Driving change in healthcare

Martin McNamara and Eilish McAuliffe pictured recently at UCD's Belfield campus

Martin McNamara talks to Eilish McAuliffe about the benefits of health systems research and education to healthcare professionals

FOLLOWING her appointment as the inaugural professor for health systems in UCD, Martin McNamara talks to Eilish McAuliffe about her new role and why health systems training and education is an important part of nursing and midwifery.

M: *Eilish, congratulations on your recent appointment as the inaugural professor of health systems at UCD. I want to start by asking how do you define health systems?*

E: Health systems is an umbrella term that encompasses all the elements that form part of a country's healthcare delivery: the institutions, the workforce, the products and medicines, the information, the financing and governance structures and the services. These are what the WHO defines as the building blocks of a health system.

M: *What distinguishes health systems as an academic endeavour?*

E: In the academic context, health systems is about taking a more holistic perspective on all that contributes to achieving a healthy population; eg. seeing the population as part of the system and as having a role to play in improving health rather than as mere recipients of health services. It is about researching the inter-relationships between various parts of the system and understanding how change or improvement in one domain may positively or negatively influence another domain.

M: *What do you see as the distinctive contribution of health systems research to healthcare delivery?*

E: Health systems research is seen as increasingly important in unifying the worlds of research and decision-making; it connects the various approaches to research that generate knowledge to inform and strengthen health systems. It is an area that is receiving increasing attention internationally and the WHO acknowledges that the evolving field of health policy and systems research is sensitive and responsive to the knowledge needs of decision-makers, health practitioners, citizens and members of civil society.

M: *Health systems has only recently emerged as an academic field. I'm interested in the career trajectory that has led to your current position.*

E: I completed a BSc in psychology with a minor in pharmacology in UCD with the specific intention of becoming a clinical psychologist. I went on to do my clinical training at the Institute of Psychiatry in London and spent my early career working primarily in child and adolescent psychology in the NHS.

There were two 'aha' moments that led me to move away from my clinical role. The first was when I was assigned to a paediatric ward in an acute hospital in Dumfries and Galloway while working in the psychology department at the Crichton Royal Hospital. There were great expectations of this long-awaited child psychologist; I arrived on the ward and was instructed to join a ward round that was already underway. The next thing I remember is waking up on the floor with a circle of rather bemused white-coated junior doctors peering at me. I had fainted (due to an overheated ward) and had to ask myself whether I was really cut out for this work. The second moment was at a regular morning meeting in a residential unit for disturbed adolescents. Part of the therapeutic regime was to have staff and residents sit in a circle every morning and address whatever issues people chose to bring up. Sitting in one of these morning meetings listening to the discussion, I realised that the staff probably had more 'problems' than the adolescents; was it time to abscond?

You can decide which of these experiences prompted me to undertake an MBA and get involved in healthcare management, developing expertise in organisational psychology and change management! My next career move was to the University of Malawi in east Africa, a move that my fellow graduates from the MBA programme at Strathclyde University found difficult to reconcile with their typical MBA graduate expectations of being able to command high salaries. The personal benefits and the learning that ensued from my time in Africa more than compensated for any loss of salary. Anyone who has spent time working in a low-income country will attest to the richness and formative nature of the experience.

On returning to Ireland I continued my connection with Africa. In 2004, I estab-

lished the Centre for Global Health in Trinity College and remained as its director until 2014. The Centre's research activity was focused on strengthening health systems in Africa through multi-country interdisciplinary research. I balanced this with my research in the Irish health system, completing a PhD in health strategy during my time in TCD and supervising and supporting middle and senior managers and health professionals as they undertook masters level research on a broad range of management and organisational issues.

M: *Why should a health systems programme be located in a school of nursing and midwifery and what are the potential synergies between nursing, midwifery and health systems in terms of research and education?*

E: Health Systems research tends to be problem driven and therefore benefits from 'embeddedness'. Nurses and midwives are the most embedded professionals in the healthcare system, comprising the majority of the healthcare workforce and having more direct contact with patients than any other health professional.

Placing health systems research with nursing and midwifery provides a deeper understanding of problems that research can help to resolve, as well as creating greater potential to accelerate the speed at which research evidence can be made available to decision-makers and implemented to improve healthcare.

Real and lasting improvement in our health system will only happen if we manage to embed research in every aspect of healthcare practice and health services delivery. Nurses and midwives are very well placed to make this happen. It also helps that many of the current senior leaders in healthcare come from a nursing background. This helps instil a belief amongst more junior nurses and midwives that they can really be the drivers of system improvement.

The College structure in UCD helps to promote interdisciplinarity and there is great potential to develop programmes of research and teaching across the schools in our College and beyond.

M: *You were formerly based in a medical school. Do you notice any changes when compared to your current location?*

E: I am a strong believer in interdisciplinary research and teaching and everything I do speaks to this. Because of this I don't feel defined by the school I am in. Many of my international collaborations are with schools of public health. I also work with colleagues in business schools and within the social sciences. As long as my school enables me to achieve my goals, I am happy.

As a general observation, I would say that medical schools are less embracing of change, there tends to be a strong drive to retain the status quo. Of course, that could also be said of many institutions with a long history!

