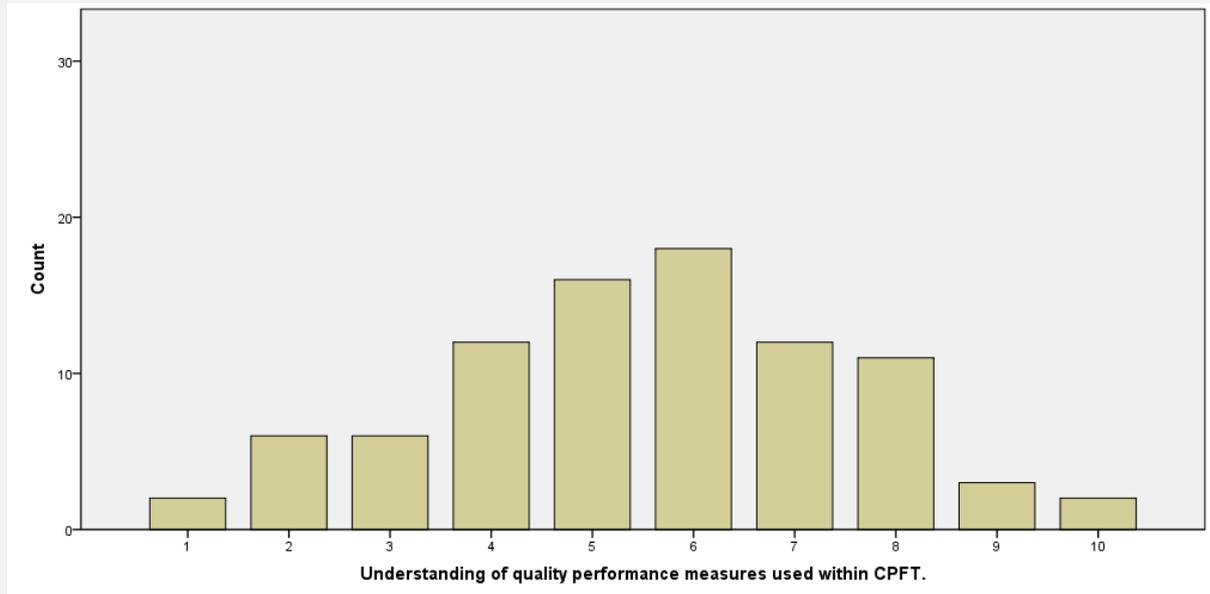
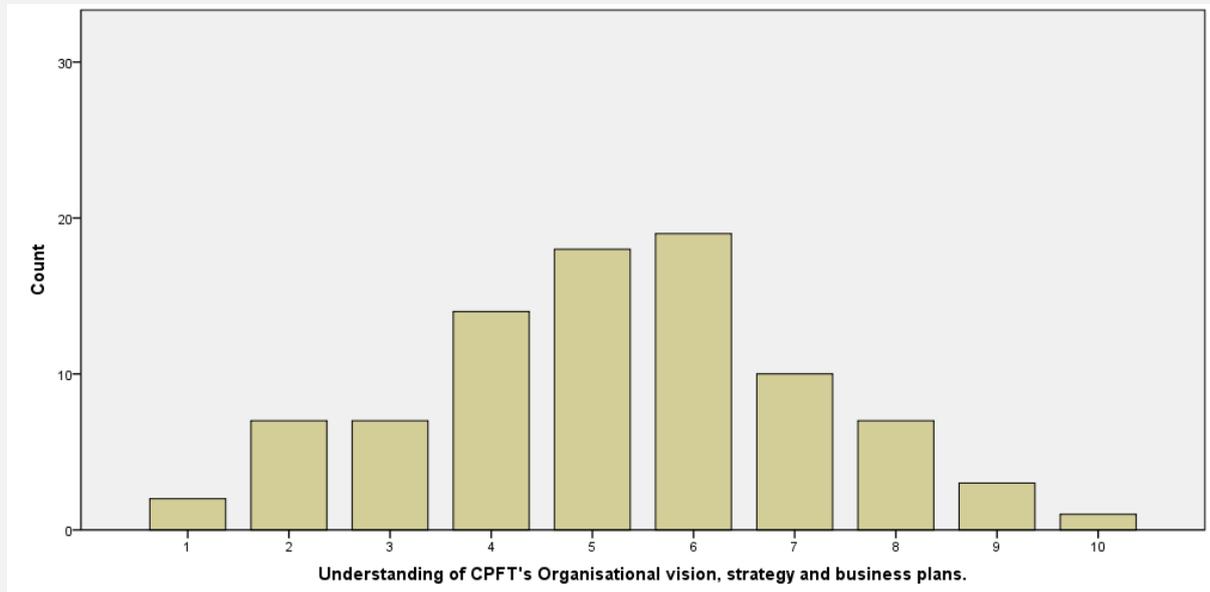


Figure 19: Understanding of CPFT's Organisational vision, strategy and business plans.



II. Role Balance.

Do you feel that you are able to effectively balance the operational and managerial aspects of your role?

Table 13: Ability to balance operational and managerial aspects of role.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	51	58.0	58.0	58.0
No	37	42.0	42.0	100.0
Total	88	100.0	100.0	

If 'no,' which of the aspects takes up proportionately more of your time than it should?

Table 14: Dominant Roles.

	Frequency	Percent	Valid Percent	Cumulative Percent
Operational	21	23.8	23.8	23.8
Managerial	16	18.2	18.2	42.0
Total	37	42.0	42.0	

D. Summary of Management Ability Self-Ratings.

I. Being Managed.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale. "In my current role, I am..."

Figure 20: "...trusting of the people who manage me."

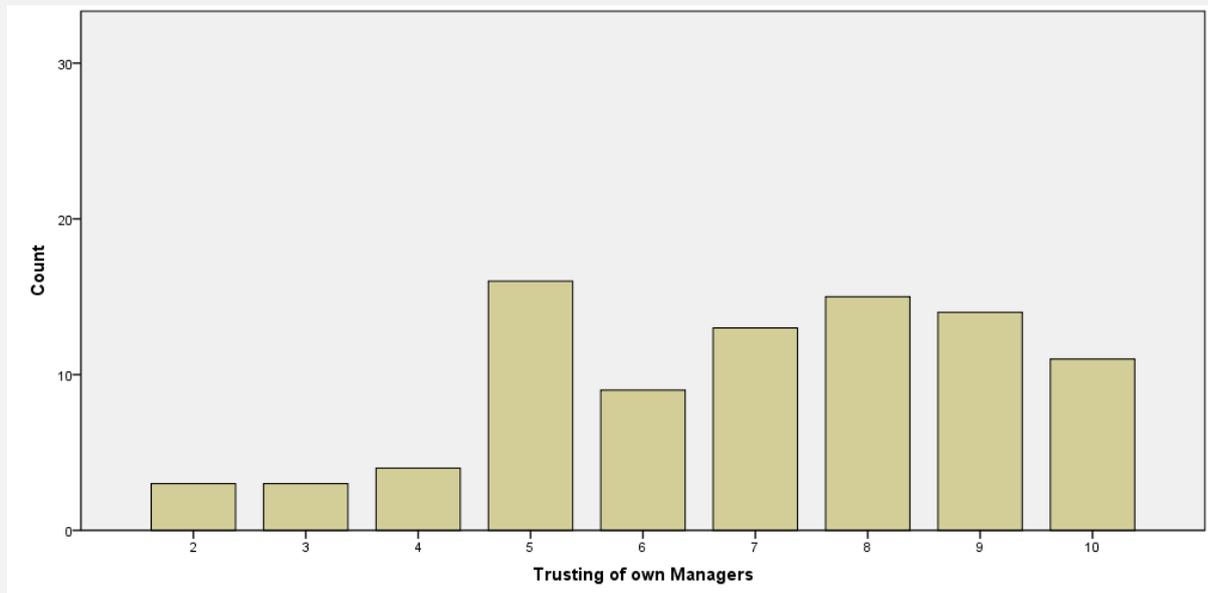


Figure 21: "...trusted by the people who manage me."

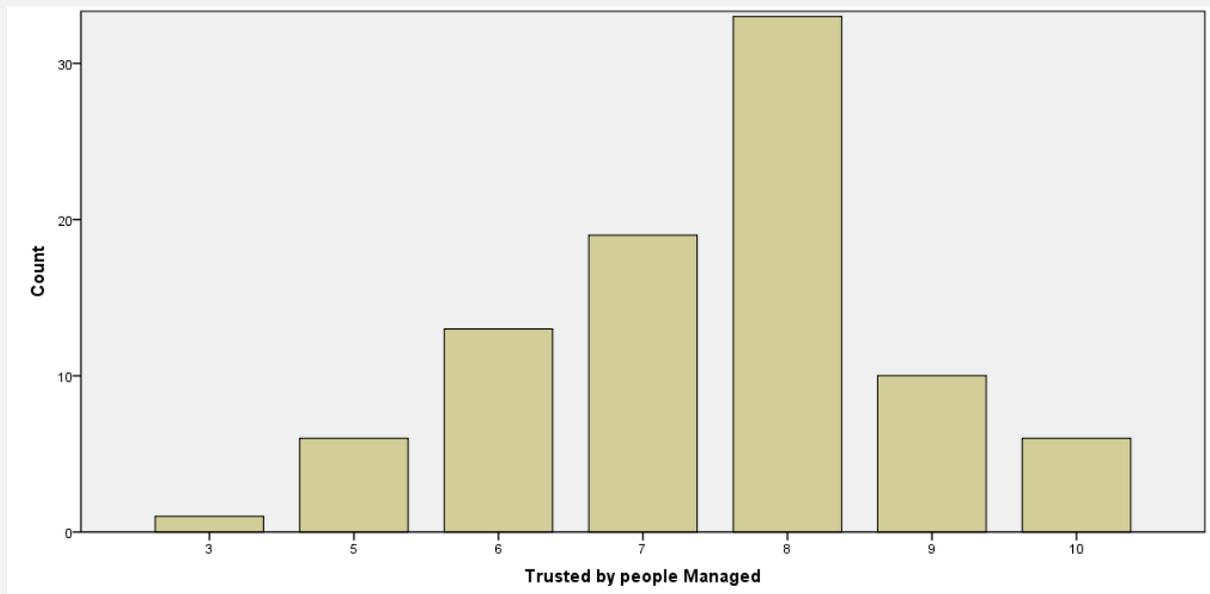


Figure 22: "...able to be assertive with the people who manage me."

