MULTIDISCIPLINARY LEADERSHIP DEVELOPMENT IN ONCOLOGY HEALTHCARE: A QUALITATIVE CASE STUDY

by

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Abstract

Organizational culture is defined as the basic pattern of shared assumptions, values, and beliefs governing the method employees within an organization think about and act on problems and opportunities (McShane, 1998). Healthcare leadership development may improve organizational culture. In the current literature, healthcare leadership development is frequently investigated by discipline and lacks the multidisciplinary perspective. The Alberta Cancer Board (ACB) internally designed a multidisciplinary Leadership Development Initiative (LDI) for three cohorts: senior leaders, managers, and supervisors. All ACB out-of-scope management staff were invited to participate. The purpose of this inductive-focused ethnography explored their shared program experience investigating whether there had been a change in norms, values, or behaviors in the 18-month program. This project studied multidisciplinary oncology leadership development in formal groups within an internally developed program. The design considered perceptions, experiences, and cultural changes to identify similarities and differences among those who attend all, some, or none of the program. Six individual unstructured interviews, audiotaped and transcribed, generated the primary data. Three themes emerged from the data analysis: (a) organizational hierarchical stance, (b) learning into practice, and (c) hope. Eight categories—nonconnectivity between the layers, old boys’ club, networking, introspection, engagement, lack of recognition, responsibility without authority, and boredom—were identified. A key discovery is that to cross-pollinate hierarchical levels, leadership development must be purposive to increase collaboration among all levels in evolving learning groups and within the organization. The recommendations include (a) creating communities for reflection and
learning; (b) initiating leadership development at the peer group level; however, 
purposive integration between the levels should be incorporated later; (c) presenting 
opportunities to engage leaders and provide support and mentoring; and (d) creating 
mechanisms for reinforcement and leadership practice review. These results may assist 
decision-makers with policy development, infrastructure decisions and increase 
organizational cultural understanding to positively influence healthcare leaders.
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Life and learning are truly a journey that has been a gift like no other.
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MULTIDISCIPLINARY LEADERSHIP DEVELOPMENT IN ONCOLOGY HEALTHCARE: A QUALITATIVE CASE STUDY

Introduction

Healthcare organizations are constantly changing and seeking to develop strategies in pursuit of their vision, and leadership development has significant implications for these organizations. Management staff in healthcare are seen as agents of change who can make sense of and create cohesiveness within the organizational culture (Valentino, 2004); therefore, this population is of interest in leadership development. There is growing attention in healthcare leadership development to positively influence organizational culture. Most of the current literature has explored leadership programs in healthcare within specific disciplines—predominantly the nursing profession. However, there is a lack of understanding and knowledge of organizational culture and leadership development from a multidisciplinary perspective. There is also little understanding of perspectives in oncology healthcare leadership development. Further, knowledge is lacking about an internally designed Leadership Development Initiative (LDI) that uses qualitative inquiry to investigate. The purpose of this inductive-focused ethnography was to study multidisciplinary healthcare management staff who participated in the 18-month internally developed LDI to explore their perceptions and experience in the program, which is a shared experience. The staff participated in 1-2 day learning sessions during a period of a year and a half meeting every 3-4 months. This project investigated whether there was a change in the norms, values, or behaviors of the leaders and the organization. I had the unique opportunity to be part of the ACB LDI steering committee, a program
participant, and a researcher to better understand the experience and perceptions of those individuals who attended the LDI. For the purposes of my research, I have defined cohorts as multidisciplinary employees who are in leadership roles; have management responsibilities, including staff supervision; have similar pay scales; and are formally brought together at a peer level. The ACB steering committee purposefully chose the cohorts because these out-of-scope employees have had minimal opportunities for personal growth supported by the organization simply because they are out of scope.

This research will add to our knowledge about leadership behaviors, organizational culture, and participation in cohorts as a social experience in a cancer-care workplace setting. The results and recommendations will offer leadership development knowledge to other provincial cancer-care or healthcare organizations, which may influence policies and infrastructure support. In addition, it may be of interest to other service delivery programs within government. To explore this topic, I investigated the specific research question, What are the individual participants’ experiences and perceptions of the Alberta Cancer Board’s (ACB’s) internally developed Leadership Development Initiative (LDI)?

Literature Review

A literature review examined leadership theory, learning, communities of practice (COPs), measurement of leadership competencies, and leadership development challenges to provide background for this project. Leadership can be defined as “the ability to decide what is to be done, and then to get others to want to do it” (Larson, 1968, p. 21). Leaders can be in formal roles, and leadership behaviors are possible in every employee. My interest is in the healthcare management structure of leadership
development because these leaders have significant influence on others; therefore this review focuses on healthcare management. The distinction between a leader and a manager is unclear, and there is debate in the literature on the degree of overlap. Kotter (1990) postulated that the key distinction is between the processes and outcomes of either a manager or a leader. His impression was that management aims to produce organizational stability through planning, controlling, monitoring, and organizing. Conversely, leadership promotes organizational change through development, communicates a vision, and inspires others to achieve that vision. Therefore, this review presents academic perspectives that focus on leadership development using theory as a framework to examine learning, COPs, a measurement of leadership competencies, and leadership development challenges. The discussion commences with concepts in theory and then moves toward mechanisms in leadership development, including the identification of challenges.

Leadership Theoretical Background

Many people typically understand leadership as a dominance-cum-social-influence process that is an individual context of influence. Most theories, models, and definitions of leadership proceed on the assumption that leadership is the ability to persuade a person to do something, which is the dominance view. Authoritative dominance has its place within leadership; for example, in times of crisis or combat. However, it has little place in leadership learning (Telfer, 2004). The outcomes of leadership, such as problem solving, actualization, or significance, are not necessarily the reason that people engage in leadership. The dominance-cum-social-influence view assumes that people are naturally motionless and that they need motivation to act (Kelly,
This view presupposes that only an external force can cause an action. However, the meaning-making view assumes that people are always in motion and need interaction to act. Senge (1990) noted that making meaning, making decisions, and influencing people are key components of leadership development. When the dominance view is rejected, leadership is not thought of in terms of individuals, but rather as a cultural influence where leadership is a learning practice and everyone in a collective is engaged.

Contemporary management theories in leadership include management of trust, management of attention, management of self, management of feeling, management of risk, and management of meaning (Johnson, 2005). To have meaning in the workplace, employees need to feel respected and valued. They need to feel that work, relationships, and life are meaningful, which reflects their commitment. People take part in activities and thus commit to things that are important and of value. Indirectly, commitment can occur when individuals engage in reflection to better understand the environment, the group, their individual place within the group and, in the broader sense, the world (Kegan, 1982). The process of leadership development can involve one or more of these commitments.

Within the process of leadership development, it would be insightful to develop a responsive and changing curriculum that links people’s commitments and values to organizational objectives. A critique of an evolving curriculum could be that it is forced by management to address perceived employee deficiencies. According to Kerfoot and Wantz (2005), a leadership model that forces compliance and manages by hierarchy and bureaucratic controls does not work. In addition, Maslow (1998) was very critical of leadership theories that revolve around power, hierarchy, and a mechanistic approach to
organizational culture. He argued that leadership results in good work if there is a common shared goal. Good leadership steers the organization in the same direction in a collaborative, unforced manner. Therefore, the leadership theoretical background in this literature review suggests that for leaders to develop there must be participatory common learning in an evolving curriculum.

**Leadership Learning**

*Learning* can be defined as the “gaining of understanding, knowledge, or skill at any time and anywhere through individual and group processes” (Fenwick, 2001, p. 22). Learning is both interdisciplinary and multidisciplinary and can provide cross pollination among many different professions. When employees engage in diverse social activities and language practices, workplace culture and respect for individual differences form the basis for employee motivation, public image, and organizational effectiveness (Fenwick, 2001), which would affect leadership learning. Optimal leadership learning occurs when people are brought into new ways of relating to others, which does not happen overnight; an organization has to commit resources, time, and energy to the development process. New ways of relating within relationships, either personal or work, start with dialogue. Dialogue is an open exchange of ideas and processes through brainstorming and sharing with others what has worked and what has not worked. It can be used to identify what is desirable to learn, but to have an outcome in leadership development requires application.

Leadership learning should not stop with dialogue; it is an opportunity to exchange ideas and initiate the building of the social paradigm. Senge (1990) popularized learning organizations assuming people continually expand their capacity and continually learn how to act together. Thus, learning constantly engages people in open dialogue and
exposes their beliefs while critically challenging others to break free of dysfunction. This reflexive ideology is meant to carry organizations through turbulent times (Fenwick, 1998). Therefore leadership learning could be the foundation for leadership development, and I explored this concept in my project.

Bommer, Miles, and Grover (2003) proposed that group learning that affects organizational culture is based on two theories: social learning theory and social information-processing theory. According to the social learning theory, people learn by observing others’ behaviors (Weiten, 1997). Seeing and hearing the behavior of others can lead to modeling and result in learning. Within the context of individual work environments, employees can look to their colleagues as models of behavior and can learn which behaviors are appropriate and which are inappropriate. The social information-processing theory holds that people will learn individually, but that the group enhances the effect because it is a social process. The ACB LDI was an opportune environment to explore this notion.

Developing leadership requires learning. The result of formal learning in higher education is for the attainment of a credential, which is often initiated to acquire a professional designation. Education is essential for economic advancement among individuals and society, but it has been criticized for contributing to a mismatch between workers and jobs. In addition, it frequently does not prepare people to adjust to the social realities within the workplace (Wotherspoon, 1998). Learning that is limited to individual professions may be insufficient to cause substantial changes in learning capacity (Davies & Nutley, 2000). Davies and Nutley emphasized that team delivery of healthcare services reinforces the need for team learning because learning about workplace social realities is
absent in individual learning. A bridge between a professional designation and leadership learning is absent unless an organization takes ownership. Gozdz (1998) further identified the concept of group learning and noted that leadership communities in the healthcare field that promote leadership competencies throughout the organization are required for healthcare leaders to deal effectively with the changing healthcare environment. These authors contended that an organization is responsible for its employees’ learning. If an organization is responsible for facilitating learning, a purposive execution of leadership development requires group structures. I conducted a further review of the literature to gain an understanding of informal and formal leadership learning within group structures. Commonly found in the literature were references to COPs in group learning. The concept of COPs in the literature was so prevalent and begged examination to determine whether the references to them were rambling rhetoric or robust rationale.

