

Collaboration

A report about the potential difficulties of setting up collaborative ventures – and potential solutions – suggested by delegates at a meeting organised by CLAHRC South London, 22 January 2015.

Introduction

CLAHRC South London organised an event about collaboration. Because 'collaboration' is at the heart of CLAHRC activity and CLAHRC South London is a 'new' CLAHRC, the organising committee, with the support of the CLAHRC South London Executive, thought it would be useful to share ideas and learn from other CLAHRCs about how they have collaborated successfully, whether they have experienced problems and how they have overcome them.

Miles Scott (chief executive of St George's University Hospitals NHS Foundation Trust) chairs the CLAHRC South London Board and also chaired the event. He said: 'This theme (of collaboration) is difficult but so important. In the south London bid (for CLAHRC status), we said we wanted to make sure the 'whole is greater than the sum of its parts'. The way to do that is through collaboration. CLAHRC South London is made up of very successful researchers who would be doing the research they are doing now anyway. The challenge is – can they collaborate to do something useful and new?; to work with not just the usual suspects, but across the whole of south London?; to set up new and different fruitful collaborations with each other and with different people? We don't pretend we have all the answers and want to learn lessons from well-established CLAHRCs.'

After presentations from five CLAHRCs detailing examples of collaborative projects, delegates were asked to work first in pairs (or in threes), then in groups of ever increasing size, depending on the numbers on their table. The delegates had been seated according to a table plan prepared in advance with the intent of encouraging discussions between people with different expertise, from different CLAHRCs and at different stages in their careers. The seating plan was somewhat confounded by a) 15 people (who had registered in advance) not turning up and b) the very last minute or late arrival of a large number of delegates. Group sizes therefore varied between five and nine.

Facilitator Andrew Harrison explained the task: to tell each other and talk about personal experiences of collaboration and problems experienced, and then discuss potential solutions and ways of creating the conditions for successful collaboration.

Each of 10 tables was assigned an observer/note-taker.

Potential problems identified during the group discussions and based on delegates' personal experience...

- 1) Collaborators have different expectations, needs, priorities and interests.** For example, researchers may be interested in publishing papers and gaining citations while other collaborators – such as health professionals and service users – may have more practical objectives.
- 2) Priorities of different collaborators change over time.** After an initial plan is put in place with a number of collaborators, the context may change and one or all of the collaborators may want/need to do something different. Therefore the existing plans and agreements are no longer relevant.
- 3) A lack of transparency/honesty about what collaborators want to achieve.** Collaborators have one set of expectations that they present publicly to each other, and another set of 'private' expectations. This means they may say one thing and do another.
- 4) A tokenistic commitment to collaboration, particularly collaboration with patients and service users.** Collaboration may simply be a 'tick box' exercise to get funding or approval. This is frustrating and disillusioning for the collaborators who take the venture seriously.
- 5) Conflicting deadlines and different speeds of work.** One organisation will expect results in weeks, while another collaborator's speed of working and bureaucratic processes means that simply isn't possible.

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6) Researchers are too busy and simply don't have enough time to foster the relationships they need to cultivate. It's much easier to work on your own if you are a busy researcher rather than invest time you don't have in making a collaboration work.

7) An ignorance about other collaborators' worlds. A lack of understanding of what collaborating professionals and organisations do, what skills they bring or what value they can contribute.

8) Organisations and individuals who are ideal collaborators (because of their knowledge, expertise or influence) may not want to work collaboratively.

9) Senior members of an organisation forget that interactions take place at different levels. Chief executives and senior leaders may sign up to a collaborative venture, but the fact that they have done so may not trickle down to the lower echelons. Therefore, people working on the frontline may be unaware, unwilling or too busy to collaborate, even though they are employed by a collaborating organisation.

10) Individuals may feel compelled by their organisation to collaborate and therefore reluctantly take part in a 'forced collaboration.' This can cause resentment and people may not cooperate fully.

11) Clashing cultures. Different organisations may do things differently or have different sets of values. This may be particularly difficult in private/public sector collaborations. There may also be very different cultures within academic institutions and health or social care organisations.

12) Competition. Researchers at different universities compete for the same funding: it may not be in their interests to share research ideas, information and resources that a collaborative relationship may demand.

13) There is no template for setting up a collaboration and people are unsure how to do it. There is a lack of knowledge about formal mechanisms and whether there should be an agreement, and what any agreement should contain.

14) It's not clear who can sign off decisions and who has final say.

15) Finding the right people to collaborate: people who can bring the skills and perspectives needed for a particular project. It is safer to rely on immediate colleagues.

16) Power. Within collaborations, power plays a part in relationships. There are different sorts of power – eg the power to 'delay work'. People deemed not to have much power can exercise considerable control by 'just not doing stuff' they have agreed to do. Some collaborators are unwilling to share power or resources: they may hinder giving access to data, for example.

17) The nature of the academic world means people have to think about themselves if they are to keep their jobs and further their careers. They need to think about the effect of their research on their peers rather than the greater goals of collaboration.

