“But We Can’t Go Back”: The Effect of Raising Expectations Through Organizational Leadership Development and Consequences of Failure to Follow Through

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"But We Can't Go Back":

Unexpected Consequences of Raising Expectations Through Organizational Leadership Development

ABSTRACT

In 2004, a provincial cancer agency in Canada, developed and implemented a province-wide *Leadership Development Initiative (LDI)* to enhance organizational leadership and relationships. Research using a quasi-experimental survey design determined whether *LDI* implementation influenced the emotional health and leadership practices of *LDI* participants. Qualitative focused ethnography (18 focus groups and 13 individual interviews) explored participants' perceptions of the *LDI*. This article presents qualitative findings that contribute to understanding the statistically significant findings of increasing levels of cynicism, emotional exhaustion, and burnout for most LDI participants. Qualitatively, the LDI was regarded as a *critical strategy for helping leaders grow and cope with change* and to *help in changing organizational leadership culture to be more collaborative and inclusive*. However, an organizational history of short-lived "*flavor of the month*" development initiatives and growing skepticism and disengagement by leaders represented in the themes of "*Catch-22"* and *"There is no going back"* contributes to understanding why these quantitative measures increased. Little research has explored the hypothesis that real organizational development happens through a series of planned stages. In this study, leaders experienced escalating frustration because change was not seen to occur fast enough in "others" and reported that this was necessary before they would alter their own behaviour. Leadership development programs in general need to reflect the reality that it takes considerable time, patience, and effort to effect fundamental change in leadership culture.

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Increasingly complex environments in healthcare settings are creating significant challenges with subsequent adverse effects on healthy work environments and quality of work life for both leaders and staff (Shirey, 2006). This has undesirable and unfavourable cyclical effects on organizational culture, or the basic pattern of shared assumptions, values, and beliefs governing how employees within an organization think about and act on problems and opportunities (McShane, 1998). Leaders in healthcare are agents of change who can make sense of, create cohesiveness, and positively influence organizational culture through their leadership behaviour and practices (Cummings et al., 2008a; Cummings, 2004; Valentino, 2004); therefore, understanding how leaders perceive and experience change in leadership development interventions is important.

Over the past three decades, leadership development interventions have evolved significantly and now extend beyond individual managerial skill improvement to encourage self reflection of leaders throughout all levels of an organization to develop and foster leadership practices within the individual, within teams and the organization (Boyatzis, 2001; Palm & Nelson, 2000). Contemporary theories underlying leadership development include social learning theory, which posits that role modelling is an effective mechanism for learning, and social information-processing theory, which proposes that people will learn individually, but that learning is enhanced by the group because it is a social and relational process (Bolden, 2005; Davies & Nutley, 2000; Goethals, 2005; Weiten, 1997). Humanistic and adult learning theory contributes to the valuing of collaborative, vertical, horizontal, and cross-disciplinary learning (Wenger & Snyder, 2000). Current evidence strongly supports the principle that leadership development programs should be developed from all available evidence and tailored to meet the

specific needs of the organization and its participants, as needs and leadership skills vary across individuals and the organization (Collins, & Holton, 2004; Cummings et al., 2008a). Specifically, changes to leadership development programs seen in recent years that reflect these theories are synthesized from several literature sources (Edmonstone & Western, 2002; Goodwin, 2000; Hewison & Griffiths, 2004; Kouzes & Posner, 1995).

In terms of program planning, it is clear that there has been movement from offering unrelated and ad hoc courses to mandatory systematic curricula and programming. Reflecting this change is movement from externally-provided generic programs to tailored programs specific to the local challenges and context. There is explicit incorporation of life-long adult learning principles in which development aims to enable people and organization to face adaptive challenges where new learning is required. The creation of curricula is often characterized by incorporation of action-learning approaches in which stakeholders from all constituencies are involved in planning, implementation and evaluation. Lastly, there has been a refocusing on leadership rather than management.

It is also possible to see evolution in the concept of collaboration. There is a growing recognition that leadership is a collective cultural activity rather than an individual activity. Leadership potential exists at all levels of an organization and is shared across large numbers of people. Thus all levels of leadership including middle and junior managers and clinical professionals need to be included rather than traditional hierarchical notion of "leaders." Congruent with this is recognition that leadership is a *process* rather than a *position* in a hierarchy. Leadership is based on values shared throughout the organization. This means that focusing primarily on the individual and equipping individuals with means for developing personal power and influence is a limited approach. Development must be complemented by enhancing collaboration and ability to deal with complexity and ambiguity. Fostering individual

ability has shifted to developing a local leadership mindset. Collaboration is also seen in curricula that attempts to foster crossing of tribal boundaries through cross disciplinary and inter-agency collaboration, often with little direct hierarchical control. This promotes fostering collective identity, interdependence, and collaborative accountability to diverse stakeholders.

