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International Forum on Quality and Safety in HealthCare
Utrecht, 23rd May 2025

Disclosure Statement

No conflicts of interest

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Our overarching purpose is to improve the results and experience delivered by health and care systems for their patients, populations and workforces.

BMJ Leader showcases original research and reviews, interpretations of the evidence base, and reflections and debate by practitioners on the key themes of leadership.

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*median number of days

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- An official journal of the Royal Australasian College of Medical Administrators (RACMA)
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- (RACMA & FMLM members receive access to the journal via their membership
- Indexed by Web of Science Core Collection: Emerging Sources Citation Index, Medline, Scopus, Google Scholar

BMJ Leader

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BMJ Leader has chosen social justice as a strategic priority

Editorial

Healthcare leadership and the path to social justice through academic publishing

Jamiu O Busari [1,2] Ming-Ka Chan [3]

INTRODUCTION

Social justice ensures fairness, equity and inclusivity within groups, organisations and systems, and is critical to leadership and leadership development. In medicine, social justice is described as the equal access of every individual to quality healthcare services and the universal right to health.[1] The 1978 WHO Alma-Ata declaration highlighted the gross inequalities in health status within populations, and these were considered unacceptable politically, socially and economically, arguing that health is (and should be) a fundamental human right to all.[2]

Healthcare leadership has been identified as one of the vehicles to tackle the inequalities within healthcare systems.[3 4] However, to achieve equity in healthcare systems, existent societal disparities must be addressed, and strategic measures that will mitigate the adverse effects of healthcare inequity must be implemented. Therefore, by incorporating principles of social justice into leadership practices, healthcare organisations and leaders can establish environments that foster collaboration, respect and equal opportunities for all individuals. Organisations prioritising social justice in their leadership development programmes tend to experience higher levels of employee engagement, lower turnover rates and overall better performance.[5] Consequently, more just and equitable healthcare practices and environments.

In this topic collection on *Equity, Diversity, Inclusivity (EDI) and Social Justice in Times of Crisis*, we set out to focus on and examine the various facets of equity and social justice in healthcare. Using a social justice lens, we encouraged a broad and diverse range of contributions that included perspectives and narratives offering critical and evidence-informed insights into the interactions between leadership, social justice and healthcare inequity. We invited short papers (commentaries) that offered practical, innovative insights, pearls, or leadership innovations in EDI to promote social justice in healthcare systems. Original research papers that explored the interactions between leadership, EDI and social justice in healthcare systems were welcomed, as well as review papers that systematically analysed existing information and evidence on specific leadership, EDI and social justice topics. We also introduced a 'leadership in art' section where creative artistry was used to express reflections on the theme of this topic collection.

Creating the topic collection on leadership, equity and social justice has been an opportunity for learning, unlearning and relearning. The submissions covered a wide range of topics from authors of various backgrounds, identities, stages of and professional lives, individually and collectively.

As clinician educators and editors of this topic collection, we naturally gravitated to focusing on educational solutions and innovations. Applying an antioppression lens, we sought to understand how we support authors, reviewers and editors in these domains. Furthermore, as we develop strategies to expand and improve, we will consider multimodalities and accessibility to ensure we reach those who need the most support. Ultimately we desire to provide the missing opportunities outlined in this African proverb: 'Until the lion learns how to write, every story will glorify the hunter'. We hope this topic collection on EDI, Social Justice, and Leadership will make readers pause, reflect, rethink and move towards action. It may be learning and learning and relearning as an individual, as part of a team or organisation, or within systems.

So, as we explore equity in healthcare and highlight the importance of a fair distribution of resources and opportunities in this topic collection, we hope the journal's readers will understand this complex topic better. Furthermore, we hope that the content of the topic collection will encourage readers to contribute (more) to the ongoing discourse on promoting equitable and socially just healthcare systems in our communities. We look forward to feedback from all, lions and hunters alike.

Twitter Jamiu O Busari @jobusar and Ming-Ka Chan @MKChan_RCPSC

Collaborators NONE.

