



What are the characteristics of the champion that influence the implementation of quality improvement programs?



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ABSTRACT

Background: Quality improvement in Healthcare is the new fashion actually. Rich countries and developing countries alike are trying to implement quality improvement initiatives to improve their performance and the quality of care. There is evidence in the scientific literature that the existence of a “champion” can play an important role in the successful implementation of quality improvement strategies. Most of the time, people get stuck at the implementation level: they know what to do but they fail to execute it in the organizational setting. That’s where a champion can be useful to facilitate the success of the change. There is a paucity of research on the link between the champion and the implementation of quality improvement programs. The aim of the study was to investigate the perceptions of stakeholders about the characteristics and qualities of the champion that could facilitate the successful implementation of quality improvement programs in health care settings in Haiti. **Methods:** Twenty semi-structured individual interviews and one small group discussion (n = 4) with providers, administrators, directors, and NGO representatives were conducted during a six months period. The total sample size was twenty-four (n = 24). The methods were informed by grounded theory and the data were analyzed using the constant comparative method and thematic content analysis approach. **Results:** The analysis resulted in eleven themes describing the characteristics and qualities of a successful champion: Communication and persuasion, proactivity, humility, horizontal and collective leadership style, sense of responsibility and accountability, go-ahead type, empathy, dedication and motivation, ability to inspire and motivate people, have a vision, and encourage learning. **Conclusions:** It is important to support and encourage champions in the health care systems in developing countries to master and exhibit those qualities and characteristics in order to lead a team for the successful implementation of quality improvement initiatives in the health facilities. More research is needed to understand how to better articulate those qualities in the context of the Haitian health care system.

1. Background

The Haitian health system is facing many challenges. While the Ministry of Health (MOH) has done its best to increase access to the health care system for the population, the community, in general, is unsatisfied with the quality of the health services it receives, especially

in public healthcare settings. Improving the quality of care is one of the major strategic priorities for the Ministry of Health and Population (MOH).

The first national initiative to improve the quality of care was the HIVQUAL program, which focused exclusively on improving the quality of care for HIV patients. In 2012, the MOH changed the name of the

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HIVQUAL program to HEALTHQUAL Program. This evolution of the program utilizes the lessons learned from the well-resourced HIVQUAL Haiti project while integrating additional dimensions of care and services; including maternal and child care, internal medicine, surgery, urology, etc. The MOH now encourages the establishment of quality committees focused on these different components of the health system at several levels.

We examined those factors that contribute to, or inhibit, successful implementation of Continuous Quality Improvement (CQI) methodologies in the setting of three health facilities in the Northern Department of Haiti: a large public hospital, the Justinian University Hospital (JUH), a public community health center, Hospital Fort Saint Michel, in Cap-Haitian; and one private non-profit health facility in this second largest city in Haiti.

Some research suggested a strong link between the implementation of quality improvement programs and the presence of a champion to facilitate the implementation process. "Though teamwork was essential, implementation was usually led by an improvement "champion," who was typically not the practice owner or manager, and who involved a mix of physicians and support staff in designing and effecting change" (Wolfson et al., 2009, p 7).

We acknowledge that the term "champion" is used in many ways by those who are involved in quality improvement projects. As we understand it, champions are people involved in facilitating a change process to improve the system of care in an organization. They can come from different backgrounds, positions, and ranks in health institutions. They work to move the improvement operation from a starting stage to the desired future level. Besides, champions are health personnel with high interest and agency to support the project and able to communicate its importance to various stakeholders (Alcalde-Rabanal, Becerril-Montekio, & Langlois, 2018). This study explores the specific characteristics of champions that are perceived to facilitate the successful implementation of quality improvement strategies in health facilities.

2. Methodology

2.1. Design and approach

We utilized a qualitative approach to discover an understanding of complex organizational cases, such as the characteristics of the champion that facilitate the implementation of quality improvement programs. As we had no previous theory in mind about the phenomenon in the cultural and sociological context of Haiti, we used a grounded theory approach (Strauss & Corbin, 1990).

Using an inductive approach, we sought to understand the characteristics of the champions that influence the implementation of the quality improvement program.

