Policy Brief

Leading as a Team: Interventions to develop collective leadership in healthcare teams

Co-Lead

PROBLEM AND STUDY

Traditional hierarchical leadership structures in healthcare have been implicated in patient safety failures [1], and leadership with a strong emphasis on hierarchy potentially inhibits a positive safety climate due to fear of blame and repercussions for reporting safety-related problems [2]. Consequently, there have been calls to move from traditional models to shared and collective models of leadership in healthcare settings [3, 4]. However, there is little knowledge and guidance on how best to achieve this. This policy brief summarises the results of a systematic review and outlines effective strategies to develop collective leadership in healthcare.

BACKGROUND

Collective approaches to leadership are evident where the leadership roles and responsibilities are shared, distributed or rotated amongst team members. Various forms of collectivistic leadership exist, including distributed, shared, team, co-leadership, rotated, and collective leadership, to name a few. A meta-analysis of shared leadership and team effectiveness developed a definition for these various forms of shared leadership as "an emergent and dynamic team phenomenon whereby leadership roles and influence are distributed among team members" [5: 5].

The review, exploring the impact of collective, shared and/or distributed leadership in teams found that, across sectors, **shared leadership predicts team effectiveness and team performance outcomes** [5].

Whilst collectivistic approaches to leadership have been linked with positive outcomes, there **is little guidance on how best to introduce and develop collective leadership in practice**. Furthermore, because such approaches are relatively novel in healthcare settings there is a lack of understanding on how best to achieve collective ways of working in this context.

AIM: To address this gap by exploring interventions that are most effective for the development of collective leadership in healthcare teams.

STUDY METHODS

A systematic review was conducted to explore the topic. ***Systematic reviewing*** is a method to synthesise the available scientific evidence to address a specific research question. It enables researchers to generate conclusions and identify knowledge gaps.

Studies were eligible if they reported on the development, evaluation and/or implementation of training or interventions to foster collectivistic approaches to leadership.

FINDINGS – WHAT DID WE LEARN?

In total, 21 studies met the above criteria, were included in the review and are described in the following summary.

Co-design interventions

- Two studies employed co-design approaches to enable teams to develop solutions to local problems.
- Reduction of turnover rate from 40% to 14.5% within 18 months observed in one study.
- Improvements in employee engagement and intervention created a more positive work environment.

Co-leadership interventions

- Four studies reported on the introduction of a co-leadership model, where leadership was shared between two individuals on the team.
- Overall favourable view of the shared leadership approach, particularly among nurses.

Summary of Research Findings

- Collective leadership is evident where leadership roles and responsibilities are shared, distributed or rotated amongst team members.
- This study aimed to synthesise the evidence for collective leadership interventions in healthcare settings. 21 studies met inclusion criteria and were reviewed.
- Studies used a variety of approaches to develop collective leadership including team training, sharing leadership between two co-leaders, service improvement initiatives, and co-design of services.
- All interventions demonstrated moderate to good success in enabling collective leadership.
- A commonality across many studies was the inclusion of team building and team development components such as team goal setting, role clarity, communication, and recognising competencies among team members.
- Building interpersonal relationships and a shared vision across the team is an important step to developing collective ways of working in practice.
- Physician and senior management support and engagement was purported to play a vital role in enabling collective leadership.
- Provision of time and space for teams to physically come together and have dedicated time to set goals and reflect on how they do their work was considered important.
- There is a need for more consistency to enables comparisons across interventions and consensus around the most appropriate means of measurement and evaluation of interventions.

- Factors identified as important included: role clarity; leaders' personality characteristics; knowledge and skills; sharing similar values; and demonstrating mutual respect.
- Successful co-leadership was described as requiring flexibility from leaders engaging alternatively in moments of 'give and take' and occasionally stepping back from decision-making and allowing the team to find solutions.

Service improvement interventions

- Three studies described interventions aimed at sharing responsibility for quality and patient safety.
- There was evidence of a flattening of the hierarchy and enhanced collaboration, communication, mutual support, staff satisfaction, retention, and adoption of leadership responsibilities in these studies.
- Interventions were associated with service quality improvements, including a reduction in patient waiting times for therapy and increased patient satisfaction.

Team training interventions

- Eleven studies described team training interventions aimed at enhancing collective leadership.
- Interventions included a series of workshops, facilitated sessions or learning sets exploring topics including leadership theory, goal setting, communication, conflict management, time and meeting management, performance management, group dynamics, building collaborative relationships, appreciative inquiry, and change management.
- Most studies reported moderate to good success in fostering shared leadership behaviours and/or willingness to lead among individuals.
- Other outcomes included: more effective team working; increased staff engagement; greater confidence and empowerment; and more collaborative problem solving.

Individual team development interventions

- One study evaluated the development of a multidisciplinary team in cancer care. Participants felt they had learned how to communicate, support one another and developed an increased sense of cohesion.

DISCUSSION AND CONCLUSIONS

Most of the studies included in this review demonstrated moderate to good success in the enactment of collectivistic leadership approaches, and although the studies were mixed in nature, initial progress has been made indicating the value of such interventions in healthcare settings.

Drivers of intervention success were emphasised in studies and included:

- Physician and senior management support and engagement.
- Continuous education and communication of outcomes to internalise shared leadership concepts.
- Team development activities and team training (e.g., developing shared team vision, working towards common goals and role clarity).
- Co-design or co-development employed, whereby team members were given the responsibility to help re-design their service, co-develop their own goals. This gave ownership to staff.

Key finding

One crucial feature of many of these interventions was the provision of time and space for teams to physically come together and have dedicated time to reflect on their goals and how they do their work, thus enabling their improved functioning as teams.

Implications and Recommendations

- Emerging evidence indicates that interventions aimed at developing collective leadership can be effective in enhancing staff satisfaction and team and organisation performance, once the intervention has the commitment and support of senior management and clinical leaders.
- Based on the evidence, collective leadership can be recommended to improve team performance.
- Physician engagement is important for successful implementation.
- Organisations need to support teams (allocating time and resources) to enable effective team working practices that will enable them to collectively improve team sharing of leadership across the team.

Acknowledgements

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