Summary of: Cultural differences in clinical leadership: a qualitative study comparing the attitudes of general dental practitioners from Greater Manchester and Tokyo

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FULL PAPER DETAILS

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Background and aims Leadership has been argued to be a key component in the transformation of services in the United Kingdom and in Japan. In the UK, local professional networks have developed to provide clinician led care in dentistry; working to develop local plans to deliver improvements in the quality of care for patients. In Japan, the remuneration model for dental care has been revised with the aim to improve the service and tackle the current challenges of population health there. The aim of this study was to use semi-structured interviews and thematic analysis to explore general dental practitioners' (GDPs) understanding of the term 'leadership' and determine whether its meaning is culturally bound. **Methods** Twelve participants were sampled purposively by the research team; identifying GDPs involved in leadership roles from across Greater Manchester and Tokyo. A set of open-ended questions was developed for semi-structured interviews *a priori* and the interviews continued until saturation. Interviews were recorded, transcribed verbatim and codes were developed into a coding frame for thematic analysis. Representative quotations are provided in the results. **Results** Fourteen codes were identified according to the aims of the study and organised into five overarching themes. 'Leadership as the relationship' was more pronounced among Japanese GDPs, while 'leadership as the individual' was common in GDPs from Greater Manchester. Differences were also found in respect of education and training in leadership. Training was also considered to be important by the GDPs from Japan, while UK GDPs felt leaders were more likely to be influenced by innate qualities. The interdependence of leadership and entrepreneurship was raised by both sets of GDPs. **Conclusion** The concept of leadership was considered to be important by GDPs from both Greater Manchester and Tokyo; leadership was seen as providing strategy and direction for a clinical team. However, cultural influences were evident in how this was conceptualised.

EDITOR'S SUMMARY

It is rumoured that there are more dentists than corner shops in Tokyo. According to one Japanese website, investigation of the Tokyo telephone directory shows that while there are 5,696 corner shops in Tokyo, there are 10,168 dental offices.¹ Japan has over 100,000 dentists, compared to around 40,000 in the UK. That is about 80 per 100,000 population in Japan whereas the UK has 63 dentists per 100,000.

Why all this talk of Japanese dentists? Because clinical leadership in dentistry is under the spotlight in Japan as well as in the UK according to the authors of this *BDJ* article. Like England, Japan has undergone a recent restructure of its healthcare service. The idea behind this is to encourage more collaborative working between dentists and other

healthcare professionals to help them cope with an ageing population. Sound familiar? Clinical leadership has been highlighted as fundamental to the success of the revamped healthcare services in both countries and so we need to learn more about it. The authors of this paper interviewed GDPs in both Tokyo and Manchester to eke out their understanding of clinical leadership and to learn to what extent the concept of leadership is linked to cultural background.

One of the main cultural differences which emerged in the course of the study was the importance of seniority for Japanese GDPs. The idea of a mentor system based on seniority (the *senpai/kohai* system) is deeply embedded in Japanese culture and forms a key relationship in the course of their working lives. For the Japanese dentists this led to leadership

being almost concomitant with relationships whereas the English sample found that leaders were more likely to be on their own 'on top of the pyramid' rather than in a team/relationship with their co-workers. This study is intriguing and certainly made me question my own ideas around leadership. For example, do you have a role model for leadership within the profession?

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 215 issue 10.

Ruth Doherty
Managing Editor

1. Statistics Japan 2013 ODOMON. Online information available at <http://stats-japan.com/t/kiji/10348> (accessed November 2013).

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IN BRIEF

- Aims to understand the conception of clinical leadership.
- Suggests barriers and enablers of clinical leadership in practice.
- Highlights the cultural influence on perceptions of clinical leadership.

COMMENTARY

Dental care professionals throughout the world are entering 'uncharted waters' in terms of the changing population demographics, fiscal pressures and the expectations of both patients and funding agencies. Despite the mouth being a small, but important, part of the body, there is a plethora of opinions on treatment planning and the organisation of services between clinicians and governments in different countries. Researching these differences is not a simple task given the problems of determining whether the aims and objectives of a project translate accurately across cultures when there is a language barrier. The overarching impact of social mores and lifestyle on individual behavior can be difficult to pinpoint in a way that brings meaning to the conclusions. Brocklehurst *et al.* are to be congratulated on bringing an interesting research concept on leadership to fruition, especially as it explores a topic that many GDPs find difficult to articulate. Leadership and its meaning to primary care dentists from England and Japan proved to be a fascinating read, as it encapsulated the cultural differences between the two countries. It also showed that the individuals they interviewed had opened the surgery door and considered, in a thoughtful way, the world beyond just providing oral healthcare on a day to day basis.

Primary care dentistry in both Japan and England relies on the success of the dentist as the team leader for making sure the practice is financially viable; an onerous and stressful task, especially

in a time of change. In fact, the lead dentist is more like a football manager. Have a successful and profitable practice and everyone loves you; fail and your reputation is in tatters both socially and professionally! This paper reports on the broad area of leadership skills and training but it is clear in both countries that entrepreneurship, as one would expect, played a very important role in the lives of the respondents. However, another interesting feature noted by the authors was how leadership was perceived. The Manchester participants stressed that they learnt leadership as part of their day-to-day practising lives – 'learning on the job' – whereas in Japan training in leadership was accepted as a way of life. Indeed it related to respect for elders and was driven to some extent by the ethos of social conformity. This social norm of conformity is being placed under some pressure by the younger generation of Japanese clinicians who want to fulfil their own destiny rather than always having to agree with someone just because they are older.

Joint research is important because it links dentists across the world and should ultimately bring the best evidence to all clinicians, who despite the internet, are often unaware of successful clinical options for patient care used in other countries. Japan is a power house of oral health research and further collaboration can only be good for academics in the UK, as well as promoting greater cooperation between the respective national professional organisations.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

Clinical leadership is a term that is beginning to be increasingly used in medicine, both in secondary care and as clinical commissioning groups take on more of a strategic role in commissioning in England. It has also begun to be used in dentistry as local professional networks begin to develop across the country. However, little is known about what is meant by the term and whether it is meaningful to general dental practitioners. As a result, the study used the qualitative paradigm to explore this and followed an inductive rather than a deductive approach.

2. What would you like to do next in this area to follow on from this work?

The research forms part of a wider programme that is looking at 'clinical leadership' from the perspective of general dental practitioners. Having utilised an inductive approach, the next step is to distribute a leadership questionnaire to general dental practitioners across the North-West, Tokyo and San Francisco. This will be based on the results of the qualitative study and utilise factor analysis to determine the most important components of clinical leadership for general dental practitioners.

The research team are also evaluating a leadership training programme run by the North-Western Deanery. This has used psychometrics, role-play, formal training and action learning sets to develop local general dental practitioners' knowledge, skills and attitudes in clinical leadership.