The focus of contemporary programs includes the notion of "*Challenging the status quo"* through individual and team empowerment and encouragement to create a new vision by stirring the creative and emotional drives of individuals. This is based on recognition of shared or distributed leadership and the significance of collaborative rather than distant leaders.

Lastly, there have been significant developments in the fostering of leadership adaptability and flexibility rather than learned skill sets. Contemporary theoretical approaches are oriented toward fostering individual reflexivity: encouraging participants to examine and reflect on their own behavior in various situations and providing opportunity to practice different techniques and to learn new behaviors. Focusing on relationship management, problem solving and risk taking skills with goal of facilitating empowerment in the workplace is the primary strategy to obtaining workplace leadership change.

Effectiveness of Leadership development programs

While the impact of leadership development programs on individual leaders can be demonstrated in the short term (Collins & Holton, 2004; Cummings et al., 2008a), the impact on staff and the organization is not easily quantifiable over short time periods. Much of the current literature has explored leadership programs in healthcare within specific disciplines—such as the nursing (Cummings et al., 2008a) and medical professions (McAlearney et al., 2005) rather than considering how multidisciplinary leadership development influences the process and outcomes. Multidisciplinary leadership development is thought to be effective by emphasizing the process

of group learning and communication, which is then enhanced by cross fertilization of perspectives that foster innovation and creativity (Black & Westwood, 2004; West et al., 2003). This breaks down disciplinary and geographical barriers through networking and illuminating similarities in leadership in diverse contexts, and capitalizing on the ability to form consensus around organizational values and directions (Hewison & Griffiths, 2004).

The purpose of this mixed method intervention study was to explore the effectiveness of a cohort approach to multidisciplinary leadership development on the a) emotional health and well being of participating leaders, b) leadership practices of LDI participants, and c) work life of leaders. Qualitative methods, specifically focused ethnography, were used to explore participants' perceptions of the purpose of the LDI in influencing organizational culture and processes of change in leadership practices reported during the intervention.

Leadership Development Initiative (LDI) Intervention

The study took place in a Canadian provincial cancer agency operating 17 cancer treatment facilities within the boundaries of nine health regions. The leadership development program was designed for individuals in defined leadership roles in the management/operations (non-union) groups. All employees in formal leadership roles in the cancer agency were invited to participate in the *Leadership Development Initiative* (LDI). The vision of the LDI was to enhance leadership; *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.* Thus, the LDI aimed to a) strengthen cultures of learning and development to enhance leadership within the organization; b) provide an environment where dialogue, discussion and reflection are promoted, and values are supported; c) offer practical resources and approaches to leadership development at all levels for individuals in defined

leadership roles, and d) bridge organizational levels by fostering nurturing relationships. Detailed information about the development and implementation of this LDI may be found elsewhere (Sharlow et al., 2009).

The LDI program content was developed through consensus, internal to the organization (guided by a committed internal steering committee and external consultants), on a foundation of **Four Pillars of Leadership**– *clarity of vision and purpose; acts with integrity; inspires others to do their best;* and *fosters mutual understanding*, defined organizational values, and a desire to increase staff retention and improve patient outcomes. LDI implementation was based on a "*communities of practice"* conceptual framework and cohort approach. The curriculum initially focused on the development of *individuals* to become better leaders, followed by leadership development within teams and communities to promote a learning environment within the organization. Leadership learning sessions were arranged by cohort, or level of leadership role, which was designed to bring together leaders in different geographical sites within the organization and diverse departments or programs, as these peer groups would be dealing with similar issues which created common ground for learning. There were five cohort groups: senior leaders/directors, managers, leaders in operational roles, leaders in collaborative portfolios, and leaders in supportive roles. Each learning cohort group met approximately three times per year for one or two day sessions over a three-year period. When the program started in the fall of 2004, it included approximately 250 individuals from a variety of leadership levels including senior administrative support, front line supervisors to senior leader positions. While the initial sessions were cohort specific, later sessions were integrated vertically, bringing leaders together from various levels designed to bridge and enhance leadership capacity. Participation in cohort sessions ranged from 41 – 65% and the number of participants grew to over 300 by the end of

the program in early 2008, as new leaders were hired and program eligibility criteria were expanded.

The WILD Study

The WILD study represented the evaluation processes of the *LDI* program: ***W****orklife* ***I****mprovement through* ***L****eadership* ***D****evelopment* funded by the Canadian Institutes of Health Research (Grant #78701). This study incorporated a mixed quantitative and qualitative methods in a quasi experimental design. Ethics approval was obtained from the appropriate academic and organizational Ethics Boards.

