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Kislov, Roman , Harvey, Gill and Bresnen, Mike  (2023) Supporting the transition from individualistic to collective leadership: a longitudinal study of a university-healthcare partnership. In: Research Handbook on Leadership in Healthcare. Edward Elgar Publishing, Cheltenham, pp. 566-590. ISBN 9781800886247 (hardback); 9781800886254 (ebook)

**DOI:** <https://doi.org/10.4337/9781800886254.00040>

**Publisher:** Edward Elgar Publishing

**Version:** Accepted Version

**Downloaded from:** <https://e-space.mmu.ac.uk/631155/>

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# Supporting the transition from individualistic to collective leadership: A longitudinal study of a university-healthcare partnership

Roman Kislov – [r.kislov@mmu.ac.uk](mailto:r.kislov@mmu.ac.uk) – Manchester Metropolitan University and The University of Manchester, Manchester, UK

Gill Harvey – [gillian.harvey@flinders.edu.au](mailto:gillian.harvey@flinders.edu.au) – Flinders University, Adelaide, Australia

Mike Bresnen – [m.bresnen@mmu.ac.uk](mailto:m.bresnen@mmu.ac.uk) – Manchester Metropolitan University, Manchester, UK

## Abstract

This chapter reports a qualitative longitudinal study conducted in a large-scale UK-based collaborative university-healthcare partnership to examine how collective leadership develops over time, what implications this evolution has for the tension between production and implementation of research, and how the transition from individualistic to collective leadership can be supported. It shows that this transition can be both enabled and constrained by the asymmetrical power relationships within a leadership team, whereby upward, downward and lateral directions of agency are exercised by multiple actors. It also demonstrates that the development of collective leadership can provide a clear direction for the partnership as a whole, whilst allowing for a plurality of approaches to enact this direction at the level of individual programmes of work. Finally, it argues that the development of collective leadership can be enabled by a combination of process-focused, reflection-focused and action-focused interventions.

Keywords: collective leadership; leadership development; collaboration; university-healthcare partnership; power relationships; hierarchical control

## Introduction

Leadership is increasingly being viewed as a collectively enacted phenomenon that involves multiple individuals assuming leadership roles over time in both formal and informal relationships (Fletcher, 2004; Contractor et al., 2012; Yammarino et al., 2012). In contrast to the more traditional individualistic, or 'heroic', paradigm, the main point of interest for the collective leadership lens is not the characteristics or actions of a formal leader, but the processes of emergent, relational and dynamic leadership brought about by the members of the collective itself (Hiller et al., 2006; Contractor et al., 2012). These processes are intended to cultivate group members' capacity and adaptability to navigate complexity (Denis et al., 2001; Ospina, 2017), resulting in their empowerment (Yammarino et al., 2012). There is a blurring of boundaries between 'leaders' and 'followers', or 'managers' and 'subordinates', with leadership seen as a dialectical process engaged in by participants, collaborators or partners and unfolding in the face of dynamic organisational contexts (Uhl-Bien, 2006; Vine et al., 2008; Currie and Lockett, 2011).

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This picture largely paints a normative, prescriptive approach to what good leadership in contemporary organisations should look like. At the same time, the growing body of empirical research into collective leadership mandates a critical reassessment – and a more nuanced view – capturing the complexities, tensions and contradictions inherent in the enactment of collective leadership in actual practice. Although collective leadership approaches are intuitively appealing, it is difficult to deny the continual relevance of vertical accountability and actions of individual leaders for the enactment of these collective arrangements (Denis et al., 2012; Jones, 2014; Ospina, 2017; Fairhurst et al., 2020). However, these aspects of collective leadership often remain overlooked.

This chapter contributes to the debate on the blending of individualistic and collective leadership by presenting a qualitative longitudinal study of a senior leadership team at the helm of a large-scale UK-based research partnership between a university and the National Health Service (NHS) which had a remit to produce and implement locally relevant applied health research. Guided by the insights from the literature on collective leadership, we aim to address the following three objectives. First, we explore how the interplay between individualistic and collective leadership in the context of a university-healthcare partnership develops over time. Second, we examine the implications this evolution has on the partnership strategy in relation to production and implementation of applied health research. Third, we consider how the transition from hierarchical to collective leadership can be supported through a combination of process-focused, reflection-focused and action-focused interventions.

The chapter is organised as follows. We start by presenting a review of the relevant empirical and theoretical literature to highlight the role of individual power and authority in collective leadership configurations, consider the tensions inherent in enacting collective leadership in university-healthcare partnerships, and explore how collective leadership development unfolds over time. The methodology section describes our research setting and outlines the procedures for data collection and analysis. The findings of the study describe the evolution of leadership in the partnership over time and highlight the role of collectively enacted deliberate interventions in enabling this evolution. The discussion section addresses the three objectives of the study by interpreting the findings in the light of the extant literature. This is followed by a conclusion outlining the study's contribution, boundary conditions, limitations and implications for research and practice.

## Blending individualistic and collective leadership

Collective leadership, emphasising horizontal forms of authority, is increasingly seen as a solution to complex problems of contemporary organisation and governance and has been observed and analysed in the context of non-traditional and interdisciplinary work teams (De Brún and McAuliffe, 2020b; Lorinkova and Bartol, 2021), service delivery networks (Ospina, 2017; De Brún and McAuliffe, 2020a) and academic practitioner collaborations (Mailhot et al., 2016; Croft et al., 2022). However, implementation of collective leadership is not politically neutral as it may serve to legitimise and reinforce the domination of particular individuals and groups over others (Bolden, 2011), 'hiding an agenda of control beneath a veneer of democracy' (Denis et al., 2012, p. 273). Empirical research into co-leadership shows, for instance that collective leadership may often be achieved through the assimilation of one side by the other rather than integration of competing demands (Gibeau et al., 2020). On the other hand, and somewhat paradoxically, endorsement and support provided by 'benevolent hierarchical leadership' may be required to allow collective leadership to appear and flourish, and a fine balance between hierarchical and collectivistic approaches may need to be maintained to avoid returning to vertical hierarchy (Sveiby, 2011; Jones, 2014).

These observations inevitably raise questions about the role of individuals and their power in the development of collective leadership. There is a growing understanding that collective leadership does not deny the existence of more focused, hierarchical, unitary forms of leadership (Ospina, 2017) and that a mix of 'structured' and 'emergent' leadership roles can co-exist in the same context. This has

been referred to as blended leadership (Collinson and Collinson, 2009) which is co-constructed by members of leadership configurations fusing different degrees of individualistic and collectivistic tendencies (Gronn, 2009; Currie and Lockett, 2011; Gronn, 2011; Chreim, 2015; Gronn, 2015). The role of focal leader(s) in these arrangements includes providing a singular vision acting as a 'framework of possibilities' for the group (Kramer and Crespy, 2011); integrating and containing the elements of leadership distributed to others (James et al., 2007); and acting as an orchestrator who designs the team, manages its boundaries, steps in to fill the voids and creates conditions for collective leadership (Pearce, 2004; Friedrich et al., 2016).

