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managers clinical leadership: An explorative study
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Peer-to-peer shadowing as a technique for the development of nurse middle managers clinical leadership

An explorative study

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Abstract

Purpose – The purpose of this study was to explore the experiences and impact of peer-to-peer shadowing as a technique to develop nurse middle managers' clinical leadership practices.

Design/methodology/approach – A qualitative descriptive study was conducted to gain insight into the experiences of nurse middle managers using semi-structured interviews. Data were analysed into codes using constant comparison and similar codes were grouped under sub-themes and then into four broader themes.

Findings – Peer-to-peer shadowing facilitates collective reflection-in-action and enhances an "investigate stance" while acting. Nurse middle managers begin to curb the caring disposition that unreflectively urges them to act, to answer the call for help in the here and now, focus on ad hoc "doings", and make quick judgements. Seeing a shadowee act produces, via a process of social comparison, a behavioural repertoire of postponing reactions and refraining from judging. Balancing the act of stepping in and doing something or just observing as well as giving or withholding feedback are important practices that are difficult to develop.

Originality/value – Peer-to-peer shadowing facilitates curbing the caring disposition, which is essential for clinical leadership development through unlocking a behavioural repertoire that is not easy to reveal

because it is, unreflectively, closely knit to the professional background of the nurse managers. Unlike most leadership development programmes, that are quite introspective and detached from context, peer-to-peer shadowing does have the potential to promote collective learning while acting, which is an important process.

Introduction

Nurse middle managers' (NMMs) clinical leadership is of the upmost importance when delivering high-quality, safe, and cost-effective care (Sarto and Veronesi 2016; Daly *et al.*, 2014; Mannix *et al.*, 2013; Wong *et al.*, 2013). In an international ethnographic study, we uncovered how NMMs' professional background influences their clinical leadership (Lalleman *et al.*, 2015; Lalleman *et al.*, 2016; Lalleman *et al.*, 2017). By shadowing NMMs in their daily work, we found that a combination of caring and scientific dispositions enhances clinical involvement and leadership. A scientific disposition curbs some manifestations of the disposition to care (e.g. solely focusing on answering the call for help and *ad hoc* quick fixes) and produces a de-escalating, non-judgemental and inquisitive approach with an emphasis on evidence-based practice (Lalleman *et al.*, 2015; Lalleman *et al.*, 2016; Lalleman *et al.*, 2017). The question was raised whether this technique of shadowing could be (in a modified form) useful in the development of clinical leadership of NMMs. In this paper, we report about our findings from an explorative study to address this question.

Nurse middle managers' clinical leadership

Authors report in an abundance of literature about the positive effects of nurse managers' (clinical) leadership practices on nurse job satisfaction (Cummings *et al.*, 2010; Sellgren *et al.*, 2007), on nurse sensitive patient outcomes (Wong *et al.*, 2013), on patient safety practices (Lalleman *et al.*, 2016; Parand *et al.*, 2014; Christiana Stevens *et al.*, 2014) and on patient-centred care (Lalleman *et al.*, 2017; Taylor and Groene, 2015). In our previous study, we defined clinical leadership based on Garrubba's (2011) description:

> Clinical leadership is the ability to influence all actors in and outside the healthcare organization to act and enable clinical performance; provide support and motivation; 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 (Lalleman *et al.*, 2016).

Nevertheless, there are strong indications that NMMs' professional background (i.e. that of nursing) could as well hinder their clinical leadership practices in daily managerial work (Lalleman *et al.*, 2016).

