

INTERDISCIPLINARY LEADERSHIP OBSERVED: A GROUP CARE HOME DYAD

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Introduction

Inequities in health outcomes are being experienced by billions of people worldwide as we face the global pandemic caused by the novel corona virus.^{1,2} This global pandemic highlights the increasingly interdependent world that we are living in. One promising path forward as we live through this pandemic is for professionals in education, health, business, government, and social good organizations to work together to address this complex problem.^{3,4} To face complex problems, like the global pandemic, we need people who are prepared to engage in leadership in a way that focuses on how to work together effectively.⁵ One approach that holds potential to guide efforts to effectively work together is interdisciplinary

¹ "Coronavirus." *World Health Organization*, World Health Organization, www.who.int/emergencies/diseases/novel-coronavirus-2019.

² Sandra Crouse Quinn and Supriya Kumar. "Health Inequalities and Infectious Disease Epidemics: A Challenge for Global Health Security." *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, vol. 12, no. 5 (2014): 263–273., doi:10.1089/bsp.2014.0032.

³ J. Kania, & M. Kramer, "Collective impact." *Stanford Social Innovation Review*. (2011). Retrieved from <https://ssir.org/>

⁴ J. Kania, & M. Kramer, "The equity imperative in collective impact." *Stanford Social Innovation Review*. (2015) Retrieved from <https://ssir.org/>

⁵ Wheatley, M. J. "Leadership and the new science: Discovering order in a chaotic world." (Berrett-Koehler Publishers, Inc., 2006).

leadership.⁶ However, there is a critical need for a deeper exploration of interdisciplinary leadership. The purpose of this paper is to investigate the context, strategies, and practices of one interdisciplinary leadership team.

In Table 1 Bloomquist and Georges outline their conceptual understanding of interdisciplinary leadership.⁷ They propose interdisciplinary leadership is an inclination to exercise control over the identity, practice, and outcomes that help people work together to address complex problems. As a way of being, interdisciplinary leadership identity is “not seen in itself but in its manifestation through thoughts, feelings, and actions and as expressed in behavioral events.”⁸ As a phenomenon, interdisciplinary leadership practice requires patience and social intelligence that are needed for effective collaboration in diverse, multi-sector environments. Finally, what results from these unique leadership identities and practices are interdisciplinary leadership outcomes that can only be said to occur if direction, alignment, and commitment⁹ are achieved. This means, people who are working together to address complex problems are only practicing interdisciplinary leadership if the people working together are working on an outcome that is aligned with one another, in which everyone is committed to the same goal, and everyone is headed in a same direction. An individual may claim to have an inclination toward an interdisciplinary leadership identity and/or may claim they practice interdisciplinary leadership, but if the group is not able to work together to achieve direction, alignment, and commitment interdisciplinary leadership has not occurred.

⁶ C.D. Bloomquist, et al., “Interdisciplinary Leadership Practices in Graduate Leadership Education Programs.” *Journal of Leadership Studies*. (2018). doi: <https://doi.org/10.1002/jls.21579>

⁷ Bloomquist, C.D., & L.C. Georges, “Interdisciplinary Leadership: A New Path for Leadership Educators” [Manuscript in preparation]. Department of Interdisciplinary Studies, Creighton University. (2020).

⁸ T. Newstead, T., et al., “What is virtue? Advancing the conceptualization of virtue to inform positive organizational inquiry.” *Academy of Management Perspectives* 32, no. 4 (2018): 443-457. <https://doi.org/10/5465/amp.2017.0162>

⁹ W. H. Drath, et al., “Direction, alignment, commitment: Toward a more integrative ontology of leadership.” *The Leadership Quarterly* 19 (2008): 635-653. <https://doi.org/10.1016/j.leaqua.2008.09.003>

Table 1. A Conceptual Understanding of Interdisciplinary Leadership¹⁰

Real Domain	Identity	Interdisciplinary Leadership Identity
	Generative mechanisms and structures that give rise to events.	An inclination toward a complexity perspective, believing diversity has value in specific situations, seeing integration, innovativeness, and collective intelligence as emergent properties in which to develop capacity, and structuring networks to create virtuous circles of activities, like sharing responsibilities with others when addressing complexity.
Actual Domain	Practice	Interdisciplinary Leadership Practice
	Observed and unobserved events	Behaviors and characteristics arising from interdisciplinary leadership identity.
Empirical Domain	Outcomes	Interdisciplinary Leadership Outcomes
	Subjective experiences of events	Subjective interpretation of interdisciplinary leadership practice, i.e., what is changed as a result of interdisciplinary leadership practice? Is there direction, alignment, and commitment among members of a diverse group of people who are sharing work?

