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Considering an organizational level approach to hybrid leadership development

Introduction

The strategic importance of involving professionals in the leadership of healthcare systems is noted globally (Clark, 2012; Degeling et al., 2006). In particular, leadership development amongst mid-level managers from clinical backgrounds (hybrids) is seen as a pivotal influence on enhanced patient care, organizational effectiveness and innovation (Ferlie et al., 2005; Martinussen and Magnussen, 2011; McGivern et al., 2015). The influence of hybrids stems from their potential ability to move between managerial and professional realms, viewing organizational issues through 'two-way windows' (Llewellyn, 2001) and encouraging professional groups to work collaboratively with managerial colleagues (Ackroyd et al., 2007; Fitzgerald et al., 2013). However, healthcare organizations are characterised by managerially driven priorities and professional hierarchies (Exworthy et al., 1999), which shape the organizational context, and may influence hybrid leadership development (Croft et al., 2014; Fitzgerald et al., 2013; McGivern et al., 2015). If hybrid leadership development is undermined by organizational context, the strategic potential of hybrids is lost, as their influence as boundary spanners between professional and managerial jurisdictions will be limited (Croft et al., 2015).

Despite an awareness of the influence of organizational context on hybrid leadership development, the majority of leadership development programmes in the public sector take a quantifiable, skills-based or competency approach, with a focus on measurable outcomes and benchmarking frameworks (Day, 2000; Improvement, 2005). Skills based approaches are often criticised for being merely 'tick box exercises', neglecting the influence of the complex organizational environment in which hybrids are positioned (Bolden et al., 2006; Hirst et al., 2004; McGivern and Ferlie, 2007). These approaches remain prevalent in the public sector, despite concerns that they may undermine, rather than encourage, hybrid leadership (Alvesson and Willmott, 2002; Martin and Learmonth, 2012).

This chapter considers an approach to leadership development which prioritises an understanding of the organizational context, rather than the uptake of individual skills or behaviours. It begins by critiquing individualistic approaches to leadership development, highlighting the reliance of existing research on the experiences of powerful professional hybrids, such as doctors. The need to consider other hybrid groups, such as nurses, who may be influenced more acutely by the organizational context, is then outlined. Following this, an organizational level approach to leadership development is outlined through consideration of 70 interviews conducted with 32 nurses taking part in a leadership development programme in the English National Health Service (NHS). In the discussion and conclusion of the chapter, empirical findings are explored within the context of existing research, outlining how organizational leadership development programmes engender a sense of community, enhancing commitment to managerial priorities, and encourage interpersonal relationships to develop across professional jurisdictions. It is argued that these outcomes enhance hybrid leadership development, overcoming the potential limitations of the organizational context. However, the findings also highlight how organizational level approaches may become mechanisms of normative control, limiting the strategic influence of hybrids by framing leadership development within the confines of managerially determined goals.

Leadership Development and Healthcare

In healthcare organizations on a global scale there has been a proliferation of leadership development programmes aimed at healthcare professionals (Degeling et al., 2006; Ferlie and Shortell, 2001). Healthcare professionals, in particular mid-level clinicians with managerial and clinical responsibilities, are strategically important as they have the potential to enhance patient care, organizational effectiveness and innovation (Ferlie et al., 2005; Martinussen and Magnussen, 2011; McGivern et al., 2015). Otherwise known as 'hybrids', this group of clinician managers can move between multiple organizational realms, mediating managerial and professional jurisdictions (Llewellyn, 2001; Ackroyd et al., 2007; Fitzgerald et al., 2013).

Despite the proliferation of leadership development programmes for hybrids, the majority of appraoches in the public sector are skills based and individualistic, which *'ignores almost 50 years of research showing leadership to be a complex interaction*

between the designated leader and the social and organizational environment' (Day, 2000: 583). Individualistic programmes take a traditional, quantifiable approach, advocating the need for measurement standards and benchmarking frameworks to ensure leaders are delivering significant organizational improvements (Institute for Improvement, 2005). However, these approaches neglect a consideration of the influence of organizational context on hybrid leadership development (Bolden et al., 2006). Organizational context in professionalised settings, such as healthcare, is framed by power differentials between professions, and explicit tensions between managerial and professional hierarchies, influencing hybrid leadership development (Croft et al., 2014; White et al., 2014; McGivern et al., 2015; Fitzgerald et al., 2013).

