Creating stronger relationships between managers and clinicians

Institute of Healthcare Management

Key points

- Almost three-quarters (74%) of managers report that the relationship between clinicians and themselves is "a partnership with areas of tension" or "a relationship of tolerance with frequent tensions". A further 14% describe it as having "persistent and unresolved tensions".

- A similar percentage (73%) think the relationship will stay the same or get worse over the next five years.

Calls to action

- Promote paired learning and shadowing

- Encourage clinicians to take up management roles

- Create working environments that encourage informal interactions between clinicians and managers

Background

Clinicians and managers work in a range of settings across primary and secondary care. In 2013 the NHS alone employed 147,087 doctors, 371,777 qualified nursing staff, and 36,360 managers.[1] This paper focuses particularly on the relationship between clinicians and managers within acute settings, although some of our recommendations may apply to other sectors.

Over recent decades there has been a worldwide culture shift towards professional managers in healthcare. The Griffiths Report (1983)[2] heralded the age of general management in the NHS. A move towards managers having operational control at every level of the organisation and relieving clinicians of strategic responsibility was seen as the way to transform healthcare to resemble successful private and commercial organisations. This model of management may have appealed to policy-makers wanting to exercise political reform in healthcare systems,[3] but new models are replacing it, increasingly focusing on putting clinicians in leadership roles.

Structural change within any organisation almost invariably leads to tensions. Constant reform in the NHS has played its part in putting strain on the relationship between clinicians and managers. Over recent years their relationship has been described as 'fraught' and 'tense'.[4]

A survey carried out by IHM recently, confirms this. Nearly three-quarters of managers (73%) said they thought the relationship between the two groups of professionals could be defined as "a partnership with areas of tension" or "a relationship of tolerance with frequent tensions". A similar percentage (73%) thought the relationship would stay the same or get worse over the next five years, while 14% described it as having "persistent and unresolved tensions".

The way in which the two professions differ in their approach to improving healthcare can be seen to contribute to the tensions between them. "Clinicians focus on the patient in front of them and want to offer that individual the best healthcare they can, but often clinicians can feel powerless. They may have no budget, little or no power to hire and fire, and little influence over the organisation's goals. Yet the decisions they take not only have a profound impact on patients, but on the quality of care, productivity and reputation of their employer." [5]

The focus of managers is on broader patient populations and allocating resources within a budget at organisation level to maximise health outcomes. As they are not on the "frontline", they often escape the wrath of patients - although not of the media and politicians. Although clinicians and managers will ultimately share the same mission to improve the public's health and the healthcare system in which they operate, their different perspectives can lead to misunderstandings and conflicting approaches.

Research has stressed that leadership is about being open, accessible and transparent. It emphasises teamwork, collaboration and 'connectedness', and removing barriers to communication and original thinking. It reflects a desire to see the world through the eyes of others, to take on board their concerns and perspectives and to work with their ideas. [6]

Clinicians and managers have both highlighted a number of facilitators to fostering a positive relationship. They include; trust, mutual respect, support, accessibility, visibility, good communication, close proximity, mutual interdependence and friendship. [4] Identifying and listing positive facilitators is easy; however, successfully implementing them in a working environment is much more difficult.

The High Quality Care for All (2008)[7] report from Lord Darzi put clinical leadership at the heart of improving the NHS.

There is a growing body of evidence that shows clinical leadership improves quality and outcomes for patients.[8] However, non-engagement of clinicians is a long-standing, multi-factorial and international problem.[9] Veronesi et al[10] found that those NHS hospital trusts with larger proportions of doctors on their boards were more likely to achieve high quality ratings, lower morbidity rates and higher patient satisfaction. Managers can find themselves fighting a losing battle to implement change without the engagement of managers, while responsibility for failure will be laid at their door.

Encouraging an open and honest discourse between clinicians and managers must transcend perceived current or past tensions and barriers between the two professions. Only by working together can the strong relationships that are necessary for improving standards and creating an NHS that's open to innovation be fostered and thrive. The environment in which clinicians and managers work can encourage improved relations. However, individual clinicians and managers also bear some responsibility for deciding on the changes they can make to improve their relationships one another. Almost half of respondents to the IHM survey thought that this was where the main responsibility lay.

What is IHM calling for?

- **Promote paired learning and shadowing initiatives**

Paired learning initiatives, such as those piloted at Imperial College Healthcare NHS Trust during 2010-11,[11] invite both clinicians and managers to spend time learning about each other's roles and responsibilities. Greater understanding of each other's viewpoint can only be beneficial when it comes to making important decisions that may ultimately affect patient care.

Joint management training programmes and events should support these initiatives. Clinicians, like managers, need development and support and may benefit from training in areas such as managing staff and budgets, business planning and organisational change.

- **Encourage clinicians to take up management roles**

Encouraging more clinicians into leadership positions to work closely alongside their managerial colleagues must be a priority for the current and successive governments.

Rising to the challenges that lie ahead requires a more nuanced style, with NHS leaders giving greater priority to patient and staff engagement; the involvement of doctors, nurses and other clinicians in leadership roles.[5]

A good working relationship between clinicians and managers is essential as evidence shows there is a clear link between an organisation's performance and the level of engagement between clinicians and managers.[12]

- **Create working environments that encourage informal interactions between clinicians and managers to help build trust and interdependence**

Small, informal changes in the working environment have the potential to improve the clinician-manager relationship. Close-proximity to one another can lead to relaxed, spontaneous contacts outside of the formal working setting. Sharing an office, being down the corridor or sharing a kitchen area have all been cited as possible ways to enhance accessibility and cultivate strong relations.[4]

In the past, doctors have been accused of cynicism and suspicion regarding managerial motives.[13] Frequent informal interactions can help alleviate these uncertainties and build trust between professions who are ultimately striving to achieve the same goals.

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