**Communities of Practice**

Finger (1995) postulated that for adult education to address modern challenges and play a positive role, humanized development must be the foundational paradigm for adult education. Therefore, group education as humanized development has the potential to facilitate leadership learning. It is thought that the teaching-learning structure could be replaced with collaborative, vertical, horizontal, and cross-disciplinary learning. Group learning could involve collaborating with colleagues in learning exercises, including participating with employees at the same level (horizontal) or with supervisors and direct reports (vertical) or with employees in different disciplines (cross-disciplinary). The literature-defined COPs tend to be groups of people who are informally bound together; these groups occur naturally, sharing their expertise and working toward a common goal
or vision (Wenger & Snyder, 2000). COPs are similar to the ACB’s cohorts; however, later in the paper I will explain the differences between a cohort and a COP. The literature commonly referred to vacillating COPs, but I was unable to find a reference to the static cohort model. Therefore, for discussion purposes I will initially use the terms COP and cohort interchangeably.

COPs are not new; however, they have received significant attention in the literature during the past 10 years. COPs have been linked to improved organizational performance because they improve the work product and work environment, which facilitates learning and knowledge transfer (Lessor & Storck, 2001). COPs are recommended to help their members to identify a leadership curriculum and learn about leadership skills, attributes, and behaviors to assist employees and themselves within their work environment. Warren Bennis (1991) proposed that a leader creates meaning by starting with a vision and then building trust in groups. The process of participating in a collective or a COP to make every participant a leader and build trust in the COP is a social process. However, to build trust and be involved in the social process, individuals must possess competencies that will carry them through the process of leadership development. The following section discusses the concept of measuring leadership competencies.

Measurement of Leadership Competencies

Leadership competencies require measurement for evidence-based decision making in management. Kovner, Channing, Furlong, Kania, and Pollitz (1996) conducted research in a mid-sized urban hospital and found that many of the managers selected for a management development program lacked formal management training or
experience, which resulted in limited competencies. Workplace curriculums can provide movement towards full participation in workplace activities, access to workplace goals, direct guidance from experts, and indirect guidance from others (Boud & Garrick, 1999). Individuals who lack formal training can learn certain basic management skills through many well-established or internally developed curriculums. Using skills to the fullest potential requires knowledge and experience of complex nuances within the context of a healthcare environment (Garman & Tran, 2006). Skills are a criterion within the framework of management competencies that are often used to assess performance and performance improvement. At the individual level, skills found within competencies clarify individual roles and responsibilities, performance expectations, and performance development. At the organizational level, skills found within competencies can identify and influence the behavioral implications of a strategic vision (Garman & Johnson, 2006). Therefore, it is thought that the development of management competencies within leadership development can be facilitated though learning in COPs. Thus the link between the measurement of competencies, learning, and COPs is established and is of interest to investigate.

Connelly, Yoder, and Miner-Williams (2003) conducted a qualitative study of charge-nurse competencies to understand and create a model of charge-nurse leadership. The model identified self-efficacy as a shared leadership skill that leads to shared-leadership competence and autonomy. Robbins, Bradley, Spicer, and Mecklenburg (2001) developed a tool to assess the competence of healthcare administrators who had five years of postgraduate experience and who were seeking senior leadership positions. The competencies were in four domains: technical skills, industry knowledge, analytic/
conceptual reasoning, and interpersonal/emotional intelligence. Because it is a relatively straightforward task to identify competencies, I further examined other literature to link leadership competency development to organizational outcomes to understand whether the learning would be effective.

In a mixed-methods study, Cooper (2003) evaluated the effectiveness of a leadership training program for nurses by comparing their skills pre- and post-intervention. Cooper found the short training resulted in positive outcomes, such as a more trusting atmosphere, clearer goals and objectives, and better team relations. However, there was no significant difference in performance. Group members take an individual risk when they begin a leadership development program. If the intervention is directed toward a specific discipline, management staff may make comparisons between the participants (Cooper, 2003). In addition, if a group has naturally evolved, it is less likely that the environment will be threatening. When the employer selects the group, roles, responsibilities, and group dynamics are under scrutiny resulting in individuals that may feel uncomfortable and less likely to openly share goals. In summary, examining leadership competencies for development is thought to have an outcome, but can be riddled with challenges because of group learning, group dynamics, and the curriculum presented in leadership learning. Because leadership development may have potential challenges, it is prudent to identify these challenges initially to prevent a program’s failure.

**Leadership Development Challenges**

Group learning is complex but is often assumed to be unproblematic because management may envision it as a wonderful opportunity for individuals and groups to
mobilize their capacities. Group learning has been criticized as being circumscribed by market imperatives (e.g., shorter waitlists in healthcare, improved service) and as being used to create a more invisible power of authority or knowledge to control workers’ behaviors (Bratton, Mills, Pyrch, & Sawchuk, 2003). A key challenge in leadership development is to recognize elements of individual and team behaviors that are ingrained within the culture because outcomes are affected by those behaviors. Boud and Garrick (1999) cautioned that predetermining the outcomes inhibits the educational outcomes in COPs, which results in limited uptake. Boredom may result if an individual has already explored a concept and if that individual is not open to an evolving curriculum, which also limits the uptake. A responsive curriculum would revise and reevaluate whether the leadership learning is a continuum by recognizing ingrained behaviors as presenting a learning opportunity. Therefore, I assert that leadership development should be malleable and receptive to change, but this was unclear in the literature and requires investigation.

Leaders who create meaning construct a community, and the community in turn constructs meaning (Ruchlin, Dubbs, Callahan, & Fosina, 2004). A COP is thought to be a social construct in a context that can provide social meaning making and thereby offer optimal leadership learning within healthcare organizations. However, leadership development within a collective assumes an individual’s willingness to develop. Even if this is so, often, to validate the development, an organization needs to measure the outcomes to substantiate monetary investment.

COP learning has an assimilation function, with the potential for “commonness” and “normalizing.” Developing knowledge, skills, and competencies establishes homogeneity, which can be both advantageous and disadvantageous. However, as
members assimilate into the group, their self-identity is threatened because assimilation identifies their weaknesses or the competencies that they would like to develop. In addition, others in the group may believe that their peers should already possess competencies simply because they are within that specific group (Garman & Tran, 2006). If leadership competencies are developed and group learning is seen as a positive offering, management in organizations may speculate that they are creating a healthy work environment. A general understanding is that healthy work environments are advantageous for both the employer and the employee, and the next section briefly discusses this idea.

**Healthy Workplace Environment**

This discussion will only touch upon a healthy workplace environment because the topic is vast; however, it warrants a brief examination in relation to leadership development. Shirey (2006) defined a healthy work environment as a workplace in which policies, procedures, and systems are designed to allow employees to achieve organizational objectives and personal satisfaction. In a healthy workplace environment, employees are treated with respect, and each person is valued. Second, a healthy workplace is characterized by trust, collaboration, effective communication, and authentic leadership. These components have previously been discussed at the beginning of this literature review on leadership theory. A healthy workplace is thought to be desirable for both patients and employees; such an environment is humanitarian in nature. A humanized environment could potentially be related to the concept of COPs, also previously discussed in this review. This kind of culture is one that everyone would like their loved one to experience in a healthcare institution. As mentioned earlier, humanized
development is the basis for adult learning. Humanized leadership development in an environment that is humanitarian in nature suggests the nurturing of authentic leadership. However, authentic leadership in nursing, as Shirey suggested, reflects Senge’s (1990) old adage of “walking the talk.” Clearly, both authors were describing leadership integrity, which is not a new concept; however, in the literature it is not clear how individual leadership integrity translates into a healthy workplace environment.

The literature more commonly identified leadership development research within a specific discipline. A frequently examined discipline is nursing; disciplines that are more rarely examined are social work and management. In addition, the literature typically involved quantitative research and ignored rich qualitative inquiry. It lacked an examination of the multidisciplinary perspective in oncology leadership development as well as investigation in Alberta, Canada, of an internally designed program, which I have explored in this research project.

Five themes evolved from the literature review, including leadership theoretical background, leadership learning, COPs, measurement of leadership competencies, and leadership development challenges. Leadership development theory currently tends to examine the process in relation to organizational outcome. Contemporary theory suggests that authoritative action does not provide people with opportune learning. The literature that I reviewed indicated that leadership learning solidifies the social process; therefore, it seems logical to deliver learning in a COP model. Group learning is not without challenges, and competency development could influence leadership behaviors and thereby reduce the challenges. Therefore, an intervention of leadership development in organizations may influence leadership learning, competencies, and behaviors; but it is
not clear in the literature how multidisciplinary leadership development in oncology will affect employees’ perceptions of the program or their leaders. Thus, I qualitatively investigated an oncology multidisciplinary leadership development program to bridge the gaps in the literature. To facilitate an understanding of this research project, a background discussion and program description will provide the framework for my qualitative research inquiry, findings, and recommendations.

**Background**

Canada has 10 provinces and 3 territories, and Alberta is Canada’s fourth largest province with a population of 2,907,882. Provinces and territories are responsible for the delivery of healthcare services, supported by provincial and federal tax dollars. The ACB is an independent agency that serves a large geographical area (661,185 sq. km) within Canada (Travel Alberta, 2005).

Alberta has nine health regions, including the ACB, which operates 17 cancer-treatment facilities, including 2 large tertiary care centers, 12 community care centers, and associate centers that support inpatient and outpatient cancer treatment and innovative research. Approximately 2,200 employees work for the ACB. This research project focused on the ACB multidisciplinary management staff.

The ACB’s (2005) vision statement is “Excellence in cancer control,” which is being realized through innovation, national and international collaboration, high ethical and scientific standards, compassion, leadership, and fiscal responsibility. The ACB business plan in 2000 and 2002 identified leadership and staff training and development as priorities based on two external reviews of the human resource portfolios (J. Sharlow, personal communication, September 23, 2003).
LDI Program Development

To develop the LDI, representatives in leadership positions from various levels in the ACB were chosen as members of the Leadership Development Steering Committee. The purpose of the LDI was to strengthen a culture of learning and development to enhance leadership within the organization; to create an environment in which dialogue, discussion, and reflection are promoted, valued, and supported; to offer practical resources and approaches for leadership development at all levels; and to bridge organizational levels by building, fostering, and nurturing relationships. The committee, along with two external consultants, constructed an interactive process over 12 months and developed a four-phase action plan in December 2003 (Appendix A). Phase I, Dialogue Sessions, was launched in late 2003; 100 leaders from all levels across the organization attended nine in-depth discussions on the constructs of leadership. These sessions generated common themes that were later identified as leadership pillars for the ACB: demonstrates clarity of vision and purpose, acts with integrity, inspires others to do their best, and fosters mutual understanding (Appendix B). Phase II, Reflection Sessions, was piloted in June 2004. Staff, consultants, and the steering committee created a written Reflection Guide (Appendix C) based on the four pillars of leadership. Employees reflected thoughtfully on their own leadership, including their strengths and what they wanted to develop. The feedback from these pilot sessions revealed that the participants were not comfortable in discussing strengths and areas for improvement in their departmental staff groups because they were sharing these strengths and weaknesses with both their bosses and their subordinates and felt too vulnerable. They also identified peer collaboration, trust, and networking as important to their learning and sharing. Based on
the feedback from phases I and II, the steering committee revised phases II and III to better meet the goals of the LDI by incorporating the peer learning cohort approach (Appendix D) based on the COP model. The committee revised the plan to give leaders at the same level throughout the provincial organization an opportunity to meet, share, and reflect on leadership. A curriculum was designed based on staff interests and learning objectives. The curriculum also gave opportunities for participants to share struggles and successes together as peers.

