Institution: University of Dundee

Unit of Assessment: UoA 17 Business and Management Studies

Title of case study: Overcoming the Challenges Facing Medical Leadership and Medical Engagement

Period when the underpinning research was undertaken: 2010 onwards

Details of staff conducting the underpinning research from the submitting unit:		
Name(s): Graeme Martin	**Role(s) (e.g. job title):** Professor and Associate Dean Research	**Period(s) employed by submitting HEI:** August 2012 to date

Period when the claimed impact occurred: 2015-2020

Is this case study continued from a case study submitted in 2014? N

1. Summary of the impact

Dundee led research on the 'Changing Work Experience of Consultants in NHS Scotland' has contributed to critical public debate in the Scottish Parliament over 'deprofessionalization' and disengagement of hospital consultants, and has led to the development of a 'medical identity toolkit' for assessing medical leadership and the quality of medical engagement with employers. The research and subsequent outputs have resulted in:

   (1) British Medical Association (Scotland) introducing new policy on medical advisory boards across NHS Scotland;

   (2) culture change and medical leadership development in a large Scottish NHS health board and an English NHS trust;

   (3) wider application and uptake of the toolkit across the UK and in Sweden.

2. Underpinning research

Shifts in logics of decision-making in the NHS have led to widespread perceptions amongst doctors that changes in healthcare management have challenged the autonomy, expertise and influence of senior doctors. These developments have brought major challenges in engaging doctors in the delivery of sustainable, safe and efficient services. Governments and NHS have sought to re-engage medical professionals by promoting them into leadership positions. However, research led by Martin (University of Dundee) into consultants' experience of work in NHS Scotland showed medical leadership appealed to only a minority of senior doctors, and that the large majority of consultants: (a) distrust the competence and motives of medical leader post-holders, and (b) feel profoundly disengaged from their organizations, senior managers and their medical leaders because they lack voice in decision-making. These findings were especially pronounced among the most senior consultants.

This work has its origins in a decade-long programme of research and knowledge exchange with doctors conducted by the research team from Dundee and Glasgow universities **[R1-R5]**. The research team have worked together for 8 years on research projects involving extensive engagement with medical professionals and healthcare leaders in the UK, Australia and Sweden. Their research has focused on organizational trust, employee engagement, employee voice and healthcare management/clinical leadership. Key research insights have pointed to lack of legitimacy/authenticity of clinical/non-clinical leaders from the perspective of medical professionals, the inherent problems of generating genuine dialogue in doctor-manager relations

and a critical evaluation of distributed/ shared leadership models in healthcare management **[R1-R6]**.

In 2014, the research team were funded by the BMA (Scotland) to study the changing work experience of medical consultants in Scotland. Sixty-eight in-depth interviews were conducted with consultants working in various specialties, types of hospitals and regions in Scotland, followed by an online survey generating 1058 responses from consultants in 2015 and a smaller-scale survey in 2017. The key findings from **R2** were that consultants:

- increasingly saw decision-making dominated by financial, bureaucratic and managerial logics;

- experienced considerable de-professionalization, resulting from bureaucracy, managerial control, political control, internal regulation by medical bodies and symbolic attacks on their status;

- felt they were not listened to and were not involved in decision-making, both of which were detrimental to patient care and to the sustainability of world-class care;

- were highly critical of medical leaders for negatively impacting on their working lives, despite experiencing high levels of trust in doctors and medical judgement from patients and expressing high levels of engagement with their jobs, colleagues and the values of the NHS.

Consultants' narratives and identities varied according to their career stage and experience of medical/clinical leadership positions **[R1 to R6]**. The research produced three different categories of consultants' identity motives and identity responses, which have led to a novel theoretical framework for understanding doctors' suitability for medical leadership positions, medical engagement and culture change **[R3]**. This framework has been developed into a medical identity toolkit, which provided (a) organizational feedback to help two NHS Medical Directorates in Scotland and England understand identity conflicts among consultants and significantly impact on medical engagement and medical leadership in the organizations, and (b) individual feedback to senior doctors to compare themselves with consultant colleagues. The individual feedback data have been found to be highly predictive of key outcomes, including suitability for medical leadership positions, willingness to promote their employers to potential medical employees, and identification with their employers' mission and values **[R6]**.

3. References to the research

[R1] Siebert, S., **Bushfield, S., Martin, G.** & **Howieson, W.B.** (2018) 'Eroding respectability: deprofessionalization through organizational spaces', *Work, Employment and Society*, 32 (2), pp 330-347. DOI: 10.1177/0950017017726948

[R2] Martin, G, Siebert, S, **Howieson, W. B** & **Bushfield, S.** (2015), *The changing experience of work of consultants in NHS Scotland*. [online]: British Medical Association. Available at: https://www.bma.org.uk/media/1570/bma-the-changing-experience-of-work-consultants-nhs-scotland-may-15.pdf (Accessed 03 March 2021)

[R3] Martin, G., Bushfield, S., Siebert, S. & **Howieson, W. B.** (2020) 'Changing logics in healthcare and their effects on the identity motives and identity work of doctors', *Organization Studies* DOI: 10.1177/0170840619895871

[R4] Martin, G, Beech, N, MacIntosh, R & **Bushfield, S**. (2015) 'Potential challenges facing distributed leadership in health care: evidence from the UK National Health Service', *Sociology of Health & Illness*, 37(1), pp14-29. DOI: 10.1111/1467-9566.12171

[R5] Keijser, W. & **Martin, G.** (2020) 'Unlocking medical leadership's potential: A multi-level virtuous circle?' *British Medical Journal Leader*, 4(1). DOI: 10.1136/leader-2019-000136

[R6] [text removed for publication]

Quality of underpinning research:
R1, **R3**, **R4** and **R5** are outputs in double-blind refereed international journals.

