

Developing leadership at all levels:

An action learning approach

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Introduction

The current economic climate is redolent with chaos and uncertainty and the need for more effective models of leadership as well as its development has never been more pressing. Leadership development has been widely covered in the literature, most often from the perspective of developing “the leader.” Focusing on the development of a singular leader however, fails to leverage the collective wisdom and experience inherent within the organization as whole. Effective leadership development not only enhances individual effectiveness, but serves to build relationships, coordinate actions, and extend and strengthen the social network.

This paper suggests an approach to leadership development using action learning that can enhance the leadership capacity of an organization as evidenced by our experience in one healthcare organization. The environment surrounding healthcare for some time has been fraught with turbulence, complexity, and fragmentation and successful organizations must balance a variety of competing missions, needs, values and practices from internal as well as external stakeholders as they struggle with managing restructuring, downsizing, reduction in personnel and reduced capacity (Leatt & Porter, 2003; McAlearney, 2006). Findings from this setting therefore would have wide applicability for many other organizations who are struggling with similar issues.

Leadership Development in Review

Throughout recent history, there have been several notions of leadership put forth from individual traits and effectiveness of one singular agent (Stogdill, 1948; Goleman, 1998; Judge, Bono, Ilies, & Gerhardt, 2002; Kirkpatrick & Locke, 1991) to a focus on the process and relationship between leaders and followers (Bass, 1985; Burns, 1978, 2003) to the consideration of leadership as a function of the entire collective (Barker, 2001; Dachler & Hosking, 1995; Drath, 2001; Manz & Sims Jr, 1991; Marion & Uhl-Bien, 2001; Rost, 1991).

As the current climate continues to increase in complexity, it is imperative to shift thinking of leadership as something that resides in one or very few individuals at the top of the hierarchy to a function that encompasses the work of many. If one embraces this concept however, the facilitation of leadership development, becomes increasingly complex. Day (2001) offers a useful distinction between the notion of individual leader and the collective, emergent process of leadership and suggests that organizations intending to build effective leadership capacity need to develop both individual human capital as well as collective social capital. Both leader and leadership development is needed. Leader development according to Van Velsor and McCauley (2004, p. 2) is defined as “the expansion of a person’s capacity to be effective in leadership roles and processes...those that facilitate setting direction, creating alignment, maintaining commitment in groups of people who share common work.” Individuals must become cognizant of their own values, develop greater self-awareness and an ability to continuously learn, think, and act creatively and strategically (Day, 2001; Kouzes & Posner, 2002; Van Velsor & McCauley, 2004).

Leadership development, on the other hand, addresses the collective and encompasses “the expansion of the organization’s capacity to enact the basic leadership tasks needed for collective work” (Van Velsor, 2004, p. 18). Leadership is developed through building interpersonal skills, social awareness, mutual respect and trust. Effective leadership development

not only enhances individual effectiveness, but serves to build relationships, coordinate actions, and extend and strengthen the social network.

In practice, the notion of leadership development must incorporate both the development of the individual leader as well as the collective capacity. Teaching about leadership may be necessary to increase awareness, transmit knowledge, and help move the individual beyond his or her implicit theory of leadership, but it is clearly not sufficient to develop effective leaders or leadership. Development must occur over time in an iterative manner, be grounded in experience, and foster reflection not only individually but collectively (Conger, 2004; McCall, 2004; Connaughton, 2003; Doh, 2003; Daudelin, 1996; Torbert, 1994). McCall (2004) further asserts that leader development can only occur through experience, but cautions however, that merely having an experience, does not automatically result in learning.

The progression of an individual's development as a leader can be considered to be a somewhat sequential process involving progression from one level of knowledge, skill and awareness to the next, as the individual first focuses inwardly on development of self, then extends to an awareness of enhancement of the collective. An early model of leader development (Fisher, Merron, & Torbert, 1987), incorporating the work of human development theorists such as Kohlberg, Piaget and Kegan, suggested that individual development as a leader occurs much like personal development - as one encounters and tries to make sense of one's experiences, he/she moves from a perspective or worldview that is self-centered, rational and technically-oriented, to one that is more self-aware and collectively-oriented. The opportunistic mindset is replaced with a thought process whereby one can consider issues with greater conceptual complexity, value diversity, mutual inquiry and consensus over authority, and provide an approach which integrates material, social and spiritual realms. The model which originally described four stages was later refined and expanded to include "seven transformations" (Rooke & Torbert, 2005).

Lord and Hall (2005) also suggest a movement from singular to collective perspectives as one develops behaviorally, socially, and cognitively as a leader. Identity is also key to their model of development: as one develops as a leader, the notion of "leader" becomes more firmly embedded in that person's core identity. Identity as a leader, coupled with sufficient self-confidence encourages one to seek out opportunities for further development as a leader. Thus an "upward spiral" begins as more confidence results in more growth. Initially, novice leaders learn behavioral skills necessary for effectiveness and operate based on their own implicit theories of leadership, with an orientation primarily focused on self. Later, movement to intermediate and expert levels happens as one gains experience, clarifies personal values, and enhances the ability to meta-monitor self, others and the context. The focus shifts from self to others, and actions become more context dependent and grounded in fundamental values and principles.

