TITLE OF THE ARTICLE: LEADING ACROSS HEALTHCARE SILOS: WHY RELATIONAL LEADERSHIP MATTERS

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"[relationships are] the connective tissue of the organisation, over time… they become the glue that holds us together" (1)

INTRODUCTION

The introduction of Integrated Care Systems (2) and policy encouragement for more collaborative and inclusive care present leadership challenges, especially under increasingly constrained resource environments. Leaders are now required to engage public, staff, and providers to determine how services are delivered, and how quality is improved (3, 4). These challenges were made even more problematic by the demands of the Covid 19 pandemic, where wide scale disruptions emphasised the need for systems leaders to break down barriers and silo working across boundaries (4). This has brought increasing focus on the significance of relationships and the concept and practice of relationality for leaders. This learning zone piece focuses on relationality – or a deeply 'connected' perspective on leadership –to provoke greater understanding of what relational-leadership means for systems working and practice.

WHAT IS RELATIONAL LEADERSHIP?

Decades of debate trace leadership and management theory and practice as a distinctly individual activity, focusing on an individual's skills and competence (6)In contrast, relational leadership is a thread of leadership that brings the significance of relations in leadership processes to the fore (7) focusing on patterns of relationship and associated impacts on the people and organisations around those relationships. see figure 1.

BOX STARTS HERE

Box: Towards relational leadership 8 (adaptation)

BOX ENDS HERE

Although grounded in the work of Hosking (9) Dachler & Hosking (10) and Uhl-Bein, (11) the challenge of systems working that has brought the need to work effectively in complex relationships into sharp focus. The introduction of the Integrated Care System for instance, has added an additional layer of complexity in coordinating services across traditional boundaries, emphasising the de-centralisation of power and shared responsibility. In this relational thread, leaders are looking increasingly for ways to collaborate, bring multiple perspectives into their work, and make decisions as a collective. This more collaborative and collective form of leadership is particularly necessary to deal with needs of decision-making in highly complex the environments which cross professional boundaries .

Relational leadership emerges, not as another model or process, but rather a practically oriented approach for people (staff, patients, providers) who are "collectively attempting to accomplish positive change" (11). Learning how to be a relational leader can lead to more positive collaborative relationships between staff and patients, NHS and public but requires leaders to build their 'relational muscle' (8)

In trying to make relational practice more explicit we consider three dimensions of leadership practice that emerge in the literature: relations with context, relations with others, and relations with self (12)()– see table.

BOX STARTS HERE

Table: Dimensions of relational leadership

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RELATIONS WITH THE LEADERSHIP CONTEXT

Relations with the leadership context is essentially about creating relational conditions and spaces guided by values. There is a widely held view about the complexity and messiness of the Integrated Care System, and leaders within and across it are now encouraged to build positive relationships across the boundaries of organisations and professional occupations, and often have to deal with imperfect information (13). Here, the relational perspective encourages leaders to draw on their moral sources, for example, understanding their own and others' personal and professional values. (14) express this as the '5 guiding lights of leadership', where leaders use appreciative assessments and reflective tools to strengthen direction and influence across contexts.

Rather than making decisions in isolation, relational leaders create spaces for collaboration and decision-making (15). In such ways, relational leaders are better able to work towards a more holistic view of issues, because they are creating the conditions for working across silos through safe spaces and cultures of relational practice e.g. kindness (19). It puts relationships at the heart of leadership and show the importance of safe reflective spaces.

RELATIONS WITH OTHERS

Relations with others is essentially about using relational methods for developing relational capabilities across boundaries. The relational leadership literature encourages leaders to explore the quality of relationships and relational methods for building positive relationships

(7).For instance, *staff* engagement is shown to be a crucial factor for cultivating *public* engagement, leading to improved patient experience, outcomes, and organisational performance (17). ,More widely, approaches which build relational capabilities include, for example; active, action learning (18), and role modelling relational behaviours (19).and storytelling which evoke

Being a relational leader draws on approaches that help people to have time and space to think and reflect critically in ways that enable others to have more meaningful conversations about what is important to them. This means not just listening 'to' stories but searching 'for' the stories people are most trying to tell (20).

