

## BOUNDARY-SPANNING LEADERSHIP

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The complexity of service organisation and delivery provides an ongoing opportunity for health, aged and social care leaders to frame and engage in interagency and inter-organisation working. In considering a 'boundary-spanning' approach, it is possible to capitalise on active working across organisational, professional sector or disciplinary boundaries with the objective of enabling co-ordination and joint action. A perspective is for leaders acting as stewards (rather than managers of organisations) for shared outcomes where success is measured by relational capital and holding constructive tension rather than control of compliance.

Several approaches to leading and managing across separately owned and governed organisations [1, 2] identify processes and behavioural considerations. Structured collaborative governance provides useful and, in some cases, necessary forums, rules and mandated approaches to leading and managing. Boundary-spanning can be active in establishing priorities and urgency in translating priorities, broker compromise and enable momentum. This is a useful approach in health given that action outcomes can depend on autonomous actors rather than hierarchical controls. There does not need to be a 'right way' for dynamic collaboration and different approaches or models of engagement and working may be transferred across and into different parts of the health care continuum [3].

The leadership process (setting vision, engaging with stakeholders) provides for an engagement for impact in interagency working. Key success factors for engagement and impact across organisational boundaries involve: shared purpose and outcomes alignment; trust-based relationships and governance; and enabling systems and capability. Agreeing and articulating shared purpose and alignment for outcomes gives a unifying narrative to support for collective system value. Trust-based working [4], particularly in relation to distributed authority and professional autonomy provides for sharing and constructive challenge and risk taking. Enabling systems and capabilities provide for translation of intent to action.

Engaging in interagency leadership and working in a boundary-spanning context provides for attention and impact on the pivotal challenges in the sectors of access, equity, workforce sustainability and patient flow. This approach is an opportunity to move beyond formal authority to capitalise on credibility and shared intent.

In this issue several valuable papers have been submitted from two conferences held in 2025:

**SHAPE (Society for Health Administration Programs in Education) International Symposium 2025**

**2025 Symposium held in Hybrid Mode from Singapore – 30<sup>th</sup> June – 2<sup>nd</sup> July 2025**

**Annual Symposium Supporting health management practice, education, and research in the ever-changing environment.**

Papers invited from presenters at the symposium are included in this issue.

The June/July symposium focused on key issues associated with value-based healthcare; artificial intelligence in health; changes in health systems and models of care; and also, innovations in health service delivery, management and education.

**ACHSM (Australasian College of Health Service Management) – 2025 ACHSM Congress**  
**ACHSM Asia-Pacific health leadership congress held in Darwin – 22-24 October 2025**  
**Australasia's premier gathering of healthcare leaders and decision-makers**

Papers invited from presenters at the symposium are included in this issue.

The congress emphasised health leadership in complexity: workforce sustainability, First Nations partnership, remote and regional equity, climate and planetary health, digital transformation and governance capability. Key learning highlighted adaptive leadership, co-design with communities, data-informed decision-making and collaboration across sectors to deliver resilient, value-based health systems nationally and globally.

<https://www.achsm.org.au/>

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