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Models of medical leadership and their effectiveness: an exploratory study

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Models of medical leadership and their effectiveness: an exploratory study

Objectives

- To describe the engagement of doctors in management and leadership roles in the English NHS, to analyse the interaction and functioning of the triumvirate (usually doctors, nurses and managers) and the effectiveness of team working in clinical directorates and related structures, and to explore the relationship between effectiveness and performance.

- To address issues in the organisational studies literature on the changing nature of professional organisations. Recent reforms to the NHS, building on the Griffiths report of 1983 and extending through the internal market in the 1990s to New Labour's reforms in the last decade, have superimposed management and business structures and processes on autonomous professionals. The extent to which these reforms have altered health care organisations or resulted in the replication of relationships found in professional bureaucracies will be analysed and the findings related to ongoing debates on the emergence of new organisational forms.

Background

The NHS, like a range of other types of organisations, has been historically characterised as a professional bureaucracy in which doctors and other clinicians have a large measure of autonomy in organising their work. However, over the past twenty years the NHS has come under pressures to become more "businesslike" and this has resulted in managerial structures and business values being superimposed on professional structures. The main organisational mechanism for management at the clinical level in hospitals in recent years has been the "Clinical Directorate".

Although a range of studies have been conducted into Clinical Directorates, there is no up to date information about the range and types of structures that exist, and how these have been affected by recent innovations, such as service line reporting. There is also a lack of evidence relating different clinical directorate structures to behaviours and relationships, and the effectiveness of team working. Building on existing research, the first objective of our proposed study is to carry out a survey in order to map and describe the organisational structures relating to medical leadership that currently exist in NHS Trusts. This will enable us to describe how traditional clinical directorate structures have evolved in the light of recent interest in service line reporting and moves in some NHS organisations to establish fewer, larger divisional arrangements.

Based on the results of the survey, we will construct a typology of the structures that exist. This overview will be useful in terms of demonstrating the types of arrangements which exist throughout England and provide a baseline in an area that little is presently known about. Describing structures will not in itself tell us much about the actual processes which go on within these structures or how medical leaders and their colleagues define their roles and behave in practice. This information is crucial if we are to be able to establish how it is that these individuals take on such roles, how they play out in practice and how we might better develop and support individuals in the future for these roles.

It is therefore essential that the research design builds upon the initial structural typology to explore how, within particular structures, specific behaviours link to effective enactment of professionals in significant managerial and leadership roles. This will be approached through the qualitative phase, where clinical engagement and inter−professional team working will be assessed, and through on−site semi−structured interviews where the specific behaviour of key players can be explored. Therefore, the second objective of the research is to investigate these behaviours and get inside the 'black box' of different structures.

The third objective of the research is to explore how different structures and behaviours relate to organisational and directorate performance as, for example, measured by the Healthcare Commission

and Dr Foster. This will focus initially on aggregate measures of organisational performance. We will also explore whether routinely available data enable analysis of performance at a disaggregated level e.g. clinical directorates, and if so how performance at this level is related to different structures and behaviours.

We recognise that this is the most challenging aspect of the proposed research and we therefore see this as exploratory in nature, designed to establish what can be done with existing data sources and to suggest how the links between structures, behaviours and performance can be investigated in more detail in future.

The research will therefore explore the relationship between different structures and behaviours on the one hand, and organisational and directorate performance on the other. The proposed research will fill a gap in current knowledge about the engagement of doctors in leadership roles by describing the arrangements adopted by NHS Trusts in England, and by providing evidence about the effectiveness of different arrangements. This will enable policy makers and practitioners to review and strengthen medical engagement in management and leadership roles and take forward the reforms to the NHS following The NHS Next Stage Review.

Design

Given the background set out above, the design therefore calls for a range and blend of methods. At this stage it is difficult to be entirely prescriptive or definitive as to what these methods will look like precisely in terms of the second stage of the research process (particularly when considering performance data). A mixed method approach will be adopted using both quantitative and qualitative data in order to investigate various phenomena and then to investigate key issues in more depth or triangulate findings. We anticipate that the research is likely to involve:

A national survey to identify the typology of structures will be designed on the basis of the existing literature on organisational features plus a small sample of preliminary interviews in two or three local organisations to ensure that the generic characteristics relate well to the health sector. This will be piloted and checked for ease of use, clarity of instructions, universal applicability. The survey itself will be sent for completion to Medical Directors (by name) in each Trust. Data will be collated and entered into a spreadsheet on return for ease of collation and analysis;

Our assessment of the dynamics of inter-professional behaviour will be conducted through case studies, selecting a small number of examples of each of the types that we identify in our survey for more detailed study. At this stage we anticipate there will be three main types: the traditional clinical directorates, large divisional arrangements and service line reporting. Three examples of each type will be chosen as case studies with the aim of (1) describing in greater detail than will be possible in the national survey the nature of the organisational structures that exist, and (2) exploring the relationship between different structures and professional behaviours. Within these sites a combination of semi-structured interviews with a range of staff in the sample sites, an examination of documents describing organisational practice (meetings, membership, lines of communication, decision-making structures) observing meetings as well as more formal assessment of the nature of team working and the Medical Engagement Scale which will assess the perceived level of engagement with organisational goals and practices and the Aston Team Performance Inventory. Semi-structured interviews with chief executives and directorate managers, medical directors and clinical directors, and other relevant staff will be tape recorded and transcribed (subject to the consent of participants). The transcriptions of these interviews will be coded and analysed using a grounded approach (Glaser & Strauss, 1967), aided by a qualitative research software programme (such as NVivo). In addition, we will observe meetings and analyse relevant reports and papers for the NHS organisations selected as case studies.

The relationship between organisational and directorate performance will be analysed using routinely available locally based performance data as collected by the Healthcare Commission, Dr Foster etc in accordance with data on structures and behaviours. Clearly, analysis of performance information will vary according to the types of data which are obtained but it is anticipated that there will be some level of quantitative or statistical analysis involved within this stage.

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Addendum

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