The cohort approach differs from the COP model in that it was purposefully selected rather than naturally occurring. COPs are groups of people who serve in many different capacities over time, and people can be in one or more COPs. The cohorts meet at regular intervals, and COPs meet on an ad hoc basis. A cohort is a cohesive group of people who experience similar challenges and fulfill similar duties and responsibilities within their roles. COPs are typically grouped by discipline; however, the cohorts included similar roles and responsibilities.

**Research Goals and Rationale**

The goal of this project was to explore individual perceptions from a multidisciplinary management perspective to capture the cultural influences of the LDI on policy and organizational planning and to foster a greater understanding of the informal learning that occurs in a formal cohort approach. Authors in management journals gravitate toward quantitative methods to research culture, when an ethnography is the optimal method to study culture. A focused ethnography differs from a traditional ethnography because the topic is specific and identified prior to the researcher’s
commencing the study. Moreover, a focused ethnography may be conducted with a subcultural rather than a cultural group.

**Significance**

I hope that this examination of the ACB LDI management population will provide valuable knowledge about the LDI experience to influence policy and add to the current understanding of changing organizational culture. The knowledge gained from this research using the cohort approach may be used in other Canadian provincial cancer-care settings or health authorities to develop leaders in their own environment and to inform multidisciplinary leadership development within or outside of Canada. The research may also be of interest to governments that deliver a public service.

**Method**

The purpose of this focused ethnography was to explore individual experiences within the ACB’s LDI management subcultures. Management staff are included in the ACB subculture, and the entire cultural group includes all ACB’s employees. The research design was a qualitative focused ethnography in which I used unstructured interviewing as the primary strategy; a secondary strategy involved using my observations and journal data. A focused ethnography was particularly suited to explore a change in culture. I personally analyzed and synthesized all data.

During the research I encouraged the participants in the 18-month LDI to explore their experience in the program; it was a shared experience in which they determined whether there was a change in norms, values, and behaviors in themselves, teams, other leaders, and the culture. The experiences and perceptions are understood in the multidisciplinary context of cancer-care health services.
To explore the widest variation in perspectives and experiences, I asked the individuals to participate in 60- to 90-minute unstructured interviews. These open-ended interviews consisted of a series of evolving questions initiated by a few grand-tour questions, and I used probes to explore concepts as they arose. Seale (2002) suggested that qualitative designs are necessary to explore change in culture. I encouraged the participants to tell a story of their experience to understand the emic perspective. In addition, I collected data in my journal and from my observations of the participants’ nonverbal communication that included personal ideas, experience, and social relations. I ensured that I missed no important cues or interpretations, and I avoided leading the participants into a particular stream of discussion. Immediately after each interview I wrote detailed field notes that consisted of my observations and interpretations. According to Morse and Richards (2002), saturation is evidenced by the redundancy of information, and I conducted the interviews until saturation occurred. However, there were limitations within the scope of this research because of the small sample size and time constraints.

Qualitative research frequently relies on small sample sizes with the intent of studying a human experience in depth to produce thick, rich data. Culture is responsive to change, and focused ethnography explores beliefs, values, and behaviors (Morse & Richards, 2002). In this study I used availability sampling and conducted six individual interviews. The ACB sent a letter of invitation (Appendix E) to participate in the research, an information letter (Appendix F), and a consent form (Appendix G) through interoffice mail to 54 individuals in management positions in nursing, human resources, social work, patient education, and administration. The inclusion criteria for recruitment
were any ACB management employees who had been invited to participate in the LDI; 14 of 54 participated in all of the program sessions, 32 of 54 participated in some of the sessions, and 8 of 54 participated in none of the sessions. Twelve individuals responded to the invitation letter, and the first six people were contacted by telephone for possible recruitment. One person withdrew prior to signing the informed consent. Subsequently, I contacted the next individual on the list of 12 to participate. Individuals who did not attend any of the program sessions also did not respond to the invitation letter. Therefore, all of the participants whom I interviewed attended some or all of the program sessions.

The sample was multidisciplinary, but the availability sample did not include any nurses. The participants came from the areas of cancer prevention, patient education, social work, and administration and ranged in age from 31 to 65. Although both genders participated, the five females and one male made the sample predominantly female. Of the six participants, three possessed a graduate degree, one an undergraduate degree, and two a certificate. Their work experience at the ACB ranged from 10 months to 20 years.

**Ethics**

The Athabasca University Research Ethics Board (REB) and the ACB REB granted ethical approval to conduct this research project, and I subsequently recruited the participants. I offered all of the potential participants the opportunity to give their free and informed consent to participate and informed them of their right to refuse to participate or to end their participation in the research at any time without penalty. Each participant signed the consent form that I have kept in a locked location separate from the data. All of the participants are management staff with extensive experience and/or an elevated level of education; therefore, I wrote the information sheets and consent forms at
a Grade 10 level as measured by the Flesch-Kincaid grade level score in Microsoft Word. I removed all identifying information from the transcriptions and used pseudonyms for both names and geographical locations. Although all of the data are confidential, maintaining anonymity in the interviews was not possible, but I ensured that I respected the participants’ right to privacy.

The audiotapes (working copies of the interviews) and any paper documents (my journal) are kept in a secure, locked location; and all of the transcribed interviews are maintained in a database as electronic documents. I am the only person who has access to the actual key to the locked filing cabinet that links the participants to the data, which I have kept separately from the data and journal in a secure, locked location. Furthermore, I ensured confidentiality by reporting only aggregate data to protect the participants’ identities. I will keep the research data for a period of five years and will shred any documentation related to the research five years after the completion of the study.

As a middle-aged female student in the Athabasca University Master of Arts – Integrated Studies program, I conducted this research project in partial fulfillment of the academic requirements for a graduate degree as part of my professional training and competence. Cathy Bray, PhD, an Athabasca University faculty member and program associate, supervised the research project.

**Data Collection**

I met with each of the participants to explain the study and the informed consent form and to offer an opportunity for them to ask questions. When they understood the purpose and procedure of the research project and I had answered all of their questions, the participants signed an informed consent form prior to the start of the data collection. I
gave the participants a copy of their signed form and agreed to given them a copy of this report if they requested it. All participants requested a summary copy of the research findings.

I collected the data from the participants by using unstructured individual interviews. They were knowledgeable and willing to reflect on the topic of interest, willing to participate, and accessible to me as the researcher. I interviewed each participant once because of the time constraints of this project, and the interviews lasted between 60 and 90 minutes. I conducted all of the interviews in meeting rooms at the Cross Cancer Institute in Edmonton, the ACB provincial office in Edmonton, or the Tom Baker Cancer Centre in Calgary, Alberta, with the exception of one interview, which took place in a small bistro at the participant’s request. Finally, I debriefed the participants to discover how they felt about the process. I audiotaped and transcribed all interviews.

The interview guide (Appendix H) consisted of open-ended questions that I developed. I did not ask the questions in the same order for every participant, and the questions evolved throughout the interview and the project to help me to understand the emic perspective of the participants. Individual probes were different depending on the responses. In the analysis of each interview, the emerging themes informed the questions for the next interview. I also recorded in a journal that I kept separate from the field notes my thoughts about the research and the reasons for my decisions. I then used the journal for the context analysis.

**Data Analysis**

The data analysis proceeded concurrently with the data collection. The thematic content analysis, which was my primary method of analyzing the data, included both
coding and categorizing the data; and the ethnographic analysis helped me to search for similar ideas, thoughts, language, and for repetition to better understand the perceptions and experiences of the LDI participants. In analyzing the data, I reduced the quantity by excluding irrelevant material and grouping together similar ideas. When saturation occurred, I again examined the literature and the data to identify themes and develop theory. A more detailed summary of my data analysis procedure follows.

Data Cleansing.

I “cleaned” the verbatim transcriptions for the purpose of correcting entry errors that included spelling, language, punctuation, and excessive stuttering and to assist in the data coding. I then formatted the data into paragraphs to organize the speakers, the topics, and the storylines. Cleaning involved listening again to the recorded interviews and comparing them with the transcribed data for accuracy. I used a large left-hand margin on each page of the transcript for my notes and a large right-hand margin for coding the data. As well, I numbered each line of the transcript using the Microsoft Word computer program. Then I read the data to generate ideas.

Open Coding and Invivo Coding and Categories.

Coding simplified the data to allow me to identify specific characteristics. Open coding with Invivo coding identified persistent words, phrases, themes, and concepts; the coding scheme determined the type of data that I would collect in subsequent interviews. These coding schemes were the creative beginnings of eventual insights into the questions that I was asking. Seale (2002) reported that systematic coding improves the validity of qualitative data reports, and I documented my coding decisions in my journal to justify the rationale. Once I completed the coding, I began to categorize the data, and I
collapsed the codes into eight categories to manage the data. I then compared and contrasted the categories to identify similarities and differences.

**Rigor**

To ensure rigor, I emphasized verification, which is “the process of checking, confirming, making sure and being certain” (Mayan, 2001, p. 26). When I identified problems that could potentially affect the reliability and validity of the findings, I immediately verified the data and responded by changing the interview questions. Because the data analysis and collection occurred concurrently, I crafted further questions to support the categories as the interviews progressed. In addition, I required sufficient data to reach saturation in the categories. The research design ensured the rigor of the research project, methodological coherence, and consistency between the research questions and the method (Mayan, 2001). In summary, the data-collection method was self-correcting, which ensured methodological coherence.

Throughout the analysis I maintained an active theoretical analytical stance. Therefore, subsequent data collection and the analysis of new interviews reconfirmed the ideas of the previous data and analysis. I kept a journal to identify personal biases and assumptions, and an audit trail justified decisions and recorded rationale so that other individuals who examine the data are able to follow the decision trail and arrive at similar conclusions to ensure the reliability of the data.

**Results**

My data analysis is not intended to point an accusing finger at individuals, but rather to critically analyze the perceptions of the social systems in place within the LDI and the ACB to learn about leadership development and organizational effectiveness.
Three themes evolved from the data analysis: (a) organizational hierarchical stance, (b) learning into practice, and (c) hope. Each of these themes will now be elaborated.

**Theme 1: Organizational Hierarchical Stance**

The data generated the strong theme that ACB functions as a hierarchy in which employees are organized to act in categorical levels, and there is a chain of command from the top down. The different levels in the hierarchy have separate roles, responsibilities, authority, influence, and control. The organizational hierarchal stance can be visually represented as a ladder; each level of the hierarchy has a separate and distinct layer just as a ladder has separate and distinct rungs.