According to Gronn (2009), the structure and function of particular leadership configurations are likely to be determined by an interplay of factors at both macro- (rules, auditing and accountability arrangements) and micro-level (local activities that shape practice). In pluralistic contexts, in which a multiplicity of actors and groups pursue varying goals, leadership configurations are often fragile because they have simultaneously to maintain internal harmony between their members, gain support from their organisations and achieve coherence between a leadership configuration's vision and environmental demands (Denis et al., 2001). The next section develops this line of thought by reflecting on collective leadership in the pluralistic context of university-healthcare partnerships, which are characterised – typically for public sector networks – by the co-existence of hierarchical control and horizontal forms of governance (Kislov et al., 2021).

### Enacting collective leadership in university-healthcare partnerships

The development of collective leadership in public sector collaborations faces a major tension. On the one hand, partners come from different organisations and groups, which makes the possibility of a single formal leader with a hierarchical relationship with followers problematic (Huxham and Vangen, 2000; Klijn and Koppenjan, 2015). Collective leadership therefore seems instinctively suitable for collaborative forms of organising which can themselves be viewed as a policy-sponsored attempt to harmonise the competing foundational logics of different groups (Denis et al., 2012; Ospina, 2017; Raelin, 2018). On the other hand, collaborative structures and processes are often externally imposed by policymakers or funders, making a nominated individual leader ultimately accountable for the collaboration's performance (Huxham and Vangen, 2000). This may result in a 'weak' form of collective leadership, in which the formal leader of an organisation retains the responsibility for organisational performance, while securing compliance of distributed leaders by ascribing to them some managerial responsibilities (Currie et al., 2009). To address this tension, managers of collaborations have to enact simultaneously both facilitative and directive roles, the latter including manipulation and politicking (Vangen and Huxham, 2003).

Evidence from evaluation of the UK's Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) – collaborative research partnerships between universities and NHS organisations aiming to improve the utilisation of applied health research in day-to-day clinical practice – highlights the formative role that individual leaders played as 'social architects', influencing the ideas that underpinned what the CLAHRCs were about and how they developed over time (D'Andreta et al., 2016; Rycroft-Malone et al., 2016). In the absence of a clear blueprint for collaboration, this formative role, shaped by the vision and beliefs of individual leaders, influenced approaches to knowledge mobilisation and the types of social networks that were created to facilitate knowledge exchange (Scarborough et al., 2014; Kislov et al., 2018). In some cases, CLAHRC leaders changed their approach and style over time and embraced a more collaborative form of leadership focused on engaging stakeholders and taking account of local contextual factors (Spyridonidis et al., 2015). However, achieving such a move required leaders to be open to reflection and learning and to feel comfortable with managing uncertainty and ambiguity. Where this type of reflection-in-action was absent and leaders were less open to critique, the resulting path dependency could render the CLAHRC less collaborative and less responsive to stakeholder priorities (Rycroft-Malone et al., 2016).

The tension between producing research (advocated by academic partners) and its implementation in clinical practice (which is of primary interest to non-academic stakeholders representing healthcare organisations) is central for university-healthcare partnerships (Kislov, 2014). Leadership mechanisms addressing strategic priorities of non-academic stakeholders are essential to enhance knowledge exchange between academics and clinicians and thus deliver on the collaborative mission of a partnership (Racko, 2018). Heaton and colleagues (2016) suggest a link between a strong style of collaborative working within a CLAHRC and a strong form of research co-production supported by facilitative leadership. However, this facilitative leadership has to be both external-facing and internally focused within the partnership to build internal relational capacity between organisational members and avoid the creation of internal silos or boundaries (Fitzgerald and Harvey, 2015).

## Developing collective leadership over time

With the development of individual leaders historically receiving more attention, research on collective leadership development (i.e. on supporting the capacity of teams and other collectives to engage in the leadership process), is still in its infancy (Day et al., 2014; Eva et al., 2021). Most of this research has emphasised the effects of leadership development on performance (Shuffler et al., 2018; D'Innocenzo et al., 2021) and paid less attention to its effects on leadership maturation (Wallace et al., 2021) or the processes through which collective leadership can be achieved (DeRue and Myers, 2014). A more processual perspective is crystallised in a collective leadership capacity model (Day et al., 2004) which sees team-level collective leadership as an outcome of engagement in shared purposeful activities that promotes collective identity formation and learning and can be moderated by training and development interventions.

Subsequent research identified predictors of shared leadership emergence in teams, which include both internal climate (consisting of shared purpose, social support and opportunity for participation and voice) and external coaching (Carson et al., 2007). Other facilitating conditions include psychological safety, team members' familiarity, shared mindsets and small team sizes (Day and Dragoni, 2015; Lorinkova and Bartol, 2021). The importance of providing time and space for structured practices of reflection and feedback to foster collective learning is another recurrent theme in the literature (DeRue and Myers, 2014; Day and Dragoni, 2015; De Brún et al., 2019). Collective leadership development occurs primarily through on-the-job action-based learning and experience (Day et al., 2014; DeRue and Myers, 2014) and should be seen as an ongoing strategic effort going beyond event-based training (Cullen et al., 2012) and not limited to coaching and competency development (Eva et al., 2021).

There is a temporal dimension to the development of collective leadership as a pluralistic organisation matures (Drath et al., 2008; Friedrich et al., 2009; Dinh et al., 2014). Earlier research has shown that although institutional forces may drive the development of leadership towards fragmentation in the initial phase and concentration of leadership in a middle phase, appropriate facilitation or the development of social capital may counterbalance these forces so that, as the network matures, leadership becomes more collective (Currie et al., 2011). More recent longitudinal research conducted in a US public sector context corroborates these observations and shows that collective leadership can develop from more individualistic leadership through such mechanisms as 'fuelling a public imaginary' and 'intentionally organising inclusively' (Quick, 2017). In another recent longitudinal study, Empson and Alvehus (2020) highlight that individual leaders do matter in the co-construction of collective leadership, as it is peers' political processes of electing, undermining and deposing colleagues in formal leadership positions which signal shifts in underlying power relations over time.

## Research gaps and questions

In view of the above, it is unlikely that leadership dynamics in university-healthcare partnerships can be neatly labelled as either 'individualistic' or 'collective'; these two categories should instead be

viewed as polarities at either end of a continuum of possibilities, rather than as binary opposites (Gronn, 2011; Yammarino et al., 2012). Furthermore, excessive dichotomisation poses a risk of concealing important issues around power, ambiguity and contradiction stemming from the interplay between these interrelated forms of leadership (Collinson, 2014). Given that in the field of collective leadership, theory has so far outpaced empirics (Ospina et al., 2020), Bolden's (2011) call for a contextually situated exploration of how collective and individualistic forms of leadership interact with one another within a blended leadership framework remains as pertinent as ever.

