

12. Health, Public Sector and Not-for-Profit  
Interactive Session

**The Tipping Point: Health and Human Services Management and Leadership  
Development in Tasmanian Health and Human Services**

Dr Elizabeth Shannon

Senior Lecturer, Health Services Innovation  
School of Medicine, University of Tasmania, Hobart, Australia

Manager, Leadership and Management Development  
Education and Training, Department of Health and Human Services, Tasmania, Australia

Email: [elizabeth.shannon@dhhs.tas.gov.au](mailto:elizabeth.shannon@dhhs.tas.gov.au)

Pieter Van Dam

Clinical Lecturer  
School of Nursing and Midwifery, University of Tasmania, Hobart, Australia

Senior Consultant, Leadership and Management Development  
Education and Training, Department of Health and Human Services, Tasmania, Australia

Email: [pieter.vandam@dhhs.tas.gov.au](mailto:pieter.vandam@dhhs.tas.gov.au)

## 12. Health, Public Sector and Not-for-Profit Interactive Session

### **The Tipping Point: Health and Human Services Management and Leadership Development in Tasmanian Health and Human Services**

*This paper describes the initiatives undertaken by the Tasmanian Department of Health and Human Services, in partnership with the University of Tasmania, to promulgate staff learning and development for healthcare management and health leadership, against a backdrop of an intensification of public sector health system reform. It suggests that only those initiatives that are economically and culturally sustainable are likely to survive the continued climate of fiscal restraint and ongoing reform program. Those elements of the program that do not fulfil these requirements will 'drop off' the tipping point instead of 'managing at the edge'.*

**Keywords:** health leadership; healthcare management; health system reforms; public sector reform; organisational learning; education

The National Health Reform Agreement (NHRA) has initiated a major restructure of the Australian health system (Council of Australian Governments 2011) with the stated aim of ending the political 'blame game'; increasing local ownership of health services; and increasing access, efficiency and funding transparency (Commonwealth of Australia 2011).

The *Tasmanian Health Organisations (THO) Act 2011* is the legislative mechanism that establishes publicly funded local hospital networks in Tasmania, in line with the requirements of the NHRA (Parliament of Tasmania 2011). It outlines the powers, functions and governance arrangements for THOs, their Chief Executive Officers (CEOs) and Governing Councils.

Under these arrangements, the Tasmanian Government is responsible for service planning, purchasing and performance monitoring through the Tasmanian Department of Health and Human Services (DHHS). Some corporate services remain with DHHS and continue to be accessed by the THOs, including some human resource management, education and training services.

Both the DHHS and THOs maintain a strong relationship with the University of Tasmania (UTAS) in the formulation, delivery and evaluation of education and training, including management and leadership development.

### **EDUCATION FOR MANAGEMENT AND LEADERSHIP**

It is a DHHS Strategic Priority (2012a) to “enable our workforce to be properly educated, trained and developed, motivated and appropriately supported to give of its best” and it is a DHHS Corporate Value (2012b) to “foster a continuous improvement and learning culture.” To fulfil this strategic agenda, the DHHS has established a leadership and management development program, initially consisting of a graduate trainee program, an academic program, and a development program for frontline and aspiring managers provided by a leadership and management development unit (LAMDU) (Shannon & Burchill, 2013). The LAMDU also provides smaller-scale programs to cover ‘essential management skills’, ‘clinical leadership’, ‘executive leadership’, and an ‘alumni program’ for staff who have already completed the development program.

The LAMDU take an approach that aligns with the theory and practice of Positive Organizational Behaviour. This focuses on building positively oriented strengths and capacities that can be measured, developed, and effectively managed for performance improvement in today’s workplace" (Luthans, 2002a, p. 59).

The ‘fit’ with health and human services is that the majority of employees in this area are already highly skilled professionals with the associated authority and autonomy that comes with their clinical/professional status. The role of management and leadership development in this context is to add skills, increase knowledge and change behaviour to enable those professionals to contribute to the health and wellbeing of the organisation, as well as to that of the patient/client, to create safe, fiscally sustainable services. This contemporary model of health services leadership is described as a

‘distributed’ leadership approach (Bolden, 2011): leaders exist at all levels and in all occupational streams within the organisation.

### **Developing current and aspiring managers and leaders**

The DHHS development program is targeted at middle and front-line managers and aspiring managers and delivered in-house ‘within existing resources’ – i.e. senior staff voluntarily speaking at the program, supported by the 2.5 (full-time equivalent) LAMDU staff, plus a small budget for staff travel, venue hire and catering. Applicants for the program must have the support of their line manager to attend.

The initial course contains three days out-of-office in a mixed group of professions and positions across DHHS. Approximately equal time is given to (1) presentations from DHHS senior leaders and other subject-matter experts and (2) interactive exercises. There is also a networking evening to which participants and presenters are invited. Key topic areas covered include:

1. Strategic Focus: providing context and organisational awareness, a greater understanding of strategic directions and current challenges, with an opportunity to directly engage with senior leaders.
2. Achieving Results: providing factual information about finance and human resource management systems.
3. Quality and Governance: providing national and policy context for local work to improve the safety and quality of services.
4. Managing People: providing context and organisational awareness that enables participants to reflect on their management practice and team dynamics.
5. Leadership and Self-development: sharing leadership stories and examples. Practical exercises are undertaken using three self-assessment instruments associated with Positive Organisation Behaviour: the Competing Values Management Survey (Edwards, Austen, & Altpeter, 1998; Quinn, 1988), the Organizational Culture Survey (Quinn, 1988; van Beek &

Gerritsen, 2010) and the Fundamental Leadership Survey (Quinn, 2005). These provide participants with a snapshot of their management and leadership styles within this organisational context.

The initial course is followed by a series of workplace activities, all of which are to be completed before the participant can be said to have completed the development program. The design of the workplace activities was informed by evidence that the type of traditional, lecture-based, classroom training found in most formal leadership development programs is only partially effective in preparing leaders. The lessons learned from traditional classroom development programs do not last much beyond the end of the program. Participants slip back into their previous behavioural patterns, and little lasting change or developmental progress is achieved (Day, 2001). The workplace activities ensure transfer of learning from the initial course into practice. In addition, there is a growing belief among researchers that work place activities in combination with classroom training is the most effective way to develop leadership skills (DeRue & Wellman, 2009).

