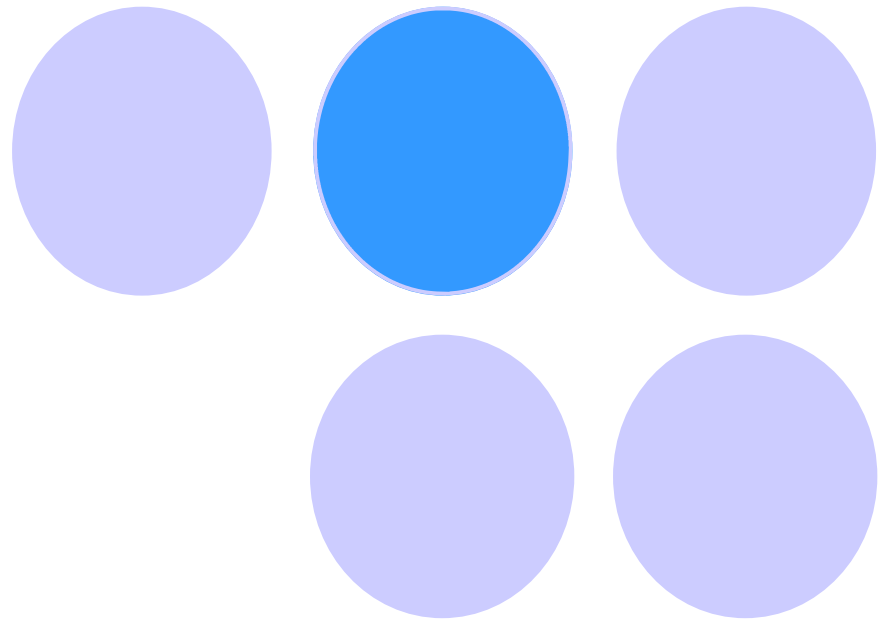




University
of Southampton



Leadership Evaluation

An Impact Evaluation of a
Leadership Development
Programme

Health Care Innovation Unit
&
School of Management

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Executive Summary

This report evaluates a Leadership Development programme delivered by the Wessex Courses Centre (WCC) and commissioned by the Hampshire and Isle of White Workforce Development Confederation (WDC). As part of the ongoing commitment to incorporate evidence into practice, the WDC commissioned an independent evaluation as part of this development course. This evaluation was undertaken collaboratively by the Health Care Innovation Unit (HCIU) and the School of Management at the University of Southampton.

The report's focus is not to evaluate the course *per se* – i.e. content and/or process, but to look at the perceived impact and return on investment such a development intervention may have.

Prior to the empirical work the researchers identified a gap within the evidence base on the perceived impact and return on investment of development interventions. It is identified that there is little empirical research that provides a solid foundation to suggest that leadership development programmes have a significant impact on organisational performance, in particular since the transfer of individual learning is questioned. In addition, little empirical work has extended beyond the evaluation of an individual's learning outcomes and over a prolonged period of time.

A further issue with a significant impact on this research, and leadership development in general, is the definition of leadership. Whilst there are a variety of contentions as to the nature of leadership, it is assumed that it is a social process rather than an individual property. It is identified within this report that most leadership development is based on developing individual leaders, or human capital, and little is done to foster the social nature of leadership, in particular in developing leadership in organisations, namely social capital.

By using Kirkpatrick's (Kirkpatrick 1994) evaluation framework, the research employed a mainly *post hoc* methodology of semi-structured interviews, complementing the data collection with additional information from a variety of sources as necessary. A software package was used to analyse the interviews.

The findings of this research are multiple and focus on a variety of issues to be considered for future work. Whilst the research is able to show an impact of the developmental intervention, primarily on the participating individuals, but also to

some extent on the respective organisations, a number of issues arose out of those findings.

First, there is an insufficient understanding of the value of an appropriate pre-course needs assessment of individual and organisational needs. Evidence suggests that organisations do little to identify potential and/or expected outcomes prior to the commencement of a development programme, leading to ambiguous choices as to which individuals should attend the course and for what reasons.

Secondly, little formal organisational support appears to be available beyond individuals to aid the transfer of individual learning into the organisation.

Thirdly, the evidence suggests that organisations within the NHS have yet to focus on developing leadership beyond individual leaders but to focus on leadership as a social process and therefore addressing the balance between human and social capital.

Fourthly, a sufficient understanding of potential measurement criteria to assess impact and/or return on investment is not yet apparent. Whilst it is acknowledged that such criteria are difficult to establish, some more thought ought to go into developing a suitable framework. It is suggested in this report that this lack of tangible criteria is partially due to the lack of appropriate needs assessment for organisations and individuals prior to course commencement.

Fifthly, the evidence suggests that interdisciplinary courses are needed to strengthen integrated health and social care. The data shows a univocal agreement of the need to cross organisational boundaries, which is perceived as useful and beneficial.

Lastly, the report produces strategic, operational, and individual recommendations to aid in developing leadership in the future. The recommendations propose a more structured and integrated approach to needs assessment and organisational support *inter* and *intra* organisationally. The need for longitudinal evaluation to assess impact beyond participating individuals is furthermore advocated.

1. Introduction and Background

Leadership and Leadership Development are prominent features in the strategic agenda within the NHS. The NHS Plan (NHS 2000) specifically highlighted the need to concentrate on the development of leadership in order to drive the reforms set out by the Plan. In order to manifest this commitment to Leadership Development, the NHS Modernisation Agency launched the Leadership Centre in April 2001 with the aim “*to promote leadership development across the service.*” The Leadership Centre explicitly focuses on developing leaders, as it is proposed that this is a vital component to initiate change and modernisation (Hardacre & Keep 2003). Being part of the Modernisation Agency meant that this development initiative sits within the realm of the overall change agenda regarding service improvement and workforce redesign, aiming for an integrated approach to address the challenges faced within the health care sector. The aim of the Leadership Centre is to provide development opportunities to all levels of staff within the NHS including Allied Health Professions and Healthcare Scientists. They support their aim by setting out an explicit agenda of focused actions, offering a variety of development courses and opportunities (Leadership Centre 2003) in a decentralised manner. In response to this agenda, a wide range of development programmes have already been commissioned and delivered (Hardacre & Keep 2003). In addition to this broad focus to include all NHS staff is a commitment to cross professional boundaries and encourage inter-professional development. In a review on the state of Leadership within the UK NHS, Goodwin (1998) pointed out that a paradigm shift has to take place, which emphasises strongly that traditional institutional boundaries have to be transcended in order to address future challenges. Within their work review, the Leadership Centre presents a comprehensive portfolio of programmes and initiatives that have been launched to address the needs of all levels of staff and professions or are part of the future plan to develop Leadership within the NHS (Leadership Centre 2004).

In order to establish a common framework for those development initiatives, the Leadership Centre published a competency-based framework – the Leadership Quality Framework (LQF) – in 2002. This framework identifies 15 key qualities for leadership excellence within the NHS (Leadership Centre 2002).

To incorporate this framework actively into the development agenda of NHS professionals, a pilot scheme was launched in 2003 to use the framework (and/or an associated 360-degree assessment tool) as a tool for development, recruitment, or staff appraisals. Altogether 37 sites were registered as early implementation sites using the LQF in some form to advance leadership within their respective area/organisation.

The purpose of this report is to evaluate a specific Leadership Development Programme that has been delivered by the Wessex Courses Centre (WCC) as part of this initiative to introduce and utilise the LQF. The training programme was commissioned by the Hampshire and Isle of White Workforce Development Confederation (WDC) to deliver a leadership programme involving professionals from a variety of backgrounds. The reason for commissioning this programme and participation in this national pilot scheme can be identified within the Strategic Plan for the Hants & IoW WDC, which has as one of its Local Strategic Themes the development of leaders within the local health community, including the aim to provide cross-organisational and cross-professional development opportunities (Hants & IoW WDC Strategic Plan 2003).

Part of this investment – financially and strategically – is a commitment by the Leadership Centre nationally to continue to research and further develop their strategies and approaches to Leadership Development. This will include the launch of a good practice guide in the summer of 2004, which is based on a broad, hands-off evaluation of all 37 implementation sites (Leadership Centre Work Review 2004). The Hants & IoW WDC has taken this commitment further by strategically anchoring the need for an evidence base within its strategic plan, as a means to drive further development of leaders within the local and national health community.

In line with this plan, the WDC commissioned an evaluation of the WCC programme, which focuses less on the programme content and process, but instead investigates the impact such an intervention may have on the individual and, in particular, the organisation of which the participant is a part of. The evaluation was undertaken collaboratively between the Health Care Innovation Unit (HCIU) and the School of Management at the University of Southampton.

The evaluation was designed to meet the needs of both the WCC and the WDC. While the WCC run internal course evaluations, to date they had not evaluated their variety of programmes beyond the participants' perception of usefulness. Hence the commissioned evaluation addresses the issue of looking further than the individuals'

experience of the course. Secondly, the WDC's commitment to evaluation and developing the evidence base has led them to integrate this evaluation in order to identify the impact of the intervention for the participating organisations. Furthermore, as this particular course commission was part of the national pilot scheme, the evaluation of this course aimed at providing evidence of the course's usefulness in order to inform further improvement and development, and add to the evidence for identifying the future commissioning strategy of the WDC. Thus the evaluation design aimed to reflect all of these issues. The evaluation team deliberately kept distance between the course facilitators and themselves whilst integrating the evaluation with the course and its objectives. Furthermore, to fulfil the brief, the evaluation was set up to maximise the possibilities of gathering evidence of impact. Hence, the deliverable for the evaluation was this report outlining how the intervention has changed the behaviour of individuals and if this change in behaviour had a significant impact on the participants' organisations.

This report will present the results of this evaluation and also suggests some future steps that may prove helpful in fulfilling the strategic plans set out by the WDC and the Leadership Centre respectively.

In order to do this, this report will first of all identify and review some of the current management literature that examines the ideas behind leadership, management development, and the evaluation of such development programmes. Subsequently, the empirical investigation will be introduced, including the evaluation framework. In the following chapter our analysis and interpretation of this data is presented, highlighting the potential impact of development interventions on an individual, team, and organisational level.

Lastly, we propose some considerations that may prove useful in furthering the agenda of Leadership Development within the NHS.

2. Literature

This section of the report highlights some of the pertinent issues regarding leadership, leadership development, post-programme transfer of learning from development interventions, and the problems associated with the evaluation of leadership development programmes, or development interventions in general. While this is not an exhaustive overview, it will indicate the type of evidence available at present to support and/or refute concepts and ideas some of the key issues in leadership in organisations.

The first section will discuss – briefly – some of the ideas behind leadership and leadership development. The subsequent part discusses notions to be kept in mind when considering the transfer of knowledge and learning after having undertaken a development intervention.

2.1 Leadership

There is no doubt that the analysis of leadership remains something of a management challenge. Besides the variety of leadership models and approaches available, there does not seem to be a univocally accepted model of what constitutes leadership and how one ought to analyse it (Ivancevich & Matteson 1996). A vast amount of literature discussing leadership and associated notions dates back to before the 1950s and presents a range of models from behavioural, psychological, or process-oriented models. However, an established consensus is that leadership is complex and different to management (a notion to be discussed below), whereby it is argued that leadership has to be defined in a more confined manner than management. While it is unclear as to what is considered to be effective leadership, nowadays it is considered to be a function of the fit between leader, followers, and situation. Even though leadership is poorly defined, in today's managerial world, leadership connotes a facilitative approach – something the UK health care sector is keen to build and embed within their practices (McComack et al 2002).

More recently, the theoretical balance has shifted towards conceptions of leadership known as situational (or personal-behaviour) approaches to leadership. Various models have been established that aim to explain leadership through the relationship between the leader, the followers and the situational context. Within such models, the relationship between leaders and their respective followers is not well

understood. What is suggested, though, is that situational approaches to leadership – whilst remaining controversial – are emphasising the capacity of leaders to adapt their personal style to the situation and the followers – hence, being able to address change according to the preferences of the followers.

Situational approaches to leadership appear to have gained prominence as earlier attempts to conceptualise leadership have failed to deliver the desired results. Early definitions of leadership believed that there is a correlation between certain traits or characteristic that distinguished leaders from other personnel. However, intellectual, emotional, physical or personal traits have yet not been proven to have a significant influence on leadership behaviour. New traits are being added and so far no specific traits have been identified to increase or decrease leaders' potential.

A further development within the area of leadership theory is the idea that one is able to attribute failure or poor quality to be caused by a person, the task at hand, or some unique circumstances within the context of the performed task. These approaches (Attributional theories of leadership) are an amalgamation of personal-behaviour models and trait theories, offering a framework for explaining behaviours of leaders in particular situations.

Lastly, the most recent developments in leadership theory are the concepts of transformational and transactional leadership. The latter concept suggests that the leader's role is to facilitate followers to enable them to identify for themselves what needs to be accomplished. This type of leadership behaviour, however, is rarely found within organisational settings. The concept of transformational leadership is most commonly associated with charismatic, or even heroic, leadership. This type of leadership is not about short-term goals or security, but it is about transcendental goals and self-actualisation. Unfortunately, so far there has been no explicit discussion as to what constitutes charismatic behaviour and how this is portrayed.

Overall it is argued that – no matter which theory is adopted – leaders and leadership are important as it is about influencing “...*in an organisational setting or situation, the effects of which are meaningful and have a distinct impact on, and facilitate the achievement of, challenging organisationally relevant goals.*” (Ivancevich & Matteson 1996)

Ambiguous as leadership theories are, most agree that there is a difference between leadership and management. While some may argue that the difference is only marginally important, it appears that leadership is believed to be executable by

an individual, regardless of their hierarchical position within an organisation. Although this distinction may be arbitrary, Day (2000) outlines some specific differences between these two concepts in the context of developing either management skills or leadership skill.