Team-level processes play a crucial role in collective leadership (Friedrich et al., 2009), and most public sector partnerships ascribe a collective leadership function to a committee, board or steering group comprising individuals representing organisations and/or groups associated with the collaboration (Huxham and Vangen, 2000). There is therefore great potential for exploring such senior teams through a blended leadership lens accounting for different degrees of individualistic and collectivistic tendencies in leadership configurations. This approach needs to acknowledge the inherently asymmetrical nature of collective leadership (Collinson, 2005) and pay particular attention to such under-researched aspects as the formal team leader role in the emergence of collective leadership (Burke et al., 2011; Zhu et al., 2018), organisational levers that positively influence collective leadership development (Yammarino et al., 2012; Eva et al., 2021), and the role of collective experiences and interventions in developing team capacity for collective leadership (DeRue and Myers, 2014; Day and Dragoni, 2015; Wallace et al., 2021).

As leadership configurations are likely to change over time, the mapping of collective leadership (Gronn, 2009) – and collective leadership development (Day et al., 2014) – needs to be designed longitudinally in order to track elements of continuity and discontinuity, along with a range of modifications, improvisations and adaptations. This requires investment in ethnographic and other qualitative approaches that allow the observation of interactions and which can capture relational dynamics in situ (Currie et al., 2011; Denis et al., 2012). Whilst exploring collective leadership over time, it is also important to pay attention to how its outcomes, such as emergent coordination and change, are mutually constructed and produced (Uhl-Bien, 2006). In the context of university-healthcare partnerships, it is the emergence of shared direction, alignment and commitment (Drath et al., 2008) related to production and implementation of applied health research that can be seen as primary outcomes of collective leadership.

The study reported here therefore aims to address the following research questions. *How does the interplay between individualistic and collective leadership develop over time in the context of a university-healthcare partnership? What implications does this have on the partnership strategy in relation to production and implementation of applied health research? How can the development of collective leadership be supported?*

## Case and method

### Research setting

A qualitative longitudinal single case study was conducted from 2014–17 in a senior leadership team (SLT) of one of the UK-based CLAHRCs (subsequently referred to as the 'Collaboration'). CLAHRCs embody the UK government's long-standing interest in promoting the development of new models of research and practice partnership with an explicit aim 'to create and embed approaches to research and its application that are specifically designed to take account of the way that health care is delivered across sectors and a clearly defined geographical area' (Kislov et al., 2018, p. 2). They were co-funded by a national research funding agency (the National Institute for Health Research (NIHR)) and the NHS, and one of the requirements for the Collaboration was to obtain – and maintain – 'matched funding' from its partnering NHS organisations. The Collaboration was organised around a number of research themes and programmes, each focusing on a certain clinical or organisational domain and comprising a portfolio of projects.



The SLT was led by a business school academic who was held dually accountable to the NIHR and to the Collaboration's Board representing the partnering NHS organisations. It included several senior NHS managers, who were responsible for the day-to-day operational management of the Collaboration, and several academic leads, who were leading the research themes or programmes within the Collaboration. Academic leads included both health services researchers (predominantly in the field of nursing) and business school academics (with expertise in organisation and management studies), reflecting the interdisciplinary nature of the Collaboration. As shown in Table 1, the composition of the SLT evolved over time, with one academic member leaving and four academic members joining the team in 2016, and two members (an academic and a manager) resigning in 2017.

[Table 1 about here]

### Data collection and analysis

All members of the SLT were interviewed four times between 2014-2017, which resulted in 40 in-depth face-to-face interviews with an average duration of 60-90 minutes. In Year 1, the interviews were relatively unstructured and had a broad focus on the emerging strategy of the Collaboration. The findings of the first round of interviews informed the semi-structured nature of the interviews conducted in Years 2-4, which explored three overlapping themes: (1) SLT meetings as a forum for collective leadership; (2) the tension between research and implementation; and (3) the tensions between the academic and managerial aspects of the Collaboration. In Years 2-4, the first author (who was employed by the Collaboration as a full-time researcher and was involved in several of its projects) also observed 21 SLT meetings (normally held bimonthly), 2 SLT away days (held in Years 1 and 2) and 2 meetings held as part of an external scientific review of the Collaboration (at the beginning of Year 3), which amounted to 56 hours of participant observation.

The interviews were digitally recorded and transcribed verbatim; transcripts and field notes were coded and analysed with the aid of NVivo. The preliminary findings from each round of interviews were summarised by the first author in the form of detailed anonymised reports circulated to the SLT members. Data analysis at this initial stage was predominantly inductive, involving a series of emergent descriptive codes and following a narrative analytical strategy that aimed at the construction of a detailed story from the raw data. In Years 2-4, the study reports were collectively discussed at the SLT away days or regular SLT meetings. These discussions were chaired by external facilitators (in Year 2) or the first author (in years 3-4) and influenced both the intra-team dynamics and the content of the SLT discussions – which needs to be taken into account when interpreting the findings of the study, which in many ways amounts to a form of action research.

For this chapter, an additional round of analysis was undertaken, which involved a shift towards an 'interpretative/theoretical case' (Pettigrew, 1990, p. 280), aiming to link the emerging narrative with the deductively produced theoretical framework and wider debates in the literature on collective leadership. This involved the re-coding of the dataset, with most of the codes derived from the literature reviewed in the previous section. Matrix analysis (Nadin and Cassell, 2004) was used to compare and contrast the coded material across: (1) forms of leadership, namely individualistic and collective; (2) aspects of the Collaboration's strategy, namely those related to research versus implementation; (3) interventions aiming to address the tensions between the forms of leadership and aspects of strategy; and (4) stages of the project.

### Ethical considerations

The study was exempted from the University Research Ethics Committee (UREC) approval because it only involved staff discussing areas within their professional competence. Appropriate informed consent and data management procedures were however strictly adhered to throughout the study. It was agreed that the findings of face-to-face interviews would be compiled in annual reports shared and discussed with the whole team, including the Director. When presenting direct interview quotes, extra care was taken to protect confidentiality, although it was collectively acknowledged that fully

disguising the identity of respondents in such a small team might not always be achievable even if the quotes were fully anonymised. For the quotes used in this chapter, research participants are labelled as either A (academics) or M (managers).