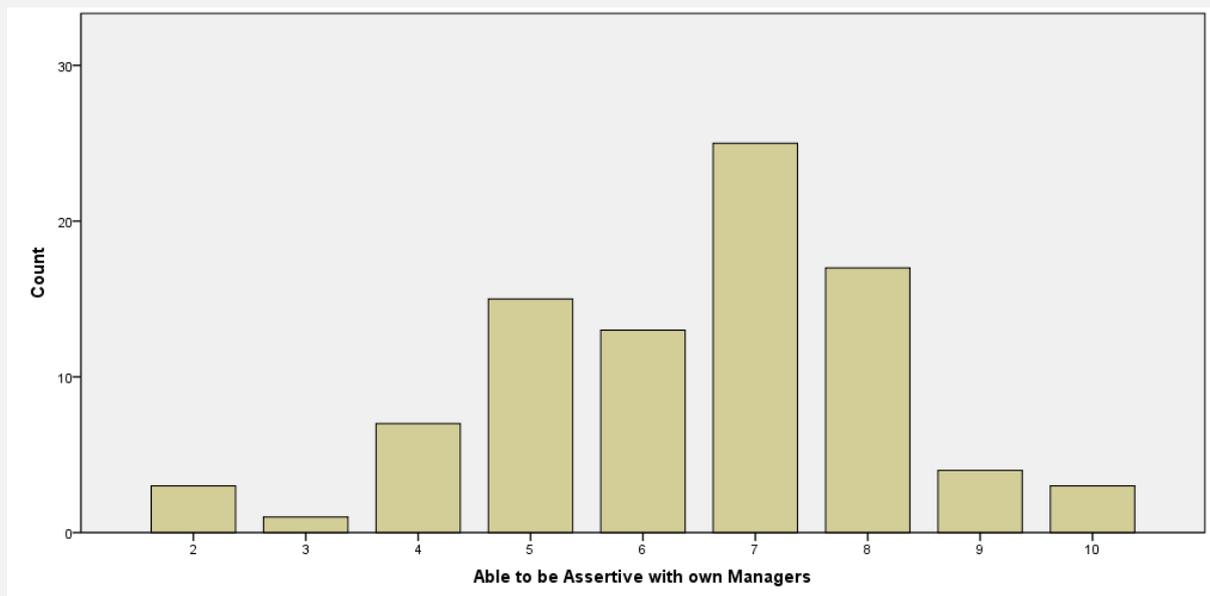


Figure 23: “...good at listening to the people who manage me.”



Figure 24: “...listened to by the people who manage me.”

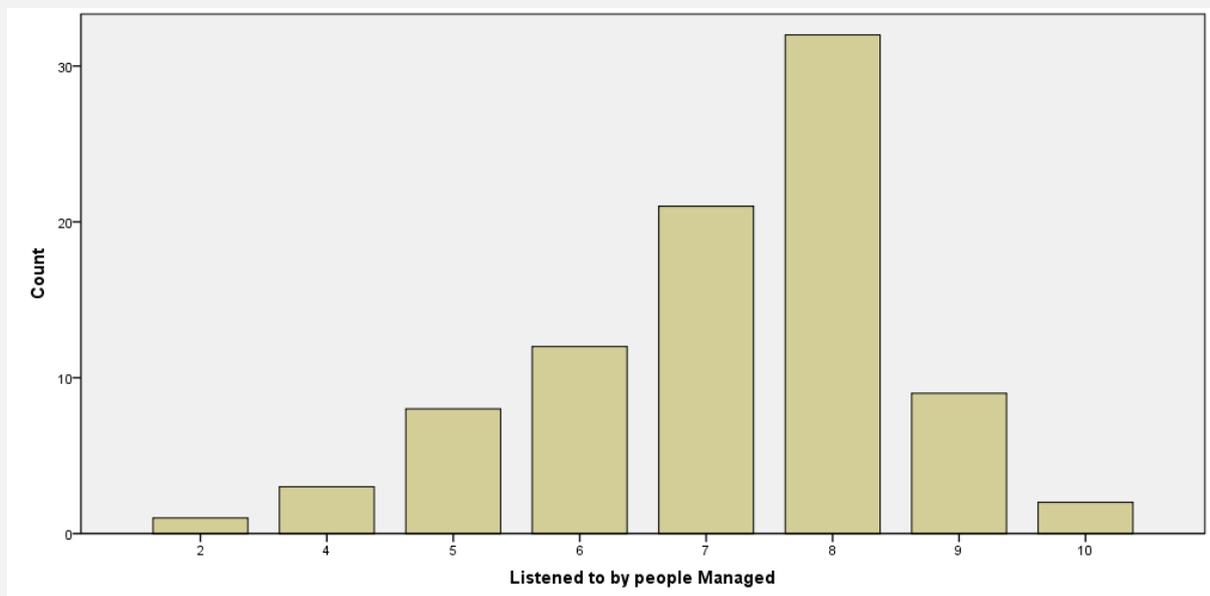


Figure 25: "...able to influence the people who manage me."

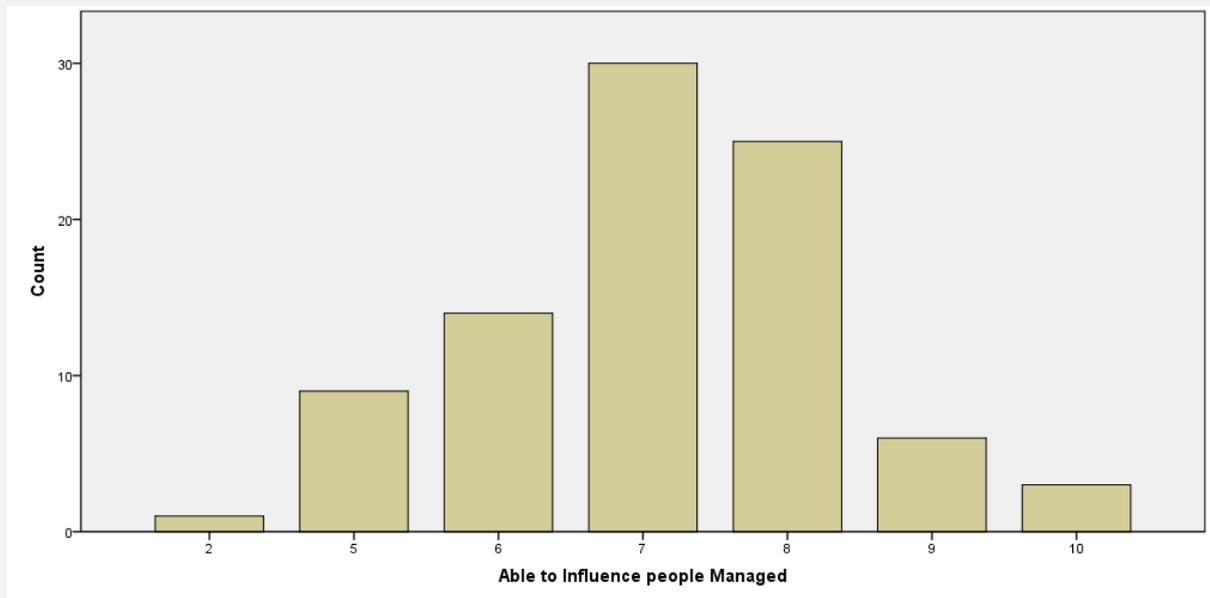


Figure 26: "...often have to chase the people who manage me for important information."

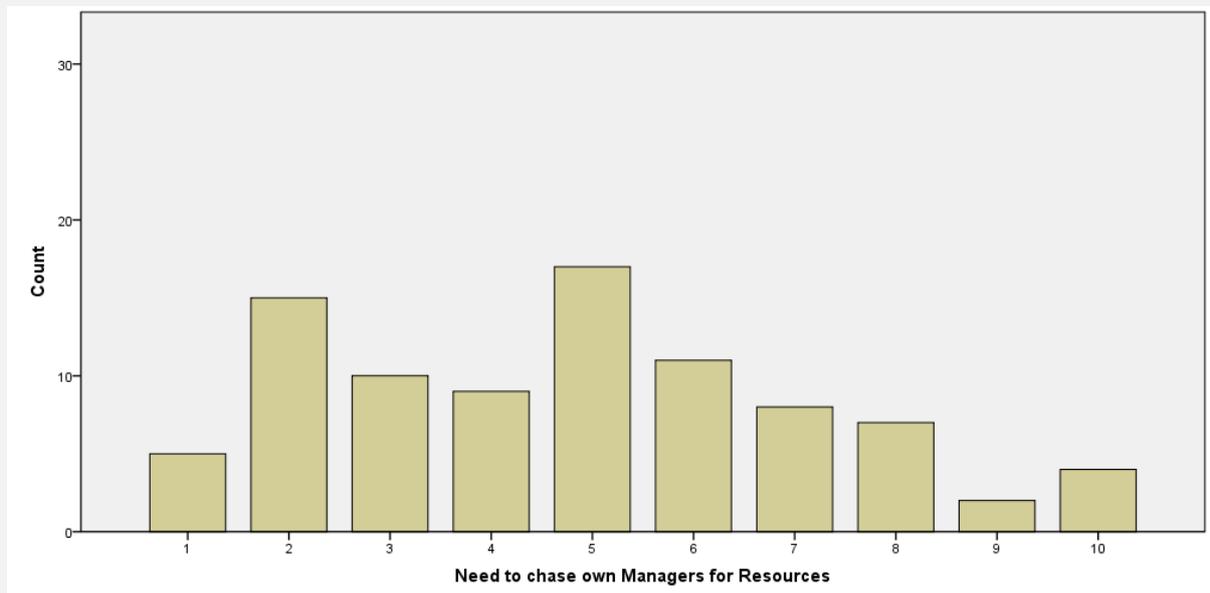


Figure 27: "...often in conflict with the people who manage me."

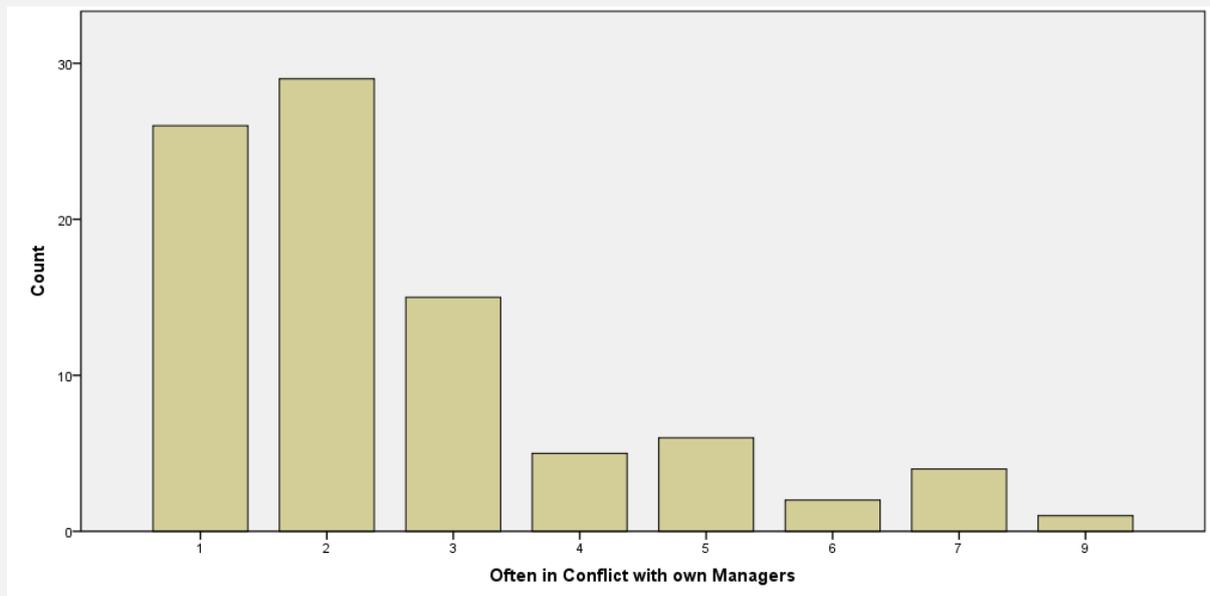


Figure 28: "...able to effectively resolve conflicts with my manager(s)."