The program of workplace activities includes:

1. Shadowing: half a day shadowing a senior manager, half a day shadowing a peer.
2. Coaching: four sessions with a coach, focus on a particular skill to be developed.
3. Action Learning Group: six meetings across six months, providing continued reinforcement of principles introduced during initial course.
4. Workplace project: a service improvement project brings change back to the workplace.

The LAMDU maintain a list of coaches and action learning facilitators from within DHHS who undertake this work as part of their normal duties. The LAMDU provides annual workshops for DHHS staff who wish to assist their colleagues, on the how and why of shadowing, coaching, action learning facilitation and project management.

Utilising the framework developed by Roberts, Dutton, Spreitzer, Heaphy and Quinn (2005) on effective leadership, the aim of the development program evaluation seeks to determine whether DHHS staff experience increases in their levels of self-efficacy, social support within the workplace and positive orientation towards the job, following participation in the development program. In order to measure changes in these target outcomes, an evaluation questionnaire brought together the 10-item General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) and the 4-item Schulz and Schwarzer (2000) Berlin Social Support Scale (Instrumental Perceived Available Support) (Schwarzer & Leppin, 1988), together with a question relating to positive job orientation, to create a one-page survey for identifying change in the three key factors.

The evaluation process involves participants completing an on-line survey before they attend the initial development course and repeating the survey nine months afterwards. Results indicate a significant increase in self-esteem and workplace support networks. In addition, 35 per cent of respondents have subsequently been engaged in a more senior position (on a permanent or temporary basis) and 20 per cent have taken up the academic pathway (Shannon, Van Dam & Stokes, 2012).

### **Academic pathways to success**

The academic program was developed as part of the DHHS management and leadership development strategy and reflects the same strategic agenda. The initiative also reflects the Partners in Health strategic partnership between DHHS and UTAS (Faculty of Health Science & Department of Health and Human Services, 2011).

Resourcing for the academic program is shared, with the DHHS contributing study leave, as per industrial awards, subject to approval by the staff line manager. The LAMDU Manager is funded 0.4 (full-time equivalents) by the Faculty of Health Science, School of Medicine, in a conjoint arrangement between the DHHS and UTAS. This has contributed significantly to the ability of the

academic program to integrate into the LAMDU agenda as well as supporting the research and evaluation underpinning the in-house development program.

The UTAS Faculty of Health Science also supports the academic program through the provision of Higher Education Contribution Scheme scholarships to DHHS employees studying for Graduate Certificates, Diplomas, Masters or Doctorates in the *Health and Human Services (Management and Leadership)* course.

The course was collaboratively developed by the Faculty of Health Science and the DHHS. The course has the objective of offering academic and work-integrated learning to develop management and leadership skills, knowledge and capacity within the health and human services sector (UTAS, 2013). There are 30 academic units offered within this course, sourced from three Faculties (Arts, Business, Health Science). Most units are delivered via distance (e-learning) but some face-to-face options are available.

Faculty of Health Science staff regularly provide counselling and mentoring support to determine appropriate study pathways for DHHS employees and match their needs with available study units. Detailed exploratory dialogue occurs with DHHS students selecting suitable work-based research proposals and on-going counselling is provided for DHHS students who encounter difficulties with management of work/home/study commitments. This includes detailed phone discussions, individual meetings and group discussions. In this way the cultural divide between departmental and university systems are bridged, enabling a smooth transition between the 'two worlds'. Step-by-step personalised assistance is provided to enable busy managers and clinicians to successfully navigate the UTAS systems and achieve smooth transitions into postgraduate study. Where DHHS employees lack recent experience with tertiary study additional assistance is provided to ensure access to bridging programs and explanatory information and guidance.

A conduit between the DHHS in-house development program and the academic program, the unit *Foundations in Health and Human Services* requires students to reflect on their experiences of the DHHS development program and workplace learning activities. More generally, approximately one third of units contained within the academic program contain workplace learning of some form.

Individual units within the academic program are evaluated by students through the UTAS online teaching eVALUate system. In 2012, the LAMDU took on a UTAS intern to do some work on the benefits of academic study, in order to shed some light on how to promote the academic program. This work was based on the conceptual framework developed Schuller, Preston, Hammond, Brasset-Grundy and Bynner (2004). In it they suggest learning is a process whereby people build up assets and then benefit from the returns of their investment (Schuller et al., 2004). The benefit may take the form of three distinctive forms of capital:

- a. Identity capital – characteristics that define an individual’s outlook and self-image. This includes attitudes, values and self-esteem.
- b. Social capital – networks and norms which enable people to contribute effectively to common goals. This includes family, friends and civic engagement.
- c. Human capital – qualifications, knowledge and skills which enable individuals to function effectively in economic and social life.

Evaluation of the academic program showed that identity capital was rated as the highest overall capital benefit, scoring the highest rating average overall (76%), followed by human capital (75%) and social capital (69%). The three individual benefits scoring the highest average ratings overall were increased motivation to learn (82%); improved job performance (81%) and improved self-esteem (81%) (Gibbons & Shannon, 2013).

### **Graduate trainees – the next generation**



The graduate trainee program was established to assist in succession planning by developing new, young leaders and managers for DHHS. This program costs approximately \$90,000 per year per trainee and there are currently four Trainees in the program, appointed by formal employment application and interview processes.

In addition to salary, the DHHS funds the Higher Education Contribution Fees associated with graduate enrolment in *Masters of Health Service Management* through the UTAS Faculty of Business. While this course is offered primarily by distance, units are supported by six sets of two-day residential-master-classes in Sydney. Trainee travel and accommodation costs for these events are also covered by the DHHS.

No formal evaluation plan has been developed. Feedback is received from trainee placement supervisors and mentors.

### **Smaller scale programs**

While the graduate program only provides services to a handful of staff, the significant budget allocated to the program precludes it from inclusion in the smaller-scale program category. Programs delivered by the LAMDU 'within existing resources', on a more infrequent basis include 'essential management skills', offered in isolation from the integrated development program. This caters for practicing managers who feel they only need a single skill set and that they lack the time to devote to a more comprehensive program.

