# Towards a theoretical framework for integrated team leadership (IgTL)

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ORIGINAL ARTICLE



# Towards a theoretical framework for Integrated Team Leadership (IgTL)

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**ABSTRACT**

This study presents a framework for the leadership of integrated, interprofessional health, and social-care teams (IgTs) based on a previous literature review and a qualitative study. The theoretical framework for Integrated Team Leadership (IgTL) is based on contributions from 15 professional and nonprofessional staff, in 8 community teams in the United Kingdom. Participants shared their perceptions of IgT's good practice in relation to patient outcomes. There were two clear elements, Person-focused and Task-focused leadership behaviors with particular emphasis on the facilitation of shared professional practices. Person-focused leadership skills include: inspiring and motivating; walking the talk; change and innovation; consideration; empowerment, teambuilding and team maintenance; and emotional intelligence. Task-focused leadership behaviors included: setting team direction; managing performance; and managing external relationships. Team members felt that the IgTL should be: a Health or Social Care (HSC) professional; engaged in professional practice; and have worked in an IgT before leading one. Technical and cultural issues were identified that differentiate IgTL from usual leadership practice; in particular the ability to facilitate or create barriers to effective integrated teamworking within the organizational context. In common with other OECD countries, there are policy imperatives in England for further integration of health and social care, needed to improve the quality and effectiveness of care for older people with multiple conditions. Further attention is needed to support the development of effective IgTs and leadership will be a pre-requisite to achieve this vision. The research advances the understanding of the need for skilled interprofessional leadership practice.

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## Introduction

In 2014, in the United Kingdom, the Five-Year forward View (NHS England, 2014) identified a range of strategic initiatives to reflect the ambition to integrate Health and Social Care in England. As part of the new care model program, 50 National Health Service (NHS) Vanguards were established to take steps toward implementing the policy; supporting improvement and integration of services. NHS Vanguards have sought to draw on leadership capacity to integrate primary and acute care systems and specifically join up healthcare and rehabilitation services based on new approaches to improve the coordination of services and reduce pressure on Emergency Departments. This paper presents a framework for the leadership of integrated, interprofessional health, and social-care teams (IgTs) based on a previous literature review and a qualitative study with professional and nonprofessional staff based in eight community teams in the United Kingdom.

## Background

There is a focus on the exploration of interprofessional practice across Europe and globally (Jogerst et al., 2015; Wranik et al., 2019), particularly associated with how professional practitioners work together toward the shared goal of improved population health (Ødegård, 2006; Vass et al., 2007). Services aim to organize around local population needs with leaders tasked to improve health and wellbeing and satisfy the individual care experience whilst reducing the per capita cost of care. Interprofessional team leadership is therefore focused on leading a geographically based whole-system, intervention regime that is able to manage the complexity of rising waiting lists, and provide more focus on primary care (NHS England, 2017). Since policy initiatives are seeking to promote changes in practice, it is valuable to explore the self-presentations of a multi-professional healthcare team with leadership as a key facet Kvarnström (2011).

Within the context of current reforms and ever-more complex care issues that transcend organizational boundaries, leaders in the NHS are compelled to operate in new ways (Dhillon, 2013; Doyle et al., 2013). Interdisciplinary leadership approaches respond to complex policy and service challenges (Ham, 2008) by adopting a whole-systems understanding: managing current short-term service planning, whilst appreciating the need to enhance prevention where possible. Clearly, there are conflicting logics in leadership work that require leaders in healthcare to seek innovative ways of working to achieve wider system change (Checkland, Parkin, Bailey, and Hodgson, 2018) whilst, sustaining the momentum of program change (Warwick-Giles and Checkland, 2018). These challenges necessitate innovation because leaders

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faced with finite resources, staff shortages, and rising public expectation are making decisions that affect acute and long-term care (Cummings et al., 2008; Dyson, 2018).

Teams are an organizational construct designed to maximize cost-effective outcomes as well as enhance employee wellbeing and engagement (Alimo-Metcalfe, Alban-Metcalfe, Bradley, Mariathasan, & Samele, 2008). Teams seek to collaborate and form partnerships across the health and care sector seeking to share the care planning for people with long-term care needs and for some, mitigate the effect of too few social-care places on clinical services (Elton, 2016).

In a previous literature review Smith et al. (2018) a preliminary theoretical framework for the leadership of IgTs was proposed. This qualitative study has built on this work to identify the key attributes of effective IgT leadership particularly seeking to demonstrate how the coordination of professional expertise can optimize therapeutic outcomes (Nancarrow & Mountain, 2002).

The study was conducted to achieve the following objectives:

- To describe from staff perspectives the processes of effective leadership to ensure effective integrated teamworking.
- To explore the staff perceptions of the impact of effective IgTL on service-user outcomes and satisfaction.

