Kenyan clinical hybrids
Navigating identities and leadership role in service delivery

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Introduction

- 'Hybrids' - doctors, nurses or other health professionals in managerial roles - play a key role in improving health care systems mediating between management and clinical

  ➢ However, research has so far overlooked how hybrids operate in very different health systems in low-income and middle income countries (LMICs).

- Public health systems in Africa and other LMICs typically have poorly developed infrastructure and managerial systems

  ➢ Management functions are undertaken by individuals who have often received no or little management training

Professionalism and managerialism

- **Professional**: privileged personal and collective identity developed via qualifications, training and socialisation
  - Complex 'indeterminate' **expertise** only fellow professionals understand
  - Professional norms are entrenched within and often dominate health care systems

- **Managerialism**: worldwide governmental policy to manage & measurably improve organizational efficiency (& quality) in public services
  - NPM in Africa suggests managerialism was imposed 'top down' and externally

- What is hybrids' role in mediating conflict or hybridization of competing professional & managerial logics ?

Practical norms

- Other than bridging clinical-managerial logics, clinical managers in African public health care also need to navigate institutionalized but informal 'practical norms', affecting affect day to day behaviour

- Practical norms are the various informal, de facto, tacit or latent norms that underlie the practices of actors, which diverge from the official norms (or social norms)

- Practical norms influence LMIC health systems, by supplying alternative ways of enacting roles and shaping behaviours

- We adopt this theoretical frame to explain how clinical hybrids navigate and reconcile professional and managerial expectations & also practical norms

Kenyan county hospitals

Are important part of the health system delivering essential health care services in resource poor settings
- Provides care to more than 80% of the population (mostly the poor)
- More than half the health budget is spent on these hospitals
- Employ over 50% of all healthcare staff

- But performance is poor and continues to be characterized by failure to implement best practice recommendations

- To influence performance, one must understand wider organizational and environmental influences on hospitals
  - Multiple groups of actors with different values and expertise compete for influence
  - Management isolated from clinical care-clinicians uninvolved in managerial function

Approach

Efforts aimed at improving service delivery in hospitals will work IF adopted by health workers

Because of HWs professional power-implies perhaps strategically using them to lead improvement efforts may influence change

The ability to lead and manage teams as very important in accepting and implementing the changes in practice

BUT how do clinical hybrids interpret and enact their identities and roles situated between managerial and professional institutional logics and localized practical norms

