# HSCP Leadership

## An examination of context, impact, supports, challenges and areas for consideration

## EXECUTIVE SUMMARY

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## Overview

This report presents the findings from a qualitative research study with 22 health and social care professional leaders and managers. The study aimed to understand the impact of health and social care professional leadership across the publicly funded health services in Ireland.

## Context for the study

'Health and social care professions' (HSCP) is a term used in Ireland to encompass a diverse, highly educated and skilled range of professionals with significant contributions to make to the health, care, wellbeing and quality of life of the population[1]. This group of professionals account for approximately 14% of Health Service Executive (HSE) posts (16,193 posts in 2018)[2] and about one quarter of the clinical workforce. In Ireland, similarly to elsewhere, the contribution made by HSCP to the delivery of health and social care is not fully understood or appreciated. This may have arisen, in part at least, from the disparate nature of their education and work, which includes a very broad range of services and interventions in diagnostic, therapeutic and social care domains across all elements of the health services. The HSE notes that:

> Despite the significant contribution that HSCP make to delivery of health and social care their input and potential contribution is often not fully understood or appreciated. This can result in underutilisation of a very significant resource and failure to capitalise on the potential outcomes and economies that are possible.[1] p.5

There is a growing awareness of the need for HSCP leadership and key developments taking place in other jurisdictions suggest a move towards strategic and systematised approaches to ensuring this can take place. In Ireland, a number of national policy developments highlight the importance of the HSCP workforce within health service delivery and the centrality of good leadership in enabling good-quality health services[3,4,5,6,7,8] and policies provides a strong imperative to improve understandings of HSCP leadership roles.
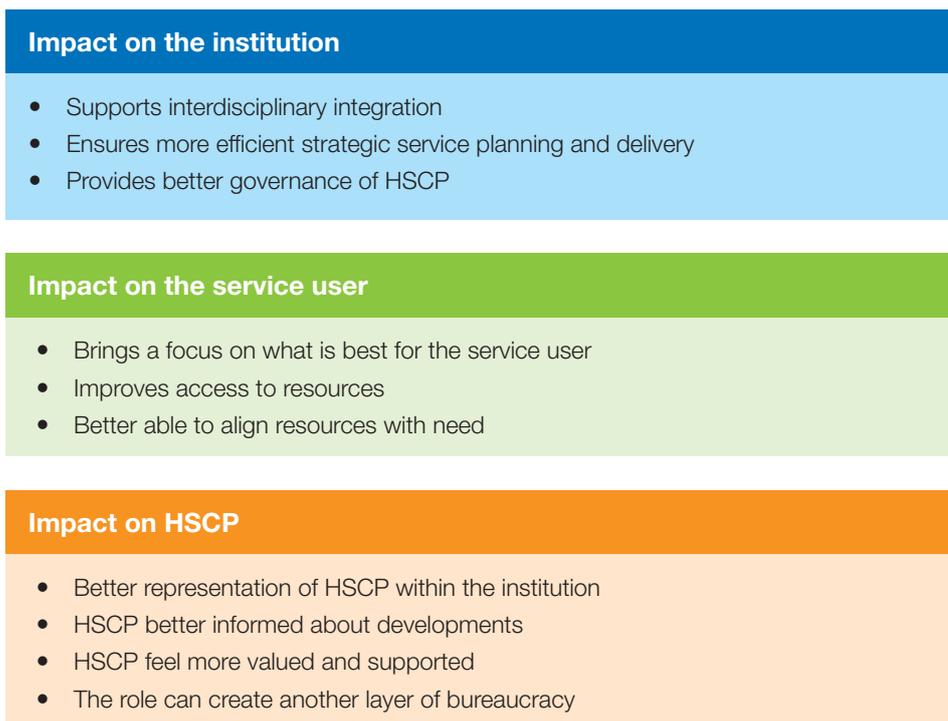
## Approach adopted to the study

This study adopted a qualitative approach and face-to-face and telephone interviews were conducted with 22 former and current health and social care professionals (HSCP) who were in positions with a leadership mandate in respect of a number of different HSCP groups (n = 16) and a small number of HSCP managers and others working with HSCP leaders (n = 6). All interviews were audiotaped and transcribed and a thematic analysis was conducted. Ethical issues were considered and addressed throughout the project, particularly in areas of confidentiality, anonymity and data protection. The accuracy and validity of the findings were strengthened by a robust exploration of the nature and substance of issues emerging in interviews and the inclusion of former, current and non-HSCP leaders which allowed for stakeholder triangulation.

Some limitations are noted. This research took place over a relatively short time period with a small number of individuals. It is noted, however, that there are only a small number of HSCP leadership posts in place in Ireland and, consequently, those involved may account for a relatively large number of those in such posts. As with all research of this nature, the data represents the views of key stakeholders, and these may not necessarily accord with the views of all stakeholders.