The on-going reliance on skills based approaches to leadership development, with little regard for organizational context, has been criticised by some as acting as 'tick box exercises', co-opting professionals into managerially framed ways of working, rather than encouraging innovative hybrid leadership development (McGivern and Ferlie, 2007). As a result, leadership development in healthcare has been criticised by some as acting as a form of organizational control, which aims to integrate professionals into formal management and governance structures (Alvesson and Willmott, 2002; Martin and Learmonth, 2012). This has the potential to undermine the strategic potential of hybrids, as they are constrained by their position within a managerially determined organizational context (Croft et al., 2014).

Reflecting the lack of consideration of organizational context is the abundance of existing work on leadership development for doctors, with little exploration of other professional groups (Denis et al., 2001; Sehested, 2002; Iedema et al., 2004; McGivern et al., 2015). This is problematic, as hybrids from different professional backgrounds will have nuanced differences in their leadership development needs, due to specific challenges they face in the organizational context (Oborn and Dawson, 2010). As such, insights into leadership development needs for medical hybrids may not be directly applicable to less powerful professional groups. One such group, often neglected in research, is nurses. Nurses provide an illuminating case for the examination of hybrid leadership development, as they struggle to be accepted as legitimate service leaders, both within and outside of the profession, despite an increasing awareness of their potential contribution as hybrid leaders (Currie et al., 2010; Salhani and Coulter, 2009). Nurses continue to engage in individualistic

leadership development programmes without notable success in organizational leadership roles, due to the influence of organizational contexts in which nurses are seen as 'followers' rather than 'leaders', encouraged to maintain stereotypical ideals of obedient, silent, altruistic and passive caring (Goodrick and Reay, 2010). Consequently, hybrid nurses represent a group who are strategically important, as they have the potential to influence across mulitple organizational jurisdictions, but who may not fulfil this potential due to the influence of organizational context on leadership development (Croft et al., 2014). As such, nurses offer insights into the challenges of hybrid leadership development and the influence of the organizational context.

Methodology

The empirical findings presented in this chapter focus on the experiences of nurses attending an organizational level leadership development programme, encouraging a strategic understanding of the organizational context, rather than developing individual skills. The aim of the programme was to *'give some space for our current and emerging leaders to take stock and understand the organization and its environment much better'* (quote taken from organizational documentation). The programme had a cohort of over two hundred participants, representing a variety of professional backgrounds, with individuals from medical, nursing and allied health backgrounds, in addition to non-professional members of the organization, for example estates, IT and patient group representatives.

A total of five sessions were held over five months, focusing on the strategic context of the NHS, with a particular emphasis on the interplay between national Government policy and the organizational priorities of the executive management team. Sessions were grounded in a local, organizational and political context, framing hybrid leadership development within organizational visions and priorities. The sessions were often split into two parts: the morning session would contextualise the 'topic' of the day, outlining how the focus of the session aligned with organizational objectives; the afternoon session focussed on group work, networking, or mentoring with more senior organizational leaders, to discuss how organizational objectives might be achieved. In addition, participants were encouraged to develop interpersonal relationships with other attendees, and were organized into 'networked groups' with

individuals from different professional backgrounds. The purpose of these groups was to encourage communication between sessions, and maintain relationships after the close of the programme. The groups provided an arena for participants to share ideas, working within multi-disciplinary teams towards collective organizational priorities. For example, one organizational priority highlighted in the programme was the need to reduce expenditure over the next financial year. Subsequently, all networked groups were asked to develop plans for cutting costs within the organization, and feed these ideas back to the senior management team.

