

Developing a Collaborative Approach to Health Management Research

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Abstract

Purpose: This article explores approaches to health management research in Australia. This paper points to a collaborative approach that brings researchers, industry and professional bodies together around common research interests rather than fixed institutions. In contrast to organisation-based research institutes or collectives, this article suggests an alternative model of collaboration based on a distributed leadership framework. While understanding the value of institution-based research collectives, this paper points to a model that can operate along side organisation-based research structures.

Originality/Value: This paper reframes the current thinking on how health management research is organised and undertaken, particularly in organisations where there is not a critical mass of researchers in a given specialisation.

Abbreviations: HMRA – Health Management Research Alliance; OECD – Organisation for Economic Co-Operation and Development; SHAPE – Society for Health Administration Programs in Education.

Key words: health management, research, distributed leadership

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Introduction

Establishing a critical mass of researchers around common themes has largely been the domain of university-based research centres or institutes. These models have supported researchers from the host organisation developing medium and large research teams and subsequently attracting large grants and the associated kudos and prestige. But what happens when your area of specialisation is small, the research projects are more aimed at applied research and

consultancies and other researchers with similar interests are scattered across Australia or located internationally? These traditional approaches to organisation-based research teams have reduced cross-institutional networking and research collaboration opportunities. In these cases, researchers have not been able to develop a critical mass of expertise in one organisation and have often had to work alone on small projects. This can lead to frustration and pockets of similar research being done across the country, when bringing like-minded academics together may produce richer, co-ordinated research outcomes. Health service management research in Australia has often had these problems.

An alternative model may be considered in terms of a collaborative cross-institutional approach that brings researchers together on a project basis rather than on an organisational basis. A potential solution to these issues was the development of a Health Management Research Alliance (HMRA) that brings together health management researchers from a range of universities and outside agencies across Australia and New Zealand. Finding a suitable framework to underpin the HMRA is considered important to its success.

The framework had to be one that encompassed the qualities of sharing, collaboration, dispersion, being distributed and democratic. [1] The framework that best suited this fluid, multi-site, project-based alliance was one of a distributed leadership model.

Bolden [2] describes distributed leadership as 'a less formalised model of leadership (where leadership responsibility is dissociated from the organisational hierarchy) ... individuals at all levels in the organisation and in all roles (not simply those with an overt management dimension) can exert leadership influence over their colleagues and thus influence the overall direction of the organisation.' The benefit of using this approach for the HMRA is that distributed leadership models emphasise 'not in the individual agency of one, but the collaborative efforts of many.' [3] The HMRA is utilising a set of principles that implies a social distribution of leadership where the leadership function is stretched over the work of a number of individuals and where the leadership task is accomplished through the interaction of multiple leaders. [4] The literature supports this approach by suggesting that a distributed leadership model promotes multiple groups of individuals; social distribution of the leadership function, and interdependency and shared responsibility. [5] The concept of distributed leadership has merit in the development of collaborative research groups because of the complex social and situational contexts that undertaking research projects often encounter. Distributed leadership promotes inquiry-oriented practice through collegial relationships [5] and dynamic interdependence between individuals and groups. [6]

Over the last two decades, the Society for Health Administration Programs in Education (SHAPE) has established a clear role in bringing together Australian and New Zealand health management academics around the pedagogy of health management, systems and education. Up until this time, SHAPE has struggled to find a unifying approach to engage these same academics in collaborative research. The challenge SHAPE faced in developing a useful research framework was twofold. Firstly, the model must allow members to be part of organisation-based research groups as well as a SHAPE-promoted research collective. Secondly, the group has to add to and not detract from groups currently engaged in health services management research.

In 2008, SHAPE endorsed a framework that encourages health management research between member organisations across Australia and New Zealand. This inclusive

framework was driven by the vision to engage in research that improves health management and health systems practice and pedagogy through collaborative, multi-disciplinary, multi-sectoral, multi-organisational research.

Direction and Purpose

It could be argued that there are currently a number of research centres in Australia that have an emphasis on health management or health system research. While this is the case, the HMRA has been developed to provide a mechanism by which researchers can still participate in research at an organisational level while at the same time increase collaboration with others outside of the usual university research bodies, especially on projects that have national or international significance. In this way the HMRA breaks down institutional boundaries by promoting cross-institutional research collaboration and creates a critical mass of researchers around recognised priority areas. While hosted by one organisation on a biennial rotational basis, projects will be led across Australia depending on where the expertise is generated. In essence, there will be multiple leaders on multiple sites across Australia working under the HMRA 'banner'. In this way, no one organisation or group can lay claim to the HMRA. This approach should provide the necessary impetus to increase the amount of research funds directed to health management and health systems research in Australia and New Zealand.