Survey strategies were used to gather data on LDI participants' worklife and reported leadership practices, at two time periods: Time 1 was early or prior to the commencement of their cohort sessions (in 2006) and then 15 months later, at Time 2 (in 2007). The quantitative methods and results are provided elsewhere (Cummings et al., 2008b). In this paper, we focus on the qualitative results.

Qualitative methods were used explore questions raised in the quantitative findings, and to gain an understanding of how participants perceived the LDI's roles in organizational change, individual quality of work life, and the learning cohort approach. Focus groups added insight into the survey results in generating impressions of the program, identifying potential program improvements. Each of the five cohorts had at least three focus groups, for a total of 18 focus groups that ranged from 2 – 10 participants. All participants were invited to participate in focus groups within their own cohorts (i.e., Senior Leaders comprised separate focus groups from senior managers and supervisor cohorts). Thirteen individual interviews were also conducted with LDI participants. Initial questions for the focus groups and individual interviews elicited participants' perceptions of how the LDI fit into the culture of the organization, the experience of

participation, and changes in leadership practices for themselves or observed in others. Probes were iteratively refined as part of the concurrent data collection and analysis process, so that later data collection events for each cohort were used for verification of emerging themes. In addition, emerging themes were verified through written survey for the first two cohorts (n=24 for cohort 1 and n=28 for cohort 2). Participant recruitment and interviewing continued until analytic saturation occurred, evidenced by the redundancy of information. Six focus groups were held with staff to explore the impact the LDI has on leadership practices and organizational culture from the perspective of general staff. The results of these data are not reported here.

Analytic methods from grounded theory were employed including; concurrent data generation and analysis, constant comparison of data and open, selective and theoretical coding. Data generated with participants as well as memos and notes were transcribed, coded and then thematically analysed. Constant comparison of data occurred across the data set both within and between transcripts in order to integrate the themes identified in this paper (Charmaz & Mitchell, 2001). Verification strategies, including discussing emerging ideas in interviews, presenting emerging themes to cohort groups and in public discussion forums were employed to ensure rigor in the research process and trustworthy results (Morse et al., 2002).

Results

LDI participants perceived that the LDI represented a strong signal of financial commitment by executive leadership to the development of leadership capacity and quality of work life satisfaction of leaders in the organization. Over time, this commitment was seen to be "*on paper*" and political rather than based on strong valuing of the LDI itself. The LDI was not just a source of learning management competency skills, but a way to network and reconnect with the organization, and represented a valued respite from the ordinary hectic work life in a

rapidly developing organization. Participants had high expectations that the LDI would be an effective mechanism for shifting the traditional rigid and hierarchical leadership structure to a more collaborative and open culture. Unfortunately, this change was perceived as taking too long, and many participants wanted to see change in their supervisors and general organization before they were willing to invest the energy in changing their own behaviour. This caused a "*catch-22 situation*". These raised expectations created significant scepticism about the potential future and role of the LDI in the organization. Participants likened it to having "*a little plant*" that needed to be nurtured if it was to grow into a useful part of the organizational culture.

LDI shows how committed Corporate Executive is to its leaders

LDI represented a signal of commitment by Corporate Executive to its leaders by providing the space, personnel, and resources to enhance its leadership potential in management competency and organizational cohesiveness.

> *I think the LDI… shows the upper leadership is… is keen and committed to their own leadership development…. They're investing in us and believing in us as leaders.*

The participants perceived the LDI as a critical organizational intervention to help leaders cope with unprecedented growth and change in the organization and in leadership roles over the past five years.

> *I think in addition to provincializing, and truly embracing a provincial view of our full vision and goals, we are experiencing huge growth, major change and… you will not be successful in handling it unless you have competent management and leaders. I think we were suffering from that growth potential, the fact that we're changing in many ways… just*

> *constant change, so there was no choice. It's almost a matter of you really need to do something because we have to shore up our management if we're going to be able to operate, so I think that it was almost a necessity.*

This growth had occurred in the range of clinical services offered throughout the province, and included parallel growth in the research and administrative functions. However, moving the cultural identity from a cohesive organization oriented toward a common goal via common means proved difficult in a system characterised by geographic diversity and distance, and histories grounded in pre-existing hospital structures. Participants perceived a strong tendency toward territoriality or "siloing" by distinct programs, departments or geographic sites. Thus, even though a program may be distributed over a wide geographical area, led by a single manager and director, staff at each geographical site may feel more loyalty to the geographic location or hospital with little relationships beyond this. There was a distinct sense of lack of connection and cooperation amongst the different levels, departments, sites and services.