A common approach to leader development (Leatt & Porter, 2003; Van Velsor, 2004) employs an experiential process that starts with an assessment of an individual leader's current competencies, strengths, and weaknesses to identify gaps between his/her present state and the ideal. Once the person is aware of the gaps, she can then work to close them in some manner through various experiences, training, coaching or mentoring. Competency-based approaches however, even when context is considered, assume that there is one ideal set of characteristics by which all potential leaders within an organization should be measured. This perspective approaches development of the individual from a "deficit model" and assumes that once an individual becomes well-rounded, he or she would be more effective. The approach, although it may work to develop individual competency, still proves to be inadequate to develop leadership

capacity because it fails to address holistic organizational issues and capabilities (Hollenbeck, McCall, & Silzer, 2006; James, Mann, & Creasy, 2007) .

Pasmore (personal communication, Academy of Management meeting, August 10, 2008) notes that even though an individual leader may be successful at developing new competencies, the translation from skill development to organizational impact has been more difficult to accomplish. Senge (1990) offers a possible explanation by observing that leaders, rather than being very individualistic, actually engage in highly collaborative activities as designers, teachers, and stewards in organizations with others who are continuously learning, adapting to changing environments, and generating new ways of being. Developing one individual without considering the larger context will be ineffective and if leadership is a collective process, then leadership development should happen collectively as well.

Leatt and Porter (2003) suggest an approach to leadership development in healthcare that addresses both individual development as well as organizational capacity. Although formal education has a role, the authors suggest an ongoing, self-reflective and assessment process that works to improve individual competency. In addition to the individual work, the authors suggest an interdisciplinary process that strengthens teams, promotes appropriate ethics and values, is grounded in a framework of quality improvement, and works to address larger organizational initiatives.

A group process such as action learning (Raelin, 2004; Raelin & Coghlan, 2006) can serve to meet this challenge as individual leaders develop collaboratively through work-based “learning-in-action.” Dialogue, learning teams and action projects create opportunities for members to reflect upon their experience together, challenge their assumptions, and shift from using a singular perspective as the leader to one that is much more collective or in Raelin’s words (2003), “leaderful.”

Leadership development and action learning

Action learning, due to its collaborative nature, is well suited to facilitate leadership development as it unfolds, as a reflective, and relational process (Raelin, 2006; Coghlan, 2004; Torbert, 1994; Day, 2001). Action learning, originally introduced by Revans (1980), is a model of experiential learning, in which participants learn by incorporating programmed knowledge with questioning insight. Central to the process is its cyclical nature, an engagement with real issues, a process of inquiry that attempts to uncover all aspects of a particular issue in question, exploration of potential resolutions through action and reflection, and promotion of a group dynamic that encourages critical reflection and learning (Revans, 1998). According to Revans (1980, p. 309) “...*action learning is about real people tackling real problems in real time, observing the impartial discipline of the business setting and looking after a lot of people...*”

The outcomes of action learning programs can include improved strategic thinking ability, understanding group processes and organizational change, improved understanding between sections of the organization, development of leadership skills, and more ideas for future projects (Zuber-Skerrit, 2002). In addition, as participants work on their issues, they develop stronger relationships, are more in control of the information, and empowered to act in the future. This process can increase each member’s capacity to collaborate as he/she develops a sense of self-efficacy, autonomy meaning, and responsibility. At the group level, mutual inquiry can promote critical thinking, team learning and enhanced interpersonal interactions (Raelin, 2006). A sense of collective efficacy can emerge that is larger than the sum of any one individual (Bandura, 2000). The social networks that develop based on the collective experiences, shared values and

mutual trust, create an organizational infrastructure that supports information dissemination well beyond the completion of the consulting engagement (Bradbury & Reason, 2003; Day, 2001). This process can be particularly valuable in the healthcare setting as a means to bridge professional silos and promote interdisciplinary collaboration or at least, awareness of issues outside of one's personal sphere of control.

Raelin and Coghlan (2006) suggest that using an action learning approach has nine advantages:

- the education is relevant to the learners situation – projects are derived from the participants own setting, focusing on real issues
- the learning experience can be immediately transferred back to the work setting
- it encourages the adoption of collaborative leadership
- the process promotes continuing education by encouraging a “learning to learn” mindset that persists even after project completion
- it provides time for interaction, network building, and sharing
- the process counters cynicism by focusing on outcomes desired by the organization
- it encourages working with a diverse workforce as dialogue is encouraged allowing many perspectives to come to light
- it reduces the cost of training by using internal resources and minimal commercial products. In addition, projects can also contribute to considerable cost savings within the organization
- the process promotes critical reflection as learners create their own knowledge, perform their own research and share ideas

The action learning approach seems particularly applicable to leadership development in that one can add to his or her knowledge of key leadership concepts as well as apply and practice them in a setting that is relevant, meaningful and ultimately beneficial to the organization. Since it is a collective process, the development and/or strengthening of the social network can occur as well as the stimulus for organizational change.

The healthcare context and the LEAD Program

From an internal perspective, the typical healthcare organization is fairly fragmented and is comprised of many distinct groups of professionals who have been socialized to their respective disciplines rather than to the organization as a whole. In addition, the organizational structure, which supports hierarchies based on occupation and specialization serves to preserve the silos and hinder the flow of information between interdependent entities (Ranga & Rousseau, 2006). Physicians, therapists, caregivers and administrative personnel routinely work at cross purposes based on different notions of what is truly important and therefore a priority. This serves to isolate each discipline rather than foster collaboration.