Similarly the 'clinical leadership', 'executive leadership' programs are limited by the capacity of the LAMDU to effectively engage with specific clinical skill sets or senior executive skill development 'within existing resources'. In contrast, the main barrier for the further development of the 'alumni program' for staff who have already completed the development program, is the ability of the 2.5 full-time equivalent staff to include this in their existing schedule.

The smaller scale programs listed above form the ‘wish list’ of the LAMDU: a set of potential activities where it is clear that a need/s exists, but the current allocation of resources do not allow these needs to be met.

### THE TIPPING POINT

The reform and economic climate has influenced the development of the DHHS leadership and management development programs. With the exception of the graduate trainee program and the smaller scale programs, the DHHS delivers management and leadership development largely from ‘within existing resources’ in-house, or by the small team that makes up the LAMDU, supported by arrangements with the UTAS Faculty of Health Science.

While there are no indications of an end to the climate of fiscal restraint associated and ongoing reform agenda associated with the delivery of health and human services, pressure to deliver management and leadership development in an economically and culturally sustainable fashion remains – ‘managing at the edge’.

### Sources

Bolden, R. (2011). Distributed leadership in organizations: A review of theory and research.

*International Journal of Management Reviews*, 13, 251-269.

Commonwealth of Australia 2011. *National health reform: Progress and delivery*. Canberra:

Communications Branch.

Council of Australian Governments 2011. National health reform agreement. Retrieved 13 July, 2013, from [http://www.federalfinancialrelations.gov.au/content/npa/health\\_reform/national-agreement.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-agreement.pdf)

Day, D. (2001). Leadership development: a review in context, *Leadership Quarterly*, 11(4), 581-613.

- DHHS (Department of Health and Human Services). (2012a). *Strategic priorities*. Hobart: Department of Health and Human Services.
- DHHS (Department of Health and Human Services). (2012b). *Values*. Hobart: Department of Health and Human Services.
- DeRue, D. S., & Wellman, N. (2009). Developing leaders via experience: The role of developmental challenge, learning orientation, and feedback availability. *Journal of Applied Psychology*, 94(4), 859–875.
- Edwards, R., Austen, D., & Altpeter, M. (1998). Managing effectively in an environment of competing values. In R. Edwards, J. Yankey & M. Altpeter (Eds.), *Skills for effective management of nonprofit organizations* (pp. 5-21). U.S.A: National Association of Social Workers.
- Gibbons, A., & Shannon, E. (2013). Tertiary study: Barriers and benefits for health and human services professionals. *Australian Journal of Adult Learning*, forthcoming.
- Faculty of Health Science, & Department of Health and Human Services. (2011). *Partners in health*. Retrieved 5 February, 2013, from [www.partnersinhealth.utas.edu.au](http://www.partnersinhealth.utas.edu.au)
- Luthans, F. (2002). *Positive organizational behavior: Developing and managing psychological strengths*. *Academy of Management Executive*, 16(1): 57-72.
- Quinn, R. E. (1988). *Beyond rational management: Mastering the paradox and competing demands of high performance*. San Francisco: Jossey-Bass.
- Quinn, R. E. (2005). Moments of greatness: Entering the fundamental state of leadership. *Harvard Business Review*, 83(7/8), 74-83.
- Roberts, L. M., Dutton, J. E., Spreitzer, G. M., Heaphy, E. D., & Quinn, R. E. (2005). Composing the reflected best-self portrait: building pathways for becoming extraordinary in work organizations. *Academy of Management Review*, 30(4), 712-736.
- Schulz, U., & Schwarzer, R. (2003). Social support in coping with illness: The Berlin Social Support Scales (BSSS). *Diagnostica*, 49, 73-82.
- Schuller, T., Preston, J., Hammond, C., Brassett-Grundy, A., & Bynner, J. (2004). *The benefits of learning: The impact of education on health, family life and social capital*. London: RoutledgeFalmer.

Schwarzer, R., & Jerusalem, M. (1995). Generalized self efficacy scale. In J. Weinman, S. Wright & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio* (pp. 35-37). Windsor, England: NFER-Nelson.

Schwarzer, R., & Leppin, A. (1988). Social support: the many faces of helpful social interactions. *International Journal of Educational Research*, 12(3), 333 - 345.

Shannon, E., & Burchill, T. A. (2013). 'Shaping our workforce': A Tasmanian development program. *Australian Health Review*, 37(1), 131-133.

Shannon, E., & Stevens, S. (2013). Engaging a professional services community: Collaboratively responding to the leadership development needs of the Tasmanian Department of Health and Human Services. (Referred paper). *Conference Proceedings: Engagement Australia 10th International Conference: Co-producing knowledge for social impact*. Melbourne, Australia. 15-17 July 2013.

Shannon, E., Van Dam, P., & Stokes, H. (2012). Building resilience in a professional services community: the role of leadership development. Paper presented at the 52nd Annual *Adult Learning Australia Conference: Lifelong learning = resilient communities*, 11-12 October, Byron Bay, NSW.

UTAS (University of Tasmania). (2013). *Postgraduate study Health and Human Services program candidate information handbook*. University of Tasmania.

van Beek, A., & Gerritsen, D. (2010). The relationship between organizational culture of nursing Staff and quality of care for residents with dementia: Questionnaire surveys and systematic observations in nursing homes. *International Journal of Nursing Studies*, 47(10), 1274–1282.

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Dr Elizabeth Shannon

Senior Lecturer, Health Services Innovation  
School of Medicine, University of Tasmania, Hobart, Australia

Manager, Leadership and Management Development  
Education and Training, Department of Health and Human Services, Tasmania, Australia

Email: [elizabeth.shannon@dhhs.tas.gov.au](mailto:elizabeth.shannon@dhhs.tas.gov.au)

Pieter Van Dam

Clinical Lecturer  
School of Nursing and Midwifery, University of Tasmania, Hobart, Australia

Senior Consultant, Leadership and Management Development  
Education and Training, Department of Health and Human Services, Tasmania, Australia

Email: [pieter.vandam@dhhs.tas.gov.au](mailto:pieter.vandam@dhhs.tas.gov.au)

*This paper describes the initiatives undertaken by the Tasmanian Department of Health and Human Services, in partnership with the University of Tasmania, to promulgate staff learning and development for healthcare management and health leadership. This has occurred against a backdrop of public sector fiscal restraint and health system reform. It suggests that only those initiatives that are economically sustainable and strategically aligned are likely to survive the continued climate of fiscal restraint and the ongoing reform program. Those elements of the program that do not fulfil these requirements will 'drop off' the tipping point instead of 'managing at the edge'. This paper describes potential tipping points for each initiative, for discussion in the interactive conference session.*

**Keywords:** health leadership; healthcare management; health system reforms; public sector reform; organisational learning; education

## 12. Health, Public Sector and Not-for-Profit Interactive Session

The National Health Reform Agreement (NHRA) has initiated a major restructure of the Australian health system (COAG, 2011) with the stated aim of ending the political ‘blame game’; increasing local ownership of health services; and increasing access, efficiency and funding transparency (Commonwealth of Australia, 2011). Health Workforce Australia (HWA) is leading the accompanying national program of health workforce planning, development and reform (HWA, 2011).

