Primary care physicians as inclusive leaders: A qualitative study

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Background

• Current push towards interprofessional collaborative healthcare teams

• Transformation to a Patient-Centered Medical Home (PCMH) is aided by inclusive leadership

• Yet, we lack a clear understanding of what inclusive leadership “looks like”
Insights from Literature

• The obvious: no single “right” way to be an effective leader

Family of concepts: Inclusive leadership

Connective leadership

Distributed leadership

Facilitative leadership

Inquiry-centered leadership

Shared leadership

Interdisciplinary team leadership

Participatory leadership
Inclusive Leadership

• “Words and deeds... that indicate an invitation and appreciation for others’ contributions.”

• Seeking input and perspectives that may otherwise be silenced or self-censored

• Empirical evidence that organizations may be hindered when lower-status individuals do not “speak up”
Objective

• To provide empirical evidence of what inclusive leadership “looks like” and to understand how certain leadership styles impacted a team-based quality improvement (QI) process.
## Description of Interventions

<table>
<thead>
<tr>
<th></th>
<th>ULTRA</th>
<th>EPIC</th>
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</thead>
<tbody>
<tr>
<td><strong>Funder</strong></td>
<td>NHLBI</td>
<td>NIDDK/NIMH</td>
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<tr>
<td><strong>Theoretical framework</strong></td>
<td>Complex adaptive systems</td>
<td>Complex adaptive systems</td>
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<tr>
<td><strong>Study design</strong></td>
<td>Group-randomized trial</td>
<td>Group-randomized trial</td>
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<tr>
<td><strong>Research/intervention model</strong></td>
<td>Practice assessment, team-based QI meetings with generalist facilitators</td>
<td>Practice assessment, team-based QI meetings + Learning Collaboratives with specialist facilitators</td>
</tr>
<tr>
<td><strong>QI focus</strong></td>
<td>Multiple chronic conditions</td>
<td>Diabetes and depression care</td>
</tr>
<tr>
<td><strong>Geographic settings</strong></td>
<td>NJ/PA</td>
<td>Colorado</td>
</tr>
<tr>
<td><strong>Length of intervention</strong></td>
<td>~ 6 months</td>
<td>~ 6 months</td>
</tr>
<tr>
<td><strong>Total # of practices</strong></td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td><strong>Follow-up assessments</strong></td>
<td>Annually for up to 3 years</td>
<td>9 and 18 months</td>
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Methods

• Design: qualitative, multiple case study

• Data sources: audio-recorded QI meetings, in-depth interviews, and observational fieldnotes
  – Baseline, each follow-up point

• Data analysis: CO team (n=4); NJ team (n=4)
  – Read/listened to data
  – Coded data using common qualitative techniques
Results: Practice Characteristics

• Practice size: ranged from 3-50 people (physicians and staff)
• QI team size: 3-10 members
• Mix of private community-based practices & university-owned practices
• Rural (CO), suburban, and urban practices
Results: Inclusive Leadership

• Soliciting team input
• Engaging in participatory decision-making
• Facilitating inclusion of non-team members
## Results: Overall Assessment

<table>
<thead>
<tr>
<th>Practice</th>
<th>Soliciting Input</th>
<th>Participatory Decision-Making</th>
<th>Including Non-Team Members</th>
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</thead>
<tbody>
<tr>
<td>NJ-01</td>
<td>Strong</td>
<td>Strong</td>
<td>Weak</td>
</tr>
<tr>
<td>NJ-02</td>
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<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>NJ-03</td>
<td>Moderate</td>
<td>Moderate</td>
<td>NA</td>
</tr>
<tr>
<td>NJ-04</td>
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<td>Moderate</td>
<td>Weak</td>
</tr>
<tr>
<td>NJ-05</td>
<td>Weak</td>
<td>Weak</td>
<td>NA</td>
</tr>
<tr>
<td>NJ-06</td>
<td>Weak</td>
<td>Weak</td>
<td>Moderate</td>
</tr>
<tr>
<td>NJ-07</td>
<td>Moderate</td>
<td>Strong</td>
<td>Strong</td>
</tr>
<tr>
<td>NJ-08</td>
<td>Weak</td>
<td>Weak</td>
<td>Weak</td>
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</table>

**NA:** “Not applicable” if all/most practice members were on QI team
## Results: Overall Assessment

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</thead>
<tbody>
<tr>
<td>CO-09</td>
<td>Strong</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>CO-10</td>
<td>Strong</td>
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<td>CO-13</td>
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<tr>
<td>CO-14</td>
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<tr>
<td>CO-15</td>
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</tr>
<tr>
<td>CO-16</td>
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<td>Moderate</td>
<td>Weak</td>
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</tbody>
</table>

NA: “Not applicable” if all/most practice members were on QI team
Soliciting Team Input: Exemplar

- Practice NJ-01
- Lead physician, disengaged → active QI leader
- Learned a great deal from staff about her own practice
- Collaborative team process to address workflow issues

“'I don’t even know all of what you guys do up there” (at the front desk).
Soliciting Team Input: Non-exemplar

• Practice NJ-06
• Lead physician, cognizant of his role & need for team input
• Habit of interrupting & dismissing
• Minimal team input

“Sometimes I’m going to keep my mouth quiet...”
Participatory Decision Making: Exemplar

- Practice NJ-04
- QI plans: improve teamwork/unity - uniforms
- Lead physician, patient & respectfully pushes back; allows team decision
Participatory Decision Making: Non-exemplar

- Practice CO-15
- QI plans: identify diabetic patients; develop visit template
- Decisions dominated by lead physician; work relegated to P.A.
Including Non-Team Members: Exemplar

- Practice NJ-02
- Distrust & negativity amongst non-team members
- Lead physician prompted “open” meetings
- Helped to dispel rumors & quell negativity
Including Non-Team Members: Non-exemplar

• Practice NJ-04
• Feelings of favoritism among non-team members
• Lead physician not responsive to non-team members’ suggestions
• Tensions remained throughout intervention
Discussion

• Quality improvement ➔ leadership
• 2 pronged strategy: inviting input & showing appreciation
• Decision-making: free reign ↔ unilateral
• Effective leadership goes beyond a set of isolated behaviors
• Needed: new ways of training on leadership
Limitations

• “If you’ve seen one practice, then you’ve seen one practice.”

• Leadership style → team functioning/performance

• Appropriateness of inclusive leadership across contexts/circumstances
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Thank you... Questions?
15 Year Research Program

**Descriptive Study**

- **DOPC**
  Direct Observation of Primary Care (NCI, RWJF: 1994-97)

- **P&CD**
  Prevention & Competing Demands in Primary Care (AHRQ: 1996-99)

- **IMPACT**
  Insights from Multi-method Practice Assessment of Change over Time (NCI: 2001-04)

**Intervention Study**

- **STEP-UP**
  Study to Enhance Prevention by Understanding Practice (NCI: 1997-2000)

- **ULTRA**
  Using Learning Teams for Reflective Adaptation (NHLBI: 2002-07)

- **SCOPE**
  Supporting Colorectal Cancer Outcomes by Participatory Enhancements (NCI: 2005-2010)

- **EPIC**
  Enhancing Practice, Improving Care (NIDDK/NIMH: 2005-2011)

- **NDP**
  National Demonstration Project (AAFP: 2006-2008)