Practice and Challenge of Collective Leadership in Multidisciplinary Nursing Collaboration

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Abstract: Purpose: The purpose of this paper is to explore the application of collective leadership in multidisciplinary nursing collaboration and analyze its importance for improving nursing practice. Collective leadership is believed to improve the quality of care and patient satisfaction by delegating and sharing authority and promoting mutual guidance and collaboration among team members. Method: By analyzing the concept of collective leadership and its practical application in multidisciplinary nursing teams, this paper emphasizes the critical role of shared vision, goal alignment, and work motivation in team success. The research methodology includes a review of existing literature and an analysis of strategies for implementing collective leadership, particularly how to enhance teamwork through building trust and effective communication. Result: The findings show that collective leadership plays a positive role in promoting team innovation, continuous improvement, and empowering team members. Through collective leadership, care teams are able to collaborate more efficiently and improve the overall quality of care delivery, thereby increasing patient satisfaction. Conclusion: Despite the obvious advantages of collective leadership, there are also some challenges and limitations in the implementation process. The paper points out that further research and practice are needed to overcome these obstacles. Ultimately, the paper highlights the potential of collective leadership in shaping a patient-centered care culture and driving a more coordinated and integrated care practice as a key factor in improving the overall level of care delivery.

Keywords: collective leadership; multidisciplinary nursing collaboration; trust and effective communication; resource allocation; innovation and continuous cultural improvement

1. Introduction

As the field of medicine continues to evolve, interdisciplinary collaboration has become an integral part of nursing practice[1]. Evolving models of care are also challenging current leadership frameworks. Traditional leadership models that emphasize training for the personal development of leaders who oversee the work of teams or organizations[2], are inadequate to meet the needs of evolving caring models. A growing body of evidence supports the benefits and positive effects of collective leadership[2]. Collective leadership represents a new approach to power distribution by building a network to delegate leadership based on expertise, competence, and motivation within the organization. This integrated form of leadership ensures that appropriate behavior is aligned with core values[3].

Collective leadership culture is one of the four fundamental principles of workplace culture[4], and it advocates the active participation of individuals at all levels within an organization[5], which is a dynamic team phenomenon. Team members should be empowered to share leadership roles in an environment that fosters motivation and expertise[6], ultimately leading to collaborative efforts that yield greater good. Cardiff et al[7] argue that collective leadership should be viewed as an essential element of an effective healthcare culture and as a dynamic and interactive process. Team members use each other's skills and expertise to guide, motivate, and support the entire team in managing daily situations and working toward organizational goals[4,8,9]. The establishment of multidisciplinary teams is inseparable from responsible team members and efficient inter-team cooperation. Collective leadership promotes this formalization and streamlining of team collaboration. Although the collective leadership culture has many advantages in theory, it may encounter some challenges and limitations in practical application. For example, decentralization can lead to confusion or conflict in the decision-making process[5]. In addition, differences in professional backgrounds and communication styles of different team members may affect the efficiency of team collaboration[6]. To overcome these limitations, organizations may need to provide additional training and support to ensure team members can collaborate effectively and reach their collective leadership potential. This paper explores how collective leadership shapes behaviors and attitudes in multidisciplinary care collaboration while fostering autonomy, compassion, and patient-centered care.

2. Establish a shared vision and goals

Victor Willow'sl[10] expectation theory proposes that leaders can improve team members' work motivation by stimulating their expectations and ultimately achieve organizational goalsl[11]. In addition, the goal-path theory of House[12] emphasizes that leaders should help team members identify realistic and achievable goals while providing the necessary support and assistance to ensure that individual goals are aligned with the overall goals of the team or organization[11]. In multidisciplinary nursing collaboration, team leaders must be clear about team members' job responsibilities and expected outcomes. At the same time, it is necessary to pay attention to the expectations of team members and the progress of goals, and timely adjust to meet the needs of team members and promote the smooth realization of goals. However, achieving integrated care in all sectors, including social care, is essential for a collective approach and for working towards sustainable development. A shared vision to continuously improve care delivery with compassion and high quality[13]. These conditions promote a high degree of interdependence among multidisciplinary teams aiming to improve patient outcomes, such as safety[2]. Furthermore, Allport's contact hypothesis[14] suggests that by promoting equal interaction, promoting common goals and encouraging cooperation can effectively reduce conflict. Equality is the foundation of team members' efforts, and interaction is the bridge of effective team cooperation. When organizing collaboration in multidisciplinary teams, it is critical to bring team members together to identify similarities and challenges, promote understanding among each other, reach consensus on common issues, and agree on common goals[6].

