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Taking action to improve health for all

Shared Leadership in Healthcare

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Shared Leadership in Healthcare:

Working Towards a Systemic Understanding of Engaging with Wicked Problems

The Challenge of Wicked Problems in Healthcare

- Healthcare systems face chronic, complex issues – such as aging populations and resource shortages – that are intertwined with other complex issues such as climate change.
- These are “wicked problems”: normatively contentious, no clear solutions (Grint, 2024; Rittel and Webber, 1973).
- They call for collaborative processes of collective problem-solving (Ansell et al., 2020; Loorbach et al., 2017).
- This includes embracing ‘shared’, ’collective’, ‘systemic’, ‘relational’ or ‘multi-level’ leadership (Denis et al., 2012, North-Samardzic et al., 2024, Needham et al., 2025, Kuipers and Murphy, 2023).

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Leading for ‘More Health with Less Healthcare’

Shared Leadership

- Shared Leadership moves beyond individual leadership practices applied vertically
- It promotes collaborative, distributed and horizontal practices (Ansell et al., 2020; Gronn, 2002; Hart, 2014; Zhu et al., 2018).
- It is relational and reciprocal — requiring a moral commitment from many (Bohl, 2009; Harris & Spillane, 2008; Biesta, 2022).
- It focusses on the action at every system level and between system levels (Boulding, 1968; Painter-Morland, 2008).

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Shared leadership

Difficulties in ‘doing’ shared leadership

- The desire or willingness to engage in leadership for societal change does not always translate into actual opportunities and capacities for engagement (Ansell et al., 2020).
- It requires the ability to make quality decisions amidst differences, similarities and related tensions (Painter-Morland, 2008)

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The Practice of Shared Leadership in Healthcare

Lessons from three studies

- Aim: Explore the potential of shared leadership
- Approach: Reflect on empirical studies of new forms of collaboration in the Dutch healthcare sector (secondary analysis)
- We examined **obstacles** and **opportunities** for practicing shared leadership at three system levels: day-to-day health care delivery, networks of organisations, national (policy) level.

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Examples of Shared Leadership (I)

Shared Leadership in Daily Healthcare Practice

- Collaboration between professionals, patients, and informal caregivers in **elderly care**, with special attention to the role of **VET-trained nurses** – the caregivers closest to patients.
- Training programs (with a focus on communication skills and reflectivity) help care staff gain confidence to ‘level’ with (senior) colleagues, management, patients and others.
- This helps overcome hierarchy and boost collegiality.

Examples of Shared Leadership (II)

Shared Leadership in Organizational Networks

- Hospitals and medical specialists form multiple, formal and informal networks to improve healthcare. We studied one specific **network organization: Beter Keten**.
- Success depends on trust, aligned interests, and consistent dialogue- within organization, between professionals, and among institutions.
- Networking brings administrative and professional pressure not reflected in professional profiles, organisational structures or health care funding.
- A network administrative organization helps achieve goals by providing skills, knowledge and experience many of the participating medical specialists lack

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Examples of Shared Leadership (III)

Shared Leadership in Society

- **COVID-19** revealed the limits of top-down governance.
- Grassroots leadership emerged from professionals, managers and communities. Resulting in new decision-making routines fitting the changing context.
- Inclusion of diverse voices and adaptive approaches is essential for adaptive policymaking.
- However, spontaneous acts of shared leadership are easily overlooked

Conclusions

Lessons

Shared leadership has potentially much to offer for todays healthcare challenges, but is complex.

Examples show people are willing to take on a new role and responsibility **when they are involved form the very start** (the process of problem solving) instead of only in the implementation phase, and **when being supported** in their efforts.

- VET-trained nurses co-designed the training program;
- Medical specialists in the Beter Keten case applied for support of the BK network organization;
- During COVID people inside and outside healthcare developed their *own* solutions in context.

Conclusions

Lessons (cont.)

Examples show support should focus on investing in **new professional and managerial skills** to overcome barriers in doing shared leadership.

It requires:

- **effective dialogue** at all levels: horizontal and vertical (between organizations, management, professionals and client)
- **relational transparency:** clarity about individual and shared interests
- **reflective time** to understand, trust, and appreciate one another, and to collaboratively address encountered problems

Conclusions

Final Lessons

- A **difficulty** not yet fully addressed in literature is the lack of appreciation for and responsiveness to (spontaneous) acts of shared leadership.
- Pointing out that shared leadership is a two-way endeavor: it can not ‘solve’ anything when those in power fear sharing control or lack the required skills.
- Shared leadership is systemic by nature. It requires action at every (sub)system level.

THANK YOU

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