

The impact of leadership development in allied health on clients, employees and health service. Janice Mc Keever.

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**Background:** Leadership development opportunities have exploded as health executives seek to reap the benefits of leadership. Allied Health(AH), as the third largest workforce, are noticeably absent from leadership discourse and little is written about their leadership impact. There is a pressing need to identify the benefits of leadership in allied health to ensure they remain relevant leaders in healthcare.

**Method.** A review of academic and grey literature was conducted to determine the benefits of allied health leadership development on multiple stakeholders (the employee, patient & organisation).

**Results:** No research definitively identified the outcomes of leadership development on the Allied Health workforce and none involved AH specifically. This is not uncommon in health where robust data on leadership impact is lacking. In a 2014-15 Global Leadership Forecast (Figure 1), health care providers were "heading in the wrong direction" in terms of leadership readiness. Health care providers were the worst performers in regard to leadership readiness (1).

The most common outcomes of leadership development were improved self-confidence, self-mastery and problem-solving in employees. Outcomes for clients or organisations did not heavily feature although it was surmised that improvements in these domains were the result of higher functioning employees following leadership training ( table 1).

The unique contribution of Allied Health Although there was limited data on AH, the increased uptake of innovative workforce roles such as advanced practice and role substitution shows that AH are capable of the leadership needed to transform the health service. There are more AH occupying senior executive roles in public health and in government providing much needed visible leadership for the AH workforce.

Employee	Patient	Organisation
Increased confidence & self-efficacy (2)	Reduced rates of infection	Reduced staff attrition
Enhanced knowledge and skill as a leader	Engagement in quality improvement and safety tasks	Increased efficacy to manage caseload demands and greater efficiency in clinical practice. (3)
Skills to manage organisational change	Confidence to escalate potential patient risk factors (3)	Reduced complaints
Greater engagement in their roles		

Table 1

**Conclusion:** Notwithstanding the paucity of research on AH leadership, what is evident is that AH professionals can develop leadership skills resulting in positive outcomes on multiple stakeholders. What is needed is a more coordinated approach to the development of AH leaders who will then set direction & advocate for the profession and publicise the important impact of AH.

**References:**

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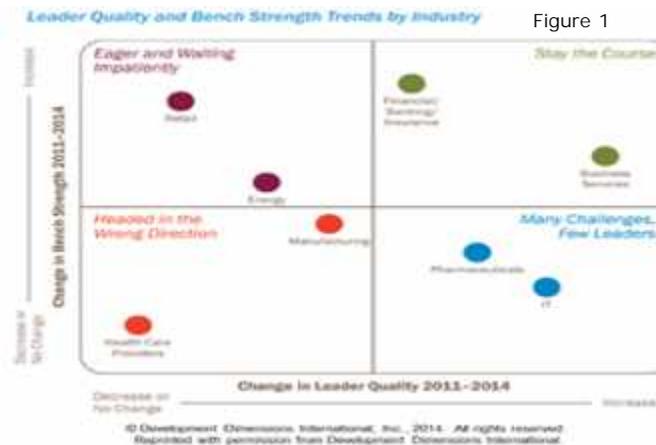


Figure 1

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