The *Tasmanian Health Organisations (THO) Act 2011* is the legislative mechanism that establishes publicly funded local hospital networks in Tasmania, in line with the requirements of the NHRA (Parliament of Tasmania, 2011) and outlines their powers, functions and governance arrangements. Under these arrangements, the Department of Health and Human Services (DHHS) is responsible for service planning, purchasing and performance monitoring. Some corporate services remain with DHHS and continue to be accessed by the THOs, including some human resource management, education and training services. Both the DHHS and THOs maintain a strong relationship with the University of Tasmania (UTAS) in the formulation, delivery and evaluation of education and training, including management and leadership development.

It is a DHHS Strategic Priority (2009, 2012a) to “shape our workforce” and “enable our workforce to be properly educated, trained and developed, motivated and appropriately supported to give of its best.” In 2010, to fulfil this strategic agenda, the DHHS established a leadership and management program, initially consisting of a graduate trainee program, an academic program, and a development program for frontline and aspiring managers (Shannon & Burchill, 2013). Other, short course programs cover ‘essential management skills’, ‘clinical leadership’, ‘executive leadership’, as well as

an 'alumni program' for staff who have already completed the development program. Figure 1 provides a breakdown of participants by activity.

The DHHS leadership and management development unit (LAMDU) consists of 2.5 (full-time equivalent) dedicated staff. The LAMDU take an approach that aligns with the theory and practice of Positive Organizational Behaviour. This focuses on "building positively oriented strengths and capacities that can be measured, developed, and effectively managed for performance improvement in today's workplace" (Luthans, 2002, p. 59). The 'fit' with health and human services is that the majority of employees in this area are already highly skilled professionals with the associated authority and autonomy that comes with their clinical/professional status. This contemporary model of health services leadership is described as a 'distributed' leadership approach (Bolden, 2011): leaders exist at all levels and in all occupational streams within the organisation. This is reflected in Figure 2, which shows participants grouped by DHHS business unit or, if attending from elsewhere, their organisational affiliation.

### **Development for current and aspiring managers and leaders**

The DHHS development program is targeted at middle and front-line managers and aspiring managers and delivered in-house 'within existing resources' – i.e. senior staff voluntarily speaking at the program and participating in the follow-up activities, with presentations and facilitation by LAMDU staff, plus a small budget for staff travel, venue hire and catering. Applicants for the program must have the support of their line manager to attend.

The initial course contains three days out-of-office in a mixed group of professions and positions across DHHS. Approximately equal time is given to (1) presentations from DHHS senior leaders and other subject-matter experts and (2) interactive exercises. There is also a networking evening to which participants and presenters are invited. Key topic areas covered include:

- Strategic Focus: providing context and organisational awareness, a greater understanding of strategic directions and current challenges, directly engaging with senior leaders.
- Achieving Results: providing factual information about finance and human resource management systems.
- Quality and Governance: providing national and policy context for local work to improve the safety and quality of services.
- Managing People: providing context and organisational awareness that enables participants to reflect on their management practice and team dynamics.
- Leadership and Self-development: sharing leadership stories and examples. Practical exercises are undertaken using three self-assessment instruments associated with Positive Organisation Behaviour: the Competing Values Management Survey (Edwards, Austen, & Altpeter, 1998; Quinn, 1988), the Organizational Culture Survey (Quinn, 1988; van Beek & Gerritsen, 2010) and the Fundamental Leadership Survey (Quinn, 2005). These provide participants with a snapshot of their management and leadership styles within an organisational context.

The initial course is followed by a series of workplace activities, all of which are to be completed before the participant can be said to have completed the development program. The design of the workplace activities was informed by evidence that the type of traditional, lecture-based, classroom training found in most formal leadership development programs is only partially effective in preparing leaders. The lessons learned from traditional classroom development programs do not last much beyond the end of the program. Participants slip back into their previous behavioural patterns, and little lasting change or developmental progress is achieved (Day, 2001). Structured workplace activities ensure transfer of learning from the initial course into practice. Workplace learning challenges personal approaches to work through collaboration between professionals with varying levels of experience and skills. Combining a structured workplace learning approach within a health and human services setting helps people gain crucial skills and allows organisations to tackle relevant issues (Kempster, 2009). The development program workplace activities include:



- Shadowing: half a day shadowing a senior manager, half a day shadowing a peer.
- Coaching: four sessions with a coach, focus on a particular skill to be developed.
- Action Learning Group: six meetings across six months, providing peer support.
- Workplace project: a service improvement project brings change back to the workplace.

The LAMDU maintain a list of coaches and action learning facilitators from within DHHS who undertake this work as part of their normal duties. The LAMDU provide annual workshops for DHHS staff who wish to join the program in this capacity.

Development program outcomes are evaluated through pre- and post- testing, utilising the framework developed by Roberts, Dutton, Spreitzer, Heaphy and Quinn (2005) on effective leadership. They state that leadership development will increase:

- Agentic resources – a sense of self-efficacy and self-esteem.
- Relational resources – social and emotional support within the workplace.
- Affective resources – job satisfaction.

Development program participants complete an on-line survey before they attend the initial off-site course and repeat the survey nine months afterwards, following completion of the workplace activities. Results indicate a significant increase in self-esteem and workplace support networks. In addition, 35 per cent of respondents have subsequently been engaged in a more senior position (on a permanent or temporary basis) and 20 per cent have taken up the academic pathway (Shannon & Van Dam, 2013).

