Chapter 3
Collaborative Leadership Within Team Learning

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ABSTRACT

This chapter provides an overview into collaborative leadership, its evolving impact on organizations and teams. A discussion is provided on defining collaborative leadership over recent times. Next a focus on collaborative leadership perspectives at a theory and measurement level associated with health care teams is discussed. The chapter then focuses on how collaborative leadership fits into relationship-focused team practice and how it is related to organizational learning as a bridge between individual and team learning.

INTRODUCTION

This chapter will provide an overview into the significance of collaborative leadership and its development within health care teams to provide a means for transitions between individual health professionals' knowledge, skills, and expertise that can be integrated into inter-professional collaborative relationship-focused practices and in turn to evolving organizational learning within health organizations. Why is this important to explore?

One of the hallmark domains in health providers competence is to enact inter-professional relationship-focused collaborative practice within teams working together guided by their collaborative leadership. Collaborative leadership approaches provide a means to guide shared partnership, cooperation and coordination with the goal to improve outcomes of persons care. However, to date, health systems have

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been reluctant to invest in this form of team-based care. An investment that requires continuing education training programs to develop such teams.

At the same time there is a great deal of rhetoric around the need for patients and their care partners (we will term persons in this chapter) being part of decision-making processes for their care. For example, recent additional federal funding to provincial health systems in Canada requires innovative approaches to improve delivery of health to the population. However, there is limited evidence of any significant innovative changes addressing development of such teams for more effective practice, a direction supported by the World Health Organization (WHO) and many countries (WHO, 2010). Furthermore, some provincial governments in Canada including Ontario, Saskatchewan and British Columbia have repeatedly discussed the need to move to patient-centred approaches to their care, with little evidence of wide-spread support for preparing their health provider teams in relationship-focused collaborative team care. Why might inter-professional team development be a potential solution to achieving the above?

BACKGROUND

While all provincial health systems in Canada are experiencing high burnout rates among primary care physicians, and registered and licenced practical nurses, impacts of burnout has included closures of Emergency Departments (ER) across smaller communities, delays in elective surgeries, closures of hospital beds, and the inability to fully deliver home care into communities. The outcome of burnout across many Canadian communities is the absence of sufficient primary care physicians to provide health care leading more persons to seek help with their health care issues in Emergency Departments. Even when nurse practitioners are being adopted into provision of primary care, there are limitations as to how provincial health systems are up-taking collaborative teams to deliver health services.

Various solutions are being put forward to address the impacts on health care services due to healthcare professional burnout and healthcare professional shortages. These solutions include privatization of health services, increasing salaries of key professionals in short supply, recruitment of health professionals from other low-income countries (depleting their health providers), and using paramedics to visit people in communities for those who are frequent users of ER services. All these examples seem to be ‘band-aided solutions’.

Solutions proposed focus on health providers, but not on how to meet the needs of persons. Why is this important? Current health systems were developed several decades ago to reflect a country’s populations of that time. Concomitantly, health