It was also recognised that feedback loops created by continuous interaction between the study lead and the SLT would present their own challenges due to the need to positively affect leadership dynamics within the SLT as well as critically analyse it. Although the Director did not have any involvement or interference in the processes of data analysis and presentation of findings, it is important to acknowledge that the study lead was line-managed by the Director on several other Collaboration's projects. To ensure a balance between in-depth understanding and critical distance, the authors include the study lead (RK), an external academic not involved in the Collaboration's SLT (GH) and one of the Collaboration's academic leads who was part of the SLT in 2016-2017 (MB).

## Findings

### Years 1 and 2: Setting up the Collaboration

#### Individualistic vs collective leadership narratives

In the first year of the Collaboration, the Director was in charge of setting the agenda and chairing SLT meetings. The research team were not invited to observe these meetings, which was explained by the need for the SLT 'to do the bonding' first. Interestingly, the interviews with the members of the SLT conducted at the end of Year 1 did not show a significant open dissent in this regard, but many of them reported that the purpose of the SLT was unclear and that meetings were predominantly operational rather than strategic. Whilst avoiding criticism of the individualistic leadership enacted by the Director, SLT members tended to frame their dissatisfaction with the current situation by highlighting the lack of a shared ethos or set of values at senior level:

For the [Collaboration] to have a set of values, that would imply that the people in the [Collaboration], certainly the senior team, would have a *shared* set of values. I think we have but at a fairly superficial level... (A1, respondent's emphasis)

After the summary of the interview findings was circulated to the SLT, the Director made a decision to have the SLT strategy discussed at an away day which was facilitated by two external facilitators. This was the first occasion when differences of opinion among the SLT members came to the fore. Some of the SLT members were happy with the existing operational focus and responsive mode of the Collaboration:

The strategy is not about having a grand strategy but being able to grab opportunities and respond (A3)

The majority of the SLT members, however, agreed that strategic responsibility was '*centred around the Director rather than the team*' (M1), which posed a risk of '*losing the Collaboration becoming more than the sum of its parts*' (A1), and that the SLT did not spend enough time discussing strategy, particularly in relation to dealing with the NHS partners and ensuring the quality of research produced by the Collaboration. As a result of a facilitated discussion that followed, the following processual changes to the operation of the SLT were agreed:

- Rotating the chairing responsibilities between members of the team
- Circulating a draft meeting agenda in advance so that all SLT members could contribute to it
- Balancing information-only items with those for strategic discussion

Whilst these changes contributed to making the SLT meetings more strategic, interviews conducted at the end of Year 2 showed that these meetings had not yet fully realised their potential as a forum for '*the strategic discussion of where the Collaboration is going*' (A2). Most of the SLT members believed that the SLT meetings tended to '*rubber-stamp*' (A1) decisions made elsewhere by the Director in consultation with a small group of loyal senior managers. Whilst some research participants



argued that it would be impractical to ‘*discuss everything*’ (A4) at the SLT meetings, many expressed concerns about the lack of inclusivity and transparency in the decision-making process:

...We need to be discussing strategy and we want a bit more discussion about how we arrive at decisions and all that side of things. ...There’s always an elephant in the room, every meeting. And the elephant is around the whole inclusiveness or lack of inclusiveness. ...I don’t feel that [SLT members] particularly have a great deal of power in terms of steering and guiding the way the big decisions are made. ...So some things, you know, are just skirted over. Or things aren’t really up for debate, and they accept that. But I’m not sure that’s a happy acceptance. (M3)

This subsection has described the tensions involved in enacting a more collective leadership within the Collaboration’s SLT in the first two years of its existence. To illustrate the implications of these internal processes on the actual strategy of Collaboration, the next section will focus on how a strategic tension between research and implementation was addressed by the SLT over the same period.

### Addressing the tension between research and implementation

All research participants acknowledged that there was a tension between fulfilling the needs of the NHS partners, who were mostly interested in implementable research initiatives making a difference to patients or NHS workforce; and producing high quality research that would meet both individual objectives of academics and the requirements of the NIHR. Some of the research participants suggested that, although the interests and expectations of the NHS partners and those of the NIHR should be of equal importance for the Collaboration, the Director’s interpretation of the actual matched funding model of the Collaboration was that satisfying the needs of partner organisations needed to be prioritised:

...If we satisfy NIHR and not the partners, we won't have a [Collaboration] because the partners withdraw their matched funding. If we satisfy the partners and not NIHR, I'm not sure we would lose our funding. (Director)

In response to this position, the debate in the SLT centred around the following two issues. First, there was a perceived lack of clarity about the criteria for pursuing new strands of work (both with existing and new partners).

There’s a strategic question which I don’t know the answer to—and actually it’s been raised quite a few times at senior leadership team, and I don’t think it’s ever been fully answered, and I think we genuinely don’t know—how do we decide what’s appropriate work to be doing and what isn’t? (A3)

On the one hand, the [Collaboration] needed to secure a substantial amount of matched funding, which often meant ‘grabbing’ every funding opportunity available; on the other hand, a more selective approach to projects would be beneficial:

...I don’t think the decision should be made on the hoof, just because somebody coughs down in [one part of the region] and wants a bit of this, that we say: well, yes, we’ll do it. (A4)

The second issue related to the divergence of views around the notion of ‘high-quality research’ and the place of ‘service evaluation’ in relation to it. Some academic leads seemed particularly unhappy with the Collaboration embarking on what was perceived to be a large number of ‘local evaluations’ dictated by the needs of the NHS partners. In justifying their position, they tended to refer to the expectations of the NIHR (either stated or presumed), as well as experiences of other similar Collaborations across the country:

I’m not clear in my own mind whether we are doing the most cutting-edge research that’s going to keep us in the game in three years’ time when we have to rebid. (A4)

People I know in other [similar Collaborations] are doing [clinical] research. They’re doing feasibility trials. They’re developing interventions. They’re doing research... (A5)

Another group of respondents argued that an evaluation project could become a starting point for a bigger research project in future or could eventually lead to ‘high-quality research’ in its own right:

...Sometimes it's worth picking up those little evaluation jobs because then that's an opportunity to give the NHS a quick win and find a way in to probably do some further research... (M1)

Interestingly, whilst some respondents assumed that there was a shared understanding of 'good science' within the SLT, others seemed more aware of the methodological and paradigmatic differences between team members. These epistemic differences were sometimes articulated by the research participants as the tension between 'biomedical' and 'organisational' paradigms:

...[For] people who see the world... in more biomedical terms, a trial has value but something that's just an evaluation doesn't have value because it's not research. ...For [some others] what counts as 'the research' is a much broader thing, so it's a bit easier for [them] to say, 'Well, we could get some research value out of that because it's interesting in an organisational sense.' (A3)

Some of the research participants also suggested that an open discussion of the paradigmatic differences between SLT members may be needed to address '*how all those differences could maybe come together*' (A5).