For him, management development is a means to acquire some specific skills to enhance task performance. He equates management development interventions with the provision of proven solutions to known problems. This would be in line with the argument that leadership usually involves the acceptance of uncertainty and chaos, whereby the leader has to find new or different ways of addressing the challenges (Ivancevich & Matteson 1996). Opposing this type of development, Day (2000) suggests that leadership development is about expanding the collective capacity of organisational members in order to interact and work together in a meaningful way. Furthermore, it is about the collective capacity to cope with the disintegration of sense-making structures and facilitate shared problem solving through group learning. It is about foreseeing or anticipating challenges, whereby leadership is always a complex net of interactions between the designated leader (a role not necessarily dependent on authority) and his/her social and organisational environment. Not only is this dependent on social interaction, but Day (2000) argues that leadership is a social process that engages everyone within a community.

Besides the distinction between the development of leadership and management, he also contends that most traditional conceptions of leadership – including training interventions – are predominantly conceptualising leadership as an individual-level skill, i.e. contrary to the above definition. Therefore, what is emphasised is *human capital* (Day 2000), which he defines as accentuating individually based knowledge and skills associated with a formal leadership role. He dichotomises this *intrapersonal* knowledge acquisition with *interpersonal* knowledge acquisition, namely leadership development. The latter he refers to as the *social capital* (*ibid.*) of an organisation, focusing primarily on developing networks amongst individuals for cooperation and resource exchange. While neither of these concepts is superior, it is important to develop them in an integrated, complementary fashion. The crux of this distinction is that leadership is the consequential result of a process that creates shared meanings both in terms of sense-making and in terms of the value added for the organisation.

We believe that for the WDC this “individual-organisational” perspective is important in three respects:

- i. What the WDC might hope to achieve from a training intervention;
- ii. What the employing organisation might hope to achieve from a training intervention; and
- iii. What the participant might hope to achieve from a training intervention.

Attempts to determine individual and organisational impact of such interventions, including cost/benefit, need to be part of these alternative perspectives. This will be returned to later.

2.2 Learning Transfer and Evaluation

At present there is little empirical evidence on the relationship between management development – or leadership development in that respect¹ – and organisational performance. In this respect, the findings contained within this reports are timely, not only for the WDC, but for a wider audience beyond healthcare. The evidence that is available is at times conflicting and patchy (Mabey 2002). A recent paper by Clarke (2002) summarised that a considerable amount of research has been undertaken, suggesting that the transfer of training beyond individual knowledge and attitude is highly contestable. Adding to this lack of knowledge and evidence on organisational knowledge integration through training efforts is the suggestion that little attention has been paid to the transfer of training (i.e. skills, knowledge, experiences, etc.) within human service organisations in the public sector. It is suggested that such a specific investigation has yet to be published (Clarke 2002). At the same time, it is suggested that most of the research undertaken in regards to the transfer of training has been conducted within the US private sector (ibid.). Arguably, the practices associated with development and learning integration are different in the private business domain to those within the public sector.

The Kellogg Foundation supports this suggestion. It commissioned an overview of leadership development evaluations within the not-for-profit and public

¹ While the distinction between management and leadership has been outlined above, the training interventions aiming at leadership can be seen within a general framework of management development (Bozianeleos & Lusher 2002)

sector in the US suggesting that the links between individual changes and changes in organisations as a result of development interventions is not at all well established (Kellogg Foundation 2002).

Other authors corroborate the claim that development programmes often do not result in the application of new skills, knowledge, or learned behaviour on the job. In most cases the learning takes place on an individual level and does not tend to extend beyond this (Phillips & Phillips 2001) and therefore it can be questioned whether training endeavours have any tangible outcome on an organisational level (Olsen 1998).

One of the reasons suggested within the literature is that training interventions usually fail to be connected to real-life situations in organisations (Sirianni & Frey 2001). This would indicate that the majority of training undertaken is neither integrated appropriately into the overall business strategy, nor planned sufficiently to have a considerably impact on an organisational level (Mabey 2000, Mabey 2002). It is argued that state-of-the-art leadership development has to occur in, and to be linked to, the context of ongoing work initiatives that are closely linked to the strategic focus of an organisation. The tendency to haphazardly deliver development interventions that lack intentionality, accountability, and evaluation has to be counter-acted (Day 2000). This “clarity-of-objective” issue will be revisited in a later chapter.

An additional drawback associated with development interventions is the misconception that development is merely used as a means to progress one’s career. Development is often initiated and undertaken with the preconception that it is a tool to realise career ambitions, rather than associating such interventions with a resource-based view, seeing employees commencing development as a strategic exercise with organisational long-term sustainability and capability in mind (Mabey 2000). This seems especially true within a healthcare setting, in which professionals are primarily undertaking development with personal goals in mind, rather than to offer a substantial contribution to organisational effectiveness (Hardacre & Keep 2003).

However, this does not mean that development programmes ought to be seen as having no connection to succession and career planning (Bozioneleos & Lusher 2002). It is important to note that those criticisms are not suggesting that management and leadership development should be undertaken solely for the “greater good” of the organisations, but that all initiatives ought to be linked to and integrated

into the overall strategic plan of an organisation, both from a human resource perspective and from an organisational strategy perspective.

This perception is supported in that many training and development interventions are suggested to be equally desirable for individuals and organisations, whereby one can assume that the intentions are invariably linked to the order and predictability of organisational performance (Mabey 2002). It is hence advocated that management and leadership development is intrinsically associated with the maintenance and improvement of performance standards (Bozionneleos & Lusher 2002), while at the same time the usefulness of such training interventions is univocally questioned within the literature. However, robust measurements have yet to be established and presented that support this notion empirically.

The two questions inherent in this discussion are: How do we know that an organisational development or training programme is effective; and what impact does it have on organisational performance?

Lack of these two related questions poses significant challenges and a variety of suggestions are made within the literature about how they might be resolved.

First of all, it appears to be unclear as to what can be considered a success of a training intervention and it is likely that the perception of success differs greatly among different stakeholders of the development intervention (Mabey 2000). There seems to be a universal inability to find an unambiguous – quantifiable – measure that suggests success factors. Studies that propose specific impacts that can be assigned to development interventions are still few and far between (Mabey 2002, Sirianni & Frey 2001). Mitchell (2001) confirms such arguments with an undertaken study, in which it was not possible to assign isolatable factors of business success to a training intervention. His findings suggest that the application of one or two skills may be observed, suggesting some behavioural change. However, no clear outcome could be assigned to either business impact or return on investment. Whilst networking and team-spirit are mentioned in Mitchell's study as potential intangible outcomes, no tangibles outcomes or isolatable factors could be identified, which led Mitchell to believe that the intervention failed. Some of his findings are supported by the results presented in this paper.

However, this scepticism on how to measure and define success (Kellogg Foundation 2002) is only one possible reason for the lack of information and

knowledge available to assess the impact and effectiveness of training and development interventions.

A related problem associated with answering the questions of success, impact, and effectiveness of development interventions is the lack and disparity of evaluation of training programmes. There is a significant gap in the literature that investigates issues surrounding development programmes – most significantly within the health care sector (Hardacre & Keep 2003). One issue that often limits the effectiveness of evaluations is the *ad hoc* provision of those development programmes mentioned previously. It is argued that effective evaluation needs to be part of an overall development strategy that includes a front-end analysis of why a particular development is commissioned or undertaken (Phillips & Phillips 2001). In addition, little research evaluates beyond individual learning, whereby only a small proportion of evaluation programmes assess long-term impact² and/or business impact of development interventions (ibid., Kellogg Foundation 2002). Therefore, short-term outcomes are much more frequently investigated, whereby those evaluations are still limited by lack of resources assigned to evaluation, and knowledge about how to evaluate training interventions. This applies particularly to leadership development, where there is no well-developed theory to assess impact and/or success (Kellogg Foundation 2002). This is partially due to the notion that leadership is associated with a number of “soft” skills that easily evade quantifiable measurements or traditional evaluation frameworks (Olsen 1998, Kellogg Foundation 2002, McComack et al 2002). Considering the difficulties associated with measuring short-term change in attitude, knowledge, or perceptions, long-term research would be much preferable. Unfortunately, there is a significant lack of longitudinal studies investigating leadership paths that individuals pursue. Such studies would intentionally track people over time and would help to follow and evaluate the long-term impact – individually and organisationally – of development interventions (Kellogg Foundation 2002). This is an additional indicator that there is a lack of uniformity in the way evaluations are undertaken, even though most evaluation rely on similar sources of data. It is nowadays widely accepted that evaluation should emphasise the use of qualitative data that includes practice narratives and leadership stories, and/or user

² There is no univocal agreement as to what constitutes long-term evaluation. However, it is suggested that organisational impact can only be measured within the time period of 7-10 years after the initial training, assuming that it is a continuous process.

feedback. Most commonly a multi-method approach is chosen³, even though the majority of data is self-reported by the participants, which is considered a valid approach (McComack et al 2002, Kellogg Foundation 2002).

A further comment to be noted is that it is suggested that the type of intervention – in terms of delivery and scope – may have a significant impact on the effectiveness of leadership development. Mabey (2002), for example, advocates that competency-based programmes – which accounts for the majority of training programmes – may not be very effective. This is supported by Higgs & Rowland (2000), who also question competency-based frameworks for leadership development. Secondly, it is suggested that traditional, lecture-based delivery methods – which account for 85% of leadership development programmes – are only partially appropriate to address leadership. In addition, while it appears to be the preferred development practice, the long-term learning is severely compromised by this type of teaching (Day 2000). However, no single style has yet to be proven consistently superior, be it formal, informal, external, or internal development programmes (Mabey 2002).

Besides the rather frustrating lack of evidence that there seems to be no concrete factors that either determine success and effectiveness of development interventions, or define ways of measuring and evaluating training programmes, there appears to be less ambiguity about factors that potentially support training transfer.

It has been outlined previously that there is a lack of evidence concerning the transfer of learning into an organisational realm, in particular in regards to leadership. However, the literature suggests that learning transfer in general can be enhanced by considering some of the conditions in which this takes place. Two of the more frequently cited factors influencing learning transfer are *social support* and *opportunity to use* the newly acquired learning (Clarke 2002, Day 2000, Olsen 1998). It is argued that the context of the learning, as well as the ability and support the application of this new learning is pivotal in the transfer process. Even though contested by contradictory research, close supervision and frequency of follow-up post-programme are associated with more successful training transfer (Clarke 2002, Tach 2002). More specifically, mentoring, coaching, and action learning concepts have been seen as having a significant impact on aiding the transfer of training,

³ To be explained further in the following chapter.

specifically in leadership development programmes, with coaching post-programme increasing productivity by 88% (Day 2000). These concepts are closely related to feedback, which is an essential component in driving the transfer of training (Oslen 1998, McGill & Slocum 1994).

The context of such support also leads to a logical questioning of whether leadership development should be located around the individual or within the context of a team. The recognition of the impact of effective team working is growing in the health related literature. A major study in the NHS by Borrill et al (2000) highlighted the impact of teams on measurable outcomes such as mortality, job satisfaction and stress levels amongst staff. The evidence clearly indicates that effective team work was not only related to improvements in these outcomes, but also led to improved decision making and innovative capabilities within teams. The role of team based working has also been identified as an effective way to deliver organisation strategy, deliver improvements in products and services as well as embedding how organisations learn and improve (West 2002).

Another concept that is now associated with leadership development in particular is the use of 360 degree feedback tools, which usually gather data from peers, sub-ordinates, superiors, and the participants him/herself for evaluating change. Whilst this tool was originally only used for performance management purposes – the above mentioned concepts were equally adapted from other areas of business re-engineering, namely corporate socialisation (mentoring) and enhancing of productivity (action learning) – the application of 360 degree feedback tools to assess change has proven to be challenging and little hard evidence is available suggesting its usefulness (Day 2000). This is also advocated by Tach (2002), who proposes that such feedback tools should not be used for evaluation, but instead as a means to enhance and inform development of the individual. This suggests that the majority of applications of 360 degree type tools are used to assess individuals based on an ambiguous quantitative scoring card, rather than use such a tool to identify potential areas of development needs.

In summary, it can be argued that while there is a significant lack of evidence that points towards the usefulness and effectiveness of training interventions – may they be management or leadership development – a good deal of faith seems to be placed on such programmes, assuming that they are delivering some form of benefit for an organisation. In addition, the literature suggests some factors that may enhance

learning transfer onto the job beyond individual learning, even though evaluation studies are rare and seldom longitudinal. Thus, an ongoing investment into evaluation will – hopefully – add to the evidence. This report will focus on a particular study, evaluating short to medium term impact of a leadership development programme in order to drive the further development of theory and practice regarding the usefulness and effectiveness of development interventions.

The key issues that have been addressed within this chapter are:

- The distinction between leader development and leadership development, i.e. human and social capital
- Learning transfer from an individual to an organisation is suggested to be limited and often poorly supported within organisational cultures
- There is no well-developed evaluation model for assessing leadership development, but an array of disparate approaches
- Empirical evidence to support learning transfer appears to be predicated on a “can’t-do-any-harm” attitude

3. Methodology

3.1 Evaluation Framework and Evaluation Plan

While it was argued above that there is not one specified or well-developed theory for the evaluation of leadership development interventions, a generic framework is available that was designed for the evaluation of development interventions more generally. Kirkpatrick's (1994) framework for the evaluation of training programmes is widely used and accepted as an appropriate tool to investigate learning (Phillips & Phillips 2001). This tool has been utilised in various studies on leadership, for example Sirianni & Frey (2001). For more general examples on training transfer and the use of Kirkpatrick's framework please see Olsen (1998) or Mitchell (2001).