# Findings arising from the study

The findings from this research are presented in three parts. First, the impact of HSCP leadership posts, then a consideration of supports for HSCP leadership and finally strategic challenges to be addressed. Figure 1 summarises impacts arising from the HSCP leadership role.

## Figure 1: Impact of HSCP leadership role

### Impact on the institution

- Supports interdisciplinary integration
- Ensures more efficient strategic service planning and delivery
- Provides better governance of HSCP

### Impact on the service user

- Brings a focus on what is best for the service user
- Improves access to resources
- Better able to align resources with need

### Impact on HSCP

- Better representation of HSCP within the institution
- HSCP better informed about developments
- HSCP feel more valued and supported
- The role can create another layer of bureaucracy

## Supports and issues arising in respect of HSCP leadership

While the National HSCP Office was welcomed as an important part of the scaffolding for HSCP leadership at institutional level, there were a number of concerns about the fact that the Department of Health advisory roles are no longer in place. A number of negative consequences of not having HSCP leaders in place were also identified. While HSCPs are well positioned to step into leadership roles, and a professional from one discipline can represent those from a number of different professional groups, there are difficulties arising.

The number of HSCP leadership posts at institutional level has never been so high. However, some concerns were raised about the extent to which the role was valued and examples were given of changes that had taken place in some roles that had resulted in the diminution of those roles. Participants in this research identified a number of personal attributes and characteristics that enabled them to take on and implement the role of HSCP leader. However, certain issues were identified as affecting individuals' ability to successfully execute the role, including having confidence in being able to take on the role, being credible, building relationships over time and working in a collegial way.

## Strategic challenges to be addressed

A number of challenges were identified in the course of this research. Areas identified included a limited number of opportunities for HSCP to engage in leadership activities and leadership roles, particularly relative to other disciplines; a lack of a common title, grade, job description or structure for HSCP leaders; a lack of a clear pathway from clinical manager to leader; and limited opportunities to undertake relevant educational preparation.

# Conclusions and areas for consideration

Conclusions based on the findings emerging from this study are presented in Figure 2

## Figure 2: Conclusions

| | | |
|---|---|---|
| HSCP leadership roles can have a direct impact on improvements in the quality of health services | HSCP leadership roles can enable institutional barriers to effective resourcing of services to be overcome | In Ireland, HSCP leadership roles lag well behind leadership roles in other health service disciplines |
| HSCP leadership can support improvements in governance | Greater support is needed to develop and sustain HSCP leaders | The HSCP leadership role needs to be focused at a strategic level |

## Areas for consideration at national level

1. Consideration should be given to identifying mechanisms through which the re-establishment of HSCP advisors within the Department of Health can take place.

2. The potential of the HSCP group of professionals as a cohesive and representative group of all HSCP should be promoted.

3. Consideration should be given to the nomenclature around HSCP leadership roles and the structuring, grading and payment of the same.

4. The development of a HSCP interdisciplinary academic network should be considered.

5. The development of greater collaboration at national level between HSCP professional bodies should be considered.
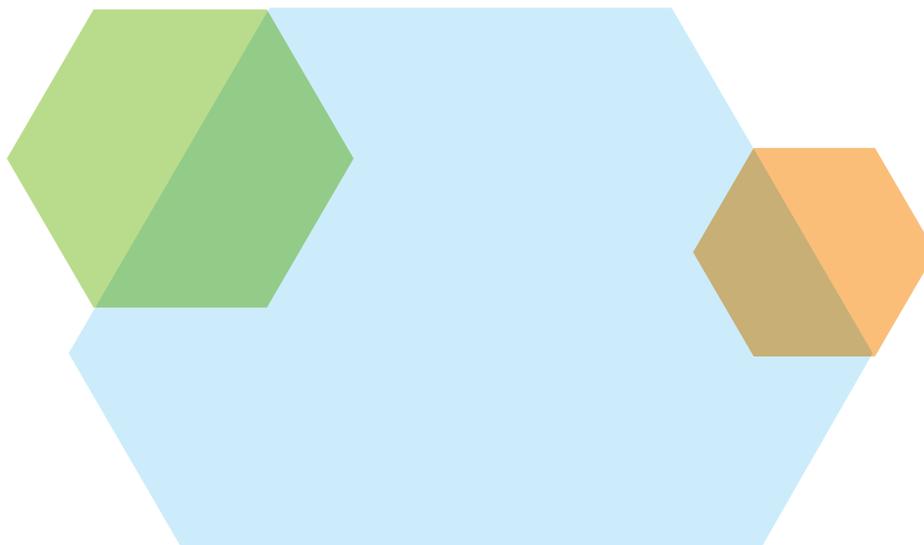
## Areas for consideration at institutional level

6.  Consideration should be given to the establishment of a HSCP leadership post at institutional level. This post should be positioned at executive level.

