

Enhancing Patient Leadership and Community Engagement Through Storytelling: Reflections from Rural Healthcare in New Zealand

Dr Fiona Bolden, Chair of New Zealand Rural General Practice Network

Professor Richard Bolden, UWE, Bristol

Over recent years there has been increasing emphasis on the need for community engagement and patient leadership in order to tackle health inequalities (Blomfield and Caton, 2009, Ocloo and Matthews, 2016, Seale, 2016). Active community engagement is widely recognised as an essential ingredient for a successful and sustainable health service, especially in remote rural areas where patients are widely dispersed and funding and access to services is limited.

A place-based approach to the leadership of healthcare is particularly important where there are significant differences in the needs and health outcomes of local populations (Public Health England, 2019). This is the case in New Zealand, where Maori populations have a 10-year reduced life expectancy compared to NZ Europeans (Pakeha), a statistic that is exacerbated further in rural communities. In such contexts, non-medical community leaders have a pivotal role to play in identifying and articulating the needs of local populations, promoting health-related activities and supporting healthcare provision and fundraising activities in areas where public funding and facilities are constrained.

The resilience and responsiveness of health provision (both preventative and curative) in such contexts is dependent on an 'integrative' (Crosby and Bryson, 2010) or 'systems' (Ghate et al., 2013) leadership approach built on collective engagement and collaboration between healthcare practitioners and community leaders. Whilst there is little doubt about the potential value of such an approach, however, the way(s) in which this is achieved, and how learning and insights can be shared to inform and enhance provision in other places remains a significant challenge.

In this paper, the lead author will share insights from her personal experience of nearly 20-years as a health professional working in rural New Zealand. Through a range of illustrative examples, she will highlight some of the opportunities and challenges of securing effective community engagement with rural communities. Particular attention will be paid to the potential of storytelling and public narrative (Gantz, 2010, Saltmarshe, 2018) and how this can be used at different levels – local, regional and national - to mobilise community engagement in healthcare leadership (Hinyard and Kreuter, 2007).

The local level example will explore work in Raglan/Whaingaroa on suicide prevention and community violence initiatives, with a particular focus on how relationship building over long periods of time between health professionals and community leaders can bring about change. The regional example will explore insights from the Waikato and Midland region, with particular insights on building connections between communities and raising the collective voice of marginalised groups. The national example will explore recent work with the Rural General Practice network and the ways in which narratives and stories from local communities have been used to inform and shape national-level policy and practice on rural health.

Together, these examples reveal a number of insights into the ways in which community leadership can be fostered. Building genuine collaboration with rural communities in New Zealand isn't just a "nice to have" it's a "must have" in order to address inequity in health care and being able to provide a long-term, sustainable service that meets the specific needs of that particular community. A significant challenge, however, is in those areas where strong community support doesn't already

exist or where it is not adequately linked to health or other appropriate services. Furthermore, health professionals are not given support or development to enable them to work in this way.

This paper contributes to the literature, as well as the theme of the conference, by a personal, reflective account of how collaboration and engagement between health professionals and local communities can be developed through a storytelling approach and the potential to scale this up to regional and national levels.

References

Blomfield, M. and Caton, H. (2009) *Community Engagement Report*. London: Health Foundation.

Crosby, B.C. and Bryson, J. (2010) Integrative leadership and the creation and maintenance of cross-sector collaborations, *The Leadership Quarterly*, 21, 211–230.

Ghate, D., Lewis, J. and Welbourn, D. (2013) *Systems Leadership: Exceptional leadership for exceptional times - synthesis report*. Nottingham, UK: Virtual Staff College.

Hinyard L.I. and Kreuter M.W. (2007) Using narrative communication as a tool for health behavior change: A conceptual, theoretical and empirical overview. *Health Educ Behav*. 34(5):777–92.

Ocloo J, and Matthews R. (2016) From tokenism to empowerment: progressing patient and public involvement in healthcare improvement, *BMJ Qual Saf*, 25: 626–632.

Public Health England (2019) *Health Inequalities: Place-based approaches to reduce inequalities*.

URL: <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities>, accessed 26/09/19.

Saltmarshe, E. (2018) Using story to change systems. *Stanford Social Innovation Review*, 20/02/18.

URL: https://ssir.org/articles/entry/using_story_to_change_systems, accessed 26/09/19.

Seale, B. (2016) *Patients as partners: Building collaborative relationships among professionals, patients, carers and communities*. London: The King's Fund.