M: *What impact do you think health systems research and education can have on health professional education?*

E: In my opinion, health professionals in this country receive excellent technical training. Against this they receive insufficient education about the health system and how to work within this system to maximise their impact on patient care. It is not enough to be a good nurse, you must also understand other professionals' roles and contributions, you must be able to work as part of a team, see beyond the boundaries of your specialty, ward or hospital, question how things are done and strive to find better ways of delivering care and improving health.

Placing well-intentioned people in a dysfunctional system will not improve that system and it may even do harm. We must give health professionals the evidence and expertise to create functioning systems that are efficient and effective. If we don't do this, we will constantly be restructuring, reconfiguring and reforming to little effect. Teaching health professionals how to understand, analyse and improve the systems they work in is where health systems academics can make a real contribution.

M: *I totally agree. System blindness characterised by a lack of understanding and appreciation of others' roles in the system is a major issue that needs to be addressed. As educators, where might we begin?*

E: We should start at the undergraduate level with introductory courses in systems thinking and the healthcare environment. In UCD we are developing an elective that aims to do just that and it will be offered to students from across the university.

At the postgraduate level, it is about giving people the knowledge and tools to challenge how things are done, to test different ways of organising and leading healthcare teams and services and to be bold and innovative, using the best evidence available to them and building new bodies of evidence as they go. We need to move away from narrowly defined career progression pathways and expose people to flexible learning experiences that give health professionals the scope to discover where they can make the best contribution.

Not all health professionals make good leaders, not all want to be leaders. Some may be more effective in purely clinical roles, others may be good mentors, have a passion for quality improvement and so on. With this in mind, what we are doing here in UCD is creating a flexible modular structure that provides several masters level pathways for healthcare professionals. All of our health systems programmes will be interdisciplinary, as it makes no sense to train people for systems roles in disciplinary silos.

M: *Again, I strongly agree. For me, the purpose of academic nursing and midwifery is to strengthen the disciplines so that they can make a distinctive contribution in diverse interdisciplinary contexts. What about the potential impact of health systems research on health professionals' education and wider formation?*

E: Health systems research by its nature must be interdisciplinary. One thing I have learnt from my experience in the Centre for Global Health over the past 10 years is that interdisciplinary research is fraught with difficulties. It takes time to understand and appreciate the contributions of other disciplines, to traverse the language differences, to bring together the different bodies of literature and then there is the thorny issue of where to publish: single-discipline journals or more interdisciplinary ones. Now that the latter are climbing up the impact-factor scale this is less of an issue.

On the plus side, this type of research is richer for the variety of perspectives it brings to bear on problems and it is intensely rewarding, as there are always new challenges that bring new learning.

Health systems research can be difficult to explain. One misperception is that research needs to be about the whole system for it to be considered health systems research but, of course, it would be impossible to orchestrate a research project that accounts for every aspect of a health system.

M: *What might be a more useful characterisation of health systems research?*

E: A more accurate reflection is one where the research question emerges from a systems problem and the researcher focuses in on one or two leverage points to

explore and understand that problem.

M: *Can you give a specific example from your own research?*

E: A project I am about to start working on; 'Co-Lead: Collective Leadership and Safety Cultures' is a five-year project that starts from the problem of healthcare errors and risks to patient safety. Recent concerns about quality and patient safety have raised issues about leadership, governance, poor working relationships in teams and lack of clarity in accountability and reporting relationships. One major contributory factor is failure to invest in leadership development and the lack of an evidence base to support a consistent approach to the training and development of leaders and teams. This research programme will draw on emerging theories of collective leadership.

M: *How do you define collective leadership in this context?*

E: Collective leadership is not the role of a formal leader but refers to the interaction of team members to lead the team by sharing leadership responsibilities. It is not a characteristic of an individual person; rather, it involves the relational process of an entire team, group, or organisation. In contrast to traditional approaches that focus on the development of the individual as a leader, the approach in this programme will be on developing the team as a dynamic leadership entity.

Rather than starting from a top-down, competency framework-driven curriculum targeted at the individual as a leader, development will be informed through a bottom-up, service needs-driven, co-designed curriculum targeted at team members as co-leaders. This represents a radical shift from current practice and an entirely necessary one if the hospital groups are to function effectively as networked structures. The programme will implement leadership development interventions for groups of leaders at different levels within the hospital groups and test the impact of these interventions on staff performance and patient safety.

The overall aim is to support quality and safety cultures through the development of a new model of healthcare leadership that is associated with effective team performance. It is essentially about addressing the practical problem of improving patient safety, but doing so within a rigorous research framework that allows us to test a new model of leadership. This reflects another distinctive feature of health system research: active engagement with the system not only to inform the research question but also to pave the pathway for implementation and scale-up or dissemination of the findings. So in Co-Lead, for example, the Ireland East Hospital Group and the HSE are partners in the research. The King's Fund in the UK is another important partner as they are doing complementary research in the NHS and it provides a good opportunity to share learning across both systems.

M: *Thank you Eilish. You provide a compelling case for health systems education and research and their contribution in supporting healthcare professionals to strengthen health systems.*

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