



***What does it take for allied health managers to
really collaborate?.....questions for
organisations and educators***

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Our work



- Leadership development program with the allied health management team at a large acute hospital in Melbourne contracted for a year so far
- Focused on strengthening:
 - their capacity to act as *allied health* leaders
 - peer accountability – capacity for real collaboration
 - The organisational profile and contribution of allied health
- Action learning/research methodology and a variety of interventions including psychodynamic strategies, MBTI, process consultation and coaching

A task for you



- As I go through what we are discovering, ask yourself how this resonates with how:
 - we as staff operate and practice in Universities?
 - we work with health managers in our programs?
- What questions arise for you as you contemplate this?

Discovering – it is a work in progress

Both systems are professional bureaucracies and those who practice in them share tasks that have many interdependencies, highly value individual autonomy whilst engaging in collaborative rhetoric and operate in sometimes impenetrable silos whilst also constantly referring to the need for greater interdisciplinary practices

Collaboration



- About labouring together to find the best way forward
- May mean giving up individual or departmental outcomes in the interests of a better group or organisational outcome
- Not the same as cooperation where each party 'does their bit' – merely individual contribution put together
- Cooperation is needed for collaboration but the act of collaboration is something much greater

We spend time working with participants about what this means to them and what it looks like in specific, concrete terms and what it takes.

Part of getting them to understand the nature of the task, what it asks of them, learning much more about each other, developing trust and whether they are prepared to sign up



What does it require?

- The deliberate move away from competition where the parties prove each other wrong, find flaws in arguments, bargain positionally and the 'best' wins
- A shift in mind-set about the nature of contribution and how it gets rewarded
- Sublimating the needs of the individual for the needs of the group
- Engaging with others in real dialogue about work outcomes
- Making promises to peers about their contribution to the success of the whole group/organisation
- The need to 'take up organisational membership' or stepping into the spaces in between traditional job roles



What behaviours does it require?

- The capacity to:
 - Ask what they need and want from each other
 - Provide feedback on how they can be supported
 - Ask others how they want to be supported
 - Choose organisational over individual outcomes
 - Provide feedback when expectations aren't met



More specifically

- In order to work collaboratively, you need to:
 - talk about your differences
 - explore opposing points of view and hold those
 - handle the conflict that may ensue without abandoning the goal or purpose
 - talk to each other about what doubts or reservations you have about working collaboratively together
 - listen and ask questions
- So especially initially you need to:
 - Suspend the imperative to develop actions, or attempt to resolve differences
 - The task is to explore them, hold them and enquire into them

This is where it sounds too hard?



- Be in no doubt that this is:
 - Absolutely counter cultural – every real incentive and sanction fosters individualism despite the rhetoric
 - Anxiety producing and will trigger individual, group and organisational defences
- So how on earth can you do anything to effectively build the collaborative capabilities?

What are the enablers?



- A real and sustained commitment by the leadership
- At least one valued organisational objective and task that cannot be done individually
- The facilitation of knowledge & capability development to progress the task in real time and context
- A change to at least one system to enable collaborative acts to be supported
- A change to the way reward & recognition happen
- Facilitated meeting space over time to actively support, encourage & challenge people to work collaboratively and to build trust

Drive, hold and protect the space, objective & task against all the defences

Must be real and must matter and must have very significant interdependencies

People (including the leader) need to learn and be taught and to experience the process, actions, consequences cycles many times – action learning. And be respected/supported especially as regression occurs

System –

Reward & recognition – lies with leader initially through performance management discussions

Crucial – needs to be protected

What does this mean for educators?



- With the earlier questions about what resonates in mind and
- Thinking about your own program(s)
 - What is the one thing you think needs to happen in the provision of educational programs to health managers that will in some way enable collaborative work practices to be developed
 - How might you begin to do this?
 - What is an action you could take?

Ideas

Leadership in program design

Organisational / program educational partnerships not just placements or applied assignments- and move beyond the acute system. There are a lot of the necessary models, skills and practices in community health and mental health for example – higher degree of readiness

Locate the delivery of programs in organisations not just in the academy

Collaborative work practices in program teams and in the way students work (incl assessment process but more)

It's always about Leadership



'True leadership is a way of thinking that takes other people into account even when your own needs are pressing. It asks what is right or best in the wider interest'

Michael McKinny