### Collectively addressing the tensions

Table 2 summarises four interventions that were collectively implemented by the SLT to address the challenges identified in the previous section. In contrast to the processual changes to the operation of the SLT introduced at the end of Year 1, these new changes were more task-oriented, focusing on the development of collective leadership through working on specific practical issues.

[Table 2 about here]

### Facilitated discussion of the findings of this research

Most notably, the facilitated discussion of the findings of the second round of interviews at the away day at the end of Year 2 was widely seen as a '*catalyst for improving the SLT*' (M1) by stimulating an open discussion of issues and '*provoking reflection*' (A3). The findings of the study were compiled in the form of a report that had been circulated to the SLT prior to the away day. Focusing on challenges highlighted by the SLT members during one-to-one interviews, this report was organised around the following themes: (1) strategic direction; (2) interplay between scientific and managerial aspects; (3) responses to tensions between external stakeholders; and (4) 'burning issues' to be addressed. During the away day, respondents were invited to discuss their reflections on the report and use these as a starting point for subsequent discussion of the Collaboration's shared vision.

As far as the actual process of discussing the research findings is concerned, despite being later described as '*a very constructive and positive experience*' (A6), many SLT members recalled feeling '*slightly uncomfortable*' (A7) during the discussion, when they were for the first time confronted with each other's previously hidden thoughts about the strategic direction of the Collaboration. However, SLT members tried to counterbalance the critical content of the report by referring to the study lead's perceived focus on negative issues during the interviews, by subtly questioning his credibility and competence, and by highlighting their own ability to openly and frankly discuss controversial and contentious issues:

...It worked well in that I read it and I thought, gosh, I didn't realise there was all this negativity. And then when we got there, people were saying, well, that's probably because the way people ask things, you know, we don't tend to report positivity. So people sort of minimised at the meeting the negative aspects of it. And it's a way to get people talking as well... (A9)

According to some participants, reading and discussing the report led not only to SLT members acknowledging their own epistemic differences, but also to legitimising the qualitative social science research, which this study exemplified, among the biomedical members of the SLT. This helped generate a shared understanding of the Collaboration as being pluralistic in relation to its members' methodological approaches:

...Many of [the SLT members] don't understand this kind of research... so being researched in this way is quite a novel thing for people, and seeing it in action and getting the chance to [discuss] it provoked reflection, and it provoked people talking about things... It changed the mood music quite profoundly towards a much less kind of positivist model... I think it was a win for [the Director], because I think it just...it just established a different epistemology as legitimate. (A3)

Overall, the Director's decision to feed back the results of the study to the SLT and have an open discussion of the report was perceived as evidence of a commitment to collective leadership:

...It's very brave of [the Director] to expose herself... to this kind of scrutiny ... (A1)

...As a senior leadership team we've been working towards that we've got to be open with each other, we've got to say what we think, we've got to address the problems and all the rest of it. So actually it was completely the right thing to have done to have taken that report there. ...And absolute utmost respect to [the Director] for putting herself in that position, absolute. And I think people around that table will also have thought the same actually. (M3)

### External scientific review

Another example of opening the boundaries of the Collaboration's SLT to external knowledge flows was achieved by commissioning an external scientific review. This review involved several days of structured presentations and discussions between the review panel consisting of three world-renowned implementation science experts and different Collaboration-based teams, including the SLT. The panel produced a formal report for the SLT, which contained several recommendations, including the need to increase the focus on co-production of research with NHS stakeholders if it was to be more implementable, as well as advice on restructuring the collaboration to maximise accountability and cross-programme learning. As evidenced from Year 3 interviews, the processes of planning and undertaking the scientific review had dual effects.

On the one hand, although the idea to undertake the review came from one of the research leads, the Director ensured that the decisions about the scientific area of the review (implementation science) as well as choice of (*'respectable'* yet *'sympathetic'* (A3)) external experts were *'carefully managed'* (M3) to ensure that the likely outcomes of the review were in line with the Director's vision:

I thought it was quite a nice supportive kind of environment. And what was really good about it - and this was quite clever of [the Director] as well, in one way - that [he/she] made it about implementation. A lot of those recommendations were, well, this is all great stuff but, you know, where's the implementation, how are you going to implement it? ...So it really helps to kind of crystallise that to everyone that this is what's expected. (M1)

On the other hand, preparing to face external scrutiny and addressing the issues identified during the review brought the SLT together:

The process of change has been around the external review, so around the discussions that were the preparation for the external review and then the external review itself and then what's happened since then. So that process... brought the SLT together in terms of the common challenges. (M4)

...You always tend to get a united front that develops in the face of an external threat, and that's partly even though the external review is a friendly and constructive, no critical take on [Collaboration], there is a sense in which it could be perceived as potentially threatening if it came up with something that's too critical... (A6)

Most importantly, the external review contributed to the process of legitimisation and normalisation of partner engagement and managerial involvement as an integral part of the Collaboration's ethos, not least due to the significant weight traditionally ascribed to external peer review in the academic community and its perceived ability to disarm potential critics:

...The process served as something of a reminder to me about the need to ensure that the research that we're doing is reflecting the stakeholder priorities. ...I suppose part of me thinks it's our responsibility to tell the stakeholders what the research is that they need doing in an area where I know more about it than they do, or at least sell them an idea. What we've got from [a member of the review panel] was quite a different model, which was about: no, it really has to come from them; I'm not sure if that always works, but what that did for me was implant in my brain the need to at least think about these principles constantly... (A1)

...I felt that the panel acknowledged that the SLT was more than just the academics and actually that the management of the [Collaboration] is done well. And it felt like they acknowledged that, so that was... personally for me, I find that quite validating... (M1)

### A framework for selecting new projects and a typology of projects

The remaining two interventions described in Table 2 dealt, respectively, with criteria for selecting new projects and with identifying different types of projects. The former contained a checklist against which all potential projects were expected to be assessed to become part of the Collaboration. It contained such criteria as fit with Collaboration's priorities, likelihood of high-quality research or implementation outputs, staffing capacity to undertake the work, and political importance of a partner for the Collaboration. The typology of projects, in turn, assigned selected or potential projects to one of the broad categories, depending on their position in the research-to-practice pipeline (e.g. a discovery project, a feasibility study, a process evaluation, etc.)

