Clinical-Administrative Co-Leadership

Maturity Grid for Organizations and Co-Leaders

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ABOUT US

The HEC Montréal Pôle Santé, active since 2010, is an academic hub that generates and disseminates knowledge on best practices in health management. It connects the practicing community with more than thirty faculty experts in the field, professionals, and students. Through the research and support projects it carries out, the HEC Montréal Pôle Santé contributes to the development of knowledge and practices while addressing the real needs of organizations and stakeholders. It then ensures the transfer of knowledge developed during these projects to other practice settings. It also advances the university's mission by enabling students who collaborate on various projects to develop their knowledge and skills through real-world contexts and challenges.

OUR FOCUS AREAS



Research

The research aims to generate knowledge regarding the issues, challenges, and best practices related to healthcare management.



Training and Support

The training programs developed and offered by the HEC Montréal Pôle Santé enable participants to deepen their management skills based on their level of experience and the challenges they face.
The HEC Montréal Pôle Santé also supports organizations seeking expertise for their organizational projects or management challenges. These initiatives focus on the development and transfer of context-specific knowledge.



Knowledge Transfer

The HEC Montréal Pôle Santé aims to spread the knowledge generated by various research and support initiatives. It also organizes events where decision-makers, practitioners, experts, and scientists discuss topics related to healthcare management.

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INTRODUCTION

Co-leadership is the sharing of decision-making power among multiple stakeholders. It can take various forms depending on the context, particularly in the field of healthcare, which is the primary focus of the co-leadership maturity grid presented below.

In various sectors, including natural resources, the arts, defense, and business, co-leadership takes forms tailored to the specific challenges of each environment. It serves to reconcile different perspectives, manage complex environments, and ensure effective governance, whether between government agencies and communities (for example, in the Far North), between artistic and administrative leadership in the arts sector, between civilian and military actors in defense, or among business leaders during times of transition.

Finally, in the field of healthcare, co-leadership most often takes the form of physician-administrator in nature and brings together managers and physicians under a shared governance model. In all these cases, co-leadership addresses a common need: to combine distinct but complementary areas of expertise and legitimacy in order to make more informed decisions that are better grounded in the realities on the ground.

Over the past few years, the HEC Montréal Pôle Santé has carried out several initiatives aimed at supporting organizations and co-leaders in the implementation and consolidation of medical-administrative co-leadership. These efforts led, in 2025, to the publication of the tool *Understanding and Implementing Medical-Administrative Co-Management: An Interactive Guide for Health Care and Social Services Professionals* (in French), produced with financial support from the SSA Québec Support Unit.

With the aim of continuing to spread practical tools grounded in solid scientific and professional knowledge, the HEC Montréal Pôle Santé presents a new tool in this document: a maturity grid that enables self-assessment of the level of development of physician-administrative co-leadership in organizations and within dyads.

OBJECTIVES AND TARGET AUDIENCES

The maturity grid is designed as a self-assessment tool that allows each stakeholder to position their practices on a continuum of development and clearly identify levers for progress in co-leadership. It aims to equip organizations, dyads, and individuals in their reflective process, by providing them with a common language and concrete benchmarks to identify what works, recognize areas that need strengthening, and guide improvement efforts in a progressive and informed manner. Rooted in the reality of the Quebec healthcare system, it is intended to serve as both a professional mirror and a catalyst for development.

This grid is intended for all stakeholders involved in co-leadership practices within the Quebec healthcare system. It is designed for clinical-administrative managers, and the senior leadership of healthcare organizations seeking to assess the maturity of their co-leadership structures and the support provided. It may also be useful to researchers and consultants who support or study these organizational dynamics.

More broadly, it is intended for anyone wishing to take a critical and structured look at their co-leadership practices, whether individually, within a dyad, triad, or other group, or even at the organizational level. This grid can be completed as a team or individually.

METHODOLOGY

Empirical foundations and qualitative field analysis

The development of this maturity grid is based on a rigorous methodology that combines expertise in research and field practice. Its qualitative empirical foundation draws on the work of the HEC Montréal Pôle Santé, conducted at several organizations and with their teams to implement and consolidate their own physician–administrator co-leadership grid. As part of its various mandates, the HEC Montréal Pôle Santé conducted approximately 100 semi-structured interviews with physicians and administrators.

This approach made it possible to document in detail the challenges on the ground: the very definition of co-leadership, its modalities, its key stakeholders, as well as the facilitating factors and obstacles to its implementation. This primary data was first used to develop questionnaires designed to provide concrete support to co-leaders in the performance of their duties, with a primarily practical objective.

Literature review

Pioneering Works (2020)

In 2020, the Pôle Santé published a literature review conducted by Ariane-Hélène Fortin, M.Sc. (Fortin, 2020), focusing specifically on physician-administrator co-leadership in the Quebec context. This review provided a contextualized overview of the state of the art at that time and served as a starting point and conceptual foundation for subsequent work.

In-depth literature review (2024)

In preparation for this maturity grid, an in-depth literature review was conducted in January 2024. This process had two distinct objectives.

The first was to document existing co-leadership models at the international level, as well as their applications in the specific context of Quebec. This review identified the main variables that could potentially explain the phenomenon of co-leadership, variables that would subsequently structure the dimensions of the maturity grid. The goal is to understand how co-leadership takes place and what factors facilitate or hinder it.

