



PERSPECTIVE ON PRACTICE

From swampy lowlands to giddy heights

Leadership
development

A case study of leadership development in a mental health setting

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Lorna Storr

Department of Health Sciences, University of York, York, UK, and

Steve Trenchard

West London Mental Health Trust, St Bernard's Hospital, London, UK

Abstract

Purpose – The purpose of this case study is to describe the design and delivery of a leadership programme for a diverse group of clinicians and middle managers within a British mental health organisation.

Design/methodology/approach – This paper shows how the course was co-designed between managers, clinicians and higher education, specifically to meet the needs of individuals, teams and the organisation. The authors' thoughts and impressions are presented based on their experience of developing and facilitating this program. Particular attention focuses on notions of leadership, adult learning and organisational change and how these influenced the design of the course. Furthermore, consideration is given to aligning the programme to the organisational culture and strategic plan.

Findings – Drawing on Kolb's experiential learning cycle, a process map for the learning journey emerged which shows how the participants were able to critically blend theory with experience and practice. Using a three-dimensional model developed by Boydell and Leary (2000) of implementation, improvement and innovation, performance outcomes were identified and placed within a taxonomy of learning. This enabled a more specific and sophisticated approach to eliciting the learning that has taken place. Furthermore, this framework provides an approach to identifying future learning and development needs.

Originality/value – This paper offers the theory and narrative for our approach to designing and delivering a leadership course, reflecting on the impact of the course and the achievements for course participants and the organisation. Given the criticisms that such courses do not make explicit their theories of management and leadership practice nor the educational processes that underpin their design and development, we seek to redress this. Not only do we combine emerging leadership theory with cultural and organisational development needs, relevant methods of adult education were also chosen in order to optimise learning and performance development.

Keywords Leadership, Self development, Organizational change, Adult education, Mental health services, Experiential learning

Paper type Case study



Background

Leadership development was identified as a priority within a strategic organisational development plan for a not for profit mental health organisation. For the content to be relevant, purposeful and aligned with the organisational culture, then the approach had

to be needs led, flexible and experiential (Raelin, 2004; Taylor *et al.*, 2002, p. 366). The programme was intended to improve the performance of individuals, teams and ultimately client services (Raelin, 2006; Boydell and Leary, 2000, p. 11).

We wanted to create a “development programme which would prepare individuals to move in the new direction that (organisational) change required” Bolden (2005, p. 9). However, given the multitude of leadership development programmes available within the market place there were many investment questions as to what leadership behaviours and qualities were required and for whom? Furthermore whilst many of these courses are capable of developing the intellectual skills associated with “management”, what about the transferable workplace skills such as coaching, reflection and inspiring others (Northouse, 2007, p. 183)?

Finally, which education method(s) would be the most appropriate and meaningful?

Despite the plethora of management and leadership development now available and the increasing demand, there remains a significant question as to the extent to which current provision meets the needs of the organisation? (Bolden, 2005, p. 8; Reedy and Learmonth, 2000).

Bolden (2005, p. 16) continues by challenging the traditional assumption that to develop ones leadership capability is to “attend an in-house course”. However, such courses particularly short two-day (affordable) courses do not achieve long-term performance improvements. Moreover, notions of leadership thinking have seen a considerable shift from being a personal property for the individual moving more towards a positive social process throughout the past century (Avolio and Gardner, 2005). One could argue this shift reflects the move from concepts of management, which emphasises the task to leadership that is more concerned with relationships (Storr, 2004). Inevitably, this influenced the design of the programme content whereby emphasis was placed on application, the social and the collective (Bolden, 2005, pp. 5-7; Avolio and Gardner, 2005).

Palmer (1997) cited by Bate *et al.* (2005) describes this in terms of a social movement whereby future healthcare improvement models that combine planned programmes with actions can ignite energy and passion around deeply held beliefs and values. This is not an “either/or” (pragmatic or mobilisation approach) but “both/and” – the social movement adds the tension and energy that enables change to occur and be sustained.