Kirkpatrick's framework, however, did not incorporate the evaluation of return on investment (ROI) of training interventions and was only marginally concerned with the organisational impact development interventions may have. These factors became a dominant concern within the recent past for organisations – particularly within the private sector – due to the economical and financial pressures. In order to address this issue, Phillips & Phillips (2001) modified the original framework to incorporate ROI.

1. Reaction and satisfaction of participants
2. Learning
3. Application and implementation in the workplace
4. Business impact (org. benefits)
5. ROI

These criteria can be viewed as levels, whereby not all training would necessarily be evaluated to Level 5. Phillips & Phillips (2001) suggest that a majority of evaluations do not go beyond Level 2 or 3, whereby only 5% of evaluations attempt to analyse Level 5. At each level, reflection is also necessary on the ways in which the training programme might be re-evaluated in the light of results obtained. In designing and undertaking the evaluation presented here, the research team has worked with the programme delivery team to co-ordinate data collection, in order to minimise time consumption on the participants' behalf. It has to be noted and

emphasised that the research maintained sufficient detachment from the programme, its design and delivery, to ensure a rigorous evaluation.

This research used Phillips' modified version of Kirkpatrick's framework to organise data collection and analysis.

It was outlined previously that good and robust evaluation needs to be integrated into a needs assessment in order to know what was evaluated and how success can be defined. In order to address this issue, the research team, thus, included a sixth level that precedes Level 1 so pre-course data could be gathered and needs could be identified. Below is the framework we used in order to address the concerns of the commissioners, as well as incorporating and acknowledging the literature on learning transfer and evaluation thereof.

Pre-Level 1 Data Collection

Selection process

NHS LQF self-assessment from participant, manager, and one team member

Needs analysis, expectations, and motivation for attendance

Level 1 Data Collection – Reaction and Satisfaction of Participants

Course internal feedback forms to gather user perception on enjoyment, perceived usefulness, perceived difficulty, etc. (Warr & Bunce 1995)

Level 2 Data Collection – Learning

Repeat of LQF self-assessment as in pre-level 1

Semi-structured interviews with participants and manager

Level 3 Data Collection – Application and Implementation into the workplace of skills learned

Narrative data through semi-structured interviews with participants and manager

Level 4 Data Collection – Business Benefits and Impacts

Application of "objective" organisational measures where possible, using existing organisational performance indicators. Data collection is related back to earlier data.

Level 5 Data Collection – ROI

Quantification of benefits identified in Level 4. Evaluation of course costs.

The above evaluation plan set the guidelines for data collection and analysis and provided the focus for the undertaken evaluation.

3.2 Case Study

The data for this evaluation has been based on an original sample of 18 participants on the Leadership 2 Programme, delivered by the WCC.

The WCC was traditionally part of the Wessex Deanery and was the responsibility of the Postgraduate Dean. It subsequently became an independent course provider which catered primarily for doctors, while not all the courses were necessarily clinical in nature. The status of the WCC to date is as an independent education unit within the NHS, whereby the courses are administered through the Medical Education Unit of the Southampton University Hospital Trust (SUHT). The WCC is accountable to the Deanery and the WDC of Hampshire and Isle of White. Funding for the Centre is varied, whereby a block contract exists between the Deanery and WCC for delivering a variety of courses for doctors. Any additional funding comes from the course participants' organisations. Whilst originally focusing on clinical development, it now has a range of courses within its portfolio, of which the Leadership 2 course was only the second course that was not purely constituted of clinicians. The current relationship with the WDC is based on the introduction of leadership development programmes at SUHT.

The group of participants for this particular development intervention was diverse in background and organisational origin. Nine participants originated from a Primary Care Trust, six from an Acute Hospital Trust, and one each from the local WDC, SHA, and the Hants Ambulance Services respectively (Table 1). In addition, the group of participants were a multi-professional mix, whereby some of the managers have a clinical background, but not all of the practitioners had management development experience. Table 2 shows the spread of roles that were held by the course participants. Recruitment for the course was undertaken by an initial advertisement. Subsequently, each organisation had to nominate their preferred

attendee, with a short letter of recommendation outlining the reasons why the particular person should attend this course. In order to conform to the goal of multi-disciplinary and cross-organisational spread, the course coordinators attempted to include at least one participant from each institution initially contacted. In cases of multiple applications from the same institution, a choice was made for one of the applicants based on the level of employment and the reasons outlined in the letter of recommendation.

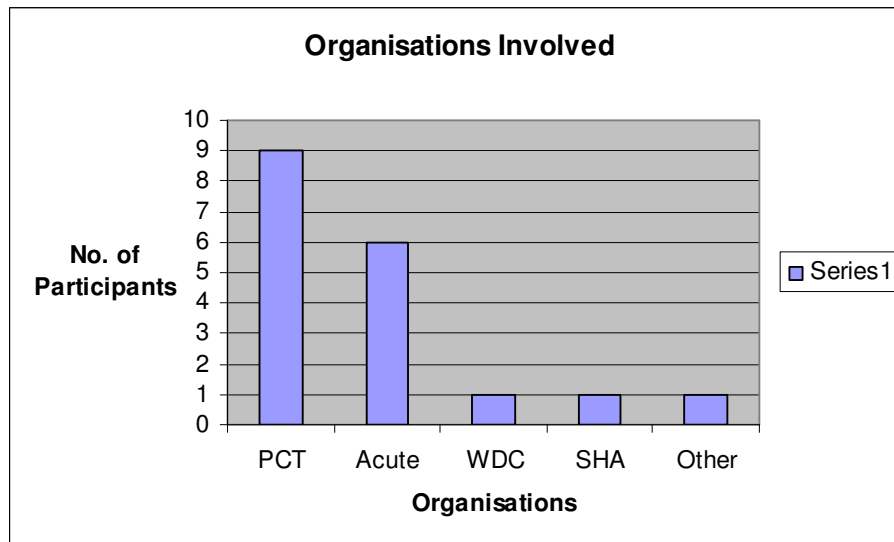


Table 1: Organisational Distribution



Table 2: Participating Staff

The course took place over a period of nearly five months with four two-day modules. Each module focused on specific aspects associated with leadership, namely *Personal Leadership*, *The external environment*, *Leadership in action*, and *Developing service*. The course was also designed to be residential.

In between the modules, action learning sets were given to encourage continuous reflection between the intervals. Three months after course completion a follow-up day for further reflection was set.

The course was mainly a class-room based intervention with case-study work and some outside activities. The course was run predominantly by two facilitators, with guest speakers and/or additional facilitators available at various times. Specifically, the course aimed at encouraging personal reflection on own strengths to meet local challenges, employing some of the techniques provided throughout the course, increase and support networking across organisational boundaries, and being able to understand different notions associated with leading change and people.

3.3 Data

The data collection was primarily informed by the evaluation plan set out previously. A 360-degree type self-assessment tool was designed, based on the NHS LQF (see Appendix A). The idea supporting this design was to have a quantifiable indicator of perceived change. In addition, the tool's 15 sections were based on the competencies outlined within the LQF, in order to assess if the participants meet some of the criteria set out by the Leadership Centre. The tool was initially over 150 questions long, but was reduced to 93 questions in order to make it more succinct and easier to complete. Once the evaluation team was satisfied with the design, a pilot was undertaken. The pilot confirmed the suitability of the questionnaire. Prior to the distribution of the questionnaire, consent for the evaluation was sought with the relevant authorities. After discussing the proposed evaluation, the Security and Confidentiality Specialist of the Hampshire and Isle of White SHA and the local Caldecott Guardian agreed that the study did not require COREC approval but was sufficiently sound to be undertaken in the proposed manner.

The questionnaire was sent to the participant and their managers. In addition, one self-assessment questionnaire was to be distributed by the manager to one of the participant's team member.

This self-assessment tool was sent out prior to the course and immediately after the course. As outlined previously, some contest the usefulness of scoring models, whereas others advocate that such scoring assessments have proven to be useful to measure immediate change (Hardacre & Keep 2003). The questionnaire was designed to capture differences in a non-judgemental way, i.e. accounting for the possibility of beta changes and gamma changes⁴ (Day 2000). However, the response rate did not allow any coherent and robust inferences about the perceived differences before and after the course⁵. One of the problems with the response rate was that not the same managers and participants, respectively, answered the questionnaire and therefore no comparison could be established confidently. The duration between the questionnaires was five months, which may have an impact on the scoring. In order to increase response rate each questionnaire was followed-up by a letter or email and subsequently by a phone call.

Course feedback and pre-course needs assessment data was collected and provided by the facilitators and course coordinator.

The majority of data collection took place through semi-structured interviews. The interviews were scheduled six months after course completion to allow for learning to be integrated. Interviews were set-up with the participants and managers. Because of the difficulties associated with the response rate and the time constraints of the project, interviews were not sought from peers or subordinates of the participants. Furthermore, even though the interviews are not all in pairs (i.e. participant and associated manager), the research does not lose robustness, as the aim is to develop conceptual tools that indicate tendencies regarding the impact of training interventions.

All in all 21 interviews were conducted, 12 with participants and nine with managers. The interviews were tape recorded after obtaining approval from the interviewee. The duration of the interviews ranged from 25 minutes to nearly 90 minutes. Interview schedules were prepared for managers and participants separately (see Appendix B & C), eliciting information on initial expectations and expectations met, learning, application of learning, change in perceptions, and change in behaviour. Managers were also asked to identify potential measure of success and ROI.

⁴ Beta changes are associated with a change in the target expectation of participant as a result of participation and Gamma changes are associated with the change in thinking about constructs.

⁵ First round response: Participants 94.4%; Managers 66.7%; Team Members 44.4%
Second round response: Participants 66.7%; Managers 27.5%; team Members 0.0%

The participants' and managers' interviews were designed with a post-hoc (Mitchell 2001; Day 2000) evaluation in mind in order to measure perceived change rather than scores.

The interviews were subsequently transcribed, excluding non verbal and non-lexical components. The qualitative data analysis was undertaken with *NVivo* (QSR Trademark), a software package designed to code textual data. The software is used to ease the process of coding the data by allowing cut-and-paste type actions, while assigning the data snippets to appropriate categories. For an example of the use of the software see Lingard (2002). A variety of categories have been established, some inductively, others deductively during analysis. The categories are based to a large extent on the evaluation plan and the interview questions. However, as common in qualitative data analysis some categories emerged from the data (e.g. Silverman 2000).

Overall, the data collection used a multi-method approach (similar to triangulation) in order to corroborate the findings. While some data sources could not be used confidently, they support the overall tendencies discovered within the other sources of data.

To summarise, the key issues associated with the methodology used within the context of the evaluation are:

- Data limitations due to poor response rate
- Limitations associated with access to appropriate stakeholders
- The analysis of qualitative data using software

4. Results

Within this part of the report the results from the empirical study are presented. The results of the analysis will be organised according to the modified evaluation plan and framework of Kirkpatrick (Kirkpatrick 1994) and Phillips (Phillips & Phillips 2001), respectively. This means that the data representation is structured according to the six levels identified earlier. All results that may be deemed unintentional are presented towards the end of this chapter. Unintentional results are results from the data that were not explicitly sought by the evaluation, but appeared to be significant on the participants' account and thus were deemed necessary to be included.

4.1 Pre-Level 1 Data

The first level of analysis was pre-course data, looking at the needs assessment and the motivation for the participants to join the development intervention. In addition, the interview elicited information regarding the expectation of the programme from both a manager's perspective and a participant's perspective.

4.1.1 Needs Assessment

Needs analysis data was partially gathered through the recommendation letters and partially retrospectively through the interviews. Thirteen letters of recommendation were received (72.2% of overall sample), highlighting the following criteria for selecting the participants (see Table 3).

The first column delineates the overall score within each category. Moving towards the right, each column is associated with a particular organisation type, namely PCTs, Acute trusts, SHA, WDC, and the final column Hants Ambulance Services. Not every category was mentioned by every organisation.

The retrospective interviews confirmed most of the above results in terms of criteria, using the analysis categories of *managers' expectation of the course* and *reasons for choosing participant*. For example, four of the managers' interview respondents have seen the selection of a participant as part of the individual's Personal Development Programme. Also, while being part of the non-specified skills development category above, four respondent managers sent their staff as they saw potential for a more senior position in the future. For instance, whilst only four managers mentioned "lack of confidence" in the initial letter, five interview

respondents saw this as one of the major reason to send the participant on the development programme. However, the difference in frequency is insignificant, as not necessarily the same managers were interviewed, who also written the letter of recommendation. This may be due to change of role and position within the organisation, or due to the unavailability of some managers. Below are the categories that emerged from the letters and retrospective interviews.

