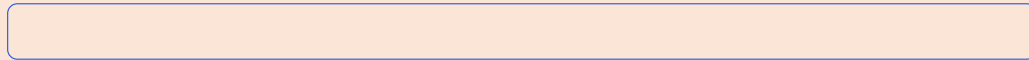
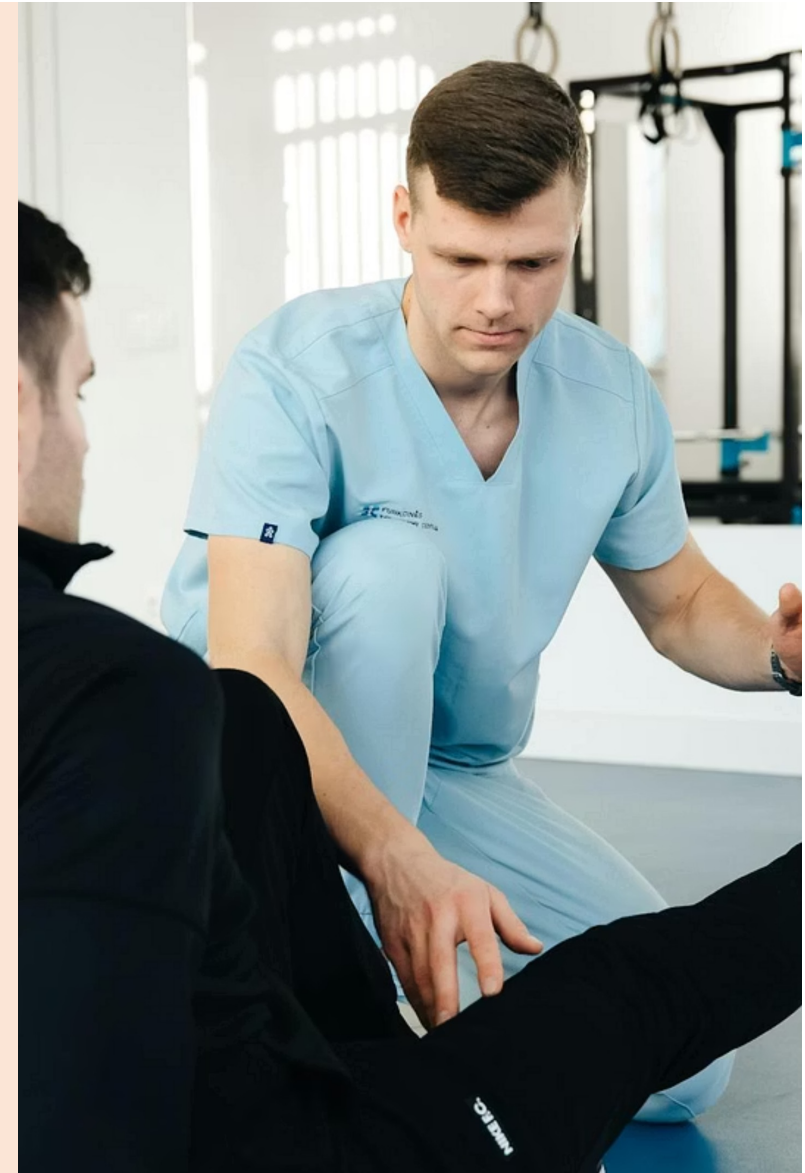


What We Can Learn From Each Other

Strengthening Rehabilitation in Health Systems through Research and Educational Collaboration



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Who am I?

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Journal of Health Organization and Management

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Journal of Integrated Care

<https://www.emerald.com/insight/publication/issn/1476-9018>





University of Jyväskylä

In 1863, Finnish Language Teacher training began here.

1883: Edge Hill College, the first non-denominational teacher training college in England opens its gates.



Why Rehabilitation Matters

Health systems across the world face a convergence of pressures that make effective rehabilitation more important than ever. Rising demand, demographic change, and resource constraints are reshaping what we expect from care.