Weindling (2003) goes on to criticise such courses as they do not make explicit their theories of management and leadership practice nor the educational processes that underpin their design and development. Therefore, it was increasingly apparent that an opportunity was available to combine emerging leadership theory such as authentic leadership (Avolio and Gardner, 2005) with cultural and organisational development needs. Moreover, it was imperative that appropriate and relevant methods of adult education were chosen in order to optimise learning and performance development (Mullins, 2005, pp. 394-429).

The purpose of this paper therefore, is to present both the theory and the narrative of our approach to designing and delivering a leadership course, reflecting on the impact of the course and the achievements for course participants and the organisation.

The programme described in this paper combines and blends what is described by Holman (2000; cited in Bolden, 2005) as “experiential liberalism” which is a course that is “practical in approach, grounded in managerial experience rather than theory”. The principle aim of this approach was to create the “reflective practitioner (leader)”

equipped with appropriate practical skills and knowledge and the ability to adapt and learn from clinical situations. Weinstein (1999, p. 117) states that:

[...] reflecting on the notion of leadership [...] is to clarify everyone's thinking, and throw light on why people – or indeed the set members themselves – behave or respond in particular ways.

Ultimately, we wanted to:

[...] help people find meaning and connection at work through greater self-awareness; by restoring and building optimism, confidence and hope; by promoting transparent relationships and decision making that builds trust and commitment among followers; and by fostering inclusive structures and positive ethical climates (See Avolio and Gardner, 2005).

The course was 12 months with eight monthly taught days based at a local University and facilitated by a University lecturer. Raelin (2008 p. 27) describes this as a distributed training model (unlike conventional training). The deliberate space between sessions enabled time in subsequent classes to discuss the impact of any personal or professional changes. Furthermore, by delivering the course away from the workplace enabled participants to symbolically separate themselves from their work issues in order to concentrate on the programme. The course content was largely experiential in nature, with theoretical input on management and leadership. Self-awareness was a key component using a Transformational Leadership Qualities, 360-degree Appraisal feedback tool, the Myers Briggs Type Indicator (MBTI) and analysis of personal learning and team styles (Alimo-Metcalfe, 1998; Alimo-Metcalfe and Alban-Metcalfe, 2000; Buchanan and Huczynski, 2004, pp. 126-130; Gill, 2006, pp. 74-78; McCarthy and Garavan, 1999; Zigarmi *et al.*, 2005, pp. 15-38).

Watch your thoughts; they become words. Watch your words; they become actions. Watch your actions; they become habits. Watch your habits; they become character. Watch your character; it becomes your destiny (Outlaw; as cited by Zigarmi *et al.*, 2005, p. 37).

The aims of the course were to provide participants with the opportunity to develop knowledge and skills as follows (taken from: Iles and Sutherland, 2001; Klebe Trevino *et al.*, 2006, p. 62; Perren and Burgoyne, 2002, p. 7; Storr, 2004; NHS Executive, 2000):

- analyse the theory and practice of leadership and management, linking this to their own responsibilities;
- apply the research associated with leadership theory and styles;
- critically appraise the leadership qualities required for today's mental health care culture;
- intellectual confidence and enhanced competence in making creative leadership responses to complex and challenging situations;
- apply ethical and moral principles of leadership;
- differentiate between effective and poor leadership behaviours;
- apply the principles which enable a team to perform to its full potential;
- strive to facilitate others contributions and to share leadership, nurture capability and long-term development of others;

- utilise essential tools for change to enhance performance and improve the service;
- develop insights into the human responses to change by critical reflection; and
- appreciate the importance of effective leadership within the context of providing high standards of mental healthcare.

A work-based change orientated project was agreed between the participants and their line manager. This encouraged participants to seek out and utilise organisational resources. Inevitably this required people skills and political acuity. Risks and decision-making were also inherent to the project process. The leadership and management skills of the participants were exposed so that personal action development plans alongside coaching could assist with further learning (Raelin, 2008, pp. 27-28).

The course programme culminated in the presentation of the project combined with the participants critical reflections on their learning.

This task enabled “knowledge acquisition (the development or creation of skills, insights and relationships) to be shared, transferred and disseminated with others. The utilisation of this knowledge integrates the knowledge so that it can be assimilated and made sense of for future situations (Raelin, 2008, p. 33).