Criteria for Sending Participants

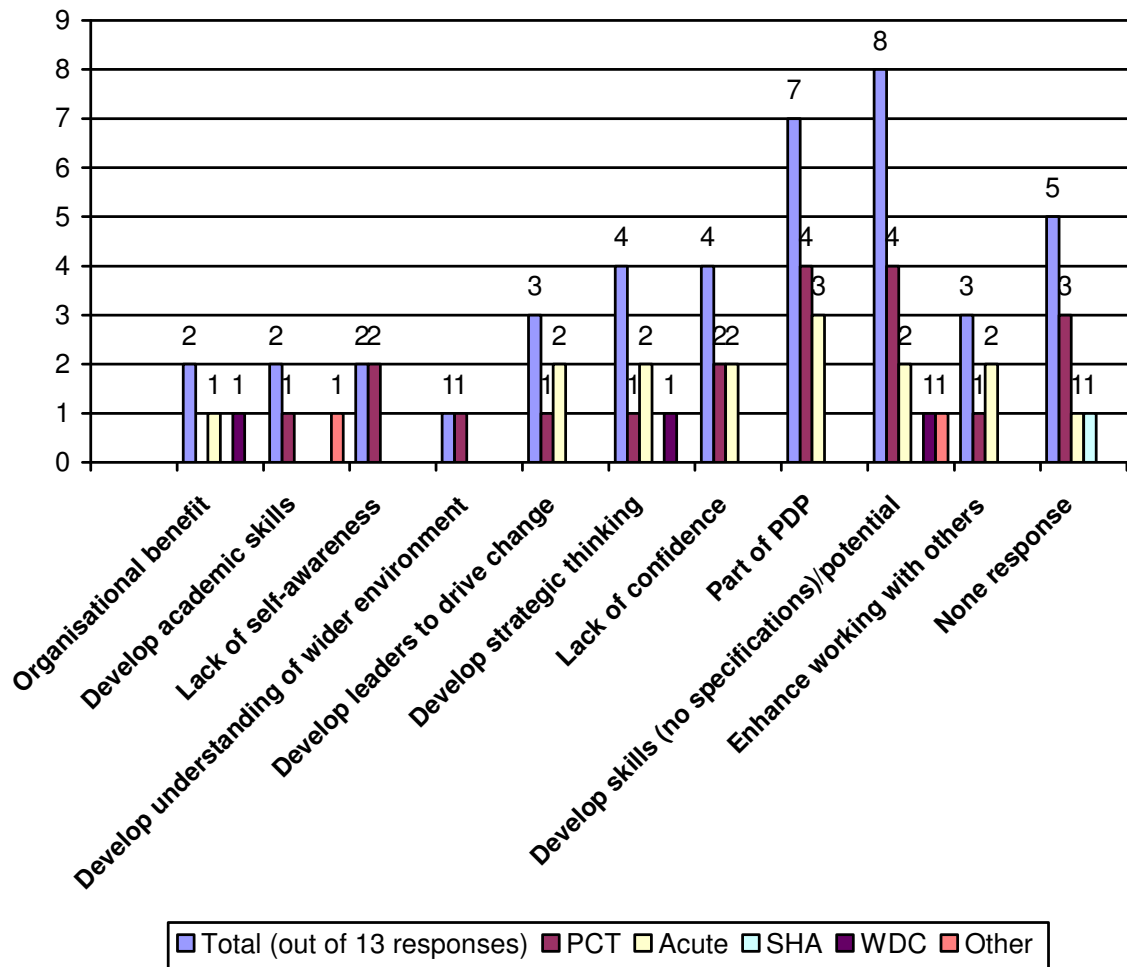


Table 3: Needs Assessment Criteria

Another issue frequently mentioned in the interviews was the need for the participants to enhance their strategic thinking. Interestingly, reviewing the first round self-assessment questionnaires, the section associated with strategic thinking was consistently scored low – by managers and participants. Other responses in the

interviews regarding the needs assessment highlighted the need of participants to engage in broader thinking, echoing the above selection criteria of taking the wider environment into account. Improvement on influencing others and the acquisition of skill or theories (non-specified) were additional motivators to send participants.

4.1.2 Participants' Motivation

As for the motivations of the participants, most commonly cited was that it just "*came along at the right time*" and fitting the current self-perceived need (6 interviewees). Also cited by various interviewees was the notion that the course may provide an opportunity to explore leadership issues in more detail (4 interviewees). Others were motivated because the development programme took the shape of a structured intervention, something some of the interviewees were lacking to date. Additional motivational factors mentioned within the interviews were the possibility to network, take reflective time out of the office, and gain confidence.

The latter notion was also mentioned by some interviewees in response to the question of their expectations of the course. Two participants expected a boost in confidence and three interviewees expected to leave the course being more self-aware. The most common expectation was to gain some add-on skills, whereby those were not specified. Others expected to understand the difference between management and leadership (3 interviewees). Three interviewees replied that they had no specific expectation. The opportunity to network across the patch was also seen as a potentially good outcome of the course. Other expectations were to confirm that what one is doing is correct, to broaden ones perspective, how to manage change, and how one is able to put the knowledge into practice, including the impact the LQF has on leadership in practice. For a summary see Table 4 below.

While the managers' data comes primarily from the letter of recommendation prior to the course, the data from the participants was collected retrospectively. Table 5 shows a comparison of the expectation and needs analysis of the managers with the motivation and expectations of the participants. While the respondent numbers are not the same, it provides an interesting insight into differing perceptions of needs between the two stakeholder groups.

Motivation & Expectations of Participants

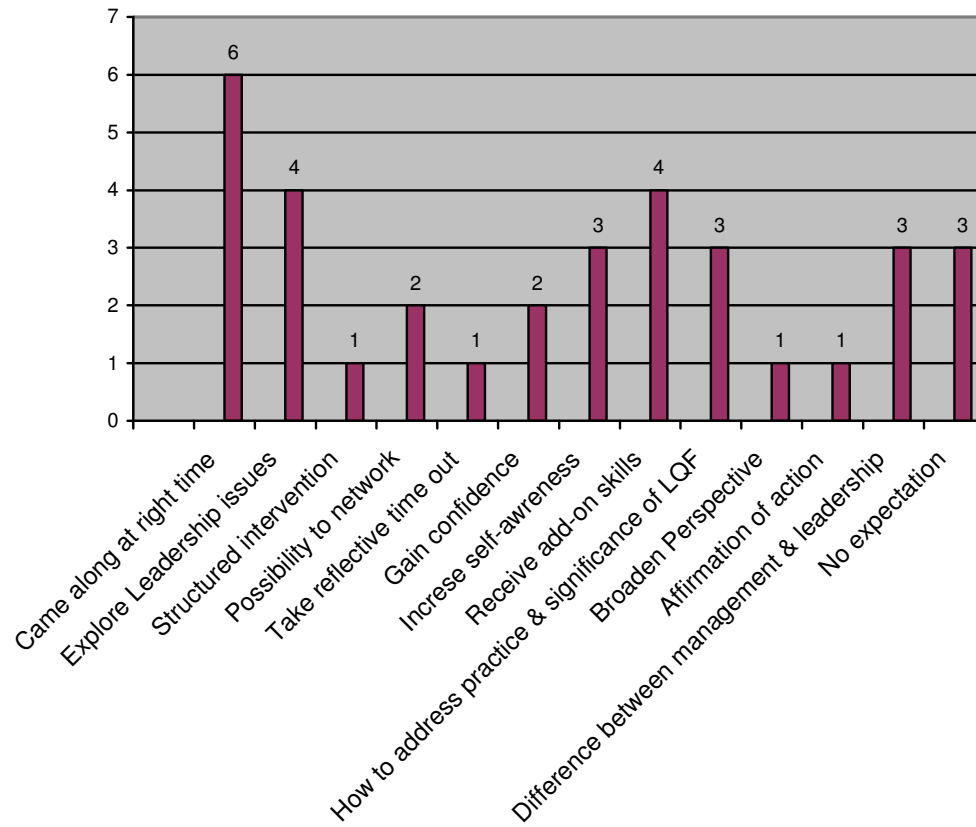


Table 4: Participants' Motivation & Expectation

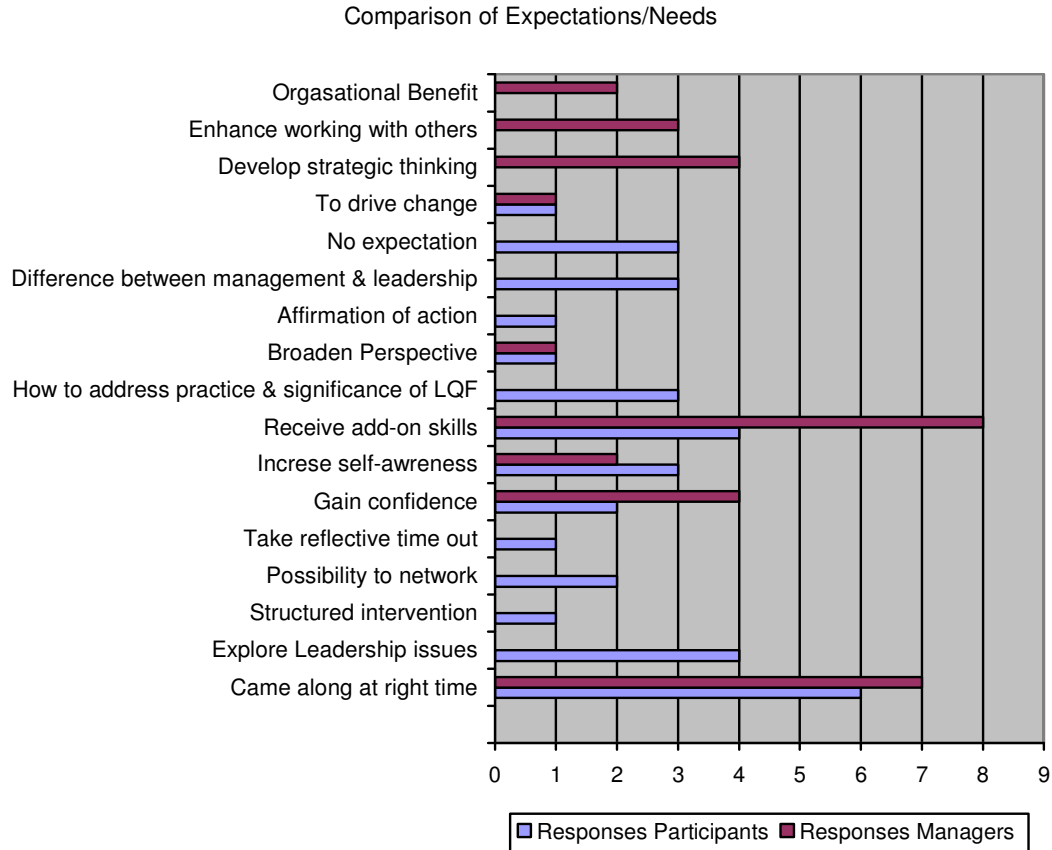


Table 5: Comparison between Participants' & Managers' Expectations/Needs

4.2 Level 1 Data

4.2.1 Internal Course Evaluation

The next level of data analysis in accordance with the evaluation framework and plan is level 1 data, which is concerned with the reaction and satisfaction of the participants. This data was provided by the course facilitators. Some interview respondents commented on the overall satisfaction of the course.

The course feedback was organised around the content of the modules, collecting quantitative feedback for each content area of each module using Likert scales. This feedback was complemented with qualitative comments on the feedback forms. The feedback for each module can be seen below in Table 6 to Table 9, with n=18.

Leadership Evaluation: An Impact Evaluation of a Leadership Development Programme