*Nonconnectivity between the layers.* All of the participants whom I interviewed confirmed through their stories that the LDI and the organization are clearly structured as a hierarchy with defined levels, and as a result there has been little communication, interaction, and collaboration among the levels; however, successful collaboration is evident within the levels. One participant mused about the LDI and the organization: “Mix it up, mix it down, but, more importantly, mix it together. The time is now, because then it [leadership] would be across the organization” Another advocated “more connection between the layers—equalizing the playing field.” They all perceived a disconnect between the layers and viewed the organization as top-down and formally structured, which the LDI cohort structure reinforced. The participants perceived that all employees know where their place is in the LDI and in the organization because they have not been encouraged to mix or move beyond their level.

The interviewees thought that what was lacking in both the LDI and the organization was a “conduit” to connect the layers to produce a cross-pollinated LDI and
organization. A conduit is a mechanism for connecting people and processes between levels. There was a sense of longing for more contact with all leaders at all levels within the LDI and the organization, and the participants suggested that facilitative leadership could move both the initiative and the organization forward. The action of such a conduit would be contact with all leaders at various levels. A successful conduit would create the optimal system with a clear sense of leadership to positively influence strategic direction and organizational behavior. The participants felt that exemplary leadership should be a part of the strategic direction, and they were quick to identify the strategic goals of the organization, including preventing cancer and finding its cause and a cure. However, the participants did not feel that the fine-tuning that would allow the system to function like a well-oiled machine was distinctly evident in either the LDI or ACB. Rather than citing a lack of the “right people,” the participants stressed that the organization most certainly had the right people, but rather the absence of interconnectivity between the layers that was reducing the effectiveness of the LDI and the organization. Because they perceived that a conduit was lacking, they believed that leaders in higher positions than theirs did not value the LDI. The enforcement of the hierarchy was exemplified by a lack of communication between the participants and their leaders and the perception that the leaders were not communicating the importance of the LDI.

One participant expressed concern that several people in leadership positions had belonged to the organization for a very long time and perceived it as “too long.” This participant contended that these people lacked motivation because they had tried to positively influence the organization many times and had failed; therefore, they stopped trying.
Another example of the lack of collaboration or connectivity between the levels was the perception that the LDI was a forced initiative. The participants also believed that some people in the cohorts really did not want to be there. However, most of the participants did want to participate, and they felt the negativity of the others who did not. Furthermore, some of the participants’ colleagues in their cohort would return from an LDI session and discuss implementing the learning, but their superiors would respond negatively because they saw it as a waste of their time. They also spoke about others whose superiors had asked them not to do the LDI collaborative work, which left them deflated, disappointed, and without a purpose. Therefore, most participants were excited about their new learning and hoping for unified support on the LDI, but they were left struggling with a dichotomous message and were subsequently perplexed about how to proceed in everyday practice. Two participants questioned whether the leaders were acknowledging the importance of the LDI and whether they were really committed to it. The participants all articulated a desire for the leaders to break down the walls between the layers and hypothesized that the reason for the lack of connectivity was the leaders’ desire to promote a reputation as people who are knowledgeable rather than learners, which reinforced the organization’s hierarchical stance.

*Old boys’ club.* The participants perceived the organization’s adherence to the ideology of the ‘old boys’ club’ in which comrades in very tight, established groups are privy to interaction with only their specific group. The old boys’ club is authoritative, elite, and exclusive, reserved for the privileged few, and perceived to be within the different levels; the higher the hierarchal level, the tighter the old boys’ club has become. The participants felt that in the organizational and cohort hierarchies the leaders directed,
and they cautioned that leaders should guide without directing, going beyond the tightly established groups or old boys’ club in the hierarchy. The participants lamented that exclusiveness has been rampant and not conducive to their productivity and that the LDI has kept peers together in groups with only peers, which has also reinforced the old boys’ club mentality. However, half of the participants felt that the LDI and the organization were just beginning to explore the concept of a flatter organizational structure in which “we are all in it together.” One participant reflected on what the desired organization would look like without the old boys’ club mentality:

They invest in people, and they acknowledge others. They celebrate with others and celebrate their successes and so on because they are the successes of the organization. Somebody else said once that they fall towards the bullet. In other words, they accept responsibility for things that are done within the organization and for the actions of the organization, and they’re not afraid to do that.

The participants observed that the old boys’ club ideology does not nurture or even recognize others’ talents. They felt that not only did the organizational leaders want to present themselves as knowledgeable, as mentioned previously in the nonconnectivity category, but they also did not appear to recognize what others could accomplish, which is related to exclusiveness. For example, one participant asserted that he/she could easily have facilitated the LDI sessions, and another reported that the organization was involved in significant external consultation, but that internal consultation was rare. The participants presented themselves as capable individuals with many talents, skills, competencies, and attributes that they felt could have a positive effect on the LDI and the organization, but they sensed that their competencies were not being recognized. All of
the interviewees saw leading as having the capacity to recognize leadership abilities in others by knowing when to fall back and allow others to lead, which increases collaboration and links the hierarchical layers of the organization.

The interviewees perceived the presence of unions, the geographically huge area, the past cultural history, specific disciplines, and the sensitive political arena as factors in the presence and maintenance of the old boys’ club. The participants contended that everyone seemed to be doing “their own thing” in the old boys’ clubs and criticized the sense of exclusiveness when the participants were craving inclusiveness. They wanted to feel that they were considered equal citizens who could be trusted, respected, and responsible.

**Networking.** The well-established hierarchies of the LDI cohort structure resulted in a social benefit of regularly meeting with colleagues. The participants acknowledged that, historically, they were working in isolation or in “silos.” The LDI sessions provided a venue for a formal group formation that offered social support, encouragement, and broadening perspectives through the sharing of ideas and experiences. Five of the participants felt that this structure “fostered a deeper understanding of personal leadership styles” and the “opportunity to speak freely” because the cohorts consisted of peers. However, one participant commented that he/she did not have this freedom and feared sharing ideas or experience because they would be revealed in the organization via the “grapevine” after the session was over. One participant asserted that the networking benefit would be optimal if it involved the actual team in the work environment rather than just the peer group.
Most participants viewed the LDI as an opportunity for some growth and self-recognition because of the discussions that occurred as a result of networking. They thought that, through networking, they could discuss ideas and work-related problems with their colleagues who had similar issues, because they felt that the LDI established a network of support. Five participants noted that they would now feel comfortable in contacting an individual in their cohort for advice, whereas before the LDI they would have felt less comfortable because the network had not yet been established in the organization. Although the resulting networking was a positive finding, the participants spoke about their feelings of alienation because of being placed in peer groups and not being allowed to mix with other groups. Therefore, the networking category was reflected only within each cohort, and the full networking possibilities and benefits for all people at all levels were not yet realized in either the LDI or the organization.

**Introspection.** The LDI facilitated the participants’ contemplation of their thoughts on and desires for the personal leadership competencies and attributes categorized as *introspection*. The cohort sessions gave the participants time and permission for individual introspection, which was lacking in their day-to-day activities because of their very busy jobs. The LDI facilitated coaching, mentoring, and teaching for three of the six participants; however, three were already incorporating the LDI experience and teachings into their everyday practice, but the LDI experience allowed them to question how they led and whether they could improve their leadership skills. One participant did not believe that the LDI facilitated coaching and mentoring. Three participants stated that they had taken at least one or two “gems” from the LDI experience and applied the learning to everyday activities as a direct result of the
leadership development cohort sessions. Three of the six participants noted that they were more introspective about their own leadership practice and that the sessions gave them time for introspection. One participant felt that the dedicated time to reflect was somewhat of a luxury.

Two participants were already practicing the LDI concepts of coaching, mentoring, and appreciative inquiry, and one wondered whether there was an “organizational readiness” for the initiative and whether the delivery of the sessions should have been in their actual working team environment rather than through learning exercises with peers.

In summary, the theme of organizational hierarchical stance was the strongest theme that emerged from the data, and all participants were critical of the maintenance of the hierarchal structure in both the LDI and the organization. Therefore, leadership development delivered with peers has both advantages and disadvantages. The singular most positive finding was the ability of the participants to network with colleagues.

**Theme 2: Learning Into Practice**

To put their learning into practice, the participants stressed that they needed opportunities for engagement, recognition of their accomplishments, and authority to accompany their responsibility. The participants commonly stated that they transferred knowledge into practice; however, they frequently questioned whether other leaders or their superiors were putting their learning into practice.

**Engagement.** Engagement occurs when individuals are involved or very engrossed in the leadership learning in the LDI and within the organization because they desire full participation. Most of the participants whom I interviewed discussed creating a
culture for learning and stressed that creating a healthy workplace environment requires that the leadership be conspicuous. It was perceived if leadership is conspicuous and the workplace environment is healthy, engagement occurs naturally. The participants expressed their desire to be engaged in activities. Furthermore, being allowed to link their roles, duties, and projects to the mission of the organization and to the pillars of leadership—demonstrating clarity of vision, acting with integrity, inspiring other to do their best, and fostering mutual understanding—would engage them and make them more willing to act. Most participants believed that the high-level leaders had visions, but they were not sure what they were, nor whether it was within their role to be a part of the plan, and they were not sure that their engagement was welcomed. One participant stated:

It’s not always clear kind of who’s driving the bus at an organizational level. Most of the time that seemed to work, but there were times where I would listen for a shared vision on specific things and was sort of surprised to discover . . . there wasn’t a shared vision, . . . there were two visions, and they may or may not jive; whether the intention of the LDI was to coincide with a broader recognition . . . that there was a need to really look at functioning as an organization—with different parts, with different cultures and different strengths and weaknesses—that there was a need for some kind of higher piece that would hold the whole thing together and that the absence of that was problematic.

Another participant noted that for leadership development engagement to occur, “everybody has to want to be there and do this because they’re all getting engaged.” The participants emphasized that engagement is required for program and leadership development success, and five out of six participants felt that they were engaged in the
LDI and the organization. When the participants were questioned about the process of the LDI development only one out six people cited that the program was internally developed based on employee reflection and feedback. One participant indicated that the LDI was an externally established leadership program. All other participants were not sure about the process of program development.

In an organization employees make commitments to goals and mission statements, but also to other people, ideas, and values. If an individual does not hold the same values as those of an organization, there is discord. Organizational values are communicated to employees through leadership and leadership behaviors. Leadership involves direct actions and behaviors, but a significant component of leadership is that it is symbolic. This symbolism includes organizational customs, the physical presence of leaders, and formal communications. One participant described symbolic leadership:

A lot of it is symbolic, and especially in terms of establishing a culture of learning and of communication and collaboration. It’s people whose actions demonstrate that [we want to] follow them as leaders. We see them as leaders. I think they guide without directing. I mean, there are those authoritarian-type models of leadership, but that’s not where I go to when I think about leadership. There is a sense of bringing about action and without disruptions to what else is going on in the system.