Multiple missions within any one healthcare organization can also serve to either create synergy or add to the chaos. The sub-missions can range in focus from the provision of quality care to research, teaching, community service and outreach, financial success, and in some cases reinforcement of religious values (Ranga & Rousseau, 2006). Thirdly, the task environment is dynamic, complex, and at times ambiguous, requiring professionals to practice according to standard protocols yet maintain the flexibility to improvise and adapt when the situation calls for it (Ranga & Rousseau, 2006). A fourth issue looming on the horizon is the forecasted shortage in qualified professionals as a large percentage of experienced physicians, nurses and other practitioners move towards retirement within the next few years (Institute, 2007).

The external stakeholders also exert significant pressure on the healthcare facility. Pressure from payers such as the government, insurance companies and employers continues to be applied to care providers to adhere to higher standards of quality while they reduce costs (Ranga & Rousseau, 2006). Patients, in light of the enhanced access to information, exert demands based on their research on the internet or the claims made by the latest pharmaceutical marketing campaign. Retail clinics in drugstores, discount chains and grocery stores continue to grow as consumers demand more convenient, lower cost alternatives (Institute, 2007). Mergers, acquisitions, and reorganizations, a phenomenon once found only in the traditional business sector have become commonplace in the healthcare industry as well (Embertson, 2006).

The challenges discussed above are no different for Health Systems (fictitious name), a regional health system serving a community within the Midwestern United States. Three years ago, leadership development was established as a strategic initiative by the Health Systems executive team. My colleague and I were approached as faculty members of a local university by Health Systems to create and facilitate a leadership development program, later named "LEAD Institute." The program was intended to develop the leadership capability in all members of the management team for increased personal and organizational effectiveness as well as part of a new succession planning process. The program was later expanded to include coordinators and team leaders within departments as well as other select employees. The content incorporated into the programming, as well as its delivery, was the result of a collaborative effort between our academic unit and the upper level executives from the Human Resource and Organizational Development departments of the hospital.

The LEAD program was an attempt to systematize leadership development in manner that could impact the organization on a larger scale, create a shared understanding of leadership at all levels and work to support the organization's mission and values. The program, originally intended for middle managers, was extended to include front line supervisors, team leaders and coordinators. Others who have expressed an interest or who have been chosen by their managers have been invited to attend as well. Members of the program come from all areas of Health Systems: patient care (nursing, physical therapy, etc), diagnostics (laboratory, imaging, etc), administrative support (accounting, human resources, etc), ancillary services (physical plant, security, dietary, etc.) and off-site satellite facilities (home health, physician offices, etc.). An additional thirty individuals will be brought into the program next year who may or may not currently have any managerial responsibilities at all, but who have experienced an interest in attending or who have demonstrated potential for a role as leader in the future.

The overarching goal of the LEAD program explicitly stated to all members of the organization was to create leadership at all levels. The tenets of action learning served as the springboard for the leadership development process in this project. As topics were introduced, participants were organized into small groups and encouraged to discuss how the concept could be applied in their setting. Upon completion of each session, participants were encouraged to put into practice a relevant concept, then share their experience when we reconvened at the next session. Each subsequent session began with a review of the concepts from the prior session, a dialogue around how the concepts were put into use, and the successes or challenges that arose.

The content incorporated into the programming was the result of a collaborative effort between our academic unit and the upper level executives from the Human Resource and Organizational Development departments of the hospital. We worked to address key topics of concern as well as maintain consistency in the messages between our programming and Health Systems' mission and values. Each cycle of the LEAD program consisted of a series of three

hour sessions convened every other month from December until May each year. Each workshop not only provided the theoretical background and a platform for skill development at the individual level, but also created an opportunity for members to share learning, give and receive feedback, and develop action plans for the future. Key issues that arose throughout the course of our conversations were shared back with members of the hospital executive team. Subsequent programming and topics for further discussion were refined based on participant feedback. Over time, each session became more collaborative and, according to the participants, as they became more familiar and comfortable with each other, the peer to peer conversations and sharing were noted as one of high points of the program.

The program as it evolved over time, used an action learning approach to development, and placed into practice several of the theoretical concepts addressed earlier such as:

- A comprehensive approach to leadership development that began at the individual (leader) level and moved to a process that encourages collective, collaborative leadership (Day, 2001; Raelin, 2005; Rooke & Torbert, 2005)
- Challenging current mental models or implicit leadership theories with contemporary notions of collective leadership (Lord & Hall, 2005; Rooke & Torbert, 2005).
- Using an action learning approach that was experientially based to provide relevance, encourage reflection, and develop interdisciplinary relationships that continue even after the programming ended (Raelin, 2006; Raelin & Coghlan, 2006; Torbert, 1994)
- Facilitating reflection at individual and group levels (Raelin, 2001; Bandura, 2000; Rooke & Torbert, 2005; Senge, 1990)
- Maintaining consistency and reinforcing Health Systems values and mission