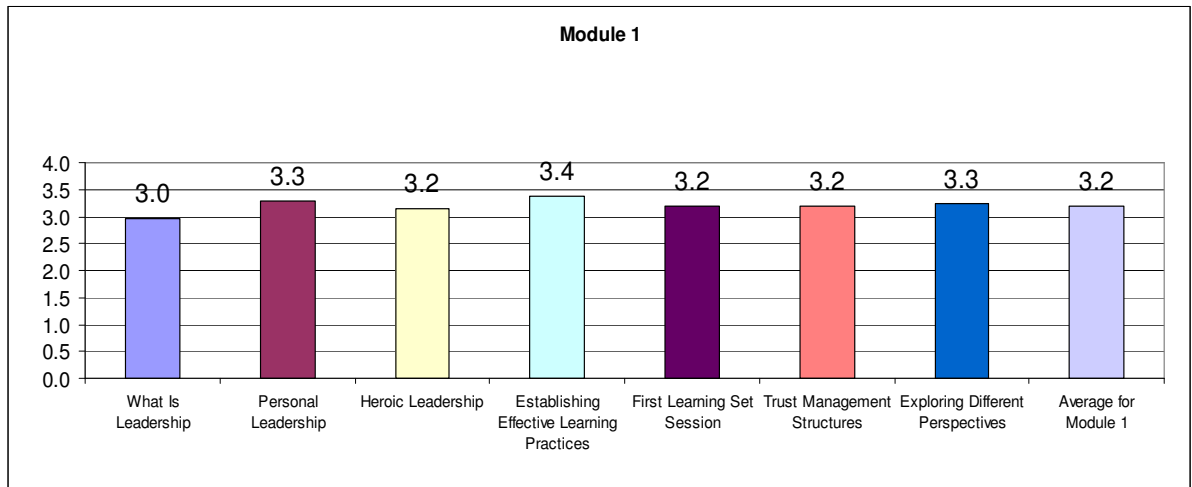


Table 6: Internal course Evaluation Module 1

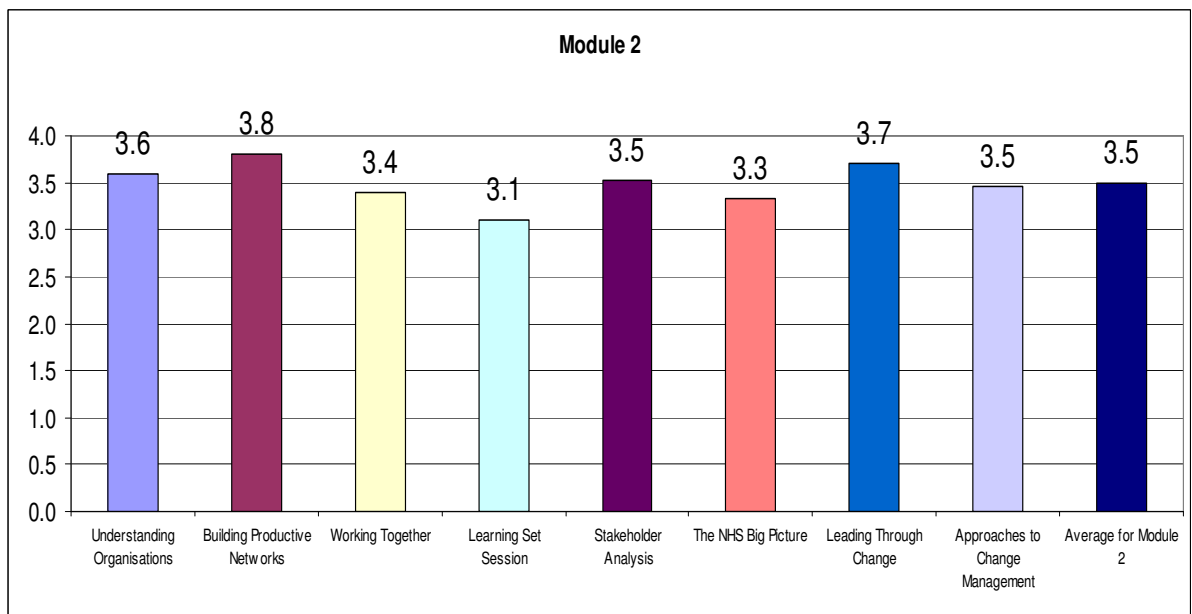


Table 7: Internal course Evaluation Module 2

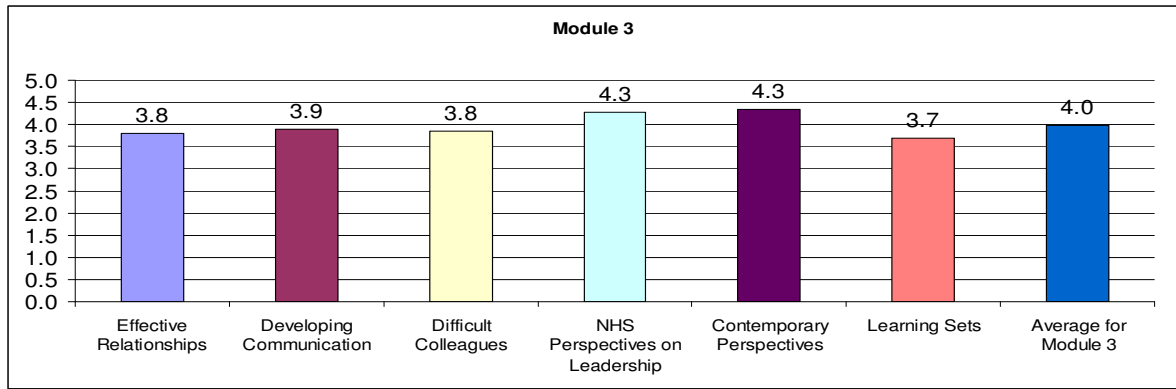


Table 8: Internal course Evaluation Module 3

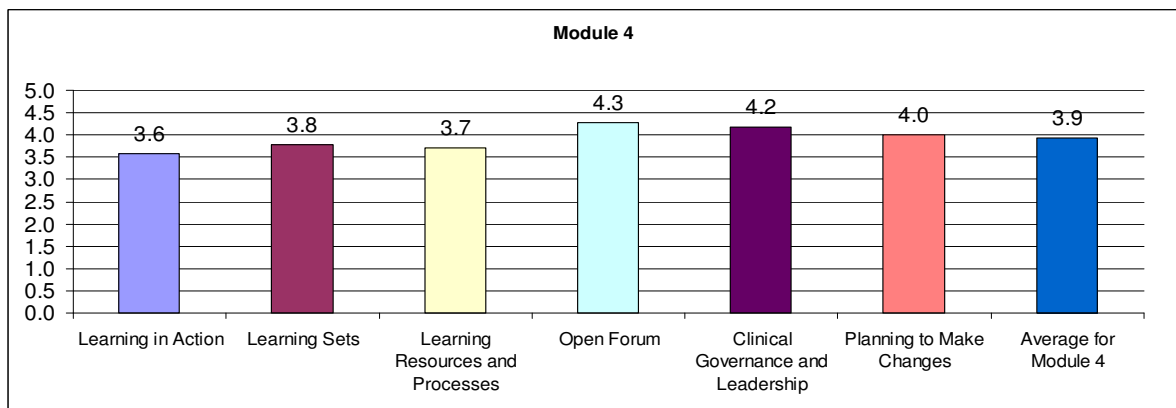


Table 9: Internal course Evaluation Module 4

Overall, the feedback was positive in all areas, with the lowest score of 3.0 in addressing the question of what constitutes leadership.

The comments made on the feedback forms and the comments concerning the course in general found in the interviews also reflected this positive experience of the participants. Only two participants perceived this course as adding little content value, but they agreed with the other participants about the positive aspects associated with the multi-disciplinary constitution of the course, as well as the residential element, which added an extra, positive dimension for participants.

The delivery of the course and the facilitative element of reflecting on personal practice were considered to be a positive aspect that came out of the interviews.

We also asked the participants and managers if they would send another member to the same course. Nearly all of the managers and participants said that this course was a good course and they would, or already have, send other organisational

members. This univocal agreement on the perceived value of the course was only qualified by both managers and participants that a careful needs assessment needs to take place before sending individuals.

4.3 Level 2 Data – Learning

The data in this section is concerned with the learning that may be assigned to the development intervention. Despite the fact that a second round of self-perception questionnaires was sent out, the response rate does not allow any robust inferences about perceived change. In addition, the questionnaire did not set out to measure improvement, but **perception** of change, which may mean that scores can be lower than in the initial questionnaire (beta and gamma changes), still indicating change. Whilst not significant, the participants' responses to the second round questionnaire indicated that all of them scored higher. This may indicate change, but as no robust comparator exists, this finding does nothing but indicate that something has changed during the course.

The more interesting data comes from the participants' and managers' interviews. The interviews were scheduled post-course at the respective location of the participant or manager. The aim was to identify retrospectively what managers and participants perceived was learned at the course. The first perspective represented is the view the managers take on the learning that occurred as a result of the training intervention.

4.3.1 Managers' Perspective on Achieved Learning

It is difficult at best to assign particular improvements on an individual basis to a particular training programme, especially if some of the circumstances for some participants changed during the same time. However, the interviews with the managers revealed that some aspects of improvement have coincided with the undertaking of the development programme.

Six out of nine interviewed managers are convinced that the course has provided the participants with more confidence to undertake their daily work. This is substantiated with claims that some of the participants, from a manager's perspective, act more assertively within their respective roles. Furthermore, six of the nine interviewed managers also think that the participants have learned to be more

reflective about themselves, about their abilities, and about the way they work. This coincides with a perceived improvement by the participants in viewing things from a broader perspective. One third of the managers noticed that the participants take a more holistic perspective. In terms of specific skill, two managers perceive their respective member of staff to be more competent in presenting their work and speaking more freely in public regardless of the hierarchical rank of the audience. Two managers suggest that the course has improved the style of the participants, making them more “*consultative*”, whereas one manager argues that this type of course is not about teaching or improving any particular type of skill, but about the opportunity for staff to discover themselves and themselves within groups. One manager argues that it is impossible to judge, as there is no real comparator, as well as he sees change to be occurring incrementally over time, making it difficult to assign any learning to the development intervention.

4.3.2 Participants’ Perspective on Achieved Learning

The participant interviews reflected some of the managers’ arguments. For example, five of the interviewees, just over 40%, claimed that the course has taught them to be more confident. Another finding similar to those of the managers’ interviews is that nearly 70% of the participants learned to be more reflective and use time more consciously to engage in reflection, including learning about themselves. Paralleling the managers’ findings is the acknowledgement of a third of the participants that they learned to see things from a broader perspective.

The most significant learning objective found is that 75% of the interviewed participants felt that they are much better at appreciating others’ perspectives and view points, acknowledging that individuals act and perceive things differently. This change, or learning, can be confidently assigned to the course, as interviewees on various occasions commented that they were not aware before the intervention of why it is sometimes more difficult to communicate with someone.

In regards to acquiring, or learning, any specific set of skills or tools, over 50% of interviewees assumed to have learnt a specific tool or skill. Two participants assign a better knowledge of the LQF and leadership theories in general to the course, whereas one participant specifically mentions stakeholder analysis as a tool acquired through the course. The other three comments did not refer to any specific skill or tool, but to the variety of ideas, tools, theories, and frameworks covered within the

course. One participant specifically mentioned the ability to receive and give feedback more appropriately, being able to give constructive negative feedback, as well as receive such feedback. She assigned this specifically to the course. Six participants (50%) appreciated the confirmation and consolidation of already existing knowledge. One participant felt that the course did not provide a sufficient amount of toolkits.

Three participants specifically stated that they learned much more about the structure and processes within the NHS, and two of those would have liked this to be an extended part of the course. Two participants also assume that their self-management has improved in light of the course.

Other learning curves that could be identified implicitly through the data, which may be a direct result of the other areas of improvement, is the idea that some participants feel better equipped to involve people within and across organisations, as well as maintaining and building networks.

It has to be said that learning is difficult to measure in such circumstances. First of all, the participants are placed under a considerable amount of pressure being faced with the questions to pin-point specific learning. Also, the concept of learning is anything but easily defined, and some may argue that learning is only apparent if it is integrated into action. Thus, the next level of data analysis may shed significantly more light onto the question of learning.

4.4 Level 3 Data

This level of the data analysis is one of the more important parts of this report, as it investigates how the individual has transferred the learning into the organisation and/or onto the job performed. The data, which stems from the retrospective interviews, is again divided into managers' and participants' perspectives, starting with the former.

4.4.1 Managers' Perspective on Learning Application

It was outlined in the literature that the application and transfer of learning within an organisational context is often believed to be insignificant. Within the empirical investigation of this evaluation it was found that managers have been able to identify improvements on an individual level. This means that they have

recognised that the participants are using some of the content that has been delivered in the leadership course.

One third of the interviewed managers have stated that they acknowledged that their participating staff are now able to proactively lead groups or teams now and put agendas into action, which was not the case prior to the commencement of the course.

“...and there she has really led that, and although it has been a directorate thing, we know that [name] has done most of the work...”

Four of the nine managers also recognised that their staff are now more assertive within their daily work, showing that they have integrated the boost in confidence. The quote below shows one of the examples that made the manager believe the individual integrate some of the new learning.

“...has realised that being tough doesn't mean being nasty or horrible, and that it is sometimes a style that you have to use to make people realise the urgency of what it is that you require...”

Two managers reported that they perceive the respective participants to engage more effectively in building and maintaining relationships with others, arguing a clear visibility of an improvement of networking.

“...appears to me to have developed greater networks, I think he thinks more about networking now...”

One manager describes a perceived improvement in work output, whereby it is not specified what constitutes the improvement. Also, only one manager noticed a change of her staff in being able to deal with difficult situations. However, some of the other perceived applications of learning by the participants may imply that the context in which the new learning was applied was difficult, which was the reason for applying the new learning, and/or being successful.

While the expectation and needs assessment clearly identified the idea that the participants lack a broader, even a more strategic, perspective, only one manager noted a perceived change in her staff broadening their thinking after the course.

The interview elicited from the managers whether they perceive their staff to be more visible as a leader having completed the development intervention. Two thirds of the managers responded positively, underlining the notion that the participating individuals apply some of their learning. None of the managers negated the question regarding the visibility as leader; the remaining third did not have an answer to this question.

Overall, it can be argued that the data suggests that managers perceive the individuals to apply some of the learning within their daily work.

4.4.2 Participants' Perspective on Learning Application

The interviews with the participants identified a larger number of issues where they perceive they have applied some of the learning from the course.

Two participants perceive themselves to be much better in bringing people together and maintaining networks. One of them was deliberately applying stakeholder analysis as a tool that was learned on the course. An additional interviewee mentioned having applied stakeholder analysis because it was part of the course.

“...some of the tools that we used, I mean the stakeholder analysis stuff, that came at the right time for me because I used that as I looked at the bed closures within the organisation...”

One other member suggested being better equipped to apply some of the new learning in her daily work, but was not able to specify any particular issue, but argued that it was more about some tactics and thinking processes that were introduced throughout the course. In regards to applying specific tools from the course, one participant said that she used the *team, task, and individual* framework to analyse a particular problem situation.

One of the most widely recognised change in behaviour was associated with understanding and dealing with colleagues, peers, and/or managers. Half of the interviewees perceived themselves to be much more patient and understanding when it comes to dealing with others. They argue that they are now able to identify why

others may behave in a certain way and suggest that they have already been able to sit back and accept the difference in thinking.

“...and I now have an understanding of that person is like they are...”

“...I think I do listen more and it's about listening to where people are coming from and understanding the values that they got...”

“...almost your mindset whilst you are doing it and how you look at people and how you understand what their... there was quite a lot on understanding things from other people's perspective, it was interesting to compare to other people, you know there was this session on how would you sell an idea or an argument to somebody and how would you pick out the different personalities and how would you then try and sell something...understanding that people are driven by different things than you are and need different kind of emotional support and to just be aware of that...I mean it is something that you do tend to do, for example you'll say oh Joe Bloggs is a bit nervous, or doesn't cope well under pressure, but it's about a positive way of looking at that and questioning what would you do...”

One quarter of the participants assumed that they are more assertive and challenging within their daily work, which could be due to the reported increase in confidence a majority of participants reported.

“...I do take the lead now and I do challenge...”

