

Pitfalls and Mitigation Strategies for Dyad Leadership Practice and Implementation in Healthcare

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Abstract: Dyad leadership (co-leadership between a physician and another clinical, eg, nurse or an administrative leader) is being increasingly adopted in healthcare to leverage diverse competencies required and achieve coherence between administrative and clinical governance. The challenges and success strategies of this model have been described. However, the organizations and leaders struggle with its implementation and actual practice. The purpose of this paper is to describe the pitfalls and suggest mitigation strategies for the practice and implementation of dyad leadership model. The insights were derived through inductive thematic analysis and constant comparison of the “text” that included a narrative review of extant peer-reviewed (PUBMED, MEDLINE, CINAHL, PsychInfo, Scopus) and grey literature on dyad leadership (2000–2025), interdisciplinary perspectives on relevant theories, findings through research in a health region (2010–2011), and reflections on experiences in a dyad leadership role. The pitfalls at the individual and dyad partner level include a lack of “shared” leadership literacy, suboptimal relational dynamics (spurious harmony, not switching switch leader-follower roles, and not allowing time for the relationship to mature), and ineffective collaboration (unresolved role ambiguity, lack of information sharing, ineffective decision-making, and counterproductive actions). At the organizational level the pitfalls are lack of organizational preparation and non-strategic implementation, lack of support for and accountability of dyad leaders, and not selecting the right people for dyad leadership roles. Mitigation involves becoming adept at the required behavioral complexity relying on a deeper understanding of shared leadership, nurturing a mutually valued relationship aimed at collective identity, and leveraging collective efficacy, inter-dependencies, complementary strengths, and positive effects of psychological ownership and territoriality. Strategic organizational implementation includes criteria-based selection, appropriate support and clear accountability mechanisms, and monitoring leaders’ behaviors and effectiveness of the model. Navigating these pitfalls would help agency and well-being, fulfilled relationships and effective collaborative work to utilize the full potential of the dyad leadership model.

Keywords: dyad leadership, pitfalls, health leadership, leadership in healthcare, mitigation strategies, shared leadership

Introduction

Dyad leadership, a sharing of leadership and management functions amongst two individuals, has been variably adopted in healthcare organizations (HCOs). It is based on the assertions that a) the competencies required to lead in a complex adaptive system (CAS) such as healthcare, are too broad to reside in one individual¹ and b) there is a coexistence of professional and bureaucratic logics and cultures in HCOs,² which require coherence through integration of administrative and clinical governance.³ Similarly, in medical education institutions, there are academic and administrative leaders (and managers) who work together on different aspects to achieve organizational outcomes, although the partnerships may not be on equal footing with possible hierarchical relationships and parallel siloed reporting to higher organizational levels; eg, co-leadership at the senior leadership level in the universities.⁴ Sometimes, working groups for specific projects may adopt a co-leadership model, eg, a faculty and student co-chair to address inequities.⁵

The dyad model has robust support from various leadership theories including shared leadership,⁶ distributed leadership,⁷ connective leadership,⁸ collaborative leadership,⁹ and collectivist leadership.¹⁰

In HCOs, both the dyad partners could have clinical expertise, eg, a physician and a nurse,¹¹ but more commonly the partnership is between a physician and a leader with an administrative background.¹² There is extensive grey literature (books, blogs, webpages, and dissertations) and somewhat limited peer-reviewed literature (empirical studies, reviews, and commentaries) on dyad leadership. The peer-reviewed literature highlights the rationale and structure and design elements including shared and overlapping roles and responsibilities,^{13,14} suggestions for development and implementation,¹¹ necessity of team- and general-leadership competencies as a foundation for the partnership,¹⁵ challenges and success strategies across individual and organizational domains,^{16,17} and strategies for effective collaboration between the dyad partners.¹⁵

There is a paucity of literature on the effectiveness of the dyad model with only occasional reports on the factors linked with successful outcomes.^{18,19} However, its success can be inferred from its continued use and reliance in some high-performance organizations, eg the Mayo Clinic.²⁰ The promise of the dyad model is reflected in its consideration and increasing adoption in HCOs across the world.^{21–23}

Successful implementation and utilization of dyad leadership requires knowledge of challenges and strategies for success. These span personal/interpersonal (mindsets, competencies, interpersonal relationship including communication, resources including time and support, and collaboration) and organizational (strategy, operation, implementation, culture, support, and evaluation) domains.^{2,15,16,22} Despite its appeal and literature on success strategies, organizations struggle with implementation and practice of this model.^{13,15,16} Further, finding a balance in this model is hard²⁴ likely reflecting the dysfunction observed in teams across organizational boundaries²⁵ and balancing institutional logics.²

The exercise of agency and organizational implementation of this model requires consideration of certain pitfalls that need to be mitigated or navigated successfully. Our aim was to identify the pitfalls and put forward mitigation strategies and actions based on insights drawn from multiple sources including a narrative literature review, research identifying dyad leaders' perceptions, reflections on experiences of being in a dyad leadership role and conversations with organizational leaders, and interdisciplinary literature on theories informing sharing of leadership.

Methods

The literature review strategy, research on perceptions of dyad and senior leaders in a health region, reflections on experiences and conversations with organizational leaders and analysis are described below.