As shown in Figure 3, the development program continues to attract participants from within DHHS and across the health and human services sector. As described above, the program is financially supported by a small central fund and practically resourced through the discretionary efforts of senior staff across DHHS. The working relationships between the DHHS central agency and associated

THOs have not changed, in relation to management and leadership development, in the post-NHRA environment. *The 'tipping point' challenge* for the DHHS development program is the need to strategically re-align activities to the HWA 2013 Health LEADS Australia national leadership framework (HWA, 2013). This is illustrated in Figure 4.

### **Academic pathways to success**

The academic program reflects the strategic partnership between DHHS and UTAS (Faculty of Health Science & Department of Health and Human Services, 2011). It offers academic and work-integrated learning to develop management and leadership skills, knowledge and capacity within the health and human services sector (UTAS, 2013). There are 30 academic units offered within the Masters, *Health and Human Services (Management and Leadership)* course, sourced from three Faculties (Arts, Business, Health Science). Most units are delivered via distance (e-learning) but some face-to-face options are available (UTAS, 2013).

Resourcing for the program is shared, with the DHHS contributing study leave, as per industrial awards, subject to approval by the staff line manager. The UTAS Faculty of Health Science provides Higher Education Contribution Scheme scholarships to DHHS employees. The LAMDU Manager is also funded 0.4 (full-time equivalent) by the Faculty of Health Science, School of Medicine, in a conjoint arrangement between the DHHS and UTAS. This has contributed significantly to the ability of the academic program to integrate into the LAMDU agenda as well as supporting the research and evaluation underpinning the in-house development program.

Administrative support for the program is also shared. Both LAMDU and Faculty of Health Science staff regularly provide counselling and mentoring support to determine appropriate study pathways for DHHS employees and match their needs with available study units. Detailed exploratory dialogue occurs with DHHS students selecting suitable work-based research proposals. On-going counselling is provided for DHHS students who encounter difficulties with management of work/home/study

commitments. This includes detailed phone discussions, individual meetings and group discussions. In this way the cultural divide between departmental and university systems are bridged, enabling a smooth transition between the 'two worlds'.

Where DHHS employees lack recent experience with tertiary study additional assistance is provided to ensure access to bridging programs and explanatory information and guidance. A conduit between the DHHS in-house development program and the academic program, the unit *Foundations in Health and Human Services* requires students to reflect on their experiences of the DHHS development program and workplace learning activities. More generally, approximately one third of units contained within the academic program contain some form of workplace learning (Shannon & Stevens, 2013).

Academic program outcomes are captured in two ways. Individual units within the academic program are evaluated by students through the UTAS online teaching eVALUate system. In 2012, the LAMDU also took on a UTAS intern to do some work on the benefits of academic study. This work was based on the conceptual framework developed Schuller, Preston, Hammond, Brassett-Grundy and Bynner (2004). In it they suggest learning is a process whereby people build up assets and then benefit from the returns of their investment (Schuller et al., 2004). The benefit may take the form of three distinctive forms of capital:

- Identity capital – characteristics that define an individual's outlook and self-image. This includes attitudes, values and self-esteem.
- Social capital – networks and norms which enable people to contribute effectively to common goals. This includes family, friends and civic engagement.
- Human capital – qualifications, knowledge and skills which enable individuals to function effectively in economic and social life.

Evaluation of the academic program showed that identity capital was rated as the highest overall capital benefit, scoring the highest rating average overall (76%), followed by human capital (75%) and social capital (69%). The three individual benefits scoring the highest average ratings overall were increased motivation to learn (82%); improved job performance (81%) and improved self-esteem (81%) (Gibbons & Shannon, 2013). The **'tipping point' challenge** for the academic program is to be alert to strategic shifts in government policy that may undermine the resources available to postgraduate study, such as the proposed cuts to university funding (Universities Australia, 2013).

### **Graduate trainees – the next generation**

The graduate trainee program was established to assist in succession planning by developing new, young leaders and managers for DHHS. This program has evolved over time, particularly with regards to the academic component, but remains basically structured as a series of placements across DHHS. There are currently four trainees in the program, appointed by formal employment application and interview processes. Trainees are employed on a two-year fixed-term contract. The program currently costs approximately \$75,000 per year per trainee as, in addition to salary, the DHHS funds the Higher Education Contribution Fees associated with graduate enrolment in *Masters of Health Service Management* through the UTAS Faculty of Business. While the academic course is offered primarily by distance education, units are supported by six sets of two-day residential-master-classes in Sydney. Some of the trainee travel and accommodation costs for these events are also covered by DHHS. No formal evaluation plan has been developed. Feedback is received from trainee placement supervisors and mentors. Excluding the current cohort, thirteen trainees have been through the DHHS graduate trainee program, but only two have successfully completed all the placement and academic requirements. Neither trainee has remained with the DHHS after completion of the program. The **'tipping point' challenge** for the graduate trainee program is two-fold: resource scarcity within the DHHS and a diminishing of strategic support that may occur without a demonstrable return on investment.

### Short course programs

A range of short course programs are delivered by the LAMDU 'within existing resources' on a more infrequent basis. These include 'essential management skills', which caters for practicing managers who wish to focus on a single skill-set or feel they lack the time for a more comprehensive program. The 'clinical leadership' and 'executive leadership' programs are limited by the capacity of the LAMDU to effectively engage with specific clinical skill sets or senior executive skill development 'within existing resources'. The main barrier for the further development of an 'alumni program', for staff who have already completed the development program, is the capacity of the current LAMDU staff to include this in their existing schedule. Figure 5 presents participant numbers over time and illustrates that the overall activity of the LAMDU has plateaued. The '*tipping point*' challenge for the short course program is the current allocation of limited resources, which do not allow all of the expressed needs to be met 'in-house'.

### THE TIPPING POINT DISCUSSION

'Tipping point' challenges associated with each of the DHHS Leadership and Management programs have been identified throughout this paper and are summarised in Table 1. The strategic reform and economic climate influenced the development of the DHHS Leadership and Management programs. With the exception of the graduate trainee program and a few of the short course programs, the DHHS delivers leadership and management development largely from 'within existing resources' in-house, or by the small team that makes up the LAMDU, supported by arrangements with the School of Medicine, within the UTAS Faculty of Health Science.