This paper describes a study that was designed to look more closely at interdisciplinary leadership identity and practice by focusing on the dynamic between the co-owners of a group care home. This preliminary qualitative study explored the contextual forces, strategies, and practices that made up the unique leadership identity and practice of this healthcare leadership dyad. Findings from this study can contribute to further refining the conceptualization of interdisciplinary leadership as a unique leadership approach that could be used by leadership practitioners attempting to address complex problems.

Methods

This exploratory qualitative study asked how individuals in a leadership dyad use everyday conversation, gestures, and teamwork strategies to construct the conditions that allow intersectional partners to find direction, alignment, and commitment to guide employees and provide high quality care to residents. After receiving ethical approval for the larger, overall project for which this preliminary research is a

¹⁰ Bloomquist, & Georges, “Interdisciplinary Leadership: A New Path” [Manuscript in preparation].

part, my faculty mentor and I identified a healthcare dyad that met the criteria of being an interdisciplinary team. Two co-owners of a small group care home in the midwestern United States were invited to participate in the study because (1) they were known to lead their care home using a leadership dyad approach, meaning the pair works in partnership to run their company with neither of them taking a hierarchically superior role over the other and (2) the pair was also known to come from different disciplinary backgrounds, i.e., one is a registered nurse and the other is a social worker, which made them an interdisciplinary team. After the dyad consented to participation in the study, I interviewed the co-owners first individually, and then, together as a group.

I used an unstructured interview guide, allowing participants to more freely respond and guide the conversation. I used four main questions to invite the participants to talk about their thinking, practices, and strategies. For example, I asked, "Can you share an example of successfully working on a complex problem within your field that requires you to work with people who are different from you, whether that is a person from a different department, a different organization, a different academic discipline background, etc.?", followed by different probing questions to help the participants reflect on their experiences and practices. I also asked "What would you say makes it possible to work across differences to address complex problems?" as well as "What do you think happens when the conditions are right that make it possible for you to achieve alignment, commitment, and a common purpose with others who are different from you to address the complex problems within your field?" Interviews were conducted, recorded, and transcribed using Zoom (www.zoom.com), and each interview lasted approximately 60 minutes.

A three-step process was used to guide the analysis of data. First, I read through the transcripts and made corrections based on reading and listening to the recording. Second, I conducted member-checking by sending the transcripts back to the participants and asked them, "When you have a chance please review the transcript and let me know if there is anything you would like to add or delete." Neither of the participants provided any changes to the transcriptions. Finally, line by line, constant comparison coding was used to highlight meaning units and categorize them into themes. Interview data was analyzed and interactions between the dyad members were explored

to determine how their practices represented qualities of interdisciplinary leadership.

Results

Participants emphasized the importance of collaboration while simultaneously separating tasks by individual skill sets, producing a more productive environment that requires communication in order to be effective. The co-owners described their practices of fostering trust, using examples and storytelling as descriptive tools.

Dyad Member 1 expressed the necessity for “solid open communication... and solid expectations,” explaining that with the presence of strong communication channels, interdisciplinary partners are able to “speak their mind... and then be able to compromise and come to a goal or an outcome that will work.” This notion was echoed by Dyad Member 2, who emphasized the importance of teamwork in their interdisciplinary leadership practices. Dyad Member 2 stated that “when we all come together as a team, you know, we're talking, we're communicating, we're all on the same page.” Dyad Member 2, a registered nurse, elicited a people-first approach to teamwork, reflecting on the dyad’s leadership practices and stating that “coming together is huge.” Both dyad members also suggested that trust was vital to their teamwork structure, mentioning that interdisciplinary leaders need “time to be able to build a trust within the group.”

Through analysis of participants’ descriptions of their experiences and by tracing the thread between participants’ experiences, I found that participant descriptions of their identity and practice of interdisciplinary leadership elicited four themes. The first two themes being interdisciplinary leadership practices and the second two describing interdisciplinary leadership identities.

Communication

The first theme that emerged was related to communication. Communication between the leadership dyad, but also between subsidiary and contract employees was crucial for this leadership dyad to achieve the patient outcomes that aligned with their organization’s values.

The co-owners both depicted communication as of utmost importance to their organizational success. For example, in the onset of the company and in formation of their mission, both co-owners drew from different disciplinary backgrounds – that of a social worker and registered nurse, to provide a holistic and sustainable vision. They described a web of communication, using multiple communication sources to most effectively relay messages to staff and contract employees.