Both interventions contributed to developing the pluralistic approach to research, whereby '*you don't need every project to look identical*' (A3) and '*it is okay to have projects that are at completely different ends of the typology*' (M2). Similar to the interventions described earlier, they led to acknowledgement and normalisation of epistemic boundaries:

...It highlighted the fact that we've all come from different backgrounds and use terminology in different ways... and typology might help us to talk a common language, we might understand better what we're all doing... (A5)

Some participants felt that discussing these criteria and project types was more useful than the final 'products' themselves, which was particularly apparent in the case of the framework for selecting new projects as half-way through its lifetime the Collaboration achieved financial stability and did not need any more projects:

...I don't think any of us sit around thinking, 'Ooh, where does my project sit in the typology?' You know, you don't need it in a day-to-day sense... I mean it's useful if a new project comes in, to think about, 'Well, where does it sit in this typology?' but I think its prime purpose was... in the making of it. (A3)

...Obviously we've got some guiding principles now... But I think generally overall... maybe it's because we're now in a slightly different position in that we're not necessarily looking for new work, so that's eased off I would say quite a lot. (M3)

At the same time, some participants noted positive contribution of these interventions to developing collective leadership, highlighting the increased participation of SLT members in making decisions relating to the Collaboration as a whole, as well as to their own research programmes:

We developed a flowchart of: this is how we will make the decision. And those things [now] do generally go to SLT. (M1)

I think you do need to think about: what are the projects, or what's the type of project that you want to do, with what organisation, and therefore what type of staff do you need to assign to it? Because, this blanket – everything needs a project manager, or everything needs a facilitator – doesn't work, because you end up getting tensions... (M2)

## Years 3 and 4: Mature Collaboration

### Individual vs collective leadership narratives

Interviews conducted in Years 3 and 4 demonstrated a significant shift in how the SLT meetings were perceived by participants. Firstly, the meetings were now seen as more open and interactive, giving the SLT members an opportunity to express their views and have an influence:

...Conversations used to be dominated by a few people with certain opinions, and I think that's less so. Everybody has a voice. Everybody is heard. (M2)

Many research participants highlighted reflection, adaptation and flexibility as important mechanisms for improving the dynamics in the SLT meetings, noting the positive role of the expansion of SLT membership (recommended by the external scientific review panel) and a conscious effort to make the discussions more 'strategic'. There was also more acceptance of the way the Collaboration was

operating at the senior level, with a growing understanding that it was appropriate for some strategic decisions to be made outside of SLT meetings, by those SLT team members who were working on the Collaboration full-time:

...Some decisions are better made sometimes by... or at least some sort of planning ahead is better done by a core team, and then informing people, rather than having decisions by committee all the time. So it's a matter of how to strike that balance. (A8)

...There's disagreements and everything, don't get me wrong, we're not a family at the end of the day. But I don't feel it's been quite as niggly as it has been in the past. People have sort of settled down, and become more accepting of the way things are, or the way people are... (M2)

In contrast with the previous quote, some members of the SLT, while agreeing that the SLT meetings were now more strategic, expressed concerns that they were also becoming 'too agreeable' and potentially less capable of appropriately addressing contentious issues:

I think you do need a bit of debate and a bit of challenge. If there's anything disappointing about the SLT at the moment, it's that it's too agreeable. (A5)

Interestingly, in a few cases the 'agreeability' seems to have masked changes in interest and involvement in Collaboration-wide matters, whereby certain members of the SLT had chosen to invest their effort and energy in leading their programmes rather than in addressing the SLT-related issues:

I feel really good with the research that we've done [in the programme] and the people in the group... I feel a little bit less invested in the senior team... The cross-linking stuff I still don't pretend to understand but I'm kind of living with some of that ignorance really; I've got enough to do without worrying about that... (A1)

Perhaps due to a greater familiarity with each other's positions, epistemic differences between the team members were openly acknowledged, and the Collaboration was frequently referred to as '*totally pluralistic*' (A1), with acceptance and tolerance of these differences presented as one of its strengths:

...There's a sense that you show a certain level of respect for different academic traditions in the room or different philosophical theoretical positions in the room. So you don't challenge those things too directly... You simply have to accept that we all agree that we're in this room, and there are differences, and therefore we have to work with those. (A7)

In Year 4, the strategic direction of the Collaboration was still to a large degree determined by the values, networks, and expertise of its Director. However, when it came to realising this strategic direction in practice, many of the SLT team members noted the increasingly collegiate nature of strategic decision-making, with the following characteristics most often mentioned as strengths:

- Ensuring the transparency of decision-making, with explicit criteria being presented and discussed on which decisions were made
- Providing opportunities for the SLT members to shape decisions, both in individual and group discussions
- Consensus about the fundamental values of the Collaboration, whilst accepting that there were multiple legitimate ways of enacting these values and that different epistemological or methodological approaches should not be placed '*on some scale or ladder where some research is good and some is not good*' (A7)

### Addressing the tension between research and implementation

Years 3 and 4 saw a growing acceptance of the '*political dimension*' (A9) in making decisions about pursuing new implementation-focused work, when, for example, maintaining a collaborative relationship with a valued partner was seen as a valid reason for developing a project – even in the face of academic objections to its feasibility:

...A paper was produced, wasn't it, that has made some suggestions, which was quite helpful and that probably deals with most things but there's always going to be that thing left of centre, you know, a funding opportunity that is too good to refuse or whatever and I guess, that's just how life is. (A4)

Ideas about achieving a compromise between the academic rigour of the research and its potential practical impact had developed further in a more collaborative direction. First and foremost, there was a better understanding and acceptance of the 'pull' model of research amongst academic members of the SLT, as more suitable for the Collaboration if it was to 'make a difference':

...The issue is about trying to get academics who are often for quite a long time schooled in a certain way of thinking about research into... being willing to compromise around that... So that's something that's really stands out now, this bigger issue about pure research versus whatever the [Collaboration-produced] research is, there's different aspects of why it's not like this pure research. (A7)

Second, some of the members of the SLT seemed to have shifted away from the NHS/academia dichotomy by identifying with the Collaboration as a unique organisation with its own set of values and ways of doing things:

...There's a particular CLAHRC-y way of working which needs to be much more about co-production and not about pointy-headed scientists pouring scorn on our NHS partners or dictating to them. (A8)

Finally, there was a growing understanding that not *every* project would be able to fully achieve *both* research and implementation objectives; instead, there was now an expectation that each programme was likely to have a *portfolio* of projects, some of which were more practice-oriented and others more academic in nature:

Some projects... are more practice-based in their focus, or more academically oriented, and consequently when it comes to the KPIs they hit, there's going to be a profile of KPIs per programme, and providing... things are hitting the aggregate, then that's the important thing. But at a programme level, it also gives us an opportunity to look at where there might be opportunities that we don't necessarily think are there, for doing one thing or the other. (A6)

In Year 4, there seemed to be a general consensus that the core element of the Collaboration's 'model' was 'co-production', i.e. working in close collaboration with the NHS and third-sector stakeholders at all stages of the research process. The key lessons learnt in this regard included:

- The importance of posing research questions that were '*relevant to partners in a rapidly changing environment*' (A3) and at the same time had potential for producing '*internationally excellent*' (A1) research outputs
- Accepting that the reactive approach to partner needs, which had predominantly been seen as a major drawback, was often the only feasible and pragmatic approach in the dynamic and unpredictable context and could lead to unexpected new opportunities in terms of high-quality research and impact
- Achieving balance between the 'harder' (predominantly research-focused) and 'softer' (predominantly implementation/engagement-focused) projects, which enabled the broader programmes of work, seen as 'portfolios' of diverse projects, to successfully deliver on the Collaboration's complete set of objectives

## Discussion

### Evolution of collective leadership development in a university-healthcare partnership

This case study provides an example of how leadership may evolve over time, from a predominantly hierarchical mode (albeit with a declared commitment of a formal leader to collective leadership) towards a more balanced combination of individualistic and collectivistic tendencies. Although the Director of the Collaboration continued to exercise significant influence on the structure, function and strategy of the SLT, this evolution was characterised by a transformation of that influence. This gradual transformation involved some decentring through a slight decrease in the power and authority of the



formal leader to enact their singular strategic vision coercively, accompanied by continuous (albeit not always successful) attempts to foster collective decision-making and thus channel the influence of the other members of the team towards accomplishing the mission of the Collaboration.

Our findings offer several novel theoretical insights about the evolution of team-based leadership configurations. First of all, it is not just the downward (from the senior positional leader) and/or upward (from the other members of a leadership team) exercise of agency (Chreim, 2015) that in combination enables the transition from individualistic to collective leadership; what also seemed crucial in our case was the input provided by the facilitators and academics external to the leadership configuration that catalysed a degree of self-reflection and mutual adjustment to a shared collaborative ethos. Perceived legitimacy of this input, at least at the initial phase of Collaboration, differed depending on the position of external contributors in relation to the team and their seniority, with external scientific review panel members having most influence in this regard.

In addition, whilst previous research on shared leadership in teams suggests that leadership rotates between team members depending on the expertise and skills needed for addressing different tasks at hand (Pearce, 2004; Friedrich et al., 2009), our study shows that leadership contributions coming from within (and outside) the leadership team could be valuable despite the continuing influence of the formal leader, i.e. in the absence of genuine rotation of responsibilities. More specifically, even at the earlier, conflictual and more hierarchical period of the Collaboration, these contributions, through continuous dialogue at SLT meetings, created an important counterpoint to top-down direction that was selflessly encouraged and which led to the modification, refinement and, ultimately, better acceptance of the Director's initial strategic vision.

### Implications for addressing the tension between research and implementation

Research conducted in the previous iteration of this partnership identified the persistence of relatively impermeable boundaries between the production of research and its implementation into practice (Kislov, 2014). The leadership approach described in this chapter certainly shows that the tension between research and implementation was explicitly addressed, resulting in a much better integration between these two domains. This integration, however, remained incomplete and variable. As far as collective leadership outcomes are concerned (Drath et al., 2008), our case study paints the following picture in relation to the tension between research and implementation:

- *Direction* (overall goals, aims, and mission): widespread agreement was achieved on the overall unique mission of the Collaboration, which went beyond merely producing research and which took more fully into account non-academic stakeholder views and preferences
- *Alignment* (organisation and coordination of knowledge and work in a collective): this was achieved within the leadership team itself with significant autonomy being granted to programme leads to decide on the best ratios between research and implementation in their individual programmes of work
- *Commitment* (willingness of members of a collective to subsume their own interests within the collective interest): this was variable, with examples being given of senior academics and managers considerably shifting their views towards embracing co-production and implementation, and with some instances of withdrawal, which could be interpreted as passive resistance

In summary, our findings suggest that achieving widespread collective agreement on the direction of the partnership (which, in turn, inevitably represented a modified version of the Director's individualistic vision) was achieved largely due to the transition towards a more collective form of leadership which required compromises in terms of operational alignment, and which was characterised by some variation in the commitment of members of the leadership team to the whole enterprise. It can therefore be assumed that promoting plurality and granting operational autonomy

to individual team members to protect lower-level boundaries between programmes of work within the Collaboration, effectively enabled the (partial) bridging of higher-level epistemic and paradigmatic boundaries.

### Supporting the development of collective leadership in collaborative contexts

#### Individual formal leader fostering collective leadership

So how can the transition from individualistic to collective leadership be supported in practice? Our findings echo previous observations that, in public sector contexts with clear lines of accountability, 'benevolent hierarchical leadership' (Sveiby, 2011; Denis et al., 2012) serves as one important prerequisite for initiating the process of transition. This involves consciously limiting one's own direct power by sharing leadership responsibilities, opening up to dialogue and embracing flexibility. However, as our study shows, it can ultimately provide significant benefits to the formal leader by increasing their legitimacy and soft influence within the specific leadership configuration and, indeed, beyond.

It is important to keep in mind that, once the transition towards a more collective form of leadership is underway, the formal leader loses part of their overarching control over the development of the partnership's strategy, whilst still retaining some of the mechanisms associated with traditional individualistic leadership – such as an ability to exercise considerable influence over the finances, shape the agenda of meetings, determine the membership of the leadership configuration and grant access to facilitators, reviewers and other actors external to it.

This could be interpreted through a more critical lens – as we are reminded by McCauley and Palus (2021) that it is important to avoid romanticising collective leadership – as a decoupling of actual organisational practices from the discourse of collective leadership. These developments, in turn, are seen by some commentators as manifestations of 'hyper-management', whereby leaders are expected to inspire and unify multiple, diverse and empowered stakeholders in support of a central vision (Bromley and Meyer, 2021).

#### Group-level mechanisms of collective leadership development

Our findings suggest that the group-level mechanisms through which collective leadership can be supported, can be categorised as follows. The first group involves *process-focused* interventions aiming to rebalance the distribution of power away from the formal leader towards involving the broader leadership configuration. In our case, these included rotation of chairing responsibilities within the team, attempts to open the agenda-setting process to all team members, and efforts to make dialogue a more prominent feature of team meetings. However, these approaches did not seem to result in immediate benefits for collective leadership, either because of the long lead time or because these approaches are not effective if used in isolation.

The second group of approaches, which we call *reflection-focused*, are exemplified by a facilitated discussion of this study's findings as well as by an external scientific review of the Collaboration's activities. The central aspect of these activities is reflection on real-time work experience dealing with unfamiliar problems, which makes them similar to the family of action learning approaches that have long been seen as beneficial for fostering collective leadership (Raelin, 2006). Effectiveness of reflection-focused approaches may be explained by their ability to activate key mechanisms of collective leadership development, such as developing collective practices and managing identity-based intergroup boundaries (Cullen et al., 2012). Our study shows that these approaches can cause discomfort and resistance and are therefore likely to be more effective when a team has fostered a climate of relative psychological safety, when team members have already developed a good knowledge of each other's perspectives and when skilled facilitation is available.

