

# Clinical Networks and Distributed Leadership Models

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# Pretext

Successful implementation of integrated care models (as well as healthcare systems more generally) requires new approaches in engaging clinicians and spreading the leadership load.

# What do we mean by Clinical Networks?

- Collaborative group of health professionals focused on particular complex patient pathways
- Cancer, stroke, cardiac, renal, palliative care etc
- May involve hospital or community based
- Involvement of consumers and stakeholders
- Integrated care is an extension of a community based clinical network

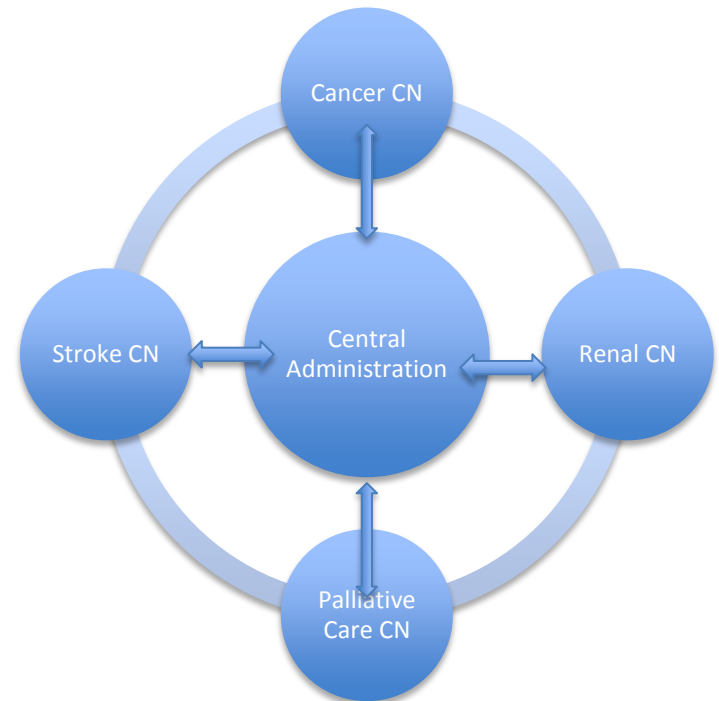
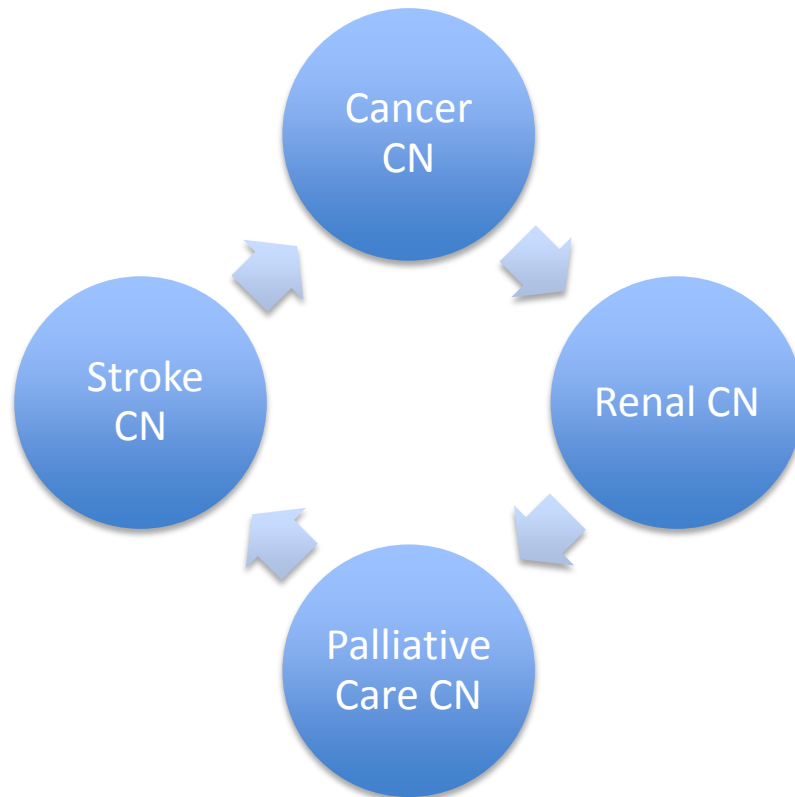
# Clinical Network Challenges

- Often dispersed teams
- May be concentrating on part rather than whole system approaches to service improvement
- Who leads the team?
- What is the purpose of Clinical Networks? – Efficiency? Effectiveness? Equity? Access?

# Clinical Network Challenges

- Teams are clinical experts rather than management or leadership experts
- With a move to clinical networks and integrated care models, traditional concepts of leadership and management don't easily apply
- Power taken away from administrators and tertiary hospitals and devolved to clinicians and community-based organisations
- What is the most important element of the network (the patient)

# What Does a Clinical Network look like?



Are teams autonomous or distributed leadership but centralised management?

# What do we mean by Distributed Leadership

- Team-based leadership
- Emphasis shifts from the leader to the team
- Alternative approaches, such as those based on collective and relational forms of leadership
- Work through and within relationships rather than individual activity  
(Bolden, 2011)

# Distributed Leadership Challenges

- How is leadership distributed, by whom and to what effect? (Harris and Spillane, 2008)
- Clinical vs managerial leadership (“disconnected hierarchy” – Edmonstone, 2009)
- The question is when we talk about distributed leadership does this only apply to the clinicians in the team or does it include the patient.
- Could be argued that to have distributed leadership in clinical networks or integrated care models necessitates patients being part of the relational leadership paradigm



# Distributed Leadership Challenges

- Often accidental or reluctant leaders
- Who leads the team?
- Hybrid professional managers
- Clinicians already possess a level of supervisory and clinical autonomy (Fulop and Day, 2010)
- Challenge is to turn that autonomy into leadership that is in line with the values and direction of the organisation
- Need to be aware of culture and vision of the organisation as a whole
- Centralised, hub and spoke or truly distributed or shared models of leadership?

# Approaches to Leadership Development

- Individual leadership development problematic
- How do effective teams work?
- Emphasis shifts from the leader to the team
- Consideration of communication
- Relationship-based leadership development
- Move from a heroic to a post-heroic concept of leadership  
(collaborative efforts of many rather than the individual agency of one  
- Fulop and Day 2010)

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