Symbolic leadership includes visible leadership and active learning by all leaders and disregards hierarchical assignment and structure. Another participant noted, “Leaders don’t have to know everything; they just have to surround themselves with the right people, [and] all leaders need to grow and nourish themselves.” However, the participants
suggested that the leaders envisioned themselves as an entity and that their presentation
of themselves as open to learning might be risky if others perceived that the leaders do
not know everything or have all the answers. The participants saw the leaders as wishing
to present themselves as knowledgeable rather than as learners. However, they gave the
leaders permission not to have all the answers and to simply participate with them.

**Lack of Employee recognition.** The lack of employee recognition category can be
defined as the formal or informal act of acknowledging a job well done that evolves from
participants’ perceptions of their motivation, incentive, and stimulus. Two participants
felt that they did not need to have their boss’s recognition, whereas the others desired
recognition for doing a good job. The desire for recognition or affirmation is illustrated in
this excerpt:

> The verbal thing is just pretty big with me because it doesn’t have to be
> any[thing] onerous. I don’t need trophies. . . . Just come in here and tell me every
> now and then that I’m doing a good job; that’s really all I ask, . . . because even
> money doesn’t motivate me.

They all believed that they were doing good work, and they all desired to continue. One
participant commented that employees were recognized simply because they were
defined as leaders and invited to participate in the LDI. Employees noted that recognition
may be present in many forms, including verbal feedback, formal awards, and job perks
such as participating in the LDI.

The construct of the cohorts assumes continuous learning, and the participants
asserted that they most certainly are always learning. However, half of the participants
reported that they had not learned any new leadership behaviors or that they were already
practicing them. I did not investigate the assumption of continuous learning in this study, but further examination would be warranted to understand whether continuous learning did or did not occur.

**Responsibility without authority.** Many participants saw themselves as being in a difficult position with regard to the amount of responsibility that they had because they held minimal authority with respect to general practice to carry out those responsibilities. The next example demonstrates the category of responsibility without authority:

> Often in situations . . . [we] carry all of the responsibility for the outcomes and what the managers are mandated to do, but virtually none of the authority to make it happen. So . . . if they stick around for any length of time, they have to be very astute at collaborative leadership in a very difficult situation. So we are privy to a different view of how to function positively and negatively.

Again, there was a dichotomous unspoken message in the organization, and the dual ideology left participants feeling confused, unsure, and discouraged. The participants perceived the hierarchy of the LDI and the organization as top down, with directives coming down; however, authority was not directed down to parallel the responsibility. The participants frequently contended that they did not have the authority to do what needed to be done, which left them feeling uncertain and ineffective.

**Boredom.** Half of the participants were already practicing the LDI teachings, and it appears that they may have been exposed to or previously formally taught the foundational concepts. Therefore, leadership concepts may not have been new material to these participants, and boredom with certain aspects of the program may have resulted because of prior learning.
Theme 3: Hope

Hope within the confines of this study was segmented, and the participants discussed finding the meaning in the past, the present, and the aspirations for the future. The differences in their perspectives on hope depended on each person’s sense of reality. One participant spoke of the hope in himself/herself and the hope within others regarding leadership:

Well, I hope it’s made me a better leader [to] understand my leadership style, but . . . I hope all through this that I will learn and be able to use it, and others will benefit from it because I’m using it.

The implementation of new skills, abilities, and leadership competencies to the fullest potential faces complex challenges in the healthcare environment. The participants themselves expressed hope and spoke of hope within others, hope for the LDI, and hope for the organization. Most hoped that the LDI and organization would be successful in the future. One participant hoped that others had learned more than he/she had learned. Another participant commented on his/her hope that others would have a more positive outlook: “I hope with this kind of initiative that the hardest thing you’ve got to deal with is that build-up of cynicism that I think is fairly pervasive in health and education, and I hope the LDI is successful.”

When I asked the participants whether the LDI has had any effect on changing the organizational culture, one participant identified self-hop and cohort hope, but noted the lack of hope in most others:

I would really hope it will [improve the culture]. I know the people that I work with in our group really enjoy it, and I know they do go back and they try to
implement changes. I know they do, and we talk about it at our sessions and our workshops. But I would have to say the majority of people don’t implement anything. They could come back here, and the next day you know it’s all out of their head, right? They’re not practicing; they’re not taking one little thing and trying to implement it. Even if it’s just one thing, just take one thing and try and implement it, to start changing that habit.

The participants hoped for more conspicuous leadership and successful team building. They contended that leaders’ recognition of the potential in others and nurturing of the concept of taking turns leading help to create a healthy workplace atmosphere of trust, caring, and integrity.

Well, I hope the LDI is successful, I really do, because, . . . you know yourself, you have a one-off chance on this sort of thing. They’ll never get another opportunity to present leadership here because the other thing that there is in this organization is history . . . —and they have a huge memory for stuff that doesn’t work, and I think it’s at your peril, because if this doesn’t work, then what?

Each participant had a unique experience of hope in trying to understand meaningful leadership and what it would look like. Hope is an intangible that can be better understood if specific and general hopes are separated. The participants had both specific and general hopes for the LDI, themselves, their teams, and the organization. There was general hope for success in leadership development and specific individual hope that their newly acquired or already developed leadership competencies would positively influence others in the organization.
Results Summary

The theme of organizational hierarchical stance was the strongest and most pervasive throughout the data. Because of this structure in both the organization and the LDI, the participants perceived nonconnectivity, an old boys’ club, and exclusivity, which were negative findings that were balanced with the positive findings of networking and introspection.

The second theme of learning into practice evolved from the categories, and the participants perceived putting learning into practice as difficult to accomplish, but necessary for leadership development. The categories including lack of employee recognition, responsibility without authority, and boredom were negative findings. However, they also believed that they were engaged, and were given networking opportunities which was a positive finding. The participants questioned whether leaders in higher positions were fully engaged in the LDI.

Finally, dispersed throughout the entire data were the themes of hope and the power of hope. Each participant had individual hopes, hopes for the LDI, hopes for the cohort, and hopes for the organization. Perhaps the theme of hope permeated the data because the participants became involved in the LDI and this research project to critique and analyze the LDI, themselves as leaders, other leaders in the organization, and the organization itself to become a part of a brighter future.

Discussion and Recommendations

Organizational Hierarchical Stance

This section discusses the data-analysis results and concludes with recommendations for ACB decision makers, the ACB steering committee, and external
leadership development program design teams based on my research findings. As a steering committee member, LDI participant, and researcher, I had unique knowledge of the program design, program delivery, and evidence-based research, respectively. In early program development meetings, the steering committee intended integration between the levels after a period of time; however, the length of that period of time was not determined in the planning stages to complete the integration. Therefore, after 18 months that vision is not yet complete. The participants saw the chance to connect with leadership within the LDI at a higher level than their own as a missed opportunity. We found it difficult to plan the integration because of the high workload, the fear of resistance, the risk of program failure, limited resources, and the possible lack of organizational readiness.

The steering committee created cohorts at peer levels to respond to feedback in the dialogue sessions. Although the ACB staff expressed discomfort in sharing weaknesses with direct reports or immediate supervisors, the project findings clearly indicated a desire for mixed groups. Prior to the LDI, individuals wanted a peer-level structure to deliver leadership learning. However, after 18 months of the program, the participants thought integration between the levels was overdue, which suggests that integration should have occurred between 0 and 18 months for an internally developed leadership development program. The timing of the integration may be unique to each organization, and further research could investigate this question; however, the participants perceived that integration should already have happened within the ACB LDI. In my literature review I also found that managing through hierarchies and bureaucratic controls and using a mechanistic approach do not work, and my results
clearly support this concept, as I reported in the theme of organizational hierarchical stance.

It is clear to me that the theme of organizational hierarchical stance, which included the categories of nonconnectivity of the layers, old boys’ club, networking, and introspection, would be addressed in the LDI through integrating the cohorts. However, my data collection and analysis have not shown whether this theme would continue throughout the organization after successful integration. I would caution designers, in developing an internally designed leadership development-learning program, to purposively plan appropriate integration timelines using quality assurance feedback from the program participants after the program is introduced for optimal resource use. Integration must be well planned because the findings suggest an existence of the old boys’ club perpetuates the nonconnectivity between the layers in this organization. The two categories are separate and distinct however, they are related to each other. The quality assurance feedback should also be on a continuum examining an integrated approach. In addition, one participant clearly desired leadership development within his/her team, and program development could include this aspect; however, this should be examined further.

Learning Into Practice

The LDI was designed to include employees’ thoughts, ideas, and viewpoints for optimal learning. The steering committee wished to deliver a program that would allow employees to feel ownership for the program rather than a precontrived, nonmalleable curriculum. However, the participants had little understanding of the process of program development and the fact that it is internally designed based upon direct feedback from
employee dialogue sessions; therefore, it is doubtful whether they felt ownership. I found this interesting, and further research to investigate the understanding of the program design process would bring new knowledge for leadership development program designers.

The data analysis revealed that the LDI leadership learning delivery in groups was preferred over individual learning, just as my literature reviewed suggested. However, the participants questioned whether the appropriate groups had been selected for the LDI. In the dialogue sessions the ACB staff indicated that they did not feel comfortable in learning groups with their superiors or with employees they supervise; they believed that the hierarchical groups needed to be mixed and that leadership learning should occur with actual working teams rather than with peers. Perhaps it is not a question of whether the appropriate groups were selected, but rather, whether groups could have been formed at the peer level and then changed as the program continued. Therefore, the delivery of leadership learning in organizations should have group variety and include group members at a horizontal (peer) level, at a vertical (superiors and direct reporting) level, and within working teams (horizontal/vertical and diagonal) to result in a hybrid leadership development program. The plan to incorporate all of these groups would require purposive intentional group construction and reconstruction.

**Hope**

Hope is a concept of limitless possibilities. The data analysis revealed that the participants viewed the LDI and the organization as synonymous, which might suggest that the LDI is becoming part of the organizational culture. If employees continue to embrace this paradigm, the LDI will itself be integrated into the organizational culture as
a norm rather than as a program under scrutiny. Including organization development in
the ACB’s organizational culture will touch upon the concept of *healthy work environment*, as noted in the literature review. The literature suggested that trust, collaboration, effective communication, and authentic leadership are all part of a healthy workplace environment, and the data analysis indicated that the LDI has initiated these components within the cohorts or at the peer level, but integration between the levels or in working teams would only strengthen this concept. The category of engagement can also be considered a part of a healthy working environment because with engagement, people feel respected and a part of the social paradigm of the LDI and the organization. The participants were concerned that the LDI would cease, and because organizational development at the ACB is a new concept, its success is under scrutiny.