Three of the individuals suggested that due to the course they have now started to give up some of their responsibilities, and they perceive that they do not have to shoulder all the responsibilities, but that leadership is about “letting go.”

“...so in terms of things like the heroic leadership issues, I'm starting to...whereas perhaps before I would shoulder most of the issues, whereas now I'm starting to push them back and say well no, we need to jointly resolve these...”

“...it is being willing to let go and not to have to lead everything from the front. And again I know all this, but I don’t do it, that you can lead from the side and from round the back and that’s ok...”

Two participants imply that they are now doing much more preparatory work compared to the time before the course. However, this may be difficult to be assigned to the course, as it may be influenced by the particular project they were working on at the time.

Two individuals have relayed information that they have passed on some particular piece of learning that they received during the course; namely, the notion that managing change is dealing with and managing in chaos.

“...I was surprised to hear that managing in chaos is ok. And I have actually used that with one of my subordinates who was having trouble getting to grips with something and I was able to use that quite successfully to give him some confidence about going forward in some quite difficult work...”

In order to corroborate this data, we asked the participants if they received feedback from colleagues, peers, managers, or staff members about changes in their behaviour, which the evaluation team assumed to be indicative for the application of new learning. Half of the interviewed participants said they had received feedback on change, whereby two of those suggested that it may be difficult to assign this primarily to the leadership course.

“...feedback that I got from one particular member of staff that I manage was that I was much more assertive, I was much more like a manager...”

“...on the away day last Monday, and I was really conscious and some of them commented on how well behaved I was, in terms of not hogging the floor...”

Five of the participants negated this question and one interviewee did not acknowledge any feedback in particular.

Lastly, we also asked the participants if they feel more visible as a leader after having completed the course. Five individuals perceived themselves to be more

visible. However, four members did not think that they are any more visible, whereby some of them assumed to have been visible prior to the course, mainly due to their hierarchical role. Two participants did not have a perception about their visibility and were not sure how to answer this question, suggesting that this is in the eye of the beholder rather than them.

4.5 Level 4 Data – Business Benefit

The previous section focused on how the individuals have applied some of the learning by capturing both the participants' perspective and the managers' perspective. This section will focus on the organisational impact of the learning that took place through the course. The data presented here looks at the organisational benefits and the systematic use of the learning from the course. Therefore, the report will first outline how the managers perceive the learning to be beneficial to the organisation, which will be contrasted with the perspective from the course participants. Secondly, we will present the data that looks at the organisational use of the learning from both perspectives. Lastly, this section will also present some data on the support that is available to the individuals in applying their new knowledge. All the data collected within this section is based on the one-to-one interviews.

4.5.1 Organisational Benefit – Managers' Perspective

Whilst the interview questions corresponding to this level of data requirements were seeking information on the tangible impact of the course on the organisation, very few tangible measures of benefit have been identified by the managers. For example, one third of the managers assumed that it was a positive organisational outcome that the individual participants noticed an investment in their development by the organisation.

“...there is something about the way you demonstrate to individuals that they are important and that we are willing to investing in them as individuals and people and their career paths, on the expectation that they will give something back...”

Another notional measurement was presented by two managers, who argued, without specifying, that the participant got back from the course more effective.

“...the first thing that you get back is someone who is able to work a lot more autonomously, who can work a lot more effectively...”

This was complemented by two managers who mentioned an improvement in skills and knowledge that the course participants bring back to the organisation. However, not unlike the previous outcome, no defining measurement was presented by the managers.

A further issue that seemed to be deemed positive in terms of outcomes for an organisation – again without qualifying the response – was that individuals’ increase in confidence has organisational consequences. One third of the managers seen confidence as having some form of organisational impact.

Two managers argued that participants bring back more competence and an ability to do more demanding tasks.

“...she is then going to be doing a job which is more demanding...”

Those last four criteria for organisational benefit and impact are seen to be a rare combination or characteristic within the NHS, which makes it desirable for organisations to send people on development interventions.

“...they get back a more effective, confident and competent middle-senior manager. And I think in the NHS as a whole and within PCT’s in particular that is an extremely valuable and scarce resource...”

Other benefits mentioned by managers included the ability of individuals to look at things differently (two managers), having more contacts to outside organisations (two managers), being able to work in different areas and more autonomously, and the potential of individuals to challenge the status quo. Lastly, one manager argued that an organisational benefit is that the individual understands better the way in which the organisation works.

“...a leadership course is to take somebody who is potentially good, but is relatively ignorant about systems and allow them to gain insights into how a system works...”

4.5.2 Organisational Benefit – Participants’ Perspective

Asking the participants about what they perceive the organisational benefits are of sending them to a course has brought out interesting evidence, as most of the categories are similar (see Table 10).

One quarter of the participants perceived the course to be beneficial for the organisation as they are coming back with a broader perspective. The perceived usefulness of such an extended mind-set is, however, not qualified.

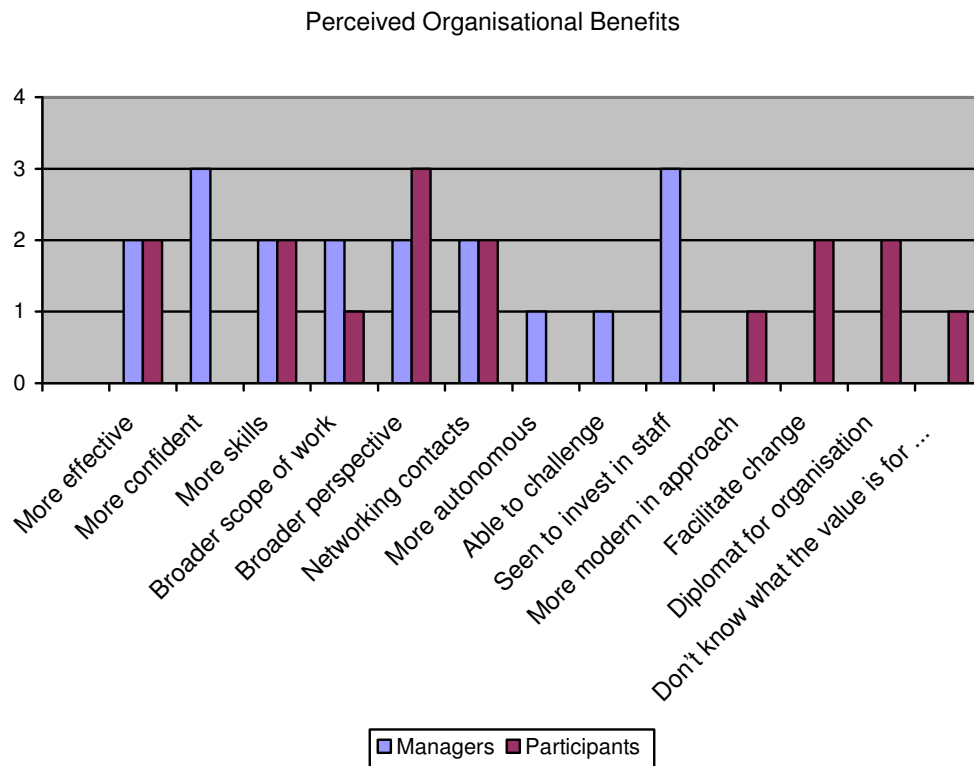


Table 10: Comparison between Participants’ & Managers’ Perspective on Perceived Organisational Benefits

Another interesting similarity between the managers’ perspective and the participants’ perception is the idea that the course provides some add-on skill, again, without qualifying the nature or specificity of such skills.

Two participants also agree with the managers' perception that a course is beneficial for the organisation as individuals usually return being more effective in their job, including the ability to work a broader scope of jobs within an organisation (one participant).

“...I progressed in a lot of the projects that I was holding at the time, a lot quicker than I perhaps would have done...”

“... having someone else who can...deal with things at that level...”

Equally similar is the perception that a development intervention of the nature of the evaluated course has the positive outcome of building networks outside the organisation. Two participants perceived this to be a primary outcome for the organisation.

Other factors that were judged to be positive for an organisation were the ability to facilitate change in a different way (two participants), being more enthusiastic, which is believed to impact the organisation (one participant), and that one becomes more modern in his/her approach (one participant).

“...it will get the benefit from what I have learnt and the way I have developed in a more modern manner...”

Lastly within this section, it was noted that it is not necessarily clear as to what the organisation may perceive the value of such a course to be.

“...don't really know what they perceive the value to be, because I don't know if they just felt it was something to give me because they hadn't given me what I had asked for...”

Interestingly, only one participant observed this, even though the research team felt that some of the other participants had similar thoughts. This was assumed as the respondents answered the questions regarding the perceived benefit for the organisation in a hypothetical language, not committing to any specific benefits. This was partially observed with the managers too.

4.5.3 Organisational Learning Integration – Managers’

Perspective

While the above section highlighted the perceived benefits for the organisation, this and the subsequent section look at the perception of this learning is systematically used by the organisation.

There was no clear consensus by the managers as to how organisations use new learning that is brought back by course participants. Two managers agreed that there is not enough done within the organisation to incorporate new learning and that there are no formal structures or processes in place that would aid such a learning transfer.

“...I don’t think we do enough and what we should do is get people back and share what they have learnt, talk about more what they have learnt...”

“...not in any formal way...”

Besides those two managers, only two other managers answered this question directly by perceiving the organisation as helping in the learning transfer process by giving them the opportunity to apply new learning (one manager). The other manager argued that she perceived the organisational learning transfer to be enhanced by seeing that other individuals within an organisation seek out people who have attended a course.

However, some of the data that may have been included within this particular section of the report has been included in a subsequent section on the organisational support provided to aid learning transfer and application.

4.5.4 Organisational Learning Integration – Participants’

Perspective

The participants were more congruent within their answers regarding the perceived integration of their individual learning into the organisation. In total nine participants (three quarters) agreed that their respective organisations are not very good at bringing individual knowledge back into the organisation, whereby four of

those nine perceived there to be no formal process or structure in place to support any form of learning transfer.

“...we are also not very good at looking at how we can get that knowledge they have learned back into the organisation...”

“...there is no formal structure...”

“...there isn't a well-developed mechanism...certainly no pick-up...”

“...good at identifying the course, but we are less good about how we put that in context and how we can use that course afterwards...”

These are just some of a number of statements about the perception of organisational learning transfer.

In line of the above evidence, three participants felt that this is not necessarily a hindrance to learning transfer, but that it is much more about being proactively engaging with others about what one has learnt and therefore passing it on.

“...it is about being proactive, I mean I am part of the organisation... I should take on that responsibility for doing as much as I can do...”

“...I went back and said ‘oh, this module covered this, this, and this’...”

One participant perceived better progress to be a sign of integrating learning, as she assumed this to help the organisation. However, the research team feels that this may be more of a general benefit and less of a sign that an organisation actively tries to integrate and transfer new individual learning.

One participant argued that there is not enough time to actually apply and integrate new knowledge, as there is too much operational activity to proactively use or disseminate new learning.

“...I don't have that luxury of time...”

4.5.5 Organisational Support – Support from Managers

It seemed logical to include the data on the perceived support mechanisms to help in transferring and applying new knowledge as part of this level of data, as it should be an organisational concern to do what ever possible to keep new knowledge – or learning – within the organisation.

The first part will describe the type of support participants receive from their immediate manager. As within the previous section, the perceptions of what the managers perceive they provide on support will be contrasted with the participants view.

Nearly all the managers (seven) have regular one-to-one meetings with their staff to discuss work related issues and concerns. More than half of the managers also perceive their role to be more than just the line-manager, but a facilitator to provide the participants with opportunities to try new learning or actively take the lead in specifically identified situations (whereby the situations are usually defined by the line-manager).

“...I have supported in taking the lead in more areas independently...”

“... I think it was as much to try and carve out opportunities for her to [do things]...”

“...well, it is around giving people scope of their own projects to lead...”

Two of the interviewed managers perceive themselves to be more than just a line manager, but identify themselves as mentors.

The only other comment that was made in regards to the support they provide on an individual basis was that they have formal appraisals and feedback processes in place.

The interviews also elicited information from the managers regarding the plans to support individuals in the future. Most managers perceived future support to be an individual exercise in which the line-manager acts as a facilitator providing opportunities, and/or identifying future development needs.

From the participants' perspective, the interview data was less exhaustive. Two of the interviewees identified regular one-to-one meetings as a support mechanism, whereby two others just stated that their individual line manager is very supportive. This was, however, not further qualified. One participant identified her line manager as a "good boss", perceiving the line manager to be available when needed. The general perception from participants appears to be that they have sufficient individual support from their line manager, without qualifying this perception with specific examples or instances.

4.5.6 Organisational Support – Organisational Mechanisms

The previous section focused on the individual support participants feel they received after attending the course. This section presents results that were aimed to establish more generally how the organisation, rather than the individual line manager, supports the transfer and application of new learning.

Two thirds of the managers agree that their organisations are neither good at incorporating learning into organisational operations, nor that there are any institutionalised mechanisms that would support such efforts.

"...we don't have those institutionalised and I don't think we have plans to..."

"...I think we are probably not so good at that..."

"...work needs to be done in formalising the process..."

These responses included a negation of any formal processes in identifying mentors or in providing access to learning sets (something that was described as beneficial by the research literature). Two managers said that the respective participant is part of a learning set, which is also encouraged. Equally, two managers suggested that there are plans to institutionalise organisational support for learning transfer within the near future.

"...they are planning to have learning sets... something we will see more of is development of locality managers having mentors..."