Creating a community of leaders – putting espoused values into action

The distinction between leadership and management development is that the former is about preparing people for roles and situations beyond their current experience (Day, 2001). Day (2001) further suggests the distinction between leader and leadership development, is that management is about developing individuals for their roles and tasks, whilst leadership development focuses on the relations between self and others thus conceptualising leadership as a process involving everyone within the organisation. Such notions of leadership as a social process include the idea of a community of practice (Ayas and Zeniuk, 2001) and encourage the idea of social capital development which is interpersonal networks across an organisation that build on human relations, individual skills and knowledge (Buchanan and Huczynski, 2004, p. 135).

Alternatively leadership is said to be an extension of management (transactional leadership) and is considered to empower and involve whereby the leader and follower exchange and share mutual needs (Northouse, 2007, pp. 9-11). Instead, transactional leadership is seen to be more formal, directive, controlling and status orientated (Bass, 1990, pp. 37-39, 53-55; Northouse, 2007, pp. 9-11).

The authors were clear throughout the programme that the style of leadership development being introduced had to have good “organisation fit” and was congruent with the espoused values of the organisation and other development processes already underway. For example, one of the strategic goals of the organisation was to develop a sense of organisational community; with the value base of the organisation being part of staff induction and ongoing training. Other initiatives in the organisation (team away days and whole team effectiveness training) were emphasising the interconnections and expectations that leadership was a multi-dimensional and multi-faceted process requiring reciprocity of energy and not something that resided in

only a minority of employees. Bolden (2005) sees both human and social capital investment as being important content for development on a leadership programme.

From a distributed perspective, leadership practice takes shape in the interactions of people and their situation, rather than from the actions of an individual leader (Spillane, 2004).

The “distributed leaderful” approach demands a radical reconsideration of the way in which leadership is conceived and promoted (Raelin, 2006). Distributed leadership suggests that leadership emerges out of the relations within a group or network of interacting individuals. This requires an openness of the boundaries of leadership and different levels of expertise are distributed across the many, not the few (Bennet *et al.*, 2003).

Whilst notions of leadership, adult learning and organisational change influenced the design of the course, they were also aligned with the culture and strategic organisational plan. The organisation is seen as a community founded on Quaker values which guide the Board of Directors. Additionally, the psychological literature which underpins the use of Therapeutic Communities in mental health care (Kennard, 2004) gave further credence to the notion of communities of practice being developed across the organisation.

Given the distinction between management and leadership is an orientation towards change, this concept is well represented in the work of Kotter (1990, p. 104) who concluded that “management is about coping with complexity” whilst “leadership, by contrast, is about coping with change. Therefore, there was an assumption the course would engender change and culture shift (Gosling, 2004).

All in all, leadership development [...] should develop the “character”, integrity, skills and discursive intelligence necessary for the responsible exercise of power.

Course design and underpinning theory

The course invited participants to explore the concepts and practice of leadership and how these could be effectively applied in their work place. Not all participants managed people, yet all were required in their roles to influence others. Again the selection of participants reinforced the view that leadership development was not about individuals but about teams, networks and cross-departmental relations. This was deliberate and sought to foster relations across perceived “departmental silos” and to strengthen relations for future multidisciplinary service delivery. This sharing and networking enabled them to recognise that their ideas and solutions were mutually enriching (Baker, 2005; Raelin, 2006).

Central to the programme was the aim to make strong connections between effective leadership and personal skills and competencies whilst making links to positive forms of leadership (Avolio and Gardner, 2005) such as the concept of transformational (change orientated) leadership and to the wider management agenda in health care services.

This was achieved through a range of adult and person centred learning methods including:

- facilitator led presentation and discussion;
- small group work using “live” case studies;