Literature Search Strategy

The literature review, limited to English language peer-reviewed literature spanning 2000–2025, was conducted from June to September 2025; it utilized Medical Subject Headings, keywords and free text related to dyad leadership in healthcare and medical education. The full search strategy is described in [Table S1](#). The databases searched included (number of articles identified are given in brackets): PUBMED (81), CINAHL (22), MEDLINE (7), Google Scholar (22), Web of Science (169), PsychInfo (2), and Scopus (69). Inclusion criteria were studies limited to dyad leadership, English language, and any article type (empirical studies, reviews and commentaries); the exclusion criteria were (no full-length paper available, and duplicates). When identified through the systematic and scoping reviews, articles prior to 2000 were also included. The grey literature search (white papers, webpages, presentations, workshop summaries, books, ProQuest Dissertations and Theses and Google Scholar) identified 156 “texts”. Grey literature was included to leverage information not published in peer-reviewed literature (especially those with null or negative results), enhance comprehensiveness, and tap into current information.²⁶ After reading all abstracts, full-length manuscripts of the articles with descriptions of dyad leadership implementation and practice full-length manuscripts were read. Given the small number of studies in peer-reviewed literature and heterogeneity in study designs, a narrative review was performed, and the quality of evidence was not determined. A total of 195 documents were considered for this review.

Research on Dyad Leaders' Perceptions

The research on dyad leadership in healthcare (in the then Saskatoon Health Region) included specific questions on the pitfalls and how to navigate these. The health region included 10 hospitals, 29 long-term facilities, 12 primary healthcare sites, 14 public health sites, and small centres in communities and business locations and private residencies to provide hospital-, ambulatory-, mental health-, community health-, long-term care-, and rehabilitation services through approximately 847 physicians, 13000 staff and 8000 volunteers to approximately 300,000 population (urban and rural) spread over 32000 sq km. The other findings from this research, eg, structural aspects and challenges and success strategies have been published,^{14,16} but the pitfalls have never been published. The perceptions of 32 leaders in dyad leadership roles (15 physician leaders and 17 administrative co-leaders) at three organizational levels (front-line, mid-level and senior-level) and five senior leaders (members of the senior leadership team responsible for implementation of dyad leadership model) were gathered through an open-ended survey and focus groups (leaders in dyad roles) and semi-structured interviews (senior leaders). The question asked was, “what are the pitfalls dyad leaders should be aware of and what can be done about these?” The University of Saskatchewan Behavioral Research Ethics Board (Beh# 09–09, approval from 2009 to 2013) and the Saskatoon Health Region Research Project Ethics Committee (EC#B2009-09) had approved the study. All participants had provided written consent prior to their participation by reviewing and signing the approved consent form.

Reflections on Dyad Leadership

The corresponding author's reflections on experiences of being in a dyad leadership role for three years and conversations with senior organizational leaders were documented. Further, preparatory work and debriefs for five workshops on various aspects of dyad leadership led to additional journal writing and reflections over the last eight years (2018–2025).

Analysis and Synthesis of Findings

The “text” gathered through the above modalities was analyzed by inductive thematic analysis (familiarization, first and second round coding followed by categorization looking for overlaps and patterns, generating themes by identifying bigger picture or deeper meaning, reviewing themes, naming themes and report writing).²⁷ Including non-traditional data sources (grey literature and reflections on lived experiences), in addition to literature review and empirical research, is likely to have enhanced contextual understanding in the complex systems of healthcare and medical education.²⁸ Extant interdisciplinary literature on relevant theoretical perspectives (eg, shared-, collective-, connective-, distributed- leadership) was simultaneously reviewed. Following initial coding and second-level coding, constant comparison was used iteratively to form broad categories until the categories were separate and non-overlapping. The themes generated after the final round were then named. The conceptual work includes critically examining notions and constructs of shared leadership.

Findings

There are pitfalls at the individual-, dyad partner-, and organizational levels. In addition, the pitfalls inherent in sharing leadership – the so-called dark side of shared leadership – also exist. A brief summary of the findings (pitfalls and suggestions for mitigating and navigating these pitfalls) is shown in [Table 1](#). The source for these (literature review with relevant references cited, research in the health region or reflection – supported by direct quotes) is indicated in the Table.

Insights and Discussion

The salient features of pitfalls, their manifestations, and the impact (individual and organizational) of not addressing these pitfalls, insights (reflecting the role of underlying factors and considerations relevant to solutions), and explanations of suggestions for mitigating and navigating the pitfall(s) are discussed below. Only representative references are cited.