The second objective was to determine whether a co-leadership maturity grid had already been published in the scientific or gray literature. To the best of our knowledge, no maturity grid specifically focused on co-leadership has been identified to date, which justifies and reinforces the relevance of the present development effort.

Sources and Literature Research Strategy

The literature review was conducted primarily in the Web of Science and Google Scholar databases. Following a preliminary exploration to identify the relevant lexical field, the search strategy combined the following terms: “dual leadership”, “congestion”, “co-leadership”, “leadership partagé”, “leadership collaborative”, “shared leadership”, “distributed leadership”, “dyad leadership”, crossed with “grille de maturité”, “maturity framework” and “maturity model”.

Article selection criteria

The inclusion and exclusion criteria were established according to the PICOS model (population, intervention/exposure, context, outcomes, and study characteristics).

With regard to the population, the selected studies had to include employees, physicians, and/or managers in the sample. In terms of exposure, the selection focused on forms of co-leadership, shared leadership, or any related concept.

The context of interest was organizational: healthcare organizartions, but also other settings, such as the corporate sector or even the political sphere. Indeed, co-leadership was understood as an organizational phenomenon that can occur in multiple contexts and environments, rather than as a practice exclusive to the Quebec healthcare system. This interdisciplinary approach enriched the theoretical understanding of the phenomenon and made it possible to identify cross-cutting variables applicable to the healthcare context.

The included articles had to be drawn from scientific journals in management, specifically in healthcare (*BMJ, Journal of Health Organization and Management*), organizational management (Academy of Management, Leadership Quarterly), or applied psychology (*Journal of Applied Psychology*).

From a methodological perspective, the selection included conceptual and theoretical approaches (literature reviews, team cognition models), qualitative research (case studies, interview-based studies), as well as quantitative research. Reference works and textbook chapters were also included when they provided relevant contextual or historical insight into collaborative management.

Data extraction and analysis

A total of 32 articles were selected and analyzed through two main lenses: understanding the common conceptual framework at the international level and gaining an overview of the phenomenon of co-leadership.

Finally, the data from the literature review were cross-referenced with fieldwork conducted by the HEC Montréal Pôle Santé. Thus, the methodology combined inductive and deductive approaches. This integration of realities observed in organizational settings with the identified theoretical frameworks enabled the team to develop a comprehensive and contextualized understanding of co-leadership, which then served as the foundation for the design of the maturity grid.

Group discussions and categorization by maturity levels and factors

The combination of fieldwork and articles drawn from the literature review led the project team, composed of Kevin Johnson, Ph.D., Ariane Hélène Fortin, M.Sc., and Veronica Rusu, M.Sc., to organize several working sessions to identify factors related to co-leadership.

This approach is inspired by the Gioia method (Gioia *et al.*, 2013), which is essentially based on an inductive and iterative approach: starting from raw data to gradually construct concepts, without imposing a pre-established framework. Each team member first worked individually, before the group met to compare interpretations, an iterative process repeated until a consensus emerged.

This approach also drew on the concept of "conceptual leaping" (Rivard, 2024), that is, the ability to make interpretive leaps from raw data to a higher level of conceptual abstraction.

From this process, three levels of analysis emerged: organizational, dyad, and individual. Particular attention was paid to individual factors, which are often overlooked in the literature on co-leadership (Klinga, 2021; Leach *et al.*, 2021; De Brún & McAuliffe, 2023). This modeling effort, which lasted twelve months, transformed qualitative observations into progressive stages of development, thereby constituting the maturity grid.

Content validation

Once the initial version of the grid was finalized, a validation phase was conducted with experts from the field recognized for their command of co-leadership and/or their extensive experience as co-leaders. To preserve internal validity and prevent confirmation bias, the grid was not shared with participants prior to the interviews. The methodology favored an emergent approach: the aim was to determine whether these practitioners' lived experience aligned naturally with the dimensions structuring the tool. This triangulation confirmed the robustness of the grid and its fit with the realities of practice settings (Hinkin, 1998).

OVERVIEW OF THE MATURITY MODEL



Grid structure: a three-part, multilevel approach

The maturity grid is organized into four levels, designed to reflect the inherent complexity of co-leadership. It is also based on three distinct dimensions – organizational, dyad, and individual – whose coherence is grounded in the principle that each level determines the next.

Organizational factors regroup the elements that the organizations must address. Without a solid structural framework (clear policies, adequate resources, a supportive culture), co-leadership remains an isolated and fragile initiative. These factors aim to empower organizations to take responsibility for implementing co-leadership and constitute the essential foundation for sustainable implementation

Factors related to the dyad form the operational core of the model. Since co-leadership is based primarily on a working relationship between two people (most often a physician leader and a dyad co-leader), this dimension examines the quality of their collaboration, the fluidity of their communication, and the alignment of their approaches.

Individual factors refer to the skills and knowledge specific to each co-leader. They directly influence how the dyad functions, since the dyad's maturity depends also on the maturity of its members. However, this dimension is not included in the evaluation pyramid. In fact, it goes beyond the usual scope of evaluators' expertise and, to be explored, would require input from specialists, such as psychologists. The intention, therefore, is not to evaluate the person or to pass judgment, but to recognize that certain personal factors can facilitate or hinder the adoption of co-leadership practices. Although they are not formally evaluated, individual factors constitute an important foundation for initiating and sustaining a co-leadership process.

