RUNNING HEAD: Leadership Development Initiative

**Learning together: A cohort approach to organizational leadership development**

Janice Sharlow MHRD1,; Paula Langenhoff EMT, Cert. HA, BHA, MA2; Aslam Bhatti 3; Jude Spiers RN PhD4; Greta Cummings RN PhD4;

1 Consultant, Deloitte & Touche Inc.

2 Leader, Planning and Administration, Alberta Health Services

3 Vice President, Operations, Canadian Partnership against Cancer

4 Associate Professor, Faculty of Nursing, University of Alberta

Corresponding author

Greta Cummings can be contacted at: gretac@ualberta.ca

Sharlow J, Langenhoff P, Bhatti A, Spiers J, Cummings GG. Learning together: A Cohort Approach to Organizational Leadership Development. Leadership in Health Services 22.4 (2009), 319-328. Available at http://www.emeraldinsight.com/journals.htm?articleid=1817416

**Acknowledgements:** Supported by a New Investigator Award, (CIHR), and Population Health Investigator award (AHFMR) to Dr. Greta Cummings and an Partnership for Health System Improvement operating grant from the Canadian Institutes for Health Research and the Alberta Cancer Foundation/Alberta Cancer Board.

**Abstract**

**Purpose**: The purpose of this paper is to illustrate the formation of the *Leadership Development Initiative* (LDI) and to illustrate how the program was collaboratively tailored to meet the organizational and developmental needs of leaders in the organization, using a learning cohort approach for implementation.

**Design/methodology/approach**: This paper describes how the LDI was designed, implemented, and assessed through its various stages of formation. Beginning with theory, a learning cohort approach was envisioned to not only bridge organizational departments by bringing leaders from all divisions to learn together, but would also be more sustainable in the long term. A participatory action research study was used to enhance program development and to ultimately explore the effectiveness of the LDI.

**Findings**: The LDI was critical to developing leadership and management competencies/skills, organizational networking, relationship building, and fostering a philosophy of leadership as collaborative visionary practice toward a common goal.

**Research limitations/implications:** The conceptual framework of the LDI using a learning cohort approach may provide an approach for further development of leadership programs in other healthcare organizations.

**Practical Implications**: The LDI demonstrated how internally developed leadership programs can be an effective approach, with evaluation and application of research findings to continually improve and enhance the program, when resources are limited but the desire to learn is not.

**Originality/value**: The LDI program is a peer based, cohort approach established through a conceptual framework based on advanced leadership theories and practices.

**Keywords**: Leadership development, program development, communities of practice, worklife, (learning in workplace, learning cohort)

**Paper type**: Research paper

**Learning Together: A Cohort Approach to Leadership Development**

*"… leadership develops when people, as people, are brought into new ways of relating to others in a community of practice. These new ways of relating will often be connected to changes in the (leadership) practice itself….and so leadership may be much more than the dramatic whitecaps of the individual leader, and may be more productively understood as the deep blue water we swim in when we work together"*

*Drath & Palus - Making Common Sense: Leadership as Meaning-Making in a Community of Practice*

Healthcare leaders need innovative, courageous and collaborative approaches to effectively address the multitude of complex issues facing health systems today. The sheer range and magnitude of challenges faced by leaders in healthcare organizations include funding and capacity issues, shifting government priorities and policies, structural demands to work with multiple partners and stakeholders at all levels, increasing expectations of patients and clients, and effects of changing demographics and economic factors on staff recruitment and retention, while also embracing positive change that will improve the workplace environment. Although a specific concern for individual leaders is to balance all these interests, organizations must also provide meaningful support for leaders if these challenges are to be constructively and successfully addressed. Leadership development programs are effective in this regard (Cummings et al., 2008). The purpose of leadership development extends beyond “simply developing talent” to encompass teambuilding, the development of a “sense of shared purpose”, and potential retention through fostering the “motivation, enthusiasm, and commitment of participants”. Furthermore, the process of leadership development can constitute a reward in itself (Day, 2001).