> *We notice it in particular as a provincial division and one that does work provincially. It is really frustrating and hard to try and move some things forward when you have different philosophies and different policies and different procedures depending on whether you're talking about your [City 1] staff or your [City 2] staff or who you're trying to collaborate with... the resources, the interest, the philosophy in [City 1] was completely different from the [Hospital A], let alone and there was this third sort of thing which was all the other associate [sites] – it's just like try to coordinate all of this...We waste so much time with reinventing the*

wheel...

The LDI as a mechanism to reconnect with the organization

The unprecedented rate of change in the size and complexity of the organization had an adverse effect on the cohesiveness and connectivity that people felt with the organization. The implementation of the LDI was often framed by a desire to regain a sense of family closeness that the organization was reputed to have in the "*old days.*" The LDI was seen as one mechanism to try to bridge the gaps between geographical sites, services and departments that had, largely unintentionally increased as clinical and research programs expanded over wide geographical distances.

> *[Organization] is one big family and it's grown so big that you've lost the contact between members of the family when you're over the entire province, different sites, different goals, whether it's research or clinical services or administration, and LDI is trying to regain that feeling of a family.*

The LDI program was seen as a mechanism for bridging those gaps, if not through the *content* of the program curriculum, but through the *process* of bringing together of leaders throughout the organization in peer or cohort groups.

> *The LDI is something that was desired for a long time. I know people have said to me, "jeepers I wish I would have had this 10 years ago", and I think…if we can provide people with support and some sort of structure that will facilitate satisfaction, confidence, assurance, I think is a good thing. I question whether or not one can actually TEACH integrity, but it can be observed and if it is observed within others, others*

can grow also. The impact within the organization is – most certainly there is networking and relationship building which never ever would have EVER happened outside of this.

LDI achieved this by facilitating the opportunity for leaders to share their experiences and wisdom and to promote discussion about the vision, values and direction of the organization.

I think that LDI to me recognizes that we've got so many different groups but really some of our issues are not so different; they're just in a different department – same issues, different department.

Valuing the LDI

The LDI was seen as a fundamental part of being a leader – an aspect of their leadership role that was not always fostered as well as their clinical substantive knowledge and expertise often was. LDI was seen as recognition that leadership development could not be taken for granted, and that organization had a responsibility to help its leaders develop to the greatest extent possible.

I don't consider it a frill. I consider it as a requirement of management. If you're a responsible [leader], you have to take on the accountability to develop yourself… consistent with what the organization wants. I don't consider them optional <u>at all.</u>

Effectiveness of the LDI

LDI participants perceived the intervention as having two primary goals: the first being tangible management competencies, such as conflict resolution, principled negotiation skills, and strategic planning, while the other was more ethereal, such as networking and relationship building. Participants varied in their need and desire for the tangible competency training while a

small number of participants strongly distrusted the interpersonal relationship building aspects of the programs, citing a desire for skill based education that resulted in "tangible products that could be immediately implemented in the work setting." Most participants could appreciate the mix of skill relationship building and peer-group cohesiveness building. Participants were also encouraged by the flexibility of the program, in that feedback and specific needs identified within each cohort were incorporated into that cohorts' program, informing and influencing the next learning session. Most participants viewed the LDI as an opportunity for some growth and self reflection because of the opportunity to discuss ideas and work-related problems with their colleagues who had similar issues.

> *I do find the cohorts are a safe place to go and sometimes have discussions and to practice difficult skills.*

Although some participants could identify observed or reported changes in leadership practice, most change was occurring in the individual mindset and some behaviours rather than team or organizational behaviour during the early stages of the program.

> *I guess for lack of a better word because you've the LDI perspective, you're kind of – you're seeing things from a different point of view, you're more empowered to maybe take more risks or to show more initiative.*

While we received various accounts of self-reported or observed leadership behaviour change occurring at all levels of the cohorts, it was clear that for participants the LDI was not being experienced as a vehicle for leadership behaviour change as much as an intervention that helped mitigate the negative effects of a highly stressful work environment. The LDI offered stress release, opportunity for reflection and networking, and a source of re-energizing and

inspiration.

> *I need my batteries recharged, and going to these cohorts, it recharges my batteries for the next 4 months, but at the end of the 4 months or end of my 3 months, I'm just dragged – I'm done. I exhausted everything whereas this just peps me up again... and getting out of the workplace too and know that you're supporting – supported by the organization to go to these things. You pay thousands of dollars to attend these kinds of workshops and here we're getting it for free. Oi yi yi. That's good stuff.*

The program also worked to enhance motivation and hope for change in leadership practices.