One member of the research team enrolled in the leadership development programme, and attended all course events and teaching days, including afternoon networking sessions. They did not participate in the networked group discussions occurring between teaching days. Participation of the researcher developed a degree of collegiality with potential study participants, due to a shared experience of the programmes (Seidman, 1998). Ethical approval was acquired from the NHS and from the local organization, and the researcher's participation in the programme explained to all participants. When the researcher took part in networking events or discussions within smaller groups, participants were asked for their consent prior to involvement, and all field notes were anonymised. A total of 120 hours of participant observation was recorded in field notes.

Reflecting the abstract and socially constructed nature of 'leadership' (Alvesson and Sveningsson, 2003), a combination of semi-structured interviews and participant observation was used to engender rich descriptions about individual perceptions of the influences on leadership development (Bryman, 1999). The participant observation aspect of data collection was used to contextualise the understanding of the leadership development programme, enabling triangulation with interview responses, and contributing to a more in-depth exploration of the process being observed (Delamont, 2007; Fairhurst, 2009).

Empirical data was collected from 32 nurses over a three year period, in which they were invited for interview three times. First at the close of the leadership development programme, and subsequently at one and two years following the first interview. Due to participant attrition, 70 interviews were conducted in total. The 32 nurses recruited were stratified across the professional hierarchy. Seven individuals held traditional

nursing roles associated with close patient contact, clinical care, and little or no managerial responsibilities. Twenty respondents were classified as ‘middle managers’ (Currie, 2006), fulfilling roles requiring a mix of clinical and managerial work, along a spectrum from primarily clinical with management responsibilities (such as ward mangers), to primarily managerial with limited clinical contact time (such as directorate managers). Five respondents were recruited from board level, executive posts.

Following an inductive coding technique, as outlined by Strauss & Corbin (1990), in-vivo quotes were generated from the interview data. Interview transcripts were first explored for the way respondents described their experiences of the leadership development programme. Transcripts were then analysed for insights into the influence of organizational context on hybrid leadership development, and the potential of the leadership development programme to mediate those influences. The analysis led to two overarching thematic categories: facilitating hybrid leadership through organizational development; and the dark side of normative control.

Facilitating hybrid leadership through organizational leadership development

As outlined above, the aim of the programme was to contextualise leadership development within the organizational environment. One of the ways this occurred was through sessions taking an overview of the national political agenda, positioning the organization within a wider landscape of healthcare. From the outset of the programme, this gave the impression that organizers were keen for individuals to contribute to the achievement of organizational strategic priorities:

> *Chief executive opening address to delegates highlights the importance of working together as ‘one’ to achieve system alignment and large-scale change, moving in the same direction. He specifically discusses the importance of clinicians in facilitating this change and asks them to combine the messages from the leadership development programme into their clinical practice (Field Notes: 20/10/09).*

Throughout the programme, the focus was on organizational level issues, rather than individual leadership development. The influence of this was two fold. First, nurse hybrids suggested an understanding of the strategic organizational and national

priorities enabled them to contextualise their leadership development outside of their own personal needs:

> *I think actually it helped people become aware of what the priorities are, what their role is within that, where the challenges might be… it's more about what are the priorities in the NHS and what's the trust needing to do… I think we get leadership development out of that but it's probably almost secondary to that (Nurse 19 – First Interview)*

Subsequently, nurse hybrids suggested they thought more strategically about their role, encouraging them to enact leadership in new ways:

> *I think it probably did get me to think more widely about what I do and the impact of what I do… It was like it got me to reflect about different aspects of my role and how that fits into the wider organization, and thinking "Yeah, I could bring that into my role, think about that more" (Nurse 7 – Third Interview)*

An organizational level approach also appeared to engender a sense of dedication and commitment to the organization. As a result, nurse hybrids suggested they were more dedicated to aligning themselves with, and promoting, the strategic vision of the managerial leaders within the organization:

> *I feel very committed to (the organization)… One of the other girls on the table said 'inspired to do your bit', which you don't always get if you feel you're just being dictated to from on high. So I think it was a lot more positive vibe about it in terms of, yes ok you might be working on the shop floor but you can all make a difference, and we can all make a difference together (Nurse 5 – First Interview)*

The second influence on hybrid leadership development stemmed from the large number of delegates from different professional backgrounds attending the programme. A multi-disciplinary approach, contextualised within overarching discussions of organizational priorities, developed interpersonal relationships between multiple professional groups, who may otherwise not have interacted due to jurisdictional boundaries:

What I liked about it was getting to talk to a lot of different people. Not just clinicians, but patient involvement representatives, managers, HR, estates… I was talking to someone from estates about something and I thought it was interesting that they had a completely different take on the problem, a completely different perspective. It made me think differently about it too (Nurse 22 – first interview)

Developing relationships with participants from a wide range of backgrounds encouraged innovation and different ways of thinking. Further to this, the development of interpersonal relationships complemented the sense of commitment to the organization, as nurse hybrids suggested they felt part of a network of individuals who may be experiencing similar challenges to their leadership development. As a result, nurse hybrids reported an increased sense of support resulting from relationships developed through the programme:

I sometimes think it brings home that actually you're not alone, you're not the only person that's ever been in that position that's felt that you're struggling, you're failing, you're not achieving, you're not good enough to do that role. Sometimes you're going through negative times, but you're not the only person that's ever gone through that… other people have gone through it and come out the other side (Nurse 3 – Second Interview)

In addition, cross-disciplinary interpersonal relationships could mediate the influence of power differentials between professional hierarchies. One nurse commented on how this influenced her willingness to interact with managers from higher up in the organizational structure, to develop ideas:

And now, as a result of the programme, if I have an idea I feel more confident about emailing someone higher up than me, or getting in touch with the senior managers… you know, perhaps I wouldn't have done that before but because I know them from the programme, I feel like it's ok to approach them (Nurse 29 – first interview)

Other nurses echoed this sentiment, suggesting that interpersonal relationships developed with other more powerful professionals, such as doctors, could begin to overcome the influence of professional hierarchies on leadership in practice. In some

circumstances, as outlined below, these new relationships encouraged the development of new ideas and services, increasing organizational performance:

> *I was thinking about how we could get a better service for our patients with dementia who are on a general ward. So I phoned up the consultant who specialises in dementia, I knew him from (the leadership development programme)… I would never have dreamed of phoning a consultant before that, but we got on well so I thought it would be ok… anyway he agreed to work with me on this idea and now we have a specific dementia service in place… it's so much better for the patients (Nurse 15 – third interview)*

By taking an organizational level approach to leadership development, nurse hybrids suggested the programme encouraged them to position their role and personal leadership development within a wider organizational context. They also reported a sense of increased commitment to the managerial priorities of the organization. This was facilitated by the diverse background of participants, which contributed to the development of a sense of community. In addition, the collegiality engendered by participation on the programme encouraged innovation due to interaction between different groups, as well as working to overcome the moderating influence of power differentials between professions.

The 'Dark Side' of Normative Control

Despite the benefits of the organizational level approach, responses from nurse hybrids also indicated a 'dark' side to leadership development. Whilst the programme could engender a sense of community amongst some nurse hybrids, others suggested '*it's almost getting people converted, it's like a religion thing' (Nurse 12 – First Interview).* Some nurse hybrids did not view the experience as beneficial to their leadership development, suggesting that an organizational level approach limited the sessions to *'a big sort of PR thing for the trust' (Nurse 11 – First Interview).* Whilst an increased sense of community engendered a commitment to managerial priorities for some, others discussed a sense that the managers running the programme were attempting to limit their leadership development, by framing it within organizationally desirable confines:

> *I don't think it's a leadership course… I think it was the trust was trying to get a standardised way of working in quality and productivity and innovation. I think they were standardising it and encouraging the same behaviour across the board but I wouldn't describe that as a leadership. (Nurse 7 – First Interview)*