2.2. Participants

The participants included 10 males and 14 females from three health facilities in the northern department of Haiti: two public and one private (NGO supported). We used purposive sampling to select research sites and participants (Patton, 2002). Snowball sampling was also used to source some participants for interviews (Marshall & Rossman, 1989; Silverman, 2010). All participants were involved in quality improvement initiatives implementation and are knowledgeable about the subject.

Half of the participants were mid-career, between the ages of 30 and 45, and half were late-career, between 46 and 65. There were no participants under the age of 25 or over the age of 65. All the participants lived and worked within or near the catchment areas of the health facilities they served. Twelve of the participants are clinical care providers; ten have a leadership role; and two are working for an NGO.

2.3. Data collection

We used a semi-structured interview guide and a small group discussion guide. Most of the interviews were face to face and were conducted between April and September 2019. Due to the insecurity and chaotic political situation in Haiti at that time that made traveling difficult, one interview was conducted by phone.

Respondents were interviewed about their experience with a champion, their ideas on the qualities and characteristics of successful champions, and what obstacles can prevent them from succeeding in their efforts to facilitate positive change.

Most interviews were conducted in Haitian Creole or French by trained qualitative researchers. One interview was conducted in English. Most of the material was audio-recorded and transcribed for analysis, except for one semi-structured interview and the small group discussions, as some participants were not comfortable with the recording. When the recording was not possible, one interviewer took detailed notes, which were transcribed into a Microsoft Word document for data analysis.

2.4. Data analysis

We applied a grounded theory approach with Atlas-ti software for the data analysis and interpretation (Friese, 2012, 2016). We pre-defined two codes that capture the facilitators and the obstacles linked to the champions' success. All 21 transcripts were revised and compared using the constant comparison method (Silverman, 2010). Then, we considered the themes that emerged from the data (taking into account each category) according to the core meaning of participants (Guest, MacQueen, & Namey, 2012). The themes were reviewed several times to make sure they are accurate and grounded in the data. We used elaboration and verification methods. (Miles & Huberman, 2003).

2.5. Ethical considerations

Ethical approval for the study was obtained from the Haiti National Bio-Ethics Committee and from the Pan American Health Organization Ethical Review Committee (PAHO-ERC). We briefed all participants about the research to assure that they understood the procedures, the advantages, and risks. We obtained informed consent from all participants.

3. Results

The analysis resulted in the identification of eleven themes related to the qualities of effective improvement champions: Communication and persuasion, proactivity, humility, horizontal and collective leadership style, sense of responsibility and accountability, go-ahead type and risk-taker, empathy, dedication, and motivation, ability to inspire and motivate people, have a vision, and encourage learning.

3.1. Communication and persuasion

Most of the stakeholders felt that successful improvement champions should master the art of communication and marketing. For that purpose, they needed to believe in the relevance of the project and do their best to get the buy-in of other people by sharing ideas and strategies. One respondent stated:

He must be the first to lead by example. So, it is someone who is present who is available and who believes in the project and who has an interest in the relevance of the project and who knows how to market it. (1 FSM)

Some respondents perceived that the champion needs to help the team to become aware of the problem and convince people to change the status quo. Another participant expressed the importance of persuasion as the capacity to get everyone on board.

First, it's important to bring the idea and share it (...) then have a team spirit. Because if there is no team spirit, even if you have the will to do it, personally you will not arrive. We must first have the opportunity to convince everyone (...) and when they understand that it is important it will be easy to achieve. (11 HCBH)

Other people linked the capacity to persuade and communicate with the capacity to gather people together and solve an issue.

Definitely, it's also a question of communication, it should be someone who knows how to talk to people, how to approach people and how to get into the skin of people (...) it's someone who knows how to gather people, he is a rallier or gatherer, someone who can convince people. (1 FSM)

3.2. Proactivity

The champion should anticipate a problem and be proactive. As one participant described:

Because of the problems that will arise, we could even anticipate correcting them even before they become insurmountable mountains. (1 FSM)

3.3. Humility

Humility, as practiced by a champion, encompasses the perspective of servant leadership; the champion is ready to serve and help achieve organizational goals. He/she is available to share experience, give advice to help move things forward.

