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Introduction

- Leadership development of healthcare professionals has been prioritized in the NHS as an essential strategy to improve organizational outcomes and patient care [1].
- This has given rise to several leadership development programmes, frameworks, and models to support this enterprise [1].
- One way to evaluate the effectiveness of leadership is by using the quality-of-care indicator, patient experience [2].
- However, the conceptual and evidential link between leadership development and patient experience has not been systematically investigated yet.

Study Aim

- An exploratory study to obtain qualitative data on the perceptions of clinical staff about the association between clinical leadership and patient experience.

Methods

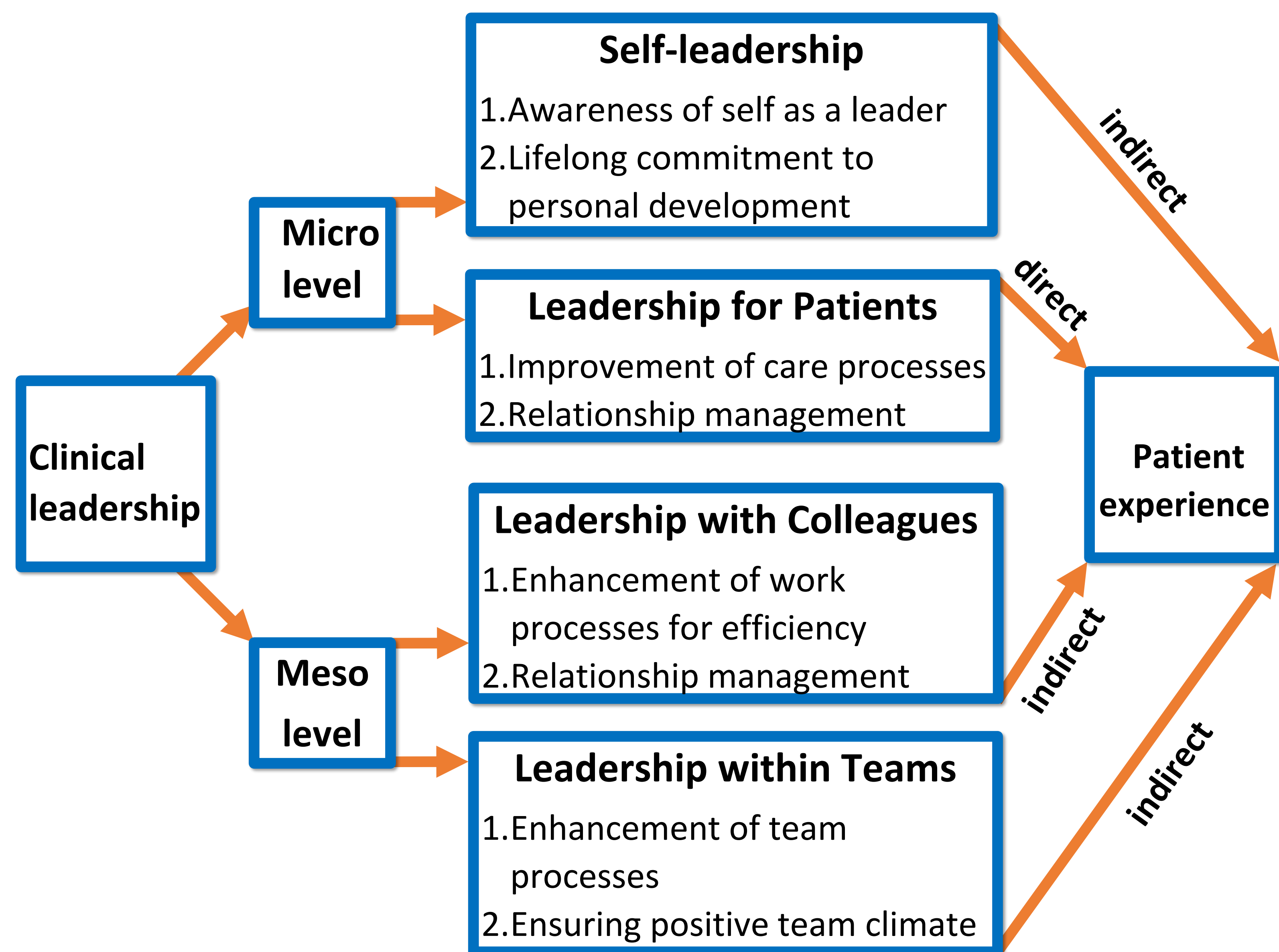
- **Participants:** Purposeful sampling of four physiotherapists working in the English National Health Services (NHS) who have attended a leadership development programme.
- **Data collection:** Semi-structured interviews conducted with participants, audio-recorded with consents and transcribed verbatim.
- **Data Analysis:** Qualitative content analysis used to identify patterns and themes.

Results

- Leadership was hypothesized to affect the patient experience in two broad ways: at the micro-level and meso-level.
- At the micro-level, leadership was said to influence patient experience through clinician leadership of themselves and in their interactions with patients.
- At the meso-level, patient experience was said to be influenced indirectly through the demonstration of leadership with colleagues during care delivery both at the individual level and within teams, particularly in prioritizing patients during the provision of care.

References

1. NHS Institute for Innovation and Improvement (2011). Clinical Leadership Competency Framework. Coventry: NHS Institute for Innovation and Improvement.
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3. West, M., Armit T, K., Eckert T, R., West, T. & Lee, A. (2015). Leadership and Leadership Development in Health Care: The Evidence Base. London: The King's Fund.
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Possible Modulators

1. Work environment
2. Positional or informal leadership

Figure 1: Schematic representation of leadership influence on patient experience

Discussion

- Findings from our study reveal a conceptual gap when linking leadership with patient experience and resonates with current evidence highlighting the difficulty in understanding the specific role of leadership in enhancing patient care [3].
- In addition, team climate (that is, the perception of the work environment) may play a key role in the mechanism of leadership influence on patient experience.
- There is some indication in the literature that in the presence of mediators such as a positive work environment and staff empowerment, a decrease in adverse patient events and an improvement in patient satisfaction will occur [4].

Initial conclusion

Clinical leaders could have a role to play in influencing patient experience through appropriate relationship management at the micro- and meso-levels, and the strengthening of core care delivery processes.

Next steps

Identification of specific leadership behaviours with impact on the experiences of patients (as part of the wider aim of the PhD project).

Development of a conceptual framework that elucidates how clinicians' demonstration of clinical leadership influences the patient experience

Contact