The Challenges

- Ageing populations
- Rising chronic conditions
- Increasing demand for long-term care
- Pressure on health system sustainability

The Role of Rehabilitation

- Restoring functioning and mobility
- Supporting independence in daily life
- Improving quality of life across conditions

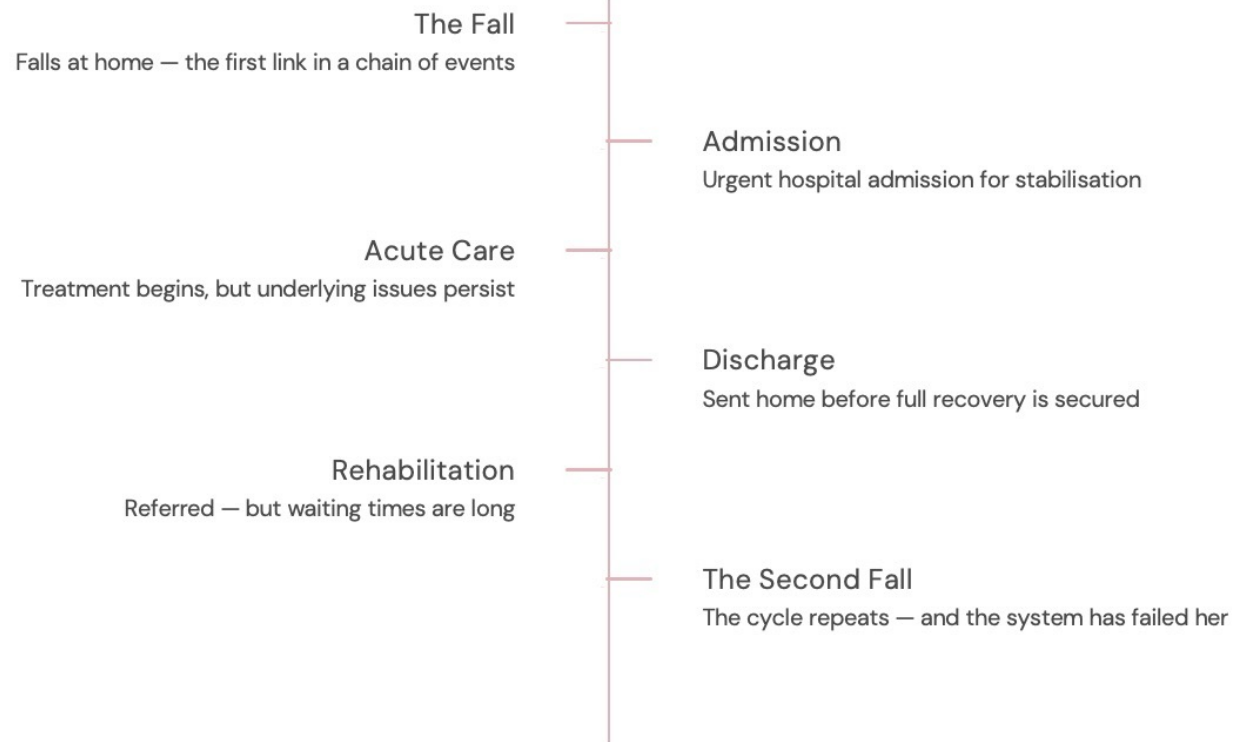
The WHO increasingly recognises **rehabilitation as a key health intervention** – not a supplementary service, but a core pillar of health system performance.





The Vicious Cycle: A Patient's Journey After a Fall

A 78-year-old woman falls at home. What follows is a cascade of care, gaps, and consequences — a journey that too often ends where it began.



37%

of total hospital stay for hip fractures is attributed to waiting for rehabilitation

3rd

leading diagnosis for hospital readmissions in older adults is fall-related injury

Key Insight

The journey from first fall to readmission exposes critical gaps: fragmented transitions, insufficient rehabilitation, and inadequate post-discharge support. **Breaking this cycle demands a systemic response.**

“What failed?”

- Not clinical care
- Not professional competence
- ...but the *system around her*

The Problem: Fragmented Systems

Despite its recognised importance, rehabilitation consistently struggles to achieve its potential. The reason lies not in clinical expertise, but in how health systems are fundamentally organised.