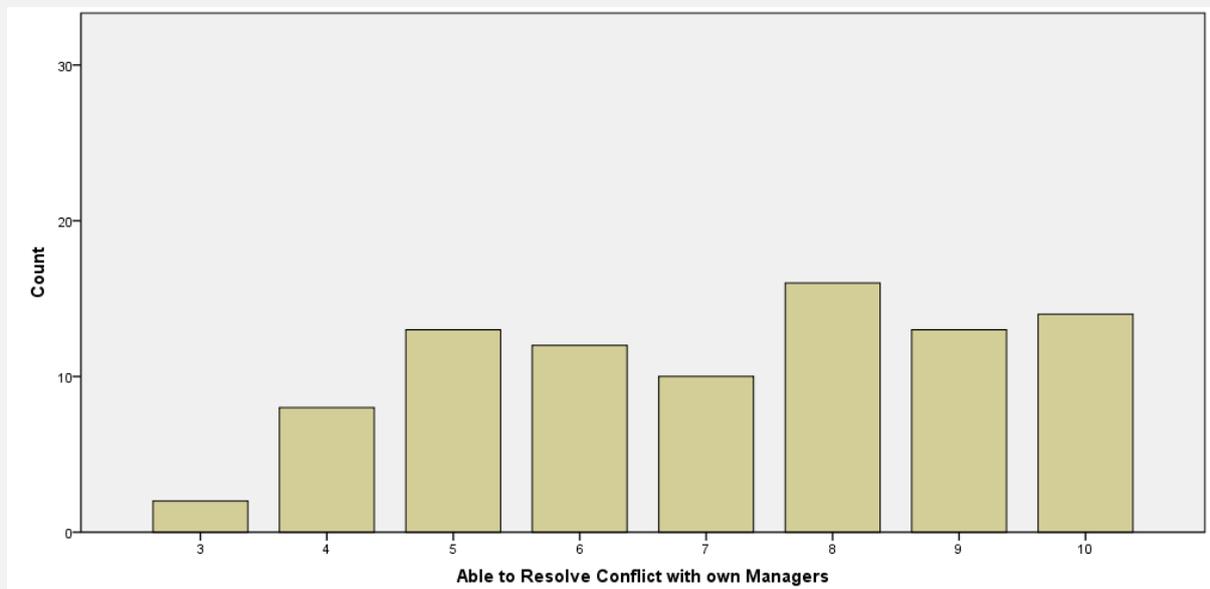


Figure 29: "...respectful of the people who manage me."

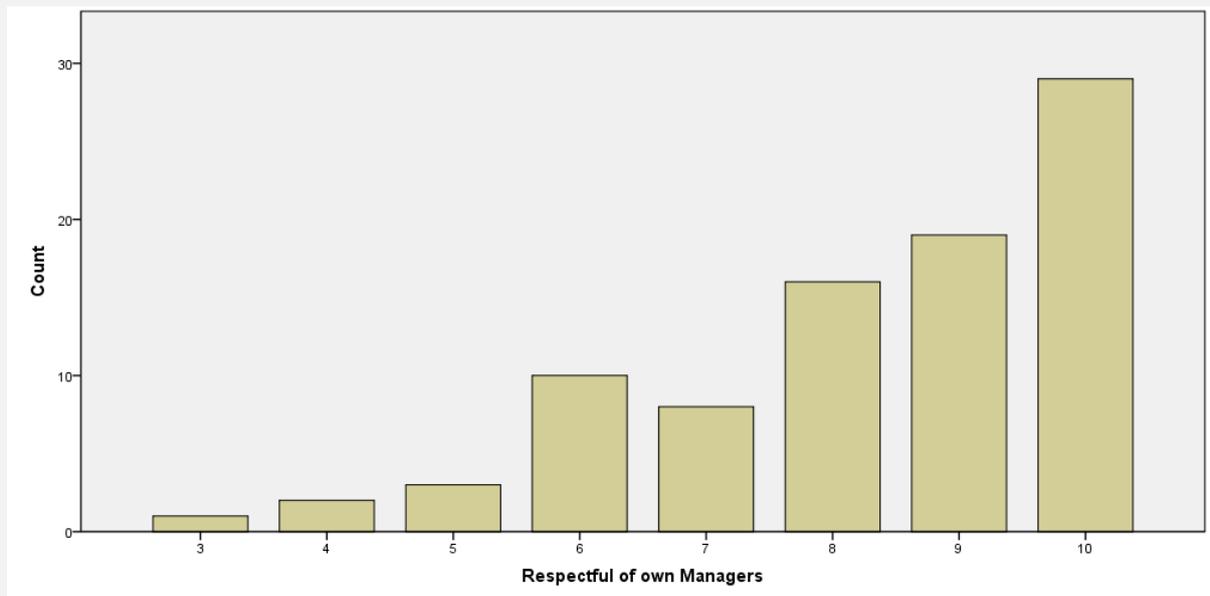


Figure 30: "...worried about upsetting the people who manage me."

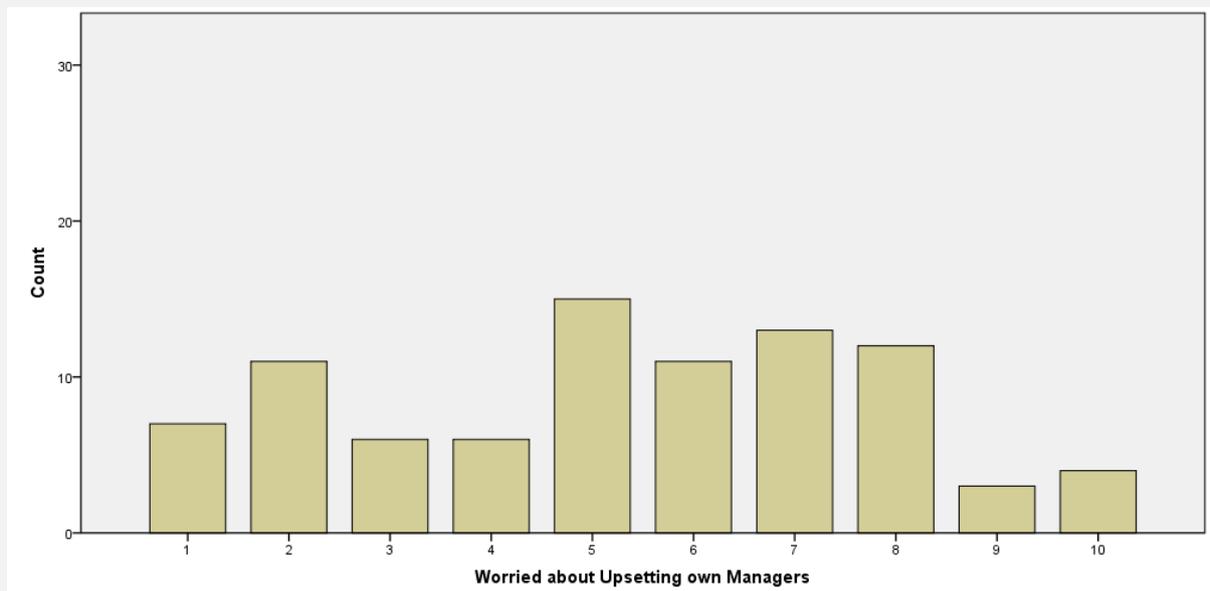
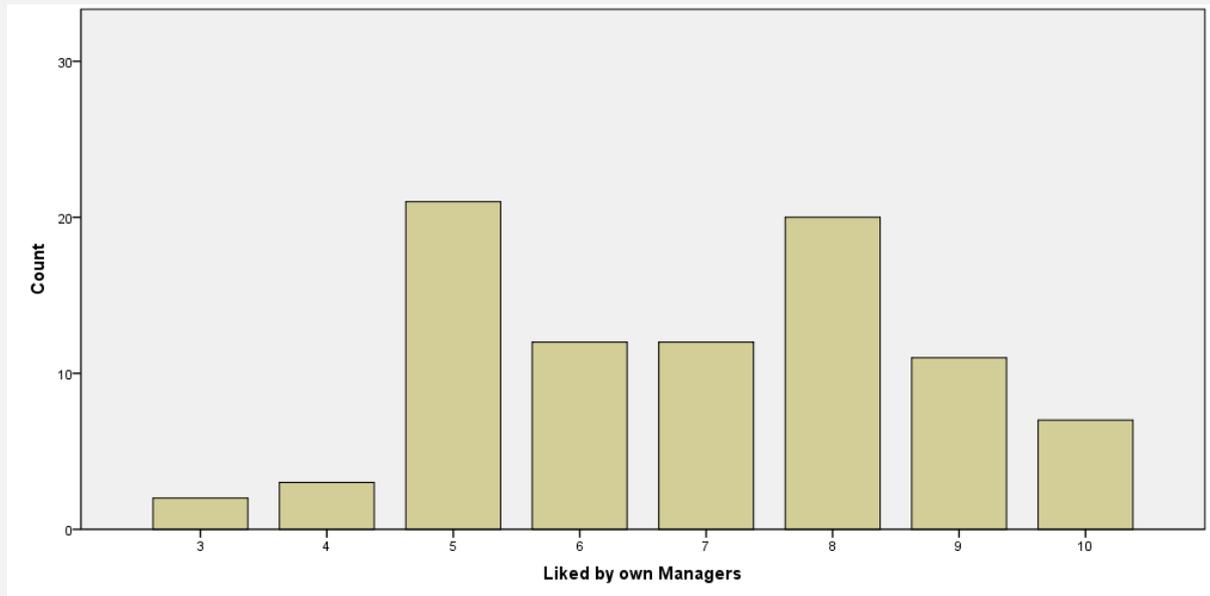


Figure 31: "...liked by the people who manage me."



II. Managing Others.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale. "In my current role, I feel that am..."

Figure 32: "...trusting of the people I manage."