7.  Initiatives to improve the visibility of HSCP within individual institutions should be undertaken.

8.  Consideration should be given to the establishment of HSCP networks within individual institutions. These could form a basis for a representative approach for HSCP as well as joint educational and service initiatives.

9.  The measurement of outcomes and impacts from interdisciplinary actions in a systematised and coordinated way should be considered.

10. Individual HSCP managers should seek out opportunities for their staff to take part in interdisciplinary strategic developments.

## Areas for consideration at individual level

11. Ring-fenced funding for HSCP should be provided at institutional level to support developments in this area.

12. Individuals should seek out interdisciplinary opportunities to work with HSCP colleagues.

13. Individuals should take part in networks, working groups, steering groups and other initiatives that provide leadership opportunities.

14. The visibility of HSCP services could be increased through reporting on an agreed set of indicators across HSCP groups.

15. Individuals should take part in leadership training opportunities.

16. There should be an effort to promote the HSCP family as an overarching structure within which interdisciplinary developments can take place.
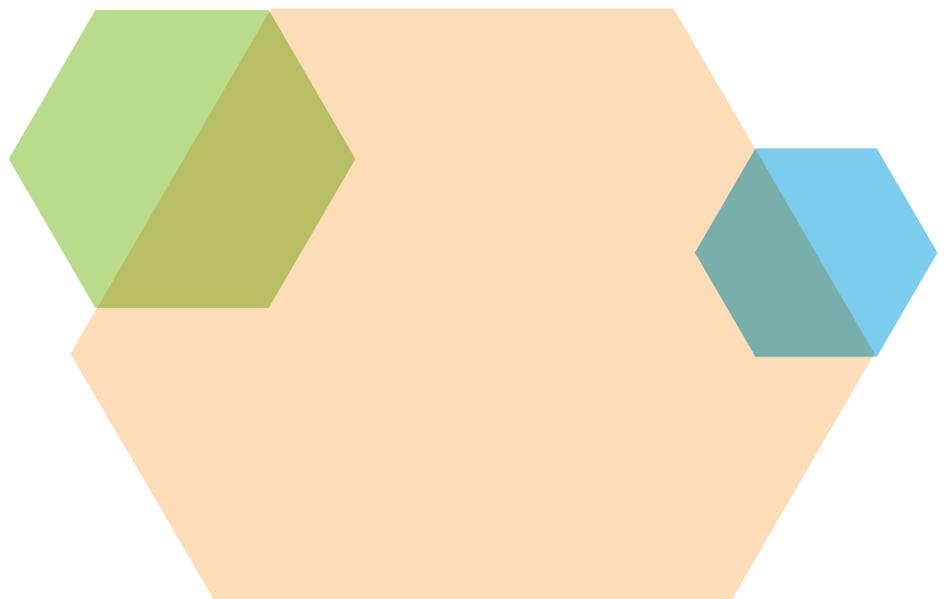
## References

1. Health Service Executive. Health and Social Care Professions Education and Development Strategy 2016–2019. Naas: Health Service Exective; 2017.

2. Department of Health. Health in Ireland: Key Trends 2018. Dublin: Department of Health; 2019.

3. Department of Health. Working Together for Health: A Framework for Health and Social Care Workforce Planning. Department of Health; 2017. Available from: https://health.gov.ie/wp-content/uploads/2017/11/13_11_2017_WFP_Framework_FINAL.pdf.

4. Committee on the Future of Healthcare. Sláintecare Report. Government of Ireland; 2017. Available from: https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy.

5. Department of Health. Health Service Capacity Review 2018 Executive Report. Department of Health; 2018. Available from: https://health.gov.ie/wp-content/uploads/2018/01/Health-Service-Capacity-Review-2018-Executive-Report.pdf.

6. Health Service Executive. Building a High Quality Health Service for a Healthier Ireland: Health Service Executive Corporate Plan 2015–2017. Health Service Executive; 2015. Available from: https://www.hse.ie/eng/services/publications/corporate/corporateplan15-17.pdf.

7. Health Service Executive. Health Services People Strategy 2015–2018: Leaders in People Services. Health Service Executive; 2015. Available from: https://www.hse.ie/eng/staff/resources/hrstrategiesreports/peoplestrategy.pdf.

8. Health Information and Quality Authority. National Standards for Safer Better Healthcare. Health Information and Quality Authority; 2012. Available from: https://www.hiqa.ie/sites/default/files/2017-01/Safer-Better-Healthcare-Standards.pdf.

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