Finland has already taken major steps in integrating health and social care.

But the challenge remains: **Integration at system level does not automatically mean integration at patient level.**

Specialised Services

Care is siloed by condition, setting, and specialty – making continuity across a patient's journey difficult to achieve.

Professional Boundaries

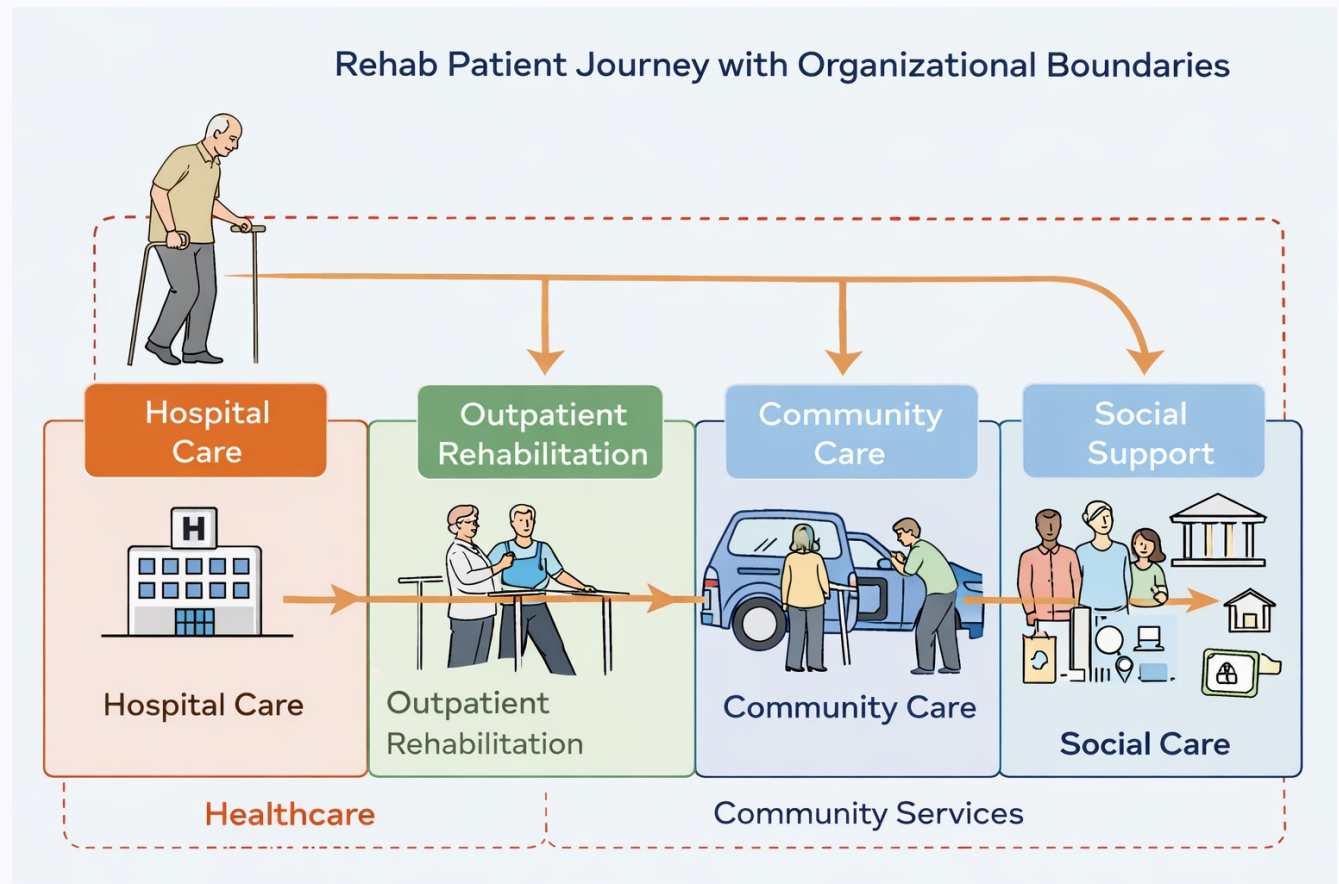
Disciplinary divisions limit the coordination that rehabilitation inherently demands from its practitioners.