Validation of success requires measurement. Employees and organizations may be reluctant to be measured because if an improvement is revealed, it is logical to assume that there were deficiencies or weaknesses prior to the intervention. It is risky for the individual and the organization to embrace this paradigm because it is difficult to announce that an organization has been functioning at less than an optimal level, especially in the healthcare service industry, which is funded by tax-based dollars.

As a steering committee member who contributed to the design of the LDI, I have the internal knowledge that participation in the LDI was encouraged, but not mandatory. Some participants reported that a number of the people in their cohorts had been forced to participate, and most participants did not know that the program was developed by using thematic analysis based on ACB employee discourse at the dialogue sessions. My research findings that included the perception of forced participation are of concern
because the literature cautioned that forced curriculums fail. Employees may feel a lack of ownership, but still feel hopeful. In addition, the participants felt the negative effects of some of the people surrounding them in the LDI sessions on leadership development, but they felt hope for themselves, for others, for the LDI, and for the organization. Perhaps further communication with employees on LDI program development and participation is warranted. Although the participants felt the negativity of others, they continued to express their hope for the success of the LDI.

The research results based on the themes and discussion guided my recommendations for those who participate in the ACB’s LDI decision making and for organizations that are contemplating designing their own stand-alone leadership learning program or one based on the ACB’s LDI program. The four recommendations are as follows:

1. Create communities for reflection and leadership learning.
2. Initiate leadership development at the peer group level; however, incorporate purposive integration between the levels identified by quality assurance.
3. Provide opportunities to engage leaders and offer support and mentoring.
4. Create mechanisms for reinforcement and leadership practice review.

Limitations and Further Research

The research sample size was small, which limits the understanding and generalizability to other cancer-care or healthcare organizations. Because I received no response from individuals who did not participate in any portion of the program, I did not investigate the barriers to attending the program. Further research to understand program participation barriers could use a purposive sample and would be of interest. In addition,
if the LDI mixes the various levels of cohorts, further research could investigate the participants’ perceptions and experiences. Future comparative research would help to foster an understanding of change in organizational culture.

**Reflection**

As I have had the unique opportunity to be part of the ACB LDI steering committee and program designer, a program participant, and a researcher to better understand the experience and perceptions of those individuals who attended the LDI, this reflection is a result all three experiences. My observations and personal experience were advantageous in studying the social context holistically. Integrating my journal and observation notes allowed interplay between the scientific and the shared experience, but not without a struggle. When the research findings challenged my own perceptions, I found it difficult to reconcile the findings. When I was able to integrate my thoughts as an employee and a researcher into critical analysis, my work had the potential to improve the understanding of organizational culture and possibly offer information to decision makers. Although the ACB is a health authority that embraces research and includes research as an integral component of its existence as a health authority, I approached the prospect of political ramifications or public knowledge of its shortcomings with a sense of risk and trepidation. My feelings of hesitation became stronger as I proceeded with the data analysis and results. I thank the ACB for opening itself to investigation, which was a bold move and reaffirmation of its commitment to research and improvement.

On occasion during my regular workday either at meetings or in interactions with colleagues, they refer to the leadership learning within the LDI. I experienced satisfaction when people with whom I have not been in a cohort or people who are at different levels
in the organization than I am talk about the LDI. Most often, these individuals do not know of my extensive involvement in and passion for the LDI. I am content that people are talking about the initiative, because this is evidence that it has had an effect; otherwise, they would not talk about it. I continue to listen intently to these stories because I wish to continue my informal learning of our program development and delivery. As a steering committee member, I know that the ACB is continuing its commitment to organizational development, and the learning is continuous for everyone.

**Conclusion**

The participants identified benefits from the LDI such as networking, peer support, and time for reflection. However, the participants clearly communicated taking an integrated approach to reducing the hierarchy of the levels as beneficial. In designing an internal leadership development program, integration between the levels should occur between 0 and 18 months, and varying the group composition could be considered, based on my research results. Perhaps leadership development could occur by allowing diverse and enthusiastic leaders a chance to demonstrate their own leadership abilities.

It has been my unstated assumption that gaining a unified understanding of working, learning, and leadership development through synergistic collaboration is potentially highly beneficial. Instead of leaders’ directing, controlling, authorizing, and instructing, leadership development has the potential to educate leaders how to practice. It is not necessarily about the acquisition, but perhaps it is about the journey itself. Everybody can learn something; all that is required is openness to the possibility. In an oncology healthcare environment, patients arrive at an institution for health services. This presents an opportunity to learn. Healthcare workers can learn from their patients, their
colleagues, and themselves. Our patients can learn from themselves, their families, and their healthcare workers. Leadership development in oncology is a path, a practice, and a journey. Within our organizational goal of preventing cancer and finding its cause and a cure will be learning. In that journey, within every moment of life, and even in the moments of death, there is learning, simply because we have had life.
References


[Electronic version]. *IBM Business Systems, 40*(40), 831-841.


Appendix A: Alberta Cancer Board Leadership Development Initiative: Planning Map

**Phase I**

"Dialogue About Leadership"
- Organization-wide dialogue about leadership to:
  - awaken interest and commitment to develop leadership in ACB
  - clarify what leadership means for individuals and the organization
- Identify core leadership competencies/attributes

Timing: February, March, April, 2004

**Phase II**

"Leadership Development within the Learning Cohort Model"
- Individual leaders clarify leadership development strategies within the leadership learning cohort group
- Participate in learning sessions /panel discussions - every 2 months for one year – final retreat as wrap-up

Timing: launch 2 cohorts in Nov 04 and 2 more in spring 05

**Phase III**

"Follow Up Support and Strategies for on-going Leadership Development"
- Facilitators/consultants and Steering Committee provide on-going support
- Continue informal cohort session meetings within and across groups
- Chair provides access/info to leadership and management skills based education opportunities available at various institutions

Timing: September 2004 and ongoing

**Phase IV**

"Reflection on Progress"
- Steering Committee and external consultants evaluate success of the Initiative to date

Timing: 2004 and ongoing

- Program Evaluation from Mar 05 to Fall 05
- Determine indicators for success? How will this information further enhance the initiative and culture of ACB?
- Greta Cummings, Judy Johnson and Janice Sharlow to lead the program evaluation & research
- Submit for research grants
Appendix B: Alberta Cancer Board Leadership Development Initiative

Four Pillars of Leadership

1. Clarity of Vision & Purpose

Many leaders in organizations are running faster trying “to do more with less.” This approach to organizational leadership creates stress and strain for all those who are looking for leadership and seeing a blur of activity. Fundamentally, leadership is about providing clarity, certainty and support for movement in a positive direction. A core capacity of effective leaders is their ability to remain calm in the face of pressure, to be visionary, seeing beyond the immediate situation to long-term opportunities for development. Such leaders share their vision with others, are goal-directed and strategic thinkers. They offer clarity in expectations and goals, are creative, strong, resilient, adaptable and informed. Leaders with clarity of vision and purpose are seen as dignified and adaptable, standing strong and true, offering guidance for the future.

Knowledge, Skills, & Attitudes Required to Maintain Clarity of Vision/Purpose:

Vision
- Farsighted
- Ability to see forest for trees – larger perspective rather than detail focus
- Read clues/signs of larger perspective
- Notice trends-themes and patterns in events
- Understand strategic planning
- Qualitative research skills
- Thinking systemically
- Understanding what culture is and what’s needed now

Priority Management
- Time management skills
- Personal stress management skills
- Understanding what are priorities
- Ability to set priorities that make sense

Self-Management
- Self-soothing skills – ability to calm oneself not panic at sudden changes
- Self discipline
- Personal stability – grounded in sense of personal purpose that has enduring meaning despite shifting events in short term
- Openness to change and growth
- Can let go of short-term pressures or unrealistic expectations
- Seeing change as opportunities for learning
- willingness to look for benefits in changing situations
- Compassion for the discomfort created by change
Risk Taking & Understanding Change
- High degree of courage to take risks
- Decisive
- Personal confidence in resilience
- Commitment to thrive not just survive
- Understand transformation process – how change happens

Creative Thinking
- Openness to play with ideas/creativity
- Abstract Conceptual thinking

2. Acts with Integrity

Being ethical as a leader means to “walk the talk,” to be trustworthy and honest, to offer respect to all people and to exhibit a high standard of integrity in all interactions. People in the organization can count on these leaders to “do the right thing,” be accountable and fair and never lay blame. This quality enables leaders to be patient, flexible and accessible to their staff.

Knowledge, Skills, & Attitudes Required to “Walk the Talk”

Self-Awareness
- Being aware of your values
- Living your values as a leader
- Identifying what is important to me
- A commitment to act with integrity in all situations
- Highly developed conscience
- Ability to not lay blame on self or others – compassion

Values-Based Problem Solving/Principled Negotiation
- Ability to understand expectations of others
- Ability to understand values and underlying interests of others
- Ability to identify underlying interests in the broader situation
- Ability to synthesize overlapping interests
- Ability to see values in action
- Ability to understand values-based actions
- Ability to create strategies to live your values and respect values of others, respecting organizational interests

Self-Management Skills
- Managing my own reactions and judgments
- Ability to discern when my own actions are incongruent with my values
- Ability to take responsibility without taking blame
- Tolerance of incongruity in others and myself
- Ability to translate highest principles into work with the lowest common denominator
3. Inspires Others to Do Their Best

Good leaders are committed to helping others do their best. They are inspiring, consultative and enthusiastic. They encourage growth by raising the bar; they make team members feel connected, recognize people’s strength, skills and limitations and offer mentoring. Good leaders are willing to take risks and back up staff when needed. They acknowledge people’s ideas and achievements, delegate authority and are team-oriented, sharing power. They do not micro-manage the work of others.

Knowledge, Skills, & Attitudes Required to Inspire Others to Do Their Best

Process Facilitation Skills

- Understand process for involving people
- Able to facilitate consensus decision-making in groups
- Understand how to facilitate a discussion/conversation
- Active listening skills
- Questioning Skills
- Understanding how to ask relevant questions
- Understanding how adults learn
- Understanding how to set achievable developmental goals that stretch people

Situational leadership skills

- Understanding Situational Leadership
- Understanding what helps people develop competence
- Coaching skills
- Ability to assess level of commitment and ability in others accurately
- Understanding how to build commitment
- Understanding individual needs at any given moment in time
- Ability to adapt my leadership style to present needs
- Knowing what type of support is most helpful in helping a person succeed
- Understanding how much support/intervention will help people succeed
- Understanding and clarity about who owns the problem
- Understand what motivates people

Team Building

- Know how to build teams
- Know how to sustain teams
- Understand group dynamics and how they enhance or limit individual potential
- Know when and when not to intervene

Delegation Skills

- Understanding how to delegate
- Willingness to delegate not dump work
4. Fosters Mutual Understanding

Communicating well with all people in the organization is the hallmark of good leadership. In order to communicate well a leader must be a skilled active listener, able to hear the intended meaning rather than only the surface level of communication. They are able and willing to explain “why” when questioned. They encourage feedback without negative consequences, relate to individuals at all levels and are accessible. More than having an open door, they are ready and interested to listen. Effective communicators also have the objectivity to listen to complaints without taking blame.

