

Leadership vs management

Management is doing things right however leadership is doing the right things.

Leadership allows others to be involved, a process of social influence that maximises the efforts of others towards the achievement of a goal.

Leading or shepherding the pack? Great leaders do both.

70% of organisational transformations fail. They need engagement and ownership at all levels of the organisation. And engagement is needed to build teams.

Leadership is not something you are born with. It's to do with ownership.

If there is a disconnect between clinicians and managers it can lead to a breakdown in core processes and healthcare delivery which ultimately impacts patient care. We need to create cultures to support medical engagement. We need to ensure that processes are designed with the end user in mind for the benefit of the patient.

Need to foster leadership and engagement at all levels, starting with medical students and NCHDs at all levels and not solely with consultants.

Employee engagement

NCHDs are the most transient members of the hospital workforces rotating every 3, 4, 6 or 12 months. If they encounter difficult processes will they just wait it out or try and implement change/improvement. Difficult to build team and relationships in that short timeframe

How?

Improve induction - give us the tools to do our jobs from Day 1.

- ID cards – give us access to where we need to go
- Computer logins – bloods, radiology, PCs/network logins

Change has to happen, things can't just stay the same.

We are the experts in our jobs, so if not optimised for us, we are uniquely placed to modify.

As Mohammad Ali said 'It isn't the mountains ahead to climb that wear you out; it's the pebble in your shoe.' But we cannot expect others to do this for us. Management/colleagues aren't psychic. So that thing that frustrates us at 4 am on

call, every call or that slows up handover so you are late leaving - these are things that we NCHDs can target.

The **Lead NCHD program** and **NCHD committees** are key to engagement with NCHDs. And we need to promote, support and highlight successful changes in other hospitals. What is important to people? We all have a role to play. Empower NCHDs to implement the changes themselves with the support of the committees – help us understand the organisation/processes to facilitate change (or help us understand that certain steps have a purpose and should not be changed).

Rota changes, process improvements, streamlined steps enabling us to work smarter, not harder. There are some wonderful examples of transformation projects listed in the Lead NCHD awards.

Low morale leads to helplessness and cynicism which impacts patient care and contributes to attrition and emigration. We need realistic medicine.

Social Spaces - Social spaces are essential for team interaction. It has been shown in the UK that having a well maintained 'Doctor's Res' improves camaraderie and morale and reduces workforce attrition (from hospitals and schemes). One speaker mentioned 'Fika' – a Swedish tradition of taking time out to have coffee. Even the Ikea website states 'More than a coffee break, fika is a time to share, connect and relax with colleagues. Some of the best ideas and decisions happen at fika.' We have heard reports from our colleagues and experience ourselves, that some Doctors' Res have not aged well and are long overdue for refurbishment (some are reported as not fit for purpose, with aging sagging furniture).

Adequate rest areas – We have also heard that on call rooms are being taken from doctors on call as some hospitals transition to 12 hour shifts, and in some cases given to other healthcare professionals who themselves are not on 24 hour shifts. Few other professions can have 7 12 hour shifts in a week, and NCHDs don't get a week off after their night shifts. For those rare moments when the wards are clear and everyone is admitted, having somewhere to lay your head for that brief lull is essential. Fatigue can and does impair judgement. On the off-chance that there is a rota gap it also impacts NCHDs' ability to step in and cover for a 24 hour shift. If an on call room is not available, then a quiet comfortable place to rest and regroup is essential.