We cannot do anything alone. Be humble and have the ability to motivate the people around you. (15 FSM)

In this mindset, the champion valorizes everyone; puts everyone on the same level.

(...) I do not consider "doctor such" as superior to a support staff who works here (...) we are all employees and humans. (14 FSM)

Taking into account the humility aspect, the champion is wise with a leadership spirit. One respondent stated:

The person must be wise, very understandable; very calm; able to communicate with people; someone with the spirit of leadership. (12 FSM)

3.4. Horizontal and collective leadership style

Consistent with the humility theme, respondents illustrated champions' leadership style as more horizontal, participatory and reminiscent of a democratic style.

I think team spirit is the second characteristic, the third is the will, you have to show the desire to do it. (11 HCBH)

Champions can also help to create other champions, thus developing a collective form of leadership.

I think that one champion can recruit another champion; and when you have a critical mass, you can make the change (...) (19 ONG)

3.5. Sense of responsibility and accountability

The sense of responsibility and accountability help making the champion strict, rigorous and serious, which means his or her decisions and proposals are usually fair. Respondents reported that the champion is the spokesperson for the voiceless and patient-friendly.

It is mandatory to have someone involved as a leader, not only must the leadership team of the institution get involved but there must be someone

who needs to know that it is his responsibility to ensure the proper evolution (...) and this person is especially responsible for the technical aspect (...) but without the support of the leaders, it will not work. (5 HCBH)

The champion must be responsible and at the same time strict and is committed to the realization of this project. (8 FSM)

Concerning the idea of being serious, participants put it this way.

As we say we should not play with serious things, it's almost the same meaning as responsible but it means without a partisan spirit. (8 FSM)
He/She has to be a leader, a spokesperson, the voice of the speechless and a good manager because the success or failure of the project rests upon him/her. (2 FSM)

Accountability is something that inspires the champion to have character and a sense of authority.

The person must also have authority; the person gives the instructions, and we will follow. (12 FSM)

Last but not least, consistent with the responsibility and accountability theme, several participants felt that the champion should lead by example.

The leader must be exemplary; if the person does not come on time; the person cannot encourage others to come on time. (12 FSM)

The chief administrator is among the people who must clock in and clock out every day using the fingerprint machine (...) the leaders are registered normally (...) the entire leadership team passes and punches (...) the leaders do not just ask others to punch but they also punch (...) So you know one of the most beautiful proofs of authority is to set an example. (5 HCBH)

3.6. Go-ahead type and risk-taker

According to the informants, the champion is a tenacious person who tries to change the situation, takes risks and initiatives to solve problems and is not afraid of failure. He or she is eager to make a difference and leave a legacy.

For example, when the person gives you advice, a recommendation (...) it is because she has made an inventory of the needs, asks for the information, the results (...) if there is a work to be done in the prenatal clinic, like arranging another boxing of consultation and the installation of a sink, she will insist that the problem be solved. (8 FSM)
Wherever I go, I try to make a difference and improve things (...) (7 HUU)

I do not have that notion of fear. I'm not afraid of anything. Everyone is important to me, but no one is indispensable. Sometimes when you want to change things you will encounter a lot of adversity (...) We have to be as we are. You have to be sincere. We must not be hypocritical so that others respect us. The fact that we will try to change some things, we will have a lot of enemies but do not be afraid to change things (7 HUU).

3.7. Empathy

He/she has the ability to understand and share the feelings of another.

Second thing, you have to always try to understand the other person, not to criticize and oppose her at every opportunity but to try to see why she is doing so; I am not tolerant but I tolerate certain habits to see how far I can use these bad habits to transform them into good habits (...) For example, if I go to the hospital, no matter who the patient is, I have to consider him/her as one of my own, it's my mother, it's my sister, it's brother's neighbor, because if it is like my only daughter who is ill; I will not wait until I have gloves to clean it; so and it is from my birth that I am like that (...) (14 FSM)

3.8. Dedication and motivation

Some people felt that the champion should love the work and be motivated and dedicated. Champions have a passion for something, and believe in it, and are internally motivated to change things.

You have to have the love of work, to love your work if you love your work you will not complain like I do not have enough money. (14 ONG)

Once you find a dedicated champion, he/she needs support as well to be successful.

