Transformational Allied Health Leadership

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WHY LEADERSHIP?

Leaders...

- **Create the vision and set direction**: mobilising followers’ efforts by ensuring they share a vision of what can be achieved in the future through the development and enactment of shared meaning
- **Work with others**: including building relationships with followers so that they can deliver performance beyond what they, the clients or the organisation expected
- **Demonstrate personal qualities**: including caring, establishing trust and instilling confidence in followers

Leadership...

- Brings about movement and constructive change
- Provides a vision for the future
- Aligns organisational and individual efforts
- Motivates and inspires employees to achieve beyond expectations
- Essential for high quality healthcare

Leadership defined...

...leadership in healthcare is being able to cultivate an environment where all employees could contribute to their maximum potential in support of the mission of the organisation.

Three aspects to effective healthcare leadership are having a compelling vision, energising goals and a positive organisational climate (Garman et al., 2006)

LEADERSHIP IS REQUIRED FOR SAFE, HIGH QUALITY, COMPASSIONATE HEALTHCARE

References: HWA (2012); West et al (2015)
6 Essential Capabilities to Creating High-Performing Organisations

- Leadership and the ability of leaders to identify the “vital few breakthrough opportunities”
- A systems approach
- Measurement capability at all levels
- The culture of a learning organisation (with an infrastructure to harvest best practices for sharing and learning to create potential for spreading practices with the greatest impact)
- Team engagement from the bottom up
- A strong internal capability to improve

Bosignano, M & Kennedy, C (2012) Pursuing the Triple Aim

Leadership and culture

Culture change and continual improvement come from what leaders do, through their commitment, encouragement, compassion and modelling of appropriate behaviours.

Berwick Report, 2013

WHY ALLIED HEALTH LEADERSHIP?

There is an abundance of leadership literature, but not much of it is about allied health (see reference list).

What is there suggests:
- There is variation in leadership skills across allied health professions
- Leadership skills can be developed through education

Leadership Excellence for Allied Health (LEAHP) Program

What is LEAHP?
- LEAHP is an evidence-based leadership development program for allied health personnel
- Underpinned by leadership and practice development theories
- Developed specifically for Allied Health professionals.

LEAHP leadership theory

- Number of leadership theories and approaches
- **Full range leadership theory** (Bass & Avolio 2004)
  - **Transformational leadership**: Collaborative approach where leader raises levels of motivation and morality. Purposes and efforts become aligned.
  - **Transactional**: Relationships among clinicians is based on an exchange of some resource valuable to them.
  - **Laissez-faire**: Where the leader avoids making decisions and takes no responsibility

LEAHP practice development theory (critical social science)

Practice development (person-centredness)

“A continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformations of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy.”

(Manley et al 2008, p. 9)

Person-centred Care

- It’s what we do to, for and with each other with a view to maximising potential and promote flourishing.
- Relates to workplace culture and ways of working.
- Collective patient and public involvement
- Compassion, dignity & respect
- Shared decision making
- Personalised care

Ref: Manley et al 2008; Health Foundation 2016
LEAHP Program

What does the LEAHP Program involve?
Attendance at three days of face to face workshops as well as five action learning sets scheduled across a 10 month period.
Coaching is also available as part of the program.

LEAHP Program

Does LEAHP work?
• Robust evaluation as part of research program of work using mixed-methods evaluation
• SESLHD Participants
  31 females; 2 males
  Range of allied health disciplines
• Stratified randomisation into 2 primary groups:
  Control (business as usual)
  Intervention
• Intervention group then randomised into 2 groups:
  Those who received 1:1 coaching
  Those who did not receive coaching

Schematic Illustration of Methodology (2014-15)

BASELINE DATA
• Collected in March 2014 (n=33)
  • Two surveys with several parts:
    Survey 1: Demographics; Workplace measures - satisfaction, person-centred care, quality and safety; the Utrecht Workplace Engagement Scale (UWES)
    Survey 2: The Multifactor Leadership Questionnaire (MLQ) (Bass & Avolio, 1997)

