

May 30, 2013

DOERS & HELPERS: A Framework For Thinking About Roles For Implementing Health Links

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As an up and coming policy wonk in the '70 and '80s, I would zip through a number of very meaty public policy issues as Cabinet Ministers I worked for as a speech-writer and Chief-of-Staff in the **Bill Davis Government** got shuffled from one portfolio to another.

I had done industrial strategy/energy strategy and social strategy by the time I arrived at the Ministry of Health. It was all just strategy work. Only the content changed.

Back then, the “God of Strategy” on our planet was a Canadian at McGill University called **Henry Mintzberg**. If I was any good at strategy and strategic thinking, it was largely due to a dozen management science books and articles that Mintzberg wrote.

While I was always persuaded by his insights, by 2003, I had leaped from the Mintzberg Strategy Bus to the Kaplan and Norton Strategy Train – because of *Balanced Scorecard*, the *Discipline of Strategy Execution*, and the *Office of Strategy Management*.

While I learned so much stuff (left brain/detailed) about strategy from the folks at the *Balanced Scorecard Collaborative*, ten years later, I can see why we still very much need Henry Mintzberg’s insights and wisdom (right brain/conceptual understanding) to fuel the strategic thinking that needs to go into the *Balanced Scorecard Framework*.

I got reconnected to Mintzberg recently through an insightful ‘must read’ paper by **Wendy Nelson**, entitled: “[Health Links: Meeting On The Bridge](#)”.

Nelson’s paper was written for the *McGill’s International Master’s in Health Leadership Collaborate Mindset Module* where Mintzberg still plays an active role. The paper presents a powerful framework for health service providers, LHIN staff and boards, as well as MOHLTC staff to think about. Like all brilliant frameworks, it is very simple: you are either a “**Doer**”, or a “**Helper**”.

“Helpers” ought to be helping the “Doers” do. The mantra is: “if it doesn’t add value, it should not be done.” More importantly, the framework provides guidelines for thinking, behaviour and roles of Doers and Helpers.

If you are a “Doer”, the question is: **did you explain to the Helpers what you need to successfully achieve the outcomes for which you are accountable?**

As a “Helper”, are you listening to the “Doers”, learning from them, and engaging them in dialogues about how you could “add value” to their efforts to achieve the outcomes for which they are accountable?

Whether you are a “Doer” or a “Helper”, both roles require what Mintzberg called “*The Collaborative Mindset*”.

In “*Five Minds of A Manager*”, Mintzberg and Gosling define the “*collaborative mindset*” as “the ability to work with people – not just as bosses and subordinates, but more importantly, as colleagues and partners”. However relationships based on equality are not often found in ridged hierarchies like in the health care sector.

Nelson points out that Mintzberg and Gosling maintain that a truly collaborative mindset does not involve managing people so much as *managing relationships* among people -- in teams and projects – as well as across divisions and across alliances.

The reason why this paper is a “must read” for everyone engaged in the *Health Links* roll-out, is because it deals head-on with the tensions between the “Doers” and the “Helpers”.

The essay contains a thought-provoking chart that outlines the radically differently perspectives and aims of “Doers” and “Helpers”. Too often this results in dysfunctional relationships and system failure.

So, the stakes here are very high. Nobody wants these *Health Links* to fail. So how can they be successful?

Nelson says “Doer” organizations risk being drawn toward local interests that can co-opt them, and end up leaving them serving narrow agendas – rather than the broader community interests. In contrast, “Helper” organizations -- like the LHINs and the MOHLTC -- risk becoming detached from the real-world of unique communities and sub-systems. The results can be that the Helpers could create an overly “conceptual agenda” which lacks local credibility for implementation.

“In other cases”, says the paper, “this can mean Helper organizations over-control, or develop inappropriate formalized and centralized solutions aimed at those needing help. Full of good intentions, Helper organizations can become insulated from real-world consequences associated with implementation of their solutions”.

The paper also challenges us to reflect upon how “Doers” and “Helpers” can engage one another in productive dialogues that enable both to “meet on the bridge” as they build the future together.

Nelson says that “the relationship between Doers and Helpers, if harnessed, can provide mutual benefits to the change process required in the *Health Links*. Helpers can serve as a calming influence for local *Health Links* – providing options, expertise and experience required to solve local problems.”

She says that “while the LHIN and other Helper organizations will not necessarily provide ‘answers’, they can serve as a sounding board to discuss options and the path forward, rather than offering opinions, or even imposing a solution.”

Doers, on the other hand, can serve to “keep things real – providing options, expertise and experience on what will be most effective in the local context.”

However, the paper warns that “if positive relationships are not fostered between Doers and Helpers, Doer organizations may become mired in local relationships, and, lack the political will to move past what exists, to build new relationships with Helpers – or change existing relationships within their local communities”.

What becomes clear is that “Doers” and “Helpers” need to build positive, collaborative working relationships if *Health Links* are to succeed. That’s why creating shared purpose and a genuine feeling of connectedness and relationship will result in mutual support and trust among the *Health Link* partners.

Wendy Nelson’s conclusion is that *Health Links* need to “meet on the bridge” -- where the needs of the local community can be addressed by the “Doers”, and achieving success by adapting the expertise and solutions offered through regional and provincial “Helpers”.

However, the biggest friend/helper that *Health Links* have is Health Minister **Deb Matthews**. At last week’s **Ways & Means Health Link Conference**, the Minister could not have been clearer in her support for the Doers, and the role she assigned to the Helpers.

She said to the Doers: “**Take chances. Innovate. We have your back. We believe in you. We have fundamental trust in you.**” The “we” in “*we have your back*”, are the Helpers: the Minister, the Deputy, the Transformation Secretariat, the MOHLTC -- as well as their crown agencies, the LHINs.

Now that's system leadership... and we're off!

Next week’s blog: “***DESIGN AND ALIGN YOUR OWN INTEGRATED HEALTH CARE SERVICES DELIVERY SYSTEM***”.

FORWARD THIS BLOG TO COLLEAGUES WHO ARE INTERESTED IN HEALTH SYSTEM REFORM.