Table 1 Pitfalls and Mitigation Strategies Identified Through Literature Review, Research and Reflections on Lived Experiences. Sources are Identified as Follows: Lit Rev x (Literature Review, Reference Number; Res – Research, Refl – Reflection)’ SML: shared leadership mapping, LDR: Leader Developmental Readiness

Pitfalls		Mitigation Strategies	Representative Quotes from Research (Focus Groups and Interviews) and Reflection Supporting These Themes (Where Applicable)
INDIVIDUAL LEVEL			
1.	Lack of “shared leadership” literacy (res, lit rev 29)	- Proactive pursuit of knowledge and skills and work for sharing leadership and changing mindsets (res, lit-rev 30) - Utilize guidelines in the initial stages of dyad partnership (lit rev 34)	- Pitfalls – Res: <i>The dyad leaders may not have a good understanding of what it actually means to share leadership roles and they rely on individualistic approaches. (Interview senior leader)</i> - Mitigation strategy – Res: <i>Deliberate investment in learning and developing into mature co-leaders requires lot of efforts and true motivation and caring attitude (focus group)</i>
DYAD PARTNER LEVEL			
2.	Relationship dynamics		
2a	Spurious harmony (res, lit rev 2, 35–38)	- Invest in authentic relationship leveraging empathy, trust, and reflection on experiences (lit rev 47, 48) - Setting aside individual egos and practicing humility and maturity (lit rev 49, 50) - Truly respecting and valuing each others’ contributions and cultivating mutual respect (lit rev 22) - Exercising adaptive leadership to support and challenge each other (lit rev 52) - Having timely courageous conversations (refl)	Mitigation strategy – Refl: <i>“Having courageous conversations about difficult issues by genuinely listening without interpretation and judgment, attributing reasonableness to the partner and speaking with authenticity contributes to a mutually valued relationship”.</i>
2b	Inability/unwillingness for leader-follower switch (lit rev 39–40)	- Increasing awareness of the need for “switch” and embracing a follower self-concept (lit rev 54) - Effective communication and honest feedback (lit rev 42) and focusing on the big picture (lit rev 43) - Entering into mentor-mentee or coach-coachee relationship with each other (res)	- Mitigation strategy – Res: <i>“Having professional relationships that involve teaching and learning from each other informally or through coaching and mentoring are likely to be beneficial for the relationship and garnering respect for each other” (focus group)</i> - Mitigation strategy – Res: <i>“Play off each others’ strengths and weaknesses. Be a team – like a pilot and co-pilot both need to lead and follow each other at different times; know when to lead and when to follow” (Interview, senior leader)</i>
2c	Not allowing time for the relationship to mature (res)	Exercising patience (lit rev 44) and empathy (lit rev 55), while the relationship is maturing	Pitfall – Res: <i>“Being impatient with each and focusing on ‘out of the blue crises’ were constant challenges in attending to the relationship itself” (focus group)</i>

3. Collaborative work			
3a	Unresolved role ambiguity (res)	● Role clarity and shared understanding of dividing the work especially in shared areas of responsibility and the goals they cannot achieve alone (res, lit rev 71) ● Negotiation of roles, especially in the early stages and as the relationship evolves (lit rev 76) ● Maintaining a healthy tension between professional and managerial logics or a superordinate higher principled view of the two logics (lit review 2)	● Pitfall – Res: “The physician leaders were concerned about lack of financial control and the administrative leaders about “inefficient management practices” (focus group) ● Mitigation strategy – Res: The self-identified successful dyad partners stated that they had entered into “mutual accountability agreements” and “follow-up” (focus group)
3b	Hiding information (res)	● Aligning personal beliefs with that of the organization (lit rev 63) and identifying with the organization lead to more prosocial behaviors (lit rev 79) ● Developing a higher level of task interdependence (lit rev 40) and goal interdependence (lit rev 74) ● Partners invest in enhancing trust (lit rev 80) and team cohesiveness (lit rev 44)	● Pitfall – Res: “the biggest challenge is culture and the fundamental issue is trust; it needs to be addressed to be successful... (focus group) “Past history is a major challenge. Legacy of how individual professions are trained... It is hard to get integration with these stereotypical beliefs”. (Interview, senior leader)
3c	Suboptimal decision-making		
	i Lack of efficiency (res)	● Utilize a decision-making template (lit rev 81)	● Pitfall – Res “...yet at the same time these styles cannot be used to the point that these interfere with effective decision making”. (Interview, senior leader)
	ii Making lower quality decisions (res)	● Enhancing psychological safety between themselves to leverage different skills and not sliding into “group-think” (res, lit rev 82)	● Pitfall - Res: “The dyad leaders have to make the decisions that are right for the system and not just for them or their profession”, (9Interview, senior leader) ● Mitigation strategy – Res: “Work as a team but leverage different skills and perspectives. (Interview, senior leader)
3d	Counterproductive actions (res, ref)		
	i Acting independently (res)	● Agree upon areas where one can work alone as some areas may benefit from that approach (res, refl) ● Leverage individual strengths (res) ● Ensure equitable workload (refl)	● Pitfall – Res: “Taking action independently without consulting or informing the other dyad partner was uncommon but still a significant concern...” (focus group) ● Mitigation strategy – Res: “...not be guarding the areas for which one leader is responsible and keeping it from the other person”. (Interview, senior leader) ● Mitigation strategy – Refl: “It was highly effective to have discussions to make clear what areas could be worked upon independently – even if it meant encroaching on each others’ territory - and simply informing each other in a timely manner and ensuring that none of us was overburdened and we could reach out to each other for help.
	Working alone with superiors (res)	● Open honest and courageous communication including “calling out each other” and supporting each other (res, refl)	● Pitfall – Res: “certain unique situations required working directly and individually with higher-ups eg, physician credentialing and discipline and certain operational matters, but they cautioned that this manner of reporting should not extend to areas of joint responsibility”. (Interview, senior leader) ● Mitigation strategy – Res: “When one of the dyad partner comes up alone – ask if he/she has consulted the other partner – do it a few times consistently and it will gradually change the culture – that the senior leadership values, supports and expects the dyad model”, (Interview, senior leader) ● Mitigation strategy – Refl: “It was possible to have difficult and frank conversation on when we felt “stepped upon” or “ignored” by the actions of our partner; this helped grow the bond and trust; doing this over coffee was best rather than in our offices. (Reflection)
	Lack of follow-through (lit rev 56)	● Set clear expectations and timelines (res, refl) ● Break down bigger tasks into smaller components (res, refl) ● Discussion and feedback on follow-up of actions (refl) ● Ask for help if not moving efficiently or facing obstacles (refl)	● Mitigation strategy – Res: The dyad partners where the model was working had clear communication, expectations understood by each partners and timelines agreed upon; they had regular meetings without fail.(Interview, senior leader) ● Mitigation strategy – Refl: The most helpful support was when I could not move on an action item and asked for help; the reaction was nothing short of true caring and taking on work to help move the issue forward (Reflection).
	Lack of a joint front (res, lit rev 57)	● Model collaborative behavior (res) ● Have courageous conversations with each other; provide feedback, reiterate the negative impact on the team and joint work as a result of not “projecting” a joint front (res, refl) ● Identify and address root causes (eg, lack of trust and psychological safety) (res, refl)	● Pitfall – Res: “Discordant messaging by keeping the physicians’ interests apart from the overall organizational interests and delivering separate messages to different groups conveyed the fractured relationship to the constituency...” (focus group) ● Mitigation strategy – Res: “It is imperative that the two leaders be seen as a united front, especially by the people who do not report to them – they should speak with one voice – always... no disagreements in public”. (Interview, senior leader) ● Mitigation strategy – Refl: “Really talking about when I felt hurt or sidelined led to a frank conversation and the misunderstanding as the communication was not timely but there was no hidden agenda. It also helped refine how we will work together in future. (Reflection)

