Creating Resilience in Health Care Organizations. Role of Shared Leadership in Realigning a Gap between Work as Imagined and Work as Done

Fifth RCHN meeting
Hindsgavl Castle
August 15-17 2016

Lev Zhuravsky
Waitemata District Health Board
Auckland, New Zealand

Prezi
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Methods and Methodology:
Qualitative, content-based approach
- Participant observation
- 12-15 individual and focus group interviews
- Hospital and Regional Health
- Community and patient satisfaction
- Survey and structured interviews
- Thematic analysis

Significance of the Study:
To expand the qualitative information and narrative on successfully navigating a shared leadership model
To fill the knowledge gap of the gaps between work as imagined and work as actually experienced in health care settings
To provide a foundation for development of new models and programs which are in close alignment with best practice leadership and shared leadership approaches.
On the road to resilience
Formal leadership: Senior Medical, nursing and technical support staff
Decision making

Informal leadership: leaders without titles
Crisis as opportunity

Shared leadership: between formal and informal leaders
Emergent leadership

Formal leadership—Senior Medical, nursing and technical support staff

Decision making

Informal Leadership—leaders without titles

Crisis as opportunity

Shared leadership between formal and informal leaders

Emergent leadership

Zhuravsky L. Crisis leadership in an acute clinical setting: Christchurch Hospital, New Zealand ICU experience following the February 2011 earthquake. Prehosp Disaster Med. 2015;30(2):1-6
Canterbury Health System
leaders worth following

cultures worth belonging to

rewarding

work worth doing

personal growth

“Our vision is to be an international centre of excellence for the development and provision of primary and community based healthcare”
Work-as-Imagined: The rules and standards outlining the way things should work—proposed by higher authorities and management at the blunt end

Work-as-Done: The work carries out by front line staff at the sharp end
Shared Leadership

Shared leadership is more likely to promote organizational resilience

Shared leadership can lead to better outcomes in situations of complexity

Shared leadership means everyone takes responsibility for the success of the organization as a whole
Research Objective
To explore the nature of leadership and any existing or potential gap between WAI and WAD in two main providers of primary and secondary health care in Christchurch, New Zealand.

Christchurch Hospital
Serving 510,000 people
One of only four main teaching hospitals in New Zealand
Provides all specialist services

Pegasus Health
Supports 109 general practices
Delivers health care to 365,000 enrolled patients
331 members GPs
1.6 million contacts with patients in 2011
Research Objective
To explore the nature of leadership and any existing or potential gap between WAI and WAD in two main providers of primary and secondary health care in Christchurch, New Zealand
Research Questions

What is the nature of the WAI-WAD gap in two selected health care organizations?

How do those who work in the sharp and blunt ends of these organizations think about collaboration?

How is shared leadership negotiated in these organizations?
Christchurch Public Hospital
Serving 510,000 people

One of only four main teaching hospitals in New Zealand

650 beds

Provides all specialist services
Large scale natural disaster

Resilient performance

New models of care and groundbreaking approach to delivery of health services

WAI-WAD gap

Intra-organizational silos
Supports 109 general practices

Delivers health care to 365,000 enrolled patients

330 members GPs

1.6 million contacts with patients in 2011
Opportunity to capture wide range of experiences related to resilient performance

Bringing research on resilience and leadership into primary care

Mapping gaps and silos across different parts of primary health providers

Opportunity to network and create robust interface between wide range of service providers
Methods and Methodology

Qualitative constructivist approach

Purposive sampling

30-40 participants will be recruited from Christchurch Hospital and Pegasus Health

Even sample of blunt and sharp end groups

Semi structured interviews

Thematic analysis
Significance of the Study

To expand the available information on and resources for enhancing resilience in healthcare organizations.

To add to the understanding of the gap between WAI and WAD in complex adaptive systems and healthcare settings.

To provide a foundation for development interventions and programmes which aim to build teams and organizations based on RE and shared leadership approaches.
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