The cycles of the LEAD program were designed to loosely align with the models of leader development as outlined by Rooke and Torbert (2005), and Lord and Hall (2005), in essence, beginning with the individual then moving to the collective over time. The first phase or LEAD I focused primarily on individual leader development and skill building, but secondarily also began the process of connecting those from different professional disciplines. LEAD II facilitated more collaboration between each participant and supported the development of collective leadership as topics such as servant leadership, appreciative inquiry and change management were explored and practiced. The third phase, LEAD III, was structured to be driven by the members themselves as they proposed, developed and implemented multidisciplinary projects that affected the organization beyond their own departments. The underlying philosophy incorporated many of the tenets of action learning (Raelin, 2006): collaboration, multiple cycles of learning, focus on action and application, opportunity for reflection at individual and group levels, creation of social capital and empowerment of participants to drive each discussion, suggest concepts for future programming, and begin to impact organizational operations. Table 1 contains a detailed review of the actual topics, as well as how the action learning cycles were facilitated. In addition, a brief overview of content as well as format is discussed below.

Table 1. LEAD Institute programming

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| <p>LEAD I: Leader Development (Roberts and Roper, 2007)</p> <p>Goals: Individual skill development, network development</p> <p>Topics, learning objectives and application activities to practice back at work:</p> <ul style="list-style-type: none"> ▪ Session 1: True colors (personality profiles) <ul style="list-style-type: none"> ○ Objective: Develop a greater understanding of personality differences and strategies for working through differences effectively ○ Application Activity: Use the assessment as a mechanism for strengthening your own team and relationships with peers ▪ Session 2: Leadership theory <ul style="list-style-type: none"> ▪ <i>Review and debrief true colors practice and outcomes</i> ○ Objective: Discuss differences between managing and leading ○ Objective: Develop awareness of personal leadership style ○ Objective: Compare the differences between leadership and followership ○ Objective: Create an action plan for utilizing some of the concepts of effective leadership ▪ Session 3: Effective communication <ul style="list-style-type: none"> ▪ <i>Review and debrief leadership theory and practice</i> ○ Objective: Develop and practice skills for making requests, suggestions, proposals or demands ○ Objective: Utilize effective listening techniques ○ Objective: Develop strategies for using email communications effectively ○ Application Activity: Practice delivering negative messages as positively as possible ○ Application Activity: Practice using assertive communication for action ▪ Session 4: Coaching for success <ul style="list-style-type: none"> ▪ <i>Review and debrief communication practices and outcomes</i> ○ Objective: Understand the nature and mindset of coaching ○ Objective: Develop a strategy for creating a climate that fosters coaching and the learning organization ○ Objective: Utilize strategies that seek out the strengths in others and support their growth ○ Application Activity: Work through an actual situation using a coaching process ▪ Session 5: Delegation and empowerment <ul style="list-style-type: none"> ▪ <i>Review and debrief coaching experiences and outcomes</i> ○ Objective: Understand the importance and purpose of delegating ○ Application Activity: Identify opportunities for delegation ▪ Session 6: Time and meeting management <ul style="list-style-type: none"> ▪ <i>Review and debrief delegation experiences and outcomes</i> ○ Objective: Develop a strategy for utilizing time more effectively ○ Objective: Develop an awareness of group process and stages of team development ○ Application Activity: Practice behaviors that facilitate effective meetings and productive behavior ▪ Session 7: Final review session, reflection, and action planning for subsequent sessions <ul style="list-style-type: none"> ▪ <i>Review and debrief time and/or meeting experiences</i> ○ Objective: Identify key learnings and behavior changes ○ Objective: Identify areas to focus on in the next series |
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LEAD II: Leadership Applications

(Roberts and Roper, 2008)

Goals: Relationship development, collaborative problem solving, application of concepts, practice

Topics, learning objectives and application activities to practice:

- **Session 1: Servant Leadership**
 - Objective: Review key concepts of servant leadership and identify opportunities that can enhance the growth of individuals in the organization, increase teamwork and personal involvement.
 - Application activity: Practice one or more areas of servant leadership
- **Session 2: Appreciative Inquiry**
 - *Review and debrief servant leadership practices*
 - Objective: Understand the key principles behind appreciative inquiry
 - Application activity: experience the process of appreciative inquiry
 - Application activity: Practice an appreciative process with your team back on the job
- **Sessions 3 and 4: Change Management I and II**
 - *Review and debrief appreciative inquiry processes and outcomes*
 - Objective: Understand the process of change from personal as well as organizational perspectives
 - Application Activity: Utilize strategies for working through a change process in own department
- **Session 5: Review, reflection, action planning**
 - *Review and change management experiences and outcomes*
 - Objective: Identify key learnings and behavior changes
 - Objective: Identify areas to focus on in the next series

LEAD III: Leadership in Action

(proposed 2009)

Goal: Group to lead an organizational initiative – propose and implement a project of choice.

Possible projects to work on:

- Development of new manager mentoring program
- Building trust/Culture change
- Exploration of opportunities for further network development; working past the “silos”; shadowing and learning about each other’s jobs
- Dealing with staffing shortages, call schedule
- “Meeting free day”
- Email policies and guidelines

Some additional skill development, possible topics:

- Conflict management
- Strategic planning/thinking
- Financial management

To facilitate leader development, individual learning and skill building:

- **Content Delivery:** content areas were developed and presented based on several discussions with members of the Health Systems administration. Topics also emerged based on the discussions that ensued within each workshop. As the program progressed, we found that we lectured less and facilitated dialogue more. Printed resources were also developed for each topic and provided to each participant so that they would have resources when needed back on the job.
- **Personal assessment and reflection:** several opportunities for self-assessment as well as reflection were built into the process and took the form of surveys, journal writing, and case discussion.
- **Application and action:** each session ended with a challenge to the participants to return to their respective departments, apply one of the concepts in their own setting, then return to the next section ready to share their observations and reflections of the outcome. This in turn, created additional opportunities for group learning.