Nurse middle managers' professional background

In our research, we tried to decipher the influence of NMMs' professional background (in nursing) on their clinical leadership practices. We found that some drivers for nursing behaviours (e.g. scanning the environment and always answering the call for help in the here and now and ad-hoc and quick judgement, i.e. the caring disposition) are still active in NMMs' practices, with both positive and hindering effects on their clinical leadership in daily work (Lalleman *et al.*, 2016). These drivers are not easy to grasp via research techniques such as questionnaires or interviews because it is difficult for all practitioners to be aware of their own drivers *in situ*. The French sociologist Bourdieu refers to those drivers

as dispositions. Bourdieu defines dispositions as durable, subconscious schemes of perception and appreciation that activate and guide practice (Bourdieu *et al.*, 1989); a system of dispositions he calls habitus (Bourdieu, 1977). Some authors report that shadowing could reveal these dispositions in action (Jordan, 2010; Vásquez *et al.*, 2012; Korica *et al.*, 2015).

Shadowing
Shadowing is a research technique in which a researcher (shadower) closely follows a member of an organization (shadowee) over an extended period (Czarniawska-Joerges, 2007). This technique is the most in-depth type of direct observation of behaviours within a particular organizational or social setting (Bartkowiak-Theron and Robyn Sappey, 2012). During shadowing, one can capture the interruptive, fragmented and hectic pace of work life (McDonald, 2005; Quinlan, 2008). McDonald (2005) distinguishes three forms of shadowing:

(1) shadowing as a means of recording behaviour;

(2) shadowing as a means of understanding roles or perspectives; and

(3) shadowing as experiential learning.

In our previously mentioned study, as researchers, we shadowed 16 NMMs from both Netherlands and USA for approximately 560 hours using McDonald's (2005) first two forms of shadowing (Lalleman *et al.*, 2015; Lalleman *et al.*, 2016). However, during the course of the study, the third form emerged, unexpectedly, as experiential learning for the *shadowee*. This is in contrast to McDonald (2005), who describes learning effects of shadowing solely on the *shadower*. In our study, the *shadowees* (NMMs) reported to gain from the experience of being shadowed by a researcher as well. At a member check with eight Dutch participants, one of them reflected:

> [. . .] after being shadowed I still felt some kind of virtual presence of the shadower, this made me more aware of my practices in action and thought what would happen if I would shadow one of the other colleagues [. . .].

This reflection prompted the participants to continue the shadowing experience and explore the possibility of shadowing each other (i.e. peer-to-peer shadowing) to further understand their own leadership in daily work.

Peer-to-peer shadowing: a development technique for clinical leadership?
Shadowing is used successfully in teaching nurses (Paskiewicz, 2002; Seldomridge, 2004; Porter *et al.*, 2009) and medical students (Spencer, 2003; Stalmeijer *et al.*, 2009; Jain *et al.*, 2012; Goldstein *et al.*, 2014, Micallef and Straw, 2014). Some authors name shadowing, among other methods, both as an instrument for training NMMs (Watkins *et al.*, 2014; Edmonstone, 2013; Edmonstone, 2011a; Skytt *et al.*, 2011) and as a technique for clinical leadership development (Enterkin *et al.*, 2013; Edmonstone, 2011b; Crethar *et al.*, 2011). Conventionally, shadowing is used as a learning tool in which a novice shadows a senior practitioner. The assumption here is that the junior learns from the problem-solving actions of a more mature person who acts in the junior's zone of proximal development through interpersonal contact and subsequent internalization (Vygotsky, 1980 p. 86). In peer-to-peer shadowing, this difference in maturity is absent. Shadowing here is a technique for inquiry into current routines and norms of peers, which might enhance reflective practice *while acting* (Jordan, 2010), which is widely known for supporting professional development (Mann *et al.*,

2009; Barnett, 1990). Moreover, Schön (1983) emphasizes that reflection-in-action is more than individual action, it is a social practice; in our case, a practice in which both shadower and shadowee, as peers, frame their practices under investigation (Vásquez *et al.*, 2012). What makes shadowing a promising technique for both shadower and shadowee is not the distance in maturity. Rather, we expect that the variation in clinical leadership and management practices, in reflection on roles, in problem-solving strategies, and in dispositions in action will trigger learning processes that are supportive of NMMs' clinical leadership development.

Thus, the aim of this study is to explore the impact of peer-to-peer shadowing on the development of NMMs' clinical leadership practices. To investigate this impact, we formulated the following research question:

RQ1. What are the experiences of NMMs who shadow each other?