The distributed model of leadership and engagement has been used to encourage a flexible and dynamic approach to research and will be central to building research partnerships with a range of external health service practitioners and agencies. Additionally, the HMRA will provide an overarching 'brand' to promote health management and health systems research in Australia and New Zealand.

Aims and Goals

The key aim of the HMRA is to enhance the reputation and influence of health management and health system researchers through a collaborative model of research engagement. This key aim will be accomplished by:

- Developing research projects that are informed by the needs of health sector stakeholders and end-users;
- Identifying and widely disseminating research findings of members of the HMRA on health management and health systems improvements;
- Building strong and sustainable cross-institutional partnerships;

- Attracting diverse research funding through the HMRA; and
- Growing a strong cohort of Research Higher Degree (RHD) students researching in the areas of health management and health systems improvements.

Priority Areas

Following discussions amongst the fifteen member organisations of SHAPE, the HMRA has set itself four initial research priority areas over the next two years. These areas include:

(1) Safety, risk and voice in health organisations

This area of research encapsulates issues covered by the generic term 'relational governance' and focuses on how health organisations deal with dissent, whistle-blowing, adverse event reporting, voicing strategies and other processes that lead to changes in the culture of these organisations and systems and how risks can be better managed to ensure in the safety and well-being of all involved in such organisations. Additionally, this priority area will examine inter-professional relations, professional identity, role identity, organisational culture and climate and sub-culture formations.

(2) Health leadership

This area of research will focus on leadership development in relation to processes that encourage health services (eg, hospitals, clinical units and community-based services) to adapt to their changing environments in innovative and creative ways so that they can lift their performance and deliver better health outcomes. This priority area encompasses research from the leadership development of the individual health manager to the development of departments or groups in leading change in clinical practice and improved client outcomes. Research in this area will also explore the leadership of integrated health service provision in the community setting.

(3) Skills retention and replacement

This priority area will explore workforce issues that underlie the major factors in the provision of quality health services that are safe, affordable and accessible to the general public. Both areas reflect a major concern across the broader health sector, especially in terms of the ageing population, an ageing workforce and access in remote areas. Both areas are also a priority for State and Federal Governments as well as governments in other Organisation for Economic Co-operation and Development (OECD) countries. There are many levels at which the issues of skills retention and replacement can be researched.

Skills retention has three key areas of interest for the HMRA:

- The first stream of research will focus on high performance human resource management practices and their effect on skill retention in health services;
- A second one focuses on issues of well-being in areas relating to nurse retention;
- A third will look at safety issues in the workplace as a retention issue.

Skills replacement has two key areas of interest in the HMRA:

- Irrespective of labour retention strategies, the projected short-fall in professional health workers in Australia has also shifted attention to skills replacement through various 'Skill Escalator' programs and other forms of lean thinking practices within health services. However, another major way to address skill replacement is to shift demand for services into non-institutional contexts and to lower cost delivery systems. The need to shift care from an institutional context to the home and community care sector is a critical part of addressing both skills retention and replacement;
- The shift to community and de-institutionalised healthcare has created opportunities for the virtual organisation of healthcare in remote areas. This research would focus on the tele-health environment and novel ways to deliver health services to practitioners and patients in the low cost home and community care settings.

(4) Collaboratives and clinical networks

The final research priority areas reflects a major shift in health management through the creation of collaboratives and clinical networks and these have emerged as either organic, mandated or hybrid structures. A major issue in the future management of these networks will be to establish what constitutes collaborative efficacy at both the collaborative and network levels.

The HMRA aims to provide a much-needed framework for health management researchers to work more collaboratively around important research areas in a network that shares the leadership and the successes across a wider base. Due to the important role SHAPE plays in networking, sharing and advancing the pedagogy of health management, the HMRA provides a natural conduit for research findings to feed back into and inform teaching across Australia and New Zealand.

If you would like more information about the HMRA or would like to be involved in one of the priority areas outlined in this paper, please contact the authors.

Competing interests

The authors declare that they have no competing interests.

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