> *The sharing is also awesome because, sure enough, if you've got an issue that you're trying to deal with, someone else there has been through it- so that sharing has been fabulous.*

People expressed high degrees of hope that the LDI would show definite movements toward better organizational cohesion and responsiveness in leadership that would serve to connect the layers of leadership levels which would ultimately move the organization forward in it strategic direction and organizational behaviour.

> *Mix it up, mix it down, but, more importantly, mix it together. The time is now, because then it [leadership] would be across the organization"*

Raised expectations and scepticism

The LDI sparked both inspiration and scepticism from LDI participants, with all recognizing that LDI has an enormous mandate and potential that had not yet been realized. The scepticism over the sustainability and viability of the program originated from negative

experiences many participants reported over similar historical management training or quality improvement initiatives which were implemented, heavily invested in by staff and leaders, and then apparently "*dropped*". Participants report a history of programs having a "*slow death*" with few or any tangible outcomes. Many participants interviewed regarded the LDI in the same light, describing it as the current "*flash in the pan"* or "*the flavor of the month*".

> *We've seen different programs come and go. I can recall in '93 for example we had TQI. There was leverage here and it was promoted really well initially but.… Every time LDI comes around it is "here we go again"*

Especially for participants who had been in the organization for a long time, it was difficult to summon enthusiasm for a program that, according to historical tradition, would disappear quickly largely because it's implementation was driven by the sponsorship of a small section of leadership rather than by a concerted and directed organizational strategy to develop leadership championed by the entire leadership.

> *I mean you hate to not be supportive and just go –"Oh well, that failed, let's go to the next thing", because I think the organization has a bit of a history of that. One year it's quality improvement. . . . We jump from ship to ship but we don't seem to get any smarter or better at figuring out there's some basic things that have to be fixed first, and these things have to be designed in a way that it's really clear and there's really good buy-in about where it's going and what it's to achieve*

Participants identified that the program was neophyte, and at present unattached to any critical human resource functions in the organization. Indeed, when data collection started, it was

a "stand alone" project. Halfway through the research, the LDI was incorporated as a core process in Human Resources, however, how it linked to performance management, succession planning and staff training was not yet formalised; this meant that the end goal or expected outcomes of the LDI as a program, for its participants, was also unclear.

> *We're trying to fly, and we haven't even learned how to walk yet. I think we had so many cutbacks in healthcare when the oil crash happened in the 90's, we cut admin and all those services to the absolute bone. . . and I think we've grown tremendously from that point. . . . We're growing tenfold and we're trying to do all these innovative state-of-the-art things when we don't have the infrastructure in place. . . . I think there are some serious needs within the organization. However, we still really don't have the infrastructure to support some of the things that LDI is trying to do. . . . We're trying to build on a very unstable foundation. There are some basic things that we need to put in place structurally – policies, support-wise for managers to enable them to move to this kind of thing where you're trying to do the higher flying stuff and get people thinking creatively and collaborating outside of the box. Well that's great, but that takes time and energy and if there isn't the support, it's pretty hard.*

Participants were vocal in their desire to see how corporate executives 'follow through" with this initially attractive mechanism of appreciation and support for their leaders to fully embracing a culture and system of continual leadership development that had tangible meanings and outcomes

> *I think it's a very generous idea on the part of the [Organization] to offer*

> *this to their employees… but if they aren't prepared to implement and to actually set some goals for the program, I can't see it going much further in terms of it'll always just be more individually satisfying and developing but it won't help to develop the organization.... The [organization] sets goals for the province of Alberta and so why not for your employees?*

Participants were sceptical that the LDI was the best investment given the current climate in the healthcare sector, with the workload and staffing issues facing the organization. While the *idea* of the leadership development was prized, some LDI participants thought was not the "*best value for our money*" and that LDI would be more effective once more basic infrastructure needs were met.

> *I question should those dollars be used to get us to a certain level to manage growth.… Yeah, it's a good idea but maybe we need to – at this point in time- question how does this fit into organizationally developed leadership– what are the expectations? What will success look like? I don't know.*

"*Catch-22*": Waiting for Change

This scepticism led to a strong sense of discouragement. Participants expressed how they had hoped to see some indicators of change at an organizational level, not just at an individual level in themselves or their co-leaders. This was not occurring to the extent many felt it should. Interestingly, this was usually attributed to lack of support from the leadership levels *above* the participant, and particularly the corporate executive leadership level. It appeared that there was a "*Catch-22*" situation occurring, in that participants believed that individual change was

impossible until organizational change occurred, yet organizational change was dependent on personal change.

