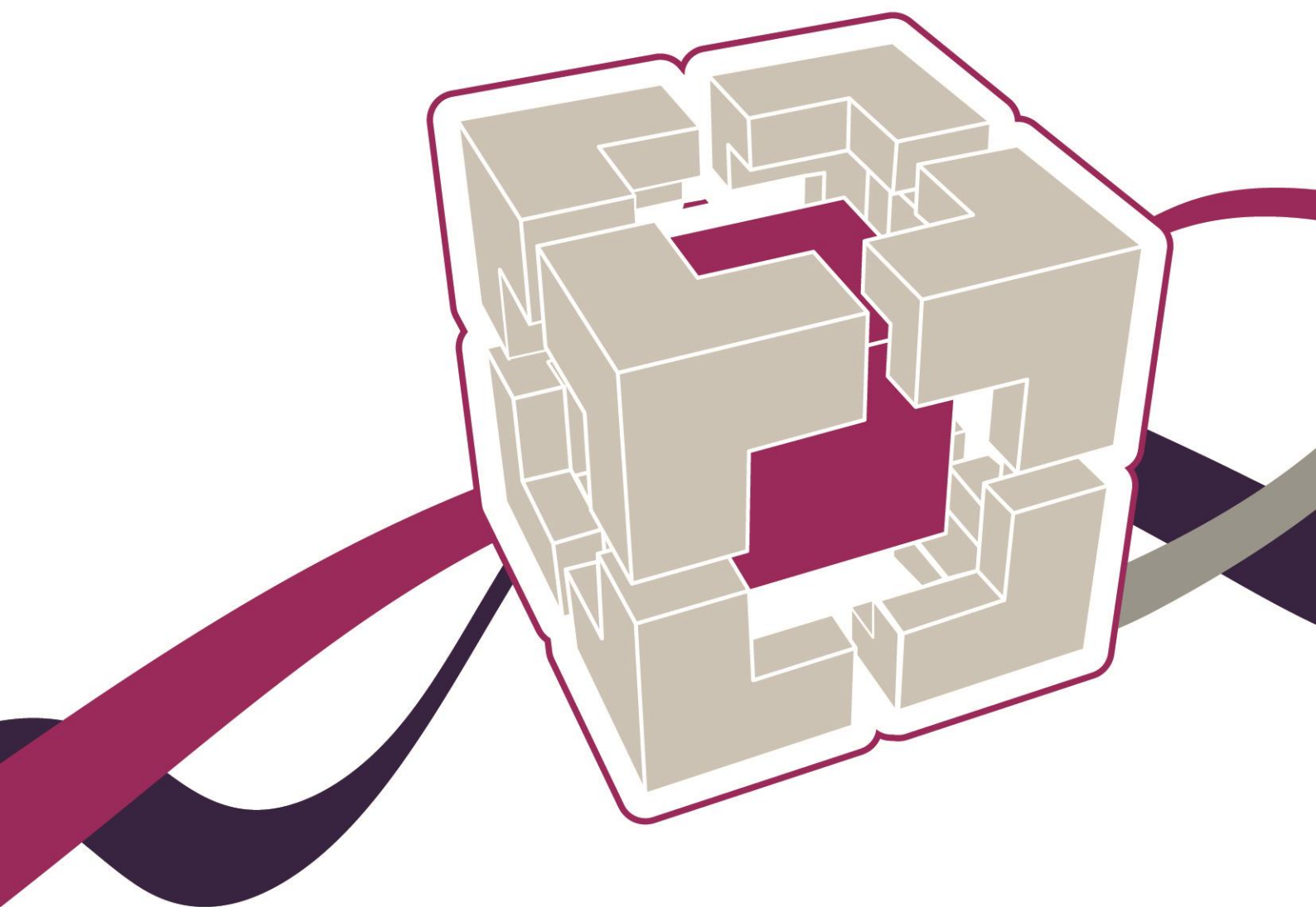


Refinement of the Healthcare Leadership Model 360 degree feedback questionnaire



Background

Since its inception in May 2014 the Healthcare Leadership Model 360 degree feedback questionnaire and self assessment questionnaire has been accessed by more than 17,000 individuals mainly for the purpose of self or leadership development. Over this time it has been very favourably received with over 80% finding the 360 degree report to be 'very or extremely useful and relevant'.