Two managers also suggested that their staff are encouraged to seek mentors, but that this should be independent of the organisation. Interestingly, two managers feel that an organisational input into transferring learning is to allow them time and/or opportunity to develop and try their new learning. Participants seem to feel more strongly about the organisational support mechanisms. More than half of the participants feel that there is nothing in the organisation (beyond individual support) that supports the transfer of learning.

“...I think that is one area that we are not hot in...we are not so good when somebody is doing a programme, and looking at how we support them...”

“...pretty lousy really...”

“...I don't think there is anything formal...”

“...we have not had in place a formal structure which says well this is how you use your skills...”

Three participants concur by stating that there is no pick up of what is learned by the individuals and one participant said that there is no policy or procedure that suggests having a mentor at a certain level within the organisation. However, one participant said she has a mentor.

Two participants feel that their organisations' culture is supportive in that they are given the opportunity to try things out.

“...it's important to acknowledge that people have been on these management programmes...to give them more responsibility without overloading them...”

Lastly, two individuals suggested that organisational support is only available by pursuing it in a proactive manner, by either “*creating your own mechanisms*” or by “*asking for it.*”

However, it is felt that most of the positive aspects mentioned on organisational support are primarily focused on support from individuals rather than the organisation

itself. One participant summarises the sections on organisational impact and benefit, systematic use of new learning, and support within the organisation succinctly by stating that *“individuals are encouraging. I think the trouble is, the way the organisation works undoes a lot of that.”* It may be assumed from the above data that this applies to a large number of the above organisations.

4.6 Level 5 Data – Return on Investment

It has been argued in the earlier parts of this report that an intricate part of any thorough evaluation needs to assess the value an intervention is adding to an organisation. Thus, this section will present data that was collected through the interviews with the managers. The research team asked the managers to identify some criteria for measuring the impact and benefit of the leadership course in order to define the return on investment made by the organisation.

The research team found that there does not seem to be univocal agreement as to what the benchmark for measuring return on investment is. Managers appear to have an imprecise perception of Level 5 evaluation criteria. Two thirds of the managers agreed that it is difficult at best to define measurements for interventions such like the leadership course.

“...that is always more difficult...”

“...that is hard! I don't know, how do you measure things like peoples contribution...”

“...I'm just not sure that you could come out with a really sensitive measure...”

“...it is nebulous; it's a bit like trying to thin jelly...”

These are just some of the comments that highlight the lack of a benchmark for considering tangible outcomes, and henceforth a return on investment for this leadership course. One manager even stated that it is necessary to *“have a bench-line to start with, because if you don't know what your baseline is, it is difficult to measure.”*

However, none of the other interviewees identified this difficulty. Instead, more than half of the managers suggested that the difficulty associated with measuring outcomes is that those measurements do not lend themselves to rigid cost analyses, as they are qualitative or subjective in nature.

“...they are qualitative rather than quantifiable things aren't they...”

“...it has got to be qualitative and I think that is has got to be by and large down to what the subjective experience of that person is...”

“...so these are fairly qualitative and perceptive measures...”

Even though most of the managers agreed on the subjective and intangible nature of potential measures, six of the interviewees argued that one possible criterion to use for a benefit analysis would be improvements of the working processes.

“...I think often it is how the job is done not that the job gets done, but it's about has it been done smarter...”

“...you can measure the outputs, but there's also something in the way that they did it...”

More than half of the managers also alluded to the outputs that could be measured, either in conjunction with the processes that deliver the outputs (the second statement above), or as a sole measure.

“...these things have a definite output; these pieces of work have definite outputs...”

One manager suggested that meeting performance indicators is a measure that is valuable for ROI. However, this seems closely related to measuring outputs as criteria.

Four managers assumed that survey tools, such as 360 degree tools, are a way of achieving measurements of change that could be used to identify a return on investment.

“...I suppose there are things such as the 360 degree feedback that will give you an idea of what has happened since the course...”

“...the best way would be 360 degree feedback before and after...”

“...part of it is the 360 degree stuff, which has got to include the personal subjective experience of it...”

Whilst the literature argues that using 360 degree tools as an evaluation or measurement tool is challenging at best (Day 2000), the first and third statements above show that there is some ambiguity associated with the use of such tools and managers seem less sure of the usefulness.

One of the more tangible suggestions was the measurement of competencies as a means to identify the benefits of the course. One third of the managers perceived this to be a valuable measure to identify return on investment. However, it is argued that this is closely related to 360 degree feedback tools, which also aim to identify the aptitude of certain characteristics or competencies.

Interestingly, three managers took an individual focus by perceiving the fulfilment of Personal Development Plans (PDP) as an indicator with which ROI could be associated.

“...we put that in place [PDP] and then at the end we look back to, did what you did meet that need. And I suppose it is partly from the individual themselves saying ‘yes, you know, I now feel...’...”

“...have they made a lot of progress in terms of their personal development programme...”

An issue that could be associated with personal development is the idea that career progression may be an indicator for success and can be used to identify ROI.

While one third of the managers identify this criterion as a possible measure, only one manager advocates that time is an issue when using this measure.

“...I think a lot of it has got to be over time. I think it would be worth while tracking one year, two years, maybe three years down the line in terms of career and moving on in jobs...”

“...the retention of other staff, the retention of that individual member of staff, the development or promotion of that individual in terms of success...”

The second quotation indicates that the idea of career progression is a double edged sword, as two managers identify the actual retention and consolidation of skill for the organisation as a measure of benefit and regained cost in terms of their investment.

“...the return would be that the person doesn't move on too quickly, that they stay and consolidate what they have learnt within the organisation...”

Taking a comparative view, two managers thought about using failure or the decrease thereof as an indicator of success. However, one of those managers suggested that it would be very difficult to find an appropriate control group, as well as assigning the decrease of failure to a course rather than to other, non-identified changes within the immediate environment.

One manager argued that sending another participant on the course could be seen as a measure of success, as it implies that the course has delivered outcomes that are worth the investment of an organisation. When we asked the managers if they would send other individuals even with an increase in cost, the answers were univocally “yes, but...”, qualifying their answers by arguing the need for identifying what the organisation and the individual's expected outcomes are and comparing them to the investment. However, from the above data, this seems unlikely, as none of the managers appear to be able to identify a clear benchmark for ROI, assuming that it would make any needs assessment difficult.

To summarise, two quotes from managers seem to capture the difficulties associate with identifying tangible measures to inform ROI, one of them assuming

that there may not be any tangible measures, the other assuming that the measure can not be the intangible outcomes from the course, but needs to be the individual. Both of those statements summarise the above data by either focusing on the individual as a unit of assessment, or the organisational processes as the analysis unit.

“...I suppose the answer is that we can't be sure of benefits...”

“...I wouldn't be doing a cost-benefit analysis of a development programme. I would be doing a cost-benefit analysis of that person...”

4.7 Additional Findings

The above representation of the results shows that there are a number of issues arising from the evaluation that have an impact on the perceived usefulness of the leadership development course. All the above findings were explicitly elicited in order to answer the questions that were asked at the outset of this evaluation. However, beyond those results, the interviews revealed a number of other interesting issues that deserve attention.

First of all, the inter-disciplinary and multi-professional nature of this course was generally seen as a very positive experience both from the managers and the individuals. Most of them assigned added value to the constitutions of the group, as it provided them with the possibility to gain more insights into other areas of the NHS, as well as it brought practitioners and managers together.

“...that group was a very diverse group and was able to draw on experiences...from other professions...”

“...I thought that was a really effective way of learning, because one of the things that I got was more of an insight if you like into the work of other people...”

“...the really good thing about it is that it is people across the county and there are people working with different organisations...”

“...liked about the course is that it wasn't just a course for doctors...”

“...one of the reasons that I wanted her to go on it was because it was inter-professional...”

Besides the value assigned to the inter-disciplinarity of the course was the idea of some participants that this is something the health service has not yet used to its fullest potential, even to the extent that one participant argued that inter-professional courses need to even extend beyond local boundaries.

“...would have found it more valuable had it have been people from other areas...”

“...one of the things that I raised...I said we need to think about people from other groups who could benefit within the NHS family, who could benefit from this type of programme...”

“...inter-disciplinary...is not the norm in the Health Service and the switch is something that is bringing people together to make something happen...”

More than half of the participants also thought that the residential aspect added particular value to the course, as it allowed individuals to learn more about each other profession, or even discuss the day’s learning in a more informal environment.

“...I wasn’t able to stay for the residential part for the last few weeks, but that does lessen the experience...”

“...the residential element did feel quite important...”

“...the ones that stayed felt tat was really important...”

One of the previous discussions argued that one of the measures of success may be the changes in career paths or aspirations. The interviews have shown that the course had some impact on the way the participants felt about their career. Whilst two participants argued it has not changed their career perspective, the remaining

participants (10) have found the course either a reassuring experience that they are on the right path, or it ignited a thought process about considering their options in terms of their career. For a number of participants the course helped them to realise their strengths and where they want their career path to go. Two participants have actually applied for different jobs and one participant has changed jobs during the course.

One last issue is regarding the perceived challenges that may be associated with development courses. Eight interviewees from the total of 21 perceived leaving the NHS a challenge. However, some respondents qualified such comments with arguing that if they stay within the Health Service the investment would not be lost and therefore it would be less of a challenge, as the individual would still be part of the larger health community.

Another challenge was seen within the time spent in actually attend courses. Over half of all the interviewees perceived time to be a major challenge, as either the opportunity cost of leaving work would be too high, or as the workload would be too high, which meant that time off was difficult to organise. However, one participant qualified the argument regarding time, suggesting that *“I think we don’t send people away because we think we are too busy, but I think the bigger risk is that we don’t think about it enough.”*

5. Discussion

Having outlined the results, some of these deserve some further attention. This part of the report will discuss some of the result, putting them in the context of the literature and the commission to evaluate the Leadership 2 Training Programme. In order to focus the discussion, the research team grouped the issues into three distinct areas. The first one to be discussed is concerned with design, implementation, and evaluation issues that arose out of the empirical work. Secondly, the selection process for sending individuals on training courses needs to be addressed. Lastly, the discussion will focus on some of the beneficial and challenging issues that were raised throughout this study in regards to the investment and the value of development interventions.

5.1 Design and Evaluation

Undertaking empirical work has always associated challenges. One of the more pressing ones is the limitations linked with data collection, more specifically the challenges of access. This study, while taking an exploratory case study approach, had a designated cohort. Access was granted and agreed upon on at the outset of the evaluation, including consent. However, response rates, access to individuals, and genuine participation and commitment from the organisations posed a serious challenge. The response rate for the questionnaires, as well as the availability of individuals for interviews, was severely limiting for the evaluation.

These problems of access appear to be symptoms for two issues. First, concerned individuals have changed their roles throughout the evaluation, or moved on to different organisations. While staff turnover is an everyday occurrence in organisational life, the miscommunication of such changes made it extremely difficult for the evaluation team to aim the research at the appropriate individuals. On various occasions we were informed that the provided details for managers were incorrect or out of date. In addition, our reliance on individuals to pass on questionnaires to team members, for whom we had no direct contact details, was disappointing and resulted in having to set aside one data source, namely the developed 360 degree tool. Methodologically, one ought to reflect upon the notion of involving team members. It may be assumed that managers have a significant outcome of sending a participant to

a development intervention, which in turn suggests an inherent interest into evaluating:

- i. The difference in performance of the individual;
- ii. The potential business impact; and
- iii. The perceived return on investment.

However, considering participants' team members, such assumptions are difficult to make, as there does not seem to be a benefit for the individual to participate in such an evaluation. Reasons for this could be the power imbalance, or the perceived lack of incentives to participate.

The second issue regarding the symptoms for limited access could be portrayed as a lack of commitment from the organisations to participate in this evaluation. While it has been brought to our attention that subsequent courses try to institutionalise organisational commitment more vigorously, in this instance the lack of time and investment from the organisations and their respective members has posed challenges. While the team was able to overcome those challenges, the value of incorporating peers, team members and managers in the evaluation more extensively would have added further dimension and depth to the investigation. Furthermore, this lack of commitment raises questions regarding the interest of some organisations in the outcomes of this study and subsequently the value of training and the evaluation thereof. Furthermore, the perceived lack of commitment by the researchers may also indicate the way in which responsibility for learning and training is assigned. One way of interpreting the strong empirical evidence regarding the lack of support mechanisms is to assume that managers take little time to aid individual to apply and integrate new learning. This may suggest that they feel their obligation is to send an individual on a course, after which all responsibility lies with the individual. In addition, this arguments implies that managers take little time for their staff, not necessarily out of a lack of interest, but because of the nature of the work, namely target and performance pressures.

However, it is acknowledged that time and workload pressures have to be taken into consideration, especially since some of the evaluation coincided with a number of large scale changes within the Primary Care Sector.

In regards to the evaluation, which set out to measure the impact of the leadership course on an organisational level, it may be argued that the time frame to achieve this was ambitious. Some interesting results have shown that there is the perception that some direct correlations between the course and organisational benefit and impact exist. It was also outlined in the literature that not many evaluations even look beyond individual learning. Thus, this evaluation identified that organisations do benefit from sending individuals on training courses, whereby the research team is reluctant to argue for any tangible results regarding impact. It has been argued that impact evaluation needs to consider a timeframe of up to ten years to reach some robust conclusions. Hence change beyond the individual is difficult to measure when undertaking a post-hoc study six months after course completion.

This suggests that in order to find robust evidence for organisational change it is necessary to design evaluation programmes that track individuals over a number of years. Change can only be incremental, particularly if the focus of training interventions is the individual.