Maturity levels (4)

The tool is presented in the form of a pyramid, a choice based on the metaphor of a step-by-step progression: each level builds on the one before it, and the base must be adequately strengthened to support the next level. The structure thus reflects a logic of gradual development, from the foundation upward to the upper levels.

As you complete the maturity grid, you will also notice two sections presented side by side: the organizational section and the dyad section. The factors that make up these sections are not necessarily symmetrical, and there is no direct correspondence between the dimensions. Their juxtaposition is intended to provide a coherent overview.

LEVEL 1 – Foundation of co-leadership

This first level raises the fundamental question: Are the minimum conditions in place to allow co-leadership to exist in practice? First, the organization must resolve the structural ambiguity inherent in co-leadership by proposing a coherent co-leadership organizational structure, defining clear mandates, shared goal, and a formal process for selecting co-leaders. It must also provide the resources and support necessary to carry out these mandates.

At the same time, the dyad builds its relational foundation. They get to know each other better and recognize each other's areas of expertise. Next, they agree on communication protocols. These fundamental elements enable co-leadership to move from intention to the implementation of a functional partnership.

LEVEL 2 – Co-leadership structure

This level addresses a second key question: Does co-leadership have the necessary mechanisms to be effective? To this end, the organization invests in developing the skills of co-leaders by establishing recognition mechanisms—particularly for the time invested by the physician leader—and by providing tools for planning, monitoring, and co-leadership decision-making. It also clarifies decision-making processes and takes into account the issues raised by the dyads.

At the dyad level, collaborative work goes beyond mere functional courtesy and becomes more coherent: the co-leaders build a shared vision and develop a common language that allows them to bridge clinical and administrative realities. They establish opportunities for feedback, a climate of trust, and the foundations for psychological safety. At this level, co-leadership becomes a formal framework that is embraced and supported by both the organization and the dyad.

LEVEL 3 – Integration and joint accountability

This level addresses a crucial question: Does the dyad jointly assume responsibility for its decisions? The organization must clarify decision-making scope, delegate autonomy and decision-making authority, and put in place monitoring and accountability mechanisms for the joint responsibilities of the co-leadership mandate. It also ensures that co-leadership mandates remain continuously aligned with organizational priorities.

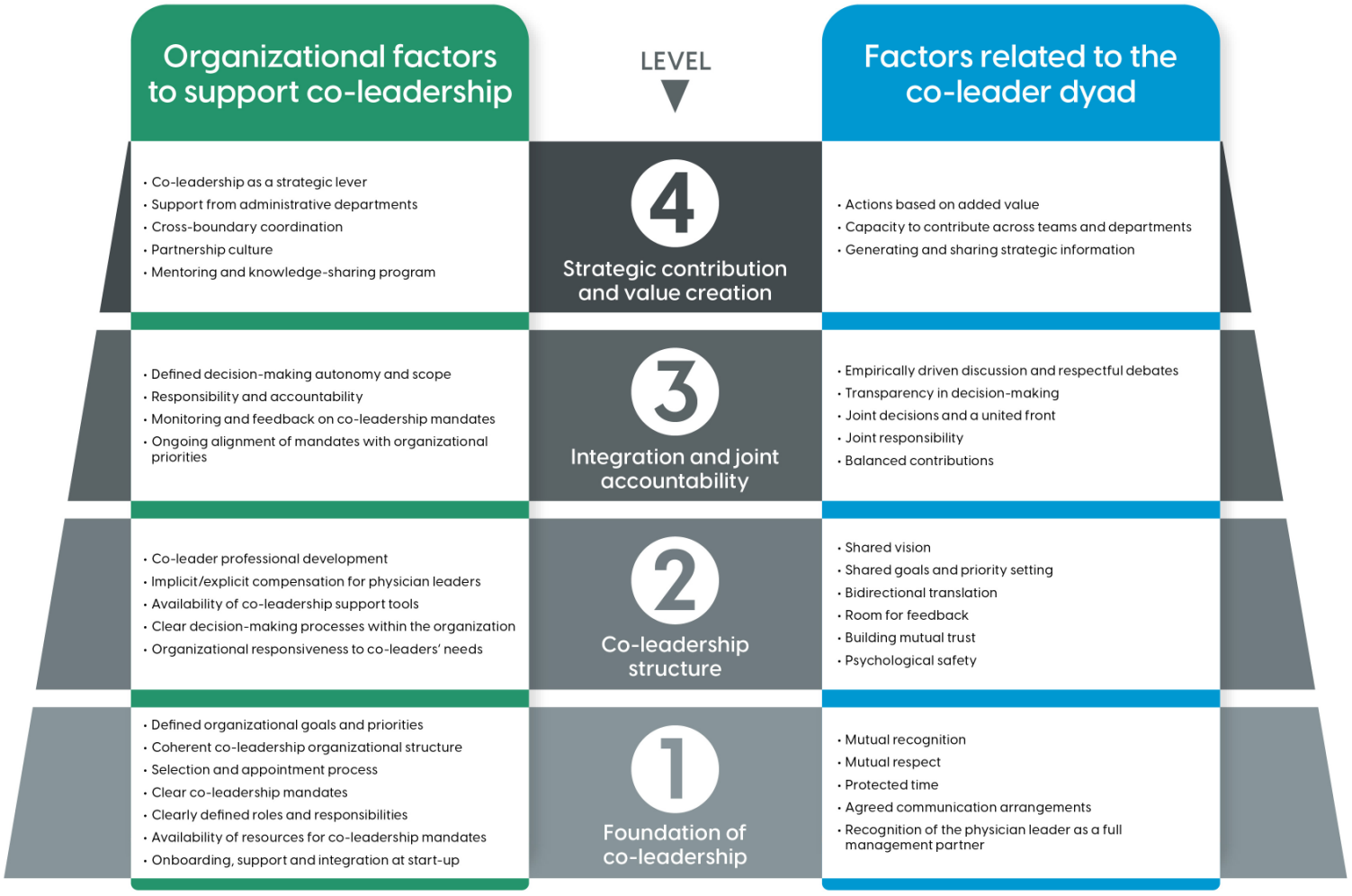
At the dyad level, co-leaders make decisions together based on objective data, following criteria explicitly defined within the dyad. They take joint responsibility for decisions before their teams and present them with one voice. Discussions are open and foster healthy and respectful debates. At this level, the dyad functions as a governance unit accountable for its choices and results, in which both parties are strongly committed.

