

Layers of Leadership: Hidden influencers of healthcare improvement

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Objective:

Findings from two research studies illustrate how sustainable healthcare improvement requires leaders and influencers at **all** organisational levels and not solely from senior managers and clinicians.

Methods:

Two studies conducted with the National Booking Programme; a national NHS Modernisation Agency service improvement programme. The first study was an in depth case study with an acute NHS trust that participated in the programme. The original objective was to identify factors that influenced the spread and sustainability of improvements. It involved interviews with 26 staff; 3 focus group interviews, observations of meetings and documentary analysis.

The second study was an evaluation of the same programme, the objective of which was to evaluate how the programme had progressed, its advantages and setback, across the 163 trusts involved. A survey, containing open ended and fixed choice responses, was distributed and 131 were returned.

The overall findings have been widely disseminated. Leadership and influence is just one theme that emerged from both data sets. Whilst this paper relates to only one Modernisation Agency programme, the key messages that might be generalised to other improvement initiatives and healthcare settings.

Results:

Consistent with previous research (Shortell 2002, Hackett and Spurgeon, 1998, for example), it was found that healthcare programmes like the NBP require the endorsement and continued commitment of senior managers. Senior clinical leadership and support are required, especially in terms of engaging consultants. Project managers are also required to implement and sustain booking.

Our findings also showed that leaders and influencers can be found at all levels of an organization and this included administrative and clerical staff, medical secretaries and nursing staff. Key individuals, not typically considered as leaders of healthcare improvement, were the driving force in instigating, implementing and sustaining booking projects. They were also influential in persuading sceptics, especially doctors to join the programme, through the relationships they had developed over time. Whilst these staff groups often lead only small scale changes, relative to an organisation's overall goal, the cumulative effects of these can be powerful. As suggested by Meyerson (2001) '*... Like drops of water, these approaches (to change) are innocuous enough n themselves. But, over time and in accumulation, they can erode granite*'.

The paper discusses the factors contributing to their success, which included:

- In depth knowledge of the organization, and its systems and processes and people.
- Their ability to adapt change to the local context. (Senior leaders do not always have the detailed knowledge of the context within which change takes place)
- Determination and ability to disregard criticism
- Desire for personal and organisational success

Conclusions:

Changes driven by staff who will ultimately take responsibility are more likely to be sustained than changes driven solely from the top. This view does not imply a shift of focus from formally designated leadership figures; they play an essential role in driving and supporting improvement initiatives. Rather, it demonstrates that leadership does not take place only at the top of the hierarchical structure. Many people can work as leaders or influencers without having a clearly defined leadership role

The potential impact of developing leadership capabilities across the entire NHS, or any healthcare system, is huge. Currently, however, it does not appear to be widespread. Training and resources for change tend to centre on senior and middle managers and clinicians.

One major challenge is to identify, support and encourage all staff to implement their innovative ideas and to develop leadership capabilities throughout the entire organization.