Teamwork

Secondly, the vitality of teamwork, both between the co-owners of the care home, as well as between upper-level management and staff, was evident. This leadership dyad used a “divide and conquer” approach to problem solving, while sometimes tackling problems together when necessary. The two co-owners used management approaches that contrasted with one another, but when combined together, allowed the company to thrive. The dyad used the expression, “good cop bad cop,” to describe their differing perspectives toward disciplinary action and interactions with staff. These roles were evident in the interview, as Dyad Member 1 was more vocal, while Dyad Member 2 was much more reflective.

Varying Formality

The third theme that emerged from the data related to the level of formality in interactions that varied based on necessity, but also grew as the dyad relationship developed and matured. As the dyad built trust between each other and with staff, different communication strategies were employed to save time, yet they upheld teamwork strategies throughout their everyday practices by relaying vital information. Phrases like “solid open communication” and mentions of “teamwork” or “together as a team” were recurrent as mentioned in themes 1 and 2. However, the continued development and maturation of these practices was also emphasized by the dyad suggesting the idea of continued trust building was vital to this dyad’s identity and practice of interdisciplinary leadership.

Increasing Complexity

For the fourth theme a clearer inclination toward interdisciplinary leadership emerged. Interdisciplinary leadership as defined by this dyad as the use of teamwork and clear communication, become exponentially more important for more complex patients at the care home. Though neither participant mentioned interdisciplinarity directly, they referenced their use of “multi-disciplinary” practices in community health efforts, noting how these strategies helped form the holistic and patient-centered mission of their care home company. When external team members, like hospice or therapy professionals are involved, the communication between the two dyad members becomes even more evident and necessary, as they rely on each other to augment and coordinate the patient-centered care for the patient.

Discussion

To advance interdisciplinary leadership we first must be clear about what we mean by

interdisciplinary leadership identity and practice. With interdisciplinarity, members from different disciplines share work on the same project to focus on the reciprocal action between the disciplines, and group members share goals to address a common, complex problem.¹¹ There is a blurring of disciplinary boundaries which requires individuals to surrender some aspects of their own disciplinary role, but still maintain a discipline-specific identity. The interdisciplinary process is also interactive, integrative, and collaborative resulting in individuals actively learning about and from each other as they practice teamwork^{12,13}. This identity and practice was reflected in this study through the co-owner’s necessity for fluid communication, their use of teamwork, their desire to continue to develop trust, and placing value on the diversity of experience they gained from partnerships. Fiore, regarding interdisciplinarity as teamwork, expressed that “today, given the complexity and quantity of knowledge within individual disciplines, no one person is capable of maintaining the deep understanding necessary to conduct truly

¹¹ J. Welch, “Interdisciplinarity and the history of western epistemology.” *Issues in Integrative Studies* 27 (2009): 35-69.

¹² Welch, 35-69.

¹³ Wheatley.

interdisciplinary research.”¹⁴ While Fiore’s example deals with the logistics of conducting research across disciplines, this applies in a simplified sense to this healthcare leadership dyad. For truly effective interdisciplinary leadership identity and practice, the group care home dyad demonstrated that they let go of some level of autonomy, allowing for a transcendent leadership structure.

This type of leadership structure is in line with what Drath and colleagues describe when contexts “become increasingly peer-like and collaborative”¹⁵ and old ways of thinking about leaders and followers become limiting. This new way of thinking about leadership “would no longer necessarily involve talk of leaders and followers and their shared goals, but would necessarily involve talk of direction, alignment, and commitment.”¹⁶ This means that the realized outcome marks the occurrence of leadership, not merely holding the identity of a ‘leader’ or ‘practicing leadership.’ The participants in this study encompassed this collaborative leadership approach focused around direction, alignment, and commitment, describing a patient-centered approach to care and “family style” living facilities. In the formation and daily practice of their organizational values, participants explained their commitment to providing individualized care to aging seniors, and to providing housing, personalized assistance, and a secure environment to help seniors maintain a dignified quality of life.

The results of this preliminary study suggest what previous studies have found before¹⁷ that the practice of leadership can take many forms and can be expressed through a variety of practices. The leadership dyad participants in this study extended previous studies by emphasizing the variety of strategies they use to work together. The participants’ relationship was evident throughout the interviews, as they bounced ideas off each other and played off each other’s strengths and weaknesses.

In the context of the 2020 SARS-CoV-2 pandemic, the strategies of interdependency and interdisciplinary leadership through

¹⁴ Fiore, Stephen M. “Interdisciplinarity as Teamwork.” *Small Group Research* 39, no. 3 (2008): 251–277., doi:10.1177/1046496408317797.

¹⁵ Drath, 635-53.

¹⁶ Ibid.