Contributors JOB and M-KC contributed equally to this manuscript's conception, writing and editing. All authors read and approved the final version of the

Review

Moving beyond 'think leadership, think white male': the contents and contexts of equity, diversity and inclusion in physician leadership programmes

Sophie Soklaridis [1,2,3,4] Elizabeth Lin,[1,2] Georgia Black,[1] Morag Paton [5,6] Constance LeBlanc,[7,8] Reena Besa,[1] Anna MacLeod,[8] Ivan Silver,[1,2] Cynthia Ruth Whitehead,[3,4,9] Ayelet Kuper[4,10,11]

ABSTRACT

The lack of both women and physicians from groups under-represented in medicine (UIM) in leadership has become a growing concern in healthcare. Despite increasing recognition that diversity in physician leadership can lead to reduced health disparities, improved population health and increased innovation and creativity in organisations, progress toward this goal is slow. One strategy for increasing the number of women and UIM physician leaders has been to create professional development opportunities that include leadership training on equity, diversity and inclusivity (EDI). However, the extent to which these concepts are explored in physician leadership programming is not known. It is also not clear whether this EDI content challenges structural barriers that perpetuate the status quo of white male leadership. To explore these issues, we conducted an environmental scan by adapting Arksey and O'Malley's scoping review methodology to centre on three questions: *How is EDI currently presented in physician leadership programming? How have these programmes been evaluated in the peer-reviewed literature? How is EDI presented and discussed by the wider medical community?* We scanned institutional websites for physician leadership programmes, analysed peer-reviewed literature and examined material from medical education conferences. Our findings indicate that despite an apparent increase in the discussion of EDI concepts in the medical community, current physician leadership programming is built on theories that fail to move beyond race and gender as explanatory factors

In this context, the persistent lack of women and under-represented in medicine (UIM) physicians in leadership remains a concern in healthcare. Studies have shown that reducing health disparities and improving healthcare outcomes of diverse populations require more diversity in medical leadership.[10–14] It is also well established that diverse and inclusive workplaces benefit everyone.[15–17] When diverse groups come together to resolve a problem, the power of collective intelligence creates better solutions.[18] People with different assumptions and experiences can question norms and provide perspectives that are not possible with less diverse groups.[19–21] The range of ideas that diverse groups bring can be immensely generative. This instrumentalist argument has been used to promote diversifying physician leadership. Medical organisations and most faculties of medicine in North America are developing frameworks for equity and inclusion to realise the benefits of a diverse medical workforce for patients, faculty and the institutions themselves.

However, while institutional leaders have been claiming for more than a decade to be recruiting and retaining a more diverse physician workforce, progress remains slow and inequitable.[22] Several studies have shown that women and UIM physicians still lag behind white male physicians, not only in terms of being represented relative to their numbers in the general population,[23 24] but also in

Key themes

- Social justice & Health equity leadership
- Planetary health leadership
- Digital health leadership
- Volume to Value shift in leadership
- Leadership Education
- Kindness and human connection in healthcare
- Special Interest Group: Africa

Key themes - Editor Leads

- Sustainability and Planetary Health - **Rammina Yassaie** & **Andy Garman**
- Kindness and Human Connection - **Nicki Macklin**, **Dominique Allwood** & **Bob Klaber**
- Leadership development and education - **Oscar Lyons**
- Social Justice and Health Equity Leadership - **Ming Ka Chan** & **Nagina Khan**
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- Africa Special Interest Group - **Jamiu Busari** & **Shrikant Peters**

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- Commentary
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- Systematic review
- Brief Report
- Review
- Leadership in the Mirror
- Translating Research and Evidence
- The Learning Zone

