
CONFERENCE ABSTRACT

Participatory workshop with Multidisciplinary Integrated Care stakeholders to Development of priority areas for the development of leadership for successful integrated care

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Background

It is well recognised that health and social care systems need to deliver joined-up services and for many countries, integrated care is mooted as the solution. Key to this is leadership and although there are many frameworks for the delivery of integrated care, and theories of leadership, there is very little in the literature about leadership development programmes specifically to develop and support leaders in integrated care.

A project utilising an engaged scholarship approach is underway that engages key stakeholders to identify desired behaviours and explore methods to develop integrated care leadership.

The first step in this participatory action research (PAR) was to engage with key stakeholders to identify the research question and this was done through a participatory workshop. Key questions were:

1. What leadership behaviours are particularly relevant at macro meso and micro level in to achieve successful integrated care?
2. How might those behaviours be developed?

Workshop overview:

The researcher delivered a short overview on leadership theory, the rainbow model of integrated care and the engaged scholarship approach to research.

Participants were invited to discuss the approach and given post its and Yukle's metacategories of leadership behaviour and the 15 associated component behaviours and were invited to map these onto the rainbow model. Additional behaviours were invited through an audience response system and discussion about how to develop leadership ensued. The workshop output was shared and discussed in follow up videoconferences.

Results:

13 participants engaged, representing service provider organizations, patient organizations and academic institutions. All attendees contributed to the discussion.

There were 149 responses.

An analysis of metacategories and component behaviours revealed a difference in the distribution of component behaviours and metacategories at micro and meso and macro level. The distribution for meso and macro was similar.

At micro level, the commonest metacategories were Relations orientated (8) and change orientated (7) with component behaviours; recognising (5) and facilitating collective learning (4).

At meso and macro level, there was equal distribution across all metacategories but the most common identified behaviour was networking (meso 10 macro 9).

Proposed interventions included; Coaching/mentoring (7), leadership training (3) and leadership learning networks (3).

Conclusion

The participatory workshop provided valuable insights from key stakeholders into the main leadership behaviours required for successful integrated care. Based on the results of the workshop, interventions are now being planned which will contribute to the development of leadership for successful integrated care.

Lessons learned:

The participatory workshop proved a popular method of engagement however, more participants might have been identified if there had been more effective communication before the conference. Also, the time for the workshop was short.

Suggestions for future research:

More research is required on the theory and practice of leadership for integrated care