To facilitate leadership development, group learning and enhanced social capital:

- **Group inquiry and dialogue:** each session was structured to include a large portion of time for group conversation whereby each member could share an issue or current dilemma related to the subject at hand. Each group would then address the issue collaboratively, which in turn developed a collective understanding of larger organizational issues and challenges as well as an appreciation for the situations of others.
- **Development of the social network:** members were encouraged to sit at tables with others that were less familiar to them. The intent was to create mutual understanding and expand each member's awareness of issues outside of one's own department or discipline.
- **Practice collaborative leadership:** as programming progressed, the control of the process shifted from being consultant-driven to one that was co-directed by the group and consultants working together. The content for LEAD II was derived based on the issues that arose in LEAD I. The content as well as format for LEAD III, was driven primarily by the participants, as actionable projects aimed at the organizational level.
- **Involvement of upper administration:** As issues arose within the group, my colleague and I served to bring them to the attention of members of the administration at their request. Although the CEO as well as key members of the executive team strongly endorsed and supported the program, a majority of participants expressed the need for more dialogue with this group.

To date, there have been three cohorts that have participated in at least one cycle of LEAD, and the outcomes reported are addressed in the next section.

Outcomes of the LEAD program

The LEAD program, at its inception, was intended to assist current managers and team leaders develop skills to make them more effective leaders. Content provided was also intended to help raise awareness and create alignment with organizational values. By the end of the first year, however, we were engaged within the organization at a much deeper level and the program evolved into a process that also supported the development of collective leadership capacity as well. We were on site quite a bit and gained the trust of the group enough to uncover some sensitive issues within the organization. But having said that, what did the LEAD program actually achieve?

Several opportunities for garnering feedback were developed throughout the LEAD process and have provided data related to outcomes of the program. We utilized individual surveys, one-on-one dialogues with select participants, personal observations and journaling, as well as periodic meetings with key personnel. Yammarino, Danserau and Kennedy (2001), suggest that leadership in general can be analyzed at four different levels using four different “lenses”: the person, the relationships between leader and follower, the group, and the collective organization as a whole. Leadership development programs therefore could likewise be assessed for effectiveness at each of those levels and in fact, effective programs should impact multiple levels (Day, 2001; Leatt & Porter, 2003). Because leadership development is such a multi-faceted phenomenon, however, determining effectiveness becomes increasingly complex. In the following sections, I have used the lenses suggested by Yammarino and colleagues (2001), altering them slightly to highlight outcomes from the LEAD program according to the individual, group and organization. Within the individual framework, I have included both knowledge acquisition as well as the development of relational skills. The group perspective reviews changes in departmental dynamics and processes. The organizational perspective includes overall changes in processes as well as the development of networks and social capital. The development of social capital can be seen to be especially important to healthcare organizations which have historically operated in a fragmented manner, within discipline-based silos. Although I have addressed each level below, I have also summarized the key outcomes in Table 2 at the end of this section.

The individual leader: knowledge acquisition and relational skills development

Prior to beginning our engagement, we worked in concert with Health Systems to develop core areas of focus for knowledge and skill development important from the perspective of the client. Although the initial topics for LEAD I were driven by the Director of Organizational Development and the VP for Human Resources, other topics, issues, challenges and struggles emerged from the dialogue that ensued at each session and became the foundation for LEAD II. Since we were using an action learning approach, individuals were able to learn what was relevant to them, reflect upon that learning and use that information back within their own setting. Martineau (2004), in her review of the assessment of leadership development programs, suggests several methods for determining the outcomes resulting from the development of the individual leader which include interviews, surveys, personal reflective writing, 360 degree assessments and behavioral observation. This study incorporated multiple methods and opportunities for data collection designed in concert with the members of the organization. The data obtained suggested that all cohorts experienced several of the same “learning points” which included a reconceptualization of the notion of leadership, better understanding and appreciation of style and generational differences, and a more complete understanding of the process of change management. In addition, less experienced team leaders from the later cohorts reported that they had developed more self-confidence and comfort within their roles as leaders.

The LEAD Program participants also reported that they had developed additional relational skills. Participants noted better communication skills, increased involvement and empowerment of their staff, more delegation, and a shift in practice to employing more developmental forms of performance management such as coaching and mentoring. In addition to self-reports of learning and behavior change, I had the opportunity to have the junior team leaders in the second cohort share observations of changes that they had noticed in their own managers who were a

part of the first cohort. Their reports also corroborated the self reports of more communication, involvement and delegation.

Although participants of the program noted the acquisition of knowledge as well as the development of relational skills, the perceived impact of the LEAD program could have been strengthened by the inclusion of a recurring 360 assessment process. Participants could have been assessed at the very beginning, then each year thereafter to track changes in behavior over time, particularly as seen by others. Unfortunately, at the time of this project, the system had just been implemented and several difficulties were associated with its implementation (lack of training on proper use of the instrument, selection of appropriate reviewers, etc.). The validity of using such a measure prior to its standardization and institutionalization would have been undoubtedly questionable.