Leadership development programs are not a recent intervention and through a systematic review, Cummings et al (Cummings et al. 2008) found that such programs lead to significantly enhanced leadership behavior and practices. As a provincial agency mandated to provide a full range of cancer research, programs and services to all Albertans, the Alberta Cancer Board (ACB) has also been proactive in addressing leadership needs within their organization by developing a unique in-house leadership development program known as the *Leadership Development Initiative* (LDI). The LDI is a peer based, cohort approach founded on a conceptual framework drawn from advanced leadership theories and practices. The purpose of this paper is to describe the development of the *Leadership Development Initiative* at the Alberta Cancer Board and to explicate how it was tailored to meet the organizational and development needs of five different levels of leaders in formal leadership roles. We introduce the context of the LDI program, the ACB and Steering Committee, a description of the collaborative development of a learning cohort approach to leadership program design in a case study of the LDI program, and we examine how the LDI took shape in terms of its vision, program design, curriculum development, and practice. This paper provides a conceptual model for further development of leadership programs in other healthcare organizations.

The **Leadership Development Initiative (LDI)**

*The Alberta Cancer Board*

The Alberta Cancer Board (ACB) operated two tertiary cancer centers, four smaller associate clinics and several regional community centers, in total staffed by 2,300 people. The impetus to develop and implement a leadership development program began with increasing shortages of professional oncology workforce combined with increased service demands. The organization was facing a significant period of growth due to increasing patient volumes comparable to rest of Canada (Canadian Partnership Against Cancer, 2009). This has been compounded by increasing patient survival and longevity requiring advanced treatment, enhanced screening and prevention procedures, and best practice/translational research. ACB expected that by implementing a leadership development program, all levels of management would be better positioned to manage services influenced by this growth. The organization`s senior executive recognized that the new initiative would require dedicated resources. The LDI was initially developed as a term project funded through a grant, and subsequently additional staff and financial resources were allocated as the program expanded to include leaders in all levels of management and administration, including those in medical and scientific leadership portfolios.

Approximately 250 eligible leaders from a variety of organizational levels from senior administrative support, to front line managers, to senior leader positions participated in the first phase of the program in 2004. By the end of the first three years of the LDI program, the number of eligible participants grew to over 300 as new leaders were hired into the organization and program eligibility criteria were expanded.

**Program Development, Design Considerations and Implementation of LDI**

The design and development of the Leadership Development Program (LDI) began in the fall of 2003 by establishing a provincial, supportive and committed internal Steering Committee of nine leaders representing all divisions and levels of leadership. The Steering Committee determined that the program would be developed in house with guidance and support provided by external consultants experienced in program development, adult education, leadership and organizational development, executive education and group process facilitation. Based on current theory and research in the field of leadership development, the Steering Committee and external consultants involved over 100 leaders from throughout the organization in a formal peer-based leadership development process. The steering committee believed this peer-based approach would promote individual, team and organizational learning. It was also hoped that relationships between individuals would strengthen and flourish over time with the ultimate goal of improving organizational effectiveness (McCauley et al. 2004).

*Steering Committee Leadership: Establishing the Vision for Leadership Development*

 The challenge was to understand how to best develop a program that could positively influence the culture of organizational leadership provincially. Guided by an external consultant, the Steering Committee came together for initial dialogue and a two-day intensive workshop to consider the best approach for program development. A fundamental driving assumption was the need for a supportive environment that encouraged *dialogue* and *reflection* to foster growth and development with peers, that would assist leaders to meet ongoing opportunities and challenges facing their organization.

The Steering Committee then developed a Vision and four Purpose Statements to guide the development and implementation of the program (See Box 1). Using a ‘learning in the workplace framework’ the Steering Committee used the vision and purpose to guide the overall focus and approach of the program. Then the Steering Committee proceeded to design the program. Using a “learning in the workplace framework” the Steering Committee used the vision and purpose to guide the overall focus and approach of the program. Then the Steering Committee proceeded to design the program.

***Box 1: Leadership Development Initiative***

***Vision***

The impact of enhanced leadership is a positive, purposeful organizational environment that fosters commitment and enthusiasm to work collectively across all levels, towards a common purpose.

***Purpose***

To strengthen a culture of learning and development to enhance leadership within the organization

To provide an environment where dialogue, discussion and reflection are promoted, valued and supported

To offer practical resources and approaches for leadership development at all levels for persons in defined leadership roles; and,

To bridge organizational levels by fostering nurturing relationships through collaborative team based approaches throughout the ACB.

