



CLINICIANS LEADING CHANGE IN HEALTH SYSTEMS

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LEADERSHIP in change management is a skillset health practitioners must learn to be effective advocates for their patients and colleagues, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Professor Sabe Sabesan, Senior Medical Oncologist at the Townsville Cancer Centre and Clinical Dean at Townsville University Hospital, and Dr Lynden Roberts, a Senior Rheumatologist and Clinical Associate Professor at Monash University, have devised a practical guide and framework for clinicians wanting to effect change in their work environment.

“Contemporary approaches [to change management] understand that health systems are different from businesses,” they wrote.

“Experts and passionate clinicians at the frontline often report to managers who are not clinical experts.

“By its nature, this structure creates a malalignment of informal and formal power structures and threatens a split between clinical and operational governance. While the structure can work to solve problems and improve systems when managers adopt a collaborative or partnership approach with clinicians, the structure fails when managers adopt a command-and-control approach,” wrote Sabesan and Roberts.

“Genuine clinical concerns and risks can be ignored or dismissed by managers, and ultimately patients are put at risk.”

The first step to effective collaboration is to clearly understand the nature and magnitude of the problem, they explained.

“Fine tuning and articulating ‘why this needs fixing’ is a key activity so that you can convince stakeholders and take everyone positively on the journey to change.”

Involving as many stakeholders as possible, while building a coalition was also crucial for success, the authors wrote.

A “co-design” approach to developing feasible solutions and implementation plans was the next critical step:

- Is the innovation supported by research and published guidelines?
- Are there clinical experiences and perceptions?
- Are there patient experiences, needs and preferences?
- Is there local practice information?
- Is the innovation implementable?

Using levers specific to clinicians -- patient advocacy, workforce advocacy, standards compliance, and finally, if necessary, escalation through, and involvement of, formal line management, regulatory bodies, politicians and political bodies, and media – as well as negotiating skills, were critical to successful change implementation.

Sabesan and Roberts emphasised self-care as part of the change management process.



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"Being involved in implementing a useful change can be immensely satisfying. However, the work required is time-consuming and can be frustrating, confronting and stressful," they wrote.

"It is important that clinicians recognise their susceptibility to psychological harm and burnout and put in place personal protective strategies.

"Understanding the sociopolitical and emerging complexities, and the perspective of and pressures on non-clinician managers, can also bring a level of humanity (respect and kindness) to interactions that is psychologically protective for both parties, and is helpful in moving things forward," they concluded.

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