The group: intradepartmental dynamics and processes

Group dialogue, focus groups, interviews and progress reports on team projects can all be considered valid methods for assessing impact of leadership development at the group level (Martineau, 2004). This project employed the use of observation, multiple rounds of surveying, the lunchtime inquiry group, and individual dialogues to gather a data. A theme which frequently emerged throughout our meetings with all cohorts related to the participants concern with relationships within their individual departments or units. Teambuilding, dealing with dysfunctional group dynamics, employee performance, coaching, and delegation were all discussed within the contexts of their world. One manager implemented a department-wide career ladder and noted that it had helped retain entry-level employees. Another reported that she had changed the layout of her unit to promote more dialogue and collaboration between caregivers and support personnel. Several participants reported that they have seen better teamwork within their department. Others noted more collaborative problem solving and a willingness to share leadership. A few members of the second cohort reported that they had actually seen changes in their own managers to be more inclusive and collaborative.

Time and relative length of experience within a leadership role also affected the focus of the participants – those who had been in a management position for some time appeared to focus on more global organizational issues while those who were relatively new had concerns that were much more locally driven. For example, the participants in the less senior, second cohort were much more interested in how the programming would help in the immediate context of their team, and conversations centered on personal struggles in making the transition to a leadership role, internal operational issues such as staffing and training, relationship building through better communication, addressing generational issues, improving morale, and facilitating more involvement of their team members. One group of team leaders actually left a session and returned with a plan for handling staffing on the third shift. Another team leader worked with her group to craft a strategy for training nurses from multiple units within a very short time frame on using a new piece of diagnostic equipment.

The more senior cohort discussed some of the same struggles, however, this group went further to engage issues dealing with organizational policies and procedures. Some of the topics explored included conversations around the implementation of a new 360 evaluation process, exploration of a new process for conducting meetings across the organization, development of a proposal for how meetings should be scheduled, perception of changes in organizational culture, and consideration of a system-wide mentoring program for new managers. This group also expressed some frustration with the organization and was quick to call attention to those

administrators who did not model behavior consistent with concepts presented in the LEAD program.

The organization: culture and process changes

There are many strategies for assessing the impact of leadership development programs at the organizational level which include climate or culture change, examination of evidence of systems and process changes, assessment for changes in data derived from the workplace such as productivity, absenteeism, satisfaction, turnover, degree of innovation, return on investment, or an assessment in customer satisfaction data (Martineau, 2004). Organizational impact however, is much more difficult to directly correlate with programming and although there is strong evidence that leadership development programs can be effective at enhancing individual competency, there is a paucity of evidence that connects leadership development to improved organizational effectiveness (Collins & Holton III, 2004). The difficulty may lie in the existence and interplay of several internal elements such as mission, strategy, culture, structure, as well as the external environment (Waclawski, 2002). The fragmented nature of healthcare as well as constantly changing clinical protocols, technology, and reimbursement schemes further compound the terrain. Within this organization, as we worked through the LEAD sessions, it became clear that several different programs were ongoing simultaneously – the “Beyond Blame” program which encouraged a change in problem solving practice from a punitive process to a learning process, the introduction of a new system for flowcharting processes, the establishment of a new 360 system for performance management, the abrupt departure of two senior executives which resulting in reorganization of reporting structures as well as project priorities – would make it challenging to isolate the effects of a LEAD program intervention. Therefore, this project did not employ the use of metrics for assessing changes in culture, productivity, turnover, satisfaction, or return on investment.

Raelin (2006) argues that although a leadership development approach utilizing action learning may employ conventional forms of outcomes assessment, measurement may take unconventional forms such as narrative and other dialogic approaches since individuals and teams create their own reality through ongoing reflection and inquiry. Since this has been, and continues to be an ongoing process rather than a finite intervention with a known endpoint, it is difficult to pinpoint the effects directly attributable to the engagement. Wenger (2000) suggests that the evidence lies in the stories told. Self-reports of the participants, according to Bradbury and Reason (2001), are crucial for ensuring validity of this research.

In our case, the most noticeable changes reported by the participants within their organization were noted at the process and procedural level. A routine Friday meeting (called TGIF) was taken over and revitalized through the efforts of the first cohort of managers. This forum has provided another venue for managers to assemble and share what they believe is important for others outside of their area to know. In addition, changes were made to the format of other organizational meetings to encourage efficiency and effectiveness, and a system-wide training program was developed for the 360 evaluation process recently implemented. Since there were several different individual reports and observations of increased delegation and involvement, this may suggest there has been some incremental change toward more empowerment overall. Other initiatives may emerge as LEADIII goes forward, and although some members of the administrative team were supportive of this program, the intention of the group was to ensure that all members of this team were brought into the process. Although the client system was primarily interested in more immediate and direct results related to the

development of individual leaders and facilitation of alignment around organizational values, the LEAD III cycle may provide the opportunity to gain further understanding of how this initiative has impacted overall organizational performance.