*The Approach & Philosophy*

The approach and philosophy of the program was based on the work of Cooperidder and Whitney (1999), who explored positive individual and organizational change in their book, *Appreciative Inquiry: Collaborating for Change.* They promoted a strength-based approach to organizational and individual change as opposed to focusing on gaps and mitigating weaknesses. This strength-based philosophy was important to support program goals and was employed in the design and delivery of the cohort sessions in the LDI program. Also important to the design and implementation was Wenger’s principle that individuals learn best in groups known as “communities of practice” (Wenger 1998), in order to develop leadership by working together on real issues and problems (Cummings et al. 2008; Palus & Drath 1995; University of Exeter 2005, p. 5; Zenger et al. 2000). Wenger’s later work described how to cultivate and sustain communities of practice in an organization (Wenger, McDermott & Synder 2002). To support the vision and purpose statements, the program was then designed to develop relationships, foster dialogue, encourage personal reflection, and bridge organizational levels.

*Program Design Principles*

 The LDI program was designed so leaders considered their individual learning needs based on their competencies, role, and level in the organization, and then selected courses from a variety of internal and external offerings. The Steering Committee determined that including the feedback and input from leaders throughout the organization was paramount to the success of the program – both in terms of personal learning needs and that of the organization.

With the assistance of two external consultants, the Steering Committee constructed an interactive 12-month phased program (see Figure 1). In December 2003, Phase I, “Dialogue about Leadership”, waslaunched with close to 100 leaders from all levels across the organization participating in in-depth discussions on the constructs and meaning of leadership. These two hour sessions ignited interest among participants as to the type of leadership they hoped to promote at the ACB. These sessions generated several common themes of leadership, which were synthesized into the *Four Pillars of Leadership — clarity of vision and purpose, acts with integrity, inspires other to do their best,* and *fosters mutual understanding* (see Box 2). Broader than competencies, the Four Pillars of Leadership included a variety of skills, knowledge, behaviors and attitudes that leaders could develop or enhance by participating in the LDI program. The Four Pillars of Leadership are consistent with other leadership principles found in the literature. Bennis and Nanus, in their original 1986 book entitled *Leaders: Strategies for Taking Charge,* described four key principles every leader should know: *attention through vision; meaning through communication; trust through positioning*; and, *the deployment of self* (Bennis & Nanus 2003). Kouzes and Posner in their book, *The Leadership Challenge* (1987, 2002), described five practices of leadership: modeling the way; inspiring a shared vision; challenging the process; enabling others to act; and encouraging the heart (Kouzes & Posner 2002). Senge focused on the learning organization and systems thinking in his original work, *The Fifth Discipline*, (Senge 1990) and his subsequent work, *The Dance of Change* (Senge 1999).

Following this, the Steering Committee piloted an approach that was initially based on individual leaders having a dialogue with their supervisor to consider their own needs for development based on completion of a *Reflection Guide.* This guide identified specific knowledge, skills and abilities required to achieve the Four Pillars of Leadership. Together, the leader and their supervisor would determine which courses and programs (both internal and external) to enroll in. Pilot sessions were completed with two intact department teams and one multi-disciplinary group which included individuals in similar leadership levels from different departments. The feedback from these pilot sessions revealed that participants were not comfortable discussing strengths and areas for improvement in their departmental staff groups since they were sharing these strengths and weaknesses with both their supervisors and their employees. They also identified peer collaboration, trust, and networking as important to their learning and sharing.