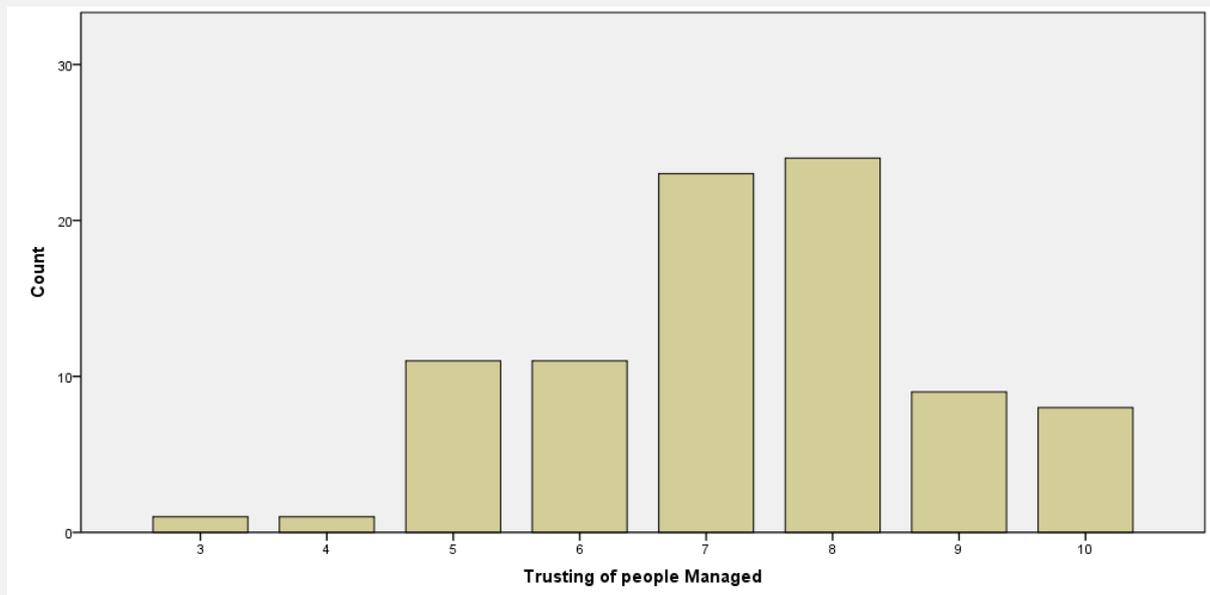


Figure 33: "...trusted by the people I manage."

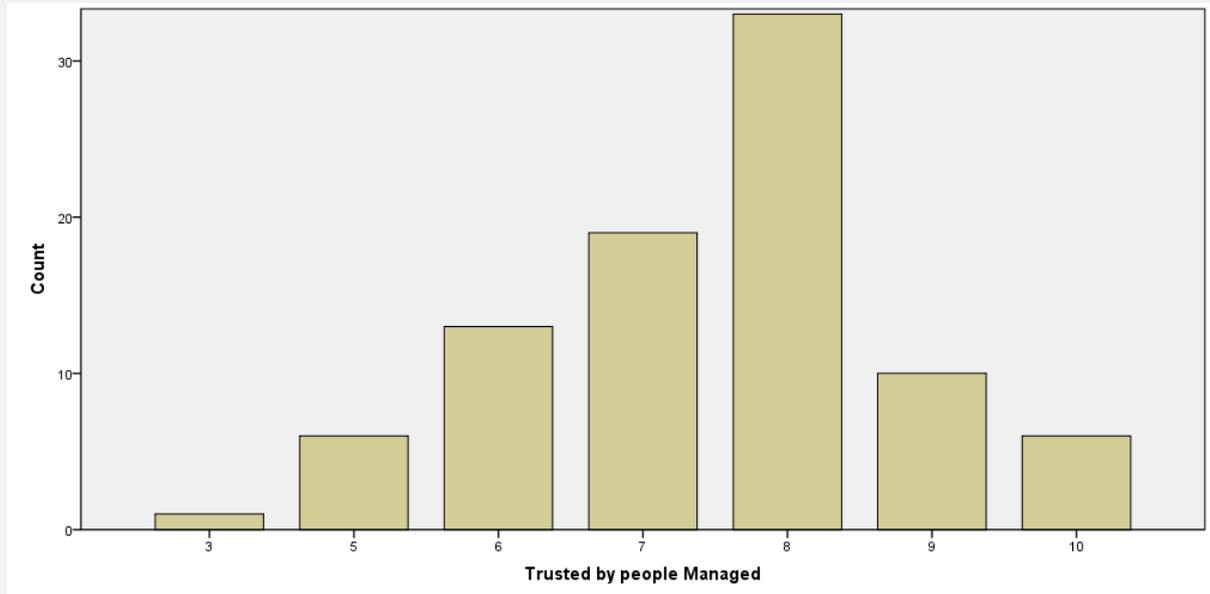


Figure 34: "...able to be assertive with the people I manage."

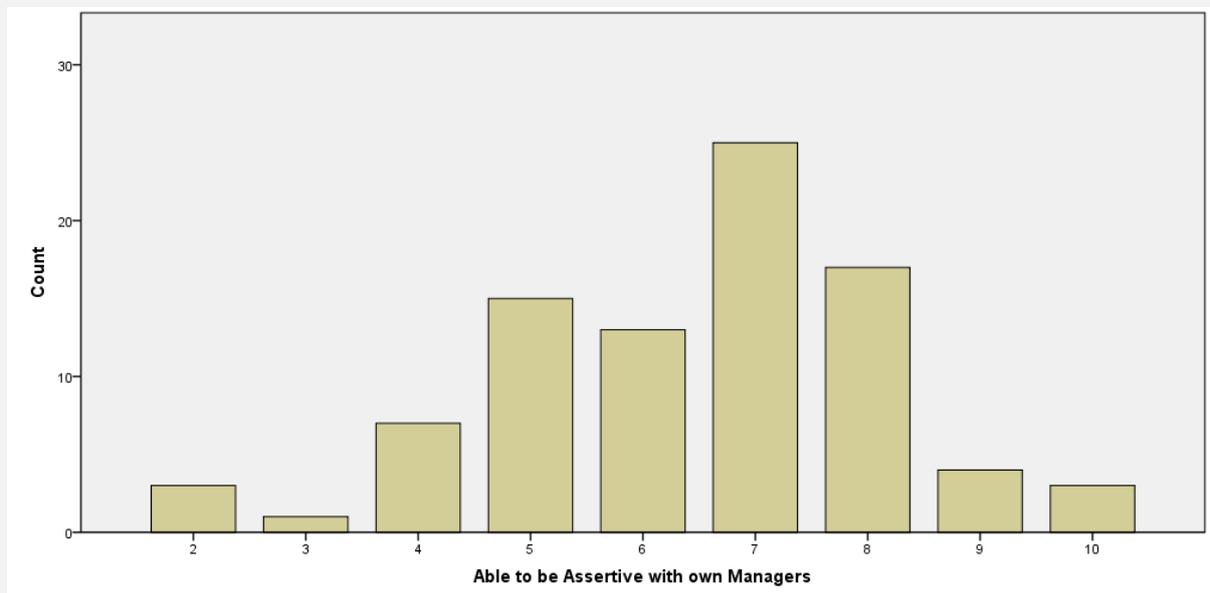


Figure 35: "...good at listening to the people I manage."

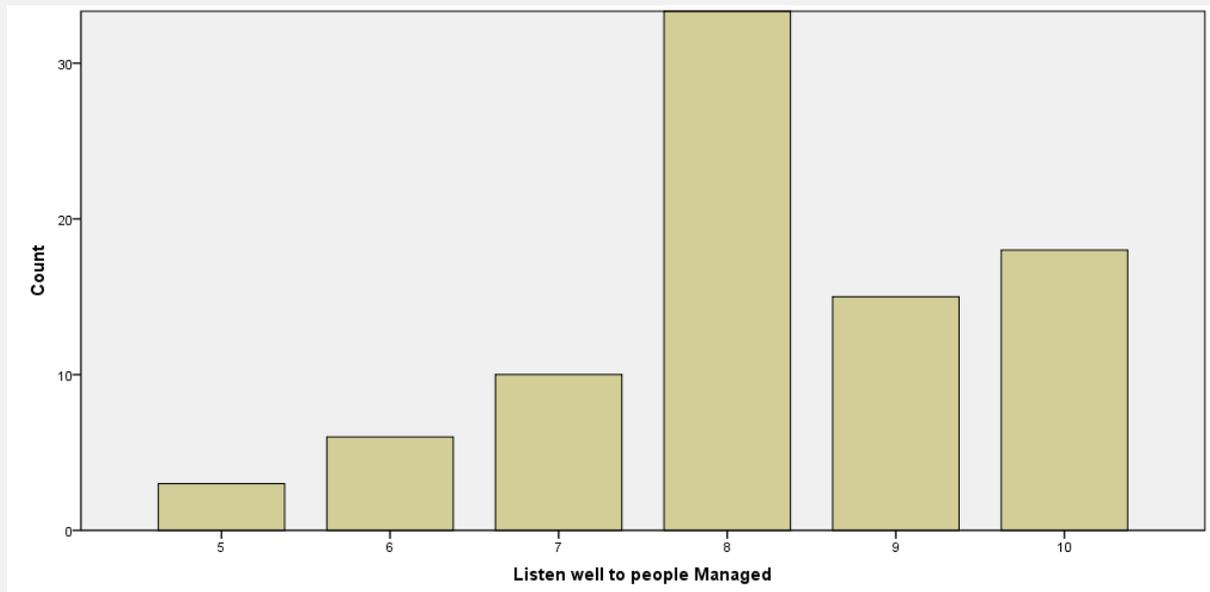


Figure 36: "...listened to by the people I manage."

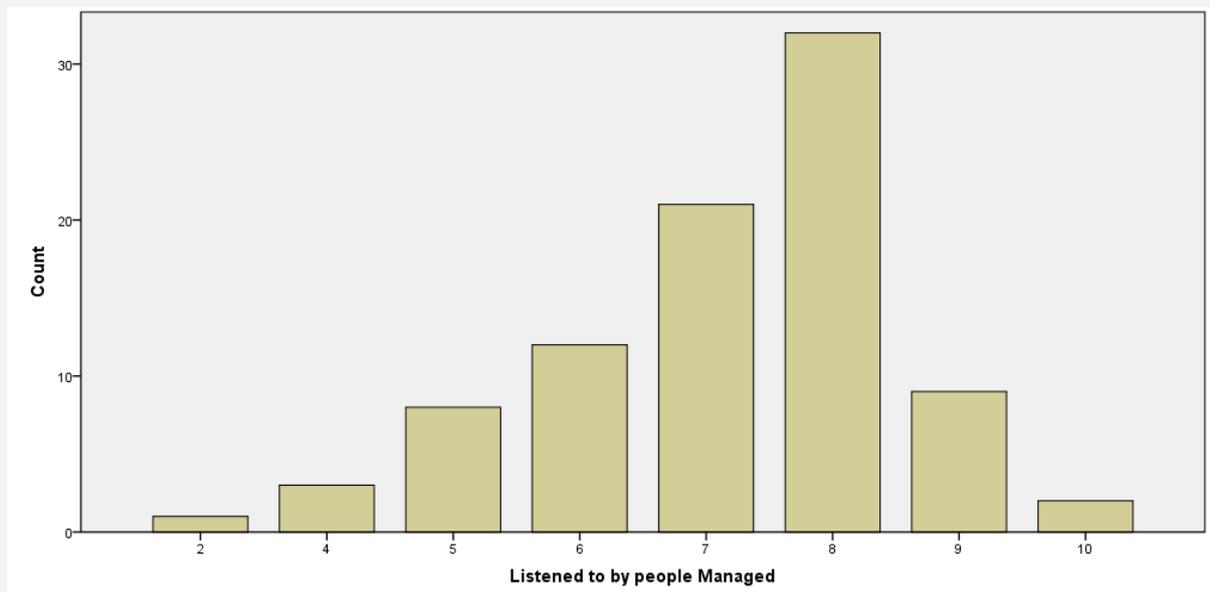


Figure 37: "...able to influence the people I manage."