Organisational Silos

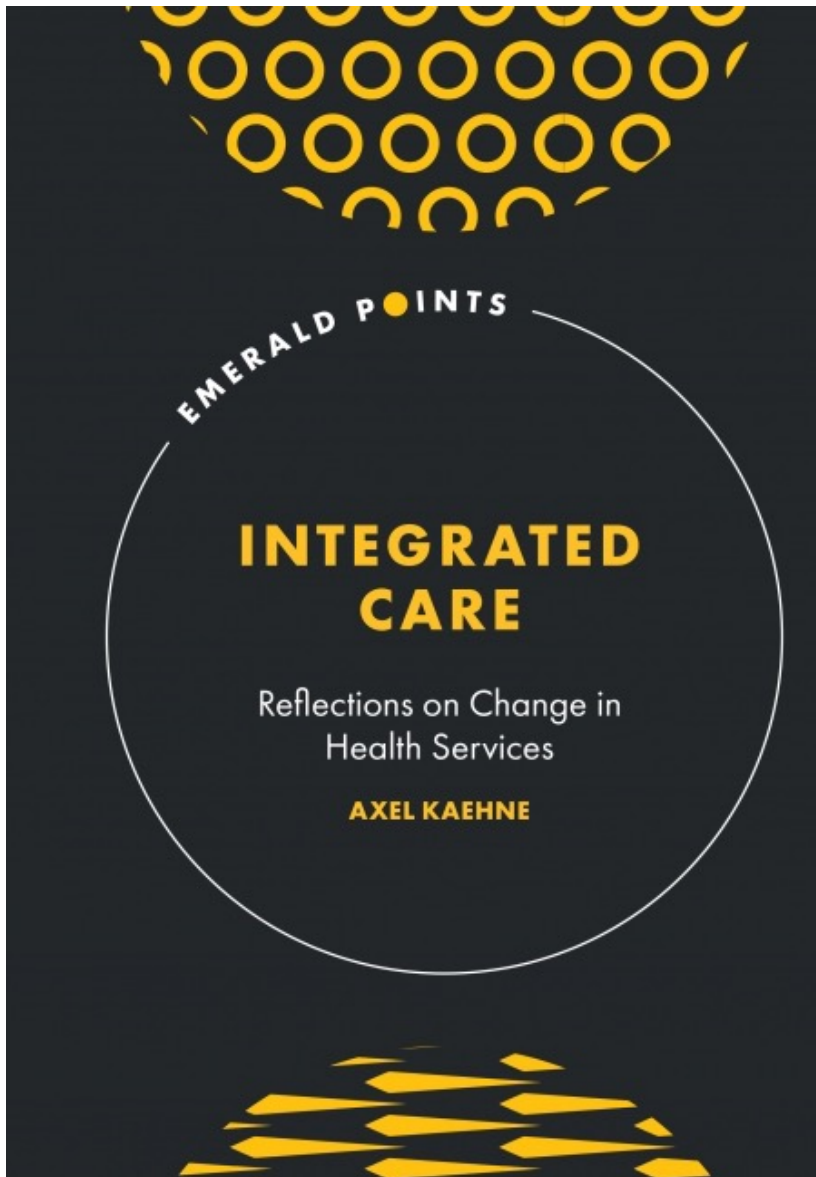
Institutional structures incentivise narrow performance rather than integrated, pathway-level outcomes.

Patients' needs follow **pathways across services.**

Rehabilitation therefore exposes a fundamental tension at the heart of modern health systems — between how we organise care and how people actually live and recover.



Kaehne, A. (2022). Integrated Care as organisational design. In: *Integrated Care. Reflections on Change in Health Services*. Emerald Group Publishing Limited, pp.19-30. <https://doi.org/10.1108/9781801179782>



‘Design principles which start with organisations end up improving organisations.’ (p26)

What we need to do is to ‘re-define what constitutes good care from the perspective of the patient and then to ‘fit’ organisational forms around it.’ (p26)

<https://books.emeraldinsight.com/page/detail/integrated-care/?k=9781801179799>

Rehabilitation is a System Intervention

Rehabilitation is too often treated as a discrete clinical service. In reality, meaningful rehabilitation reaches far beyond the clinic – it is a **system intervention** requiring the coordinated engagement of multiple actors.