Method

Design
Qualitative description (Sandelowski, 2010) is a pragmatic approach (Neergaard *et al.*, 2009) that fits well with our purpose for this study, which was to gain insight into the experiences of NMMs in peer-to-peer shadowing. Using this type of approach allows us to explore and gain deeper insights into the phenomenon under study through semi-structured interviews (Patton, 2015; Neergaard *et al.*, 2009). These semi-structured interviews are part of a more action-orientated research design (Brydon-Miller *et al.*, 2003) in which the participants developed practical knowing through shadowing each other (Czarniawska-Joerges, 2007). Institutional review board approval was obtained from the university and participating healthcare agencies.

Sample and setting
NMMs were defined as: "positioned between the ward and higher management with first-line responsibilities regarding quality of patient care, the supervision of care workers and the management of finances" (Hewisons, 2006, p. 1). Eight participants (see Table I) from the two Dutch hospitals in the initial study (Lalleman *et al.*, 2015; Lalleman *et al.*, 2016) were approached by e-mail, which contained an invitation and information about this study. Participants were asked to shadow a colleague from the other hospital for one day. For feasibility reasons combined with the fact that the NMMs already had experience with being shadowed, the duration was set at one day.

Data collection
Data collection took place from February through May of 2012. For this study, shadower and shadowee were linked based on similar ward specialism or preference as mentioned in the introductory interview (see Table I for who shadowed who) that was conducted approximately a week before shadowing. During this interview, participants filled out a demographic questionnaire (i.e. age, education, and professional experience). We also discussed the written instructions on shadowing that were provided to participants (see the instructions on shadowing in Appendix 1). The second interview took place between one to two weeks after the shadowing day. Both interviews were semi-structured, held with each participant, and audio-taped (see the interview topics in Appendix 2).

Location	NMMs	Ward specialism	Span of control	Beds	Educational level nursing[a]	Management training	Years managerial experience	Shadowed
Site 1	Kim	Surgical	30	28	ASN	In company	15	Dana
City Teaching Hospital	Pat	Surgical	28	28	BSN	None	2	Eli
	Toni	Medical	38	36	ASN	In company	5	Eli
	Chris	Medical	28	26	ASN	In company	10	Dana
Site 2	Dana	Surgical	30*	32	BSN	Post Bachelor	1	Kim
District	Eli	Surgical	26*	24	ASN	In company	5	Chris
General Hospital	Sal	Mother & Child	40*	38	BSN	MSc in Health Policy	2	Pat
	Sidney	Medical	26*	24	BSN	Post Bachelor	3	Kim

Notes: *Shared with co-manager;[a]ASN = Associate of Science in Nursing; BSN = Bachelor of Science in Nursing

Table I.
Key characteristics
of participants and
their organizational
setting

Data analysis
Audio recordings were transcribed verbatim by an independent transcriptionist and assessed for accuracy. Data were analysed into codes by the first and second author using constant comparison (Glaser and Strauss, 1967). Following Boeije's (2010) analytical steps, similar codes were grouped under sub-themes and then into four broader themes. Rigour was improved by writing memos during analysis and using a systematic method of coding (Boeije, 2010). Audio-taping and transcription verbatim was meant to ascertain credibility. Coding was done by the first and the second author independently to obtain intercoder agreement (Creswell, 2007). To improve trustworthiness, the findings were discussed with all participants (Holloway and Wheeler, 2013).

Findings
The research findings are presented in two parts. First, we explore the expectations of NMMs going to shadow a peer. Second, we present the reflections of NMMs' experiences with peer-to-peer shadowing activities, highlighting four themes: enjoying; comparing what you see; learning to observe; and asking, receiving and giving feedback.