(Continued)

Table 1 (Continued).

Pitfalls		Mitigation Strategies	Representative Quotes from Research (Focus Groups and Interviews) and Reflection Supporting These Themes (Where Applicable)
ORGANIZATIONAL LEVEL			
4.	Not preparing the organization for a dyad leadership model (inadequate preparation and non-strategic implementation) (res, lit rev 83–86)	● Preparation: Ensure suitability of the dyad model to the organization and determination of the levels at which it is to be implemented (res, lit rev 87, 89) ● Implementation: Ensure receptivity for the model amongst the leadership and staff (res, lit rev 87), explaining the rationale and goals (lit rev 88), addressing structural and cultural aspects (res, lit rev 89), and fairness and transparency in selection of dyad leaders (lit rev 90)	● Pitfall – Res: “<i>It was unclear to them, “how the dyad model fits within the organizational structure?” (focus group) and “Very little developmental investment has been done for this model ... and little has been done to prepare the organization and prepare the leaders themselves”, (Interview, senior leader)</i> ● Mitigation strategy – Res: “<i>Managing organizational culture, the single most important variable that will override any strategy, and the necessity to engage diverse groups, especially physicians to achieve organizational aims has been a key driver for adopting the dyad model” (Interview, senior leader)</i>
5.	Lack of support and accountability of dyad leaders (res, lit ref 52,92)	● Support: time, admin, remuneration, addressing leadership substitutes; providing guidelines for working together (lit rev 34), developing rewards and incentives for collaboration (lit rev 88); ● Providing joint development for skills and mindsets (lit rev 92,93), co-development of goals (lit rev 94) ● Accountability: Continual assessment and evaluation of behaviors and outputs and outcomes (lit rev 89); evaluation of joint performance against targets, desired behaviors required for collaboration, processes involved in dyad leadership praxis (lit rev 50,95), and personal well-being.	● Pitfall – Res: “<i>if support (structure, resources, compensation) and training is not provided by the organization for the dyad leadership model, just putting them together doesn't help”. (Interview, senior leader)</i> ● Pitfall – Res: “<i>Attempting to extract accountability from leaders without bestowing decision-making authority as well” and “excessive talk about accountability as a thin veiled way at having a “blaming culture” (Interview, senior leader)</i>
6.	Not selecting the right people for dyad leadership roles (lit rev 47)	● Assessing past record, performance issues, inclinations and predispositions towards shared leadership (using SLM and LDR tools) of prospective candidates (lit rev 96,97) ● Assessing commitment to the organization (res) ● Consider joint selection utilizing complementary skills and emotional orientations (lit rev 84)	● Pitfall – Res: “<i>sometimes the people selected for these roles are not really suited because of their professional commitments and allegiances and a desire to use power inappropriately (Interview, senior leader)</i>
AT ALL LEVELS			
7.	Dark side of shared leadership (psychological territorial loss (lit rev 81), decline in motivation (lit rev 81), and duality of self-group paradox (lit rev 99).	● Proactive attention and timely reactive responses	

Individual Level

At the individual level, the pitfall is a lack of “shared leadership” literacy, or a superficial understanding without internalization of its nuances and intricacies. This may manifest in actions consistent with a short-term perspective limited to one dyad partner’s own areas of responsibility and allegiance to their profession.