## Methods

### Research design

Fifteen semi-structured interviews were used to gather qualitative data on the perception of IgT members and experienced IgTLs, as to the nature and process of integrated team leadership.

### Data collection

*Sample.* Staff from 10 participating IgTs in England were asked by letter if they would be interviewed. Teams were recruited through a preexisting 'Community Therapists Network' that was regularly used for research and knowledge exchange activity.

*Recruitment.* Purposive sampling ensured that a range of professions/disciplines within IgTs were included. Participants were invited to participate by introductory letter. Studies on qualitative data saturation indicate that theoretical saturation is generally achieved with 12 interviews (Guest et al., 2006). To ensure this, 15 participants from teams were asked for their perception of IgT membership and experience of IgTLs; concentrating on the effectiveness of behaviors and processes of effective integrated team leadership.

*Interview schedule.* An interview schedule was developed with open questions and based on the previous literature review (Smith et al., 2018). Up to one hour was allocated for discussions that were wide-ranging and allowed participants opportunity to thoroughly explore and reflect upon their experiences. All interviews were conducted face-to-face, in a private meeting room, at the interviewee's workplace.

### Data analysis

Interviews were recorded, transcribed and analyzed using Template Analysis (King, 2008). This method involves the development of a coding "template" which summarizes themes derived from qualitative data that are considered important. Analysis began with sub-themes that are strongly expected to be relevant to the data (King, 2004). In this case results of the literature review (Smith, 2018) provided an apriori outline framework for IgTL. Whilst using a model for analysis can be useful, all models simplify reality and can focus attention on certain phenomena at the expense of others (Cummings & Worley, 2015). A conscious attempt was therefore made to allow the coding template to be grounded in the data and test whether the findings concurred with previous research efforts, but not to let them pre-determine the results of the analysis.

Analytical coding was undertaken utilizing the qualitative analysis program NVivo 10 (QSR International Pty Ltd). After a preliminary coding and organizing 'free nodes' into broad themes and sub-themes a coding check was undertaken by two other research team members. The results were compared and consensus coding labels and definitions agreed. In the fourth stage, themes and sub-themes were plotted into thematic charts and data in each theme re-viewed, and, where necessary, re-sorted to (Paterson, Thorne, Canam, & Jillings, 2001) create the final template (Table 2).

### Ethical considerations

This research study received ethical approval from Salford and Trafford LREC. (8/H1004/124) as part of a larger program grant. Participants were provided with a participant information sheet and formally consented into the study. Data transcripts were anonymized, with any identifying data removed before coding began.

## Results

The roles of the individuals that took part in the study are summarized in Table 1.

The primary themes of 'Person-focused Leadership' behaviors and 'Task-focused leadership' behaviors identified in the literature review Smith et al. (2018) were confirmed from the

**Table 1.** The profession/role of team members interviewed.

| Profession/role | No. |
|---|---|
| Occupational therapist | 3 |
| Social worker | 2 |
| Speech and language therapist | 2 |
| Nurse | 1 |
| Physiotherapist | 3 |
| Support worker | 1 |
| Occupational therapy assistant | 1 |
| Dietician | 1 |
| Team leader | 3* |
| Team manager | 1 |
| Total | 18 |

NB * Interviewees with a management/leadership role are also coded by their profession.

Table 2. Integrated team leadership framework.

| Person-focused leadership |
|---|
| **Inspiring and motivating others** |
| • Vision |
| • Positive attitude |
| **Walking the talk** |
| • Commitment, drive and enthusiasm |
| • High standards |
| • Strong, confident manner |
| **Service improvement and innovation** |
| • Developing the service |
| • Facilitating participation and discussion? |
| • Team learning |
| • Valuing team members |
| • Constructive feedback |
| • Developing experience, skills, confidence |
| **Empowerment** |
| • Shared leadership |
| • Facilitate autonomy |
| • Individual development |
| • Discuss and share concerns |
| **Teambuilding/maintenance** |
| • Creating team identity |
| • Facilitate full participation |
| • Create clear boundaries |
| • Managing group dynamics |
| • Monitor well-being |
| **Emotional intelligence** |
| • Calm demeanor |
| • Empathy |
| • Active communication |
| • Approachability |
| • Availability |
| • Flexibility |
| **Task-focused leadership** |
| **Setting the direction of the team** |
| • Decisiveness-taking responsibility |
| • Supporting team decisions |
| • Give direction and allocate responsibilities |
| • Approving-reviewing care plans |
| • Planning work |
| • Proactive and organized |
| **Formal team development** |
| • Addressing skill gaps |
| • Ensuring access to required training |
| **External role** |
| • Representing the team to external stakeholders |
| • Entrepreneurial ability |
| • Building Id networks |
| • Winning resources for the teams |
| • Breaking down barriers to IgT |
| • **Providing guidance in navigating organizational systems** |
| **Professional responsibilities & experience** |
| • Does the IgTL need to be from an HSC profession? |
| • Professional expertise and experience |
| • Understanding the role of the professions/disciplines within the team |
| • Learning IgTL from experience |
| **Technical and cultural issues** |
| • Healthcare leadership vs social-care leadership – differences |
| • Traditional clinical leadership vs IgTL |

interview data. Person-focused leadership behaviors are those that facilitate attitudes, behavior and interactions, and influence how staff cognitively structure their work experience (Salas, Dickinson, Converse, and Tannenbaum, 1993).

