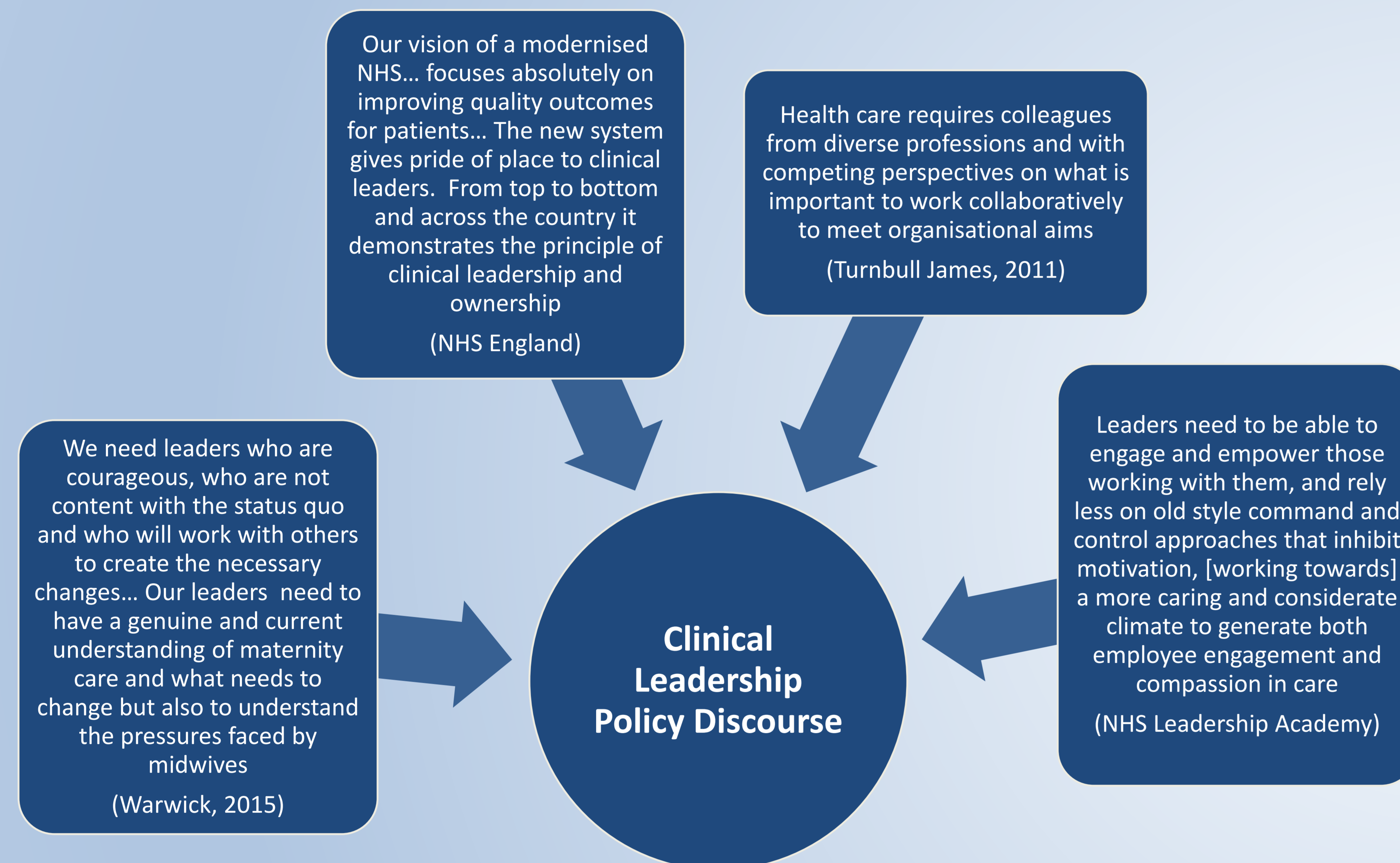


Study Background: the rise of clinical leadership in the English NHS



The Study

'Heads above the Parapet' explored the career narratives of midwifery leaders, including the impact of surrounding discourses on their role and social identity construction. The element of the study reported here involved interaction via a midwifery online forum, asking questions of clinical midwives designed to explore their views and experiences of roles considered 'clinical leadership' according to contemporary NHS policy...

Findings: the dominance of a 'management' discourse

Why do clinicians become leaders?

- 'I can almost guarantee that every midwifery manager at some time said, 'No, management, never, not for me, no sirree Bob, I like the clinical area etc. etc. etc.' Then after x time in the clinical area the prospect of regular office hours, no on-call and having a life at the weekends starts to look a lot more appealing'
- 'It's fair to say that some managers moved into their current positions because maybe their clinical skills weren't quite up to it, shall we say. That's not to say they aren't good as managers. Although I can think of one who has no observable skills for healthcare, but who has demonstrated an ability to avoid hard work and build up a nice tidy pension'

Would you consider a career in clinical leadership?

- 'When I'm a grown midwife I think that I would love to be in a position of responsibility and means to influence things but probably more in line with being a consultant midwife than a suited and booted manager as I do love the clinical and teaching aspects'
- 'No, I do not aspire to midwifery management, I'm not interested in that side of things. My interests lie more within the quality and teaching area'
- 'As a manager you are juggling ethics, politics, business and finance never mind the wellbeing of your staff and the outcomes for women and their families. And you will always be the fall guy when things don't go to plan. Tough job in my opinion'

What could clinical leaders do differently?

- 'Working clinical hours with their team is essential. Listen to their staff and take any concerns higher. Support staff when things do not go as planned. Ask staff for ideas on service improvement, implement them and celebrate successes'
- 'It doesn't take long to be away from the clinical area to start to forget the realities of working... I think this can affect the managers as well – when staff complain about excessive workloads for example, they often sympathise but imply, 'Well, I did it, it's manageable – get on with it' – however, if they worked clinically I think they would be more realistic about just how relentless it is and maybe be more proactive'

Conclusions and Implications for Practice and Policy

The contrast with a policy discourse of clinical leadership is stark: of particular note is the respondents' distinction between roles they consider 'leadership' and 'management'. Roles typically described as 'clinical leadership' within the policy discourse are not perceived as anything other than 'managerial' by the clinicians in this study. Implicit in respondents' perceptions is a particular disdain for those who no longer work clinically – loss of a clinical role is a true sign of having moved to 'the dark side' and results in rejection by the professional group. Perceptions about clinicians' reasons for moving to formal leadership roles, and respondents' lack of attraction to such roles, are of major concern to the midwifery profession. In the UK, there are dual threats of an ageing senior workforce and recent reports highlighting the damaging impact of poor or ineffective leadership. Further research is necessary, in order to explore ways in which policy rhetoric around clinical leadership can be better translated into the realities of clinical life, and midwives can be persuaded to explore career possibilities beyond those they currently appear to consider acceptable. The question remains, can management be re-imagined as clinical leadership within the midwifery profession?

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