Methods
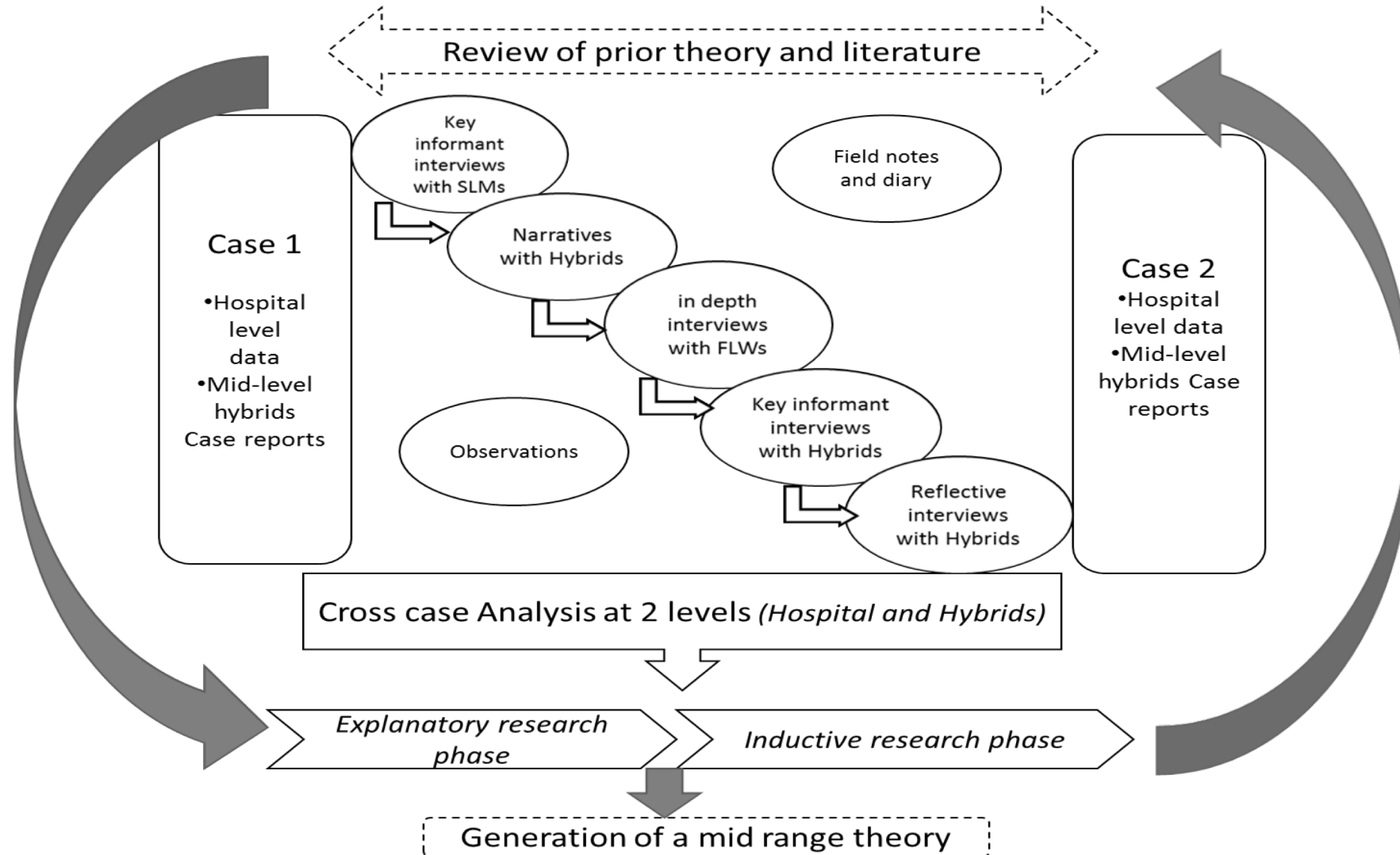
Entry into Hybrid Role

- Social identity
  - ➤ Team member responsibility
- Institutional norms/routines
  - ➤ Seniority
  - ➤ Automatic entry for medical consultants

"Its automatic for example if you are the only surgeon then automatically you become the HOD. So there's not really a strict criteria but most times you'll find the senior most in that department … would be the in-charge" **Obs/Gyn Manager**

"Well it is a big responsibility and in your heart you don't accept it but you have to take it. And again if you refuse, you will not have assisted the team. So you just take it" **Pediatric nurse manager**

Transition to Hybrid Role

- All hybrids reported lack of a formal JD
  - Making it along the way –trial and error
  - OJT –role models, colleagues in previous post, clarifications from senior level managers
  - Taught course -from basic training (nurses), a few L&M courses (but non-contextualized and only technical)

- Nurses appeared more willing to take manager roles than doctors

- Thus, most hybrids resorted to using their clinical backgrounds to make sense of their new roles

- Recurring complaint -lack of recognition (whether in kind or in terms of compensation or payment) for managerial role, especially as it took a considerable amount of their time

Professional power Vs. Hybrid Role

- Reluctant Hybrids
  - ✓ Spend most of their time performing clinical and nursing care tasks

  - ✓ Identify selves with the clinical roles than both clinical and managerial roles

