Healthcare leaders-intrepid explorers of new frontiers

SHORT PAPER- Concurrent Session Oral Paper

" Innovations in Postgraduate Distance Education for Leaders in Health & Human Services in Australia and beyond; The Benefits of an *Arranged Marriage"*

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Sometimes; *'Necessity acts as the Mother of Invention'.*   Sometimes, surprising, unexpected, and even synergistic partnerships arise from *arranged marriages*, or at the very least *marriages of convenience*.

I would like to share with you a Tasmanian story, involving these ingredients. The story of the development of postgraduate education for leaders/managers in the health and human service areas through the University of Tasmania's College of Health & Medicine over the last five years. This story will include the development of an innovative partnership between the Leadership and Public Health programs. It will also include a brief exploration of some of the results of our multi-stage research into *the benefits of postgraduate education*.
My brief presentation will conclude with some comments about the next stage of our research and finish with a vignette of videoed comments from two recent graduates from the Master of Leadership (Health & Human Services).

Back in 2014/15; The School of Medicine was hosting three separate, multidisciplinary, postgraduate, distance education courses. These had evolved to meet different local and interstate needs in Tasmania and Sydney. They included the Master of Public Health, the Master of Clinical Leadership and the Master of Health & Human Services. These three different courses were being managed out of the same postgraduate area utilising a relatively small team of mostly part-time academic staff on a relatively shoe-string budget. Significant questions were being raised at regular intervals about the sustainability and ongoing viability of the three courses due to the costs associated with providing the courses and the small student load in many of the subjects begin taught. Each of the courses were very reliant on Industry Partnerships with local Health Departments in Tasmania and also in the South East area of Sydney.   It was increasingly apparent that the continued existence of these courses depended on the need to rapidly

adapt to the changing environment. Due to budget constraints, there was little likelihood at the time for a favourable response to any Business Case that involved significant additional resources. So, the exercise became one of examining how to better utilise the resources that were already available. Many interesting discussions ensued. Eventually these gravitated towards the overlap between leadership and management in health and human services and the synergies with public health approaches. Our discussions were significantly informed by senior academic staff member (Associate Professor, Kate Macintyre) and her broader understanding of Public Health approaches from the United Kingdom. This understanding involves seeing Public Health as 'The Science and Art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society' (Sir Donald Acheson 1988). Public Health approaches incorporate three domains:

1) Health Improvement
2) Health Protection
3) Health Service Delivery and Quality Improvement.

Our discussions and debates eventually resulted in an agreement to develop two new overlapping courses to replace the previous three. The two new courses being; a Master of Public Health (incorporating leadership and management units as core and elective units) and a Master of Leadership (Health and Human Services) incorporating public health units as core and elective units.

An innovative approach that blends the expertise and philosophical approaches from leadership and management with those of public health.

Both courses would share core units covering understanding of the Australian and International health system context, needs planning and system leadership. The two courses adopted competency-based curricula that are responsive to rapidly changing needs at a global and local level (Frenk & Chen 2010) . They are offered through an interactive, supportive online learning environment with a focus on the application of knowledge and skills in the workplace.

The key features of the new Leadership course being;

1. The provision of a learning experience that focuses on developing leadership and management knowledge and skills based on examination of the evidence-base provided through academic literature, consideration of accumulated work-based experiences with other students and reflection on the intersection between these different perspectives together with the policy and practice implications.

2. Articulated Postgraduate education courses (Grad Cert, Grad Diploma, Master) with a focus on leadership and management suitable for the broad range of people working across the health and human service system including those with a health professional, clinical, administrative and policy background.

3. Particularly suitable for emerging, middle and senior managers working in public, private and non-government settings.

4. Providing a balance between required course content core units, electives covering a range of differing areas including human services, business management and clinical leadership and applied work-based research.

5. The Research Pathway (Masters' level) offering the opportunity for students to focus on applied work-based research directly related to their workplace and areas of interest.

6. Intentionally selected required units at the postgraduate certificate and postgraduate diploma levels that build knowledge of leadership and management within the context of understanding health and human service system, the broader determinants of healthy populations, analysing need and planning system change with reference to the existing evidence base and research methodology.

The two new courses were developed in line with Australian Qualifications Framework requirements for Master's level courses and supporting contemporary approaches to higher education learning (Biggs & Tang 2011). The course philosophy and learning approaches were aligned with translational and transformational approaches (Frenk & Chen 2010).
The new courses were the subject of considerable Industry consultation and the innovative approach drew significant comment along the way. There was eventual approval of the new courses through the Learning and Teaching Committee structure of UTAS and Academic Senate towards the end of 2015 in time for implementation in 2016.

Implementation has been relatively smooth. Talking Leadership students into why they need to study *Introduction to Epidemiology* has proved to be easier than anticipated and the feedback from students has been positive.

The streamlined approach to utilisation of our resources in the Postgraduate Unit, combined with the contemporary approach to curriculum development has resulted in significant expansion of student numbers, student load and generated income over the last two financial years. This has been of the order of greater than 60% in the Leadership Program. Discussion about abandonment of the courses and the requirement to continually justify their continued existence has been largely been silenced.

One unanticipated positive outcome has been to observe the increased international focus on the importance of combined approaches across the Public Health and Leadership/Management areas in higher education and system leadership over the last few years. This includes the Key Note Address by Geraint Martin at the2016 ACHSM Congress in Brisbane. At the time Mr Martin was the CEO of Counties of Manukau District Health Board in New Zealand. He commented that;

" Hospitals have reached the summit of their evolution. They will only deliver marginal improvements. Leaders need to be the first to model collaborative behaviours and nurture interdependency across traditional boundaries."

In his address he advocated for Population Health approaches to strategic reform of health systems and transformational models that deliver health changes for entire populations.

