

Success in leading collaborative research

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Today in Canada, primary health care research opportunities are provincial and national in scope; for this reason, primary health care research teams are larger and more complex than ever before. Recognizing this, the College of Family Physicians of Canada published *Blueprint for Family Medicine Research Success*,¹ which stresses the importance of collaboration. While recognizing the complexity of today's research teams and the focus on collaborative research, it is fitting to pause and reflect on the qualities (structures and processes) that a research team needs in order for its research to flourish and have resounding effects. Based on D'Amour and colleagues' framework of collaboration,² as well as our experience with a team funded by the Canadian Institutes of Health Research, we suggest that in order for collaborative research to be successful, a team requires the following 4 elements: shared goals and vision; team-strengthening strategies; leadership; and communication structures (**Figure 1**).

Shared goals and vision

The shared goals and vision component is the foundation of the other 3 elements and is interdependent on them to produce a strong team. Early in a research team's existence, face-to-face meetings are essential, during which the research plan and the governance structure are discussed and agreed upon, in principle. A team must find common ground on its goals and vision; however, diverse views might occur at the level of details. When disagreement occurs, the team should be encouraged to consider a higher order of the goals at hand; in this process of moving up a ladder of the goals, the group discovers what all team members can agree on.

Team strengthening

The team-strengthening component of a collaboration is what D'Amour and colleagues called *internalization*,² referring to the inward workings of the team. Getting to know team members requires face-to-face meetings in which both personal and professional interactions are facilitated. The leaders' task is to ensure early and frequent in-person collaboration. During the meetings, getting-to-know-you agenda items should focus on various aspects of team members' personal lives, such as hobbies, family, or country or province of origin. Also, discussions should include descriptions of members' professional disciplines so that the team learns about a member's skills, as well as his or her personal qualities that might be an asset to them. Sharing personal and professional information raises the level of comfort,

energy, and trust among team members. Here, trust encompasses the professional confidence in competencies and personal emotion.

Leadership

Organizational change prospers when there is strong central leadership that provides clear and explicit directions.² In the case of a research team, leaders must develop structures that enable each member to select his or her role within the team and the working groups. Then the leaders are responsible for announcing those roles and relationships to all team members. There is a creative tension between the necessity of clear central direction and the requirement of nurturing emergent leadership among all team members.

Creating a learning community is an essential aspect of the leadership process. Research is always innovative, and in order to encourage creativity within a team (while avoiding a sense of chaos), leaders must provide members with an environment where they can learn from each other (ie, share existing expertise) and cocreate (ie, invent new ideas and measures together).

Leaders must also promote and coordinate connectivity among members; regular meetings, clear expectations, formal agendas, and written minutes all contribute to a team's connectivity. Connectivity assists leaders in being comfortable with delegation to staff and colleagues, another essential condition for an effective team.