REPEAT BASELINE DATA
• Collected in March-April 2015 (n=30)
  Control: n=16
  Intervention: n=14
• Loss of 3 subjects, 2 from intervention group & 1 from control (2 x maternity leave; 1 promotion)
• These 3 excluded from analysis

Does LEAHP work?
• Statistically significant (quantitative) differences were found in self-reported leadership performance, workplace measures and workplace engagement for LEAHP participants (intervention group) before & after the leadership program, compared with a control group
• Excellent results from qualitative evaluation
LEAHP Program

Does LEAHP work?
- Very high overall satisfaction with the program
- Feedback that it was a practical course, with strategies/ideas that could be implemented after each session
- High trust, high engagement
- Change in clinical practice (enhanced person-centred care)
- Role of coaching

Implications

Within the context of study limitations:
- Transformational leadership can be developed as can leadership efficacy & workplace engagement
- Coaching can assist to build confidence
- Person-centred approaches (practice development) resonates with AHP
- Experiential, work-based learning can lead to positive change
- It is worth investing in allied health leadership development

NSW Allied Health Leadership Study

- Study investigated the opinions and perceptions of senior allied health leaders in relation to allied health leadership, governance and organisation from an Australian public health perspective.
- The target group was the NSW Health Allied Health Directors/Advisors
- N=17 LHD/SNs (1 declined ethics consent)

Themes from the study

Contribution and worth
- “I think one of the challenges for allied health is that we don’t often articulate what we bring to the table and our skill set.” DAH-1
- “You would never hear a medical or a nursing professional say that weren’t unique and had something amazing to contribute” DAH-4

Attitudes and approaches
- “…the story of how we can contribute is much more important than the ‘poor me’ conversation, to be influence at the table and how people see us as allied health, whatever profession that is.” DAH-13
- “…we need to bring our best attributes… to be part of the solution…and that’s how we I think begin to demonstrate our value not only as allied health professionals and managers but also to the organisation.” DAH-5

Patient care:
- “A lot of those initiatives are all about allied health as major components of making them successful.” DAH-10

Allied health organisation:
- “…having the Director of Allied Health positions and then making sure within the District that there are appropriate structures and governance… means we’re not always having to say ‘what about us?’ but we’re in a position to contribute in a meaningful way at the right table.” DAH-11
Themes from the study

Influence
“I’ve certainly seen in some particular instances where allied health are becoming far more integral in organisational structures in terms of Executives and others where they're completely ignored.” DAH-7

Diversity
“[Because of our specialisation] ... clinicians and department heads have difficulty realigning themselves with a change of service or directions of the organisations.” DAH-12

Themes from the study

Allied health competencies
“Allied Health Managers need to broaden their individual professional identity and function, manage in the broader allied health environment in order to influence the system and manage up effectively.” DAH-11

Leadership and culture

NSW Allied Health Leadership Survey
Allied health defined…

Patient-focused professionals who work in teams to provide, high quality health care.

The culture of allied health is being person-centred, team-based, inclusive and holistic

Allied health cultural framework

NSW Allied Health Leadership Survey

Implications

• Build and grow influence
• State our value and contribution
• Realign our efforts towards more strategic issues influencing governance, performance, professional standards and advocacy
• Broaden our vision and scope across all discipline leaders alongside those managing across allied health services
• Application to both clinical and research areas

Allied health ways of working

NSW Allied Health Leadership Survey
Emergent Approach to Change (Kotter, 2012)

1. Power through connection and relationships, not just hierarchies
2. Shared purpose
3. Making sense through emotional connection, not just rationale argument
4. Viral (grass roots driven) creativity supported by Executive leadership - many change agents, many acts of leadership
5. Open approaches, sharing ideas and data, co creating change
6. Distributive and adaptive leadership – creating the conditions and nurturing networks

Implications

Considering your own context, what capacity do you have to be an agent of transformational change?

Questions

References

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