The third and final category is *action-focused* approaches, which involve collectively addressing relatively straightforward tasks and is exemplified in our case by the framework for assessing new

projects and the typology of projects. Both of these tasks involved codification of multiple tacit bodies of knowledge possessed by individual leaders into something more coherent and applicable to the whole enterprise. This group of approaches provided a forum for practical application of processual techniques and reflective lessons described earlier, thus helping to channel collective leadership processes in more tangible ways to enhance collective leadership outcomes. At the same time, the actual content of these tasks may be less important than their ability to surface underlying tensions and activate key mechanisms of collective leadership development.

## Conclusion

This chapter has enhanced our understanding of how collective leadership may evolve in the context of university-healthcare partnerships, providing a detailed longitudinal description of a senior team transitioning from a predominantly individualistic towards a more collective form of leadership. First, it has shown that this transition can be both enabled and constrained by the asymmetrical power relationships within a leadership configuration, in which upward, downward and lateral directions of agency can be exercised by multiple actors. Second, it has demonstrated how the development of collective leadership can help university-healthcare partnerships address some of the underlying tensions between (academically driven) research production and (practice-driven) research implementation, providing a clear direction for the partnership as a whole whilst allowing for a plurality of approaches used to enact this direction at the level of individual programmes of work. Finally, it has argued that the development of collective leadership can be enabled by a combination of process-focused, reflection-focused and action-focused interventions.

One might anticipate that the interventions described in this study are likely to contribute to collective leadership development in very specific situations characterised, say, by a relatively small team size, the presence of a respected formal leader genuinely interested in the development of collective leadership, the representation of clinical research on the SLT by nursing academics rather than physicians, and a shared aspiration to make the Collaboration successful. This is in line with the emerging new leadership development paradigm emphasising the highly localised and contextualised nature of development interventions which are embedded in work and shaped by local contingencies (McCauley and Palus, 2021).

This study is not without limitations. As our unit of analysis is an SLT, this chapter has not provided a detailed analysis of the practices of individual leaders or their impact on the production and implementation of knowledge within their programmes of work within the Collaboration. In addition, the single case study methodology adopted for this study can limit the generalisability of its findings. We acknowledge that there are multiple pathways through which collective leadership can emerge and lead to outcomes (Friedrich et al., 2009), and would welcome comparative longitudinal studies exploring variation in the evolution of leadership configurations across settings, sectors and countries. Another fruitful area of future empirical enquiry could involve examining external agentic influences on the development of collective leadership as well as processes and effects – both intended and unintended – of collective leadership development interventions. Finally, this study indicates that collective leadership development can be beneficial for enhancing the mobilisation of academic knowledge across professional and organisational boundaries, and this could be further explored by developing and testing new collective leadership interventions in the field of implementation science (Wilson and Kislov, 2022).

The key practical recommendation arising from this study is the need to ensure that all three types of approaches (process-focused, reflection-focused and action-focused) are utilised by leaders, managers and facilitators aiming to develop collective leadership in collaborative settings. It is, however, important to keep in mind that, regardless of the origins of a specific intervention (via a formal leader, other members of the team, or someone outside the team), these interventions work best if team members are given an opportunity to continuously discuss the intervention and

contribute to its design, implementation and evaluation. In other words, some degree of 'embryonic' collective leadership, personified by a 'benevolent' formal leader keen to pluralise leadership and/or by an emerging constellation of informal leaders, is required to initiate this transition and make it successful.

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## Tables

Table 1. Research sample: Composition of the SLT and its changes over time

	<b>Year 1 (2014)</b>	<b>Round 2 (2015)</b>	<b>Round 3 (2016)</b>	<b>Round 4 (2017)</b>
Director	1	1	1	1
Academic leads	5	5	8	7
Senior managers	3	3	3	2
<b><i>Total</i></b>	<b>9</b>	<b>9</b>	<b>12</b>	<b>10</b>

Table 2. Interventions supporting the development of collective leadership

	<b>Description</b>	<b>Origins of the idea</b>	<b>Timing</b>	<b>Benefits</b>	<b>Challenges</b>
Facilitated discussion of the study report at the SLT	An analytical summary of the interview findings written up by the PI as a detailed report, which was circulated in advance to all SLT members and then discussed in an externally facilitated meeting	Discussions between the Director, the research team and SLT members; final decision made by the Director	From the end of Year 2 onwards	Provoking reflection and open discussions of hidden issues; finding common ground and shared understanding; shifting the focus away from the dominant narrative towards multiple points of view; demonstrating Director's commitment to collective leadership	Achieving the balance between being critical as a researcher and ensuring that the resulting reports are constructive in tone; dealing with the uncomfortable nature of some discussions, which underscores the importance of having a skilled external facilitator
External scientific review of the Collaboration	Inviting three external experts in implementation science to attend a structured series of presentations and discussions run by the Collaboration's themes, which was followed by a detailed report prepared by the experts and discussed at the SLT	The original idea was brought up by one of the academic leads in an SLT meeting, debated in several subsequent SLT meetings and then approved and actioned by the Director	Beginning of Year 3	An in-depth discussion of the tension between research and implementation, with a constructive focus on achieving compromise between the two; expanding the SLT membership; strengthening cross-programme research and learning	Agreeing the focus of the review, given the diversity of the Collaboration's research themes and programmes of work
A framework for assessing new projects	A list of collectively agreed criteria for bringing in new projects (and project	The issue was identified and articulated in the first round of	End of Year 2	Collectively discussing – and reaching agreement on – multiple factors that contribute to	The document became less relevant by the end of Year 3, mainly because the

	<b>Description</b>	<b>Origins of the idea</b>	<b>Timing</b>	<b>Benefits</b>	<b>Challenges</b>
	partners) into the Collaboration	interviews; the idea of developing a set of criteria was proposed by the Director; the development of the framework was led by one of the academic leads in constant dialogue with the rest of the SLT		making decisions about new partnerships and projects in the context of co-funded university-NHS collaboration; ensuring the transparency and accountability of decisions made by the Director; involving the other SLT members in making decisions	Collaboration had reached a level of financial security that allowed it to stop looking for new NHS partners and projects
A typology of projects	Developing a one-page typology of the Collaboration's projects, positioning them in relation to different 'ideal' types of discovery research, applied research, evaluation and implementation	Director of the Collaboration – with input from the SLT members and the external scientific review panel	End of Year 2 - beginning of Year 3	Conceptualisation of programmes as portfolios of projects achieving the balance between 'research' and 'implementation' in their entirety rather than on an individual project-by-project basis; normalising epistemological and methodological differences between SLT members	Given that the typology of projects was mentioned in the interviews less often than the other three 'interventions', it can be assumed that it has had less impact, potentially due to the less collegiate nature of the exercise predominantly driven by the Director