Others reflected this sentiment, suggesting *'we're all being briefed here, we're being got on side and trying to be made special so we go and do the dirty work' (Nurse 15 – First Interview).* This was enhanced by the sense that the programme failed to consider the complexity of enacting leadership in the reality of their organizational role. Whilst the organizational level approach set out the managerial priorities and strategy for the collective, some nurses suggested that this was not reflective of the challenges they faced in practice:

> *And I came away from that thinking well how does that actually make a difference, talking the talk what I have sometimes experienced in real life… Sometimes management have no idea about what I have to deal with on the front line (Nurse 19 – First Interview)*

Overall, despite an initially positive response about the potential of the programme, there were also reports of negative experiences due to normative control. By encouraging nurse hybrids to contextualise their ongoing leadership development within managerially determined organizational priorities, there was the risk of undermining the potential strategic influence of hybrids. Ultimately, whilst an organizational approach to leadership development could encourage organizational commitment for some, addressing the influence of professional hierarchies through the development of interpersonal relationships, others felt constrained by the specter of normative control.

Discussion

The findings outlined in this chapter offer insights into the potential of leadership development programmes which take an organizational level approach to hybrid leadership development, rather than an individualistic, skills based approach. Many nurse hybrids participating in the study reported that organizational leadership development resulted in increased commitment to managerial priorities within the

organization, and enhanced interpersonal relationships with other professionals. However, some also suggested that an organizational level approach could act as a mechanism of normative control, limiting hybrid leadership outside of managerially determined confines. The implications of the issues arising from the empirical data are discussed below.

The leadership development programme encouraged an awareness of the strategic priorities of the organization, positioning hybrid leadership development within a consideration of the wider organizational context. As a result, a number of nurse hybrids reported an increased understanding of the managerial priorities shaping organizational strategy, and suggested they felt more committed to achieving these priorities as a result of the programme. In this respect, organizational level leadership development can be seen as encouraging the development of hybrids as 'two-way windows' (Llewellyn, 2001). An increased commitment to managerial priorities enhances the strategic potential of hybrids, as it facilitates their ability to act as boundary spanners, encouraging the uptake of managerial reform through their leadership influence with other professional peers. This is an important potential of professional hybrids (Ferlie et al., 2005), but one which previous research suggests they may struggle with (Croft et al., 2015). In this case, an enhanced understanding of the wider organizational context increased a sense of organizational commitment, facilitating the alignment of nurse hybrids with strategic managerial priorities.

In addition to increased commitment, the diverse professional backgrounds of those attending the programme was an influence on hybrid leadership development. Working with individuals from other professional groups encouraged interpersonal relationships outside of professional jurisdictions. Interpersonal relationships between different professional groups, and between professionals and managers, is key for the development of hybrid leadership, encouraging boundary spanning and a shared sense of commitment to organizational priorities (Ferlie and Shortell, 2001; Fitzgerald et al., 2013). The positive influence of enhanced interpersonal relationships with different professionals, which may not otherwise have developed due to institutionalised power differentials, were highlighted in responses from nurse hybrids discussing the development of new ideas and innovative services. Professional hierarchies have previously been identified as a negative influence on the potential of hybrid professionals (Currie et al., 2010; Croft et al., 2014). However, by taking a multi-

disciplinary, organizational level approach, leadership development in this case was encouraged by interpersonal relationships, mediating the limitations of professional hierarchies, and enhancing the strategic potential of hybrids.