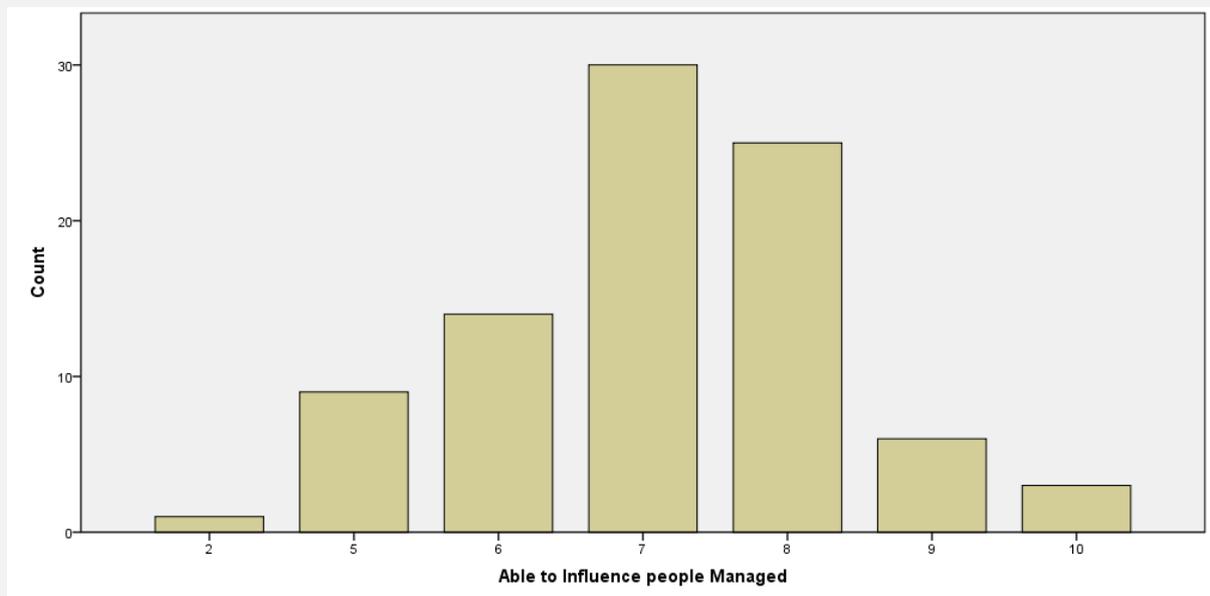


Figure 38: "...often have to chase the people I manage for important information."

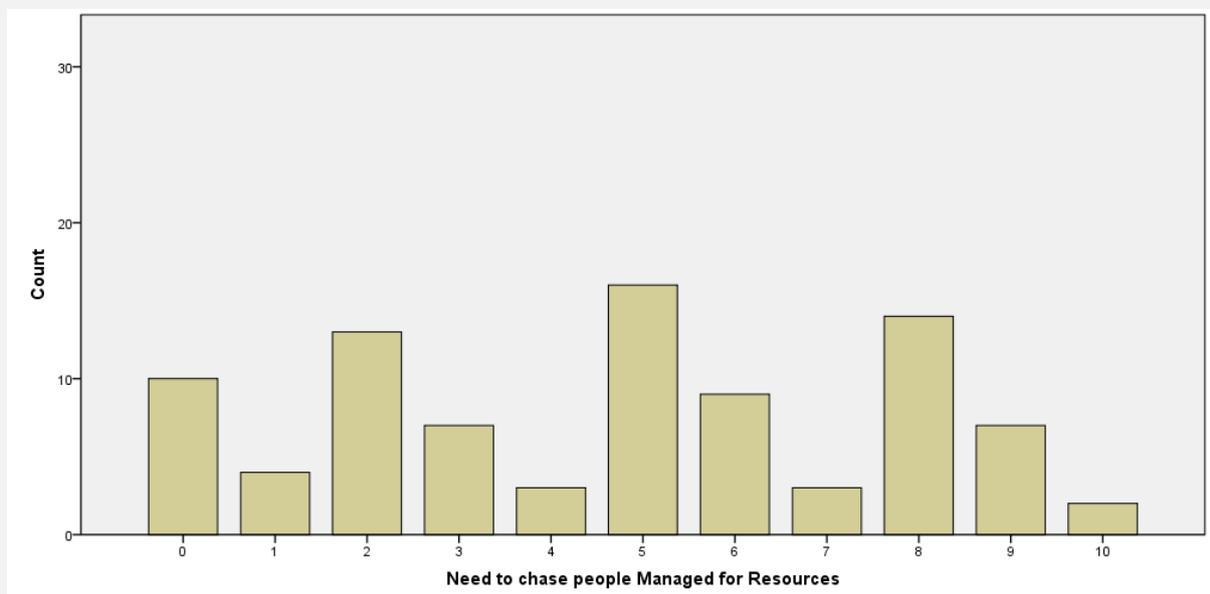


Figure 39: "...often in conflict with the people I manage."

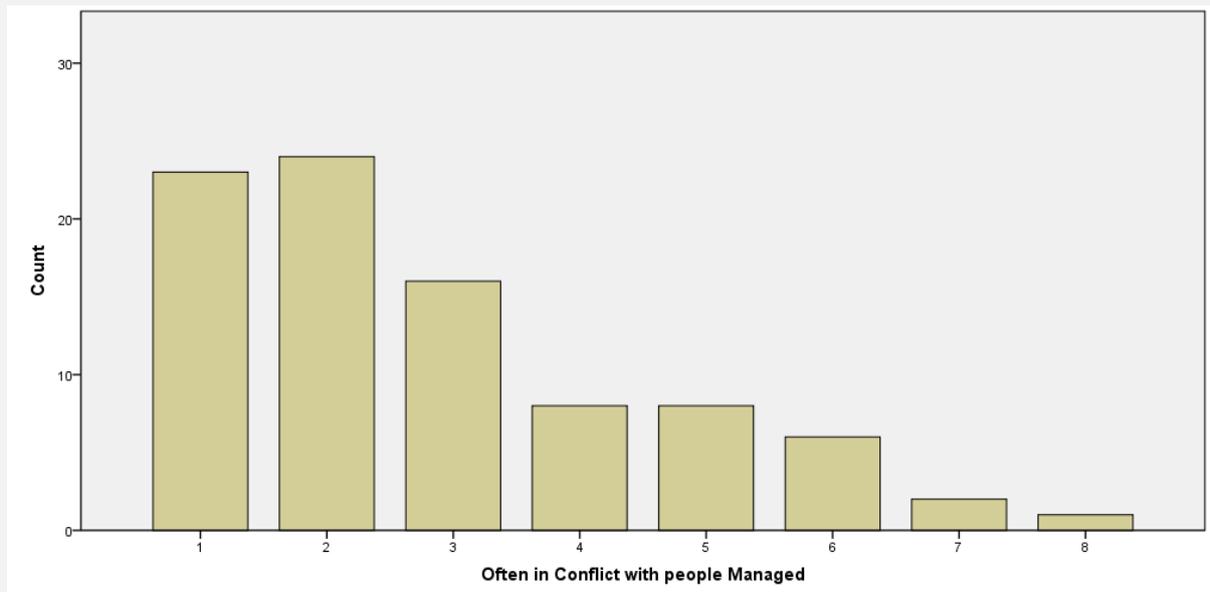


Figure 40: "...able to effectively resolve conflicts with the people I manage."

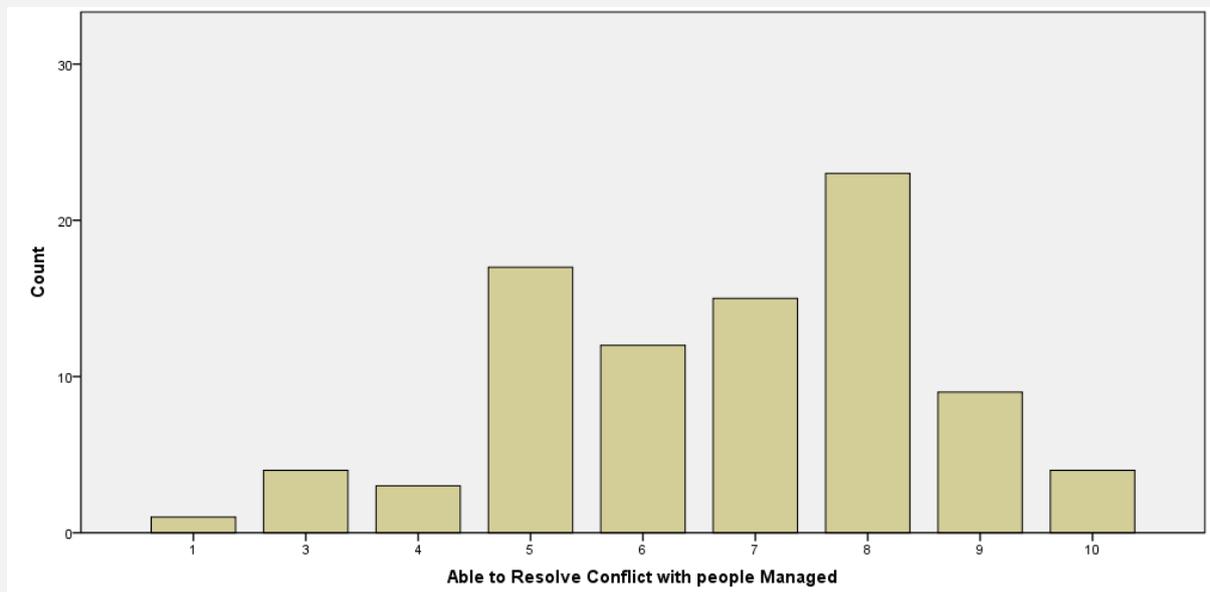


Figure 41: "...respectful of those the people I manage."