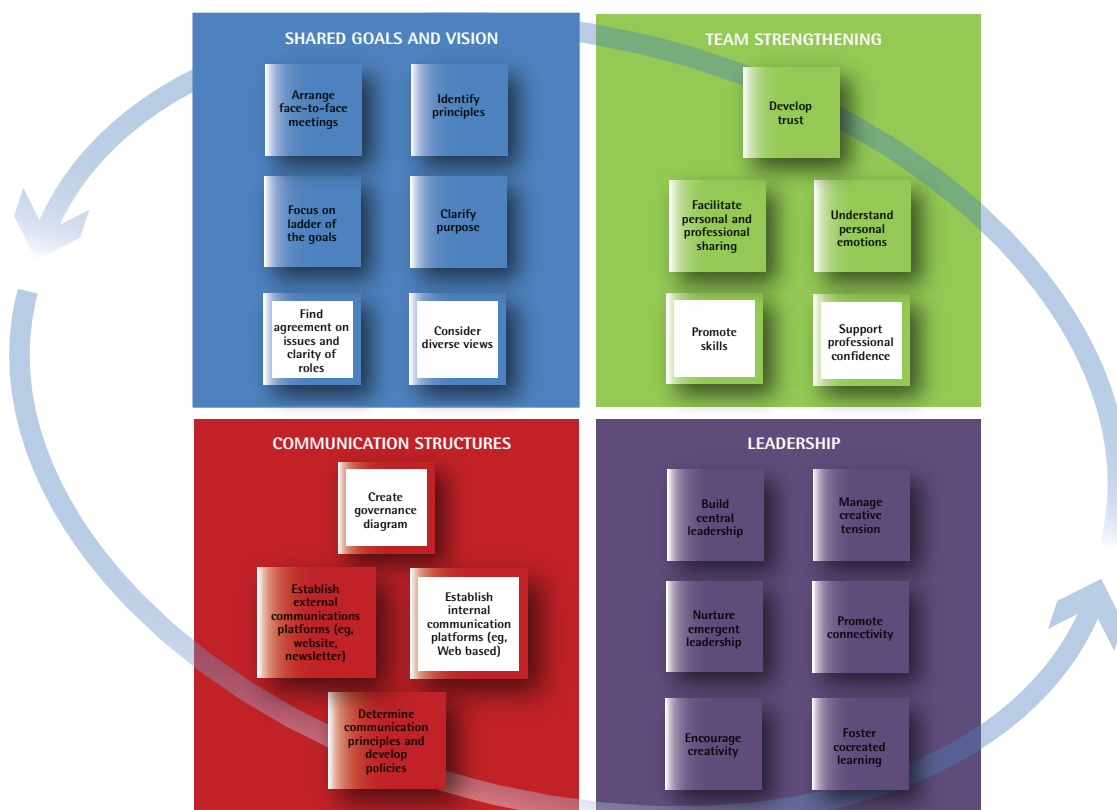
When debates occur regarding how to conduct the research, leaders need to help all members recognize that working with new teams involves making adjustments to research approaches that were successful in prior circumstances. Additional meetings, especially face-to-face or one-on-one interactions, are often required to overcome differences and find common ground.

Communication structures

Teams should have a clear, agreed-upon governance diagram that reveals how different facets of the team fit together to achieve the larger goal. Certain policies might be considered necessary, in areas such as conflict resolution, authorship of papers, and communication principles (including when there is more than 1 first language among team members). A Web-based communication platform will store the program documentation and provide a place for living documents, such as drafts of papers in progress and the mandates and membership of the various working groups.

Communication platforms that serve the team internally but also send messages externally can include a website

Figure 1. Elements and actions that foster a team's success in collaborative research



and regular newsletters. These prevent digression from central goals by reminding readers of the purpose of the research program and of the activities of all members.

Conclusion

Primary health care research teams are larger and more complex than ever before in Canada. Structures and processes are needed for complex multifaceted, inter-provincial, and interjurisdictional research programs. Based on research² and our own experience being part of research initiatives such as community-based primary health care teams³ and the Strategic Patient-Oriented Research Networks of Primary and Integrated Health Care Innovations,⁴ we believe that shared goals and vision, team-strengthening strategies, leadership, and communication structures contribute to the success of new alliances in collaborative research.

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Competing interests

None declared

References

1. Section of Researchers. *Blueprint for family medicine research success 2012-2017*. Mississauga, ON: College of Family Physicians of Canada; 2014. Available from: www.cfpc.ca/uploadedFiles/Directories/_PDFs/CFPC_Blueprint-Report.pdf. Accessed 2015 Apr 28.
2. D'Amour D, Goulet L, Labadie JF, Martin-Rodriguez LS, Pineault R. A model and typology of collaboration between professionals in healthcare organizations. *BMC Health Serv Res* 2008;8:188.
3. Government of Canada [website]. *Canadian Institutes of Health Research. Community-based primary health care*. Ottawa, ON: Government of Canada; 2014. Available from: www.cihr-irsc.gc.ca/e/43626.html. Accessed 2015 Apr 28.
4. Government of Canada [website]. *Canadian Institutes of Health Research. SPOR Networks*. Ottawa, ON: Government of Canada; 2014. Available from: www.cihr-irsc.gc.ca/e/45854.html. Accessed 2015 Apr 28.

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