Nurse middle managers' expectations
Being shadowed by a researcher in the preceding study had an impact on the participants. Most of them were a bit nervous about it, but in the end, grew to enjoy the experience because they found it surprisingly enriching. All participants refer to particular moments of being shadowed by the researcher and getting feedback or questions that helped them mirror their own behaviour in action:

> It makes you aware of what you are doing and not doing. I can see myself running up and down the ward more than 10 times. Back in my office I felt the urge to jump up again to get something fixed but realized that I do not have to do it directly and [I'd] better stay in my office for a while [Chris 00:01: 56-5].

Being shadowed by the researcher helped the NMMs to step aside or "get dissociated" from work. His feedback or questions for clarification during the daily work enhanced this process.

NMMs' experiences influenced their expectations of peer-to-peer shadowing. All of the participants looked forward to the shadowing. When asked what they expect to see or focus on while shadowing, they raised issues such as nurse staffing levels, sick leave management, architecture, culture and group dynamics. Some had pretty strong preconceived ideas and opinions about their peers' work and hospital culture. They expected that shadowing would confirm or refute these perceptions. Dana expected shadowing:

> [...] [akin to] being Sherlock Holmes doing an inquiry, observing, asking questions for clarification, while looking for, "blindspots" and "tunnelvision", in both her own behaviour and in the work of the NMMs she was going to shadow [Dana 00: 07: 09-1].

In contrast, Pat expected that going in "without an opinion" and "looking open" would be the best strategy because:

> [...] by just looking, [...], it is a very direct way of learning, getting feedback without being judged and [letting] you uncover your subconscious routines [Pat 00: 04: 9-5].

These expectations reveal participants' positive attitude towards peer-to-peer shadowing as a clinical leadership development technique.

NMMs' experiences with peer-to-peer shadowing
Enjoying. All NMMs fully enjoyed the day with their colleagues from the other hospital. All participants stated that it was inspiring but also tiring:

> It was, unexpectedly, a very enjoyable day. I had such a busy week, I was afraid I could not handle it but then thought, let's just do it. It's been a good learning experience and fun, I am happy I proceeded [Dana 00;45: 07-6].

It is interesting to see that although some raised objections beforehand, such as having a too busy agenda, in the end, all participants underline both the value and fun of the experience.

Comparing what you see. When NMMs shadow a peer, they instantly start to compare what they observe with their own daily work (place) and emphasize similarities and differences. We organized these into the following subthemes: activities, behavioural style, culture, and organization.

First, regarding to the subtheme of *activities*, most NMMs agreed that the work in itself was almost the same, such as having to deal with *ad hoc* admissions, schedules and sick leave. Some of them even suggested that swapping places would not be an issue. The interview data reveal also that NMMs ventilate a wide range of differences in the activities, as Sal compares the work of her shadowee with her own:

> [. . .] they worked very close to the operational process on the ward, like a foreman, involved with nursing care and caring for the other [Sal 00: 04: 51-9].

Sal herself hardly did any clinical work and spent most of her days in her office or in meetings. The most striking difference was either the presence or absence of interaction among NMMs and staff nurses, physicians or patients, which had a considerable impact on NMMs' daily activities.

Second, the NMMs underline that they all have a different *behavioural style*. While shadowing, NMMs see their counterpart react differently in situations, for example Kim reflects on being too soft or harsh:

> [. . .] just before I arrived Dana had to console a young unit coordinator who was in tears [. . .] I am not so gentle anymore [. . .] I prefer to tackle the issue [. . .] stop whining [. . .] deal with it. But then again, when I saw Dana I thought of myself as a wicked witch. I can be empathic but we need to move on and don't get into a downward spiral [Kim 00: 16; 26-2].

On many occasions, NMMs recognize a specific personal style element of their peers, compare it with their own style and go on to describe something that they do not like or do not do anymore. This comparison helps them to make sense of their own "doings". In other fragments, some NMMs illustrate a clear wish to be able to perform like their counterpart. For example, in the next fragment, Sal expresses some envy on the relaxed style of Pat:

> [. . .] we had [a] meeting with other NMMs which was supposed to last one hour, but after that hour everybody just kept on discussing [. . .] I am pretty strict on time management [. . .] I think Pat felt it because after a while she said; "our time management is lousy today". I cannot overrun my schedule like that but I wish I could because it is much more relaxed and you can have that extra chat [Sal 00: 16:10-9].