  - ✓ Other than the mandatory HMT role shy away from managerial responsibilities

My core training is Obstetrics/gynaecology, you are pushing me so hard with management, do I leave the patients and to me I feel no, if I have to balance it any time I'll take on my patients and leave out the management"
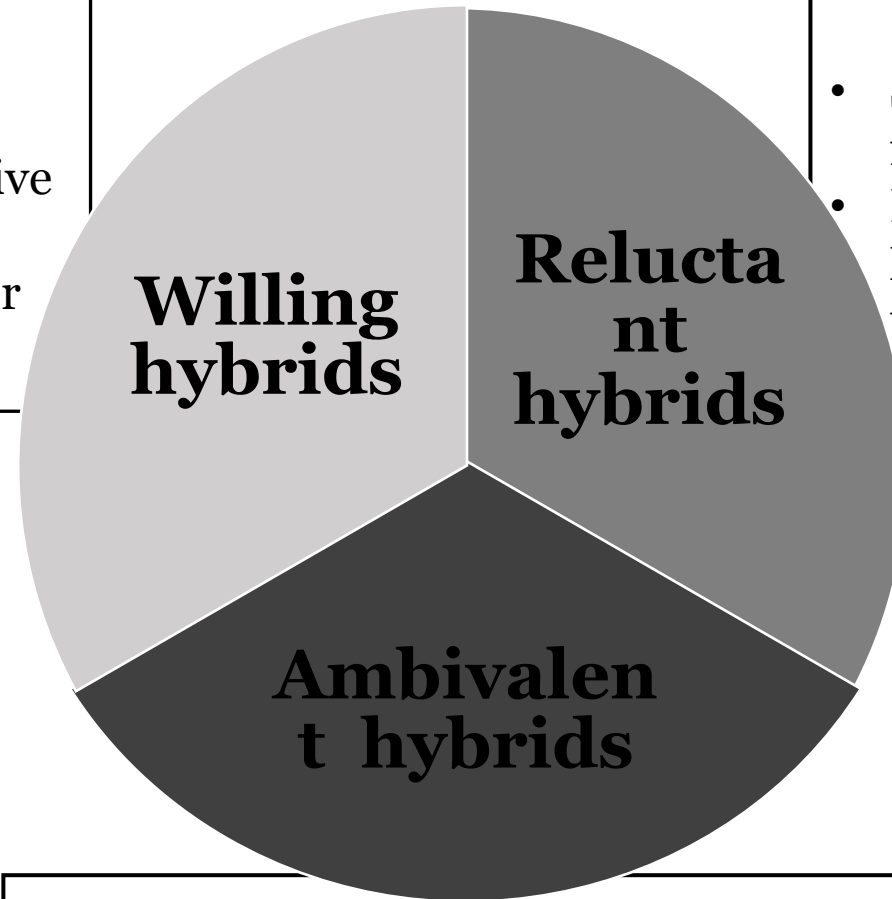
- Intrinsic motivation encouraged alternatives to professional logics
- Role ambiguity as space for positive interpretive meaning
- Championing innovation to senior and frontline staff

Willing hybrids

Reluctant hybrids

- Strong professional social identification
- Professional collegiality and autonomy
  Managerialism perceived as threat to professional logics

Ambivalent hybrids

- Shift between management and professional based discourses
- Role ambiguity provided room for gaming

Negotiating dual roles

Willing	Ambivalent	Reluctant
1 doctor 1 nurse	2 nurses	3 doctors 1 nurse
Open to blending both roles	Identity depended on prevailing context	'pushed' into role
Innovators and role models	Gaming and street level bureaucracy	Additional responsibility
Had support and mentorship	drew on practical norms to serve personal agendas	Limited autonomy & lack of support

Navigating role conflicts

- Hybrids expected to know and undertake managerial roles
  - ➢ yet lacking autonomy to make managerial decisions

- Complex hierarchies with unclear lines of accountability
  - ➢ strong professional allegiance with clinicians deciding how to work

- Routine work in both hospitals was particularly shaped by practical norms
  - ➢ ritualistic annual staff appraisals
  - ➢ focused on shifting blame and using processes protectively

Parallels and differences between hybrids in Kenya and UK

- ✓ For both contexts <u>many</u> clinicians are unwilling to take on hybrid-managerial roles

- ✓ Across both places, clinical identity is key with role tasks determined by clinical authority

- ✓ Willing hybrids exhibited high agency in challenging routines, influencing others

- ✓ Perceived importance of role modelling and mentoring into hybrid roles and tasks

- ✓ Recommendation from both contexts -creation of clear career paths for hybrids

- Professionals logics across Kenya and UK are similar BUT
  - ➤ UK's is more team based while Kenya's is hierarchical with more deference to authority

- Managerial logics are VERY different-
  - ➤ Kenya's managerialism is less articulated, focused on public service orientation than UK's more advanced efficiency and downsizing

- Kenyan contextual and institutional differences
  - ➤ **'practical norms' greatly influence identity work of hybrids and their**

In summary

- Many clinicians are unwilling to take on hybrid-managerial roles-role tasks determined by clinical authority

- Willing hybrids exhibited high agency in challenging routines, influencing others and felt role modelling and mentoring into hybrid roles as very key

- Unique contribution-Kenya's contextual and institutional 'practical norms' greatly influenced identity and agency of hybrids

- Lack of support from senior managers devalued hybrid role perpetuating lethargy, lack of interest and low agency in the hybrid role

In summary

- Recommendations
    - understanding such transitions may be useful in informing selection criterion for new clinical-managers
    - creation of clear career paths for hybrids
    - capacity building for hybrids and a key skill is learning how to read, navigate and when opportune use local practical norms to improve service delivery

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