Developing clinical leadership as a strategy for hospital transformation at district level

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Background

In South Africa, as in many other countries, there are:

- failures of public health sector leadership
- declining quality of public sector services
- poor staff morale

Yet, seemingly against the odds, there are also examples of:

- committed clinical staff
- good-practice sites that deliver quality care

As the international literature suggests, mechanisms to restore responsiveness and quality in public services include:

- strengthening the leadership capacity of clinical staff
- facilitating participation in their organizations' decision-making processes

> *"Leaders at the lowest levels of delivery organisations, where clinical staff and patients interact, have control over a set of organisational levers that have been shown to have a meaningful impact on both intermediate medical outcomes (e.g. error rates) and terminal outcomes (e.g. readmission and mortality rates)."* Bohmer (2012, p7)

Objectives

To identify the possibilities and challenges related to involving clinical staff in the leadership of district hospitals in South Africa

> ***Clinical leadership** is the transformational leadership provided by practicing clinical staff – doctors, nurses, allied health professionals and others - who drive improvements in the quality of care, either through formal participation in clinical governance activities or through informal role modelling and mentorship.*

Methods

- exploratory study
- qualitative approach:
  - extensive literature review
  - 14 semi-structured interviews with local and international experts
  - feedback on draft report from 5 additional experts
- majority of experts had a clinical background in district hospitals

Why is clinical leadership important?

1. clinical staff do not simply look after individual patients – they make most of the decisions that affect the quality of care and many aspects of organisational efficiency
2. the clinical process is extraordinarily complex and unpredictable, requiring a high degree of discretion and flexibility
3. hierarchical, rule-governed management is not effective in "professional bureaucracies" such as hospitals where authority is based on specialist knowledge and linkage to professional networks

> *"At places where there is good care, people are not working to the rule. Where there is good care there is good leadership and the leadership usually is something ... quite ephemeral in some ways, on some levels.*
> *On other levels I think it's something very, very visible and concrete" (former clinical leader and acting hospital manager)*

However:

- there are many clinical staff who perform badly as managers or are not interested in clinical leadership
- increased influence for clinical staff needs to be balanced by greater accountability and recognition of funding constraints

What is a good clinical leadership system?

1. Good clinical leadership systems:
- strike a balance between caring for individual patients and strengthening the health system as a whole
- act as a counter-weight to bureaucratizing tendencies

2. Good clinical leadership systems depend on:
- distributed leadership that extends across professional and organisational boundaries
- collaborative, multi-disciplinary teamwork
- regular, open and inclusive communication
- mutual respect between clinical staff and managers
- alignment of the clinical and managerial objectives of the organization

3. Clinical leaders are involved in a range of formal and informal leadership roles.

> ***Examples of clinical leadership roles in district hospitals in South Africa***
>
> - *running a ward or clinical unit*
> - *participating in ward rounds*
> - *mentoring other clinical staff at the bedside*
> - *developing clinical guidelines and standard operating procedures*
> - *participating in or leading a variety of committees*
> - *training undergraduate and postgraduate students*
> - *overseeing clinical governance*

4. Good clinical leaders maintain their involvement in clinical work in order to:
- keep patient care at the heart of management
- understand what is needed to protect service quality
- preserve their credibility with other clinical staff

5. District hospitals are well-placed to develop improved clinical leadership systems, especially in rural areas where many staff live on the hospital grounds.

Barriers to effective clinical leadership

- many district and provincial offices do not provide an enabling environment
- hospital managers are distracted from their hospital duties by the demands of more senior managers
- there is a disjuncture between the identification of problems affecting clinical care and action taken by the management team
- some district hospitals are increasingly alienated from district primary care services and receive little specialist support
- poor human resource management systems:
  - delay the appointment of clinical staff
  - place enormous administrative loads on clinical leaders who are compelled to intervene to recruit staff
- the selection of clinical staff into leadership positions is on the basis of length of service rather than leadership skills
- there is a lack of leadership and management training for all types of health professional, as well as insufficient on-the-job mentoring
- burdensome and ineffectual monitoring systems create administrative loads on clinical staff without addressing the root causes of poor quality care

> *"Despite having often that passion and that drive, it means you have some success but sometimes that success is only limited to keeping that team together and you're still putting out fires, but some of the more high quality issues, or some of the … deeper issues of clinical governance, you're not necessarily getting to those, even if you've got a good team." (medical manager at district hospital)*

Recommendations for action

Universities

1. Strengthen research on clinical leaders
2. Strengthen leadership training for all health professionals, including at undergraduate level, making sure to:
   - respond to the unique features and values of the public sector
   - reflect a philosophy of shared, multi-disciplinary and transformational leadership
   - use innovative and reflective training approaches
   - inculcate problem-solving skills

National Department of Health

1. Make clinical governance a key function of senior hospital management teams as well as hospital boards
2. Recognise clinical leadership as a key driver of facility performance
3. Incentivize good clinical staff to become leaders through:
   - adequate financial rewards
   - career paths that allow continued clinical involvement
   - administrative support

Provincial and district offices

1. Review the demands placed on facility managers and create effective delegations
2. Adopt a supportive rather than 'policing' role in relation to clinical leaders
3. Galvanize human resource management to ensure rapid appointment of clinical staff
4. Integrate district hospitals more effectively with primary health care services, including providing specialist support
5. Promote joint appointments with universities for key staff in order to give them support and stimulation

Facility managers

1. Clarify the roles of different types of clinical leaders and build relationships between:
   - hospital, medical and nursing services managers
   - the nurse and doctor in charge of a ward
2. Appoint credible professionals into leadership positions based on leadership and management prowess
3. Lighten the management and administrative loads of clinical leaders through:
   - building the capacity of managers and administrators
   - ensuring there are functioning computers, internet connections, e-mail, fax machines and photocopiers
4. Provide supportive supervision and on-the-job leadership training and mentorship for clinical leaders throughout their careers
5. Find a mechanism (such as a quality committee) to take structured action on issues affecting the quality of care that are identified by clinical leaders
6. Balance collegial leadership with measures to ensure that clinical staff are fulfilling their roles adequately and remain accountable

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