LEVEL 4 – Strategic contribution and value creation

This level addresses the ultimate question: does co-leadership generate value that extends beyond the boundaries of the dyad to contribute to organizational performance? At this stage, a partnership culture is sufficiently embedded in the organization for co-leadership to become a strategic lever. Organizational silos fade, and the most mature co-leadership dyads are called upon to foster cross-boundary coordination of clinical issues. These dyads are also engaged in consolidating co-leadership within the organization through mentoring and knowledge sharing, thereby strengthening organizational learning and building the next generation of leaders.

At the same time, co-leaders act as genuine strategic actors beyond their immediate scope: they help achieve cross-cutting objectives and guide their actions by the value added for patients and for the system. They contribute to the organization's overall direction and governance, and produce decision-support information that informs senior leadership. At this level, co-leadership becomes a distinctive advantage, capable of exerting a lasting influence on the organization's trajectories and maturity.

MATURITY LEVEL INDICATORS



Personal factors in co-leadership

Capacités/habiletés personnelles

- Organizational skills
- Conflict management skills
- Problem-solving skills
- Adaptability
- Reflexivity and self-reflection
- Humility
- Empathy
- Emotional stability
- Altruism

Compétence/connaissances liées au travail

- Understanding of how the organization works
- Commitment to the mandate
- Leadership
- Time management and prioritization
- Ability to rely on others
- Communication skills
- Collaboration

LEVEL 1 – Foundation of co-leadership

Organizational factors to support co-leadership

Organizational foundation of co-leadership (7)

Defined organizational goals and priorities

Definition: The organization defines clear, shared goals and organizational priorities that guide the actions and decisions of all stakeholders.

Coherent co-leadership organizational structure

Definition: The organization has a co-leadership model that is coherent and aligned across all levels (strategic, tactical, operational).

Selection and appointment process

Definition: Co-leaders are selected and appointed through a formal, transparent process based on explicit criteria.

Clear co-leadership mandates

Definition: The organization clearly sets out co-leadership mandates and communicates them to all parties involved, in order to define and legitimize the co-leaders' actions.

Clearly defined roles and responsibilities

Definition: The co-leaders' roles and responsibilities are clarified, understood and recognized, based on a minimum common framework.

Availability of resources for co-leadership mandates

Definition: The material, technological and administrative resources needed to carry out co-leadership are available and accessible (e.g., office space, laptop, printer, IT access, administrative support).

Onboarding, support and integration at start-up

Definition: A formal onboarding process clarifies the expectations, frameworks of reference and ways of working of co-leadership.

Factors related to the co-leader dyad

Relational and functional foundations of co-leadership (5)

Mutual recognition

Definition: The co-leaders acknowledge each other's legitimacy, competencies and decision-making expertise.

Mutual respect

Definition: The co-leaders commit to treating each other with consideration, through healthy communication and a healthy working environment, even during debate or under stress.

Protected time

Definition: Protected time is scheduled for co-leadership, both for meetings and for joint work, with working and collaboration arrangements adapted to needs.

Agreed communication arrangements

Definition: Communication channels, frequency and modes of exchange are agreed upon within the dyad to ensure a smooth and consistent flow of information.

Recognition of the physician leader as a full management partner

Definition: The physician leader is regarded as a full management partner who contributes to organizational decisions, not merely as a medical representative.

LEVEL 2 – Co-leadership structure

Organizational factors to support co-leadership

Structuring co-leadership within the organization (5)

Co-leader professional development

Definition: The organization supports co-leaders' professional development and management career paths.

Implicit/explicit compensation for physician leaders

Definition: Formal or informal recognition, financial or otherwise, is granted to physician leaders in return for their management responsibilities.

Availability of co-leadership support tools

Definition: Generic tools support planning, monitoring, accountability reporting and decision-making in co-leadership.

Clear decision-making processes within the organization

Definition: Decision-making processes are clear, streamlined and proportionate to what is at stake, with defined escalation mechanisms.

Organizational responsiveness to co-leaders' needs

Definition: The organization commits to considering and addressing the issues and needs raised by co-leaders in carrying out their mandate.

Factors related to the co-leader dyad

Structuring the collaborative work of co-leaders (6)

Shared vision

Definition: The co-leaders share a common vision of their mandate, aligned with that of the organization.