> *Well I think we should see SOME change, and I'm not seeing the change. I'm not. And it's very difficult when you don't have people that you're reporting to buying into this at all, so then I'm thinking, "well why are you going to the trouble to get all the people at this level to do something when any ideas you come up with are being squashed?" That's what I felt about it. That's how I feel about it actually.*

In some instances, the "*catch-22*" situation was exacerbated by the lack of participation by the lower level cohort's own leaders. Being isolated in a work setting in terms of being the only person involved in the LDI discouraged many people from even trying to implement new leadership practices:

> *If my [leaders] are not attending the sessions and they're not learning the same skills I am...hearing the same language, I get discouraged because I have endeavored to bring some of these issues forward and work through them in a positive way. So once you've tried that a couple of times you say, "why am I wasting my time?" And you get discouraged.*

There was a strong sense that any movement in leadership culture or behavior needed to be preceded by contextual change and support in the actual workplace. It was a fundamental limitation of the LDI to motivate and plant the ideal of this kind of culture within the sessions but then fail to effect that kind of change in the workplace. Participants used depersonalized pronouns to attribute the responsibility of initiating this change – "*you*" or "*they*", which indicated that "someone else" was responsible for it first because the individual's own ability and

responsibility was restricted by the realities of a hectic work life.

> *You need ongoing support and reinforcement to adopt that behaviour, and some of these things are attitudinal, some things are behavioural that they're trying to get across in this environment of discussion and communication and reflection. That isn't the practice but if you want it to be the practice, you'd have to set up the situation in the work environment to be supportive to adopting that practice. That's the piece I think – you go to these 2 days, I've heard people – [gasp] that was great! but then you get busy with "real life".*

A common problem reported was that some leaders in a work setting may have been influenced by the LDI program, while others had not attended, and thus "*were not on the same page"* in terms of ways of thinking about leadership culture.

> *Everybody's got to be in that mindset; it can't be just some people; if you're going to have LDI, then it would be better if everybody's on the same wavelength rather than pockets of people scattered all over the place, some are LDI-influenced and some aren't…. Sometimes if you're working on a collective project and you've got somebody's got a different mindset, it may be a problem at a certain point.*

More specifically, participants said they found it difficult to demonstrate changed behaviour both in the context of trying to work with people who had not attended LDI and thus thought "*in the traditional way*" and when changing behavior was not supported by the work context.

> *You come back, you're back into your work and you have to explain to a*

> *whole bunch of people what the heck you're trying to do I mean… you change your behaviour - they'll start looking at you and say "well…" and then you go back probably to your old way.*

Some senior cohort participants were clear that their own leadership teams were benefiting because all levels of leaders were engaged in the LDI initiative.

> *One of the direct consequences I think of the LDI is staff engagement. I know with my own staff they're much more engaged than they ever have been because they feel that they're making a contribution through the leadership….The LDI sessions have engaged them and so it's a change in attitude towards their job and what role they play within the organization. I mean, we have a lot more to do that way but things are much, much better. The working environment, according to the staff, is much improved as well because of these changes.*

In the more junior cohorts (Cohort 3 and 4) a problem appeared to be that participants were exposed to learning in teamwork, but in fact, there was some opportunity, although limited in the current roles, to practice or implement the learning

> *We were supposed to learn all of this teamwork stuff … how you make these decisions…but we never get a chance to be on those kind of teams, we never make these decisions.*

Of concern was the belief that due to the voluntary nature of the LDI program, the program was not reaching the people who would most benefit from it. In other words, it was "*preaching to the converted*." This was seen in two major forms: first, that people "*talked the talk, but did not walk the walk*" in that they were seen to participate and say the right things

during the LDI sessions, but did not demonstrate observable change back in the work setting.

> *I notice some people who attend LDI and are eloquent…*in the group. *In the work environment, they are back to own selves and exhibit even worsening behavior.*

The concern was that those who were even mildly interested would attend at least some of the time, yet those people, who were often referred to as "*dead wood*" or the "*old guard*" and who represented the major obstacles to progress in leadership culture change in the organization were allowed to exclude themselves from the LDI.

> *They kept throwing it back on us, right? They kept saying– change has to happen with you. Of course I know that. But if you're in an organization that has a chain of command, I can change myself all I want. We can be really happy and harmonious in our [worksite] but to get the change that we need to do our job – that is not happening. I don't believe that our Department leader has ever gone to one, although our immediate leader has gone to them all.*

Participants wanted the LDI to *"grow teeth"* and become a mandatory program for all leaders.

> *LDI sessions have now run for several years, and it's becoming part of our culture. The thing is, it only deals with a limited numbers of individuals in the organization. Further participation will be required to change the organization culture. I believe we are moving in the right direction.*

Summary: The LDI as "*A Little Plant*"

It was clear that most of the participants in the qualitative portion of this study could perceive the theoretical usefulness of the LDI to their own development and sense of valuing within the institution, but were waiting to see if it became institutionalised as a cultural norm and supported by linkages with human resource functions within the organization. Individuals perceived that they had changed; however, they scrutinized others with a more stringent eye.