|  |
| --- |
| **Box 2** (expanded)**The Four Pillars of Leadership*****Clarity of Vision & Purpose***Many leaders in organizations are running faster trying “to do more with less”. This approach to organizational leadership creates stress and strain for all those who are looking for leadership and seeing a blur of activity. Fundamentally, leadership is about providing clarity, certainty and support for movement in a positive direction.A core capacity of effective leaders is their ability to remain *calm* in the face of pressure, to be *visionary*, seeing beyond the immediate situation to long-term opportunities for development. Such leaders *share their vision* with others, are *goal-directed* and *strategic thinkers*. They offer *clarity* in expectations and goals, are creative, strong, resilient, adaptable and informed. Leaders with clarity of vision and purpose are seen as dignified and adaptable, standing strong and true, offering guidance for the future.***Acts with Integrity***Being ethical as a leader means to *“walk the talk”*, to be *trustworthy* and *honest*, to offer *respect* to all people and to exhibit a high standard of *integrity* in all interactions. People in the organization can count on these leaders to “do the right thing”, be *accountable* and *fair* and *never lay blame*. This quality enables leaders to be *patient, flexible* and *accessible* to their staff.***Inspires Others to Do Their Best***Good leaders are committed to *helping others do their best*. They are *inspiring, consultative* and *enthusiastic*. They *encourage growth* by raising the bar; they *make team members feel connected, recognize people’s strength, skills and limitations* and offer *mentoring*. Good leaders are *willing to take risks* and *back up staff* when needed. They *acknowledge people’s ideas* *and achievements*, *delegate authority* and are *team-oriented*, *sharing power*. They do not micro-manage the work of others.*Fosters Mutual Understanding*Communicating well with all people in the organization is the hallmark of good leadership. In order to communicate well a leader must be a *skilled active listener*, able to *hear the intended meaning,* deeper rather than only the surface level of communication. They are *able and willing to explain “why”* when questioned. They *encourage feedback* without negative consequences, relate to individuals at all levels and are *accessible.* More than having an open door, they are ready and interested to listen. Effective communicators also have the objectivity to *listen to complaints* without taking blame.  |



Figure 1: Leadership Development Initiative

*Emergence of a Learning Cohort Approach*

Based on this feedback, the Steering Committee revised the plan so that leaders at the same level throughout the provincial organization could meet, share, and reflect on leadership development together in peer-based groups. The *learning* *cohort approach* was developed, loosely based on Wenger’s theory of communities of practice (COP), which are “groups of people who share a common concern or passion for something they do and interact regularly to learn how to do it better” (Wenger 2001). *LDI learning* *cohorts* were groups of leaders with similar accountabilities who came together for about three workshops per year to learn about new processes, theories and approaches to leadership in order to deal with real issues in the organization. The learning cohort approach was thought to bridge organizational units/departments by bringing leaders together from all divisions in the organization to learn together and work collaboratively toward common goals. It was expected to increase dialogue and engagement among leaders and staff and enhance performance, improve peer and team relationships, enhance communication and shared meaning, and allow individuals to gain a better appreciation for each other’s roles and responsibilities. The Steering Committee believed that the cohort approach would be more sustainable in the longer term as individuals moved in and out of the organization, their role, or their unit. The learning cohorts were also consistent with Henein and Morrisette’s (2007) recommendation that communities allow leaders to discuss areas of concern, innovate and network in a safe and confidential environment which counteract feelings of isolation.

Communities of practice have been linked to improved organizational performance and continued organizational learning and growth. Organizational learning improves because a community of practice aims to improve both the work product and the work environment by facilitating learning and knowledge transfer (Grant 2003; Lessor & Storck 2001; Wenger 1997). Communities of practice, learning organizations, and action learning that promote effective leadership and organizational development are all closely linked conceptually (Drath & Palus 1994; Wenger & Synder 2000). Wenger described communities of practice as voluntary in nature; therefore, the cohort approach encouraged voluntary participation among peers. As such, participation rates fluctuated throughout the sessions. As new leaders joined the LDI sessions, others left the organization or chose not to participate in particular sessions, thus influencing the dynamics of each cohort session. The ACB learning cohort approach also differed from Wenger’s COP model in that the learning cohorts were purposefully selected and mutually exclusive rather than the naturally occurring COPs. Cohorts meet at regular intervals, and COPs meet on an ad hoc basis. A cohort is a cohesive group of people who experience similar challenges and fulfill similar duties and responsibilities within their roles. COPs are typically grouped by discipline; whereas, the learning cohorts included individuals in similar roles with similar responsibilities.

