Summary of: The development and piloting of a leadership questionnaire for general dental practitioners: preliminary results from the North West of England and Tokyo

FULL PAPER DETAILS

[1]Department of Dental Public Health, University of Manchester; [2]Nihon University Dental School, Japan; [3]Healthcare Research Inc., Japan; [4]College of Social Sciences, Ritsumeikan University, Japan
*Correspondence to: Dr Paul Brocklehurst
Email: paul.brocklehurst@manchester.ac.uk

Online article number E17
Refereed Paper – accepted 2 September 2014
DOI: 10.1038/sj.bdj.2014.980
©British Dental Journal 2014; 217: E17

P. Brocklehurst,*[1] L. O'Malley,[1] H. Hill,[1] T. Ozaki,[2] M. Nomura[3] and R. Matsuda[4]

Objectives Key reforms in England and Japan have called for greater clinical leadership from general dental practitioners to deliver improvements in the quality of care for patients. In England, the reorganisation of the National Health Service has led to the development of Local Professional Networks to ensure services are clinically led, patient and outcome focused. In Japan, the rapidly changing demographics have led to calls for general dental practitioners to become more active in meeting the emerging population health challenges. Both require engagement at a strategic and a local level. However, little is known about what is meant by clinical leadership in dentistry or what training needs exist. The aim of this study was to develop and pilot a questionnaire to understand what general dental practitioners feel is important about clinical leadership and how they rate themselves. **Methods** A 61-item questionnaire was developed from the literature, an earlier qualitative study and refined through cognitive interviews. Questionnaires were distributed to general dental practitioners across the North West of England and Tokyo, using random sequence generation. For each item, the participant had to record whether they thought the statement was an important component of clinical leadership and how they rated themselves. Both were rated using a seven-point Likert scale. Data reduction was undertaken using principal component analysis to examine for factor loadings within the questionnaire. Differences in mean scores were also used to highlight substantive differences in how general dental practitioners rated the different components of leadership and how they rated themselves. **Results** The response rate for the pilot was low (22.9% and 7.5% for North West and Tokyo respectively). The items that were considered to be important in leadership reduced to two components in the North West (accounting for 62.1% of the total variance): 'How to lead' and 'How not to lead'. In Tokyo, 56.4% of the total variance was explained by three components: 'Demonstrating personal qualities', 'Working with others' and 'How not to lead'. When the self-rated items were reduced, three factors were found to be important in the North West: 'Working with others', 'Setting direction' and 'Managing services' (55.1% of the variance). 'Working with others', 'Demonstrating personal qualities', 'Pragmatism', 'Setting direction' and 'Improving services' were found to be important in Tokyo (52.8% of the variance). The questionnaire items relating to integrity, teamworking and having a positive attitude during difficult times were rated highly by both groups. Items relating to providing vision for team, being assertive and having a positive attitude had the greatest mean difference, suggesting possible areas of training need. **Conclusion** The nature of the pilot study and the poor response rate makes any conclusion difficult to infer. Among those that participated, leadership was understood to be more important at a practice level rather than at a strategic level. The questionnaire should be refined further based on the results of the pilot and the data reduction.

EDITOR'S SUMMARY

'*It is a terrible thing to look over your shoulder when you are trying to lead – and find no one there.*' Franklin D. Roosevelt

Leadership: what is it? And are you good at it? What would *you* answer if asked? The authors of this paper asked general dental practitioners (GDPs) in North West England these very questions in order to develop an idea of what GDPs actually feel is important about the ubiquitous topic of 'clinical leadership' and how they rate themselves as leaders. Indeed, they asked the same questions of dentists in Tokyo, where, like England, clinical leadership has recently emerged as an important factor.

This is a pilot study. The sample size is small and makes it difficult to draw any strong conclusions or inform decisions. However, the study outcome does point to the fact that GDPs in the North West currently feel that leadership is predominantly about leading *their own* dental teams. In the responses little reference was made to overall strategic leadership in healthcare. The authors infer from this that more training in strategic leadership is required and the profile of local professional networks should be raised. I think that we can also take a great message from this – dentists are intent on being leaders within their practice teams and bringing their team members with them to provide quality care for their patients. That, to me, is also a very important step in clinical leadership.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 217 issue 9.

Ruth Doherty
Managing Editor
DOI: 10.1038/sj.bdj.2014.978

IN BRIEF

- Aims to explore the utility of a pilot leadership questionnaire and understand what attributes are important in a leader from the perspective of a GDP.
- Discusses whether leadership is culturally bound and compares the views of GDPs from the North West with the views of GDPs from Tokyo.
- Considers the difference between how GDPs rate themselves and what they consider to be important.

COMMENTARY

Leadership, specifically clinical leadership, within healthcare seems to be on everyone's lips. It's a concept that is talked about, but not really well understood. However, it is hard to deny that good leadership is essential for good patient care. Throughout the 1990s there was a growing realisation that clinicians could make a vital contribution to health services management and leadership, and they should be positively encouraged to do so. This thinking underpinned the Darzi NHS Next Stage Review in 2008 and the recognition that clinical leadership needed to be refreshed.

Good leadership by clinicians makes an impact within the surgery, the practice and within the profession. For something that is so important it's surprising that the elements of leadership are not core training for dentists. The study by Brocklehurst *et al*. is a useful addition to the research underpinning clinical leadership in dentistry. They are seeking to determine the understanding by general dental practitioners of clinical leadership. In any good educational process it is essential to elicit the base line knowledge of your subjects before designing appropriate education programmes or activities to address the knowledge gaps. The paper brings an important dimension into the mix: what general dental practitioners understand by clinical leadership and how they rate themselves as clinical leaders. An intriguing element is the sample base of English and Japanese dentists.

The organisational changes within the NHS and the formation of local dental professional networks (LDPN) have provided an opportunity for dentists to engage in strategic leadership roles. Interestingly, the preliminary results of this study suggests that general dental practitioners demonstrate little appetite for strategic leadership and consider the role of the clinical leader to be more practice focused. This is an important observation and one that needs to be fully understood if dentists are to be leading and managing change in the health services.

Dr Janine Brooks MBE
Associate Postgraduate Dental Dean,
Health Education Thames Valley
and Wessex

AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

The aim of the study was to build on earlier qualitative work to explore the utility of a pilot leadership questionnaire and understand what attributes and behaviours are important in a leader from the perspective of a general dental practitioner (GDP). This has relevance in England given the recent development of local professional networks, where GDPs are being asked to take on more of a strategic role. Within the National Health Service, much is being made of the value of leadership to drive forward change at a local level.

We also wanted to understand whether leadership is culturally bound and compare the views of GDPs from the North-West with the views of GDPs from Tokyo and so contrast a predominantly individualist with a collectivist culture.

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

The intention of the study was to create a short-form questionnaire from the pilot data that could be used to assess 'clinical leadership' within dentistry. Following on from the analysis about what was important, only two principle components emerged for GDPs from the North-West: 'How To Lead' and 'How Not To Lead'. This contrasts with the NHS Leadership Framework, which has seven domains of leadership 'demonstrating personal qualities', 'working with others', 'managing services', 'improving services', 'setting direction', 'creating the vision', and 'delivering the strategy'.

Given that the pilot questionnaire was developed from the framework and earlier qualitative work, it would suggest that GDPs do not differentiate between the different domains of the NHS leadership framework. This will be explored further.