Thus far, an organizational level approach can be conceptualised as a positive influence on hybrid leadership development. However, the empirical findings also uncovered a potential 'dark side', due to the focus of the programme on the need to co-opt hybrids into organizational priorities, aligning them with demands from the managerial hierarchy. Some nurse hybrids suggested the programme attempted to standardise behaviours, encouraging them to work within defined managerial frameworks, with some even comparing it to the experience of being converted to a religion. This reflects previous work suggesting that organizations may use leadership development to produce 'appropriate' leaders, encouraging professionals to behave in ways congruent with managerially driven priorities and visions (Alvesson and Willmott, 2002). Indeed, the programme in this case enabled the Chief Executive to communicate to a diverse audience from the organization, encouraging them to act as a collective and work towards a shared organizational vision. Although it was not overtly evident in the study, there is the risk that increased levels of normative control will cause 'leadership' to become an oppressive rhetorical device (Martin and Learmonth, 2012). The potential for normative control may subsequently undermine the benefits of organizational level leadership development, as previous research suggests that co-option into managerial priorities can constrain hybrids, limiting their ability to act as two-way windows (Croft et al., 2014).

Whilst the limitations for normative control should not be dismissed, the findings outlined in this chapter provide insight into the potential of organizational level approaches to leadership development, and their capacity for encouraging contextualised hybrid leadership development. The empirical findings presented focus on the case of nurses to illuminate the influence of organizational level leadership development on hybrids, but the conclusions drawn can be applied to any setting characterised by strong professional identities and managerially influenced organizational contexts. Nurses may face challenges of leadership more acutely than other, stronger, professionals, such as medicine, but the findings can be generalised to any group of professional hybrids (Pratt et al., 2006). Additionally, whilst the empirics are drawn from the Engligh NHS, similar approaches towards leadership

development are evident in the USA and other commenwealth countries (Degeling et al., 2006). As such, the findings may be generalisable to a wide range of public sector settings on an international scale.

The conclusions drawn in this chapter provide further avenues for research, and have implications for healthcare policy and leadership development design. First, whilst the diverse background of participants in the study engendered a sense of organizational commitment, and developed interpersonal relationships, further research is needed to explore the impact of a cross-professional approach on leadership development, and the extent to which relationships can be transferred into practice. Professional hierarchies are institutionalised in public sector organisations, meaning that maintenance of interpersonal relationships outside of the programme may lessen over time, undermining hybrid leadership by reducing collaborative working with other hybrids (Currie et al., 2010). In addition, whilst this chapter addresses the reliance on research into medical hybrids by considering nurses, future research should continue to consider the experiences of other, less powerful professions during organizational level leadership development. Secondly, professional hybrids are not homogenous (McGivern et al., 2015), and may show variation in their willingness to align with managerial priorities or strategic aims. Some variation amongst study participants was outlined in this chapter, and more research is needed to explore why some hybrids were co-opted into managerially driven visions, whilst others were more resistant. Third, more consideration is needed for the conceptualisation of leadership development programmes as mechanisms of normative control. Is normative control, as research suggests (Martin and Learmonth, 2012), always a negative influence on hybrid leadership? Or are there times at which it can be strategically beneficial? The chapter findings relating to the influence of perceived normative control on hybrids were ambiguous, and should be explored further. Finally, the findings have implications for the design of leadership development in healthcare organizations. Researchers should consider why public sector organizations continue to use a 'tick box' model of leadership development, which does not consider the complex organizational influences on hybrid leaders (Day, 2000; McGivern and Ferlie, 2007). This institutionalised behaviour may be difficult to resolve, and will need to be addressed at a national, strategic level to engender change.

Conclusion

Despite an increased awareness of the strategic importance of professional hybrids in public sector organizations, hybrid leadership development is often limited to individualistic, skills based approaches. These approaches do not consider the influence of the organizational context on hybrid leadership development, which may be undermined by tensions between managerial and professional priorities, and power differentials between professions. This chapter has outlined the potential for organizational level approaches to leadership development, which can mediate some of the challenges for hybrid leaders. Using the case of nurse hybrids, this chapter has illuminated how the strategic potential of hybrids as boundary spanners can be enhanced through organizational leadership development, by encouraging a commitment to managerial priorities, and by developing interpersonal relationships outside of professional jurisdictions. However, the chapter also warns against the use of leadership development as a mechanism of normative control, limiting the potential of hybrids to ensure conformity to managerially determined organizational priorities.

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