So I think one big strategy is finding those champions and supporting them to be successful; instead of imposing something from the outside, we can find a champion who believes in something and help them to succeed (...) (19 ONG)

3.9. Ability to inspire and motivate people

Other participants voiced the champion as someone who has the capacity to identify talented people on the field and motivate them. Champions create a joyful working environment where the employees feel at home and happy. They honor team members and celebrate success.

You are smart, you really have the means to succeed (...) I could see she did the job well on the ground and she had some capacity for fieldwork. (...) We put in place a birthday gift system, every month all the people who celebrate this month meet at the end of the month and we offer them a gift so it's encouraging we see that we are like a family. (...) Another thing we did is that the little we offer someone is to show the employee that we appreciate him or her (...) I initially offered phone cards, not as gifts, it's just to encourage the staff. (14 ONG)

3.10. Have a vision

Several respondents felt that the champion should have a vision and focus on the objectives and the results and not get distracted by the noise in the environment. The champion should also delegate and support others to reach their goals.

Champions tend to have an internal compass; they do not respond to the noise or anything external (...) they have the passion and the vision in their heart. (19 ONG)

Champions delegate and focus on the results. One respondent stated:

A team spirit (...) make them aware of a problem (...) to make this change (...) you feel that you need to focus on the result. (11 HCBH)

3.11. Encourage learning

Some respondents expressed the need for the champion to create a learning environment to help other people grow and improve.

I believe in training and when a person cannot do something, I help him (...) so that he can do it alone (...) I encourage people to learn and do better (...) and to contribute. (22 HCBH)

For more than five years I am a toastmaster, cultivate a certain leadership. I read a lot too and I try to apply things. You have to read a lot (...) a good book (...) and try to apply things (...) you have to try (...) you have to try to manage difficulties even if you fail but you have tried. (7 HUJ).

4. Discussion

There is some evidence in the scientific literature about knowledge brokering demonstrating that lack of communication can negatively impact the implementation of an initiative (Mc Sween-Cadieux, Dagenais, Somé, & Ridde, 2019; Phipps & Morton, 2013). This is also in agreement with the literature on diffusion of innovation, that a good communication and marketing system are paramount for the adoption and implementation of innovation (Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Rogers, 1995). In this sense, our findings of the quality of the champion regarding communication and persuasion fit with the existing evidence. A champion is not only a skilled communicator, but he or she is also someone who is proactive and able to anticipate a problem and communicate with stakeholders about the best ways to solve those issues.

Besides, an outstanding champion is someone who acknowledges that alone, he or she will not be successful and needs a motivated and dedicated team to move things forward. This quality is also rooted in the humility mindset of the champion. Thus, the champion does not consider himself or herself above others; he/she is willing to adopt a servant leadership approach and considers himself or herself as belonging to a group and is willing to serve and do what is best for the success of the whole team. This humility aspect is congruous with the literature on servant leadership (Greenleaf, 1977; Spears, 2004). Two of the themes, Humility, Horizontal and Collective Leadership, are triangulated with extant research findings that servant leadership is dominant in cultures that value the group over the individuals (Frankl, 2010; Kobasa, 1979). In Haiti, the culture of "Konbit", "cumbit", "tèt ansanm" (Roumain, 1944) predominates over the individuals. And the champion is expected to exhibit those values. "Konbit" or "coubite" in the Haitian culture is a kind of solidarity among peasants to support and help each other during the planting of the crop and the harvest (a collective agricultural work). Some Haitian creole proverbs also stress that: "yon sèl dwèt pa manje kalalou" which means you cannot eat "okra" or "gumbo" with one finger. It's a way of saying that, to accomplish great things, you need to come together as a group.

Our findings show that at the same time the champion is tasks and results-oriented. This could sound like a contradiction between the relational aspect and the productivity aspect. Balancing a relational orientation with a result orientation is in line with literature about some forms of leadership where the balance and equilibrium among organizational requirements, such as joyful working environment and spiritual well-being of employees, are paramount for the success of the community or the team (Frankl, 2010; Jumper-Thurman et al., 2004).

There is a proximity between the employees and the champion. This relational orientation of the champion is in tune with the empathy, group orientation of the champion and servant leadership mindset as well (Frankl, 2010; Greenleaf, 1977).

