

## Fighting COVID-19: Complex Adaptive System Perspective an Interview with AIB DBA Candidate Claire Pierce

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By Dr Svetlana De Vos, Senior Lecturer, Australian Institute of Business.

Svetlana De Vos: What's your role at Monash Health, Claire, and what is your research topic that you decided to study for your DBA program?

Claire Pierce: Thank you for this interview opportunity. Broadly defined, my research topic at AIB is about change and, therefore, my interest continues with extra vigour and curiosity during this time of the COVID-19 pandemic. Monash Health is the largest health service in Victoria looking after over 30% of the state's population. I manage services that are quite diverse (i.e., specialist consulting, health information, language services). So as a leader, I'm passionate about how we develop our leadership teams to enable change with a particular area of interest for the organization (i.e., failure to attend on behalf of patients). For many years, I've been disappointed and frustrated by the ability for us to move a large organization like Monash Health in an agile way; so I wanted to make a particular contribution in the area that I was responsible for by helping the managers and leaders that work for me to become more agile and innovative in their response to change.

Svetlana De Vos: In our recent email communication, you wrote the following: "What I know more now than ever before is we live in a complex adaptive system – the speed of change that has taken hold at work in specialist consulting in just 1 week is beyond my prior imagination. I feel like I'm living in someone else's experiment...." Please elaborate more on these statements. What is complex adaptive system and how it applies to your organisation?

Claire Pierce: One of the key things here is that it's still quite a new language that we're coming to with regard to complexity and complex adaptive systems. Zimmerman et al., (2008) suggest that we break down each of those words to understand the definition and I found that really useful. So we've got complex systems that embody diversity and adaptiveness, the ability to alter or change and a system/set of interconnected or independent agents. For example, there are, more than 60 different specialties, with their own individual leaders and then wrapped up into about eight themed areas (departments) at Monash Health. This truly represents the diversity component of a complex system. In terms of the complex adaptive systems, the other key thing is the agents act on knowledge (local and externally acquired), and there's no centralised control. One of the challenges in a public hospital such as Monash Health is how to respect such autonomy. Corporately, there is also an organization with a delegation and control schedule that needs to be followed. In the first few days of COVID-19 epidemic that

Monash Health faced, we saw different leaders from those specialties acting quite autonomously and independently. But none can actually take an action without it having an impact on another component of the organization. Hence, the Chief Executive and the Chief Operating Officer were very clear about what their role was to establish a command and control center (i.e., a hospital incident command team). So we need both things: we need that coordination and we need that autonomy. My role is to make those two things to come together without anyone feeling that the other isn't working for each other. What's been really unique is to see the speed and swiftness with which we've all managed to connect to make sure that we are working together to run the organization. I believe that unveiling in front of me was this complex adaptive system that we are one and we are multiple components all at the same time.

Svetlana De Vos: Give us a particular example of complex adaptive systems that represents *adaptiveness and the ability to alter or change* at Monash Health.

Claire: We needed to establish screening clinics. There are 200 screening clinics across Australia and I'm very proud to be the leader of three of those that my organization runs. I'm even more proud of the fact that two of those three clinics were established by my team. In the early stages of the pandemic, many people would have seen a lot of media footage from around many clinics with hundreds of people queued up inappropriately close together. To enhance social distancing, my team adapted extremely fast to managing that environment and keeping both the patients that were waiting and the staff that were working safe by implementing innovative solutions such as getting a raffle ticket book and giving out raffle ticket numbers to disperse the queue. We would call patients with their raffle ticket book but within mobile number listed on it so that they didn't have to sit in a tightly physical queue. So I'm very proud of some amazing people that I lead and manage

Svetlana: I know you have started a reflective journal as a part of your daily routine. What the COVID-19 impact has been on you as a manager?

Claire: We were trying to ensure that both our patients and our staff were protected from the adversity imposed by COVID-19; that we all had a common focus, yet people's actions and reactions were different. I think one of the humbling reflections is the level of forgiveness that everyone applied to each other while doing the best that they could. There was connectedness and curiosity and seeking to understand, and I think that's what made the difference. When we combine all of those together with forgiveness and we were seeking to look after each other, we actually saw very different behaviors in terms of how we were bumping our way through vast amounts of change that was not always going smoothly.

Svetlana De Vos: There is a lot of criticism regarding the WHO response to the COVID-19 pandemic crisis. For example, the recent call from Scott Morrison for "drastic shake-up of WHO", numerous lawsuits filed against WHO over its handling of coronavirus outbreak and growing demands for WHO leader to resign over coronavirus failure. What WHO or similar complex organisations can learn from complex adaptive systems principles?

Claire Pierce: I would hope that for those that haven't yet thought about healthcare as something other than a *mechanistic organization* because that's very much how traditional health, I think, has been designed and executed that maybe some of us, through research, can actually get people to stop and think around the fact that our model of health as a mechanistic organization is a limitation. Thinking about it as a complex adaptive system is something that's going to enhance our ability to effectively manage health care into the future.

Svetlana De Vos: I agree that WHO would in some ways fit the description of a rather mechanistic organisation. There is a growing literature and evidence to be considered by the industry leaders to think about COVID-19 as a complex adaptive challenge and incorporate a complex adaptive systems approach in preventing and responding to COVID-19. For example, one view is that complex adaptive systems are the most resilient when they are not super lean. However, health care systems, oftentimes, were built to be super lean; hence we face numerous challenges during the COVID-19 pandemic (for example, run out of masks and ventilators etc.).

Svetlana De Vos: What keeps you going in a tough time like this?

Claire Pierce: I'm very clear that, for me, one of my passions is service. So for me, I am very humbled to be a servant to our community and our patients. I believe parts of Monash Health Ethos that has evolved over the last couple of years is a very patient-focused orientation. For me, a frame of reference for a long time, is that if you can't manage yourself, then you can't manage anyone else. So in those first few weeks, it was very important for me to put in place processes that I knew were important for me and my well-being and make sure that I helped other people to do the same. Things like regular check-ups with each other and make sure that we're actually looking after each other, first and foremost, before anything else that we're doing.

Svetlana De Vos: Thank you very much, Claire. Stay safe!



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Experienced Senior Lecturer in Marketing with a demonstrated history of working in the higher education industry. Skilled in Marketing Management, Analytical Skills, Advertising, and Integrated Marketing. Strong research professional with a Doctor of Philosophy (Ph.D.) focused in Business/Marketing Research; Dean's Commendation Award for Doctoral Thesis Excellence from University of Adelaide.

## Reference:

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