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Sustaining action learning skills in Doctors' Leadership practice

Abstract

A United Kingdom (UK) study of the impact of a critical action learning (CAL) module on the leadership development of Doctors examined the immediate effect of this learning strategy at an individual level (McCray, Palmer & Warwick, 2016). Findings indicated that participants had gained a form of leader enablement in their NHS (National Health Service) setting, underpinned by leader resilience and reflexivity. Aligning with other studies set in the NHS (Blackler & Kennedy, 2004. Pedler & Abbott, 2008. Hicks & Winterburn, 2012), this confirmed a role for CAL (Ram & Trehan, 2010) in Doctor Leader development. What remains of interest is has this learning been sustained? Here in this paper we return to the same NHS research cohort two years on to question: "What learning from the CAL experience has been applied in practice and to what effect?"

Leaders in The National Health Service

The NHS is a complex organisation, wherein complexity can be defined as “consisting of adding different kinds of parts to a system and then adding constraints to those parts”(Tainter and Taylor, 2014, p168). Using complexity as an analogy to explore ordinary human interaction as an ongoing temporal process, Stacey and others coined the term complex responsive processes of relating (Shaw, 2002; Stacey, 2007, 2012; Stacey et al., 2000). Drawing on Hegel (and those influenced by him such as GH Mead, (1934)Elias (1978) and Weick (1995), Stacey and others pay attention to the complexity of power relations between people as they anticipate, make sense and take action from which others do likewise. These are socially reflexive processes, by this we mean that our own reflexive development is affected and effects the social melee of which we are a part to such a degree a distinction between the self and the social becomes unhelpful. As people make gestures (e.g. to do or say something) these are responded to within the existing power figurations in which they are ‘bound’ (Elias, 1978). Complexity offers ways to consider everyday interactions between people as they engage in the anticipatory endeavour of organisational life; particularly those ongoing and conflicting activities, paradoxes that seem to be essential in the way people ‘rub along’. These issues of power dynamics, particularly around the edges disciplines and understandings, are often overlooked (Contu, 2013).

Design and Evaluation of Leader Programmes

In the NHS setting, leaders are challenged to tackle “wicked” problems (Grint, 2005, p9); the wicked problem being that of providing unlimited health services to all who need them. Within in this complex environment the design and evaluation of leadership programmes and effectiveness measures of leaders/leadership in action has become harder (Watkins et al., 2011). Moving away from the traditional leadership courses of business schools and proposing a more nuanced approach to leader and follower power, influence, and agency (Collinson and Tourish, 2015) can be hard when that position remains privileged. Further Mabey, (2008) makes the point that within this complex and shifting context a solely functionalist mind-set towards evaluation is problematic and that we should complement our insights from critical, dialogic and interpretive perspectives. Jarvis et al (2013, p 29) write that viewing evaluation as both research and development can enable a process of collaboration and knowledge sharing and harvesting of wisdom, which can in turn inform thoughtful leadership development investment. With these considerations in mind, as developers, facilitators and researchers of CAL in an organisational development context we were aware of the need to address the developments and critical debates that surround it.

The Setting and the Programme

The NHS trust in this study commissioned a bespoke leadership programme with a critical action learning module (CAL) as one part of a Post-Graduate Certificate in Strategic Management and Leadership for Doctor Leaders. It was hoped this would change the organisational culture, impact on performance, establish new networks for collaboration and improve quality and resilience of care delivery . An earlier research study (McCray, Warwick and Palmer, 2015) was carried out with the programme delegates immediately after the CAL module to evaluate its immediate effect. This sought to explore any reported change in the self and leader behaviour. Two years on the same

cohort of Doctor Leaders have been re-interviewed to ask “What learning from the experience has been sustained post CAL ? ”.

This paper

This paper will present findings from two data sets - the self reported immediate impact (Data set 1) and the sustainability (Data set 2) of a CAL module on the practice of Doctor Leaders. The paper will :

1. Report findings from data set 1 which explored the self reported immediate impact of a CAL programme on the practice of nine Doctor Leaders.
2. Present data set 2 of the study which asked what leader practice has been sustained in practice post leader development intervention.
3. Critically review whether a CAL programme can contribute to the sustainability of capabilities and resilience of Doctor Leaders.

Methodology

A critical theorist position has been adapted by the three authors. We are academics and collaborative partners of the NHS trust in the study. In this context we recognise the complexity , policy history, economic reality and culture (Baynes,1995) of the NHS setting and the dominance of conventional theories of leadership which can unproblematically change others and their practice without noting the contradictions that power dynamics can engender (Collinson and Tourish, 2015).

Method

We have drawn on a narrative inquiry method to develop our research. Narrative can be defined as focusing on the meanings that people ascribe to their experiences, seeking to provide "insight that (befits) the complexity of human lives" (Josselson, 2006, p.4). We found the general guidance and thematic framework of Ritchie and Lewis (2003) helpful throughout the data analysis process. In phase one the first data sets were read separately by all three authors to note striking moments (Katz and Shotter, 2004) where attention to the use of words and phrases (Shotter , 2007) helped orientate and focus on the flow of conversation prioritised by the participants . This process supported the identification of preliminary themes, which were then checked for similarity and any differences. This resulted in a very high level of correlation. Following this first analysis , the themes were then re visited and refined by the lead author. Lastly these were agreed by all three authors. The final themes were reflexivity, resilience with an overarching theme of leader enablement .Figure 1 presents the theme development for reflexivity.