3. Cultivate trust and establish effective interpersonal communication

Traditional prescriptive, aggressive, or obtrusive leaders can undermine employees' decision-making abilities, drain their emotional resources, and hinder their ability to communicate effectively with patients[3]. Mastering high-level dialogue, discourse, and discussion to gain a shared understanding of quality issues and solutions remains an ongoing priority for discipline team members and a top priority for collective leadership[3]. Leader-employee exchange theory[11] emphasizes mutually beneficial relationships between leaders and team members to enhance team cohesion and build trust. In multidisciplinary nursing collaboration, team leaders must establish sound channels of communication, foster trusting relationships with team members, and make them feel that their contributions and achievements are valued to provide high-quality care with compassion. The results suggest that early efforts to build trusting working relationships and promote collective leadership are critical to achieving participatory security, which ensures innovative contributions and ownership among co-design participants[15]. The concept of trust is multifaceted and influenced by many factors. Once trust has been established, establishing and maintaining good interpersonal communication is essential for effective knowledge and resource sharing between teams. Furthermore, the trust that develops through interpersonal relationships can be deeply rooted in the routines, norms, and values that a leadership team adheres to[6]. The simultaneous promotion of honest cooperation, transparency and effective communication is essential to building the necessary foundation for a collective and systematic approach that provides "stepping stones" for change. This includes nurturing interpersonal relationships among leaders, creating dedicated time and space for deep co-reflection between teams, and enhancing trust among colleagues[6].

4. Teamwork

Given the interdisciplinary nature of nursing work, effective leadership should be developed within a team-oriented framework[16]. Hersey and Blanchard's[17] supportive approach to situational leadership theory emphasizes cooperative relationships among team members rather than focusing solely on the task itself[18]. This approach fosters shared decision-making, shared planning, and collaborative completion of team tasks, as well as fostering a culture of learning and collaboration. Rather than exert control over learning and cooperation. In addition, building a culture that prioritizes high quality and safety requires cultivating strong values about collaborative teams[3]. At the system level, a culture of high quality and compassionate collective leadership in nursing transcends the boundaries of specific organizations, with entire networks of leaders interdependent and working in teams to achieve optimal care[3]. A positive team atmosphere is essential to the collective leadership process. Organizers should prioritize building strong working relationships from the outset to facilitate open discussion between teams. Collective leadership promotes and sustains a true partnership in which all participants, including leaders, are equal partners and co-creators. It is critical to understand the trajectory of team development and acknowledge the ongoing impact of team members through ongoing feedback[15]. This development model is consistent with the multidisciplinary collaborative nursing model. Furthermore, research has shown that adopting a relational leadership approach can have a positive impact on employee engagement, quality improvement, teamwork, and patient satisfaction[2]. According to intergroup contact theory, regular interactions between individuals from different groups or organizations can reduce conflict, promote effective cooperation, and prevent future disputes[19]. Therefore,

organizing frequent meetings and team activities in the collective leadership team can not only promote the collaborative progress of multidisciplinary nursing teams, but also contribute to their overall development. In addition, it promotes the maintenance and development of relationships among team members.

5. Ensure proper allocation of resources

Resource allocation is a key issue in multidisciplinary nursing cooperation. Collective leadership can help team members ensure that resources are properly allocated to fully support each project. This includes allocating personnel, equipment, funds and other necessary resources and ensuring their effective use. In multidisciplinary nursing cooperation, group leaders should allocate resources reasonably according to the characteristics and needs of team members to improve nursing quality and efficiency.