Sal gives no indication that she would try to practise this more relaxed style in her work, as it seems an impossible goal to reach in her work setting. In contrast, Sidney sees the personal style of her peer as a reassurance:

> [. . .] she is firm [. . .] is self-confident and has character [. . .], that is what I am going to be like in about 12 years from now [Sidney 00:16: 49-9].

Sidney shadowed a more senior NMM and gained a perspective on her career trajectory.

Third, each of the NMMs compared *cultures* between the two sites, as Pat shadowed Dana in a meeting about staffing:

> Dana told me before we entered the room that it was going to be a heated discussion [. . .] I had been waiting for a full hour but nothing happened [. . .] it was a very pleasant and friendly meeting [. . .] our culture is so different [Pat 00: 11:00-7].

After the meeting, Pat asked Dana if she experienced the discussion as heated and Dana confirmed that it was. For Pat, it was not heated at all; she realized that in her own hospital, staff are much more direct and less reserved during meetings.

In the final subtheme, NMMs compared processes and structures within their *organizations*. This led mostly to emphasizing differences instead of similarities, as Eli zooms in on such a difference:

> [. . .] what really surprised me was that she (Chris) did her own admissions, she even checked x-scan (i.e. computer program for admissions) to see who was planned for admission that day, we have a centrally organised admission department that takes care of that [Eli 00: 08: 46-6].

Having a centralized or de-centralized admission process in the hospital has a huge impact on NMMs' daily work activities. When seeing Chris struggle with admission, Eli realized that at her hospital, the admission process is organized in such a way that this does not interfere with her own daily work too much. Other differences that NMMs mentioned were: the possibility to float nursing staff between wards, centralized versus de-centralized quality improvement staff and a stable and strong organizational unit structure with clear responsibilities and authority versus a simmering "organic" organizational changes process leading to role and task ambiguity.

Learning to observe. For the NMMs, learning to observe, curb and postpone their disposition to (inter) act and immediately express an opinion about what they see or hear is a real challenge. In the next fragment, Kim cannot resist to act and starts helping:

> Eli had some kind of safety audit . . .. She wanted to order new wastebaskets [as they were not hygienic] but could not work with the recently implemented ordering system yet. Luckily this was the same computer system we have, so I said, let me do it [and I ordered them] [Kim 00: 45: 52-8].

Kim was not the only NMMs who had difficulties with not acting. In the next fragment, Toni reflects on her struggles while shadowing:

> I really found it very hard to keep my mouth shut. In the end you are just a shadow, the only thing you do is observe. But then, everybody keeps on asking you all sorts of questions and wants your opinion [Toni 00: 04:47-3].

Toni encounters that it is not only the shadowee that prompts her to respond while shadowing. In various instances, other people will ask what she is doing, why she is there and what she thinks about the situation, or the shadowee, or the shadowee's organization. Nevertheless, in the end, even when no questions are asked, Toni could not resist getting involved, as illustrated in the next fragment. Here someone from facility management is explaining to shadowee Eli that, owing to a new policy measure, from now on nutrition assistants will be doing nursing aids' tasks:

> [. . .] it was incredible, this woman from facility management insinuated that a nutrition assistant can do the same work and has the same competencies as a nursing aid. My jaw dropped when she said that. I saw that Eli had the same thought. I looked at her and thought, are you not going to say anything? She did not. Then, I really could not restrain myself anymore, I sat like this (she shows how she has her mouth covered with both hands). So I say to this woman from facility

management, washing a bare naked person from top to toe is very confronting and completely
different from buttering a sandwich. [Toni 00: 12: 24-2].

Although Toni knew what was expected from her as a shadower – just observe – it was too
hard not to interact on topics which she felt closely related to, in this particular case,
standing up for professional and patient values.