Knowledge, Skills & Attitudes required to foster mutual understanding

Self-Awareness
- Understanding how I am perceived by a variety of different people
- Self responsibility statements – “I” statements
- Ability to self-reflect and self-correct
- Humility
- Openness to feedback

Feedback
- Understanding the value of feedback
- Understanding how to give feedback that supports growth and development
- Understanding how to give constructive comments vs. judgments
- Ability to overcome bias
- Clarifying the intention of feedback
- Ability to create openness to receive feedback
- Ability to diffuse defensiveness
- Empathy skills
- Communicating in developmental terms
- Active listening skills
- Questioning skills
- Debriefing skills

Broad Thinking
- Synthesizing Skills
- Ability to think in non-polarized ways
- Balancing organizational needs with individual needs

Principled Negotiation Skills
- Understanding what conflict is – ability to separate the root cause difference from the emotional intensity of conflict
- Ability to identify the root cause of conflict
- Appreciation of the value of differences
- Ability to accommodate the discomfort of differences
- Fearlessness in face of conflict (vs. conflict avoidance)
- Assertive communication skills (vs. aggressive/passive)
○ Ability to see issue not personalize
○ Understanding different conflict styles
○ Processes for resolution
○ Problem solving skills
During the early months of 2004, a series of dialogue sessions was conducted with leaders within the Management and Operations staff group at the ACB to initiate reflection and discussion about the core qualities of leadership that would benefit individuals and the organization.

The following four core leadership qualities were identified by over 100 of your leadership colleagues at ACB. These qualities were considered to be fundamental to effective leadership in the organization at this time.

- Clarity of Vision and Purpose
- Acts with Integrity
- Inspires others to do their best
- Fosters Mutual Understanding

Please reflect on the following four areas in relation to yourself with the aim of identifying leadership development goals. You will then meet with your supervisor to discuss your reflection and how to best fulfill your goals. The development areas you identify will be used to guide the creation of a leadership development strategy that will provide concrete, practical support for you to develop your leadership over the next year.

Enjoy the reflection.

The LDI team
1. Clarity of Vision & Purpose

Many leaders in organizations are running faster trying “to do more with less.” This approach to organizational leadership creates stress and strain for all those who are looking for leadership and seeing a blur of activity. Fundamentally, leadership is about providing clarity, certainty and support for movement in a positive direction.

A core capacity of effective leaders is their ability to remain calm in the face of pressure, to be visionary, seeing beyond the immediate situation to long-term opportunities for development. Such leaders share their vision with others, are goal-directed and strategic thinkers. They offer clarity in expectations and goals, are creative, strong, resilient, adaptable and informed. Leaders with clarity of vision and purpose are seen as dignified and adaptable, standing strong and true, offering guidance for the future.

How important do I consider clarity of vision and purpose to be in my role as a leader? Why?

Which aspects of the above statement would I consider to be strengths for me? What makes me say this?

In what way (if any) do I find it challenging to maintain clarity of vision/purpose and be a guide for staff?

How would I like to develop my leadership further in this area?

What would be different if I were better at this? (For me, my staff and for the organization.)

How might I develop these skills?

What supports/tools would help me develop in this area?
2. Acts with Integrity

Being ethical as a leader means to “walk the talk,” to be trustworthy and honest, to offer respect to all people and to exhibit a high standard of integrity in all interactions. People in the organization can count on these leaders to “do the right thing,” be accountable and fair and never lay blame. This quality enables leaders to be patient, flexible and accessible to their staff.

How is being “ethical” important in my role as a leader?

In what ways do I consider myself to be ethical as a leader? Examples.

How would I know if I were acting in ways that were considered unethical?

In what types of work situations am I challenged to act in accordance with my own ethical standard?

What would be different if I felt I acted in the most ethical ways in all situations at work? (For me, my staff and for the organization.)

How might I develop this capacity?

What supports/tools would help me to develop this capacity?
3. Inspires Others to Do Their Best

Good leaders are committed to helping others do their best. They are inspiring, consultative and enthusiastic. They encourage growth by raising the bar; they make team members feel connected, recognize people’s strength, skills and limitations and offer mentoring. Good leaders are willing to take risks and back up staff when needed. They acknowledge people’s ideas and achievements, delegate authority and are team-oriented, sharing power. They do not micro-manage the work of others.

In what ways am I people-focused in my role as a leader?

In what ways could I improve my leadership by being more people-focused, inspiring and assisting in the development of my staff? Examples.

What would be different if I were better able to help others do well?  
(For me, for my staff, and for the organization.)

How might I develop these skills?

What supports/tools would help me develop this approach?
4. Fosters Mutual Understanding

Communicating well with all people in the organization is the hallmark of good leadership. In order to communicate well a leader must be a skilled active listener, able to hear the deeper meaning rather than only the surface level of communication. They are able and willing to explain “why” when questioned. They encourage feedback without negative consequences, relate to individuals at all levels and are accessible. More than having an open door, they are ready and interested to listen. Effective communicators also have the objectivity to listen to complaints without taking blame.

How effective am I in communicating? What makes me say this?

In what way(s) could I improve my communication skills as a leader? What makes me say this?

What would be different if I were better at this? (For me, for my staff and for the organization.)

How might I develop these skills?

What supports/tools would help me develop these skills?
Based on this reflection in what ways would I like to further develop my leadership? State as learning goals.

<table>
<thead>
<tr>
<th>I would like to develop my leadership in the following ways:</th>
<th>How would this benefit me, my group and the organization?</th>
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Appendix D: Alberta Cancer Board Leadership Development Initiative

The Learning Cohort Approach to Leadership Development

Introduction

The benefit of the *learning cohort approach* to leadership development is that group development leads to organizational development, and also fosters individual development at the same time. In fact, individual development occurs within the cohort process itself, as individuals learn and expand their leadership skills with the group. To help further facilitate individual development, we will offer suggestions and opportunities to cohort participants for ways to customize individual development strategies for themselves based on the ‘four pillars of leadership’ and the knowledge, skills and attitudes (KSAs) that were developed for each pillar.

Leadership Development within the Learning Cohort Model (*Phase Two of the LDI*) is also intended to build a strong sense of community among the participants. This will potentially lead improved peer relationships, problem solving, and enable individuals and groups to deal more effectively with organizational issues.

Core approach within each learning cohort group
*(Individual and Team Development)*

- There are 4 cohort groups identified within the Management and Operations Staff Group. These four cohort groups include: Senior Leaders & Directors; Managers; Coordinators in Collaborative Roles and Supervisors. It is intended that each of the cohort groups would meet as a provincial group for their learning cohort sessions, unless the size of the cohort group (as in the case of the Supervisor Groups) prohibits meeting provincially on a regular basis. In this case, we would ensure that these groups do meet provincially once or twice during the one+ year they are together in a formal cohort group,

- To foster the notion that to be effective in an organization leadership development needs to be promoted at the executive and senior administration levels, we will launch the two senior level cohort groups first (senior leader and manager cohorts) in the first year and near the end of the first year of these two cohort groups, we will launch the two remaining cohort groups (Coordinators and Supervisors).

- All group members would receive information about the *learning cohort approach of leadership development* and would receive an invitation to join their particular cohort group (supported by their direct supervisor and the organization).
Each learning cohort would have a 2 day launch session and would include:

- reflection on leadership based on the **four pillars of leadership** combined with the KSAs and competencies linked to these core attributes
- develop personal learning goals based on this personal reflection exercise
- group priority setting of core content areas for organizational development
- agree on agenda and format for the learning cohort approach (specifically at the senior leader level) as most of the sessions will likely need to be ‘facilitated’ discussions as compared to the manager and supervisor level cohorts where we would have more practical/structured sessions based on a core curriculum);
- group agreement on core curriculum and group practices (create consensus decision-making activity).

After initial launch session, learning cohort groups will meet 5 to 6 times for 1 or 2 day sessions over a year period participating in group learning activities focusing on the core curriculum that is developed by/for each group. The agenda for each cohort learning session will be developed in concert with LDI Steering Committee members representing each cohort group and will based on the Four Pillars of Leadership and the identified needs of each cohort group as we move through the process.

In between the cohort learning sessions of each group, other supportive processes will be in place such as communication to the cohort group members via special communication pieces (LDI Bulletin); information posted on the ACB web; access to members of the LDI Steering committee for discussion and support if individuals have concerns or questions they wish to address outside of the cohort process. Other process and supports will be developed as required.

**Fostering Organizational Development through the Learning Cohort Approach**

- Integration of the 4 cohort groups will be important to facilitate and foster organizational development and linkage between the cohort groups. Leadership Forums will be planned as closure events in Phase Two which will integrate the various cohort groups such as the Executive Team joining the Senior Leader & Manager Cohorts; the Director and Manager Cohort groups would then join the Coordinator and Supervisor Cohorts at their wrap-up session in Phase Two. This approach should also strengthen organizational development within the learning cohort process as well.

- It will also be important to integrate the Physician Leaders/Scientific Leaders as well into the Senior Leader Cohort Group and special activities/sessions are being planned for this as well.
Phase Three: Follow-up Support and Strategies for Ongoing Development

It is expected that members of the four cohort groups would wish to continue their learning and development as an information cohort group. This approach can be thought of as the true essence of a ‘community of practice’ in that members of the cohort group decide to come together on an informal basis based on the needs and wishes of the group. It is understood however, that even informal communities of practice benefit from organizational support. As such, LDI Steering Committee members would be an integral part of such support and the organization would continue to provide financial support as well.

In addition, participants in each cohort group may have identified personal leadership skills and competencies they wish to further develop that would not necessarily have been the focus within the learning cohort sessions. Or, the individual wishes further develop a particular leadership attribute. By going through the Reflection Guide and KSA Guides (as well as linking to a performance development program) the individual would identify these attributes or competencies they would wish to further develop.

Alternatives for further development that could include individuals participating in a various forms of leadership development in addition to the formal cohort group process which can include such things as:

- **Developmental Relationships** (mentor, peer coach, dialogue partner, feedback provider)
- **Developmental Assignments** (task force lead, secondment to new position/role)
- **Skills-Based Education** (programs and courses available at a number of post-secondary institutions to support enhancing leadership competencies)
Appendix E: Invitation Letter

INVITATION LETTER

<date>

Dear ___________________.