There are no indications that the DHHS is about to see the end of fiscal restraint and of the ongoing reform agenda associated with the delivery of health and human services in Australia. This paper has briefly described some aspects of how the pressure to deliver strategically aligned management and leadership development in an economically sustainable fashion remains – 'managing at the edge'.

These challenges (and opportunities) are not unique to DHHS but are shared by public and private sector managers across Australia. The 27<sup>th</sup> Australian and New Zealand Academy of Management Conference interactive sessions offer an opportunity for roundtable discussion on these issues.

## Sources

- Bolden, R. (2011). Distributed leadership in organizations: A review of theory and research. *International Journal of Management Reviews*, 13, 251-269.
- COAG (Council of Australian Governments). (2011). *National health reform agreement*. Retrieved 16 August, 2013, from [http://www.federalfinancialrelations.gov.au/content/npa/health\\_reform/national-agreement.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-agreement.pdf)
- Commonwealth of Australia 2011. *National health reform: Progress and delivery*. Canberra: Communications Branch.
- Day, D. (2001). Leadership development: a review in context, *Leadership Quarterly*, 11(4), 581-613.
- DHHS (Department of Health and Human Services). (2009). *Strategic directions 09-12*. Hobart: Department of Health and Human Services.
- DHHS (Department of Health and Human Services). (2012a). *Strategic priorities*. Hobart: Department of Health and Human Services.
- Edwards, R., Austen, D., & Altpeter, M. (1998). Managing effectively in an environment of competing values. In R. Edwards, J. Yankey & M. Altpeter (Eds.), *Skills for effective management of nonprofit organizations* (pp. 5-21). U.S.A: National Association of Social Workers.
- Faculty of Health Science, & Department of Health and Human Services. (2011). *Partners in health*. Retrieved 16 August, 2013, from [www.partnersinhealth.utas.edu.au](http://www.partnersinhealth.utas.edu.au)
- Gibbons, A., & Shannon, E. (2013). Tertiary study: Barriers and benefits for health and human services professionals. *Australian Journal of Adult Learning*, November, forthcoming.
- HWA (Health Workforce Australia). (2011). *National health workforce innovation and reform strategic framework for action 2011–2015*. Retrieved 15 August, 2013, from <http://www.hwa.gov.au/sites/uploads/hwa-wir-strategic-framework-for-action-201110.pdf>
- HWA (Health Workforce Australia). (2013). *Australian health leadership framework*. Retrieved 14 August, 2013, from <https://www.hwa.gov.au/sites/uploads/Health-LEADS-Australia-A4-FINAL.pdf>
- Kempster, S. (2009). *How managers have learnt to lead: Exploring the development of leadership practice*. Basingstoke, Hampshire: Palgrave MacMillan.

- Luthans, F. (2002). *Positive organizational behavior: Developing and managing psychological strengths*. *Academy of Management Executive*, 16(1): 57-72.
- Parliament of Tasmania (2011). *Tasmanian Health Organisations Act, No 51 of 2011*. Retrieved 16 August, 2013, from <http://www.thelaw.tas.gov.au>
- Quinn, R. E. (1988). *Beyond rational management: Mastering the paradox and competing demands of high performance*. San Francisco: Jossey-Bass.
- Quinn, R. E. (2005). Moments of greatness: Entering the fundamental state of leadership. *Harvard Business Review*, 83(7/8), 74-83.
- Roberts, L. M., Dutton, J. E., Spreitzer, G. M., Heaphy, E. D., & Quinn, R. E. (2005). Composing the reflected best-self portrait: Building pathways for becoming extraordinary in work organizations. *Academy of Management Review*, 30(4), 712-736.
- Schuller, T., Preston, J., Hammond, C., Brassett-Grundy, A., & Bynner, J. (2004). *The benefits of learning: The impact of education on health, family life and social capital*. London: RoutledgeFalmer.
- Shannon, E., & Burchill, T. A. (2013). 'Shaping our workforce': A Tasmanian development program. *Australian Health Review*, 37(1), 131-133.
- Shannon, E., & Stevens, S. (2013). Engaging a professional services community: Collaboratively responding to the leadership development needs of the Tasmanian Department of Health and Human Services. (Referred paper). *Conference Proceedings: Engagement Australia 10th International Conference: Co-producing knowledge for social impact*. Melbourne, Australia. 15-17 July 2013.
- Shannon, E., & Van Dam, P. (2013). Developing positive leadership in health and human services *South African Journal of Industrial Psychology*, September, forthcoming.
- Universities Australia (2013). *Eight out of ten believe cuts could threaten future as new ads launched*. Retrieved 14 August, 2013, from <http://www.universitiesaustralia.edu.au/resources/815/1592>
- UTAS (University of Tasmania). (2013). *Postgraduate study Health and Human Services program candidate information handbook*. Retrieved 16 August, 2013, from [http://www.utas.edu.au/\\_data/assets/pdf\\_file/0018/340119/pg\\_txt\\_Handbook-HHS-2013-s2-DHHS.pdf](http://www.utas.edu.au/_data/assets/pdf_file/0018/340119/pg_txt_Handbook-HHS-2013-s2-DHHS.pdf)



van Beek, A., & Gerritsen, D. (2010). The relationship between organizational culture of nursing staff and quality of care for residents with dementia: Questionnaire surveys and systematic observations in nursing homes. *International Journal of Nursing Studies*, 47(10), 1274–1282.

