Shared leadership in hospice care

Insights from St Columba's Hospice Care

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St Columba's Hospice Care

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An ever-changing landscape

Hospice care is part of an ever-changing healthcare landscape shaped by socioeconomic and technological developments, alongside policy and funding opportunities and challenges. In this environment, the need for embedding sustainable leadership capacity within hospices seems crucial.

Studies often focus on leadership skills of executives or senior managers, but contemporary literature challenges conventional hierarchical models to explore the role of shared leadership approaches. Such approaches can enhance quality of care and innovation by fostering staff autonomy and professional development. To this end, St Columba's Hospice Care introduced a new shared leadership approach.

Principles and method

Our shared leadership approach builds on principles of co-designing that are core to a person-centred practice ethos.

- ✓ A merged team model to reflect the redesign of hospice services
- ✓ Refinement of leadership and management of services following reshaping
- ✓ Enhanced integrated working across common teams with common goals
- ✓ Shared leadership of merged departments by team leads
- ✓ Greater communication across all Hospice sectors
- ✓ Avoiding duplication of effort and fragmentation of direction
- ✓ Improve efficiency of resources
- ✓ Provide less hierarchy but retaining a career structure for staff to support development and progression

Initially, leaders from different teams were organised in leadership 'clusters'. Meeting and reporting formats, as well as processes for offering open and dynamic feedback were revisited collectively, while aiming towards enhanced organisational communication and synergy. Ongoing evaluation has involved mapping of our shared leadership development steps, survey of leaders (n=25), and interviews (n=6).

References

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Impact

The development of our shared leadership approach has not been a linear process. Committed to a co-designing stance, we try to listen carefully and resolve emerging questions and challenges collaboratively and we invest on fostering caring cultures. Reflecting on our shared leadership stance, staff members said:

"let's get comfortable being uncomfortable"

"There is a positive culture at the hospice. I believe this is shown working with our colleagues we are interested in supporting each other and our wellbeing."

Evaluation findings to date indicate positive shifts in staff's confidence in their leadership skills, their communication with other leaders, and their engagement with co-designing processes of hospice services and initiatives. Examples of service improvement and innovation are documented in our quarterly reports as a tool for collective and transparent communication within and beyond the hospice.

In April 2024, St Columba's Hospice Care had an unannounced inspection by Healthcare Improvement Scotland (HIS). Awarded an 'Exceptional' grade across all areas for all quality indicators, the inspection results highlighted a clear vision and purpose, effective leadership, robust processes and procedures and an excellent quality of care. According to the HIS report:


Healthcare Improvement Scotland | Inspections and reviews

Unannounced Inspection Report: Independent Healthcare

Service: St. Columba's Hospice Care, Edinburgh
Service Provider: St. Columba's Hospice Care

17–18 April 2024

This report is embargoed until 10.00am on Wednesday 12 June 2024

NHS SCOTLAND

"The service has a strategic plan, which clearly sets out the hospice strategy, including its culture, values and strategic aims. A performance review system helped measure how the service performed. A governance framework was in place with clear structures. Leadership was visible and staff felt able to speak up. A shared leadership involved all staff participating in a wide range of aspects of the service."

The evaluation interviews identified that there is an appetite for a shared leadership approach. However, further clarity is needed over the structure and the leadership constructs used. Participants spoke about the impact on their individual role as a leader and on relationships with others. Leaders pointed five key areas for development: i) vision and goals, ii) language / terminology, iii) ways of working, roles and expectations, iv) structure and processes, and v) quality criteria and feedback.

"I think we could connect more clearly our shared leadership approach to our hospice strategy. We also need to increase people's awareness of their role as leaders, expanding beyond their attention to attending meetings and writing reports. This comes with a sense of agency and responsibility."

"I feel our reflective and critical stance towards our shared leadership approach is key to its development to date. This stance has enabled open conversations and multiple opportunities for feedback and constructive critique. Each cluster seems to be working differently according to its membership and content of work. This is OK (and in fact it can be an important asset to our approach) as long as there is enough consistency and connecting threads between the clusters."

Being 'exceptional'

Shared leadership may enhance hospices' capacity to navigate contemporary socioeconomic challenges and opportunities and be exceptional. Such approaches to leadership need to be bespoke while considering and responding to the enablers, barriers and drivers within each hospice's context.

Being 'exceptional' is not about the two days of the inspection visit. It is about everything a hospice does daily, the services it delivers, and the impact it has in their local community.