The organization: networks and leadership development

The LEAD process facilitated the growth of the individual “leader” as it supported the development of connections necessary for the practice of collective “leadership,” both of which are necessary for effectiveness (Day, 2001; Day & Harrison, 2007; Raelin, 2003). Bartol and Zhang (2007) suggest thinking of leadership development outcomes in terms of the creation of multiple linkages or networks. Networks foster more effective leadership processes in three very important ways: task accomplishment and problem solving (task), career advancement and mentoring (career), and friendship and emotional support (support). In our experience, the creation of connections was seen as one of the major outcomes of the LEAD program as the value of having the opportunity for dialogue and collaboration repeatedly emerged through this project. The importance of connectivity, particularly in a historically fragmented organization such as a hospital cannot be underestimated.

The members of the first cohort, consisting of managers who were fairly experienced and currently serving as directors in various departments, appeared to be a much more connected group from the very beginning. Since they had been coming together for two years as part of the LEAD program and routinely worked together on projects within the hospital such as quality improvement task forces, etc., this was not surprising. Members routinely used each other for working through problems as well as emotional support. The members of this cohort disclosed that they were ready to develop their network even further and by taking action on certain organizational projects such as the Friday forums, a new manager mentoring program, working through holiday coverage issues, building trust between each other, and working more closely with upper administration.

Some incidents of collective sense-making have occurred as participants have dialogued about recent changes in organizational structure and key personnel, the dialectic of empowerment within the context of a formal hierarchical structure, and organizational strategies for leveraging their time more effectively (meetings, emails, schedules, etc.). As several of the managers have noted, they have started to work from a systems-thinking perspective by involving others from outside of the unit when appropriate.

An interesting surprise has been the recognition of a collective identity within the group which may serve to provide cohesion and support to engage all sectors of the current administrative team in the process more completely. As members have learned about empowerment and collaborative notions of leadership, and have started to change their practices, they have noted some resistance in the uppermost levels of the organization to move to a more collaborative style. It will be a challenge as the group moves forward to facilitate dialogue and awareness of this resistance in a positive, appreciative manner, which hopefully helps the organization move forward.

Although members of all cohorts had reported that they had begun to use more collaborative approaches, Raelin (2006) suggests that a useful method for validation may involve the use of social network analysis. Social networks can be described as patterns of interrelationships between individuals within an organization for the purpose of sharing information, resources, power, and influence (Mayo, Meindl, & Pastor, 2002). Elements of social networks that may assist in ascertaining network growth include network density or the number

of ties within an organization, strength or frequency of ties, symmetry or directionality of exchanges, and degree of centrality or the number of ties that can be attributed to each member.

Unintended outcomes of the LEAD program

The LEAD program has also resulted in some unintended consequences. Although the CEO endorsed the creation of leadership at all levels, the growth of the “leaderful” organization has been met with some resistance by other members of the current executive team. On several occasions, participants from both cohorts expressed frustration with a lack of congruency between “leaderful practice” and the behavior of a few members of the executive team. Ford and Harding (2007), in their musing “*could leadership courses develop leaders who do the opposite of what the organization requires,*” offer several different outcomes that can result from leadership development programs. Participants may not change at all or they may become more aware of “iniquities and inequities” within the organization. The desire to change the state of the organization may result in rebellion, cynicism, departure, or it may actually effect a more emancipatory workplace. According to Raelin (2003), those in power must be comfortable with sharing it. In our case, the emancipatory concepts discussed may have awakened the need for more information sharing, empowerment and collaboration between the executive team and the managers, beyond what the executive team was willing to do. Although most levels of the organization have gone or will go through the LEAD program sometime in the future, the uppermost level has yet to participate, still remains a bit out of the process, and therefore not a part of the shared understanding that has taken place. In retrospect, it would have been helpful to involve the entire team earlier in the process rather than later.

Table 2. Outcomes of the LEAD Program

| |
|--|
| <p>Individual Leader Development</p> <p>New knowledge:</p> <ul style="list-style-type: none"> • Reconceptualization of notion of leadership • Appreciation of diversity (personality styles, generational differences) • Change processes <p>Skills development:</p> <ul style="list-style-type: none"> • Better communication/listening skills • More involvement and empowerment of staff • More delegation • Use of positive forms of performance management <p>Improved self confidence and comfort as leader</p> |
| <p>Group/Department Level Outcomes</p> <p>Intradepartmental relationships</p> <ul style="list-style-type: none"> • More focus on teambuilding • Dealing effectively with dysfunction • More collaborative problem solving • Implementation of career ladder • Reconfigured department |

| Organization Level Outcomes |
|---|
| <p>Process changes</p> <ul style="list-style-type: none"> • New meeting management procedure • Revitalization of organizational communication venue (TGIFriday) • Development of training for new performance management system <p>Network development - Collective action, sensemaking, and leadership</p> <ul style="list-style-type: none"> • Mentoring program • Desire to work more closely with executive team • Systems-thinking perspective/more collaboration between departments • Projects for LEAD III |
| Unintended Outcomes |
| <ul style="list-style-type: none"> • Increased awareness, frustration with those not modeling content presented • Desire for more empowerment and collaboration with upper administration |

The leadership development process: implications for practitioners

In order for organizations to engage in leadership development activities, the facilitator of that process as well as key representatives from the organization should collaborate to consider not only how the process is structured, but also how the organization will support and sustain the changes that result. This section provides recommendations for two crucial aspects – firstly, leadership development processes and secondly, organizational structures and supports to the process.