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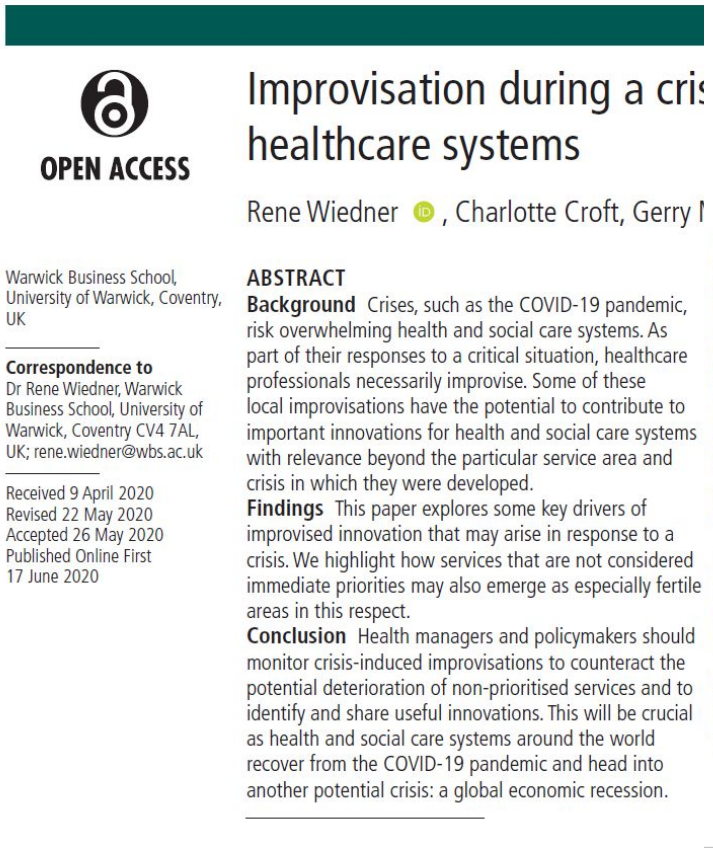

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Improvisation during a cri
healthcare systems

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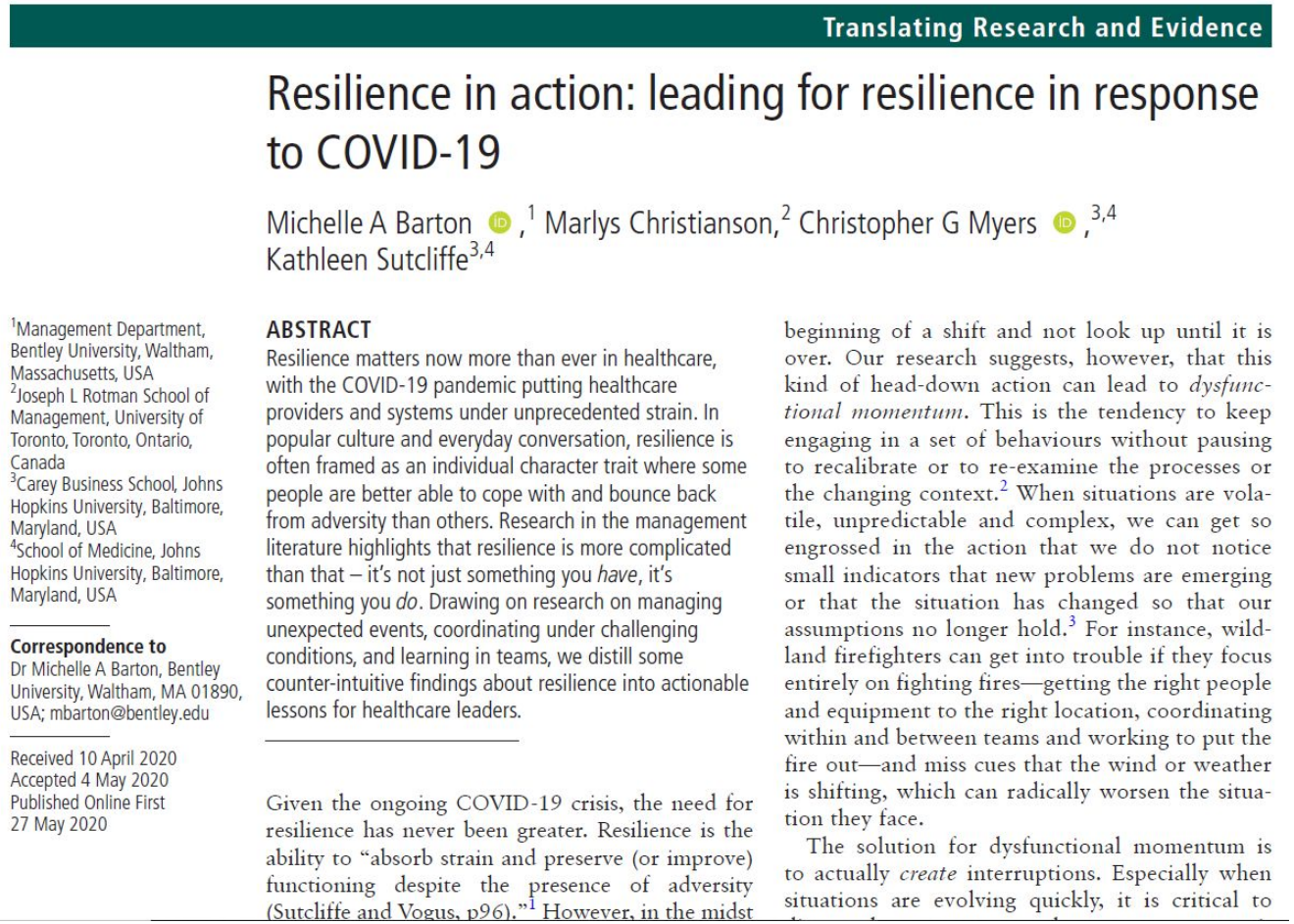
Received 9 April 2020
Revised 22 May 2020
Accepted 26 May 2020
Published Online First
17 June 2020