RELATIONS WITH SELF

Relations with self is about engaging in self-discovery in one's own capabilities, which builds relational depth. Whereas the focus in the other two dimensions is around the relations with others and wider leadership context, a central dimension brings attention to one's own stories about the self and what this says about their values and beliefs about their relational practices. Here, being a relational leader involves leaders' becoming more aware of how they see themselves, or their self-identity and the implications this has for being collaborative with people (patients, carers, staff, organisations and communities). Stories evoke dialogue, narrative, and visualisation andas such, reveal the way we frame meaning (18) .

There is evidence that practice development programmes for doctors which emphasise the use of active learning (involving support, challenge, and reflection) enables self-transformation (18). Similarly, evidence (found that supporting leaders to explore their own

journey, identity and impact on teams and service was crucial in developing leadership impact, concluding that ‘change starts with me’ (21). As such, leaders need to find space to tell and explore their own story as a catalyst for self-discovery. This means engaging in reflective practices, such as understanding personal, professional, and organisational values, and exploring or challenging assumptions that underpin them. This is important because how we engage with ourselves as leaders acts as a gateway to building positive relationships with others, or the starting point to developing awareness of possible vulnerabilities, and courage needed to work in more distributed ways.

BEING A RELATIONAL LEADER - CONCLUSION

When leaders explore their relations with their leadership 'context’, ‘others’, and ‘self’ it enables leaders to establish ‘relational depth’ (i.e., special moments of quality interaction) (22).These three dimensions of leadership provide a practical frame for leaders, to explore their practice through a relational lens, to show how relationality can inform system leaders working across siloes.

Given the diversity of leadership contexts there can be no one size fits all for leaders establishing collaborative relationships with the public, staff, organisations, and communities. Relational leadership offers “a way of thinking about who leaders are in relation to others” – i.e. patients, staff, providers – “and how they might work with others within the complexity of experience

Relational leaders see communication “not as an expression of something pre-conceived but as emerging and open, as a way of working out what is meaningful and possible” (23). Being a relational leader therefore means “recognising the entwined nature of relationships

with others" (23), and the starting point for leading across silos is not with process but rather a focus on 'self-discovery'. We leave you with the thought that professional and lived experience needs to be valued in equal measure and encourage the self-reflective question; 'how relational is the approach that you are using'?

BOX STARTS HERE

Express checkout: The traditional focus on leadership has meant silos obscure the view for building collaborative relationships in healthcare across Integrated Care Systems. The concept of relational leadership, through relational practices, is offered as a tool that you can use to bring the relational dynamic to the fore of leadership practice. Readers are invited to engage in exploring the relational perspecitve of leadership rather than earlier formulaic approaches.

BOX ENDS HERE

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In practice: Leaders are increasingly exploring how to harness the potential for relational leadership across multi-disciplinary teams and Integrated Care Systems more widely. . Relational leadership includes building awareness and capabilities in three areas: relationship with self (e.g., reflective practices such as storytelling), relationship with others (e.g., role-modelling behaviours)), and relationship with context (e.g., creating relational conditions and spaces such as using kindness in conversations). Such development helps build moments of 'relational depth', which underpins collaborative relationships with patients, and communities. Relational approaches demonstrate how healthcare leaders

understand their identity is socially constructed, dynamic and changing over time; professional and personal experience being intrinsically linked.

BOX ENDS HERE

TABLES / BOXES

Table1: Dimensions of relational leadership

Relations with leadership context	A focus creating relational conditions and spaces, guided by values (organisation, professional, personal). This draws on system-level ways of working, bringing different perspectives towards a more holistic view of complex issues e.g., culture, emotional safety, and wellbeing
Relations with others	A focus on using relational methods for developing relational capabilities across boundaries. This draws attention to ways of working that build and sustain collaborative relationships with individuals, and groups across the system e.g., role modelling relational behaviours
Relations with self	A focus on engaging in self-discovery about one's own capabilities, which builds relational depth. This draws attention to one's own leadership confidence for relational-based working with patients, staff, public, organisation, communities, and system e.g., purpose, values, motivation

Box 1: Guiding lights of leadership

1. The light between us, as interaction in our relationship
2. Seeing peoples' inner light
3. Kindling the spark of light and keeping it glowing
4. Lighting up the known and not known and the yet to be known
5. Constellations of connected stars

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