The two primary themes are supplemented by two further main themes recognizing 'Professional Responsibilities of the IgTL' and 'Organizational factors' in recognition of different contextual factors (see Table 2).

The number of references found per item can be seen in Table 3. The majority of the focus of comments on leadership was on Person-focused (223 comments) rather than Task-focused Leadership (67 comments).

## Person-focused leadership

### Inspiring and motivating others

*Vision.* Effective IgTLs inspire and motivate team members by espousing a vision for the development of the service that team members believe in and see as achievable.

> You need somebody at the helm that has the vision to carry the rest of the team because when you're working on the ground level, you haven't got that ability to do that – you need people in a different position to yourself. (Occupational Therapy Assistant)

*Positive attitude.* The IgTL expresses confidence the goals of the team are achievable. Displaying a positive attitude about the team and its work is critical to the team.

> She had a can do attitude, always supportive of whatever you wanted to do …. We were never told, no we can't afford that or you can't do that, it was let's see how you can do it … (Physiotherapist)

This is particularly the case at times when teams become despondent and frustrated. One team leader expressed it like this.

> The team's so motivated and positive that I don't need to do it very often, but occasionally, when they do get a bit despondent I suppose and a bit frustrated with things then you know, I try to bring it back to what we're all about. (Team Leader)

If the IgTL begins to exhibit signs of stress, staff can become anxious, or lose confidence in the IgTL.

> I think we're all quite fearful at the moment of our job security and who's going to be in charge of us … and we heard (our team leader) say we may not have a job. She lets everyone know how stressed she is which isn't a terribly good way. (Speech and Language Therapist)

### Role modeling

*Commitment, drive, and enthusiasm.* Respondents felt that effective IgTLs were effective role models, backing up their belief in the service with commitment, drive, and enthusiasm.

Table 3. The number of comments found for IdTL factors identified.

| Leadership factor | Comments |
|---|---|
| *Person-focused leadership* | *223* |
| Inspiring and motivating others | 23 |
| Walking the talk – idealized influence | 23 |
| Service improvement | 28 |
| Consideration | 45 |
| Empowerment | 35 |
| Emotional intelligence | 48 |
| Teambuilding and maintenance | 21 |
| ***Task-focused leadership*** | ***67*** |
| Setting the direction of the team | 27 |
| External role | 25 |
| Team development | 15 |
| ***Negative leadership*** | ***36*** |

> … when I came to work on the team, the manager had a real vision for re-ablement and a real drive for it and therefore she set the bar quite high for her staff to achieve.(Speech and Language Therapist)

***High standards.*** The IgTL must consistently show that they have high standards for themselves and the team, and are consistent; both in the messages about the work and the way that they treat people.

> She had high standards across the board, including for herself …. and was extremely committed, extremely knowledgeable as well and completely drove it forward … (Social Worker)

***Strong, confident manner.*** The IgTL is ideally both respected and liked. However, they must be able to demonstrate authority when necessary. As one team member put it;

> You need to be well aware of what is going on and have your ear to the ground. (Occupational Therapist)

If the team manager does not seem phased by even the most challenging problems – this communicates to staff, building their confidence.

### Service improvement and innovation

***Developing the service.*** Rather than a strategic focus, IgTs generally direct attention to improving the service, translating strategic imperatives into improved operational performance.

> She left no stone unturned really; she was very thorough in whatever the situation was …. I thought I was a fairly good social worker before, but she made me raise my game. She made me pick up my pace and drive, about what I could achieve and could do with people. (Social Worker)

For professionals, this type of behavior can be challenging as it directly contests professional autonomy. A key role of the IgTL is to ensure that services continue to develop as an integrated provision.

It is important for the team, however, that even where change is initiated outside the IgT, the IgTL works to ensure the team feel they control operational innovation.

> There's a lot of development going on with all these changes, but actually there are plenty of things that we want to change from grass roots up in the way that we work, so it does come from us as well. (Rehabilitation Support Worker)

***Facilitating participation and discussion.*** Because IgT is a collaborative venture, change and learning best occurs through involvement, which in turn fosters ownership of change initiatives.