Peter Senge, Hal Hamilton and John Kania (Senge, Hamilton & Kania 2015) espouse the need for system leadership that provides for ;

"the deep changes necessary to accelerate progress against society's most intractable problems. System leaders who are able to work beyond institutions and hierarchical structures fostering collective leadership, generative conversations and co-creation of alternative futures."

It has been exciting to note that somewhat accidently, (at least on my part), the UTAS courses are operating at the innovative leading edge of evidence-based contemporary practice for health system leadership.   An article on 'Innovating in Health Care Management Education' in the American Journal of Public Health (Pettigrew et al. 2015) describes the establishment of an accelerated MBA and MPA Degree program at Yale . This has been developed in recognition of the need for individuals with expertise in both management and public health. The authors state that;

"The rapidly changing and complex nature of the health care system has created a demand for managers with expertise in both business and health care to lead organisations in delivering high-quality, cost-effective care. Ideally, health care leaders have a comprehensive understanding of the core public health disciplines, as well as advanced training in management skills and strategic problem solving."

So it seems that somewhat pragmatic solutions to local circumstances and available resources has resulted in the happy marriage of leadership/management and public health approaches in higher education that are indeed aligned with contemporary practice.

Research into the Benefits of Post Graduate Education with UTAS students.

The Postgraduate Unit/School of Medicine/UTAS has undertaken a series of research studies examining different aspects of the benefits of Postgraduate study for Leadership and Public Health students. This has occurred over the last six years including experiences with the old and new courses. These research studies have been built on the Three Capitals Framework as developed in the work of Schuller and his associates (Schuller et al. 2004).
This framework applies the term 'capital' to *anything that can be thought of as an asset of some kind and/or yields some kind of return or added value.* The three forms of capital are:

1) **Identity Capital**: Characteristics that define an individual's outlook and self-image. This includes attitudes, values and self-esteem;

2) **Social Capital**: Networks and norms which enable people to contribute to common goals. This include family, friends and civic engagement;

3) **Human Capital**: Qualifications, knowledge and skills which enable individuals to functions effectively in economic and social life.

The Tasmanian research was undertaken between 2012 and 2016. It used a multi-phased explanatory mixed methods approach to investigate student and employer perceptions. Quantitative and qualitative data was triangulated to elicit the maximum value from data collected (Shannon et al. 2017). This is an acceptable design for educational and evaluation research. Two sets of in-depth semi-structured interviews with DHHS (Tasmanian) students currently participating in part-time postgraduate studies were undertaken (March 2012 and August 2014) with purposive sampling in depth interviews with three students.   Four different surveys were utilised:
1) DHHS staff undertaking part-time Leadership study (2012). Some free text answers.
2) Survey involving 12 questions (based on 3 capitals) with free text covering Benefits of HE (Gibbons & Shannon 2013) for DHHS Leadership students.
3) Survey administered twice as per Gibbons & Shannon questions on Benefits of HE to all post grad students Leadership & Public Health (2014 and 2015)
4) Survey (2014/15) to DHHS Tas line Managers of staff undertaking part-time postgraduate study re benefits of the HE for the people they managed.

Results:
The benefits associated with both Human Capital and Identity Capital were ranked above those with Social Capital.

Some of the highest results included **Human Capital**: *Motivation to Learn* (85% agreement) and *Job Performance* 81%) but also *Increase in pay or remuneration* (42%).

"I love doing the subjects, they are so connected to my work and I'm tending to pick subjects to fit in with the work I am doing".
"Current study is giving me more knowledge to pass on to staff I manage. No change in pay."

"Further study improved my job prospects and allowed me to gain employment in an area I had a great interest in."

One explanation as to why returning to study improves job performance is that education develops deeper competence.

Four items in the **Identity Capital** Scale all received majority support.
Self-Esteem (78% agreement).

"I was only thinking the other day how much I have grown personally as a result of undertaking further studies. When I reflect back to my younger days and my lack of self-esteem and confidence, it's really quite an amazing journey."

Able to Manage Change (70% agreement)

"Return to study allowed me to shift my thinking in many ways … Studying forces one to re-evaluate and often adjust."

The weakest item was   More Control (54% in agreement and 39% neutral)

By focussing on positive feedback and learning from constructive criticism individuals develop their self-perception, which in turn may improve their self-esteem.

Social Capital questions had higher levels of neutral responses. *Forming Wider Networks* (60% in agreement), *Enhanced Workplace Relationships* (51%). *Improvements in Personal Relationships* (26% agreement)

"I think this study facilitates critical reflection. This in turn enhances leadership and responsibility and enhances relationships in the workplace."

"My ability to support, assist, communicate, articulate with other staff has grown."

While Social Capital showed the least growth, there were clear benefits associated with enhanced communication skills.

Student perceptions of the benefits of study were not shared at the same high levels by their managers.

"There haven't been any noticeable changes with regard to work outputs, approach to work or social interaction that would be related or linked to my staff member's participation in HE."
"I cannot give an opinion as they have both moved on since commencing the study."

The research has contributed to the growing evidence associated with the 'three capitals' literature and confirms the primacy of human capital benefits (job satisfaction, performance and pay) associated with part-time HE. It also reveals a fragmented understanding of these benefits along the lines of age, gender, seniority and profession. Identity Capital ranked second on benefits and Social Capital third.
All had significant benefits. The direct supervisors of students did not necessarily share the same opinion about the benefits of HE.

Future research is planned to explore the Benefits of HE for a group of graduates from the new Public Health and Leadership courses building on the three capitals framework approach with a mixed method study. This will focus on outcomes since graduation as well as reflections on enablers and barriers to commencing and maintaining study.

I will let two of our recent graduates have the final words in their recorded reflections on their study experiences.

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