Our finding stresses that the champion is a go-ahead type and will take the necessary risk in order to change the status quo and facilitate the improvement process. This attitude is also related to other values such as a passion for the work, the vision and the results-focused orientation of the champion. This finding is compatible with the psychological change model in the literature (Denis & Champagne, 1990). The attitude and beliefs of stakeholders can play a critical role in the implementation process (Ibid, 1990). Probably, the way the quality improvement program is implemented needs a risk-taking mentality, combined with a vision and passion for the work. This psychological model puts emphasis on the internal processes and behavior of the champion regarding the change process (Bareil & Savoie, 1999; Colletette, Delisle, & Perron, 1997).

The go-ahead type and risk-taking theme are also associated with the proactivity theme. Any project implementation could generate some form of risk. At the same time, those risks could be turned into opportunities with the creativity of the champion. One implication of our finding is that a champion should manage risks and obstacles

proactively to mitigate risks and turn obstacles into opportunity.

Nevertheless, more research is required on how best to integrate this go-ahead type and risk-taking mentality in the context of the Haitian health system to facilitate the implementation of quality improvement initiatives.

Our respondents felt that the champions find deep meaning in the work and consequently are motivated to help others reach their organizational goals by encouraging a learning environment. In the scientific literature, the meaning in work, commitment, focus on results and challenges are all linked (Frankl, 2010; Jumper-Thurman et al., 2004; Kobasa, 1979). In this regard, the challenges of the Haitian health system can be a motivator for the champion.

Furthermore, our finding about the link between the champion and learning is consonant with the literature on organizational learning (Argyris & Schön, 1978).

Last but not least, similar to other studies, our results indicate the engagement of a champion is a prerequisite for change and for innovation adoption and implementation (Berwick & Nolan, 1998; Rogers, 1995).

A limitation of this research is the lack of systematic observation. Themes drawn from interviews were based on perceptions of the interviewees and, as such, are not reality-based on observation. A combination of systematic or participant observation and interviews could have strengthened the study design. Furthermore, the triangulation of the interviews with observation would have added more robustness to the research.

Another limitation of the study is the fact that we did not investigate enough on the perception of providers about the context and conditions in which champions can be successful. Champions do not work in a vacuum; the organizational context could facilitate or impede their success regardless of their qualities. It could be interesting to investigate those aspects and develop a better understanding of the relation between individual characteristics of the champion and organizational context.

5. Conclusions

Quality improvement initiatives are a new way to strengthen the health care system. Most of the literature insists on the presence of a champion to get things done and to assure the successful implementation of quality improvement programs. However, the traits and characteristics of improvement champions are paramount for a change to happen. This article sheds light on the qualities that champions should exhibit to be successful.

The analysis gave rise to the following themes: the ability to communicate, the capacity to anticipate problems and find solutions, humility, a democratic leadership style, sense of responsibility and accountability, the capacity to take risks, empathy, the love for the work and the people, the ability to inspire, the capacity to share a vision, and a learning mindset.

Based on our observations, we recommend some of the findings like the communication and persuasion, the humility aspect, the horizontal and collective leadership style could be applied during the training of health care providers in order to facilitate the implementation of the CQI program in Haiti. Other themes could be expressed through role-play and participatory methods to facilitate their integration in the health care system. This is the case for the sense of responsibility and accountability, having a vision, the ability to inspire and motivate and encourage learning.

Further research is necessary to determine how best to integrate those characteristics of the champion into an organizational setting in order to facilitate the adoption and implementation of CQI programs in the health care facilities in Haiti.

Authors contributions

Conceived and designed the experiments: AJED, VBM, PT, NN, JGD, ERJ. Performed the experiments: AJED, JGD, ERJ, JGC. Analyzed the data: AJED, VBM, PT, JGD, ERJ, NN, LF, MPP, FC, JGC. Wrote the paper: AJED, VBM, PT, NN, JGD, ERJ, LF, MPP, FC, JGC. Applied for Ethical Clearance: AJED, ERJ.

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Declaration of Competing Interest

The authors declare that they have no competing interests.

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Appendix B. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.evalprogplan.2020.101795>.

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