Shared goals and priority setting

Definition: Material and human resources are prioritized in line with clinical and organizational goals.

Bidirectional translation

Definition: The co-leaders develop a common language and serve as translators between clinical and administrative realities.

Room for feedback

Definition: The co-leaders foster a working environment that allows constructive two-way feedback between them, supporting continuous improvement of practices and relationships.

Building mutual trust

Definition: The co-leaders establish a climate of trust, developing and nurturing trust in each other (learning to trust each other).

Psychological safety

Definition: The co-leaders feel safe expressing ideas, raising concerns and admitting mistakes.

LEVEL 3 – Inclusion and shared responsibility

Organizational factors to support co-leadership

Ownership and accountability in co-leadership (4)

Defined decision-making autonomy and scope

Definition: The organization ensures that co-leaders have formal decision-making autonomy within a clearly defined scope.

Responsibility and accountability

Definition: The organization supports a clear accountability framework tied to individual and joint responsibilities. Moreover, co-leadership accountability is consistent and integrated across hierarchical levels.

Monitoring and feedback on co-leadership mandates

Definition: Formal monitoring, accountability reporting and feedback mechanisms are in place.

Ongoing alignment of mandates with organizational priorities

Definition: Organizational priorities are clear and enable co-leadership decisions to be aligned with them.

Factors related to the co-leader dyad

Co-leaders' joint accountability and integrated decision-making (5)

Empirically driven discussion and respectful debates

Definition: Decisions are based on open, respectful debate supported by objective data rather than on impressions and intuition.

Transparency in decision-making

Definition: Decision-making processes and criteria are explicit and shared.

Joint decisions and a united front

Definition: Decisions are made jointly and presented to teams as a united front.

Joint responsibility

Definition: The co-leaders feel jointly responsible for the goals and success of the mandate.

Balanced contributions

Definition: Each co-leader's contribution is balanced and adjusted to their respective constraints.

LEVEL 4 – Strategic contribution and value creation

Organizational factors to support co-leadership

Integration into organizational objectives and systemic value added (5)

Co-leadership as a strategic lever

Definition: The organization puts in place structured mechanisms that enable co-leaders to contribute to cross-cutting objectives beyond their own co-leadership scope.

Support from administrative departments

Definition: Administrative departments provide expert support for co-leadership mandates.

Cross-boundary coordination

Definition: Formal mechanisms facilitate inter-team and cross-boundary collaboration (i.e., breaking down silos).

Partnership culture

Definition: The organization fosters an organizational climate based on collaboration, trust and mutual respect among the various stakeholders, valuing shared decision-making.

Mentoring and knowledge-sharing program

Definition: The organization puts in place learning initiatives in which experienced co-leaders support the professional development of their peers and of the next generation of leaders by sharing their knowledge.

Factors related to the co-leader dyad

Strategic contribution of co-leadership and value creation (3)

Actions based on added value

Definition: Co-leadership actions aim to improve value for patients and for the system.

Capacity to contribute across teams and departments

Definition: The dyad contributes to organizational and population health objectives beyond its own co-leadership scope.

Generating and sharing strategic information

Definition: Co-leadership generates relevant data for strategic decision-making.

Personal factors in co-leadership

Personal factors in co-leadership

Personal skills/abilities (9)

Organizational skills

Definition: Ability to plan, structure and prioritize tasks and resources to achieve a goal efficiently.

Conflict management skills

Definition: Ability to identify, defuse and resolve tensions between individuals by fostering constructive dialogue.

Problem-solving skills

Definition: Ability to analyze a complex situation, identify solutions and implement them effectively.

Adaptability

Definition: Ability to adapt to change and to adjust one's behavior and thinking in response to new contexts, constraints or unforeseen events. Demonstrates cognitive flexibility.

Reflexivity and self-reflection

Definition: Ability to analyze one's own practice, attitudes and reactions to foster continuous improvement.

Humility

Definition: Recognition of one's own limitations and openness to others' ideas without seeking to impose oneself. Setting one's ego aside and stepping back.

Empathy

Definition: Understanding others' perspectives, practicing active listening and being aware of others' emotions.

Emotional stability

Definition: Ability to maintain inner balance and measured responses in stressful or destabilizing situations.

Altruism

Definition: Willingness to act for the good of others, placing their needs before one's own, without expecting anything in return.

Job-related skills/knowledge (7)

Understanding of how the organization works

Definition: Basic knowledge of an organization's internal structures, dynamics and processes, in order to navigate and act within it more effectively.

Commitment to the mandate

Definition: Motivation and willingness to invest one's energy and effort consistently in the responsibilities entrusted.

Leadership

Definition: Ability to motivate, inspire and mobilize a group toward a common goal.

Time management and prioritization

Definition: Ability to organize one's time strategically, distinguishing the urgent from the important, to maximize effectiveness.

Ability to rely on others

Definition: Willingness to delegate and to rely on colleagues' skills and judgment.

Communication skills

Definition: Ability to convey a message clearly, in a way that is suited to the audience and conducive to mutual understanding. Shares information with clarity of expression.

Collaboration

Definition: Ability to combine one's efforts with those of others, in a spirit of sharing and collective responsibility, to achieve a common goal.