As reflected upon by Pat in the next fragment, this "balancing act" of just observing
versus getting involved and acting seems the most difficult practice to develop:

I really have to try to just look and listen [. . .], I am not going to act as a sounding board. I realise I
got lured in at particular moments, but I did not want to adopt that role too much. I just wanted
[to see] how she handles issues [Pat 00: 37: 14-6].

Most of NMMs state that shadowing helps to put their own work in perspective and prevent
them from getting emotionally caught up and personally involved in both their own work
and that of their shadowee. Shadowing seemed to help regulate their emotions. Seeing other
NMMs struggle with similar issues made them aware that they are not the only ones who
are confronted with busy agendas and fast pace work, as put forward by Sal in the next
fragment:

[. . .] being away from my own patch for a day showed me the relative importance of my own
daily work, when I came back [to] the ward and saw my full agenda I thought, do I really have to
do all of this today? [Sal 00:29:22-4].

Asking, receiving and giving feedback. As illustrated above, shadowing prompts all kinds of
situations in which both shadower and shadowee are confronted with the issue of whether
one should stay silent, give feedback in private or in the open and intervene *ad hoc*. Giving
feedback, in the sense of creating an opportunity to discuss and learn about what has been
observed, seems crucial, as Pat put forward:

I had a tough meeting and Sal asked me if she could give me feedback afterwards. I said yes, of
course, normally you do not get this chance [Pat 00:49:06-4].

Giving feedback is not easy but peer-to-peer shadowing strengthened their conviction that,
nevertheless, it should be done more often.

Giving feedback in an open, constructive and non-judgemental manner on observations
enables both shadower and shadowee to derive meaning from what is seen. In the next
fragment, Sal discussed whether to give feedback or not:

Sometimes the shadowee does things of which you think, ouch this is not OK. Then it is really
important to balance out what is said, [which] is very tricky. You cannot discuss everything with
a person you hardly know after just one day of shadowing [Sal 00:42:21-4].

Choosing which feedback to give and when and how to give it is, again, a real balancing act
for NMMs and is a prerequisite for meaningful learning experiences while shadowing.

Discussion

In this study, we explored the experiences of NMMs who shadowed each other. Four themes
emerged from the interviews: enjoying; comparing what you see; learning to observe; and
asking, receiving and giving feedback. We will discuss the findings and reflect on the
consequences for development of clinical leadership practices of NMMs.

Based on our findings, we can confirm conclusions from previous research, that
shadowing is perceived as enjoyment (Barnett, 2001; Ferguson, 2016; Gill *et al.*, 2014). This is
not to underestimate shadowing to be a meaningful learning experience and leadership

development tool. Others also found that shadowers struggle with giving feedback (Roan and Rooney, 2006; Hall and Freeman, 2014) and that shadowers' reflective stance is enhanced through shadowing (Jordan, 2010; Czarniawska-Joerges, 2007).

However, we found the following aspects that are not elaborated upon in contemporary literature about shadowing. First, the reflective stance is mutual (i.e. for both shadower and shadowee). This finding is a novelty, as this does not only relate to the shadower as pointed out by others like Jordan (2010) and Czarniawska-Joerges (2007) but, as well, relates to the shadowee. In particular, our participants assumed both roles (i.e. shadower and shadowee), which enhanced this reflective stance. Our findings demonstrate that reflection-in-action is a social practice and should not be seen as an individual action. Theorists like Schön (1983), Sutcliffe (2006), Vásquez *et al.* (2012) and Weick (1995) stress the importance of such collaborative reflection in action, i.e. not only reflection on individual practice but the relevance of collective inquiry into current routines and norms *while acting*. This is exactly what peer-to-peer shadowing offers.