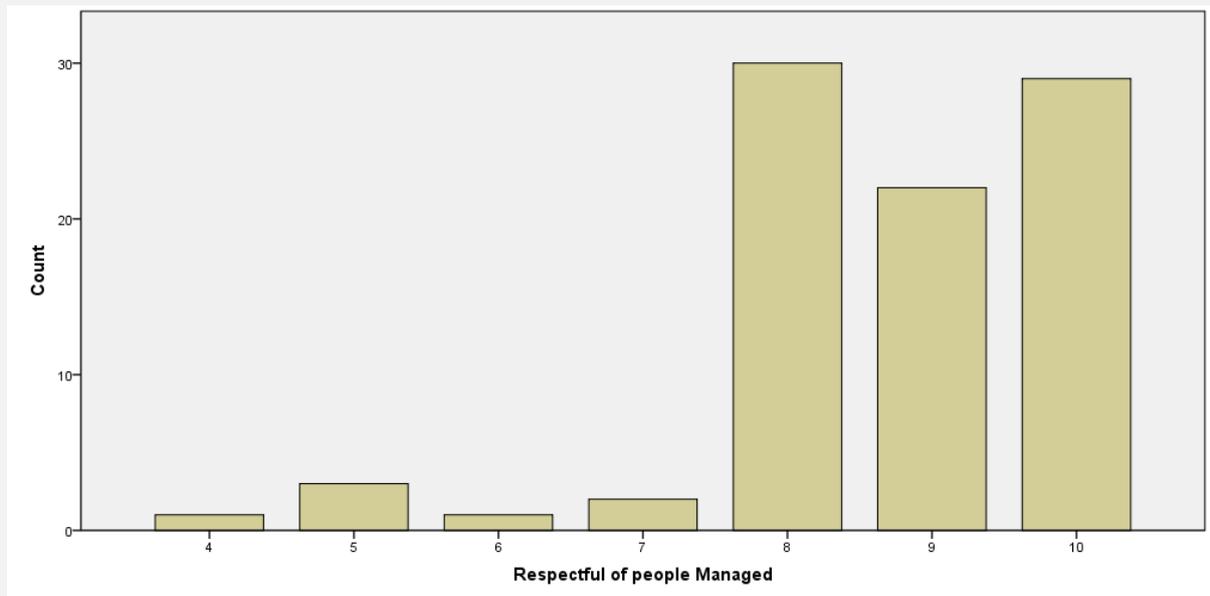


Figure 42: "...worried about upsetting the people I manage."

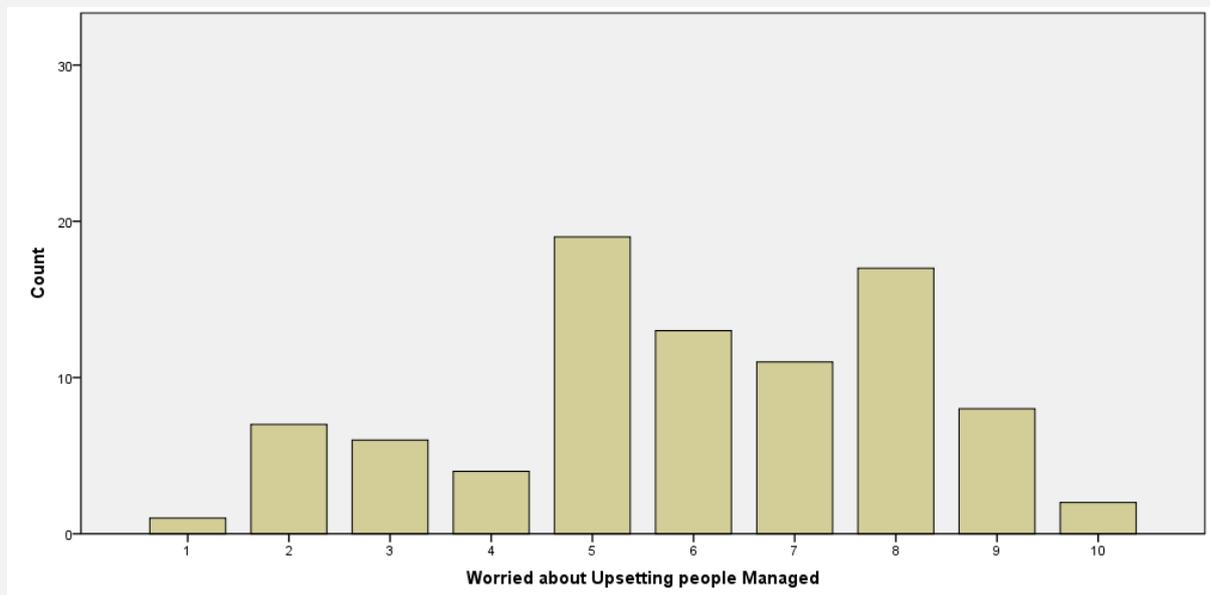
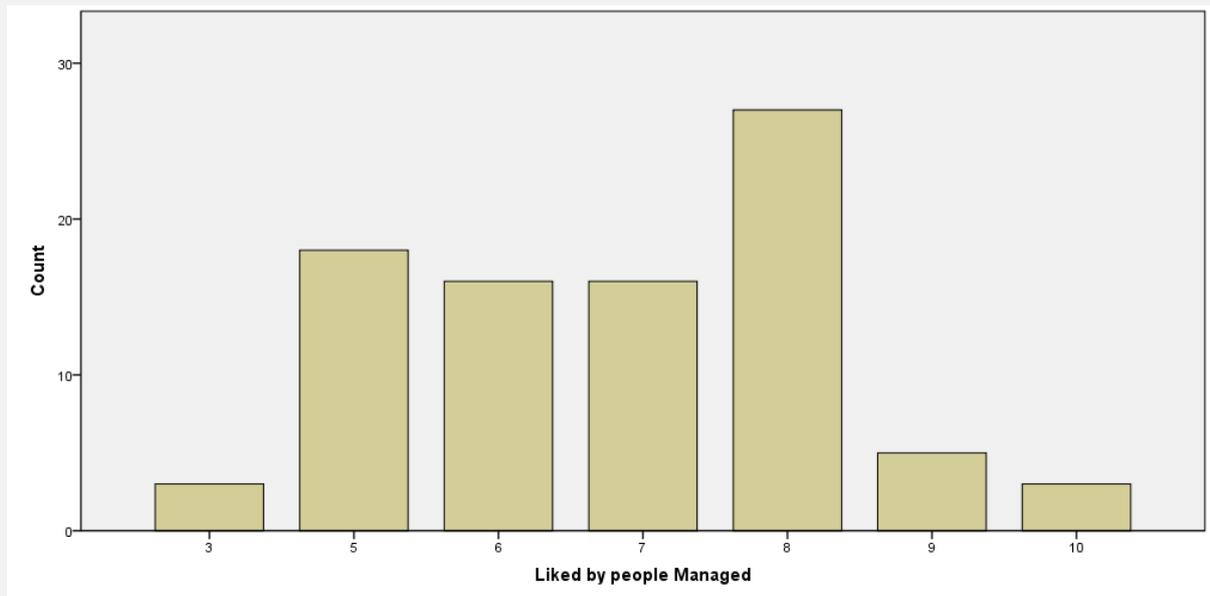


Figure 43: "...liked by the people I manage."



E. Role and Programme Ratings.

I. Role Satisfaction.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale. "Overall, in my current role, I am..."

Figure 44: "...happy."

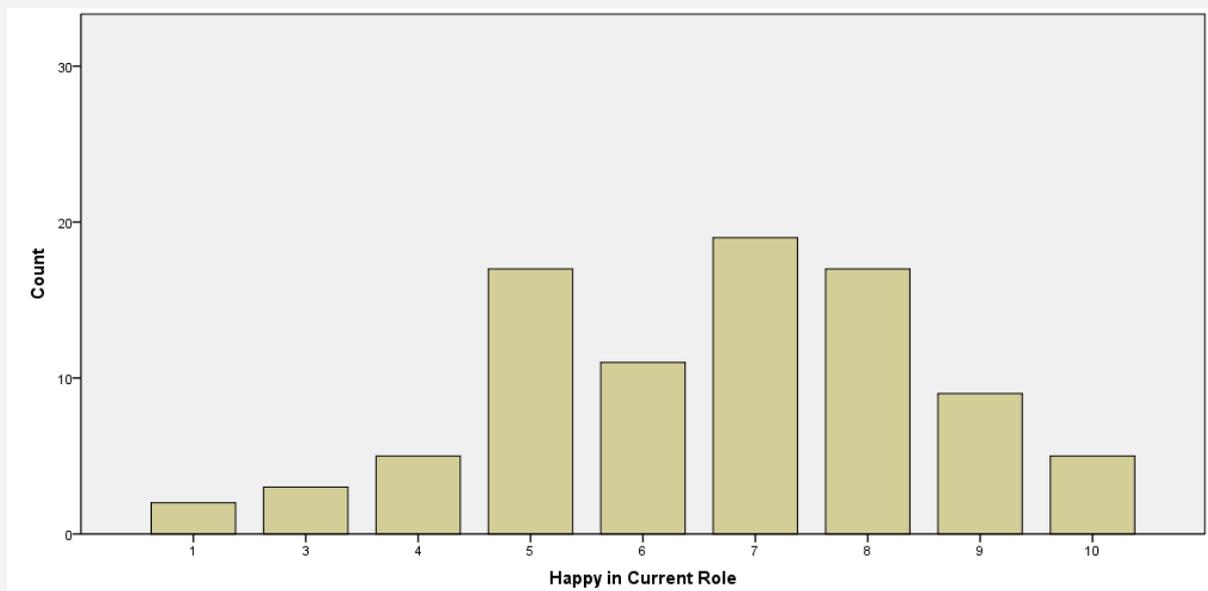


Figure 45: "...sometimes out of my depth."

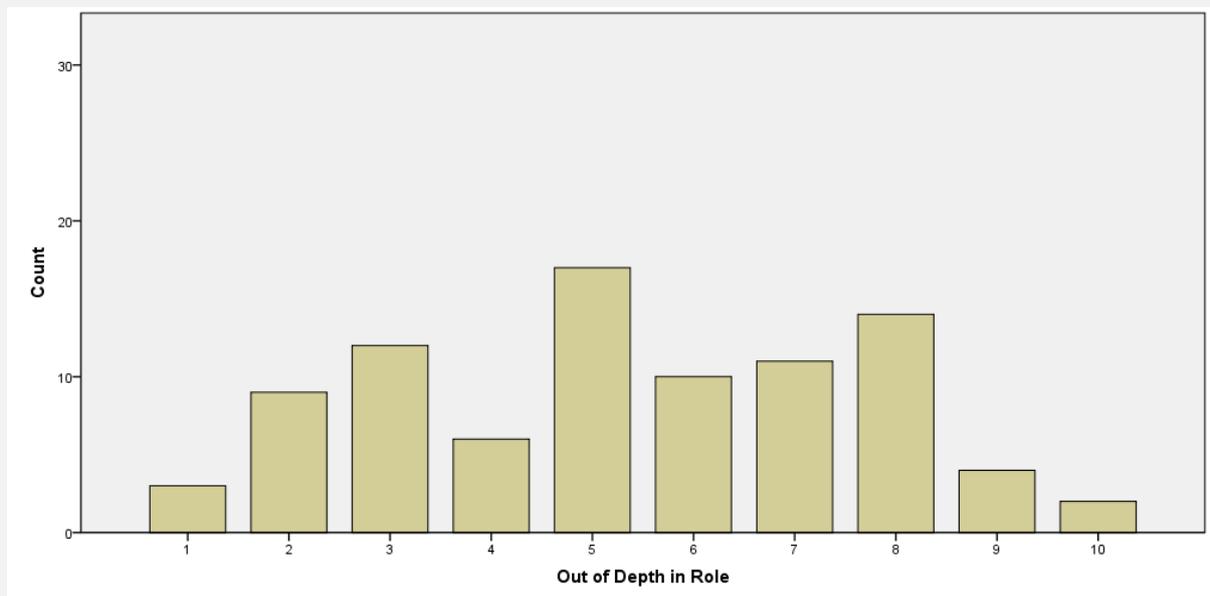


Figure 46: "...good with budgetary information."

