



# Applying a Strengths Based Approach to Develop Hospice Leaders

# Content



Why Hospice Leaders?



How did we apply a strengths based approach?



What did we do?



Did it make any difference?



What next?

# Why Hospice Leaders?

**CONFIRMED  
TO SPEAK**

**SALLI JEYNES**

**CHIEF EXECUTIVE**

**END OF LIFE PARTNERSHIP  
(EOLP)**





# **Transforming hospice care**

A five-year strategy for the  
hospice movement  
**2017 to 2022**

The NHS Long Term Plan



#NHSLongTermPlan

[www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)

# NHS 10 Year Plan

# Why Hospice Leaders?



RELATIONSHIP WITH THE  
END OF LIFE PARTNERSHIP



COMMISSION FOR THE  
FUTURE OF HOSPICE CARE



NHS 10 YEAR PLAN



# Hospices

## Challenges

- Work in Isolation
- Increasingly stretched resources
- Greater move to bring services into the community
- Dealing with people at their most vulnerable and needy
- Disillusioned as previous programmes were too academic

## Strengths

- Highly committed staff
- High levels of emotional intelligence
- Moral purpose
- Roll sleeves up and get stuck in
- High levels of gratitude from service users and loved ones
- Close to their patients and families





How apply a strengths based approach?





# What is a strength based approach?

Seligman's Signature Character Strengths (2006) – a finite and classifiable system of strengths. Using them frequently gives rise to a fulfilling life.

Gallup's talents – composites of skills knowledge and talent in an infinite list (Hodges & Asplund 2010)

Buckingham & Coffman (2001) talent is something we cannot not do. It is easy and almost irresistible.

Linley (2008)

“Average to A+ “

*“...a pre-existing capacity for a particular way of behaving, thinking or feeling that is authentic, energising to the user and enables optimal functioning, development and performance”*



# Our Strengths Approach:

Everyone has strengths

Have a positive emotional impact when we are using them (unlike skills)

Greatest potential lies in our greatest strengths

Often go unrecognised and undervalued (and therefore can be underplayed)

Can also be overused and cause problems

Link to intrinsic motivation = sustainable




What did we do?