Research Grants underpinning the research:
Work was funded through an award from the BMA Scottish Consultants' Committee: 'Consultants Experience of the Changing Nature of Work in the NHS in Scotland'; award value £31,356 1/4/14 - 31/10/14; Martin was PI.

4. Details of the impact

The Scottish BMA Consultants' Committee (SCC) represents over 3000 consultants in NHS Scotland. The findings of **R2** were presented to them on 24th May 2015, followed by online publication of the full report on the BMA website on 31st May 2015. The findings generated an immediate response in the Scottish and national news media (including the Daily Express and Times), as well as coverage in the British Medical Journal **[E1]**. Subsequent reporting on Scottish TV news on 3rd June, 2015 provoked a response in the news item from the Scottish Cabinet Secretary for Health and Sport.

Impact on BMA (Scotland) Policy and Debate in the Scottish Parliament

The research **[R2]** was presented in the Scottish Parliament on 3rd June 2015, attended by 13 MSPs, the Chief Medical Officer for Scotland and senior members of the medical community in Scotland and was discussed further by the Scottish Parliament on 10th June 2015 in a debate on health **[E2]**, when the findings were raised on four occasions as evidence of major challenges facing NHS Scotland (Scotland's largest employer).

As a direct result of **R2**, the SCC wrote to policy makers and health boards in July 2015 to ask for decisive action to allow consultants' voices to be heard **[E3]**. In September 2015, they also published a follow-up policy paper entitled: 'Re-engaging the consultant workforce: the role of local advisory structures' **[E4]**. In this paper, the SCC concluded that the research had identified serious problems with existing practice and drew on it extensively to make recommendations for re-invigorating/creating local area medical advisory committees. The research also featured prominently in the BMA's Manifesto Briefing for the Scottish Parliament elections in 2016, in which Martin et al.'s report is cited to evidence the need for local committees to provide senior doctors with greater voice on how services are best provided and prioritized. As a result, the SCC began to work closely with re-invigorated area medical advisory bodies in all 14 NHS Regional Boards across Scotland to improve communications with consultants, and several medical directorates have initiated reforms in their NHS boards with the aim of revitalising their medical advisory committees and subcommittees.

Impact on Medical Leadership and Engagement in the NHS

One of the key outputs from the research was the development of a medical identity toolkit to help improve medical leadership and engagement; an early version of the toolkit received the following endorsement by the SCC in February 2018 who wrote:

> *(it) has provided an even greater insight into our consultant colleagues in the NHS in Scotland… We particularly found your framework showing the variation in consultants' perceptions and feelings in response to changing 'logics'… to be insightful and useful in helping improve relations in health boards.* **[E5]**

The toolkit has since been further developed and applied in organizational development interventions in Leeds and York Foundation Trust (LYFT) (2019) and NHS Tayside (2020) with their medical directorates. These interventions involved assessment of approximately 600 consultants to analyse and develop solutions to their medical engagement and medical leadership problems, as the Medical Director of LYFT confirms:

> *The medical identity diagnostic toolkit you have developed from research and implemented with the workforce has enabled us to decide on our next steps to ensure that we promote high quality services by having an engaged workforce* **[E6]**

In September 2020 the Medical Director, NHS Tayside, provided further endorsement of the toolkit:

> *Your research, especially your Medical Identity toolkit approach, has had a significant impact on our understanding of how far we have progressed with our clinical leadership and engagement strategy. It has already helped us identify future medical leaders and bring about important changes in how we appoint and develop medical leaders. Moreover, the toolkit and the work you are doing with us to facilitate change is having a major impact on rebuilding trust and medical engagement in NHS Tayside by providing the essential evidence base and benchmarking for us* **[E7]**

As a result of the research and his extensive engagement with NHS boards, Martin was appointed as a Non-Executive Board Member for NHS Tayside in 2018. This and subsequent appointments have enabled the implementation of a new 'clinically-led, managerially enabled' leadership, culture change and workforce strategy, described by the former chair of NHS Tayside as:

> *a benchmark for other Health Boards… that is now being developed with the territorial Health Boards, NHS Education for Scotland, the GMC and the Royal Academies… to develop a more integrated approach to leadership development for clinicians in Scotland* **[E8]**.

The research and toolkit have been presented to medical and healthcare management communities in Edinburgh, Glasgow, London, Gothenburg and Sydney. Versions of the medical identity toolkit are also being adopted in England and Sweden. Although progress has been delayed by COVID-19, adaptation of the tool has been welcomed as a means to identify and develop existing and future medical leaders **[E9, E10]**.

5. Sources to corroborate the impact

[E1] Compilation of media coverage of **R2**

[E2] Scottish Parliament: Official Report of meeting of 10th June 2015. Available at https://www.parliament.scot/parliamentarybusiness/report.aspx?r=10005 [references to R2 on pp 19, 20, 23, 40]

[E3] BMA Scotland letter: 'Call to reinvigorate voice of consultants' 30th June 2016

[E4] BMA Scotland report: 'Re-engaging the consultant workforce: the role of local advisory structures'. Available at https://www.bma.org.uk/media/1572/bma-reengaging-consultant-workforce-sept-15.pdf

[E5] Email correspondence: former Chair of BMA Scottish Consultants' Committee

[E6] Email correspondence: Medical Director, Leeds and York Health Trust

[E7] Email correspondence: Medical Director, NHS Tayside

[E8] Email correspondence: former Chair, NHS Tayside and current Chair NHS Greater Glasgow and Clyde

[E9] Email correspondence: Frölunda Specialistsjukhus, Västra Götalandsregionen,

[E10] Letter from CEO of Academy of Medical Royal Colleges Faculty of Medical Leadership and Management