> I try not to tell them what they're going to do, I try and get them to look at it … so the whole of the goal sheet and outcome measurements was their design and it makes perfect sense to me that's why I'm carrying on with it. It does everything that I need, that I asked them to do and it's their design so they're far more committed to using that.(Team Leader)

***Team learning.*** To encourage creativity and innovation the IgTL is always open to suggestions and willing to try new ideas. Staff know that differing perspectives and disagreement are OK.

> She's actually quite open to new ideas as well, which I think is quite important if a team is going to move on and evolve. She is not like, "this is what we are doing", she's listening to us, our feedback and then she sort of tweaking things … (Dietician)

The facilitation of discussions, both with individuals and with the team, leads to new ideas and solutions. It is a team learning process.

> My team leader's great because she listens and she takes on board things I bring, both positive and negative. She's very encouraging … so you really feel that you are not stuck in one place as a team, but that we are always trying to improve. I think she is very good at that. (Senior Occupational Therapist)

### Consideration

The IgTL considers members as individuals with different needs, abilities, and aspirations. They help staff to develop, but within the boundaries of the team by ensuring individual aspirations and goals are aligned with team and organizational goals.

***Valuing team members.*** Consideration behaviors of the IgTL help team members feel valued. This feeling of appreciation has the effect that team members show consideration behaviors to other team members. Being approachable is a key to people feeling valued. The overall effect is to both powerfully enhance positive feelings about the team and constructive behaviors toward other team members. This is particularly true in relation to operational constraints around time and workload.

Effective IgTLs show an interest in IgT members not just in a transactional way; in relation to their role, but holistically as whole people; both inside and outside of work.

> … just showing an interest in individual, makes them feel valued, and it might be just thinking about something they mention in their personal life, checking that's ok as well as work life, because obviously the two do interact. So being aware, I think.(Team Leader)

***Constructive feedback.*** Providing feedback to team members contributes to generating a positive atmosphere, though it does not preclude challenge.

> I think it's about, supporting the staff, not just a criticism when things go wrong, butit's praise when a praise is due. (Team Leader)

It is also important that appreciation is extended to all team members and that both professional and nonprofessional staff are treated with equal respect.

> It's being completely fair, and it's somebody to go to if there are any issues. I do feel that we do have that on the team.. giving them positive feedback.… just having a positive manner, involving the team, is the most important thing. (Team Leader)

***Developing experience, skills, confidence.*** The IgTL takes a person-centered approach, facilitating the development of each team member according to their aspirations, and finding ways to align these with team and organizational goals. There is a strong link between these behaviors and task-focused leadership behaviors related to development.

A key role within this for the IgTL is ensuring that new team members are inducted into the team. New team members should have the opportunity to shadow and work with all other team members to understand their role. Effort is made to make them feel valued and that they can ask for any assistance they need.

> We give everyone a good four weeks or so induction, so they spend time witheverybody … The feedback we get from students who've only got a very short time tofeel at home in a team … is that everyone is really supportive and they feel they couldapproach anyone. That is something I really encourage when a new member of staffcomes in ….”(Team Leader)

### Empowerment

***Shared leadership.*** A vital component of effective IgTL is empowering the whole team particularly by sharing leadership responsibilities, with professional staff.

> We all make decisions. Obviously there are certain decisions that have to be made at a management level. But even when those decisions have been made at management meetings I come back and say oh right they've brought this new thing … so how shall we do it as a team, so that they're being involved because I just feel that they need to be. (Team Leader)

Professional team members take an active leadership role relating to individual service-users whose case they have overall responsibility for. Direct liaison across the team in developing care plans is critical with more experienced staff able to guide decisions and plans.

Different professionals hold formal supervisory responsibilities within the team with the IgTL maintaining the overall leadership role and a direct leadership relationship with all staff including support workers.

> I think that in some ways the art of good leadership is that not everyone is aware that you are the leader. It is not sitting up there on the platform. Our team leader does that very well. It still feels like she is one of us. (Occupational Therapist)

***Facilitate autonomy.*** The effective IgTL facilitates autonomy, particularly amongst professionally qualified team members. Availability and approachability are particularly important when there are problems.

> Our team leader really does let us get on with it, but she's always here … she knows exactly what's happening … and she knows her stuff. When you come to her and say what do I do about this, she knows and if she doesn't, she finds it out quickly … you know she's in charge! (Speech and Language Therapist)

***Individual development.*** The IgTL facilitates the learning and development of individuals and teams through, non-directive dialogue that allows emerging patterns and solutions to surface, related to specific goals identified by the individual.

As the IgTL does not always have the same specialist knowledge as the professional, they do not give clinical supervision. The IgTL does give supervision and facilitate discussions with professionals about clinical issues and provides a holistic perspective. Clinical supervision can be thought of as specialist mentoring – whereas IgT supervision is focused more on specific operational goals.