SELF-ASSESSMENT OF CO-LEADERSHIP MATURITY

Instructions

This grid aims to help assess the maturity level of co-leadership and identify priority actions to further its development.

It was designed to be used by various stakeholders for various purposes.

For example, co-leadership officials (e.g., DSP, PDGA, DGA) or departments developing support services (e.g., DRH, DQEPE) may choose to complete the organizational section in order to determine the steps needed to further co-leadership within the organization, identify strengths, weaknesses, and support needs, and inform strategic discussions and organizational planning.

Co-leaders can complete the dyad section on their own, as a means of reflecting on their own practice, or together, to identify priority actions aimed at developing or strengthening their co-leadership. They can also complete the organizational section to highlight desired improvements in organizational support and make recommendations to share with co-leadership representatives and support departments.

You can therefore choose to complete both sections or just the one that meets your needs.

For each question, rate the organization or dyad on a scale from 0 to 3 (from “non-existent” to “mastered”).

Please note that personal factors are not included in the evaluation. However, they are factors to consider in a shared leadership context (e.g., appointment processes, teamwork, skill development, and continuous improvement).

SELF-ASSESSMENT QUESTIONNAIRE

LEVEL 1: Foundation of co-leadership

Organizational factors to support co-leadership

Organizational foundations of co-leadership

Defined organizational goals and priorities

Definition: The organization defines clear, shared goals and organizational priorities that guide the actions and decisions of all stakeholders.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Coherent co-leadership organizational structure

Definition: The organization has a co-leadership model that is coherent and aligned across all levels (strategic, tactical, operational).

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Selection and appointment process

Definition: Co-leaders are selected and appointed through a formal, transparent process based on explicit criteria.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Factors related to the co-leader dyad

Relational and functional foundations of co-leadership

Mutual recognition

Definition: The co-leaders acknowledge each other's legitimacy, competencies and decision-making expertise.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Mutual respect

Definition: The co-leaders commit to treating each other with consideration, through healthy communication and a healthy working environment, even during debate or under stress.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Protected time

Definition: Protected time is scheduled for co-leadership, both for meetings and for joint work, with working and collaboration arrangements adapted to needs.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

LEVEL 1: Foundation of co-leadership

Organizational foundations of co-leadership

Clear co-leadership mandates

Definition: The organization clearly sets out co-leadership mandates and communicates them to all parties involved, in order to define and legitimize the co-leaders' actions.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Defined roles and responsibilities

Definition: The co-leaders' roles and responsibilities are clarified, understood and recognized, based on a minimum common framework.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Availability of resources related to co-leadership mandates

Definition: The material, technological and administrative resources needed to carry out co-leadership are available and accessible (e.g., office space, laptop, printer, IT access, administrative support.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Onboarding, support, and integration at startup

Definition: A formal onboarding process clarifies the expectations, frameworks of reference and ways of working of co-leadership.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Relational and functional foundations of co-leadership

Defined communication procedures

Definition: Communication channels, frequency and modes of exchange are agreed upon within the dyad to ensure a smooth and consistent flow of information.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Recognition of the physician co-leader as a management partner

Definition: The physician leader is regarded as a full management partner who contributes to organizational decisions, not merely as a medical representative.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

LEVEL 2 : Co-leadership structure

Organizational factors to support co-leadership

Co-leadership structure within the organization

Co-leaders professional development

Definition: The organization supports co-leaders' professional development and management career paths.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Implicit/explicit compensation for physician leaders

Definition: Formal or informal recognition, financial or otherwise, is granted to physician leaders in return for their management responsibilities.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Availability of co-leadership support tools

Definition: Generic tools support planning, monitoring, accountability reporting and decision-making in co-leadership.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Factors related to the co-leader dyad

Collaborative work structure of co-leaders

Shared vision

Definition: The co-leaders share a common vision of their mandate, which is aligned with that of the organization.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Shared goals and priority setting

Definition: Material and human resources are prioritized in line with clinical and organizational goals.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Bidirectional translation

Definition: The co-leaders develop a common language and serve as translators between clinical and administrative realities.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

LEVEL 2: Co-leadership structure

Co-leadership structure within the organization

Clear decision-making processes within the organization

Definition: Decision-making processes are clear, streamlined and proportionate to what is at stake, with defined escalation mechanisms.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Organizational responsiveness to co-leaders' needs

Definition: The organization commits to considering and addressing the issues and needs raised by co-leaders in carrying out their mandate.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Collaborative work structure of co-leaders

Room for feedback

Definition: The co-leaders foster a working environment that allows constructive two-way feedback between them, supporting continuous improvement of practices and relationships.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Building mutual trust

Definition: The co-leaders establish a climate of trust, developing and nurturing trust in each other (learning to trust each other).

