AHP Leadership in Higher Education: Opportunities and Challenges

Dr Viv Gibbs
AHP Head of Department
Allied Health Professions

Dr Marc Griffiths
Acting Dean,
Faculty of Health & Applied Sciences

August 2019
Research background

• Health Education England (HEE) commissioned the UWE, Bristol UK to undertake a primary research study evaluating the current position of Allied Health Professions (AHP) leadership within Higher Education

• This work is also supported by the Council of Deans of Health through engagement with members and the wider communities

• This research fits within aspects of the UK national ‘AHPs into Action’ remit and development of the AHP role within health and social care

• It is acknowledged that the academic AHP ‘pool’ of academics is significantly smaller than Nursing, however a lower number of AHPs are appointed to significant leadership roles within academia, focusing specifically around governance, policy and decision making

• This project focused on the reasons why this is the case, as well as identifying opportunities for future development models
Aims of the project

1. To gain a deeper understanding of the perceptions of key stakeholders in relation to the current position of AHP leadership within academia

2. To explore the potential barriers, challenges and opportunities that exist for AHPs to undertake leadership roles within higher education

3. To use the findings to maximise developmental opportunities for individuals to reach senior positions in order to realise their full potential
Research journey

Discovery Phase
- Initial exploration of current positioning

Interviews
- 20 interviews across a range of AHP groups

Thematic analysis
- Identification of key themes

Draft report constructed
- Initial recommendations

Sense checking phase
- Presentation of key findings at CoDH Summit 2019

Final report / future work
Research methodology

• A Constructivist Grounded Theory methodology was used, which is particularly useful where there are complex relationships and professional situations

• Purposive sampling took place to ensure a diverse sample of stakeholders, and inclusion of the most appropriate participants with different experiences, backgrounds and roles, thereby ensuring a range of perspectives would be obtained

• Inclusion criteria for participants related to having some knowledge of, or experience of, working as an AHP in the HEI environment

• A total of 20 semi-structured interviews were conducted

• 9 different professions within the AHP Group were interviewed from University and Professional Bodies
Research interviews: Professions

NUMBER OF INTERVIEW PARTICIPANTS

- Radiography: 19%
- Physiotherapy: 33%
- Operating Dept. Practitioners: 5%
- Music Therapist: 5%
- Art Therapist: 5%
- Occupational Therapy: 9%
- Podiatry: 9%
- SLT: 10%
- Orthoptics: 10%
Data analysis

• Data analysed using thematic analysis in order to explore the initial findings and create core themes
• A complete open coding method was used initially to identify anything and everything of interest from the transcripts
• Discussions and responses were wide-ranging, but several common themes began to emerge
• As the codes were accumulated, they were sorted into 5 themes
• This resulted in a transfer of the descriptive data into a more interpretative approach to help understanding
Key Findings

- A preference to focus on gaining clinical and research expertise rather than leadership skills
- A lack of confidence and motivation amongst AHPs to aspire to senior leadership roles
- Fewer opportunities appear to exist for AHPs to progress into senior leadership roles outside of the AHP sphere, due to a number of reasons
- It was noted that AHPs probably have much to learn from our nursing colleagues in how to move into strategic leadership roles within academia
Theme #1: The hierarchical structure of the nursing profession provides them with the inspiration/aspiration to ‘climb the ladder’ to senior roles. In contrast, there is a limited number of AHP role models in leadership positions and no established mentoring scheme.

Interview participant comments:

‘I think that for AHPs you either take the leadership management route or you take a research route.’

‘AHPs lack confidence, prefer to stay in their ‘comfort zone’, lack role models and aspiration.’

‘I do hear a lot of, both clinically and academics, that they don’t want to move away from their profession’
Theme #2

Theme #2: AHPs tend to focus on increasing their clinical specialist and/or research skills and aspire to become leaders in their clinical / research specialty areas, rather than more general leadership roles. Opportunities do exist but AHPs do not pursue them due to lack of confidence, negative perceptions of leadership, shortage of training opportunities and fear of losing their professional identity.