ABSTRACT

Background Crises, such as the COVID-19 pandemic, risk overwhelming health and social care systems. As part of their responses to a critical situation, healthcare professionals necessarily improvise. Some of these local improvisations have the potential to contribute to important innovations for health and social care systems with relevance beyond the particular service area and crisis in which they were developed.

Findings This paper explores some key drivers of improvised innovation that may arise in response to a crisis. We highlight how services that are not considered immediate priorities may also emerge as especially fertile areas in this respect.

Conclusion Health managers and policymakers should monitor crisis-induced improvisations to counteract the potential deterioration of non-prioritised services and to identify and share useful innovations. This will be crucial as health and social care systems around the world recover from the COVID-19 pandemic and head into another potential crisis: a global economic recession.



Translating Research and Evidence

Resilience in action: leading for resilience in response to COVID-19

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Received 10 April 2020
Accepted 4 May 2020
Published Online First
27 May 2020

ABSTRACT

Resilience matters now more than ever in healthcare, with the COVID-19 pandemic putting healthcare providers and systems under unprecedented strain. In popular culture and everyday conversation, resilience is often framed as an individual character trait where some people are better able to cope with and bounce back from adversity than others. Research in the management literature highlights that resilience is more complicated than that – it's not just something you *have*, it's something you *do*. Drawing on research on managing unexpected events, coordinating under challenging conditions, and learning in teams, we distill some counter-intuitive findings about resilience into actionable lessons for healthcare leaders.

Given the ongoing COVID-19 crisis, the need for resilience has never been greater. Resilience is the ability to "absorb strain and preserve (or improve) functioning despite the presence of adversity (Sutcliffe and Vogus, p96)."[1] However, in the midst beginning of a shift and not look up until it is over. Our research suggests, however, that this kind of head-down action can lead to *dysfunctional momentum*. This is the tendency to keep engaging in a set of behaviours without pausing to recalibrate or to re-examine the processes or the changing context.[2] When situations are volatile, unpredictable and complex, we can get so engrossed in the action that we do not notice small indicators that new problems are emerging or that the situation has changed so that our assumptions no longer hold.[3] For instance, wildland firefighters can get into trouble if they focus entirely on fighting fires—getting the right people and equipment to the right location, coordinating within and between teams and working to put the fire out—and miss cues that the wind or weather is shifting, which can radically worsen the situation they face.