¹⁷ Bruce J. Avolio, et al. “Leadership: Current Theories, Research, and Future Directions.” *Annual Review of Psychology* 60, no. 1 (2009): 421–449., doi:10.1146/annurev.psych.60.110707.163621.

communication and teamwork become increasingly important. When individuals work together in interdisciplinary teams¹⁸ to share their different ideas and experiences, share responsibility, and share accountability for the work, we as a global society will be better able to find more effective and sustainable solutions. A leadership vision focused on direction, alignment, and commitment, rather than a stagnant hierarchal approach will help propel innovation and fuel problem-solving strategies to aid in pandemic relief, and to shape interdisciplinary leaders of tomorrow.

Conclusion

This qualitative study shows a set of beliefs, practices, and outcomes that distinguish interdisciplinary leadership from other approaches to leadership and unpacks how interdisciplinary leadership could be used by leadership practitioners attempting to address complex problems. Through analysis of interview data and observation of the group care home co-owner's interactions and practices, I concluded that these interdisciplinary leaders practice interdisciplinary leadership through their use of clear communication and teamwork, allowing them to achieve direction, alignment, and commitment within their company. If interdisciplinary leadership requires teamwork and clear communication which allows individuals who are different from one another to engage in productive discussions that promote direction, alignment, and commitment when addressing complex problems, the next question for future research is, how can we help more leaders become better interdisciplinary leadership practitioners?

A current complex problem, the 2020 SARS-CoV-2 pandemic, has highlighted the necessity for interdisciplinarity to effectively and sustainably address the disparities experienced by the global population. SARS-CoV-2 will likely impact the world for generations to come, meaning interdisciplinary leadership with a common purpose and focused goals is more vital than ever. The use of interdisciplinary leadership identity and practices to solve the complex problems that plague healthcare systems globally, focused

¹⁸ McCallin, A. "Interdisciplinary team leadership: A revisionist approach for an old problem?" *Journal of Nursing Management* 11 (2003): 364-370.

around direction, alignment, and commitment opens a world of opportunity for more compassionate, focused, driven, and effective leadership.

BIBLIOGRAPHY

- Avolio, Bruce J., et al. "Leadership: Current Theories, Research, and Future Directions." *Annual Review of Psychology* 60, no. 1 (2009): 421-449., doi:10.1146/annurev.psych.60.110707.163621.
- Bloomquist, C.D., Georges, L.C., Ford, D.J., & Moss Breen, J. "Interdisciplinary Leadership Practices in Graduate Leadership Education Programs." *Journal of Leadership Studies* (2018). doi: <https://doi.org/10.1002/jls.21579>
- Bloomquist, C.D., & Georges, L.C. (2020). "Interdisciplinary Leadership: A New Path for Leadership Educators" [Manuscript in preparation]. Department of Interdisciplinary Studies, Creighton University.
- "Coronavirus." *World Health Organization*, World Health Organization, www.who.int/emergencies/diseases/novel-coronavirus-2019.
- Drath, W. H., McCauley, C. D., Palus, C. J., Velsor, E. V., O'Connor, P. M. G., & McGuire, J. B. "Direction, alignment, commitment: Toward a more integrative ontology of leadership." *The Leadership Quarterly* 19 (2008): 635-653. <https://doi.org/10.1016/j.leaqua.2008.09.003>
- Fiore, Stephen M. "Interdisciplinarity as Teamwork." *Small Group Research* 39, no. 3 (2008): 251-277., doi:10.1177/1046496408317797.
- Kania, J. & Kramer, M. "Collective impact." *Stanford Social Innovation Review* (2011). Retrieved from <https://ssir.org/>
- Kania, J. & Kramer, M. "The equity imperative in collective impact." *Stanford Social Innovation Review* (2015). Retrieved from <https://ssir.org/>
- McCallin, A. "Interdisciplinary team leadership: A revisionist approach for an old problem?" *Journal of Nursing Management* 11 (2003): 364-370.
- Newstead, T., Macklin, R., Dawkins, S., & Martin, A. "What is virtue? Advancing the conceptualization of virtue to inform positive organizational inquiry." *Academy of Management Perspectives* 32, no. 4 (2018): 443-457. <https://doi.org/10.5465/amp.2017.0162>
- Quinn, Sandra Crouse, and Supriya Kumar. "Health Inequalities and Infectious Disease Epidemics: A Challenge for Global Health Security." *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 12, no. 5 (2014): 263-273., doi:10.1089/bsp.2014.0032.

Welch, J. "Interdisciplinarity and the history of western epistemology." *Issues in Integrative Studies* 27 (2009): 35-69.

Wheatley, M. J. "Leadership and the new science: Discovering order in a chaotic world." Berrett-Koehler Publishers, Inc., 2006.