Figures and Tables

Figure 1: DHHS Leadership and Management participants by activity (2010-13)

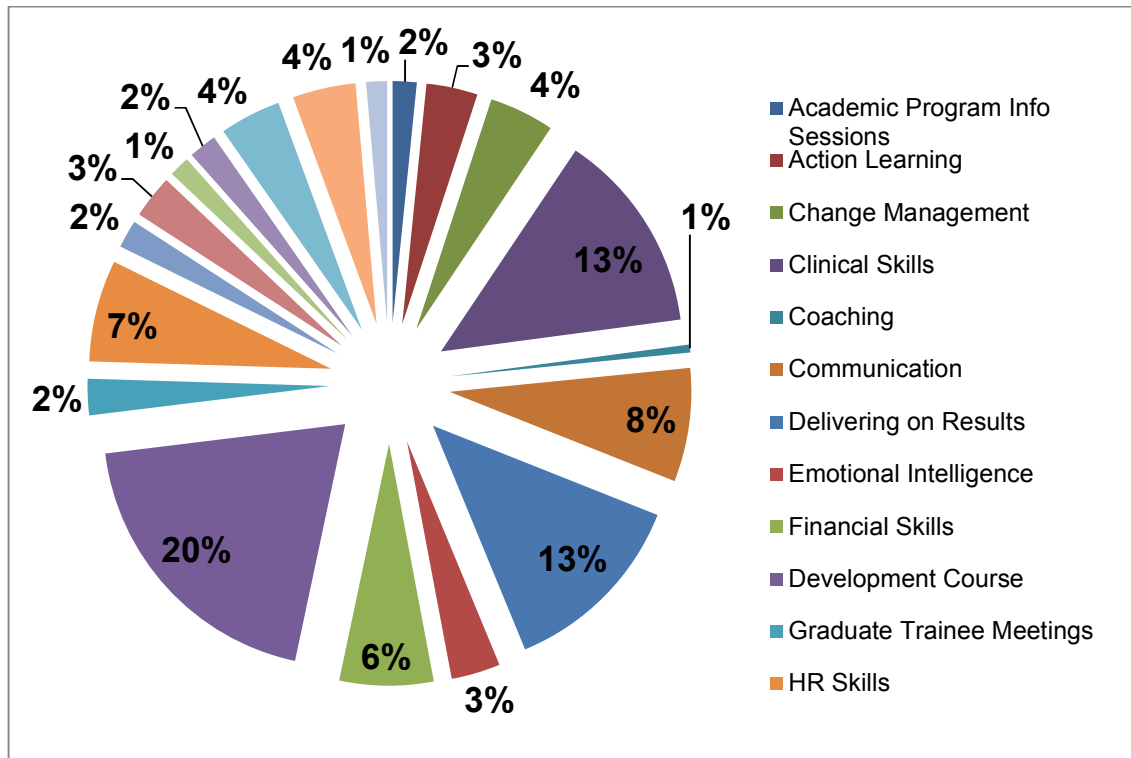


Figure 2: DHHS Leadership & Management participants by business unit (2010-13)

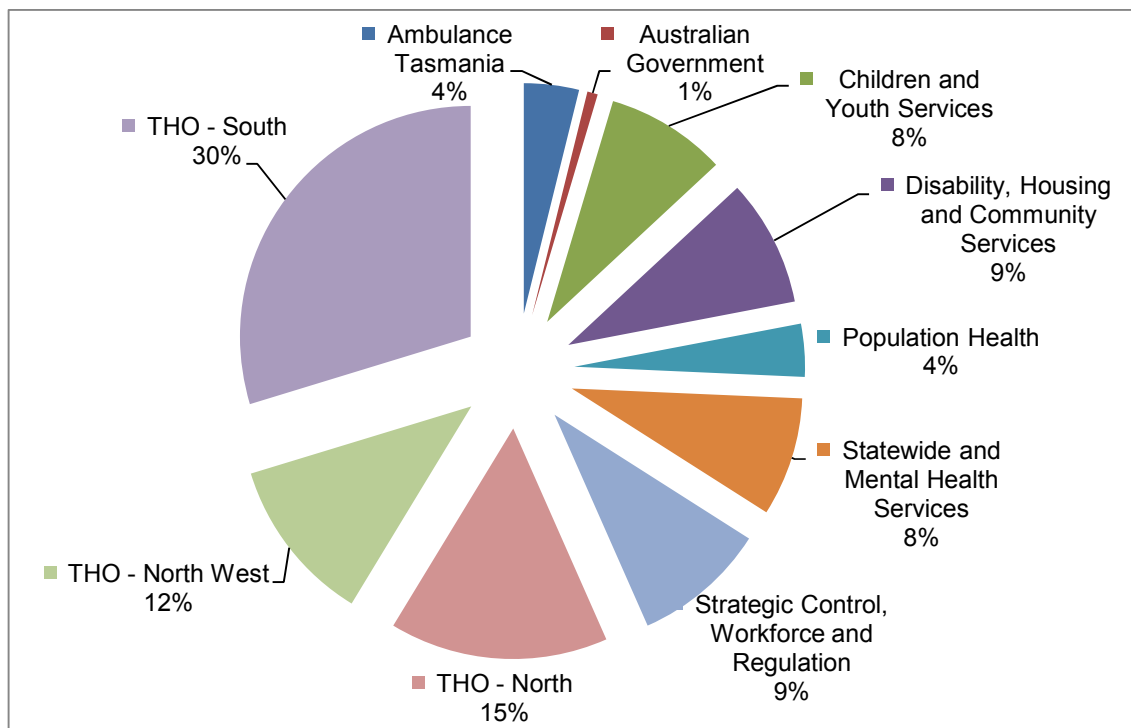


Figure 3 Development Program participant numbers (by cohort, 2010-13)