## Kolb's Experiential Learning Cycle (1984)



Building a safe  
environment and trust

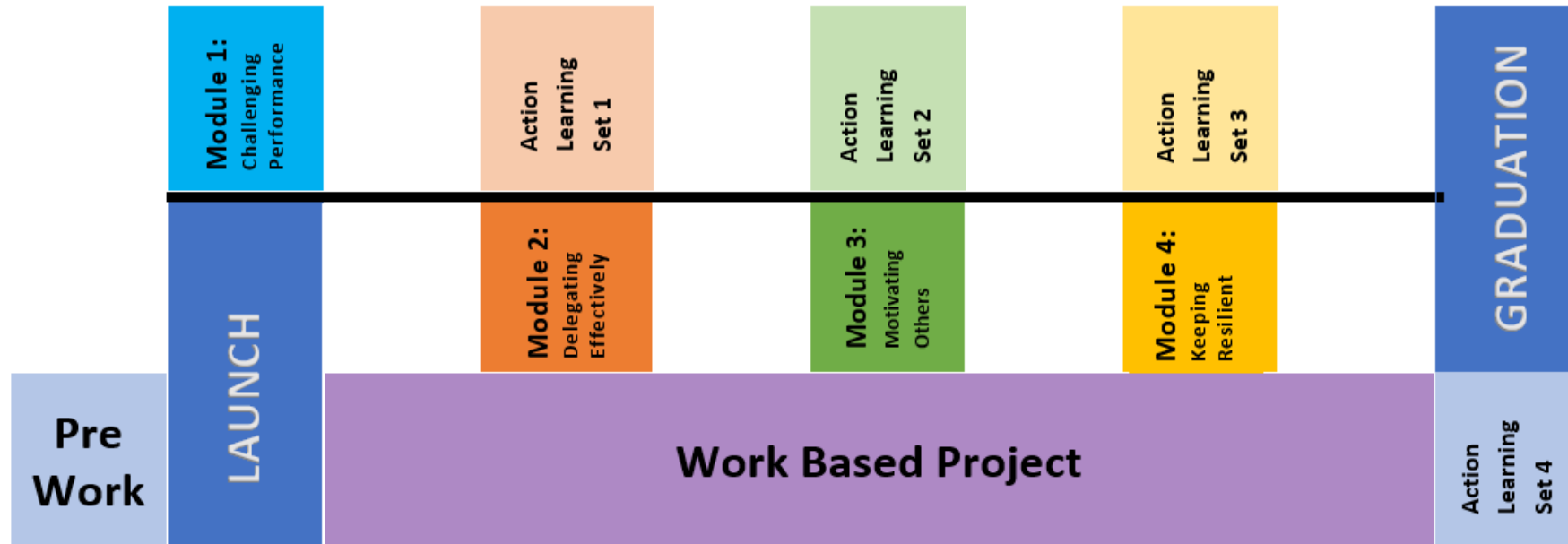
CREATING A LEARNING  
COMMUNITY

that lives BEYOND the  
programme

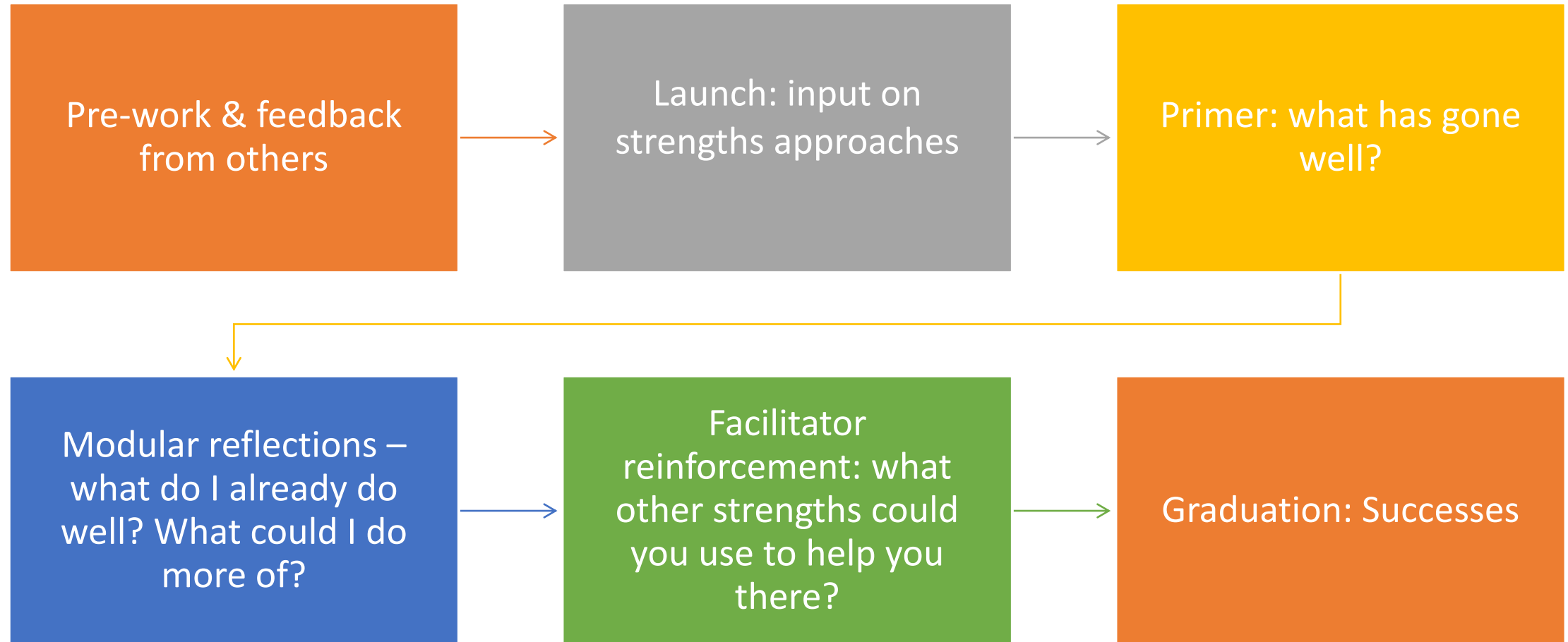


# LEARNING DESIGN

## HOSPICES LEADERSHIP DEVELOPMENT PROGRAMME OVERVIEW



## Embedding a strengths approach

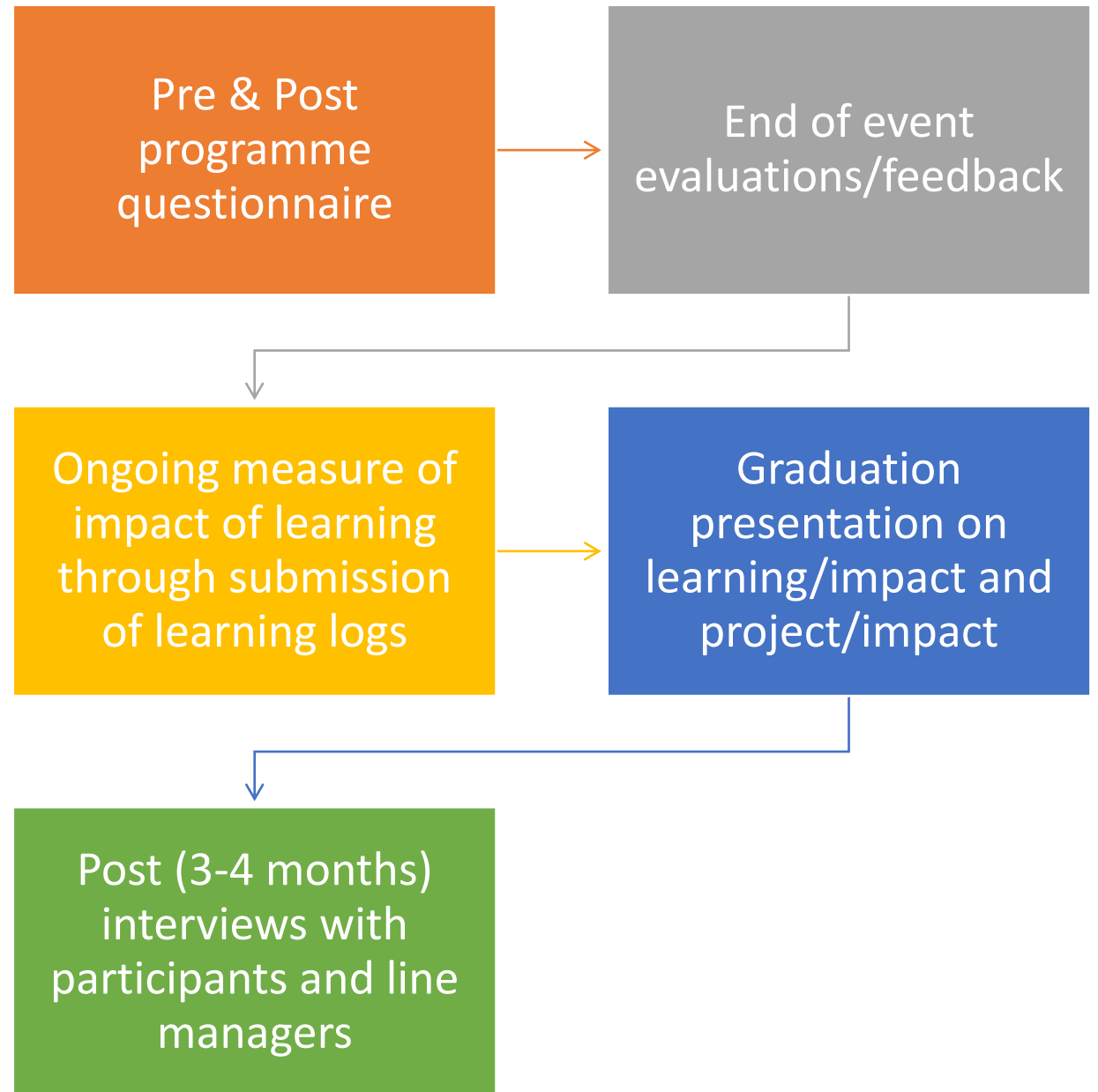