18) Collaboration often starts off well, and then initial enthusiasm dwindles and flounders at the first sign of difficulty.

19) Collaboration saturation: there are many different organisations in the same area all wanting to collaborate with the same collaborators!

20) People move. Often collaborative relationships succeed because of individual commitment. If one person moves, the collaboration can be undermined.

Potential solutions suggested by delegates – and how to create the conditions for collaboration

1) Make sure all the collaborators sign up to a shared purpose or plan. Agree the aims and how you are going to achieve them. Be honest in discussions with other collaborators – make sure each collaborator knows what the others' expectations are, and what each one hopes to get out of the collaboration. Describe and record the role each collaborator will play. Talk about and confront potential issues openly in order to make sure there are no misunderstandings. Put the agreement in writing.

2) Meet your collaborators regularly and discuss difficulties and any changing expectations and priorities.

3) Make collaborative processes part of everyday work rather than a special effort. Think about how collaborative approaches can help you do your job better.

4) Set out accountability and decision-making processes at the beginning of a collaboration. Keep the processes simple and inclusive, make sure junior staff are also able to take decisions.

5) Allocate time to build relationships and trust. Take time to understand what other organisations and professionals actually do, and the confines and demands of their organisational processes. Explain clearly what you do and how your organisation operates.

6) Meet regularly face-to-face and understand that you will need to make a long-term time investment to create a successful collaboration. Be open and honest. Always recap on objectives and goals and agreed ways of working together, and identify any potential difficulties before they become problematic.

7) Understand that you are not always right and that other people's perspectives and input may well improve a project.

8) Be tough and be Machiavellian – ‘shop’ collaborators who aren’t playing ball to their managers or report them to their funders. Threaten to withdraw from the collaboration, or actually withdraw.

9) When setting up a collaboration, identify all levels of an organisation that might be involved and work out how to communicate with them. Consult and get them on board at the very beginning.

10) When times are difficult, bring in a third party – perhaps a service user or family member – to act as arbiter and help resolve differences. Or engage a critical friend as part of the collaborative set up.

11) Be flexible. Understand that things are not set in stone. Maintain the ability to adapt to changing circumstances – eg move resources or answer the research question in a different way. (This however may prove difficult for researchers as their ‘context is one of strict protocols’).

12) Recruit the right people to work within the collaboration. Young people who are at the start of their careers may be more interested in personal progression (eg publishing papers) than developing a collaborative relationship. Researchers who are further into their careers may be more open to collaboration.

13) Be realistic about what is and what isn’t achievable. Say ‘no’ instead of agreeing to a tokenistic collaboration.

14) Explain ‘what’s in for them’ as well as ‘what’s in it for us’ when you first set up a collaboration. It’s fine if the benefits are different for each collaborator.

15) Pay people or organisations to get involved in collaborations if you want them on board as collaborators, or offer them a different sort of incentive – eg make them honorary members of a research team.

16) Draw up contracts outlining the aims of the collaboration, timescales, contribution, agreed performance measures and outputs.

17) Think ‘outside the box’ – come out of your own discipline’s ‘strait-jacket’ and explore new ways of working.

18) Be persistent and persevere. If you are committed to working in a collaborative way, don’t give up at the first hurdle. Be available to talk about problems. Remind yourselves of your shared aim – to improve health and care services.

19) Don’t fund people unless they agree to work collaboratively – put in place greater checks by funders so researchers are not able to pay lip service to collaboration.

20) Think about language you use and the style you adopt when you explain your work and your aims: will you be able to engage all collaborators?

Did delegates collaborate during the exercise? (observations of note-takers)

Facilitator Andrew Harrison described the discussion as a ‘mini-exercise in collaboration’.

On some tables, people did not initially seem to be enthusiastic, or looked as if they were unsure about the value of such discussions. But when the discussions started and continued, many seemed to warm to the task and share their experiences with enthusiasm. On some tables, the discussions were very lively, and at the end of the task, delegates swapped contact details and pledged to be in touch.

However, some people refused to engage (eg ‘I’m not here to participate’), did not engage, or engaged reluctantly throughout the task. Those who did not engage, or those who did not take the exercise seriously, were, in the main, more senior researchers, or hold more senior positions within the CLAHRCs. Some reseated themselves so they were next to people they already knew (rather than exchange experiences with a stranger) or consulted their electronic devices rather than join in the discussion.

Contrary to the conclusions of some of the table discussions (‘young people who are at the start of their careers may be more interested in personal progression than developing a collaborative relationship’), junior researchers working for CLAHRCs and other health-related organisations were much more likely to be willing to engage in discussion about collaboration than some of their senior colleagues. Junior researchers were more likely to be keen to hear about others’ experiences and discuss the difficulties they had experienced. They were much more likely to be positive about both the concept of collaboration – and exploring how to do it well – and the event itself, and to report finding the discussions useful and fruitful.

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