> Our team leader is very good at allowing you to talk through clients, giving you a bit of guidance, giving you the stuff to think through; an alternative way. But she doesn't give you the Occupational Therapy side; I need that externally. (Occupational Therapist)

***Discuss and share concerns.*** The IgTL needs to be available to discuss problems and difficult issues with team members when they arise. They generally take a facilitative role in the discussions, but may challenge thinking and offer expert advice. If risks of the agreed action are high the team leader may formally take responsibility for the course of action. This helps to assure the team that they will not be exposed to risks that might cause individual, professional anxiety.

> I guess I take that responsibility when I've made that decision. If there's any come back I made that decision … so you know that's my head on the block if you like [laughs].(Team Leader)

### Teambuilding/maintenance

Building and maintaining the team is vital to ensure its success. This can be achieved either practically by facilitating a team approach or through formal and informal teambuilding activities. This requires a good understanding of group dynamics.

***Creating team identity.*** The IgTL works to create a team in which members feel pride in membership.

> We go out every so often. We all head off to the Indian and have tea after work and stuff like that. We try, because it makes you more human I suppose and not just a team member. You are actually a person and I think …. it humanizes everything. So yeah, we do that. It's a good team! (Team Leader)

***Facilitating full participation.*** Effective IgTLs ensure the more assertive team members do not dominate proceedings; that quieter members are given enough airtime, that communication is open and that nothing is left unsaid.

> If somebody is quiet in a meeting you say “right, would you like to say somethingnow. Because you can often tell, you look at them and think, ‘oh if you're lookinggrumpy about that you say what you think instead of letting the same people do all thetalking’, which often happens, doesn't it?” (Team Leader)

***Creating clear boundaries.*** The nature of community work is flexible, but people need to have clear consistent boundaries. Less experienced/qualified team members often require different levels of support and different boundaries.

> People need to have boundaries to work within and I think when people are doing a lot of community work, I think those boundaries are moved outwards quite a lot because obviously you are expecting people to work independently a lot. So a lot of flexibility is required but also clear boundaries. (Physiotherapist)

***Managing group dynamics.*** Effective IgTLs have a good awareness of group dynamics; monitoring the team closely and being aware of any changes.

> There can be subtle change sometimes in the mood and sort of finding out what's going on … you have to be trying to keep lots of people happy. (Team Leader)

In teams where there is open communication, there are bound to be differences of opinion amongst the team, which could

lead to conflict. The IgTL ensures that differences of opinion are resolved and do not develop into conflict. If conflicts do arise in the team, the IgTL must resolve the conflict and ensure relationships are maintained. Asked how care plans and treatment objectives were developed one team leader said:

> A full and frank discussion takes place (laughs). Not very often because I think over the years people have got to know each other's way of working and think about the goals and everybody's role, but occasionally there will be quite a big difference in opinion …. (Team Leader)

***Managing well-being.*** The IgTL must monitor the team for overall well-being, recognize signs of stress and burnout and act pro-actively to ensure the continued wellbeing of team members.

> I say who's going to get what; there is some negotiation with it. If someone says, "I am absolutely chock-a-block, I really can't take any more this week", then you know I won't force them to take it I'll look for someone that's got more capacity, because obviously stress is a big factor and you don't want to overburden people. (Team Leader)

### Emotional intelligence

Respondents consistently identified that effective IgTLs needed a high-level ability to really understand other people. They identified a number of capabilities that relate directly to established theories of emotional intelligence.

***Empathy.*** Effective IgTLs not only display good clinical knowledge but taking the time to understand other people's feelings and point of view makes individuals feel valued. There are also strong indications that when this type of behavior is modeled by the IgTL that team members adopt these behaviors.

> …. I think that makes a whole lot of difference you know, because if you feel valued in yourself then you feel as though you want to value everyone else …. (Rehabilitation Support Worker)

***Active communication.*** It is important for the IgTL to possess a high level of communication skills Facilitative and participative communication styles to build empowerment and promote effective communication throughout the team.

> They have to be able to communicate well with all the different team members. I think because its different professions in the team there are a wider range of people. When you put a team together you're going to get workers from different educational and social backgrounds. Listening to everyone's point of view and taking everyone seriously is a very good step forward. (Occupational Therapist)

***Approachable and available.*** The effective IdTL needs to be both approachable and possess, *"an open nature"*. Team members need to feel they can discuss anything that is on their mind with the IdTL. This includes work-related and non-related issues that can effect performance.

> … I find X very approachable and I find X … X does praise you, as well. X will be like that, 'oh you've done a good job there and stuff like that.' And I don't know … I think to be approachable, you need to have that … (Support Worker)

Although much work in the IdT is self-directed and the IdTL has other responsibilities, it is vital that they make themselves available to staff so that at the times when team members need support they can get it.