Second, the theme of comparison does not occur in contemporary shadowing literature. It was interesting to uncover that NMMs in our study immediately started to compare what they observed with their own work. This process resembles that of social comparison. This is in contrast to researchers, who describe behaviour and try to understand roles or perspectives (Czarniawska-Joerges, 2007; McDonald, 2005; Ekholm, 2012; Ellström 2012). Social comparison refers to the process of evaluating one's own characteristics by relating these to characteristics of other individuals (for a review, see Buunk and Gibbons, 2007). We saw examples of upward comparison (e.g. I wish a could do that), downward comparison (e.g. I am doing a better job at that) and lateral comparison (e.g. we are doing the same). Upward comparisons may serve as a form of problem-oriented coping, when those who "perform better" are used as a source of inspiration, learning, and self-improvement (Buunk and Gibbons, 2007). Downward comparisons (i.e. the information that another individual is doing worse) may make individuals feel better about themselves (Buunk and Gibbons, 2007). This practice of social comparison shows that managers should not *per se* learn from leading "role models" (i.e. upward comparison) as often suggested (Kouzes and Posner, 2012) but can also learn from others in the organization, such as peers.

Third, none of the authors who name shadowing as an instrument for training NMMs (Watkins *et al.*, 2014; Edmonstone, 2013; Edmonstone, 2011a; Skytt *et al.*, 2011) or as a development tool for clinical leadership (Enterkin *et al.*, 2013, Edmonstone, 2011b; Crethar *et al.*, 2011) zooms in on the potential of *shadowing in learning* to deal with the dispositions that stem from the professional background of NMMs. According to Bourdieu *et al.* (1989), these dispositions (i.e. subconscious schemes of perception and appreciation) are not easy to uncover (Bourdieu, 1977; Bourdieu *et al.*, 1989). This claim resonates in Wilson's (2004) research on the role of subconscious scripts that guide the formation of judgements, feelings, and motives. To change these scripts, Wilson (2004) advises to pay attention to what is actually done and what other people think about what is done. He suggests not to spend time solely on introspection regarding negative events (Wilson, 2004). Such introspection is often realized through techniques such as critical incident analysis, intervision (e.g. using Balint groups) or storytelling, which are frequently named as useful tools for leadership development (Skytt *et al.*, 2011; Gray, 2007). Yet, these tools still are quite introspective, isolated, and detached from context, unlike shadowing. Therefore, through shadowing, one has the potential to develop a scientific disposition that curbs some manifestations of the disposition to care, which is strongly represented in NMMs' behavioural repertoire (e.g. solely

focusing on answering the call for help and utilizing *ad hoc* quick fixes). The scientific disposition manifests itself through an investigative stance, postponing reactions, refraining from judging, focusing on research utilization and evidence-informed practice (Lalleman *et al.*, 2016). Shadowing allows NMMs to fully experience and develop this disposition *while acting*. When shadowing, NMMs learn withhold action, curb, count to ten and just observe (i.e. not get lured in), which we see as key aspects for clinical leadership development (Lalleman *et al.*, 2016).

Fourth, for peer-to-peer shadowing to succeed, it is of the utmost importance that both shadower and shadowee give feedback while shadowing, as indicated in our findings. Moreover, shadowing could be seen as an exercise to actually develop this crucial skill for clinical leadership practice, which enhances patient safety (Henriksen and Dayton, 2006), trust, and staff outcomes (Wong and Cummings, 2009). Choosing the right words, topics and moments (i.e. framing the feedback message) for delivery to the shadowee is crucial. This is particularly challenging because, as described above, peer-to-peer shadowing is first and foremost an exercise in curbing the urge to act, answer the call for help, and judge. Mastering curbing is a *conditio sine qua non* for the practice of giving feedback and clinical leadership development. Consequently, a thorough discussion on how and when the feedback should be delivered is of importance and should be addressed by both shadower and shadowee before starting the shadowing activity. Articulating individual learning goals and expectations is seen as key to peer-to-peer shadowing. Furthermore, our findings suggest that it is important not to shadow just one peer in another organization but various peers in various organizations. As comparing is such a strong component of peer-to-peer shadowing, the shadower should ensure that more than one peer and/or organization is shadowed.