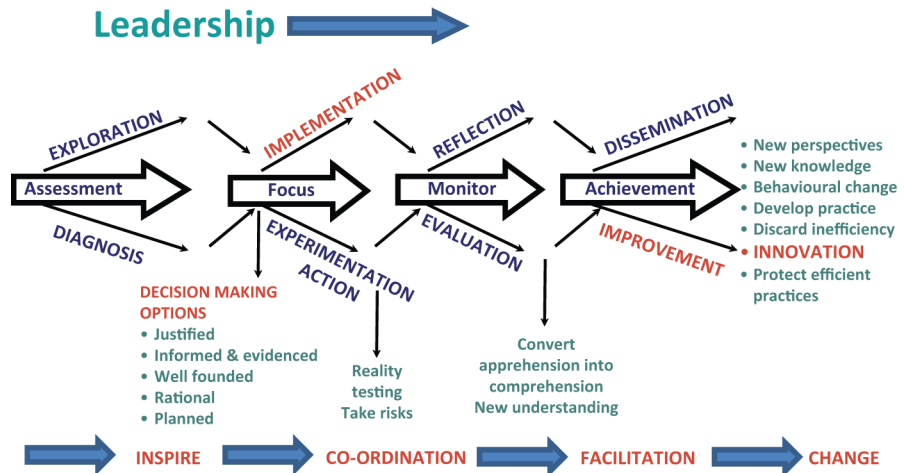
- critical thinking through reflecting on leadership practise and evaluating stories and narratives shared between members;
- personal analysis using the mbti and 360-degree appraisal feedback using the transformational leadership qualities questionnaire developed by Alimo-Metcalfe and Alban-Metcalfe (2000);
- problem solving and socratic questioning; and
- negotiated work based projects undertaken following the taught component to the programme.

The participants were encouraged to self direct their choice of projects providing they could demonstrate benefits for their team and service (for example, approaches to facilitating client case conferences, personal styles of leadership and team working). The project could be undertaken on an individual or small group basis if more appropriate. This enabled less confident course members to work with others, which optimised the synergy and creativity throughout the project process.

The learning process shown in Figure 1 illustrates the course journey, which enabled the participants to critically blend theory with practice whereby critical personal reflexivity and reinterpretation of past experiences “turned apprehensions into comprehensions” based on Kolb’s learning cycle (Baker *et al.*, 2005; Kolb, 1984, p. 41; Hardingham, 2000, pp. 148-149).

We were keen to provide conversational space so that those engaged in the conversation would remain engaged with each other so that differing perspectives could analyse learning experientially and promote individual and organisational learning (Baker *et al.*, 2005).

There were four cognitive stages to the students learning journey.



Sources: Reproduced from Baker *et al.* (2005); Boydell and Leary (2000 pp. 7-15); Burgoyne *et al.* (1994 p. 210); Hardingham (2000 pp. 148-149); Johns (2004 pp. 13-19); Kolb (1984 p. 41); Mullins (2005 pp. 416-436); Prochaska *et al.* (1995 pp. 36-51); Weinstein (1999 p. 9); Zigarmi *et al.* (2005 p. 38)

Figure 1.
The learning journey

Stage I – Pre-course contemplation

This prompted identification of performance needs associated with the programme derived from:

- organisational objectives;
- local service objectives;
- professional objectives; and
- personal and career objectives.

Stage II – Self assessment

The purpose of self assessment was intended to be informative and supportive with the following benefits:

- prioritise individual learning needs;
- understand own leadership/service improvement development needs;
- better able to lead and motivate others;
- become aware of the impact of own leadership style on other's performance;
- recognise the strengths and needs of individuals and teams;
- motivate and lead change intelligently;
- create a vision and direction for the development of clinical services; and
- create a clear personal action and development plan.

Stage III – Creating a learning action plan

Completing this enabled participants to prioritise their learning needs in terms of intellectual knowledge and skills and performance against the course outcomes.

Stage IV – Critical reflection and reinterpretation

The purpose of this was to initiate an intellectual process, which optimised learning opportunities in conjunction with the course content and each individual learning plan. The process was designed to encourage critical insight and understanding of the educational experiences and journey (Baker *et al.*, 2005; Prochaska *et al.*, 1995, pp. 36-51).

When reflective teaching and learning are successful, students emerge with:

- an enlarged store of tested insights; and
- an enhanced ability to problem solve on their own.

Reflective learning will enhance scientific outlook and thinking which enables further creative independent thinking (Johns, 2004, pp. 13-19; Raelin, 2007). This can only come through self-development, which requires certain discipline to stop every so often and look back at what has happened. As we develop greater self-awareness and greater sensitivity towards others it is more likely that we will reflect upon what happens to us (Gill, 2006, pp. 74-78; Weinstein, 1999, p. 125).

Why we chose this approach to leadership development?