Indeed, a lack of understanding of shared leadership was found to be a significant concern for the work amongst collaboratives between different organizations.²⁹ The importance of literacy is highlighted by the observation that effective shared leadership rests on the foundation of cognition (mental models), learning (through training, education and development), and consequent behaviors (complexity of social influence on the partner).³⁰ In addition to being capable of general leadership skills – especially ethical underpinnings to serve the collective (demonstrating character, exercising moral courage, treating each other and people with respect and upholding organizational values)^{31,32} – and team leadership skills,¹⁵ dyad leaders must be competent in other domains. Proficiency in broader systems thinking, leading across boundaries, simultaneously upholding multiple (and sometimes oppositional) realities, and higher-level thinking such as strategic, critical, systems and expert thinking is required. The latter are particularly relevant for creating value.³³

Suggested solutions: Investing in gaining the knowledge, utilizing personal initiatives and organizational opportunities and engaging in reflective practice are essential to gain a deeper understanding. Since this understanding and its translation into practice takes time, access to guidelines – through one’s organizational resources or general literature – would be helpful, especially in the early stages of dyad partnerships.³⁴

Dyad-Partner Level

There are two aspects that are potentially vulnerable, relationship dynamics and collaborative work.

Relationship Dynamics

A mutually valued relationship is the foundation of an effective dyad leadership partnership with trust and respect at its core. The three pitfalls affecting the relationship quality are spurious harmony, not being able to switch leader-follower roles, and not allowing time needed for the relationship to mature.

Spurious Harmony

While internally shaky, on the surface there may be “spurious harmony” and lukewarm interactions between dyad leaders with an ever-present risk of the relations sliding into an abrasive and overtly confrontational relationship. Examples of some actions (whether done unconsciously or deliberately) that can damage the relationship are, a) ignoring the co-leader (eg, not responding to requests in a timely manner), b) leaving the work largely on the partner’s shoulders, and c) the domineering leader subduing the other partner, eg, a physician leader dominating the nurse partner³⁵ for personal gains and justifying the action in terms of organizational goal achievement.³⁶ This can lead to the partnership metamorphosing into a state of “assimilation” of the weaker partner by the other.² The other alternative is time being inefficiently spent in power struggles and conflicts and in pushing personal agendas.

The underlying factors are likely to include a lack of respect, poor communication, not having shared core values, and how the dyad partners view each other’s overall competence and the ability to complete the tasks.³⁷ One partner’s disposition towards “power and authority” may result in decreased involvement in the relationship. It is likely that one or both partners, although having been assigned to the formal roles, have not psychologically granted leadership to the other partner and have reluctantly accepted them in the dyad role.³⁸

Leader-Follower Switch

The pitfall is the inability or unwillingness to switch the leader-follower roles within the dyad partnership and insists on a leadership position. Some situations require one of the dyad partners to take the lead and the other one to be in the follower role in the shared areas of responsibility, eg, the administrative partner leading the work on maintaining services within budget. The switch involves both cognitive and behavioral dimensions,³⁹ and it may be difficult to manage across

the blurred boundaries.⁴⁰ Rooted in the notion of “collective intentionality”,⁴¹ the cooperation between the partners and leader-follower switch can be enhanced by effective communication⁴² and a focus on the “big picture”.⁴³

Time for Developing the Relationship

The pitfall is not allowing time to develop a strong relationship, and thinking that the formation of the dyad alone is enough to effectively work together. The dyad is a two-person team and like other teams, goes through stages of forming, storming, norming, and performing. Further, it is a long-term proposition and takes time for the partners to adjust and the relationship to mature. Indeed, prolonged partnerships have been shown to increase the cohesion and the likelihood of knowledge sharing.⁴⁴

The cumulative effects of these pitfalls on the partners are negative. These include: a) detrimental effect on individual well-being, eg, psychological toll – as people are not able to live with their values, do not feel psychologically safe, and experience increased stress,⁴⁵ b) negative reinforcing of professional boundaries, with leaders strengthening their world view, ideology, and authority,⁴⁶ and c) an unconscious or deliberate “tilting away” from joint work. Consequently, the dyad leaders are unable to give their best to the organization and may resort to exertion of power.

Suggested solutions: To develop and nurture a mutually valued relationship, leaders must recognize the time and deliberate investment required for the relationship’s evolution. Based on social exchange theory, the commitment of the dyad partners can be enhanced by role clarity, clear delineation of structures and processes and the experiences in the relationship.^{47,48} Setting aside individual egos, and exhibiting maturity and humility in working towards a collective identity, ie, a strong identification with the collective team⁴⁹ and collective dedication⁵⁰ would foster harmony and cohesion. Understanding the value that each partner brings to the relationship and leveraging each other’s strengths are likely to contribute to cultivating mutual respect, when complemented by timely authentic conversations and undergirded by a foundation of shared values.²² The concept of OBREAU triad (observation, reasonableness and authenticity) is a useful and simple template in having courageous conversations on difficult topics.⁵¹ Adaptive leadership, that entails leaders helping others face the challenges and successfully motivate and mobilize,⁵² is directly relevant to the dyad partners exhibiting these abilities towards each other. Other strategies that would be helpful include team-building activities and social events.⁵³

Switching of leader-follower roles can be facilitated by leadership development interventions aimed at increasing the awareness of the need to transition between leader and follower roles and embracing a follower-self-concept⁵⁴ and providing honest feedback to each other associated with reflective practice. The dyad partners could also enter mentor-mentee or teacher/facilitator-learner roles with each other, thus relying on and accepting each other’s knowledge, expertise and wisdom. These multiple relationships will enhance “fluidity” when role switching.