| Participants Voices | Initial Themes | Refined Themes | Themes | Final Theme |
|--|---|--|----------------------------------|-------------|
| <p>ALS gets under the veneer to the meaningful</p> <p>Richness of interaction and sharing experience</p> <p>Changed as a leader acting less didactically and taking time to think as a leader</p> | <p>Relating to the self unexplored in normal context of practice</p> | <p>Shift in thinking and prioritising</p> | <p>Thinking processes</p> | |

| | | | | |
|--|---|--|--------------------------------|--------------------|
| <p>Self disclosure Dealing with emotional and personal subjects Affecting listening and communications skills Self-identity and confidence explored positively</p> <p>Found ALS liberating, reassuring and supportive</p> <p>Cathartic experience Security and trust confidentiality is high value</p> <p>ALS offers a safe place to discuss difficult issues</p> <p>Supportive environment Critical challenge of leadership Personal change has happened</p> <p>Leadership responses behaviour and rationale have changed</p> <p>Transfer of listening, building relationships and critical questioning skills in leadership roles.</p> | <p>Sharing self with others beyond daily professional interaction</p> <p>Skills to build trust were demonstrated</p> <p>Positive environment in which to undertake this different sort of learning</p> <p>Safety – it was safe to do this in the setting created</p> <p>Impact of the set experiences</p> <p>Having done this it was empowering</p> | <p>Listening and Attention in the “now”</p> <p>How talk and listening in set affects other people</p> <p>Sense making not action outside set but analysis and understanding of the “Now”</p> | <p>Attending</p> <p>Impact</p> | <p>Reflexivity</p> |
|--|---|--|--------------------------------|--------------------|

1. Reflexivity

It was Bourdieu that noted that the more expert we are in a particular game, the less it becomes available to us to notice and therefore reflexively engage with it (Bourdieu, 1990, 81). In the findings, the rules of the ALS procedure were again seen as being an important enabling constraint, but so too was the nature of social learning (Realin,2013). One participant states :

“And I have thought, blimey did you...did I hear that right...did you really say that...did it mean to come out quite like that?’ And sometimes you want to applaud them for doing so. I guess those comments are all part of the learning process, if you consider that the Learning Set is there to facilitate you learning more about yourself and more about the environment in which you work and about how you support and interact with others.”(AL1).

Findings from data set 1 have shown that AL can enable reflexivity, the key features of which include a public dimension and a change of pace in conversation. The reflexivity gained during the experience of the AL set has had an impact on the individual resilience of leaders in the study. A building of emotional resources was evidenced (McCray et al, 2015). Figure 2 shows the theme development for resilience.

2. Resilience

| Participants Voices | Initial Themes | Refined Themes | Final Theme |
|--|---|--|--------------------------|
| <p>Link with performance and place to discuss organisational factors impacting on performance</p> <p>Action points / feedback very motivating showed what had been achieved</p> <p>Receiving comments on use of tools and improvements</p> <p>Getting feedback was important</p> <p>Appreciate being given information by the set</p> <p>Post set reflections been powerful</p> <p>Sharing of solutions /coping alternatives for difficult leadership situations was of value</p> | <p>ALS place to discuss performance and actively note performance in an equitable way</p> <p>Value of use of feedback from the group and then the set adviser in relation to written and verbal commentary of the leadership events</p> <p>Gave an indicator of personal progress and change</p> <p>Perception of problems is different</p> | <p>Link between intention and possible action was explored critically but shared collegiately (Enablement)</p> <p>Personal Progress recorded and critiqued</p> <p>Helps resilience (Enablement)</p> | <p>Resilience</p> |

Ramsay’s (2005) work around multiple narratives is of interest here. The idea that hearing alternative voices and gaining a more communal reflection of events may enable participants to notice assumptions they may make about complex situations. This can shift thinking from a description of events to an experience in the context of the future. Here this was illustrated when participants described a shift in their response to problems and problem solving :

“I think just be being open and discussing things, and in the workplace I am more willing to face situations which I would have shied away from in the past so I am arranging various meetings and discussing issues that are arising and facing them up front. That’s the change in the workplace.” (AL9).

As the perception of the “problem “ changed from a logical technical position towards that of the complex, inter-related and uncertain, results highlight a difference in the psychological response

claimed. The AL process with a an absence of “answers” in the traditional educational sense has offered participants the opportunity to become “bricoleurs” (Weik, 1993) whereby instead of waiting for an ideal set of conditions, they have learnt to address problems with what resources they have to access, and adapt (de Walle, 2014). The idea of gaining greater leadership capacity and stamina was critical in terms of motivating and inspiring others. The AL process seems to have been important in building these aspects of resilience for leaders on the programme.

3. Leadership Enablement

The overarching theme of leadership enablement illustrates the recognition by participants of the way they were developing in order to recognise the dynamics of the context (the NHS Trust), personal attributes and relationship building in enabling them to tackle complex problems utilised in the building of reflexivity and resilience. A move from their reliance upon traditional technical educational behaviour previously played out in the form of hierarchical leadership to examining that of a more adaptive, shared and innovative (Heifetz, 1994) change response (Haeusler, 2010).

Phase Two

The importance of the AL principles in supporting learning are clearly recognised and articulated by the participants in their accounts of experiences in the sets. Whilst this stage of the research does address the impact on participants’ confidence in their abilities as leaders it still needs to investigate what happened to the actions they took through their change projects and the impact on the Trust as a whole. Keen to explore this further we will revisit and re-interview participants (Data set 2) to question if an AL programme can contribute to the sustainability of leadership capabilities and resilience. Our exploration and preliminary findings will be reported in the session. We will seek to answer how the ALS activity of the quizzing and exploring of others enabled a movement of thought of the participant, and the group; and by what mechanisms this has been continued and whether post development programme any new understandings of self and leadership have emerged.

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