

LEAD SELF

ENGAGE OTHERS

ACHIEVE RESULTS

DEVELOP COALITIONS

SYSTEMS TRANSFORMATION

# DEVELOP COALITIONS

THE ROOT OF THE MATTER:

**WHAT EVERY HEALTH LEADER SHOULD KNOW**



## *Purpose*

The aim of this executive summary is to highlight the relevant findings of the research and practices of collaboration as it relates to the Develop Coalitions domain of the LEADS in a Caring Environment framework and the role of the four Develop Coalitions capabilities in leading change in health care in Canada.

## *Methods*

A search of empirical studies related to health care in Canada and coalitions, partnerships, alliances, and networks, along with inter-organizational relationships, was conducted. As this result was sparse, the search was expanded to incorporate insights from the fields of management, public administration, and social service. This was supplemented with case studies of the capability in practice in Canada. The health care exemplars were identified through the literature and by individuals involved in the collaborative initiatives.

## *The centrality of collaboration to health care coalitions*

In a complex and complicated environment, organizations can typically choose to collaborate to achieve an objective. It may involve public policy development or reformation, restoring or soliciting funding, or changing service delivery among other goals.

This strategy recognizes the synergy between two or more partners in which a goal may be achieved more readily by working together rather than acting independently. This is the concept of *collaborative advantage*. Collaborative advantage is a term used by Rosabeth Moss Kanter (1994), in the article “Collaborative Advantage: The Art of Alliances.” It has been extended and elaborated by C. Huxham and S. Vangen (2000a, 2000b, 2003a, 2003b) into the Theory of Collaborative Advantage. It demands a sophisticated set of skills, knowledge, and abilities to envision, form, and implement.

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It underscores the understanding that collaborative initiatives do not just *happens*—and they do not just remain *successful*. They demand an approach that balances the tensions between the advantages of autonomy and the strengths of interdependence. In this view, the Develop Coalitions capabilities are ideally about continuous adaptation and evolution.

### The relationship of coalition capabilities to the knowledge foundation

There is a wide variety of empirical studies from various theoretical perspectives that inform the knowledge foundation of the domain, Develop Coalitions. Against this backdrop, the practices of this domain in Canadian health care illustrate the challenges as well as the successes of collaborative initiatives. The four capabilities that comprise Develop Coalitions are that leaders:

#### **Purposefully Build Partnerships and Networks to Create Results**

- Collaborative forms include: joint venture, network, consortium, alliance, service delivery association, and interlocking directorate (e.g., the practice of health board directors serving on the boards of multiple organizations).
- Collaboration can be a strategic imperative or mandated by a third party.
- Trust begins with the initial intent to collaborate and evolves throughout the relationship; trust moderates performance results.
- Motives include: minimize costs, gain access to resources—including knowledge-based resources, share costs of R&D development, coordinate and refine service delivery design models, expedite access to health populations, share risks, and enhance legitimacy.
- They proceed through a lifecycle: formation → operation → dissolution.

#### **Mobilize Knowledge**

- Processes can be used for picking up trigger signals from the external environment.
- Individuals are conduits of, or sensors for, learning and knowledge.
- Coalitions provide opportunities for continuous interaction: Knowledge is dynamic and requires time and resources to result in better solutions.

Better interactions and results occur with a balance of *know-how* along with *know-why*.



**Demonstrate a Commitment to Customers and Service**

- Health care delivery models across organizational boundaries are being redesigned with the patient and family at the centre of care.
- Developing a sense of customer/patient requirements involves learning about their needs.
- Health organizations may be involved in different types of collaborative initiatives simultaneously.
- Health organizations with greater partnership experience are better positioned to be successful.
- Capturing learning through after-action reviews or post-project reviews can inform the development of robust routines and processes that enable service improvement.

**Navigate Socio-Political Environments**

- Collaborative initiatives need to balance both (a) autonomy and interdependence and (b) competition and cooperation.
- The quality of relationships is accrued and evaluated as the partners learn from their interactions with each other over time.
- Perceptions of efficiency and equity and alignment of values that underpin the relationship between partners are critical to building a collaborative initiative.
- A process for managing conflict needs to be in place before an issue erupts.
- Sources of conflict include changes in the external environment, changes within the partner's organization, and changes among the collaborating partners.