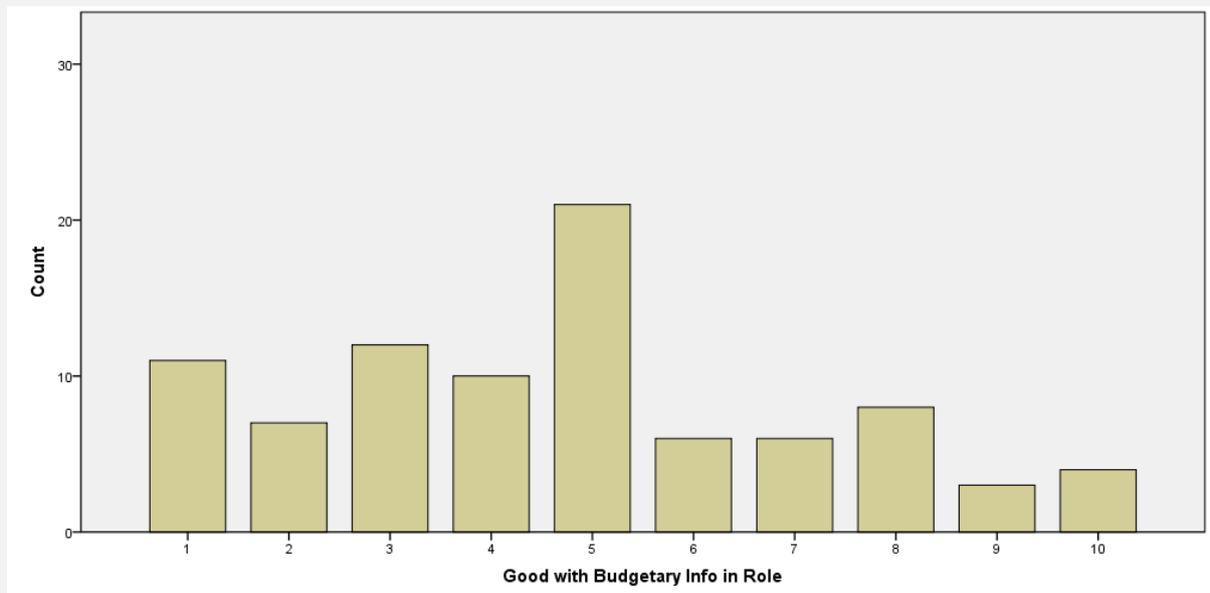


Figure 47: "...good at managing my own time."

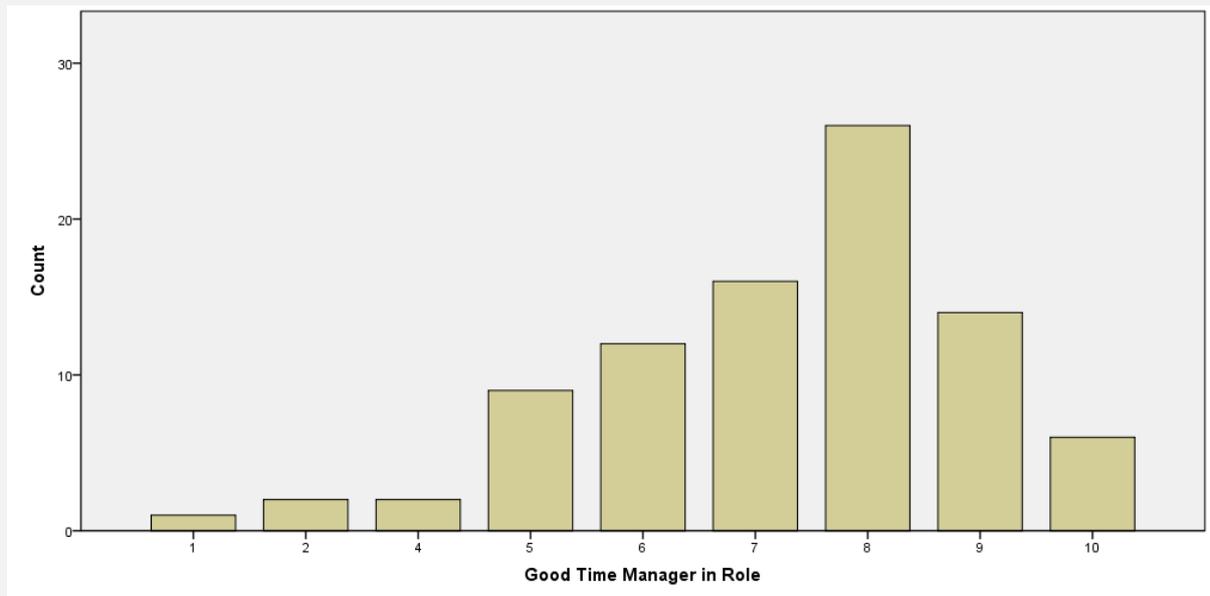


Figure 48: "...comfortable with organisational change."

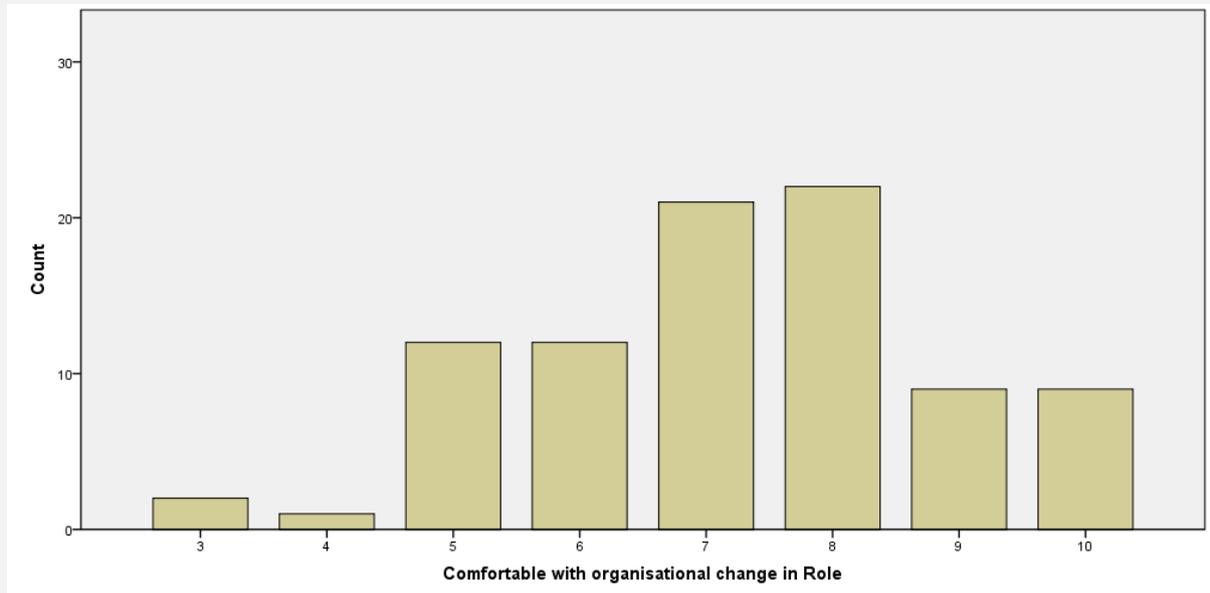


Figure 49: "...good at managing resources."

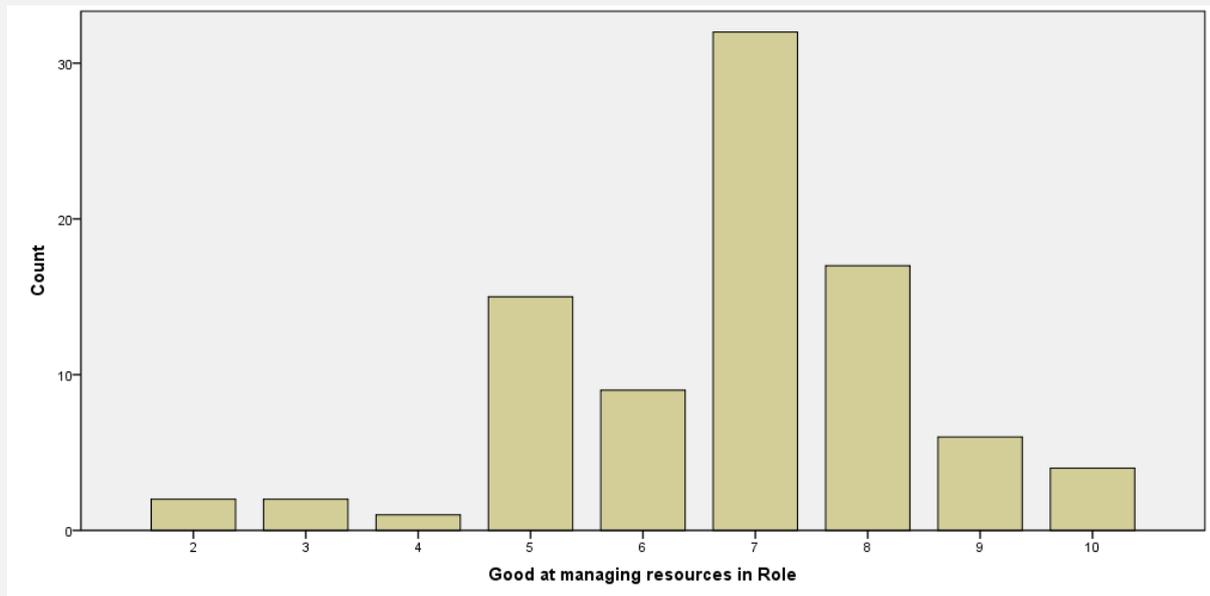


Figure 50: "...well-informed."