You are receiving this letter because you were invited to participate in the Alberta Cancer Board’s Leadership Development Initiative. You may have participated in all, some, or none of the program. This letter is meant to let you know that you are eligible to participate in a research study entitled “What are the individual participants’ experiences and perceptions of the Alberta Cancer Board’s internally developed Leadership Development Initiative (LDI)?” The study is being conducted by Paula Langenhoff, BHA, MA(c), who is a Clinical Research Manager at the Cross Cancer Institute and a masters’ student in the Master of Arts-Integrated Studies program at Athabasca University. This project is part of a qualitative component of the University of Alberta’s CIHR funded research project entitled: Leadership Development for Improved Quality of Worklife for Leaders, and Healthcare Providers in the Health Care System (Principal Investigator Dr. Greta Cummings).

This research study has been reviewed and approved by the Research Ethics Board at Athabasca University and the Alberta Cancer Board Research Ethics Board. It is supported by Alberta Cancer Board decision-makers.

In this envelope please find an information sheet and consent form. They will tell you more about the study and what participating would involve. If you are interested in knowing more about this study, please contact Paula Langenhoff at (780) 432-8909 or by email at: paulalan@cancerboard.ab.ca before January 30, 2006.

If you choose to participate or would like more information on this project you have three options. You may:

1. contact the researcher by telephone
2. contact the researcher email
3. sign the enclosed informed consent and return it to the researcher

An interview may then be scheduled at a mutually agreeable time. You may or may not be interviewed depending upon the number of respondents. The researcher will discuss this with you.

Best regards,

Paula Langenhoff, BHA, MA(c)
Clinical Research Manager
Appendix F: Information Sheet

<<Letterhead>>

INFORMATION SHEET

Study Title: What are the individual participants’ experiences and perceptions of the Alberta Cancer Board’s internally developed Leadership Development Initiative (LDI)?

Principal Investigator: Paula Langenhoff, BHA, MA(c)
Email: Paulalan@cancerboard.ab.ca
Supervisor: Dr. Cathy Bray, PhD
Email: cathybray@shaw.ca

Athabasca University

This sheet explains the research study and what will happen if you choose to take part in this study.

If you would like to know more about something mentioned in this form, or have any questions at anytime regarding this research study, please be sure to ask the researcher. You will get a copy of this consent form to keep. You do not have to take part in this study and your participation is voluntary.

This study will take place across the Alberta Cancer Board organization. This study is being performed by a graduate student of the Master of Arts – Integrated Studies at Athabasca University in support of a project.

BACKGROUND
You are being asked to participate in this study because you have been invited to attend the Alberta Cancer Board’s Leadership Development Initiative (LDI). You may have attended all sessions, some sessions, or none of the sessions. This study is being done because it is important to understand the experiences and perception of management staff who were invited to participate in the LDI and the organizational culture of the Alberta Cancer Board.

PURPOSE
The purpose of this study is to learn about your perception and experience of the Alberta Cancer Board’s internally developed Leadership Development Initiative (LDI).

For those of you who did not participate in the LDI, the researcher seeks to understand the barriers, ability to attend or not attend, and your perceptions of the Leadership Development Initiative.
PROCEDURE
If you choose to participate in the individual interview, the informed consent entitled “Consent for Interview” must be signed, dated and returned to the researcher in the sealed envelop provided by interoffice mail.

Individual unstructured interviews will be conducted where you will be asked open ended questions so that you may freely share your experience. Participating is voluntary. We will meet in face-to-face interview scheduled at either the Cross Cancer Institute or Tom Baker Cancer Centre. If you agree to take part in this study for an individual interview, the researcher will arrange a time and place (that is convenient for you and the researcher). You will be asked some questions about your experience in the LDI. The interview will take approximately 60-90 minutes. With your permission, the conversation will be audio-taped, then typewritten later.

The individual interviews will be transcribed by the researcher. You will be given a false name on the transcript to protect your identity. The researcher will review the information to see if others have had similar or different experiences.

POSSIBLE BENEFITS
Participation in this study may or may not be of personal benefit to you. However, you might feel satisfaction in sharing your story with the researcher. You may also enjoy knowing that this study will help others to understand your experience related to the Alberta Cancer Board’s Leadership Development Initiative.

POSSIBLE RISKS
There are no physical risks that you could experience by having a conversation with the researcher. However, sometimes it can be emotional to think about or talk about experiences from the past. You are welcome to talk to the researcher about this. If you wish, the researcher will provide you with contact information to the Alberta Cancer Board’s Employee Assistance program.

VOLUNTARY PARTICIPATION
Taking part in this study is voluntary; you may withdraw at any time if you wish to do so. During the interview, if you change your mind you may ask the researcher to stop the audiotape recording at any time. You may withdraw completely from that study at any time during the data collection period, and all data that has been collected from you up to that point will be immediately destroyed.

COSTS
There are no costs for you to participate in this study, and the interview may or may not be scheduled during your regular working hours.
CONFIDENTIALITY
Only the research team will have access to your information. Data will be kept in a secure locked location to guard against the disclosure of individual information, and after five years the data will be destroyed using methods to safeguard confidentiality. The data may be used for other research studies in the future with ethical approval.

DISSEMINATION
Participants will receive a summary of the findings, if they are interested. The findings will be catalogued in the Athabasca University Library (Digital Reading Room) for circulation worldwide. They may also be presented to professional and academic conferences and journals, and at Grand Rounds for ACB employees.

CONTACT NAMES AND TELEPHONE NUMBERS
For more information you may contact the Principal Investigator Paula Langenhoff, BHA at (780) 432-8909 or by email at Paulalan@cancerboard.ab.ca at the Cross Cancer Institute to answer any questions you may have about the study. As this research is a student project you also may contact the researcher’s supervisor by email at cathybray@shaw.ca if you have any questions or concerns.

If you decide to participate please choose one of the following options:

1. You may contact the researcher by telephone and she will arrange an interview at a mutually convenient time and place. You will be asked to sign the enclosed informed consent form and return it to the researcher via interoffice mail in the enclosed envelope.

2. You may contact the researcher by email and she will contact you by telephone to arrange and interview at a mutually convenient time and place. You will be asked to sign the enclosed informed consent form and return it to the researcher via interoffice mail in the enclosed envelop.

3. You may sign the enclosed informed consent form and return it to the researcher via interoffice mail in the enclosed envelope. When the researcher receives the signed informed consent form, she will contact you by telephone to arrange an interview at a mutually convenient time and place.

If you choose to participate, you may or may not be selected for an interview. If you express an interest in participating, the researcher will contact you by telephone notifying you whether or not you will be interviewed.

Paula Langenhoff, BHA, MA(c)
Cross Cancer Institute
11560 University Avenue – Room 5038
Edmonton, Alberta
T6G 1Z2

This information sheet is for you to keep.
Appendix G: Interview Consent Form

<<Letterhead>>

CONSENT FOR INTERVIEW

I, __________________________ agree to take part in a leadership study about the perceptions and experience in the Alberta Cancer Board’s Leadership Development Initiative. I understand my participation in the study may involve an individual interview. Interviews may be at the Cross Cancer Institute in Edmonton, Alberta or at the Tom Baker Cancer Centre in Calgary, Alberta. The session will be tape recorded and transcribed. My answers will be entered into an electronic database. I will be answering questions about:

• My experience in the LDI cohort process
• Perceptions of individual leadership behaviours
• Perceptions of leadership behaviours and organizational culture

I have been told that the interviews will take about 60-90 minutes. The interview will occur at a convenient time and place during work hours. I am aware that this study has received ethical approval through Athabasca University and Alberta Cancer Board.

I have been told that I may refuse to answer any questions. I may leave the interview at any time or withdraw from the study. I do not have to answer any questions or discuss any topic in the interview if I do not want to. My name will not be linked to the research data. My specific answers will remain confidential. I will not be identified in any report or presentation arising from the study. Taking part in this study or dropping out will not affect my employment.

While I may not benefit directly from the study, the information gained may assist in developing knowledge about leadership in the healthcare workplace. I understand that results of the study will be publicly available through the Athabasca University Library, as well as possible future publication through professional and academic conferences and journals.

I have been told that the data (electronic database, results of the interview, and any paper transcripts) will be securely stored for a period of five years, after which confidential methods of destruction will be employed to destroy the data. My privacy will be protected by the use of pseudonyms and the researcher will guard against the disclosure of individual information. It has also been explained to me that the data may be used for other research studies in the future. If further studies are done, proper ethical review will be obtained to ensure the same practices of confidentiality are observed as within this study.

The above research procedures have been explained to me. Any questions have been answered to my satisfaction. I have been given a copy of this form to keep.
I have read and understood the information contained in this letter. I agree to participate in this study with the understanding that I may refuse to answer certain questions. I may withdraw during the data collection period and any data that may have been collected from me up to that point will be destroyed immediately.

(Signature of Participant and Date)  (Signature of Witness and Date)

If you have any questions about this study please contact:

**Investigator:**  Paula Langenhoff, BHA, MA(c)
Cross Cancer Institute
11560 University Avenue – Room 5038
Edmonton, Alberta
T6G 1Z2
Telephone: (780) 432-8909

**Supervisor:**  Dr. Cathy Bray
cathybray@shaw.ca

**REQUEST FOR SUMMARY:**

If you wish to receive a summary of the study when it is finished, please complete the next section:

Name:  ________________________________
Address:  ________________________________
Appendix H: Interview Guide

1. Can you define leadership or tell me what does leadership mean to you? What is your leadership philosophy?

2. What has been your experience and perceptions in the Leadership Development Initiative cohort?
   
   **Probe:** (a) *What do you believe are components of a successful organization that supports leadership to change organizational culture?*  
   (b) *What did participating in the manager’s cohort mean to you?*

3. Can you describe your perceptions of any changes in ACB culture during or after the LDI?
   
   **Probe:** (a) *How have you been given the opportunity to pursue your personal value and beliefs as a leader and what have you noticed about ACB organizational culture?*

4. Can you tell me a story about what others have said about the LDI?
   
   **Probe:** (a) *Did others speak about a change in organizational norms, and if so what did they say?*  
   (b) *Did others speak about a change in organizational values, and if so what did they say?*  
   (c) *Did others speak about a change in organizational customs, or beliefs?*

5. What factors outside of the LDI influence your leadership behaviors?

6. How have you been empowered by the LDI?
   
   **Probe:** (a) *What factors influenced the use of your leadership behaviors?*  
   (b) *What did that look like?*

7. Can you tell me about any negative things in the LDI cohort, or have you experienced any negative situations as a result of the LDI?

8. What effect has the LDI had on your general practice and has your practice changed?
   
   **Probe:** (a) *How have you been given the opportunity to pursue your personal value and beliefs as a leader and what have you noticed about ACB organizational culture?*  
   (b) *What impact did the LDI have on your job that has made a change in organizational culture?*