Being aware of the need for time required to develop a mature relationship and settle into an “artful leadership dance” where they easily switch leader-follower roles and work as true partners will help in being patient, cut some slack, and have empathy for the other partner. Empathy has been shown to be key in developing the relationship.⁵⁵

Collaborative Work

There are four pitfalls in working together, unresolved role ambiguity, lack of information sharing, suboptimal decision-making, and indulging in counterproductive actions. These are discussed below.

Unresolved Role Ambiguity

A lack of clarity of the roles may, either inadvertently or deliberately, lead to neglecting one’s responsibilities or overstepping the boundaries. This would not only be unhelpful but may have negative impact on the outputs and outcomes.

Lack of Information Sharing

The dyad partner(s) may not engage in full transparent sharing of information and indulge in knowledge hiding leading to non-cooperation.

Suboptimal Decision-Making

While many decisions made jointly are likely to be better, decision-making dyad leadership dynamics can also negatively affect decision-making and manifest as either a lack of efficiency or poor decisions being made.

Lack of Efficiency. Less efficient decision-making can stem from, a) competing personal agendas and turf battles driving the work, b) overreliance on collaborative and affiliative styles (too much collaboration), or c) “paralysis by analysis”.

Quality of Decisions. Suboptimal decisions may arise when partners lose sight of long-term goals by neglecting client needs and focusing on short-term impacts relevant to their portfolio and individual areas of responsibility or a desire for consensus to preserve harmony. Another contributory factor may be “groupthink”, because critical thinking is often suppressed in this process.

Counterproductive Actions

There are four pitfalls.

Acting Independently. Guarding the areas for which one leader is responsible while withholding it from the partner, although could be rationalized, as efficiency, is a pitfall.

Working Separately with Their Superiors. Although certain unique situations would require working directly and individually with higher-ups eg, physician credentialing and discipline, and certain operational matters, extending this reporting to areas of joint responsibility is a pitfall that may run the risk of sliding into developing parallel streams of work and accountability.

A Lack of Follow-Through. This lack on specific issues may be particularly evident in the dyad model because of the so-called “diffusion of responsibility”, which refers to a “diminished sense of responsibility in groups and social collectives”.⁵⁶ Role ambiguity and a suboptimal relationship are highly likely to contribute to this phenomenon.

Presenting a Disjointed Front to the Constituents. Discordant messaging by keeping one group’s interests (eg, physicians) apart from the overall organizational interests and delivering separate messages to different groups would convey the fractured relationship to the constituents and fail to achieve group cohesion. Due to the selection processes, especially for physician leaders, where there is a democratic element for input from their peers, the physician leaders may feel opposing tensions between their peers’ interests and the organizational interests. This tension, especially if the dyad leadership is not strong, may pull them towards putting a higher attention and value to the interests of their peers, the so-called “conundrum of accountability”.⁵⁷

The impact of these pitfalls is emotional exhaustion⁵⁸ attributable to poor resource exchange and loss of reciprocity,⁵⁹ and an increase in anxiety.⁵⁰ Further, poor collaboration may negatively impact the joint performance. For example, working under time pressures, especially in a setting where the collective efficacy of the dyad partners is weak, leads to poor task performance.⁵⁰

The constructs of psychological ownership and territoriality are relevant to deciphering these pitfalls. Psychological ownership at the individual level defined as a, “state of mind where an individual feels as though the target of ownership (material or immaterial in nature) or a piece of it is “theirs”⁶⁰ can have both positive⁶¹ and negative impact.⁶² This distinction is most likely linked to the underlying motivation;⁶³ eg, low prosocial motivation⁶⁴ and high avoidance motivation⁶⁵ are linked to hiding the knowledge and not sharing the information.

Territoriality defined as exclusive ownership of something (aspects such as physical, social, people, and ideas) and efforts to convey and defend the claim⁶⁶ is an evolutionary preservation mechanism and has four effects – autonomy, privacy, security, and self-identity.⁶⁷ Similar to psychological ownership, it can have both negative impacts, eg, knowledge hiding⁶⁸ and poor team outcomes,⁶⁹ as well as positive outcomes, eg, increased knowledge sharing associated with territorial expanding.⁷⁰

Suggested solutions: Collaboration, which involves sharing of information and decision-making, partnership and interdependency, and responsibility and power⁷¹ would be enhanced by considering the following suggestions.