The NHS Leadership Academy and JCA Global (the developers of the online questionnaire system, known as the Appraisal Hub) are continually seeking to improve the 360 questionnaire, the online system and the reports, so as to provide the best possible service to its users. With this in mind we have carefully reviewed user feedback and conducted statistical analysis on the data to identify any areas of potential improvement. From this analysis we identified three key areas for improvement:

1. Respondent's ratings were on average scored towards the higher ends of the rating scales. This made differentiation between the nine dimensions for both **Performance** and **Importance** ratings more difficult to distinguish.
2. Respondents wanted a shorter, faster to complete, version of the questionnaire. The current time taken is on average 30 minutes, with feedback that we should aim to reduce this to 20 minutes. This is particularly important for raters who are completing the questionnaire several times for different people.
3. The Healthcare Leadership Model was developed through rigorous research, however it is also important to demonstrate that the 360 questionnaire itself has statistical validity and psychometric robustness. Due to the restriction in the range of scores (as described in point 1) it was difficult to conduct the necessary statistical analysis to test the psychometric properties of the instrument.

Furthermore, as part of the validation process, the NHS Leadership Academy want to identify what impact leadership behaviour (as measured by the nine leadership dimension) have on Direct Reports in terms of satisfaction, loyalty, productivity and engagement.

Changes to the questionnaire

In order to address these challenges we implemented the following changes to a revised pilot version of the 360 questionnaire (referred to as Version 1.1).

1. In order to increase the range of responses by users the **Performance** rating was changed from a frequency scale (*Rarely to Nearly Always*) to the original performance levels (*Essential, Proficient, Strong, Exemplary*, plus an *'Insufficient'* level). This was intended to keep closer to the original Model and to encourage raters to use the full range of the scale. The **Importance** rating scale was also changed by raising the lowest rating from *'Low'* to *'Fairly Important'*, so as to increase the number of raters using the lower ends of the rating scale. In addition, raters were given the option of changing their **Performance** and **Importance** ratings on a final 'Confirmation Page' to encourage users to use the full range of responses and to differentiate between the nine dimensions.

2. In order to reduce the time taken to complete the questionnaire the number of items was decreased from 81 to 52 items (note: this includes the additional Impact items described in point 3 below). Instead of presenting eight items on each **Performance** dimension, raters were asked:
 - one question for each dimension that invites them to rate the participant against five levels of **Performance**,
 - plus one question for each dimension that invites them to rate the participant against four levels of **Importance**.

To help raters do this, each dimension included the full list of behavioural descriptors for each level.

3. To measure the impact leadership behaviour has on the engagement of Direct Reports we created 34 impact items (three for each of the nine dimensions plus seven additional items to provide a more rounded picture). These items were rated by the 360 Self participant and their Direct Reports only.

Pilot and research

The revised version 1.1 was piloted on a representative cross sample of 205 individuals from both clinical and wider service setting roles producing the following results:

1. The revised rating scales for both **Performance** and **Importance** ratings produced a far wider spread of responses closer to a normal distribution. This would enable users to make more meaningful comparisons between dimensions, such as differentiating their strengths and development areas.
2. The reduced number of items helped to reduce completion time and the revised layout of the questionnaire maintained a positive user experience with over 80% being 'satisfied or very satisfied' and finding the questions 'easy and clear' to complete. A few additional minor changes were also identified such as clarification of descriptors, the inclusion of a means to track progress and a cleaner on-screen presentation.
3. The wider spread of responses across the rating scales allowed for statistical analysis to be conducted on the pilot data. Analysis identified significant differences between the clinical and wider service setting groups and between males and females on the nine dimensions.

The impact items grouped into four statistical clusters which indicate an underlying structure to the Healthcare Leadership Model. The four factors have been provisionally labelled as; 'Communication and support', 'Team loyalty and identity', 'Engagement' and 'Team commitment'.

The correlations between 360 participants' Self (**Performance**) ratings and the **Impact** items indicated that there were some significant relationships between the perceived **Performance** rating of the participant and the effect of their leadership behaviour on their team members (Direct Reports).

In addition, we will continue to conduct further statistical analysis as more data becomes available. This will give greater clarity on the psychometric properties of the instrument and more confident predictions, which will help guide best practice on how to use and interpret the 360 instrument.

Implications for the design of version 1.1 of the questionnaire

As a consequence of these findings the following changes will be implemented to the Healthcare Leadership Model 360 questionnaire, the online system and the individual 360 degree feedback reports.

- a. The questionnaire will include the revised questions and response format for **Performance** and **Importance** ratings.
- b. A confirmation page will be included in the questionnaire with the option for raters to change their ratings.
- c. An additional set of impact questions will be given to the Self Rater and their Direct Reports.
- d. The structure of the report will remain broadly the same, with the above changes being incorporated within it. For example, Individuals who have Direct Reports will get an additional section showing their Impact ratings.

We will also be working to update supporting materials such as user guides and facilitator elearning information to reflect the updates being made to the questionnaire and to the Appraisal Hub system.

Further information

Please visit www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/ for further information about the Healthcare Leadership Model, the 360 degree feedback tool, and the latest developments for both.

If you would like a copy of the full pilot study analysis please contact leadershipmodel@leadershipacademy.nhs.uk.