Healthcare Services

Acute, community, and specialist care working in concert



Social Care

Support for daily living, housing, and personal independence



Community Organisations

Voluntary and civic bodies extending reach beyond formal care



Education & Employment

Enabling return to productive, meaningful participation in society



Families & Carers

The essential informal workforce underpinning long-term recovery

Strengthening rehabilitation therefore requires **strengthening system integration** at every level.

Implications for Health Systems

Improving rehabilitation outcomes is not solely a matter of clinical skill. It demands structural, organisational, and systemic change across the full architecture of care delivery.

1

Coordination

Organisations must work together across boundaries, not in parallel

2

Continuity

Patients need seamless pathways, not disconnected episodes of care

3

Shared Data

Common information and outcome measures must flow across services

4

Aligned Incentives

Funding and accountability structures must reward integrated outcomes

- The challenge is not only clinical – it is **organisational and systemic**. Policy levers, commissioning frameworks, and professional cultures must all be aligned if rehabilitation is to realise its full potential.

Person-Centred Rehabilitation Requires New Professional Collaboration

The Current Reality

Most systems remain organised around:

- Individual professions and disciplines
- Institutional structures and hierarchies
- Short-term, episode-based interventions

Rehabilitation is inherently **interdisciplinary**. Placing the person at the centre of care requires a fundamental shift in how professionals relate to one another and to the patient:

- Shared decision-making with patients and families
- Genuine collaboration across professional boundaries
- Long-term, sustained coordination of care journeys

The Goal of Care Coordination

The goal of care coordination is to understand a person's needs and preferences so that it may be communicated at the right time to the right people, to provide safe, appropriate, and effective care.



“Why change is slow”

We redesign systems... but we do not redesign:

- education
- professional identities
- ways of learning

The Professional Challenge

The expectations placed upon rehabilitation professionals have fundamentally shifted. Working effectively in modern health systems requires capabilities that transcend traditional professional training.

1

Across Disciplines

Moving beyond uniprofessional practice to genuinely integrated teamwork

2

Across Organisations

Building relationships and shared working practices between institutions

3

Across Care Sectors

Navigating health, social care, and community systems as a unified practitioner

New Competencies Required

Collaborative Leadership

Leading with and through others, not over them

Systems Thinking

Understanding how actions in one part affect the whole

Coordination Skills

Communication, negotiation, and pathway management

Professional practice thereby becomes a **system capability** – not merely an individual skill set.

Research and Education Enable System Change

Policy statements alone do not transform health systems. Sustained, meaningful change requires the slower, more durable work of education, evidence, and shared learning.



Professional Education

Training practitioners who are equipped for integrated, collaborative, and person-centred rehabilitation from the outset of their careers



Implementation Learning

Sharing what works – and what does not – across systems, settings, and national contexts to accelerate effective change



Evidence Generation

Producing rigorous, applied research that supports decision-makers and practitioners to improve outcomes with confidence



International Collaboration

Connecting systems, researchers, and educators across borders to accelerate learning and strengthen shared capacity

Research and education together form the **infrastructure of transformation** – the foundation upon which lasting system change is built.

Moen C, Kaehne, A, Brown J. *BMJ Leader* 2018;2:103–109.
doi:10.1136/leader-2018-000082

Exploration of ‘perception of self’ as medical leader: does perception of self require a paradigm shift from clinician to clinical leader?

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ABSTRACT

Background Clinical leadership is key to quality improvement; however, there is limited research regarding doctors’ perceptions of clinical leadership.

Aim To investigate senior trainees’ perception of self as medical leader and explore what influenced their perception.

Methods A questionnaire with open and closed questions was distributed before and after a medical leadership module. Twelve trainees were then interviewed.