Positive, successful and effective (transformational) leadership is associated with the following objective outcomes (Bass and Avolio, 1996; as cited by Ford, 2000;

Alimo-Metcalfe, 1998; Avolio and Gardner, 2005; Storr, 2004; Valle, as cited by Rosenbach and Taylor, 2006, pp. 65-68):

- enhanced levels of commitment, creativity and innovation;
- increased job satisfaction and performance (including financial); and
- higher levels of harmony and good citizenship.

We need(ed) leaders who would lead with purpose, values and integrity; leaders who would build enduring organisations, motivate their employees to provide superior customer service, and create long-term value for shareholders (Avolio and Gardner, 2005). Transformational leaders enable followers to excel beyond expectations by unifying their values and beliefs (Bass, 1990). Ciulla (1998, pp. 15-17) suggests this is achieved by creating cognitive dissonance within the follower's value system thereby raising their consciousness. Ciulla goes on to state that "transforming leaders raise their followers up through various stages of morality and need". Additionally, Kouzes and Posner (1992) believe that when leaders appreciate the motives, needs and values of followers, there is an interactive exchange, which enables the latter to feel more confident and capable than before the encounter. Moreover Ciulla (1998 p. 34) states "... the first and final job of leadership is the attempt to serve the needs and the wellbeing of the people led".

Ford (2000) describes how followers will then abdicate self-interest for self-actualisation and commitment to achieving designated outcomes that will benefit the group and so converting purpose into action. This is supported by Grint (2000) who states that "transformational leaders are able to influence followers whereby their personal needs are denied and exchanged for meeting the needs of the collective".

Furthermore, Avolio and Gardner (2005) identify concepts of positive leadership including authentic transformational, charismatic, spiritual and servant, "... which contribute to their [followers'] wellbeing and the attainment of sustainable and veritable performance".

Gill (2006, pp. 269-278) notes the existence of psychological barriers to effective leadership, which include:

- low self esteem;
- lack of self confidence;
- fear of failure;
- shame or social disapproval;
- cognitive constriction; and
- adverse stress reactions.

The potential for these to emerge during the programme were anticipated by the authors. Therefore, expert coaching and facilitation were available throughout the course particularly when undertaking the 360-degree appraisal and the MBTI. This enabled these barriers to emerge in a safe way and any concerns about individual and team performance to be acknowledged and worked with.

By allowing the course to be delivered over a 12-month period this allowed sufficient time for assimilation and internalisation of the theory with its relevance to

practice. Gosling and Mintzberg (2004) have set out seven principles, which they argue must be met to underpin effective leadership development programmes. The Gosling and Mintzberg (2004) seven principles underpinning effective leadership development are as follows:

- (1) Leadership development only makes sense for people who have current leadership responsibilities.
- (2) Participant should be able to weave their own experience into the process.
- (3) Leadership development should leverage work and life as fully as possible.
- (4) The key to learning is thoughtful reflection.
- (5) Development of leaders and improving leadership should have an impact on the organisation.
- (6) Leadership development becomes a process of interactive learning.
- (7) Every aspect should be facilitative.

Given the leadership programme was endorsed by an executive sponsor and by organisational systems that were able to support the reflective questioning and subsequent application and transfer of learning from the classroom into practice meant that there was a greater chance of success (Bee and Bee, 1998, p. 6). Vinzant and Crothers (1998, p. 78) describe how leaders who consider the needs and desires of their followers and provide support for subordinates tend to build worker satisfaction, loyalty and trust – each of which can be expected to enhance performance and achievement (and avoiding being “washed out”).

Throughout the programme attention was paid to the culture of the organisation, being mindful that whilst culture determines individual behaviour, so too is it concurrently constituted through human behaviour (Ayas and Zeniuk, 2001). This reciprocal and dynamic tension meant that at “critical” times during the course (such as when a patient committed suicide and during intense periods of turbulent change and transition associated with radical structural reorganisation (Iles and Sutherland, 2001)) the hidden and basic assumptions and beliefs in the organisation started to emerge which necessitated skilled facilitation to be worked in an atmosphere which promised confidentiality, empathy and human kindness..

If experience is the food of learning, then [reflection] is the digestive process. To benefit from experience it is essential to make something of it (Obholzer and Roberts, 1994, p. 197).