The solution for dysfunctional momentum is to actually *create* interruptions. Especially when situations are evolving quickly, it is critical to

Commentaries are also a good outlet for diverse potential authors

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Bridging the d
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paramount du

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Received 4 October 2023
Accepted 6 September 2024

The 'industrialisation of
define how policy and prac
standardisation methods an
care improvement.[1] Care
dominated by various for
including care pathways,
targets and guidelines. Prac
to adopt such approaches b
with added tensions and co
care at the front line. The
standardised clinical times,
be met by reports from patie
rushed and stressful'.[2]

At the same time, the e
fits-all standardised approa
reduce the vast patient wa
Health Service (NHS) is
such approaches pose func
challenges.[5] Finding a 'standard' patient is nearly impossible in ageing and diverse populations. This

Commentary

Research agenda for integrated care: supporting collaboration in turbulent times

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Received 4 June 2024
Accepted 22 November 2024

INTRODUCTION

Integrated Care Systems (ICSs) were created across the English National Health Service (NHS) to foster collaboration between health and care organisations within 42 geographical footprints. They were established, in part, to address significant financial and operational challenges, which had only intensified by the time ICSs became statutory bodies in 2022.[1–3] Thus, ICSs find themselves attempting to foster collaboration amidst intense system turbulence, which is liable to undermine such efforts. Deemed 'the makings of a sensible management structure' by Lord Darzi's recent review of the English NHS, ICSs show no signs of going away.[4] Accordingly, this commentary outlines a research agenda to explore whether and how ICSs can effectively collaborate in this turbulent context and to support them in these efforts. This problem-driven research agenda does address leadership issues, but not exclusively, also calling for research on how

Standardisation might thus conflict with individualised solutions. Smoking cessation strategies, for

systems.[10] These pressures are liable to pull participants away from collaborative approaches. Substantial financial and cultural barriers also remain between NHS and local government, often deepened by years of mounting distrust.[6 11] Nor, given the NHS's history of tokenistic collaboration and of using ICSs to enforce national priorities, will local stakeholders easily be persuaded that this latest attempt to collaborate is genuine.[7]

Amidst these challenges, ICSs are tasked with improving population health outcomes, tackling inequalities, enhancing productivity and supporting the NHS's contribution to broader socioeconomic development.[1 5] These goals were always going to be pursued under difficult circumstances. ICSs were created partly to address the 'wicked' quality, financial and operational problems posed by increasingly complex population needs[11] and to enable joint responses to serious emergent system challenges like today's workforce crisis.[1] The sustainability

Original research that speaks to our focus on leadership is welcome too

Original research

Routes to the t
medical, clinica

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Received 17 July 2019
Revised 18 September 2019
Accepted 19 January 2020
Published Online First 27 February 2020

ABSTRACT
Introduction Leadership, and Executive in healthcare organisa been more important. This revie the first retrospective cross-secti developmental journeys of chief National Health Service (NHS).
Methods Twenty-eight semi-st interviews were conducted with non-clinical NHS chief executive Journal's list of 'Top Chief Execu Through a thematic analysis of t for the development of aspiring emerge.
Results Few proactively sough and there was a lack of an activ development strategy. Yet the 's development' took root early. C approach of formal leadership d the-job' informal leadership dev NHS chief executives were expo moments' that helped them dev the top of their field.
Discussion Top NHS chief exe

Original research

Do expert clinicians make the best managers? Evidence from hospitals in Denmark, Australia and Switzerland

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Received 6 March 2021
Accepted 30 July 2021
Published Online First 12 August 2021

ABSTRACT
Introduction Hospital quality rests on the morale and productivity of those who work in them. It is therefore important to try to understand the kinds of team leaders that create high morale within hospitals.
Methods This study collects and examines data on 3000 physicians in hospitals from Denmark, Australia and Switzerland. It estimates regression equations to study the statistical predictors of levels of doctors' job satisfaction, their intentions to quit or stay in their current hospital and their assessment of the leadership quality of their immediate manager. A particular concern of this study is to probe the potential role played by clinical expertise among those in charge of other physicians.
Results When led by managers with high clinical expertise, hospital physicians are (1) more satisfied with their jobs, (2) more satisfied with their supervisors' effectiveness and (3) less likely to wish to quit their current job. These findings are robust to adjustment for

quit intentions[15] and burnout rates.[16] Clinician job satisfaction and consequent performance might be viewed as particularly important because it is known to affect patient outcomes.[17 18]

This study assesses the influence that supervisory physicians (those who act as line managers) have on the job satisfaction and quit intentions of the physicians they lead. Importantly, it identifies clinical expertise as a key characteristic associated with effective physician managers. Leadership behaviour is examined through the lens of so-called transformational leadership, which places emphasis on motivating followers through shared values to commit to common goals. Assessed transformational leadership behaviours include a line manager's ability to communicate a clear and positive vision; whether staff feel they are empowered, encouraged and developed; if managers engage in innovative thinking; and, finally, whether they lead by example.