> "You can get a situation where people feel professionally embarrassed about having to ask something. We don't have that. It's very informal, but it's a respectful relationship … The staff respect [our team leader] and [our team leader] respects them. There is a lot of mutual support and respect really." (Team Manager)

### Task-focused leadership (formal structuring behaviors)

Task-focused leadership behaviors are those related to formal structuring of team tasks and goals, often through defined organizational mechanisms. However, despite their formal nature, these tasks are generally achieved through participative techniques because of the nature of IgTs. The team meeting is often the prime vehicle to facilitate many of these activities within the team.

> I think meetings are good and our team leader always turns up for those, so she's there for any questions or any difficulties people are having and I think things can be nipped in the bud then rather than them going on and on. If you didn't have a meeting every week there wouldn't be that sort of forum to able to come and say I'm not happy with this … so it keeps progress going, rather than things just hanging around. (Nurse)

### Setting the direction of the team

The IgTL facilitates strategic thinking and action planning within the team. These aspects link to both "vision" and "empowerment". To do this, the team leader must have a strong vision for the team and high standards for attainment. Whilst these activities are usually enacted in a participative way, the IgTL's role is pivotal to ensure that the team does have a clear direction. When a plan is created the IgTL acts as the custodian of the plan and ensures it is kept to.

> There was a phase when our team leader had left and (our team manager) was really busy doing everything he does now and trying to do a million other things as well and we felt like we were adrift, but once (our current team leader) stepped in, it felt like we had got direction again and it felt like we had got somebody at the helm. (Social Worker)

***Decisiveness-taking responsibility.*** Despite the team being largely self-directed and there being significant sharing of leadership roles, staff consistently said they appreciated a leader who was strong, decisive and prepared to take responsibility for difficult decisions. Even if staff disagreed with the IgTL if they had listened to all perspectives and their reasoning was sound their decision was respected.

> ….even if you don't agree with what they're saying but they have made that decision and they're sticking by it, so even if it's not particularly popular decision, you can respect them for it. You feel like they believe in it, and also listen to what you know; your point of view. Even if they can't do anything about it which is quite often in the NHS but if you can put your side of the argument and have that taken into account it makes a big difference to the final

> outcome but at least you've had a go. And people need to know where they are. (Physiotherapist)

***Give direction and allocate responsibilities.*** The IgTL has overall responsibility for allocating cases and managing workload often during team meetings. The IgTL will facilitate this usually but may allocate work/tasks according to situational factors, such as level of current workload, the complexity or specialized nature of a case, or the level of experience, confidence, or qualification of staff members.

***Approving-reviewing care plans.*** In routine cases, care plans are developed by IgT members, particularly those professionally qualified, in collaboration with colleagues. The IgTL carries responsibility for the formal approval of care plans, in particular, with difficult or complex cases, where risks are higher.

> …. and then they're passing to me care plans to sign and sign off and agree, which I have to for budgetary reasons. …. I have to agree everything and make sure all the boxes have been ticked for our audits and our paper trails and our performance indicators. (Team Leader)

In doing the above, the IgTL needs to demonstrate that they are proactive in organizing and planning, both their own workload and that of the team, but in a way that promotes participative ways of working rather than undermine them.

### Formal team development

The IgTL is responsible for formally developing the team.

***Addressing skill gaps.*** Addressing skill gaps within the team can be achieved by the recruitment of new team members or by ensuring current staff has access to the training they require to do their jobs most effectively and meet statutory obligations. This can require making a case externally for necessary funding and resources.

***Ensuring access to required training.*** The IgTL also has responsibility to ensure that staff can access required training to undertake their roles effectively. This includes mandatory training as well as continuing professional development. Professional leads also often play a role in encouraging the staff member to undertake further professional training. The IgTL has responsibility for facilitating access however.

> X also supports me in my wish to have more training and we've put in bids for a couple of things and X's written a lot there in support so no, I feel that X's supported me fully in what I want to do yeah … (Occupational therapist)

### External role

Whilst the IgTL is firmly located within the team, they also have a role outside the team, acting as a link between the team and the wider organization to understand and communicate changes that may affect the service.

***Representing the team to external stakeholders.*** The IgTL has a role in representing the team to external stakeholders including senior management, to promote the team as wells as represent its interests.

***Entrepreneurial ability.*** The IgTL needs the ability to promote and develop the team in a market-oriented environment.

> Someone who's quite dynamic, who's going to represent your team as a positive entity, who is going to go out there and sell (the team) … and isn't going to wait for people to come and ask her …. [They are] actually going to go out there and sell this team, how wonderful we are, and perhaps get more resources, expand it and take it ever forward … (Nurse)

***Building-integrated networks.*** Effective IgTL understands the importance of building networks across a range of HSC agencies and providers to respond flexibly and offer bespoke care solutions.