*The Five Cohort Groups*

Initially, the Steering Committee determined the five different cohort groups based < within the management and operations employee group. The leaders in medical and scientific portfolios were not included as a separate cohort for this group based on clinical needs was planned. However, based on early feedback, the senior leaders of medical and scientific staff to the senior leader cohort as individuals in all these groups lead and manage the organization together. Physicians and scientists were pleased to be asked and several members from this group participated in the cohort sessions as often as possible. Eventually, five distinct cohorts were established: Senior Leaders/Directors, Managers, Leaders in Collaborative Roles, Leaders in Operational Roles, and Junior Supervisors.

|  |
| --- |
| **Box 3: LDI Cohort Groups** *1.* *Senior Leaders/Directors* include individuals from Management and Operations as well as Physicians/Scientists in defined leadership positions 2. *Managers* include individuals from Management and Operations who are responsible for a program or geographic area of service.*3.* *Leaders in Operational Roles* include those from Management and Operations and senior supervisors from two union groups.4. *Leaders in Collaborative Roles* include those responsible for provincial initiat*ives internal and external to the ACB* (note: generally do not have staff reporting to them). 5. *Leaders in Supportive Roles* include administrative support personnel.  |

*Developing the Curriculum*

Group learning is a complex process, often assumed to be simplistic, when envisioned as an opportunity for individuals and groups to work together on common workplace issues. A key challenge in leadership development is to recognize elements of individual and team behaviors that are ingrained in the culture, which can in turn affect individual and group learning. Boud and Garrick (1999) cautioned that predetermining the outcomes of leadership development inhibits educational processes, which can limit learning. Therefore, the Steering Committee decided that an evolving and responsive curriculum would maximize leadership development.

Based on the Four Pillars of Leadership and the principles that effective leadership development includes learning about *self*, *team* and *organizational* *leadership*, the curriculum of the cohort sessions was designed to build on one another and developed specifically for the needs of each leadership level. The Steering Committee deemed the following elements to be key to the design and implementation of the program (see Box 4).

**Box 4: Key Program Design Elements**

* tailored to meet the needs of the organization – rather than an “off the shelf” program
* based on current theory, research and best practices in leadership development
* built on “learning in the workplace” models
* curriculum focused on developing self, team and organizational leadership capacities based on the *Four Pillars of Leadership*
* off-site, dedicated time to build relationships among peers and give time for reflection and development
* a “facilitated process” to enhance experiential learning, combined with dialogue, learning & reflection
* co-designed and supported by external consultants in the field of leadership and organizational development
* sustainable over time in terms of funding and resources – seek to build internal capacity

The program was designed in a layered or matrix approach to take advantage of the notion that leadership development needs to focus at the individual, team and organizational levels while also focusing on core knowledge, skills and attitudes, all of which were encompassed in the Four Pillars of Leadership. The initial sessions focused on understanding self and the type of leadership required in today’s organization. Subsequent sessions focused on team leadership, decision making and problem solving, followed by strategic planning and organizational change issues. Each cohort group focused on topics relevant to their level (see Figure 1). For example, the Director cohort studied *Strategic Focusing & Setting the Direction,* while the Leaders in Operational Portfolio’s focused on *Departmental Planning* and understanding how best to support the Vision.

*How the program worked*

To ensure support for this program throughout the management team, the cohort learning sessions began with the two most senior leadership groups in the organization. As such, the Senior Leader and Manager Cohort groups had three, 2 day cohort sessions in the first twelve months of the program before additional cohort groups were launched. To launch the next three cohort groups, additional staff and external consultants were recruited to deliver the program. Limited by budgetary restraints, the program grew slowly over the next two years – with the final three cohort groups beginning in years two and three. By the end of year three (late fall 2007) over 40 cohort sessions had been implemented over 300 staff members participating. Participation in cohort sessions ranged from 41-65 per cent of those invited.

 **Participatory Action Research: Informs Program Design**

Despite the potential LDI participants indicating their discomfort with participating in learning groups with their superiors or with employees they supervise, after participating in leadership sessions where silos were broken down and relationships were building, LDI participants reported that the hierarchical groups needed to be integrated between levels and that leadership learning should occur with actual working teams as well as with peers. Program designers need to consider both peer based learning as well as inter-level learner (between cohorts and within teams) to ensure organizational learning is effective. Therefore, the delivery of leadership learning in organizations should have group variety and include group members at a horizontal (peer) level, at a vertical (superiors and direct reporting) level, and within working teams (horizontal/vertical and diagonal) to result in a hybrid leadership development program. The plan to incorporate all of these groups required purposive intentional group construction and reconstruction.