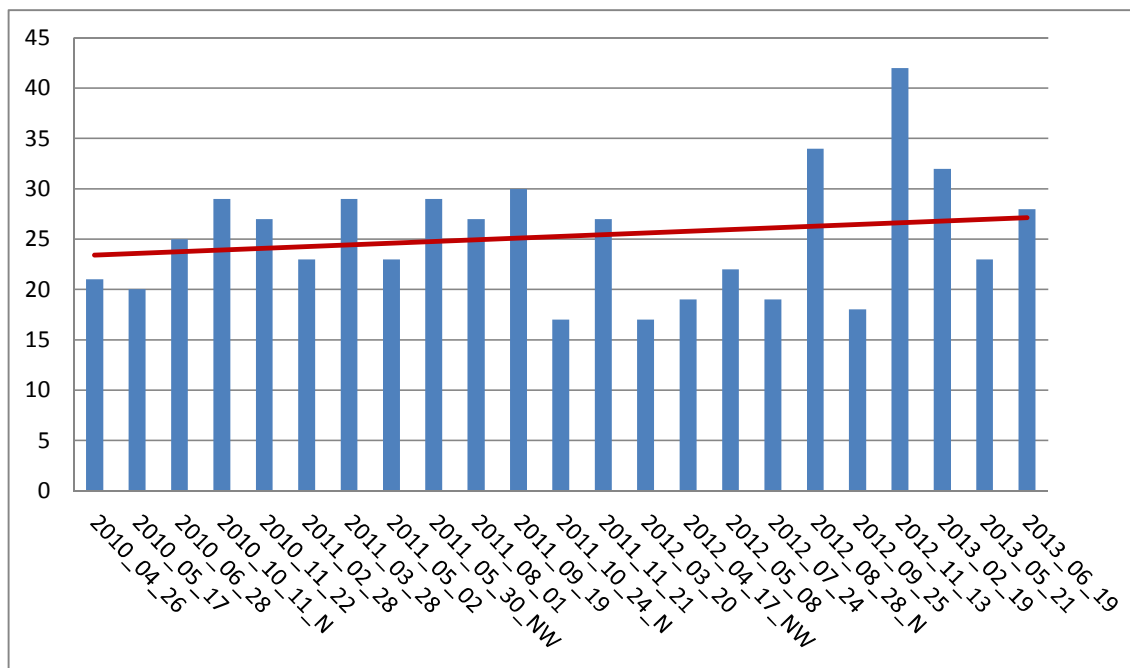
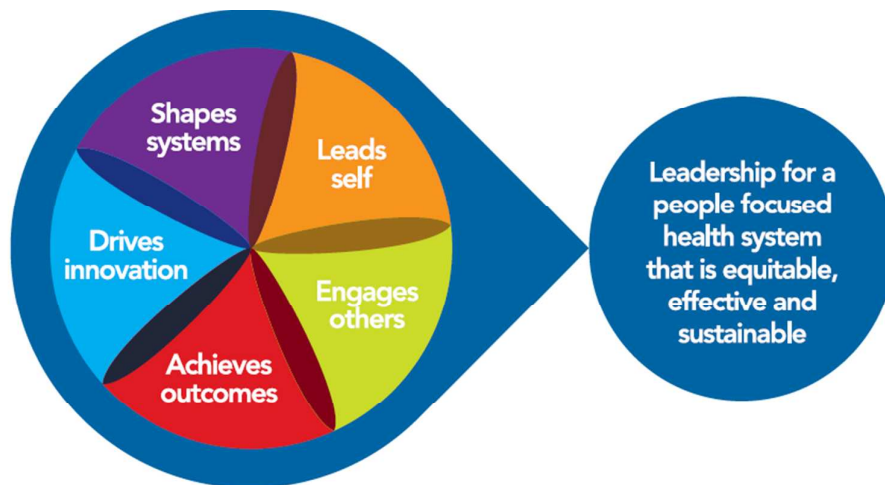


Figure 4 Health LEADS Australia framework



Leads self	Leaders are self-aware; seek out and take opportunities for personal development; have strength of character
Engages others	Leaders value diversity and model cultural responsiveness; communicate with honesty and respect; strengthen consumers, colleagues and others
Achieves outcomes	Leaders influence and communicate direction; are focussed and goal-oriented; evaluate progress and are accountable for results
Drives innovation	Leaders champion innovation and improvement; build support for change; positively contribute to spreading innovative practice

Shapes systems	Leaders understand and apply systems thinking; engage and partner with consumers and communities; build alliances
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Figure 5: DHHS Leadership and Management participant numbers (2010-2013)

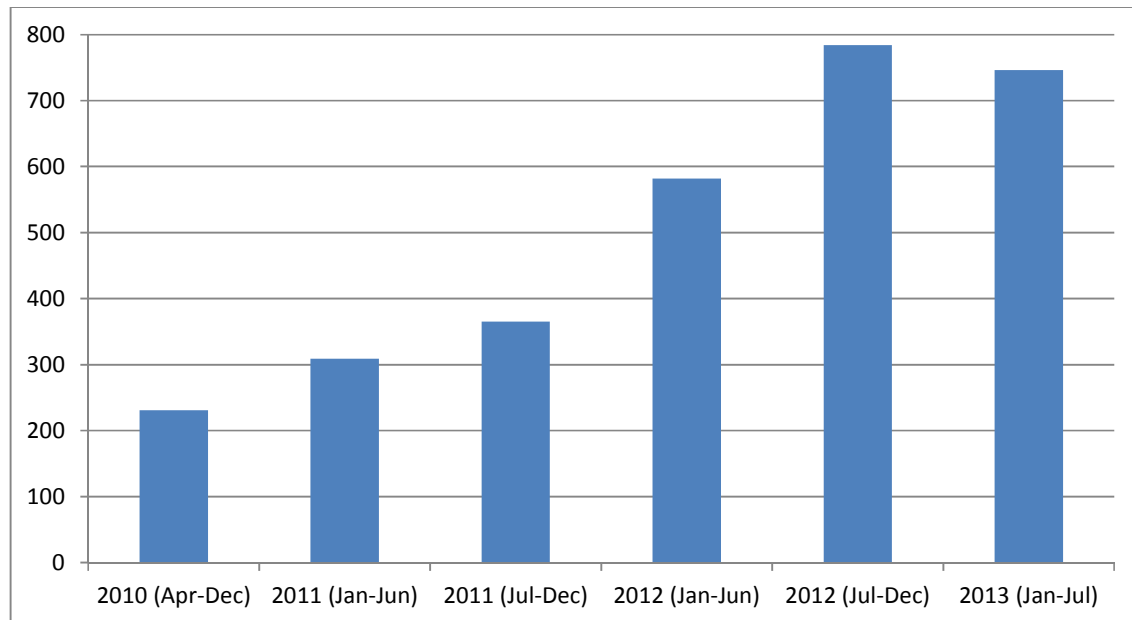


Table 1: Tipping point challenges for DHHS leadership and management

DHHS Leadership & Management element	Tipping point challenge
Development program	Strategically re-align activities to the HWA 2013 Health LEADS Australia national leadership framework
Academic program	Shifts in government policy that may undermine the resources available to postgraduate study, such as the proposed cuts to university funding
Graduate trainee program	Resource scarcity and a diminishing of strategic support results from the lack of a demonstrable return on investment
Short course program	Allocation of limited resources do not allow expressed needs to be met 'in-house'