Leadership Development Processes

1. Effective leadership development fosters the development of intrapersonal as well as interpersonal skills, provides the relational space to create connection and shared meaning across boundaries (Day & Harrison, 2007; Bradbury, et. al., 2007) and can serve as the catalyst for organizational change.
2. An ongoing iterative process which engages all participants such as action learning can facilitate effective leadership development. This process allows for participants to collaboratively work on real problems and develop knowledge from the respective experiences of their colleagues (Raelin, 2006).
3. The process should encompass all areas and levels of the organization to create shared meaning of what is as well as what could be, foster organizational memory, and catalyze organizational change. Working across disciplines can help to transcend organizational boundaries inherent in the healthcare system.
4. Facilitators need to make participants at all levels and most importantly those within upper executive levels aware that this process may unfold rather organically as real issues to be addressed emerge from the conversations of the group. In addition, conflict may arise between those wishing to maintain their current authority and power and those who wish to see a more collective approach that shares information and functions more democratically. (Raelin, 2003; Marsick & O'Neil, 1999).

Organizational Structures and Supports

As with any change effort in which results are to be sustained over time, serial programming or action learning initiatives alone may be ineffective. Additional organizational structures must be in place which recognize and reinforce individual learning as well as support new ways of “being together” (Holton, 2005).

1. Most importantly, members of the upper most levels of administration need to be active participants in the process in some fashion, at minimum serving as role models who demonstrate a willingness to share more information and decision making capability (Raelin, 2006). Participants will not change if their managers do not understand, practice or reward new behaviors. In fact, it may be risky for participants to try new behaviors if they will not be welcomed by their superiors (Marsick & O'Neil, 1999).
2. Human resource management systems must also function in a manner which exemplifies more collaborative ways of providing feedback as well as recognize and reward behaviors consistent with new ways of interacting together. If there are new expectations for behavior based on leadership development initiatives, then those behaviors should be explicit in performance management systems as well.
3. The organization must continue to fostering ongoing relationships and network integrity by providing further opportunities for interaction across disciplines. King (2003) suggests that talk is crucial for fostering organizational ways of knowing. Although the organization featured in this process is still within the early phases of the process, there has been some discussion about how to keep relationships going through the possible use of retreats, interdisciplinary task forces, and peer mentoring.
4. Leadership development takes time. Those engaging in this process must be willing to commit the time and resources it takes to make real change. It does not happen upon the completion of a series of workshops. The workshops should be considered a starting point of an ongoing cyclical process that encourages new ways of being and interacting together. Individuals develop as leaders throughout their entire lives. The development of leadership capacity or the “leaderful organization” is also a journey as connections are made, colleagues enter and leave the organization, and new challenges emerge from the field.

Implications for further research

This study was conducted in collaboration with colleagues from one health system. Although there is a growing body of work that supports a comprehensive approach to leadership development that includes both individual as well as collective processes, (Raelin, 2003, 2006; Day & Harrison, 2007; Leatt & Porter, 2003), it is difficult to find many actual accounts of the process. Work shared from within other organizations even when embedded in context, can add to our understanding of what effective leadership development looks like. As the notion of leadership has evolved from one that narrowly considered one actor to the notion of collective capacity within an organization, the work around how it develops has also expanded from taking a few classes or reading a few books to a process that fosters individual learning, creates new connections and knowledge networks, and serves as a stimulus for organizational transformation. Broadening the perspective provides the opportunity for multiple entry points for further research.

This paper has suggested that leadership development can be facilitated by a cyclical, iterative approach such as action learning. It only seems fitting then, that a similar approach be

utilized to study the process from the researcher's perspective. Action research is one such strategy for doing so. Action research, due to its participative nature, is well suited to study leadership development as it unfolds, as a contextually-driven, reflective, and relational process (Coghlan, 2004; Torbert, 1994, 2004). The iterative cycles of diagnosing, planning action, taking action, and evaluating action as illustrated by Coghlan and Brannick (2005) can occur in concert with the learning cycles of the participants. As data is generated over time by the process, the researcher can verify and refine hypotheses, assumptions and conclusions with the participants. The action research process, because of its contextual and relational nature, allows for the generation of data that may be richer, and more reflective of the complexity inherent within any organization than data generated by other more traditional forms of research.

Plans for this project include continued collaboration with this organization to determine how we can improve the LEAD program as well as identify additional outcomes of the process from individual learning to network development and changes organizational power structures and processes. Although we have gained some insight into the process of leadership development, this journey has, at best, created more questions for further consideration:

- If this process has strengthened connections and fostered more collaborative work, in what ways has this proven to be beneficial? For how long will this continue?
- What organizational processes have either helped or hindered sustaining this new learning network over time?

Conclusion

This paper has provided a general overview of issues that must be considered if one intends to develop leadership capacity within an organization. Action learning can provide a way for individuals to develop both intrapersonal and interpersonal skills, as it also strengthens social networks, facilitates shared meaning and catalyzes organizational change. One must also be aware, however, that this process takes time and necessitates additional supportive structures that nurture and reinforce leadership capacity. Although much is known about leader and leadership development, a comprehensive approach may be somewhat new to the literature and other researchers are encouraged to share their stories.

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