

## **Experiences and Outcomes of Distributed Leadership in Health and Care: Identifying Benefits, Limitations and Priorities for Leadership Development**

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Policymakers, managers and senior clinicians across health and care systems concur that fostering **distributed leadership** has the potential to contribute to improved staff experience, more effective and integrated care, and positive patient outcomes.

Distributed leadership in health and care has been defined as – **“an approach to leadership that endorses work practices that combine knowledge, abilities and skills of many individuals... thus creating opportunities for leadership to emerge from individuals at all grades and levels within a team or organisation”** – and has been shown to deliver benefits for staff and patients.<sup>1</sup> There is some evidence that effective distributed leadership has contributed to the resilience of health and care systems in the face of the Covid-19 crisis.<sup>2</sup> As NHS England’s People Plan – released during the pandemic – noted: “Powerful leadership can be found at all levels, across all roles, and in all teams in the NHS... The NHS must build on this distributed leadership... to act with kindness, prioritise collaboration, and foster creativity...”<sup>3</sup>

This research seeks to work with health and care leaders, managers and teams to gain a better understanding of how and where distributed leadership can make a difference, its potential as a focus for leadership development, and ‘what is needed’ to promote effective distributed leadership. As a first step, we want to engage with health and care managers to explore the following issues:

- What evidence is there that distributed leadership practices are important in different clinical and team settings?
- Which organisational and team-level factors are associated with the establishment of effective distributed leadership and how can good practice be shared across healthcare organisations and teams?
- What are the barriers to the establishment of effective distributed leadership and how can they be overcome?
- What evidence is there that distributed leadership contributes to positive outcomes for teams, especially in relation to team innovation performance?

You can share your views on these issues by completing our online survey [HERE](#). The survey takes 7-8 minutes to complete. At the end of the survey, we will ask if you are able to participate in a brief in-person, Zoom or Teams interview. All participants will have access to the findings of our research and will be invited to a ‘Next Steps’ webinar to reflect on the implications of our findings.

This research is supported by/undertaken in partnership with the **Faculty of Medical Leadership and Management** as part of its mission to promote, support and contribute to healthcare leadership research.

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<sup>1</sup> Curtis, E. et al. (2021) Distributed leadership in nursing and healthcare, London: Open University Press.

<sup>2</sup> Currie, G. et al. (2022) Distributing systems level leadership to address the COVID-19 pandemic, *BMJ Leader*, 6 (1): 39-44.

<sup>3</sup> NHS England (2020) We are the NHS: People plan 2020-21: action for us all, London: NHS England.