The background is a solid teal color. It features several white, ladder-like structures. A prominent vertical column of seven rectangular boxes is located on the right side. Other shorter, similar structures are scattered across the lower half of the image. A white horizontal bar spans the width of the image, containing the text.

Did it make any difference?

# Continual Review & Evaluation



# Overview

- All Hospices reported significant impact for participants.
- Cohort 2 (C2) participants joined programme with elevated engagement - seeing the benefits from C1 colleagues (Social Learning).
- At C2 graduation one Chief Executive declared *“Having seen the impact I am quite jealous we don’t have something similar”*.
- C3 has now been completed

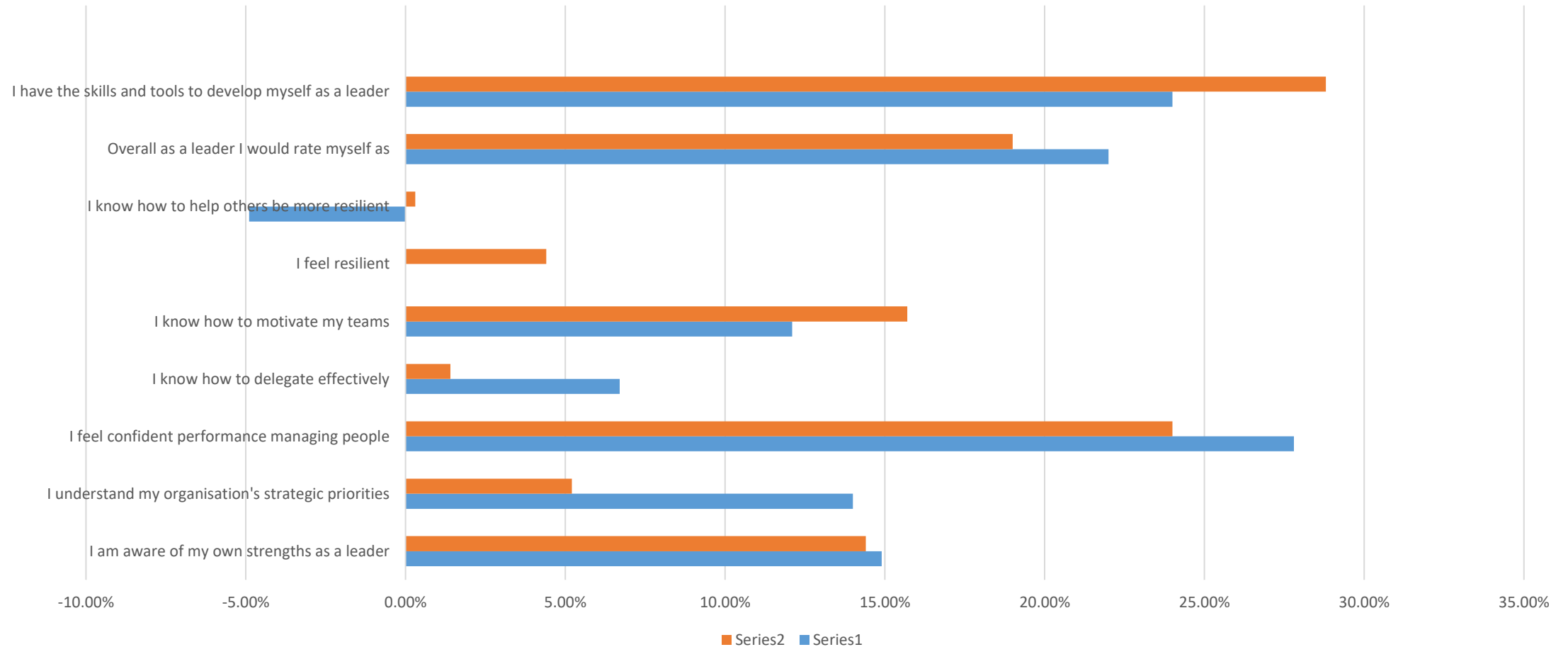
Pre course vs post course cohort mean scores