Building on the foundation of a mutually valued relationship, the dyad partners need to work towards a state of high collective efficacy, which is an emergent property and more than the sum of individual self-efficacy.⁷² Continuous attention to and leveraging the common factors underlying effective collaboration – common core values, collaborative working relationships, clear and transparent communication, a mutual respect and complementary competencies – are

integral to working together.²² Leveraging each other's strengths by allocating tasks aligned with these strengths fosters both individual and team performance.⁷³

Considerations for developing a common understanding of responsibilities and their enactment include, a) sharing responsibilities to reach the goals that they alone cannot achieve,⁷¹ b) developing a higher level of task-interdependence – especially relevant to designing work distribution in shared areas of responsibility,⁴⁰ and c) ensuring goal interdependence.⁷⁴ Healthcare and medical education are known complex adaptive systems and interdependence, entanglement, emergence and self-organization are essential attributes of complexity leadership that need to be understood and leveraged for effective leadership practice.⁷⁵ Developing a nuanced crafting of role boundaries within the constraints of “official job descriptions” is especially important in the early stages of dyad partnership and requires cultural sensitivity, negotiation skills, and cognizance of the organizational processes.⁷⁶ Further, true integration of professional and managerial institutional logics requires maintaining a health tension between them or a joint effort by the dyad partners to transcend both logics in pursuit of a higher level overarching purpose.²

Human beings ascribe social meanings to the territories and have an innate need to maintain boundaries and this has implications in the proxemic patterns of interactions with others.⁷⁷ The insights from the work on psychological ownership and territoriality can be leveraged by exploiting those predispositions and conditions that enhance information and knowledge sharing. Sharing of information can be enhanced when, a) an individual's personal beliefs are aligned with that of the organization and there is encouragement of knowledge exchange,⁶³ b) practices that promote knowledge sharing are rewarded,⁷⁸ c) leaders identify themselves with the organization that leads to more prosocial behaviors,⁷⁹ and d) the partners have invested in developing team cohesiveness⁴⁴ including enhancing trust.⁸⁰

Developing a robust evidence-informed decision-making framework and referring to it would help avoid the pitfalls related to decision-making.⁸¹ In addition, there needs to be a degree of healthy tension between the two partners where they feel safe enough to voice disagreement and find ways to work through differences, leverage different skills and perspectives without sliding into groupthink.⁸²

Both leaders need to be diligent in presenting a united front to the constituents and the leaders they report to and receive directives from, especially when the other partner is not “in the room”. The adage, “we judge ourselves by our intentions and others by their actions” is highly relevant here; the constituents/followers of the dyad leaders are multiple groups with diverse interests, and the leaders are being watched continuously for cohesion and fractures.

Organizational Level

There are three pitfalls at the organizational level, a lack of preparation for the implementation of the dyad model, inadequate support and ineffective accountability mechanisms for the dyad leaders, and selection of individuals unsuited for dyad leadership roles.

Organizational Readiness and Implementation

Inadequate preparation and non-strategic implementation with little development investment are the pitfalls. The premise of dyad leadership is sharing of leadership; however, most organizations are still hierarchical with centralized top-down governance and linear control⁸³ and there may be resistance and scepticism for the dyad model at various levels of organizational leadership and front-line staff.⁸⁴ The initial determination would involve suitability of the dyad leadership model to the organization's mission and vision and its life cycle. Another consideration is which hierarchical levels of leadership/management would benefit from a dyad model, as “shared leadership is not ideal for every team environment”⁸⁵ and not appropriate for certain situations and contexts.⁸⁶

Suggested solutions: Ensuring that the organization (structures, processes and people – especially diverse groups) are ready to accept the dyad leadership model requires extensive preparatory work⁸⁷ for successful joint leadership across professional boundaries. Explaining the rationale and goal,⁸⁸ addressing structural and cultural aspects,⁸⁹ and ensuring fairness and transparency in the selection of dyad leaders⁹⁰ are critical. Clear communication across inter-professional organizational boundaries in complex healthcare contexts is critical as it affects the interdisciplinary discourse, which affects the outcomes of implementation.⁹¹ Measuring and evaluating implementation fidelity (including activities and outputs) and outcomes attributable to dyad leadership model (individual and dyad-level effectiveness, leadership

experience measures, performance, process improvements, leadership capacity, realized benefits, and return on investment) at the unit, departmental and organizational level, utilizing appropriate evaluation frameworks and instruments are essential.

Support for and Accountability of Dyad Leaders

There are two pitfalls: a) putting people in dyad leadership roles without proper development and support and b) not holding them accountable for joint performance.

Leadership Development and Support

Not providing tailored and contextualized leadership development and ongoing appropriate support (structure, resources, and compensation) and simply assigning dyad leadership roles is a pitfall.

Providing foundational training and education, especially jointly to both the partners, is critical to address the purpose, knowledge and dynamics of sharing leadership – including team’s collective identification - and in developing skills on how to achieve cohesion.⁹² Investing in enhancing collective efficacy through “efficacy beliefs training” utilizing enactive mastery, vicarious experiences, verbal persuasion and reducing emotional threats of rejection⁹³ is a prudent initial step in getting the leaders prepared for the roles. In addition to training in “team development”, activities that empower leaders to co-design and co-develop their goals and work have been shown to be highly effective.⁹⁴ Articulating guidelines for sharing leadership is important since internalization of the shared leadership model takes time.³⁴ These guidelines could include goals, roles and responsibilities, implementation and evaluation aspects.

The organizations usually do not reward the exact behaviors required for team success (eg, team development, empowering people, sharing information, providing help from the background and promoting organizational learning);⁵² instead reward “heroic leadership behaviors” and accomplishments. This sends a mixed message and impacts leadership performance steering the leaders towards individual heroic practices rather than collaborative team behaviors. Developing rewards and incentives that promote collaboration and desired behaviors⁸⁸ need to be adopted by the organization.