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Blogs: Most ‘clicked on’ this year for X & LinkedIn

Blog | **BMJ Leader**

The just culture in the NHS – but not the one you know. By James Hadlow

Posted on April 15, 2025 by mthompson

I first came across the concept of the 'just culture' in healthcare several years ago during my Darzi Fellowship, a highly respected national clinical leadership programme.

The concept of a just culture was one which was logical and the terms of it were clear to me but hadn't been framed in formal terms in this way in my head before to ensure staff are treated fairly and supportively through a culture of learning when things go wrong. According to Professor Sir Norman Williams, who published a report looking at gross negligence manslaughter in healthcare in 2018 "*a just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution*".

Blog | **BMJ Leader**

How will history view Physiotherapy Professional Bodies' "neutrality" during the Israel- Gaza Conflict? By Uzo Ehiogu , Basman Aldirawi and Osman Ahmed

Posted on March 4, 2025 by mthompson

Figure 1 A Physiotherapist (Dr Ala Shatali,) working as a triage practitioner in Gaza October 2023

"Why have you not spoken up for us, you have forgotten us !..." (1)

These are the words of Dr. Ala Shatali, former Secretary General of the Palestinian Physiotherapy Association (1994-2004), and an Orthopaedic Physiotherapist in Gaza who volunteered to work as an emergency department triage practitioner at the start of hostilities in October 2023.

Contribute as an author…and as a reviewer

Editorial

Why reviewers matter: applying a social justice lens in publishing to build a thriving reviewer environment at *BMJ Leader*

Rachel Gemine,[1,2] Jamiu O Busari ,[3,4] James Mountford ,[5] Janice St. John-Matthews ,[6] Amit Nigam ,[7] Ming-Ka Chan [8]

THE IMPORTANCE OF PEER REVIEW IN ENSURING QUALITY AND IMPACT FOR JOURNALS

Peer review is a key stage of ensuring quality and impact for journals but reviewing can have the lowest profile of all publishing roles. To raise the reviewer profile at BMJ Leader, the journal is aiming to reduce the barriers to participation and increase access to the publishing process with hopes of improving scholarly output and acknowledging reviewers' valued contributions.

peer-review process, and make publishing at the *BMJ Leader* more accessible and well-supported.

Academic publishing provides one forum for many to have a voice. There are clear incentives and imperatives for many in their academic careers for authorship including the impact of publishing on an individuals' career stature, supporting collaboration and driving impact. However, authorship in peer-reviewed journals remains a domain that privileges the most dominant voices (eg,

can make a difference. Reviewers are the key part of the editorial team, ensuring solid communication and robustness of the publications. 'Revise and resubmit' is what we hope to receive as authors from an initial submission, as well as feedback that, if clear and actionable, makes a real difference to the quality and utility of what is published. Reviewers help ensure that the standards of research and ethics have been met, and through this standard-setting role they contribute hugely to journal quality and impact in practice. Reviewers also read with a 'reader's eye', often considering from the perspective of a novice in the author(s)' fields. They bring their significant expertise and experience to spot things editors might miss or not be aware of. For example, recently in *BMJ Leader*, a reviewer suggested a brief report be repositioned as a personal reflective piece, which was subsequently published under Leadership in the Mirror. Every reviewer brings new insight, experiences and knowledge that drive the collaborative world of journal publications.

Without reviewers, peer-review can't

Gemine et al, BMJ Leader 2023

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- Social Media hub - A site dedicated to everything social media at BMJ, including policies and training.

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