

## CONFERENCE ABSTRACT

# Unpacking the Black Box of Medical Leadership in a Complex Specialist Rehabilitation Hospital: An Action Research Study. Phase 1: Preunderstanding

21st International Conference on Integrated Care, Virtual Conference – May 2021

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### ***Introduction***

In 2020, the National Rehabilitation University Hospital (NRH) a complex specialist rehabilitation facility, moved to its new building providing a state-of-the-art physical infrastructure for patients and service users. This development presented a once in a lifetime opportunity to investigate and understand team dynamics, relationships within and between interdisciplinary teams and decision-making practices of senior management teams for successful ways to enhance team effectiveness and successfully navigate transition to a new hospital. Part of a larger project, this paper presents the results of phase 1 of one of the team interventions.

### ***Aims and objectives***

To evaluate the value of co-operative inquiry as a vehicle for supporting learning.

The specific questions to be addressed were:

- How can we as medical leaders facilitate transition to the new hospital with an improved staff and patient experience?
- How do we develop the leadership skills to do this?

### ***Methodology***

Action research (AR) was chosen as the methodology for this research. Cooperative inquiry (CI) (one articulation of action research) was chosen as it is in keeping with the philosophy of the hospital, the biopsychosocial model of rehabilitation and because it has a solid evidence base in professional development in healthcare. CI is a way of working with other people who have similar concerns and interests in order to understand and make sense of a problem and to develop new and creative ways of examining it. This approach draws on lived experience and expertise. Ethical approval was obtained from Henley Business School, NRH and UCD. Phase 1 is preunderstanding which refers to people's knowledge, insights and experience before they engage in a research programme. This applies, not only to the theoretical understanding of organizational dynamics, but also to the lived experience of the organization and includes both explicit and tacit knowledge.

### ***Data generation***

- Semi structured qualitative interviews (n=12)
- Insider AR Fieldnotes
- Data mining from documents and artefacts
- Workshop with colleagues

The 6 phases of thematic analysis according to Braun and Clarke were observed and the results were triangulated with the findings from the other data sources.

### ***Results***

Key themes: Collaboration, patient centred care, governance, funding models and knowledge mobilisation.

### ***Discussion***

The results were shared with colleagues at a participatory workshop and through a process of abductive reasoning, a shared understanding of issues was reached and agreement to proceed with a co-operative inquiry.

### ***Conclusion***

Preunderstanding allowed assimilation of knowledge, insights and experience before commencing phase 2 enabling the meta learning of content, process and premise.

### ***Lessons learned***

Preunderstanding helped develop a shared understanding of issues and a shared desire to address them.

### ***Limitations***

Only Consultants with admitting privileges were included

### ***Suggestions for future research***

Exploring a CI approach in other areas