Accountability Through Assessment and Evaluation

Lack of robust mechanisms for ensuring accountability is a pitfall. Since the sharing of leadership has elements of emergence and ongoing evolutionary aspects, it is important to measure its processes and effectiveness and impact on the leaders. The need for “continual assessment and evaluation” has been stressed.⁸⁹ Given that political realities and conflicts with underlying power and authority issues are part of organizational life, suboptimal dyad partnerships (with their own conflicts and power struggles) can add further complexity, making measurement even more important. In addition to evaluating performance against targets, evaluation of desired behaviors (required for collaboration), processes, foundational elements (eg, density of social networks),⁹⁵ collective efficacy,⁵⁰ and impact on personal well-being (eg, psychological health, collective anxiety and collective engagement) using validated cost-effective tools and instruments can allow for timely interventions.

Selecting Individuals for Dyad Leadership Roles

Putting people in dyad relationships when they do not have inclinations/predispositions towards collaboration, empathy and great communication or have a track record of poor performance in these domains is a pitfall. While most capabilities can be acquired through appropriate training and education the role of inherent attributes cannot be overlooked. Further, insecurity or deliberate undermining by a dyad partner cannot just damage the relationship but also negatively impact performance.⁴⁷

The organizations would benefit by identifying high potential candidates through assessing not only individual leadership attributes and past successes but also factors such as collective orientation, trusting disposition, and the ability to work together with others. There are instruments that may be helpful. The shared leadership mapping (SLM) based on social network analysis assesses other’s perception of an individual’s leadership qualities.⁹⁶ Validated instruments for the construct of leader developmental readiness (LDR) assess components of motivation and ability.⁹⁷

Equally important is the need to assess whether the candidates for leadership development are sufficiently committed to the efforts and whether the organization would benefit from the investment. Finally, there is a need for joint selection considering complementary skills and emotional orientations and mechanisms for coordination.⁸⁴

At All Levels - The Dark Side of Shared Leadership

Not being aware that shared leadership has a dark side and needs to be watched for is a significant pitfall at all levels. There are inherent features in shared leadership that may negatively impact the leaders and the team.⁹⁸ These include, a) psychological territorial loss (a reduction in the power and influence of a leader who need to accept the leadership of others),⁸¹ b) decline in motivation (due to the realization that their ability to provide benefits to the followers is reduced as a result of reduced power and influence),⁸¹ and c) navigating the duality of self- and group-paradox (simultaneously be part of the group and different).⁹⁹ In addition, stress, power struggles, interpersonal conflicts are known adverse effects. These aspects require cognizance, proactive attention and timely reactive responses to benefit from the advantages of shared leadership.

For a seamless implementation across the organization and the practice of dyad leadership at the partner level, following leadership perspectives have been referred to above: for sharing leadership (shared, distributed, connective, collaborative, and collectivist perspectives) and individual actions guided by (ethical, adaptive, and complexity perspectives). In addition, systems leadership, defined as, “the concerted effort of many people working together at different places in the system and at different levels” and it crosses boundaries, both physical and virtual, “existing simultaneously in multiple dimensions”¹⁰⁰ is directly relevant to dyad leadership implementation and practice.

Strengths and Limitations

The strengths of this study include triangulation from multiple data sources (extant literature on dyad leadership, interdisciplinary literature on sharing leadership, research in one health region on its experiences in implementation and dyad leadership practice and reflections on “lived” experiences as a dyad leader). This has allowed for combining practical experience with theoretical framing. The findings and insights are based on the somewhat limited peer-reviewed literature on dyad leadership, findings derived from research at one institution and reflections of one individual. This is further constrained by a paucity of studies on dyad leadership effectiveness that can inform required processes and behaviors.

Conclusions and Implications

The pitfalls dyad leaders may encounter are largely rooted in mental frames and shaped by perceptions of power. Further, the underlying factors are likely to intersect and contribute to creating a “mesh” of inefficient and ineffective dynamics and processes. Leaders can use positional power and leadership language to defend their actions that might have been drawn from lower-level non-collaborative and non-relational perspectives. The organizational pitfalls bring into focus the necessity of robust implementation and ongoing commitment at the senior leadership level to the organizational change they have initiated. If unaddressed, there is a high likelihood of significant damage to the dyad relationship and poor organizational performance. Navigating these pitfalls would help agency and well-being, fulfilled relationships and effective collaborative work to utilize the full potential of the dyad leadership.

There are practical and research implications of this study. These findings have implications for governance, policy, strategy and tactics for implementation, the latter including ensuring implementation fidelity and evaluating the effectiveness of implementation itself. Further, evaluating the effectiveness of the dyad leadership model would entail measurement of individual and dyad-level effectiveness, leadership experience measures, performance, process improvements, leadership capacity, and return on investment. Given that the empirical component of this study is based on findings from one health region, the findings need to be interpreted in the context of individual settings. Inclusion of these pitfalls and mitigation strategies in educational curricula for dyad leaders is likely to be of practical relevance and inform daily practice. Further research, especially empirical studies, on the prevalence and role of these pitfalls in dyad leadership practice and the impact on individuals and organizations and underlying mechanisms would contribute to evidence-informed practice.

Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Funding

Self-funded.

Disclosure

The authors report no conflicts of interest in this work.

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