Why is leadership important in healthcare now?

Quotes from interviews:

“Huge challenges for the future model of care…trying to meet the needs of a really complex aging population… working out what the population needs…need to map out the challenge”.
University Academic and Clinician

“We can do it differently…but we need a really up front conversation about what is going to be provided…we may need to drop doing some things”
Therapy Services Manager

“Leadership used to be what the doctor said, what the chief physio said …evolved to be not such a top down… more group, more consensus”
University Academic and Clinician

“Good intelligence, vision to take this forward, inspiring people it can be different, enabling people to make a sustainable change.”
Consultant Physiotherapist and Clinical lead

Leadership is important in healthcare now to address:

- **Huge pressures on service provision**
In steady unchanging times good management is needed to ensure efficient and effective use of resources but in the current healthcare sector where there is rapid change, multiple pressures to manage increasing demand, with limited resources, leadership is key (12). Leadership is viewed as ‘doing the right thing’ and management as ‘doing the thing right’ so management is seen more as the application of learned ways of doing, whereas leadership is around tackling the new (5). So in response to the “adapt or die” message (24) created by the current challenges in healthcare, leadership to innovate and develop is essential, as doing things in the same way in the future will not be affordable (31).

- **New organisations and ways of working**
There are many changes in providers of healthcare. Traditional bureaucracies do not support transformational leadership well and Rose suggests that leadership in the NHS is sometimes characterised more by a culture of avoiding failure rather than driving for successful innovation (24). It has been suggested that the growth of healthcare being provided by social enterprises, charities and private organisations may provide opportunities for transformational leadership (32).

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• Failures of care
The tragic failures of leadership and management such as those at Bristol Royal Infirmary and Mid Staffordshire NHS Foundation Trust – the latter detailed in the Francis report (30) have created a sense of urgency to address leadership in healthcare (1).

Leadership is a topical issue (18), with several recent reports and reviews produced by the King’s Fund on leadership in the NHS (1, 4, 7, 11, 25). In addition, in 2015 the Rose review (24) was published, that focussed on Trust leadership and involved extensive stakeholder consultation.

Example in Practice
There are many examples of physiotherapists leading the redesign of services, developing integrated care pathways and ensuring that care is patient focussed and based on evidence. An example is a case study on distributed leadership by Boak et al. (33), which examined physiotherapy provision in a musculoskeletal physiotherapy service at Salford Royal NHS Foundation Trust. The service was restructured from a traditional model to a distributed leadership model with clear responsibilities being devolved to specialist teams. Authors suggested that this resulted in enhanced communication, development of treatment protocols, and after 10 months was reinforced by specific team leadership roles and use of data to involve teams in operational decision making. Outcomes were:

• Initial fall in waiting times of 32% with ongoing gains
• Maintenance of high patient satisfaction in ‘family and friends test’
• Very positive staff feedback in two structured evaluations including the benefits of working together.

There are several key points worth noting in this case study. Relationships developed and were formed over time, so that after the initial restructuring, there was an emergence of team leaders which then became embedded with the new roles. The complexity of the structures and the shared leadership gave some responsibilities to the teams, but some responsibilities were retained by the managers. Teams were expected to decide on their own ways of working.

It is essential that all physiotherapists consider how they can be proactive in leading change in their own area of work and when required escalating to senior leaders in the organisation for action. Change requires a recognition of leadership as a collective practice with even those individuals who do not see themselves as leaders being able to see what needs doing and able to work with others to do it (20). Healthcare needs collaborative leadership (1, 7, 11, 35).

• How could you show leadership through proactively voicing your ideas on ways to increase efficiency, effectiveness and improve care outcomes?
Challenges for physiotherapy leadership

Strategic leadership roles and traditional hierarchies in NHS

Clinically every trust has a clinical director and a chief nurse but representation at a board level for therapists is rare. As Rose points out, strategically the key leadership relationships in the NHS are between the Chief Executive, the Clinical Director and Chief Nurse. Desveaux and Verrier suggest that to advocate Physiotherapy and its value there is a need to build leadership capacity and positions across the healthcare system. The development of clinical leadership roles in the UK such as consultant and extended scope practitioners is forging the way in clinical leadership. There is a growing recognition by professions that there is a need for clinicians to be engaged in leadership and it is no longer an optional extra but a necessity. Through working with their AHP colleagues’ physiotherapists can develop a strong leadership voice at a strategic level and in health systems design.

In many areas structures within the health services are changing from traditional uni-disciplinary silos to integration across disciplines with interdisciplinary teams. A realist synthesis focussed on inter-professional healthcare teams stated leadership as one of the four key mechanisms contributing to these teams’ effective operation. Some teams had shared leadership although a key challenge was the traditional hierarchy with medics often being viewed by both themselves and the team as the leaders although this was not always the case.

For physiotherapists to be able to apply successfully for newly created and often ‘hybrid’ leadership roles, they need to see themselves in these roles. A concern has been expressed by some participants in a survey of physiotherapists that these roles might become dominated by other professions. Desveaux and Verrier found that physiotherapists tended not to look beyond their immediate environment; they suggested that for physiotherapists to have impact across the systems of healthcare, they need to recognise leadership roles and opportunities beyond their immediate work environment. However a study carried out in Scotland using the Multifactorial Leadership Questionnaire (MLQ) focused on AHPs found that physiotherapists had greater transformational leadership behaviours than some other AHPs. Both seniority of grade and prior leadership training also positively influenced transformational behaviours. This study suggests that physiotherapists may be well placed to lead the changes required in the current health care transformation.

- Are you taking opportunities to look beyond your own practice to lead the development of care pathways, service redesign and new working practices?

Development of clinical AND leadership skills

There is a growing recognition by professions that there is a need for clinicians to be engaged in leadership and it is no longer an optional extra but a necessity. In healthcare system, there is a tension between the development and focus on technical (clinical) skills and leadership skills, with a need for clinicians to move into leadership positions and lead on delivery of healthcare. Studies have shown that there is a need for leadership in the utilisation of evidence based practice (EBP), with a growing recognition that contextual factors of leadership and culture are critical to successful implementation of EBP. In order to ensure excellence and quality in physiotherapy services, leadership and management is required not just high level clinical skills. Some physiotherapists in Ireland have suggested that there is too greater emphasis on clinical skills and the implication of distributed leadership is that it requires “therapists at all levels … to take on leadership responsibilities and thus will require leadership training.”

- Are you developing both your clinical and leadership skills?