> She's an excellent networker and she brings health colleagues and commissioners, and directors, and whoever she needs to get a piece of work happening … . She'll bring them together round a table, and you know, she's got a lot of credibility; people respect her. So if there is someone I look (up) to it would be her. (Team Manager)

***Winning resources for the team.*** A key role for the team leader is to ensure that the IgT has the resources they require to do the job effectively.

> There was an issue with cars, because of course we spend a lot of time driving round, seeing service-users in their own homes. One of the OTs was taking somebody on a home visit and something happened in their car that highlighted a bit of an issue about taking people in private cars. So I managed to get us a pool car and you would have thought I'd given the team the crown jewels because they had a pool car. (Team Leader)

***Breaking down professional barriers to IgT.*** IgT is still in its infancy. More traditional professional cultures still exist in many areas of HSC. The IgTL has a role in further developing IgT networks outside the team. Breaking down of barriers to IgT is also a core component of also inducting new members into the team.

> …. a lot of people have worked really hard – we've got some fabulous nurses here – and yet I've got some dreadful experience of nurses in the community who I've not been able to communicate with because of attitude. It's about changing that attitude and hopefully we can. I don't think it's going to be easy by any means … the team leader actually helps to change those attitudes … (Speech and Language Therapist)

***Providing guidance in navigating organizational systems.*** When required the IgTL supports staff in navigating organizational systems. This can be part of inducting staff, or to support Health Service staff who work in social care settings and vice-versa.

> In terms of social services structures (our team leader) gives very good guidance in terms of all the managerial stuff and filling out the paperwork etc. of which there is an awful lot, so I don't feel particularly constrained by that one.

### Professional expertise & experience

The following elements relate to issues around the appropriate background knowledge and expertise an effective IgTL must possess. Further, as an IgT member, the IgTL must undertake real work within the IgT in combination with their leadership role.

### Does the IgTL need to be from an HSC profession?

Most interviewees strongly felt that the IgTL should be it necessary for the leader of an IgT to be an HSC professional (Nurse, AHP, Social Worker, etc.). The reasons for this were two-fold. They felt that the IgTL had to show high levels of expertise in a relevant professional area to the team, to fully gain the respect of the professionals in the team.

> I would want somebody who had a vast amount of experience in the job that we were actually doing, for me to be interested and respectful about what they were asking me to do. (Occupational Therapist)

It was felt to be vital that the leader of an IgT had extensive experience of the service that they were leading so that they understand intimately both the nature of the work and how best it could be achieved.

> If you're going to lead a group of people you've got to have a really good understanding of what they're dealing with on a day-to-day basis, the difficulties they experience and what they are trying to achieve. The chief executive of social services should have been a social worker. (Social Worker)

Much of the team leader's time is spent facilitating discussions about particular cases and developing care plans. Therefore, an in-depth professional expertise was felt to be *"a definite advantage."*

However, this was not a universal opinion. One AHP had worked with a team leader from a professional management background and reported it as a very positive experience. Most respondents, despite the above opinion, did recognize that leadership required a distinctly different skill set to those required to be an HSC professional, particularly in a more market-oriented, commissioning based healthcare system.

Whilst no single professional background that is seen as a better preparation for being an IgTL, respondents from healthcare-located teams tended to think that the team leader should come from a health profession. Respondents from social services-based teams felt that a social service background was a better preparation for the role of IgTL. Significantly, however, respondents from the health professions who were working in social service-based teams felt that they would prefer a team leader from a social service background.

More important than having excellent clinical expertise in a particular profession, the IgTL has to *"have an understanding of everybody's role in the team"* and how particular professionals can contribute to specific service-user needs.

Respondents also felt it vital that future IgTLs gained experience of working in an IgT before taking up the role of team leader.

> …. I always say it takes a person about a year to learn what we'd do properly and that's gained through experience of what the team can do as a working unit together, what the team can impact, what the physio can do, and how far we can get with particular service users and different scenarios. (Team Manager)

### Health leadership vs social-care leadership – differences

Respondents perceived that there were definite differences between leadership in healthcare and social care-based IgTs. Leadership within health was perceived as much more hierarchical than in social-care-based organizations. It is not that social-care organizations do not have hierarchies but that the hierarchies are culturally different. Social-care hierarchies are in some ways more formal. Staff receive regular supervision and, *"people sign off your notes. I've never come across anything like that in the health service!"* Lesser-qualified staff are given high amounts of responsibility in both Health and Social-care organizations. However, in social care, there was evidence of more structured support from team leaders. In healthcare, low team leader support can be and is balanced by support from professional leads and the professional hierarchy is generally more pervasive. One healthcare professional described the difference as social-care having a, *"you can do it attitude,"* whereas in healthcare, *"you can do it only if you are qualified to the right level!"*

Significant structural and cultural differences needed to be acknowledged and overcome by the IgTL and the framework recognizes the importance of key behaviors and approaches. However, participants also identified the effect of the organizational structure and support for the IgTL; the clarity and consistency of role being critical to their authority and confidence in performing a difficult task. Where the organization has not created a clear and workable leadership structure, there is a risk of confusion about the leadership role and respondents indicated increased feeling anxiety.