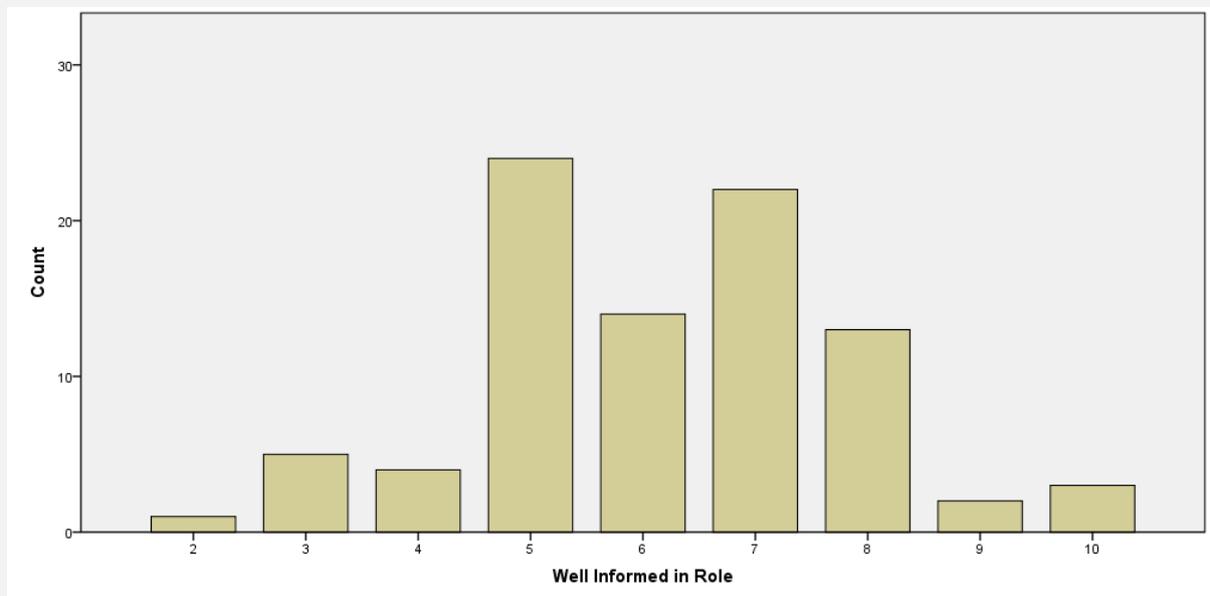
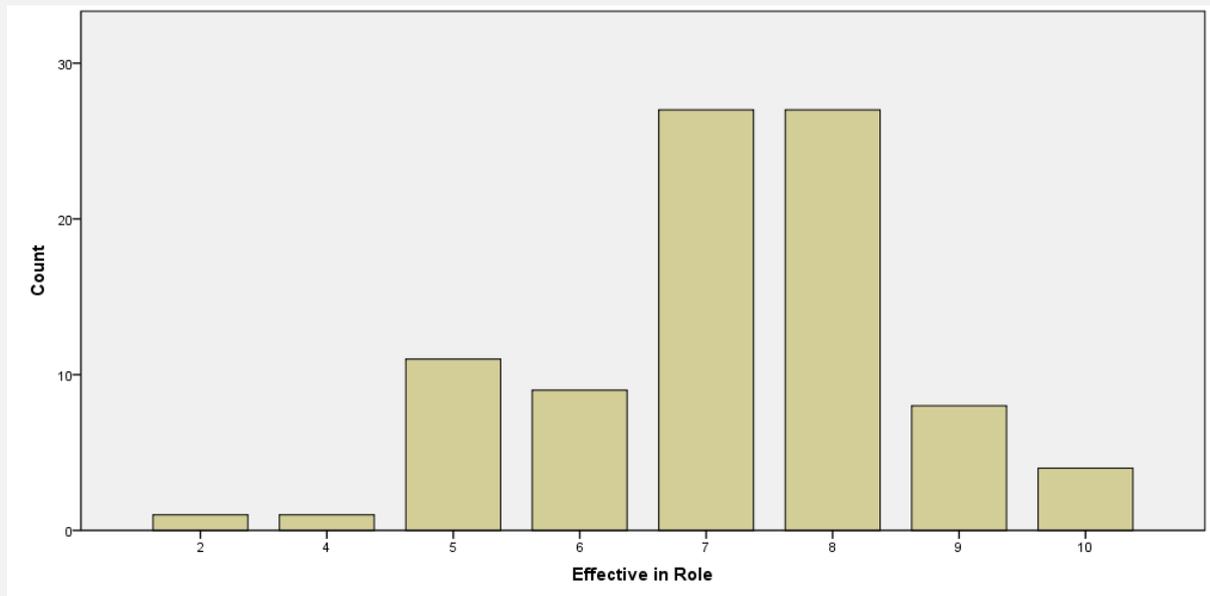


Figure 51: "...effective."



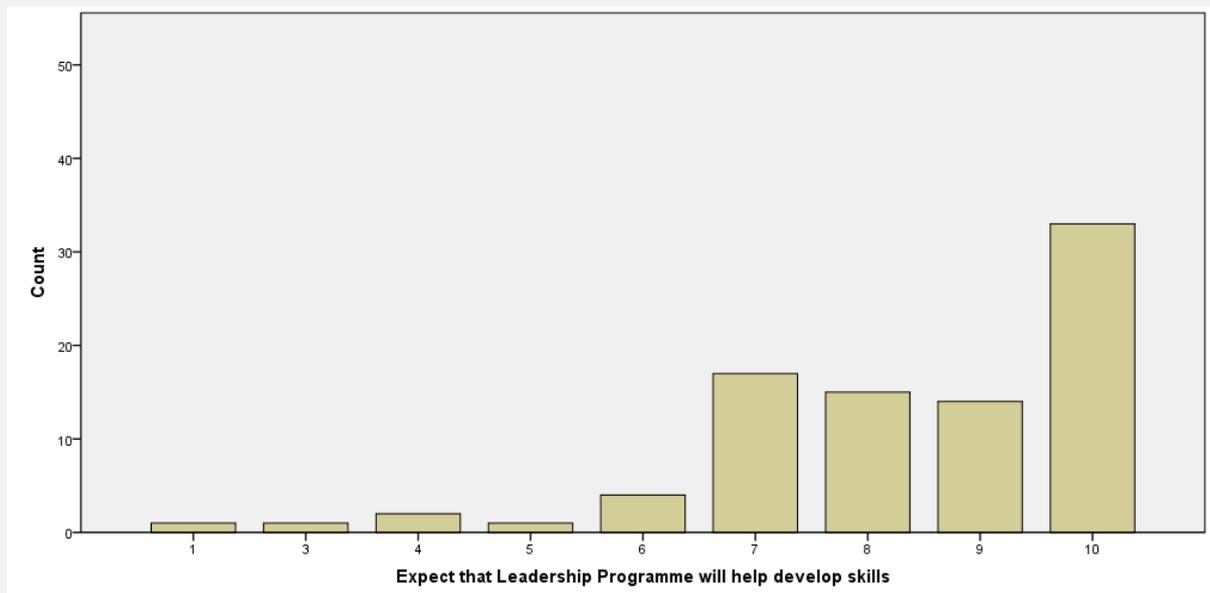
II. The Programme.

Please rate your agreement with each of the following statements on a 1 (Disagree Strongly) to 10 (Agree Strongly) scale.

Figure 52: “I hope that the Foundation in Management and Leadership Programme will help me develop as a manager.”



Figure 53: “I expect that the Foundation in Management and Leadership Programme will help me develop as a manager.”



Appendix 3: SPSS 19.0 Core Variable Labels.

Table 15: SPSS 19.0 Core Variables

Question.	SPSS Variable Label.	Question Content.
1.	Gender	Gender
2.	Age	Age (in full years)
3.	NHSGrade	NHS Grade
4.	JobStat	Job Status
5.	JobType	Job Type
6.	NHSExp	Years in NHS (in full years)
7.	ManagExp	Years in NHS Management (in full years)
8.	Managees	Number of persons Managed
9.	SelfAssert	“An assertive person.”
10.	SelfConf	“A confident person.”
11.	SelfCom	“A good communicator.”
12.	SelfListen	“A good listener.”
13.	SelfNumerate	“Good with numbers.”
14.	SelfTiming	“Good at managing my time.”
15.	SelfConflict	“Good at dealing with conflict.”
16.	SelfChange	“Comfortable with change.”
17.	SelfTeam	“A team-player.”

18.	SelfIndep	“Good at independent decision-making.”
19.	SelfResp	“Respectful of authority.”
20.	KnowServices	Knowledge of services within CPFT
21.	KnowMeasures	Understanding of quality performance measures used within CPFT.
22.	KnowVision	Understanding of CPFT's Organisational vision, strategy and business plans.
23.	WorkBalance	Able to balance operational and managerial
24.	DominantRole	Operational/managerial.
25.	TrustManagers	“Trusting of the people who manage me.”
26.	ManagerTrust	“Trusted by the people who manage me.”
27.	AssertManagers	“Able to be assertive with the people who manage me.”
28.	ListenManagers	“Good at listening to the people who manage me.”
29.	ManagerListen	“Listened to by the people who manage me.”
30.	InfluenceManagers	“Able to influence the people who manage me.”
31.	ChaseManagers	“Often have to chase the people who manage me for important information.”
32.	ConflictManagers	“Often in conflict with the people who manage me.”
33.	ConflictResManag	“Able to effectively resolve conflicts with my manager(s).”
34.	RespectManagers	“Respectful of the people who manage me.”
35.	UpsetManagers	“Worried about upsetting the people who manage me.”
36.	ManagersLiked	“Liked by the people who manage me.”
37.	TrustEmploy	“Trusting of the people I manage.”
38.	EmployTrust	“Trusted by the people I manage.”

39.	AssertEmploy	“Able to be assertive with the people I manage.”
40.	ListenEmploy	“Good at listening to the people I manage.”
41.	EmployListen	“Listened to by the people I manage.”
42.	InfluenceEmploy	“Able to influence the people I manage.”
43.	ChaseEmploy	“Often have to chase the people I manage for important information.”
44.	ConflictEmploy	“Often in conflict with the people I manage.”
45.	ConflictResEmp	“Able to effectively resolve conflicts with the people I manage.”
46.	RespectEmploy	“Respectful of those the people I manage.”
47.	UpsetEmploy	“Worried about upsetting the people I manage.”
48.	EmployLiked	“Liked by the people I manage.”
49.	RoleHappy	“Happy.”
50.	RoleDepth	“Sometimes out of my depth.”
51.	BudgetRole	“Good with budgetary information.”
52.	TimeRole	“Good at managing my own time.”
53.	ChangeRole	“Comfortable with organisational change.”
54.	ResourceRole	“Good at managing resources.”
55.	InformedRole	“Well-informed.”
56.	EffectRole	“Effective.”
57.	HopeOutput	Hope that Leadership Programme will help develop skills
58.	ExpectOutput	Expect that Leadership Programme will help develop skills

Appendix 4: SPSS 19.0 Compound Variables.

Table 16: SPSS 19.0 Compound Variables

Variable	Component Variables
Role Assertiveness	AssertManagers + InfluenceManagers + AssertEmploy + InfluenceEmploy
Role Confidence	SelfConflict + UpsetManagers (reversed) + UpsetEmploy (reversed) + RoleDepth (reversed) + EffectRole
Role Openness	ListenManagers + ListenEmploy + RespectManagers + RespectEmploy
Role Communication	ManagerListen + EmployListen + AssertManagers + AssertEmploy
Role Resource Managing	ChaseManagers (reversed) + ChaseEmploy (reversed) + BudgetRole + TimeRole + ResourceRole
Role Satisfaction	ManagersLiked + RespectManagers + EmployLiked + RespectEmploy + RoleHappy
Role Harmony	ConflictManagers (reversed) + ConflictResManag + RespectManagers + ConflictEmploy (reversed) + ConflictResEmp + RespectEmploy + RoleDepth (reversed)
Role-based Self-Positivity	ListenManagers + ListenEmploy + ManagersLiked + EmployLiked + InfluenceManagers + InfluenceEmploy + ConflictResManag + ConflictResEmp + RoleHappy + InfluenceEmploy + InfluenceManagers + EffectRole
Role-based Other-Positivity	ManagerListen + EmployListen + ConflictManagers (reversed) + ConflictEmploy (reversed) + RoleDepth (reversed) + ChaseManagers (reversed) + ChaseEmploy (reversed) + UpsetManagers (reversed) + UpsetEmploy (reversed)