1 - Very untrue		2 - Mostly untrue		3 - Neutral		4 - Mostly true		5 - Very true		
Cohort		I am aware of my own strengths as a leader	I understand my organisation's strategic priorities	I feel confident performance managing people	I know how to delegate effectively	I know how to motivate my teams	I feel resilient	I know how to help others be more resilient	Overall as a leader I would rate myself as	I have the skills and tools to develop myself as a leader
L	Pre	3.63	3.8	3.13	3.75	3.57	4	3.86	3.14	3.63
L	Post	4.17	4.33	4	4	4	4	3.67	3.83	4.5
% increase		14.9%	14%	27.8% *	6.7%	12.1%	0	- 4.9%	22%	24%
2	Pre	-	-	-	-	-	-	-	-	-
2	Post	4.43	4.86	4.57	4.43	3	5	2.72	4.57	4.14
3	Pre	3.75	3.67	3	3.67	3.58	3.83	3.42	3	3.33
3	Post	4.29	3.86	3.72	3.72	4.14	4	3.43	3.57	4.29
% increase		14.4%	5.2%	24%	1.4%	15.7%	4.4%	0.3%	19%	28.8% *

\*Statistically significant  $p < .05$



# % change in scores from Pre and Post measures for Cohort 1 &3



## Additional post course cohort mean scores

	1 - Very untrue	2 - Mostly untrue	3 - Neutral	4 - Mostly true	5 - Very true					
Cohort	Overall I found the module content to be relevant and helpful	Overall I found the input from the lead trainer helpful	I found the learning set time very helpful	I found completing the project/ challenge useful in further applying what I learnt	I found the share point easy to access and helpful	I found it helpful meeting people from other Hospices and Roles	I found the pre-course information and preparation clear and helpful	I found the workbooks and supporting materials helpful	I found reviewing the impact of my learning between modules on the participant log helpful	I would recommend this programme to other people in my organisation
1	4.5	4.8	3.8	4.2	2.2	5	4.3	4.2	4	4.3
2	4.4	4.9	4.3	4.4	2.9	5	2.7	4.6	4.2	4.7
3	4.7	5	3.9	4	3.3	5	3	4.6	4	5

**Table 1: Summary of direct impact of applying modular learning through action plans**

<ul style="list-style-type: none"><li>• Improved team morale</li><li>• Clarity on team roles &amp; responsibilities</li><li>• Managing difficult conversations</li><li>• Improved clarity on own role &amp; purpose</li><li>• Increased staff flexibility &amp; reduction in agency</li></ul>	<ul style="list-style-type: none"><li>• Increased time management/productivity of staff</li><li>• Better work load planning/efficiency</li><li>• Better use of resources</li><li>• More proactive</li><li>• Increased quality</li><li>• Better first impression of Hospice</li></ul>
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## *Eg Mattress Audit Project.*

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- *Issue – no way to track which mattresses have been audited and when.*
- *Risk – unnecessary repetition of work; poor quality of mattresses; infection.*
- *Solution – learning applied: strengths approach. Asked least engaged member of staff for help due to her strengths. She came up with idea of labels for mattresses similar to PAT testing process. She has volunteered to lead project.*



# What Next?

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Cohort 4 being planned with some redesign

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Learning Sets to be rethought

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Removed the online aspects (due to pre-covid problems)...

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A pilot programme for Care Homes – run virtually to respond to their COVID19 pressures.



Thankyou

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- Any questions?