Collective patient leadership, like multidisciplinary teamwork, requires a reconfiguration of power dynamics and decision-making processes[3]. Proper empowerment of collective leadership is also an effective way to lead efficient organizational networks[6], as it involves empowering informal leaders to feel empowered and able to contribute positively to the achievement of organizational goals[4]. Empowerment theory[20] holds that when individuals feel they have enough authority and support to deal with challenges and difficulties, they are more likely to take positive actions and achieve personal growth. Empowerment requires the existence of legislation within the team to support the team dynamics so that the transfer of power is seen as legitimate and acceptable[6]. In a King's Fund report, Turnbull James[21] argued for harnessing the knowledge possessed by all individuals through relational collective leadership within the NHS, thereby reducing the reliance on hierarchical structures that rely solely on individual abilities[22]. Compared with formal leadership roles, informal leadership in nursing often receives less attention; However, Downey[23] acknowledges its value as a model that encourages teamwork, facilitates knowledge sharing, and humbly influences those around it. The concept of informal leadership seems to borrow from post-theoretical transformational leadership theory, as it emphasizes humility while being a key attribute of superior leadership[22]. In a collective leadership network, each informal leader has unique value, and their different knowledge and skills contribute to the effective operation of multidisciplinary collaborative teams.

6. Foster a culture of innovation and continuous improvement

Under the framework of multidisciplinary collaboration, a higher level of medical service innovation can alleviate staff pressure and enhance the consistency of nursery-patient communication[3]. Foster innovation and continuous improvement by encouraging team members to generate novel ideas, exchange best practices, and participate in professional development opportunities. In addition, collective leadership can facilitate learning from failure, continuous improvement and optimization of the care process. The concept of collective leadership[3] requires everyone in an organization to take responsibility for the organization's success, leading to a democratic style of leadership that prioritizes teams over individual leaders. This particular leadership strategy has been shown to motivate employees and promote innovative, engaged, and patient-centered leadership at all levels of healthcare[3]. In an environment that accepts collective leadership, all employees have the potential for innovation and continuous improvement to ensure the delivery of high quality care[3]. To foster innovation, a team atmosphere must be established that sees failure as a learning opportunity and encourages members to experiment and take risks. When it comes to admitting mistakes, traditional hierarchical leadership tends to instill fear in employees due to the potential impact[2,24]. Instead, team-based leadership sees mistakes as part of the learning process, accumulating lessons from failures while encouraging individuals to acknowledge their weaknesses and grow within the team.

7. Limitations of collective leadership

Of course, collective leadership is not without its weaknesses and limitations. Although the collective leadership approach seems sound, the lack of corresponding guidance in terms of actual introduction and development leaves the field still in the exploratory stage[25]. Furthermore, due to its relative novelty in healthcare Settings, there is a lack of understanding of the best implementation of collective working methods in this context[2], And uncertainty surrounding the future of hospital group structures may hinder opportunities to implement collective leadership[6]. Research also suggests potential future issues related to group dynamics, such as failure to follow through, limited engagement and acceptance of the approach, possible risks of inefficiency, and concerns about immaturity or usurpation of team members[26]. Since collective leadership can have varying degrees of risk, the centrality of the nurse-patient/family relationship may be affected by these concerns[13]. In addition, given the importance of the team environment in providing essential care[27], essential care may be disrupted in situations where the implementation of collective leadership may lead to delays in care[13]. These problems deserve the attention of researchers. The implementation of collective leadership requires the extensive cooperation of

the whole team; However, in many medical institutions in China, where hierarchical structures are entrenched, achieving effective implementation of collective leadership faces significant challenges.

8. Conclusion

In conclusion, collective leadership plays a key role in facilitating multidisciplinary nursing collaboration. By establishing a shared vision and goals, promoting effective channels of communication, fostering collective responsibility among team members, ensuring the proper allocation of resources, and fostering innovation and continuous improvement, collective leadership can strengthen teamwork, improve quality of care, reduce medical risks, and increase patient satisfaction. Leaders and managers foster positive and supportive environments for employees, who create compassionate and supportive environments while providing quality patient care[3]. Ultimately, the collective leadership model challenges the traditional view of hierarchical leadership and advocates a more collectivist approach[2]. This is consistent with the current development of multi-disciplinary collaborative nursing models. However, it is important to acknowledge that this approach also has its limitations. Therefore, the future researchers should conduct in-depth evaluation and improvement of this leadership method, and continue to develop dialectically. In order to overcome the limitations of group leadership, it is recommended that medical institutions strengthen the training and guidance of group leadership methods to improve the participation and acceptance of team members. At the same time, healthcare organizations should encourage open communication and feedback mechanisms to identify and address potential issues in implementation, ensuring that collective leadership facilitates rather than impedes the delivery of care.

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