Concurrent to the implementation of the leadership development initiative, the Canadian Institutes of Health Research funded a three-year *WILD* study (***W****orklife* ***I****mprovement through* ***L****eadership* ***D****evelopment, 2005 - 2008*) to evaluate how the cohort approach to developing leadership influences the leadership practices of participants, the emotional health of leaders and staff, and their overall worklife. This study generated baseline data and collected 15 month post-implementation data on self-reported and observed leadership practices, the emotional health, well being, job satisfaction, and perceptions of worklife by leaders and staff.

The Steering Committee used the following Year 1 results to refine the *Leadership Development Initiative*. Preliminary results indicated that self reported leadership behaviors were stronger than leadership behavior observed by subordinates. Significantly higher self- and observer- assessed leadership practices to *inspire others* and to *enable performance* were reported for leaders in more senior level cohorts. Leaders in senior level cohorts reported significantly greater control over their work, fairness in the workplace, consistency of their values with those of the organization, and less cynicism than leaders in less senior cohorts (Cummings et al., 2008b). Qualitatively, focus group participants indicated the *Leadership Development Initiative* was critical to developing leadership and management competencies/skills, organizational networking, relationship building, and fostering a philosophy of leadership as collaborative visionary practice toward a common goal. The program was seen as a mechanism to break down departmental territoriality and isolation that result from a widely dispersed geographical organization. Participants viewed the proposed move toward *integration* across cohort levels and development of communities of practice based on shared and targeted interests as a logical next step. Participants were unclear *how* the *Initiative* could support these communities, with considerable concern that the program needed to be integrated into the organization’s daily operations**.**

Quantitative analyses of the pre- and post- LDI survey data suggest the LDI had significantly influenced the first stage of change – personal, self-reflected enhancement and growth of leadership practices (Leading Self). Qualitative inquiry suggests growth in leadership practices was beginning to be seen beyond the individual to some groups or teams (Leading Team). However, 15 months between surveys may be too short a timeframe to see significant effects beyond individuals and groups (Leading the Organization).

**What did we learn?**

 Leadership development program designers should purposively plan appropriate integration timelines using program evaluation and research findings to continually improve and enhance the program. Specifically, we identify the following key points:

* The designers of leadership development programs should purposively plan appropriate integration timelines using program evaluation and research findings to continually improve and enhance the program.
* The use of an internal Steering Committee supported by external consultants allowed us to integrate the organisation’s operational needs with external expertise in leadership and organizational development.
* Executive level sponsorship and demonstrated involvement is key to the overall success and continued commitment to the program, especially shifting the organizational culture to one that supports leadership for achieving specific shared organizational objectives.
* Continuous participant feedback was important for the initial design phase and its subsequent program redesign and improvement, as the learning cohort sessions progressed.
* When relationships were established and silos were broken, program participants were keen to ensure continued momentum.
* Dedicated infrastructure and resources are required for program coordination and to secure supervisor support ensuring that program participants are given sufficient time away from their busy roles to develop their leadership capacity.
* Research and program evaluation are important factors in enhancing the overall success of the program.
* Voluntary participation was deemed the best approach to encourage leadership development; however, such an approach can affect the overall development of leaders in the organization and needs to be carefully considered.
* As new leaders join and others leave or choose not to participate in the program, consideration needs to be given on how to best manage the changing leadership needs of the cohort groups, e.g. levels of skill and knowledge.

**Discussion: The future of leadership and staff development: Where to from here?**

Three of the five cohort groups (senior leaders, managers and senior level supervisors) were integrated and moving forward to continue their leadership development. An ongoing program of informal communities of practice and action learning projects were planned, requiring dedicated resources and the commitment of leaders to continue the learning. Following the success of the initial LDI Program, additional funds were secured during 2006 to support the continuation of the LDI, by formally integrating the LDI Program into a newly formed Organizational Development unit in the provincial Human Resources department. With a view to enhancing the program further, the ACB had also committed to financially support ongoing formal LDI research programs. It was intended that these research studies will continue to demonstrate that internally developed leadership development programs are an integral part of an organization’s learning and development strategy, as well as an effective use of corporate resource.