> *We have a little plant [LDI], we're nurturing it and it seems to be growing and getting stronger as time goes on. I wonder if it is going to be maintained? The question in my mind is, can we keep this up? Is it going to grow? How are we able to ensure new people, new employees to give them the same sort of feeling that the group or cohort has had within the LDI and I've heard other people asking the same questions – how are we going to integrate this, but I think there has been a cultural change – not particularly drastic but in all effect positive.*

There was a strong sense that the organization should not let the program founder, even in the context of even more change occurring (in early 2008, the Province announced the disestablishment of all area health boards and the institution of one "Superboard") so the program is now under review.

> *I think that there has to be some way to for this to continue because there's no end to it. There are always going to be issues that we need to develop our skills on and focus on and… we also change, there are new people coming in and old people going out, and there's going to be huge change and with growth change you need to continually work on developing your leadership skills, so I think that that view needs to be*

accepted and raised by senior corporate exec because I think they have the opinion it's going to end.

Discussion

Our qualitative findings are very congruent with established research in the area. However, the themes around raised expectations, growing scepticism and frustration are of particular concern to us. When an organization is undergoing significant growth and change, it is critical to ensure that the employees, whether staff or leaders, are supported in maintaining a sense of connection and identification with the organization's values and goals. Evidence in the literature suggests that the change process can elicit a sense of isolation and devaluation as people experience uncertainty about their roles and contributions (Mumford et al., 2000; Denston & Gray, 2001). Leadership development initiatives have been suggested as a mechanism for not only addressing individual managerial competency needs, but also as a way to enhance organizational cohesiveness. The LDI approach to leader and leadership development is consistent with those described in the literature, in which change orientation, striving for excellence, impact and influence, strategic thinking and customer focus are embedded in curriculum focusing on self reflection, leading and developing people, strategic and innovative thinking, and coaching and mentoring (Goethals, 2005; Hogg, 2005; Iles & Preece, 2006).

The LDI was tailored to meet organizational goals and to fit the organization by basing its vision and mission of leadership on a consensus statement developed through widespread consultation throughout the organization (i.e. the *Leadership Pillars*) (Sharlow et al., 2009). The program was seen to address *overtly* organizational needs for individual managerial competency development and relationship building; however, *covertly* it was perceived as one strategy to challenge the status quo culture of hierarchical and rigid leadership structures and to facilitate the

institution of new, broad based, collaborative and participatory leadership approaches. Implementing the LDI at multiple levels of leadership allowed the imagining of new approaches to leadership in the organization.

Unfortunately, a relatively unplanned side effect was the raising of, but not meeting of, expectations and hopes for cultural change around leadership and leadership practices. People were motivated and stimulated through their attendance at the LDI. Their learning in the sessions meant their expectations of leadership had increased, yet there was little to no change in their actual experience in the work setting development and context (Jepson, 2009), suggesting an important relationship between leadership ideals and the actual workplace. This led to significant frustration with the perceived inertia at the top leadership level and a sense of futility in any individual motivation to change. Iles and Preece (2006) attribute this kind of outcome to a fundamental difficulty of focusing both upon the individual–as–leader, represented by managerial competency or skill training, as well as attending to the development of leadership processes in context, characterised by concern with developing corporate culture and transformational leadership oriented toward empowerment, leading change, team building, and communication of vision.

The hope of the LDI Steering Committee in the initial design of the program was that both these distinct goals could be incorporated and achieved within the same program. Unfortunately, the evidence is increasingly suggesting that approaches that reinforce the message that leadership is essentially about the personal attributes or competencies of leaders can lead to "learned helplessness" because there is not equal weight placed on the development of organizational leadership processes. The theoretical ideal of leadership development was introduced as a preferred value within the LDI conceptual framework and curriculum. However, it was perceived

as being without the ability to influence or require change on an organizational level. In other words, the *theoretical* idea of a community of leadership, in which leadership does not belong to a particular individual, and in which relationships, cooperation, shared commitments, and networks that collectively and collaboratively effect leadership change are important, was immensely attractive to LDI participants. When immediate and obvious change was not seen to be forthcoming on the part of senior leadership levels, frustration, disillusionment and disengagement ensued.