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Psychological safety

Definition: Co-leaders feel safe expressing ideas, concerns, and mistakes.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

LEVEL 3: Integration and joint accountability

Organizational factors to support co-leadership

Ownership and accountability in co-leadership

Defined decision-making autonomy and scope

Definition: The organization ensures that co-leaders have formal decision-making autonomy within a clearly defined scope.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Responsibility and accountability

Definition: The organization supports a clear accountability framework tied to individual and joint responsibilities. Moreover, co-leadership accountability is consistent and integrated across hierarchical levels.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Monitoring and feedback on co-leadership mandates

Definition: Formal monitoring, accountability reporting and feedback mechanisms are in place.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Factors related to the co-leader dyad

Co-leaders' joint accountability and integrated decision-making

Empirically driven discussion and respectful debates

Definition: Decisions are based on open, respectful debate supported by objective data rather than on impressions and intuition.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Transparency in decision-making

Definition: Decision-making processes and criteria are explicit and shared.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Joint decision making and a united front

Definition: Decisions are made jointly and presented to teams as a united front.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

LEVEL 3 : Integration and joint accountability

Ownership and accountability in co-leadership

Ongoing alignment of mandates with organizational priorities

Definition: Organizational priorities are clear and enable co-leadership decisions to be aligned with them.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Co-leaders' joint accountability and integrated decision-making

Joint responsibility

Definition: The co-leaders feel jointly responsible for the goals and success of the mandate.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

Balanced contributions

Definition: Each co-leader's contribution is balanced and adjusted to their respective constraints.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/ or planned	Emerging/ developing	Mastered
0	1	2	3

LEVEL 4: Strategic contribution and value creation

Organizational factors to support co-leadership

Integration into organizational goals and system-level added value

Co-leadership as a strategic lever

Definition: The organization puts in place structured mechanisms that enable co-leaders to contribute to cross-cutting objectives beyond their own co-leadership scope.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Support from administrative departments

Definition: Administrative departments provide expert support for co-leadership mandates.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Cross-boundary coordination (i.e., breaking down silos)

Definition: Formal mechanisms facilitate inter-team and cross-boundary collaboration (i.e., breaking down silos).

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Factors related to the co-leader dyad

Co-leadership's strategic contribution and value creation

Action based on added value

Definition: Co-leadership actions aim to improve value for patients and for the system.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Capacity to contribute across teams and departments

Definition: The dyad contributes to organizational and population health objectives beyond its own co-leadership scope.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Generating and sharing strategic information

Definition: Co-leadership generates relevant data for strategic decision-making.

On a scale of 0 to 3, how would you rate this aspect within your dyad?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

LEVEL 4: Strategic contribution and value creation

Integration into organizational goals and system-level added value

Partnership culture

Definition: The organization fosters an organizational climate based on collaboration, trust and mutual respect among the various stakeholders, valuing shared decision-making.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

Mentoring and knowledge-sharing program

Definition: The organization puts in place learning initiatives in which experienced co-leaders support the professional development of their peers and of the next generation of leaders by sharing their knowledge.

On a scale of 0 to 3, how would you rate this aspect within your organization?

