CONFERENCE ABSTRACT

Collective Leadership and Safety Cultures: Developing an alternative model of leadership for healthcare teams

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Introduction: Traditional hierarchical leadership is clearly failing in healthcare, the evidence for this being the references to poor leadership and dysfunctional accountability mechanisms in almost every investigation report into serious or fatal incidents. In response, this research programme has developed a new leadership intervention drawing from emerging theories of collective leadership. In contrast to traditional approaches that focus development on the individual as leader, the approach in this programme of work is on developing the team as a dynamic leadership entity with each member of the team being accountable for the performance of the team as a whole. In this phase of the research we describe the co-design and testing of a suite of interventions to support collective leadership in healthcare teams.

Theory/Methods: The overall aim of this 5-year programme is to support quality and safety cultures through the development of a new model of healthcare leadership that is associated with effective team performance. In this phase we co-designed (with healthcare staff, patient advocates and researchers) and implemented a leadership intervention with 4 different team types and tested its’ impact on staff performance and patient safety. The study employed quantitative and qualitative approaches including observation of the teams, individual interviews and evaluation surveys.

Results: Role clarity and understanding, trust, communication and shared goals were considered key components for collective leadership to achieve integrated, quality care. Efficient utilisation of performance data to drive improvement, regular feedback, and structured opportunities for learning were also critical. The identification of core and optional components of the intervention imparted greater agency in the teams and enabled them to adapt materials to their needs. The co-design approach was highly effective in engendering a sense of ownership and relevance of the materials and increasing the likelihood of successful implementation.

Discussion: Effective healthcare delivery is highly dependent on multidisciplinary teamwork drawing on the expertise of each discipline or team member and pooling this expertise to collectively diagnose and treat patients. Traditional hierarchical leadership models have done little to encourage accountability for collective team performance. Team development that encourages collective responsibility can drive the delivery of integrated, safe care. Training designated leaders to do the job of leading does not guarantee the performance of the team as a whole.

Conclusions: This study has demonstrated the potential for a team-based collective approach to developing the leadership capacity of the team as a whole, co-designing interventions that are fit
for purpose and responsive to the performance challenges faced by teams in their everyday clinical practice.

**Lessons learned:** Engaging healthcare professionals in designing an intervention that addresses the practical challenges they face in working collectively to improve services has produced a model that is more likely to succeed in changing practice than traditional top-down approaches.

**Limitations:** Sample size of 4 teams limits the generalisability of the study, but the next phase will be organisation-wide across two large hospital sites.

**Suggestions for future Research:**
Testing of the model on a range of different team types.
Comparison impact study with other leadership development approaches.

**Keywords:** collective leadership; ireland east hospital group; teamwork; patient safety; culture