Results One hundred and fifty-six questionnaires were completed (95.7 % response rate). A significant number of senior trainees did not consider themselves to be a leader; however, there was a statistically significant shift in their self-perception during the programme. Themes identified during the interviews included a *lack of understanding of the leadership concept, a lack of clarity of the medical leader’s role and vehicles for perspective transformation.*

Conclusions To our knowledge, this is the first study to explore senior trainees’ perception of self as medical leader. Findings suggest, following a paradigm shift from clinician to clinical leader, senior trainees are a potential, valuable resource for quality improvement. To aid understanding of the leadership self-development process, a conceptual model is offered. The significance of the model is its focus on the individual’s leadership paradigm, as the starting point for self-exploration. This model could inform leadership development programmes.

It has been suggested that self-awareness is the first step to leadership development.^{12–13} Specifically, ‘doctors must know and understand themselves, their impact on others and constantly strive to improve’.¹⁴ However, there is a paucity of research that explores doctors’ perception of self as medical leader. Furthermore, Storey and Holti¹⁵ argue, if a doctor does not perceive himself/herself to be a leader or feels forced into a leadership role they are unprepared for, they may feel anxious, pessimistic, cynical, disempowered or angry. Alternatively, if clinicians understand themselves and their impact, they are empowered to develop themselves and thus more effectively lead their team.¹⁵ This study aimed to explore senior trainees’ (STs) perception of themselves as leader and what may have influenced their perception.

Context

This study is based on a medical leadership module for STs commissioned by Health Education England North West (HEE NW). Within the UK STs are junior doctors nearing the end of their training, below consultant level. The module was developed by Edge Hill University and is delivered in collaboration with the Royal College of Physicians. The aim of the module is to facilitate transition from ST to Consultant through developing their leadership skills. The learning outcomes for the module include an appraisal of own qualities, skills, strengths and challenges and critical application to their own

KAEHNE, AXEL., FEATHER, JULIE.,
Chambers, N., Mahon, A.,
ZUBAIRU, KATE., MOEN,
CHARLOTTE., MADEN, MICHELLE.,
& EKPENYONG, ANIEKAN.
(2022). *Rapid Review on System
Leadership in Health Care: System
Leadership: What do we know and
what do we need to find out?* Edge
Hill University.

[https://research.edgehill.ac.uk/en/
publications/rapid-review-on-
system-leadership-in-health-care-
system-leadershi/](https://research.edgehill.ac.uk/en/publications/rapid-review-on-system-leadership-in-health-care-system-leadershi/)

Rapid Review on System Leadership in Health Care

**System Leadership: What do we know and what do we
need to find out?**

Dr Axel Kaehne, Dr Julie Feather, Prof Naomi Chambers,
Prof Ann Mahon, Dr Kate Zubairu, Charlotte Moen,
Dr Michelle Maden, and Aniekam Ekpenyong