The provincial approach to leadership development was expected to lay the foundations for similar provincial approaches to performance development and career and succession planning involving skills-based education programs and strategic planning. This is particularly important because in 2009, the Province disestablished all area health boards and instituted one provincial “Health Superboard”. So the LDI is now under review in context with all health service leadership programs in the province, with support from leaders and staff that the program should not founder, even in the context of more changes.

**References**

Bennis, W. and Nanus, B. (2003), Strategies for Taking Charge, Harper Collins, New York, NY.

Boud, D. and Garrick, J. (1999), Understanding Learning at Work, Routledge, New York, NY.

Cooperrider, D.L. and Whitney, D. (1999), Appreciative Inquiry: Collaborating for Change, Barrett-Koehler Communications, San Francisco, CA.

Canadian Partnership Against Cancer (2009), “Human health resources”, available at: www.partnershipagainstcancer.ca/hhr (accessed 9 June 2009).

Cummings, G.G., Lee, H., MacGregor, T., Davey, A., Wong, C., Paul, L. and Stafford, E. (2008a), “Factors contributing to nursing leadership: a systematic review”, Journal of Health Services Research & Policy, Vol. 13 No. 4, pp. 240-8.

Cummings, G.G., Spiers, J., Sharlow, J. and Bhatti, A. (2008b), “Worklife leadership development for improved quality of work for leaders and healthcare providers in the health care system”, Number FRN-78701, Canadian Institutes of Health Research, Partnerships for Health System Improvement Program.

Day, D. (2001), “Leadership development: a review in context”, Leadership Quarterly, Vol. 11 No. 4, pp. 581-613.

Drath, W. and Palus, C. (1994), Making Common Sense: Leadership as Meaning-Making in a Community of Practice, Centre for Creative Leadership, Greensboro, NC.

Grant, M.K. (2001), “Communities of practice”, Health Progress, Vol. 82 No. 6, available at: www.chausa.org/Pub/MainNav/News/HP/Archive/2001/11NovDec/Articles/Columns/HP0111d.htm (accessed 30 April 2002).

Henein, A. and Morrisette, F. (2007), Made in Canada Leadership: Wisdom from the Nation’s Best and Brightest on Leadership Practice and Development, Jossey-Bass, Mississauga.

Kouzes, J. and Posner, B. (2003), The Leadership Challenge, Jossey-Bass, San Francisco, CA. Lesser, E.L. and Storck, J. (2001), “Communities of practice and organizational performance”, IBM Systems Journal, Vol. 40 No. 4, pp. 831-41.

McCauley, C. and VanVelsor, E. (2004), Handbook of Leadership Development, 2nd ed., Jossey-Bass, San Francisco, CA.

Senge, P. (1990), The Fifth Discipline: The Art and Practice of the Learning Organization, Doubleday/Currency, New York, NY.

Senge, P. (1999), The Dance of Change: The Challenges of Sustaining Momentum in Learning Organizations, Doubleday/Currency, New York, NY.

University of Exeter (2005), “What is leadership development?”, Centre for Leadership Studies, Exeter, pp. 5.

Wenger, E. (1998), Communities of Practice: Learning, Meaning, and Identity, Cambridge University Press, New York, NY.

Wenger, E. (2001), “Supporting communities of practice: a survey of community-oriented technologies”, available at: www.ewenger.com/tech (accessed 9 June 2009).

Wenger, E. and Snyder, W. (2000), “Communities of practice: the organizational frontier”, Harvard Business Review, January-February, pp. 139-45.

Wenger, E., McDermott, R. and Snyder, W. (2002), Cultivating Communities of Practice: A Guide to Managing Knowledge, Harvard Business School Press, Boston, MA.

Zenger, T.R. and Marshall, C.R. (2000), “Determinants of incentive intensity in group-based rewards”, Academy of Management Journal, Vol. 43 No. 2, pp. 149-63.