The essential problem, according to Iles and Preece (2006) is that the LDI worked on dual premises of *leader development*– intrapersonal skill development and attitude change- and *leadership development* as social capital, through focusing on the interactions between the leaders and the social and organizational environment. While it was a goal of the LDI to move from developing human capital through leader development, three factors contributed to its limited success by constituting the program as 1) *separate* from the workplace, 2) *divorced* from experiential based projects that would implement ideas on an individual basis, and 3) *lacking articulation* with the core human resource structures in the organization. These three factors meant that the LDI was experienced as a vehicle for individual and personal self development, but had not yet influenced organizational development or change. The LDI sought to use transformational leadership principles to simulate organizational members intellectually and give them individualised consideration (Iles & Preece 2006). We know that this approach may be correlated with extra effort, satisfaction with leaders, and perceptions of leader effectiveness, but in our case, the cycle appeared to be interrupted or stalled. Expectations and motivation has been heightened, but the next phase of seeing change has not occurred because insufficient attention was focused on the socio-political context of leadership within the organization. Iles and Preece

(2006) note that empirical research is lacking on the effectiveness of approaches to *leadership* development and our case study contributes a cautionary note that once expectations about potential or idealized leadership processes are raised and not operationalized, then individual and collective scepticism and disengagement may result.

Study Limitations

Conducting research on the effect of leadership development on observed leadership practices and subsequent impact on employee worklife is difficult for a number of methodological and ethical reasons. This study was possible because the organization was willing to enter into a partnership program that funded the research arm of the LDI, and because the research team had strong participation by the agency senior executive stakeholders, LDI Steering Committee, and clinical and academic researchers. Nonetheless, it was clear that the study's findings are limited by some degree of systematic bias introduced by those who chose to participate in the interviews. Additionally, experiential data can be interpreted in many ways. We have tried to remain as open as possible toward the data, continuously and critically reflecting on the interrelation between each datum and our own perspectives. Credibility in qualitative studies is connected to the richness of information obtained and the search for confirming and disconfirming data to support emerging categories (Morse, Barrett, Mayan, Olson, & Spiers, 2002). The key principle in qualitative sampling is variation in the phenomenon of interest. We were able to recruit participants who had attended as few as one LDI session; however, we were not successful in recruiting leaders who attended no LDI sessions. We attempted to gather "shadowed" data or second hand experience from our actual participants (Morse, 2001), by asking, "*what have you heard from colleagues who have not attended...*". However, this kind of information is already an interpretation and could not be verified through direct interviews.

Recommendations for further research and practice

In this paper, we have presented the results from one study in one geographical, cultural and social location. Despite this obvious limitation, the strengths of the study remain that the LDI intervention was multidisciplinary and that it involved a wide variety of geographically diverse agencies within the organization and a wide range of formal and informal leaders. Our results reflect the findings in similar research in terms of the need and value of this approach to leadership development. This adds credence to specific recommendations for further research in the area. Specifically, any leadership development program needs to be integrated into all other development activities in the whole organization. Leadership development alone will not result in change and transformation; it is one of many complex factors that influences success in changing organizational culture and practices. In this study, the LDI was regarded as the panacea for all the perceived organizational ills (Hewison & Griffiths, 2004).

An important inclusion in leadership development programs is an articulated conceptual framework of the leadership being adopted (Edmonstone & Western, 2002). Future research needs to be integrated into the implementation plan to establish baseline measures and to identify specific organizational benefits and outcomes to be achieved. Unfortunately, the cycle of research and agency program funding is not always synchronous, and as in this study, the research protocol had to adapt to an evolving curriculum plan as the initiative was implemented.

While the intervention in this study was multidisciplinary, tailored to the level of leadership rather than the discipline of the participants, with the goal of developing shared vision and breaking down tribal territoriality, it was insufficient in attending to some specific needs of some individuals and groups. Future programs must balance recognizing the general needs for leadership within the realities of a profession-based organization. Programs need to

accommodate the diverse interests and concerns of various interested groups within the organization through representation on the steering arrangements and tailoring of curriculum (Black & Westwood, 2004; West et al., 2003).

Conclusion

The LDI was developed from the "middle" level of leadership and was valued by participants as a signal of commitment to the development and satisfaction of work life of the organization's leaders. Strengths of the LDI were its funding, formal support by the senior executive of the organization, and it's beginning integration into the core operations of the organization. However, participants were concerned about the lack of visibility of the senior executives and some other leaders at the actual sessions, raising questions about how "real" the executive support was. Introduction of the LDI, also raised expectations about the potentially extensive role it would play in shifting organizational leadership culture. Eventually, this resulted in scepticism and a *"catch-22"* situation, where individuals waited to see change in the behaviour of others and the organization before making any sustained individual changes. The three year program was perceived as a fragile and important "little plant" that needed extensive nurturing within the organization before it could become effective in influencing organizational leadership culture.

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