In this study, there were a few aspects that warrant consideration. First, a relatively small sample size of NMMs participated in this exploratory study. Based on the findings from this study, we think it is important to study the effects of shadowing for clinical leadership development (e.g. giving insight in leadership growth or capacity), in a variety of healthcare settings and with a larger sample size. Nevertheless, research on leadership development should not solely focus on personal leadership growth or capacity but as well on leadership as "the exertion of influence explained as a *joint accomplishment* and an *interpersonal process* between the *leader and followers*" (Larsson and Lundholm 2010). Findings from this larger study should also result in a robust list of practical do's and don'ts on peer-to-peer shadowing to inform future clinical leadership programmes. Second, the NMMs from our study had some experience with being shadowed by a researcher, all volunteered to participate and discussed shadowing during member checks prior to this study. Given the nature of this group of NMMs, our findings may be less generalizable to other groups of NMMs. Finally, this exploration can be seen as a spontaneous spinoff from a larger study on NMMs' daily work, which unintentionally led to a more action-orientated research design (Cardiff, 2014, Sharlow *et al.*, 2009). To our opinion, this is a strength; we demonstrate the close collaboration, curiosity and flexibility of both the research team and participants, allowing to unveil aspects of peer-to-peer shadowing as experiential learning and part of clinical leadership development, which were unknown, until now.

Conclusion
The aim of this study was to explore the impact of peer-to-peer shadowing as a technique to develop NMMs' clinical leadership practices. We have learned that peer-to-peer shadowing has the potential to facilitate collective reflection-in-action and enhances the development of an "investigate stance" while acting. This helps to curb NMMs' caring disposition that unreflectively urges them to act, answer the call for help in the here and now, focus on *ad hoc*

"doings" and make quick judgements. Seeing a shadowee act at work leads to a process of social comparison by the shadower, which allows the NMMs to learn to postpone reactions, refrain from judging, focus on reflection in action and asking, receiving, and giving feedback. To further support our conclusion on peer-to peer shadowing as a potential technique for clinical leadership development, we need to better understand the effects of the "comparison-mode" through further research. Our exploration asks for a larger study so we can develop a practical guide on how to curb and postpone while shadowing, how to give feedback, how to deal with the shadower–shadowee relationship, and the continuous social comparison.

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Appendix 1. Practical guide for shadowing

In shadowing, it is about observing a colleague for a whole day, using the shadow technique. This means that you spend a whole day with your colleague, from the moment that this colleague begins the working day until he/she goes home. In addition to observing, ask questions. This involves questions for clarification, not for discussion, for example about what was said on the other side of the phone or for finding the purpose of a meeting, for example. The intention is to understand what your colleague's activities are all about. You can also think of asking reflective questions, for example: "I see you doing this, I do not understand, can you explain it?". By explaining this, you let your colleague reflect on his/her own work.

(1) Practical instructions:
- Do not go in cold. You know each other a little through the member checking meeting held on 6 July 2011. But make sure you get to know your colleague further, for example, by asking for the names of important people and the organizational environment, etc.
- Use a small notepad with a hard backside when you want to make notes.
- Do not judge and condemn your colleague, only observe.
- Make notes of your observations, especially when they are dealing with your own activities as a NMM. (Note: these notes are for you only.)
- Write a reflection on your own activities as a NMM after the shadow day. Take what you've been most surprised about, what hit you, made you happy or not and why. What does this say about you and what does it say about the person and organization you were a guest to. (In principle, this reflection is for yourself, but you can use it in the interview after the shadow day.)

Appendix 2

Subject	Topics introductory interview	Topics main interview
Concerning shadowing	Experience with shadowing Effect of shadowing Goal of shadow day	Experience shadow day Recognizable Surprise Most remarkable Insights Influence on own actions Look back on goals Usefulness
Added topic after two main interviews		Compare with other management training
Added topic after six main interviews		Could you take over the job of your colleague?
Practical issues	Plans how to shadow Any questions?	Sequence of day How did you go about? What went well? What would you change? Practical tips

Table AI.
Interview topics

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