**Further reading**

Whitney, D. and Trosten-Bloom, A. (2003), The Power of Appreciative Inquiry, Barrett-Koehler Publishers, San Francisco, CA

|  |
| --- |
| **Box 2** (expanded)**The Four Pillars of Leadership*****Clarity of Vision & Purpose***Many leaders in organizations are running faster trying “to do more with less”. This approach to organizational leadership creates stress and strain for all those who are looking for leadership and seeing a blur of activity. Fundamentally, leadership is about providing clarity, certainty and support for movement in a positive direction.A core capacity of effective leaders is their ability to remain *calm* in the face of pressure, to be *visionary*, seeing beyond the immediate situation to long-term opportunities for development. Such leaders *share their vision* with others, are *goal-directed* and *strategic thinkers*. They offer *clarity* in expectations and goals, are creative, strong, resilient, adaptable and informed. Leaders with clarity of vision and purpose are seen as dignified and adaptable, standing strong and true, offering guidance for the future.***Acts with Integrity***Being ethical as a leader means to *“walk the talk”*, to be *trustworthy* and *honest*, to offer *respect* to all people and to exhibit a high standard of *integrity* in all interactions. People in the organization can count on these leaders to “do the right thing”, be *accountable* and *fair* and *never lay blame*. This quality enables leaders to be *patient, flexible* and *accessible* to their staff.***Inspires Others to Do Their Best***Good leaders are committed to *helping others do their best*. They are *inspiring, consultative* and *enthusiastic*. They *encourage growth* by raising the bar; they *make team members feel connected, recognize people’s strength, skills and limitations* and offer *mentoring*. Good leaders are *willing to take risks* and *back up staff* when needed. They *acknowledge people’s ideas* *and achievements*, *delegate authority* and are *team-oriented*, *sharing power*. They do not micro-manage the work of others.*Fosters Mutual Understanding*Communicating well with all people in the organization is the hallmark of good leadership. In order to communicate well a leader must be a *skilled active listener*, able to *hear the intended meaning,* deeper rather than only the surface level of communication. They are *able and willing to explain “why”* when questioned. They *encourage feedback* without negative consequences, relate to individuals at all levels and are *accessible.* More than having an open door, they are ready and interested to listen. Effective communicators also have the objectivity to *listen to complaints* without taking blame.  |



Figure 1. The Leadership Development Initiative**Appendix. The Four Pillars of Leadership**

(1) Clarity of vision & purpose. Many leaders in organizations are running faster trying “to do more with less”. This approach to organizational leadership creates stress and strain for all those who are looking for leadership and seeing a blur of activity. Fundamentally, leadership is about providing clarity, certainty and support for movement in a positive direction.

A core capacity of effective leaders is their ability to remain calm in the face of pressure, to be visionary, seeing beyond the immediate situation to long-term opportunities for development. Such leaders share their vision with others, are goal-directed and strategic thinkers. They offer clarity in expectations and goals, are creative, strong, resilient, adaptable and informed. Leaders with clarity of vision and purpose are seen as dignified and adaptable, standing strong and true, offering guidance for the future.

(2) Acts with integrity. Being ethical as a leader means to “walk the talk”, to be trustworthy and honest, to offer respect to all people and to exhibit a high standard of integrity in all interactions. People in the organization can count on these leaders to “do the right thing”, be accountable and fair and never lay blame. This quality enables leaders to be patient, flexible and accessible to their staff.

(3) Inspires others to do their best. Good leaders are committed to helping others do their best. They are inspiring, consultative and enthusiastic. They encourage growth by raising the bar; they make team members feel connected, recognize people’s strength, skills and limitations and offer mentoring. Good leaders are willing to take risks and back up staff when needed. They acknowledge people’s ideas and achievements, delegate authority and are team-oriented, sharing power. They do not micro-manage the work of others.

(4) Fosters mutual understanding. Communicating well with all people in the organization is the hallmark of good leadership. In order to communicate well a leader must be a skilled active listener, able to hear the intended meaning, deeper rather than only the surface level of communication. They are able and willing to explain “why” when questioned. They encourage feedback without negative consequences, relate to individuals at all levels and are accessible. More than having an open door, they are ready and interested to listen. Effective communicators also have the objectivity to listen to complaints without taking blame.