This paper contends that the programme was delivered in a way that encouraged participants to feel that their achievements were their own, and that it fulfilled the seven principles outlined above.

As for the best leaders, people do not notice their existence.

The next best, the people honour and praise.

The next, the people fear.

And the next, the people hate.

But when the best leader's work is done, the people say, “We did it ourselves” (Lao Tzu, 604-531BC).

Evaluation – what difference did we make – so what?

The range of what we think and do is limited by what we fail to notice, and because we fail to notice that we fail to notice, there is little we can do to change, until we notice how failing to notice shapes our thoughts and deeds (Ronald Laing (cited by Raelin, 2008, p. 125).

Approval for the evaluation of the programme was endorsed by the organisation's research committee. The approach adopted was to use a qualitative methodology using narrative accounts drawing on the experience of participants. Each participant described both their personal journey and their project work to a wider organisational audience which included managers and their peers. A reflexive approach to the course evaluation was adopted. Unlike reflection which is concerned with systematic thought process which searches for patterns, logic and order, reflexivity means complexifying thinking, or our experience by exposing contradictions, doubts, dilemmas, and possibilities (Chia 1996b, as cited by Cunliffe, 2002). This form of intellectual critique (reflexivity) seemed more aligned to the interpersonal, processes and dynamics taking place and which was familiar (to mental health practitioners) and was congruent with the organisation's culture.

This opportunity for feedback and dialogue with colleagues provided further analytical perspectives and interpretations of learning. Ford and Harding (2007) state "Engagement in a critical reflexive dialogical approach encourages participant managers and programme facilitators alike to a deeper critique and questioning of how we account for our experiences". This enabled stories of participants experiences to emerge which added richness, meaning and uncovered new insights.

Project outcomes

The participants were encouraged to consider 3 levels of learning as described by Boydell and Leary (2000). They purport performance can be considered on three levels (Boydell and Leary, 2000, pp. 7-15):

- (1) implementation – doing things well;
- (2) improving – doing things better; and
- (3) innovating – doing new and better things.

This enabled the participants to expand their self awareness and perception within a taxonomy of knowing from "doing things well" to being innovative – doing new and better things (Mullins, 2005, p. 359; Gill, 2006, pp. 74-78).

Project achievements and outcomes demonstrated individual, collective and organisational benefits as follows:

- implementation of an infection control strategy for an older persons clinical unit;
- implementation of improved and modern organisation wide information management;
- re-designing clinical team meetings leading to improved patient experience and greater satisfaction;
- improved staff training and induction processes using a competency framework;
- improving attitudes and aptitude for staff within hospital facilities;

- improving customer and commissioner perceptions for community based hospital services through marketing processes;
- pushing the boundaries – innovation and successful board approval for introducing new ways of service delivery; and
- creating an innovative assessment tool from written reflections and in situ research.

The notion of “leaders as teachers’ and the need for leaders to be adept at making decision makers, not making decisions” (Gill, 2006, p. 289) has been enshrined in this programme. The performance outcomes achieved from the leadership programme demonstrates the power of learning and the positive business gains, which are possible from the interpersonal investment in such (Boydell and Leary, 2000, p. 190).

To conclude we believe this programme contributed towards improving organisational learning and performance by enhancing each participant’s leadership (performance) effectiveness whilst also producing transformational change (Ford, 2002).

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About the authors

Lorna Storr (MA RGN RNT MBTI, Cert Ed, Group Work, Counselling (Combined), Coaching) is a General Nurse by background and is now working as a University Lecturer in Leadership and Service Improvement, Dept of Health Sciences, University of York. Her specialist interests are ethically and spiritually inspired leadership.

Steve Trenchard (RMN, RNT, BSc(Hons), MSc, PGCE, MBA) has been a Mental Health Nurse for 19 years and he has long been connected to a values and recovery orientated approach to mental health practice. He is Chair of the International Society for the Psychological Treatments of Schizophrenia and other Psychoses (ISPS UK) which is a humane organisation dedicated to talking therapies and recovery for people experiencing psychosis. Steve Trenchard is the corresponding author and can be contacted at: steve.trenchard@wlmht.nhs.uk