Non-existent	Discussed and/or planned	Emerging/developing	Mastered
0	1	2	3

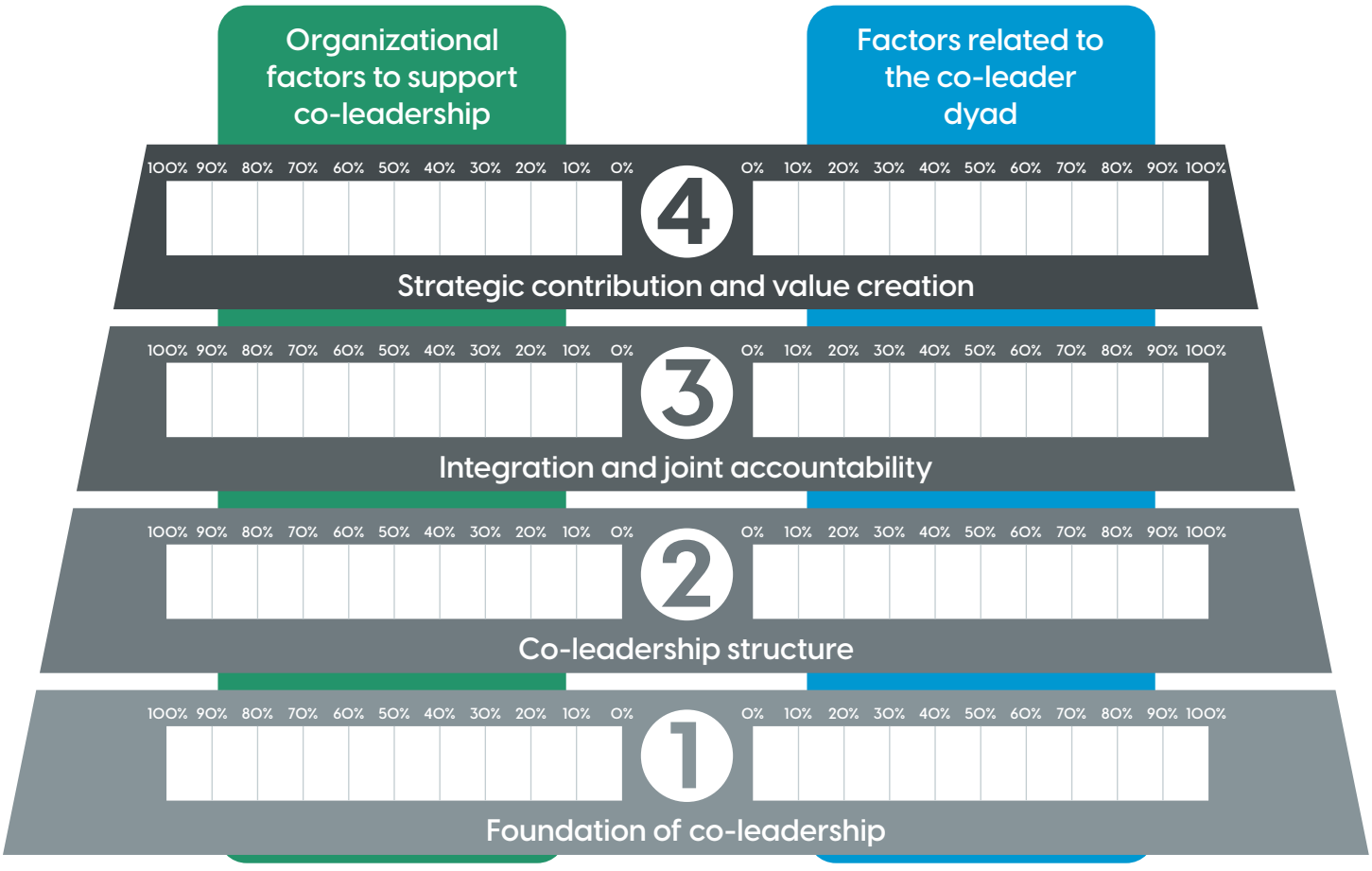
COMPILING YOUR RESULTS

To find out your results, after answering all the questions, you must tally the number of points you earned at each level (1 through 4), separating organizational factors from dyad factors.

Since each question is scored out of 3, simply add up your points for each category (e.g., Level 1: you scored 14 out of 21 in the organization section and 13 out of 15 in the dyad section).

Next, enter your totals in the summary table. To calculate an overall score out of 100, convert it into percentage by dividing your score by the maximum possible score, then multiply the result by 100. (e.g., with a score of 14/21 on Level 1 of the organization section, you would divide 14 by 21, which gives 0.67, and multiply that result by 100 to get 67%.)

	Organization	Dyad
Level 1	_____ /**21** * 100 = _____	_____ /**15** * 100 = _____
Level 2	_____ /**15** * 100 = _____	_____ /**18** * 100 = _____
Level 3	_____ /**12** * 100 = _____	_____ /**15** * 100 = _____
Level 4	_____ /**15** * 100 = _____	_____ /**9** * 100 = _____



INTERPRETING YOUR SCORES

Possible scenarios

To fully understand your results, you need to visualize the pyramid: Levels 1 and 2 form the essential foundation upon which the entire structure rests. Without this foundation, it is difficult to progress to higher levels, and any achievements will be fragile.

It is important to note that these results do not measure performance; rather, they are an analytical tool for identifying existing strengths and areas that require special attention.

Several scenarios may emerge:

- **The optimal structure:** An optimal structure shows high scores at levels 1 and 2 for both categories (organizational and dyad-level). Scores typically decrease at levels 3 and 4, which correspond to advanced levels and to more strategic and complex dimensions to master. Some room for improvement is therefore normal.
- **Average scores in both sections (organizational and dyad-level):** This is a common case that indicates steady progress. The basic elements are in place at both the organizational and dyad levels. However, there are still opportunities for consolidation at every level to make the structure more robust and co-leadership more effective.
- **Strong dyad, more fragile organization:** In this case, the dyad functions effectively and invests considerable effort in ensuring the quality of co-leadership. However, the organizational environment may not provide sufficient support. This situation can lead to work overload or a sense of isolation. It may then be helpful to open a dialogue with organizational leaders to strengthen organizational support.
- **Strong organization, dyad to be developed:** The organization has put in place favorable conditions for co-leadership, but collaboration within the dyad still has room for improvement. This is a good opportunity for the co-leaders to complete the self-assessment together, in order to start a constructive discussion about current practices and identify areas for improvement to integrate into day-to-day operations.

Points to watch for

The red flag: If scores at levels 1 and 2 are lower than those at levels 3 and 4, this indicates a fragile structure. The co-leaders may be trying to reach more advanced stages of collaboration before the necessary foundations are fully consolidated. It is crucial to strengthen the first levels to ensure the stability and sustainability of co-leadership practices.

Finally, remember to factor **personal factors** into your reflection. Although they do not produce a numerical score, they directly influence the strengths and weaknesses of co-leadership and shape how it is experienced day to day. They are an important complement for a nuanced interpretation of the grid's results.

TAILORD SUPPORT TO IMPLEMENT CO-LEADERSHIP IN YOUR ORGANIZATIONS

This maturity grid is a practical tool for conducting a rapid analysis of co-leadership in healthcare organizations. It provides an initial picture of current functioning, identifies organizational strengths and highlights areas within dyads that require particular attention. However, to go beyond this initial assessment, the Pôle Santé offers a tailored support process. Rather than imposing a single theoretical model, our approach adapts our frameworks to the complex reality and specific context of your organization. This collaborative process aims to help you identify your own success factors and build a co-leadership model that resonates with your organizational culture.

To support this evolution, our support draws on monitoring tools, such as interactive dashboards, designed to inform your decision-making. Far from dictating a rigid course of action, these indicators allow you to measure your progress, adjust your interventions in real time and compare your results constructively to foster continuous learning. By shedding light on your specific collaboration dynamics, we promote a shared and harmonized vision among all stakeholders.

This partnership will guide your actions on the ground while providing ongoing support as your co-leadership practices evolve. To address your specific challenges, our service offering also includes targeted training, dyad coaching and workshops tailored to your needs.

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