Interview participant comments:

‘AHPs I work with usually prefer the safety of an environment in which they have knowledge of and feel comfortable in, that’s their clinical or research areas where they have already built up expertise and recognition’

‘Are we looking at a shortage of AHPs in leadership positions or a lack of an AHP voice in HEIs because, even when reaching leadership positions, AHPs fail to focus on strategic issues affecting AHPs so the AHP voice is still not heard’
Theme #3

Theme #3: Traditional historical perspectives and legislation still exist which affects the dominance of nursing, resulting in the voice of AHPs being restricted. Currently statute requires that nurses have representatives at NHS Board level whereas AHPs do not. This provides nurses with a stronger voice and high level connections; nurses in HEIs therefore have more readily available access to contacts in these senior NHS positions. This gives them a wider perspective of the landscape and increased political acuity.

Interview participant comment:

‘Where AHPs are selected on academic merit in research roles, they have been seen to do well

CoDH Open Forum (Discovery Phase) comment:

‘Council of Deans of Health should have more AHP representatives. Clinically, AHPs are typically represented by the Director of Nursing. Some would like to change this title to the Director of Nursing, Midwifery and AHPs for the benefit of the public and increased visibility for AHPs’
Theme #4:

AHPs are a group of disparate professions and have apparent differences amongst themselves. It is often difficult to have one voice or avoid competing with each other in terms of Skills and Capabilities of staff. The professional bodies often encourage this ‘protectionist’ approach.

CoDH Open Forum (Discovery Phase) comment:

AHPs into action is currently successful in raising the profile, however, there is a concern about the succession plan and if it is sustainable.

Interview participant comment:

‘You would expect to find that leaders are more likely to emerge from the areas of physiotherapy and occupational therapy rather than podiatry and say radiography because of the way we tend to operate. What draws us to those professions in the first place probably impacts on that. There’s a whole piece of work around socialisation of your own discipline’
Theme #5: Healthcare is a relatively new area in HEIs and in some areas, particularly the Russell Group Universities, are often sceptical about the relevance of healthcare education within the university setting, or the ability of these healthcare individuals to transfer their skills.

**Interview participant comments:**

‘I think the biggest challenge for AHPs getting into leadership roles is demonstrating transferability’
Vision: AHPs to be recognised as an integral part of the public health workforce, with responsibility for designing and delivering improvements to health and well-being and reducing health inequalities.

Strategic goals agreed in the strategy were:

1. The future AHP workforce will be fully equipped with the skills, knowledge and attributes to promote the health and wellbeing of individuals, communities and populations.

2. AHPs will be able to demonstrate their impact on population level outcomes through robust evaluation and research methods.

3. AHPs will be a go-to public health provider of choice.

4. The excellent relationships that exist between AHPs and strategic public health leaders at local, regional, national and international levels will be fully utilised.

5. Effective leadership at every level will support AHPs to be an integral part of the public health workforce.
Key recommendations

• Embed leadership skills in undergraduate training programmes, providing students with inspiration to aspire to leadership roles
• Professional bodies need to own a stronger role in developing the aspiration to move into leadership, without having to sacrifice a research or clinical career
• Establish a leadership programme for AHPs. This could potentially link with the NHS Academy, the Leadership Foundation and the Higher Education Academy (now Advance HE)
• Design a HEI specific toolkit for AHPs for leadership. This would need to address areas relating to HEI needs
• Develop a national Health specific mentoring / shadowing scheme
• Facilitate clinical-academic pathways and encourage graduates to consider this approach to ensure they move into an educational role at an early stage in their careers
• Lobby for a change in title of clinical roles at Director of Nursing level to reflect their responsibilities (e.g. Director of Nursing, Midwifery and Allied Health Professions) and ensure these posts are available for AHPs to apply for
Future research

- Include other professions in any future research project to obtain the external perspective
- Undertake evaluation of a programme of capability building to explore pre/post statistics in a longitudinal study
- A national conference exploring AHP leadership within Higher Education and the creation of a ‘tribrid role’ which brings in clinical, academic and research perspectives, but focuses on capacity building for future generations of AHPs with core leadership qualities
- Investigate the international perspective to explore whether we can learn from AHPs in other countries
Conclusions

• A number of recommendations were made to ensure AHPs attain the ambition, confidence, skills and opportunities required to be able to move into senior leadership roles in the future.

• Current research in the area is limited, and further information is required to establish what challenges are faced by AHPs when progressing through their careers.

• The findings from this study have been used to apply for a subsequent grant application for 2 future projects.
References