## Discussion

This study sought to describe, from staff experience and different professional perspectives, the processes of effective integrated team leadership and the impact of effective IgTL. In common with other OECD countries, services in England aspire to optimize the effectiveness of care for those with increasing age and morbidity. Whilst a number of studies have commented on staff (Karam et al., 2018) and user perceptions of teams (Kvarnstrom et al., 2007), this work reports on perceptions of the leadership requirements for IgTs.

In keeping with the findings of a previously published literature review (Smith et al., 2018) two broad categories of leadership behavior are recognized in the participant reports and subsequent themes. Firstly, Person-focused leadership includes those behaviors by which leaders facilitate team interaction and development, and secondly, Task-focused leadership behaviors are focused on accomplishing work tasks and meeting operational goals. The IgTL framework demonstrates the particular ways that team leaders value and facilitate the sharing of knowledge between professional staff, with a particular emphasis on improving health and care outcomes.

The extraordinary complexity and range of concerns for the IgTL are notable and perhaps are under-acknowledged. It is clear that leaders are critical to resolving the challenges, boundary issues and potential conflict resolution within an integrated, professional team context (Brown et al., 2011).

Leadership theories and behaviors in healthcare have a number of common features (Hartley and Benington, 2010) including the management of people and complex services with operational imperatives. However, leading integrated teams represent a critical challenge to uni-professional cultures and established ways of working and the ability to facilitated 'interprofessional collaboration' is key. It is evident that leadership behaviors seek to balance the goal of increasing integrated working practices within the team, whilst respecting established professional practice norms. This process takes place both within the team and across the organization through the leader's boundary-spanning role. In representing the team to other stakeholders, the IgTL is constantly working to achieve a shared understanding of service outcomes and demonstrate the effectiveness of integrated practice. The current study describes the ways that IgTLs manage the tension between professional identity and accountability, with the need for a strong shared purpose and loosely integrated work practices (Reeves, Xyrichis, & Zwarenstein, 2018).

Empowering team members to fully participate in decision-making requires high levels of genuine emotional maturity and self-confidence in the leader (Shakleton, 1995; West, Lyubovnikova, Eckert, & Denis, 2014). Where IgTLs abdicate responsibility, or show weakness, staff can lose confidence in the leader and lack of clarity of leadership can cause anxiety and uncertainty in the team (Nancarrow et al., 2013; West et al., 2003). The IgTL must, therefore, be clearly 'in charge' for team members to be confident in their decisions, perhaps engendering safety and openness by, for example, managing conflict in the team and facilitating definitive decisions that support the team to share risks and collaborate in treatment strategies.

Whilst IgT leadership is being practiced more widely, this framework takes a workforce perspective and identifies the range of behaviors required (Kim et al., 2017) Participants felt strongly that the IgTL should come from one of the professions in the team. They had to be able to show high levels of professional expertise (Ketcherside et al., 2017)and be able to understand the roles and expertise of all the other professionals in the team. Participants recognized that both strong professional and team identification in IgTs are likely to be conducive to clinicians supporting principles of shared leadership (Forsyth & Mason, 2017). Whilst there was a preference for professional background, participants did feel though, that it was essential that the IgTL had spent time working in an IgT setting before becoming a leader. It was also felt to be beneficial if the team leader still carried some professional workload.

### *Strengths and limitations*

This research has identified the leadership behaviors based on staff members perceptions and experience reflecting a range of professionals/disciplines within participating teams. The participants were mostly women thus limiting the gender diversity in the sample group but reflecting the staffing of the teams. It is acknowledged that a wider diversity of age and gender views may be significant to leadership style. Participants self-selected thus reflecting the experience of a range of their teams but the quality of patient health outcomes and experiences was not known to the researchers and so a limitation of the study is that the effectiveness of integrated teams is the views of staff and not service-users. Further work needs to be done to cross reference the interprofessional leadership framework with high performing teams.

## Conclusion

Staff perceptions of IgTL supported the prior literature review, enabling the development of the Integrated Team Leadership Framework. Interprofessionality engenders a strength of "feeling" associated with the professional identity and credibility alongside the shared vision for excellent healthcare outcomes. Facilitating health and social care staff to achieve professionally and to work within a common operational framework requires genuine understanding and relevant clinical expertise. Person-focused and task-focused leadership is a simple and highly relevant construct by which to understand the very complex task of integrated team leadership. This clinical leadership role needs to be properly recognized as a critical factor for integrated system redesign; enabling teams to maximize their expertise through integrated practices.

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