May 2022

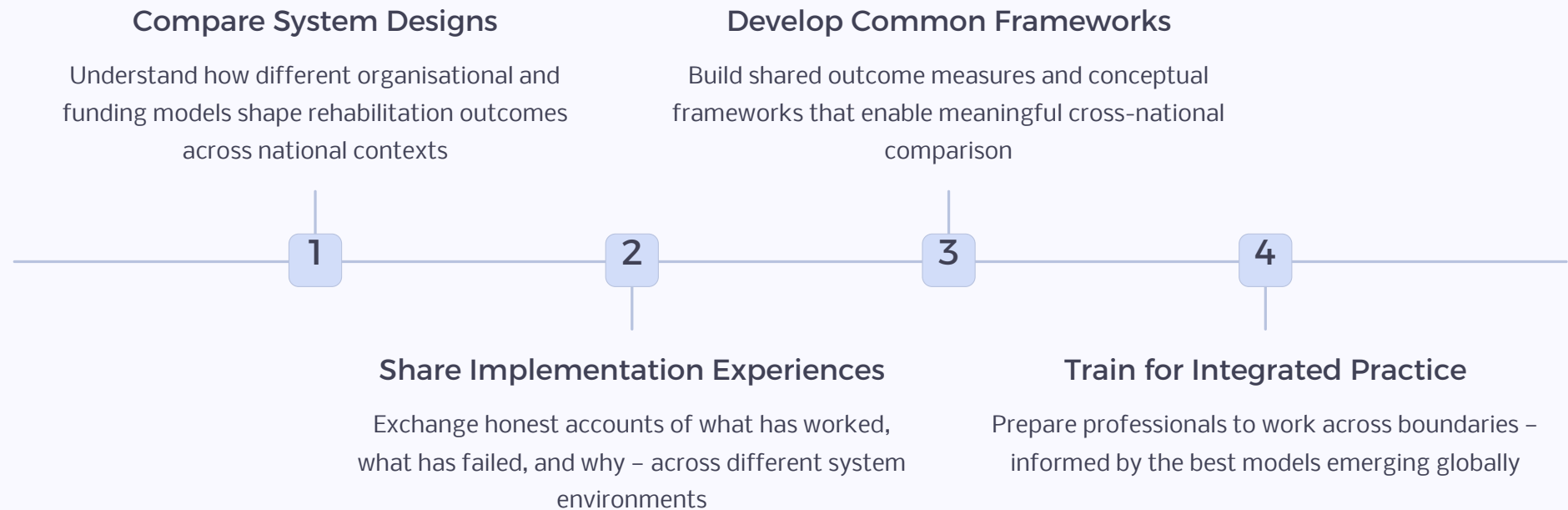
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University

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The University of Manchester



Why International Collaboration Matters

No single country holds all the answers. Different health systems have taken different approaches to rehabilitation – and this diversity is an extraordinary resource if we choose to learn from it together.



We strengthen systems by **learning from each other** – not merely by looking inward at our own models and assumptions.

The Role of Universities



Universities occupy a distinctive and privileged position in the rehabilitation ecosystem. They are uniquely placed to connect the worlds of policy, research, and practice – and to act as catalysts for system-level change.

- **Generate Evidence**
Applied, implementation-focused research that directly informs policy and practice decisions
- **Train Professionals**
Equipping the next generation of practitioners with competencies for integrated, collaborative care
- **Support Implementation**
Providing evaluation capacity and improvement science expertise to health systems undertaking change
- **Facilitate Collaboration**
Brokering international partnerships and creating shared learning spaces across systems and borders

Universities act as **bridges between policy, research and practice** – and between countries seeking to strengthen rehabilitation together.

What We Can Learn From Each Other

Across different countries and health systems, a set of consistent and convergent lessons has emerged. These are not merely academic conclusions – they are practical imperatives for anyone working to strengthen rehabilitation.

Integrate Across Services

Rehabilitation must span health, social care, and community systems – not remain confined within any single sector or institution

Prioritise Professional Collaboration

Effective interdisciplinary working is not incidental to rehabilitation – it is constitutive of it and must be actively cultivated

Centre Functioning & Participation

Outcomes that matter to patients – their ability to live, work, and participate – must guide the design and evaluation of care

Invest in Research & Education

System learning cannot happen without the sustained infrastructure of knowledge generation and professional development

- ☐ Strengthening rehabilitation ultimately requires **system thinking** – the capacity to see the whole, not only its parts.

CLOSING MESSAGE

A System Challenge – and a Shared Opportunity

Rehabilitation is not simply a clinical intervention. It is a **system challenge** – and meeting that challenge demands that we act together across professions, organisations, and nations.

Integrated Health Systems

Designing care architectures that support continuity, coordination, and shared accountability across every stage of the rehabilitation journey

Collaborative Professional Practice

Cultivating a workforce that thinks and works across boundaries – placing the person, not the profession, at the centre

Research & Educational Partnerships

Building the international infrastructure of evidence and learning that enables systems to improve, adapt, and inspire one another

Only by addressing these dimensions together can rehabilitation fully realise its transformative potential – for individuals, for communities, and for health systems worldwide.

“If we get rehabilitation right...”

- People live independently longer
- Health systems become more sustainable
- Inequalities are reduced

Rehabilitation succeeds when systems follow patients — not when patients navigate systems.

Thank you for
listening

Get in touch

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Any Questions?