In addition to providing evidence that training courses make a difference to the organisation, this evaluation also attempted to identify some measures that may be used to inform organisations about the return of investment of development interventions. It was suggested that only five percent of all evaluation even look at the potential return on investment. The difficulties associated with identifying some measures will be discussed below, but it seems that in order to evaluate the return on investment appropriately, a thorough needs analysis has to precede the evaluation. Thus, even though this study collated data on the reasons why participants were selected to attend this course, the data was incomplete (only thirteen of eighteen managers wrote a letter outlining the reasons for sending the participant) and thus it was another indication that no thorough needs assessment took place by the managers prior to sending participants on the course. Also, all data regarding the individuals' motivation were selected post course. This may suggest that no needs assessment for the individual took place, as none of the individuals explicitly stated that this course was part of a larger development plan. However, some individuals argued that the course came along at the right time, which may imply that course attendance was part of a larger development strategy for the individual.

The implication of this lack of a structured and coherent needs assessment prior to course commencement is that the evaluation has difficulties to pin-point change

more precisely. Having no criteria or benchmark upon which to measure change may limit the outcomes of an evaluation. However, this study has shown – even in the absence of a comprehensive set of tangible measurements – that change has occurred both on an individual level and on an organisational level.

5.2 Selection

It was shown above that there was no unambiguous needs assessment that took place prior to the course. On the one hand we have certain expectation from both managers and participants, and on the other hand there ought to be an organisational need that is met once the individual has undertaken the course. However, the evidence suggests that there is no clearly defined benchmark against which the organisation is measuring success, as there seems to be only an imprecise perception about the outcomes of the course. This suggests that the selection of individuals sent on such courses is faulty. There seems to be no clearly defined procedure that matches the individual with the course, and the course with the organisational needs. Thus, one ought to ask how organisational needs are met and what the motivation for managers is to send, and individuals is to attend, a training course like this.

As this course was part of an early implementation site to incorporate the LQF, it is surprising that this tool was not used initially to address some of the above concern, namely, could the LQF be used not only as a training tool, but also as a link between identifying individual and organisational need. This relationship seems rather ill-developed. Some efforts are made to improve this situation, especially locally, where the LQF's 360 degree tool is used as a development tool for senior NHS staff. The data, however, appears to point towards the idea that there is no coherence between the managers'/organisations' need and those of the individuals within this organisation. Looking at Table 4, just about half of the criteria outlined match between managers and participants. One ought to assume that if a coherent needs assessment for the organisation and the individual exists, the selection of the individuals would produce a closer match in expectations. The evidence from the empirical investigation strongly suggests that the nomination of participants in this case, as well as the motivation of the participants themselves to attend the course, was *ad hoc* rather than well thought out. Thus, while change on the individual and the organisational level occurred, the relationship between the individual, the

organisation, and the LQF is less than clear, as there appears to be no clear understanding of what is needed, which makes selection a haphazard process. This was supported by earlier presented literature that indicated the lack of clear selection procedures that are linked to the organisational and individual needs (Day 2000).

This leads to another pertinent issue regarding the development of leadership within the NHS. It has been argued that leadership is a social process, which is also socially constituted as it is dependent on the interaction between the leader, his/her followers, and the situational context. It was furthermore suggested that a large amount of development interventions take an individual stance, hence not addressing this social capital and nature of leadership, but focusing on individual skill and thus human capital. Considering this in the context of the pressing evidence that teams have a significant impact on performance improvements, enhancement in staff satisfaction, and in fostering organisational learning, the question remaining is why there is so little focus on developing social capital, but rather focusing on individuals.

There appears to be an *a priori* bias towards sending individuals on training courses, as well as designing courses that address individual skills. If leadership is about performance improvement, and it is a socially constituted construct, the investment into leadership ought to focus on developing social capital in order to achieve organisational leadership.

It was apparent from the data that individuals gained a variety of skills, which were difficult to apply at times. One explanation may be that this lack of freedom to apply new learning was confined by the lack of understanding from peers, team members and maybe even line managers. If the investment would be in developing social capital, one may argue that newly gained enthusiasm to try new approaches is not stifled, but enhanced, as others have similar experiences.

A further issue that is associated with leadership is the ability to influence and network across organisational boundaries. The data suggested that networking was an important motivator to attend, as well as send, individuals on this course. It was furthermore advocated that this was enhanced by having the opportunity to take part in an interdisciplinary course. The value of such an approach to leadership development was univocally echoed by managers and participants alike. While the networking was highlighted as a significant driver for course attendance, the interdisciplinary aspect appeared to be secondary in as much as it seemed to be an added bonus to the course. None of the data suggest that the interdisciplinary aspect

was considered prior to the course commencement, with the exception of one manager. With the aim of the NHS to provide integrated health care as well as addressing the need to work closely with other agencies, the intentionality of interdisciplinary development interventions ought to be more obvious. One participant noted that she would have wished to include a wider variety of health and social care institutions, suggesting that interdisciplinary development beyond the health care sector is still in its infancy. One may even suggest that this is true within the health care sector, noting that a number of the clinicians who took part of this course valued the variety as a novel way to training programmes.

The essence of this argument is that networking and the deeper insight into other health care professionals' job was highly valued. It emphasises the shift towards understanding the importance of collaborative work that relies heavily on mutual understanding and the ability to initiate and maintain networks. This shift has already been identified in the literature as a pivotal part of improving health and social care. Furthermore, this notion of collaborative work is championed by upper levels of management within the NHS, while it is realised that there is still a gap between the recognition and awareness of the need to work collaboratively compared to internalising this understanding.

The last issue related to the selection of appropriate course attendees is concerned with the "after care" of individuals returning from a training intervention. None of the organisations seemed to have any structures or procedures in place that support the dissemination or application of new learning. The data strongly suggests that support is primarily received by individuals but that organisational structures are less than sufficient. This is an important point, as the literature clearly indicates that appropriate follow-ups enhance the performance of individuals. Thus reminding the individual of their learning and allowing them to apply and reflect on this application is a vital part in the success of training courses.

5.3 Organisational Benefits and ROI

The above discussion concerning the lack of a coherent and consistent approach to identify both organisational and individual needs in conjunction with leadership requirements is significantly impacted by the imprecise notion about possible criteria to measure benefits or the return on investment.

While this study tried to elicit specific measurement criteria from the managers, none seemed to be able to provide us with unambiguous tangible measurement standard. While this is hardly surprising considering the literature on measuring change instigated by courses that address softer skills associated with leadership, the data suggests that no thorough analysis of potential measure has yet been undertaken at all.

Qualitative criteria are an appropriate measure for the success of training interventions. However, there seemed to be a distinct lack of knowledge as to what one may be able to measure. The data suggests that none of the organisations have any form of standard that provides them with an insight into the value of development interventions. Most of the development seems to be undertaken in good faith, hoping to produce some benefit and even a return on investment. This includes a lack of evaluation associated with development programmes in the NHS.

Investment is an important issue that needs to be addressed within a public service organisation, which is constantly labouring under tight budget constraints. While it was suggested in the literature and in the data that there is a potential to measure benefits on a perceptive measure, such as increase in confidence, or the perceived ability to move on (intellectually), the question regarding the investment is still difficult to address with a traditional cost-benefit analysis.

It is suggested in some of the literature that one criterion to use would be the change of staff in terms of roles, careers, or organisation. One ought to believe that a perceived change has taken place that a prolonged stay within the organisation will eventually result in some tangible benefit, such as improved performance (which is difficult to primarily attribute to courses). One the other hand, if an individual changes his or her career, it is difficult to see the return on the investment, even though a course clearly helped to make this transition. The question here is about who holds the investment, the individual, the host organisation, or the NHS as a whole? As long as there are no clear standards to measure or indicate success and ROI it is difficult to address this question appropriately. This research has highlighted the need to seriously consider aspects that make it possible to address this type of question, otherwise training, while a good and worthy undertaking, remains nothing but an act of faith that is neither connected to a thorough needs assessment, nor to an integrated strategy that is able to identify the “real” value for the organisation.

In summary, the key issues resulting from the above interpretation of the data and the corresponding literature are as follow:

- To enhance future evaluations, access and organisational commitment needs to be secured at a very early stage
- Evaluation is tightly bound to a clear understanding of organisational and individual needs
- Organisational and individual needs assessment needs to take place prior to any course in a coherent and consistent manner
- Selection of individuals to attend training courses must be significantly dependent on a thorough needs assessment
- Organisations need to focus their efforts on clearly addressing the balance between social and human capital, that means between leader and leadership development
- A sufficient understanding of potential measurement criteria is not yet apparent, but measurement criteria need to be addressed prior to any development intervention:
 1. To successfully measure impact;
 2. To gain an understanding of the return on investment.

6. Recommendations

Considering the literature, the data, and the discussion above, this chapter summarises the results and the subsequent interpretation by providing some recommendations. The recommendations aim at three distinct levels. The first set of recommendations makes suggestions of a strategic nature for policy makers, namely the Leadership Centre, the WDC and the SHA. The second set of recommendations is aimed at the operational level within organisations, addressing issues to be considered on a more localised level. The last section of recommendations is aimed at the individual undertaking a development programme.

6.1 Strategic Recommendations

The first suggestion is to identify and define a clear strategic direction for commissioning leadership development interventions. This needs to be tightly integrated into a framework of needs and outcomes. What is advocated here is a more precise needs identification, as this will help to define more meaningful measures. In addition, the needs assessment will also have an impact as to what is purchased. This means that clearly defined needs shape the type of intervention that is required.

Secondly, the data suggests that there is a need to have more inter-professional courses, fostering integrated learning and an integrated approach to health and social care. This reflects initiatives such as the New Generation Project, but needs to be more strongly emphasised within professional development. Furthermore, more inter-organisational training beyond the immediate health care sector is advocated. This will help in providing more coherent health and social care for the community, as delegates will be exposed to the working and thinking practices of others. It is recommended that further consideration begin to incorporating the wider public sector, emphasising the symbiosis between the various institutions in order to deliver integrated health and social care. Exemplary initiatives have been undertaken, for example, in Portsmouth as part of an initiative to develop future leaders. This initiative brought together individuals from a variety of health and social care settings, as well as human service agencies in a truly multi-professional development programme.

Lastly, it is important that evaluation is undertaken to establish a more robust evidence base regarding the benefit and return of training intervention. There is a clearly identifiable gap of evaluations beyond individual learning that needs filling to address some of the pertinent issues associated with the investment, benefits, impact, and return on investment of training courses. Furthermore, it is strongly advocated that further consideration be given to evaluations that take a longitudinal form, as this type of evaluation will be more appropriate to address the longer term impact and the return on investment for an integrated development strategy within an organisation, as it can track participants over time.

6.2 Operational Recommendations

On an organisational level, similar issues arise to those on a strategic level. First of all, an organisation needs to integrate their development strategy with those of other organisations, and in particular with the strategic focus of the WDC and SHA. This includes the implementation of a more robust and rigid process to identify organisational needs. It is pivotal for an organisation to be clear about what expected outcomes are both for enhancing performance and for selecting the right individuals for the right development intervention.

This clear strategy for needs assessment and selection needs to incorporate a more detailed plan of how individuals are supported once they re-enter the organisations. To date no sufficient structures have been identified that help in integrating new knowledge into the organisation other than haphazardly. Procedures of this kind need to go beyond individual support by line-managers but need to include a clear process of managing the transition from individual to organisational knowledge. This will increase performance as a larger number of people will benefit from the newly acquired learning. In addition, the provision of opportunity and interest from the organisation may be an enticing factor for an individual to stay and consolidate the learning within the organisation, impacting on the return on investment.

Lastly, the organisation needs to address the shift in focus from individual leader development towards team-based leadership development. As outlined previously, leadership is social in nature, and teams appear to confer a significant advantage in performance. It was also highlighted that leader development alone does

not necessarily deliver the desired results. Considering the strategic aim to deliver integrate health care, team development appears to be an appropriate step in the right direction.

6.3 Individual Recommendation

The recommendations for individuals are few, as the main focus of this research was the impact of the Leadership 2 course on the organisation.

However, the data clearly advocates that training courses are beneficial for human capital. Beyond the acquisition of particular skills, this particular course has shown an improvement in confidence and perceived ability through reinforcing current practices. Thus it is suggested that courses such as this are beneficial for the individual and there should be no reason to limit access or opportunity for individuals to undertake development.

A word of caution would be to also identify the reasons why a course is attended prior to the commencement, as this may help in focusing the attendees' efforts.

In summary, the study has re-emphasised the need to develop individuals and to place their learning within a team-based context. It is also clear that there are benefits for an organisation from such development. If there is a clear process of needs assessment, selection, and support, it needs to be more precise as it currently appears to be ill-defined. In addition, more thinking and analysis has to go into the identification of potential measures of success, on the one hand to measure benefits and impact, and on the other hand to identify the return on investment beyond good faith.

Lastly, evaluation, especially evaluation that takes a longitudinal focus in order to gain greater insights into the impact of education interventions, should be considered in the future commissioning of leadership development programmes.

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Appendices

Appendix A – Self-Perception Questionnaire



Leadership Self-analysis Questionnaire

This questionnaire is based on 15 managerial leadership aspects drawn from the NHS Leadership Qualities Framework. Its completion provides an opportunity for you to reflect on your managerial leadership style.

There are no “correct” answers, simply respond to **each item** on the scale of strongly agree, agree, undecided, disagree, and strongly disagree. At a later stage we will ask you to complete the questionnaire for a second time.

Name: _____

When faced with a challenging situation, I....

		SA	A	UD	D	SD
1	Relish the challenge and feel able to succeed					
2	Feel comfortable involving others in supporting me					
3	Manage my own anxiety and appear confident					
4	Make full use of my role's formal authority					
5	Ignore the views of others and act overly confident					
6	Draw on my own experiences and am optimistic that I will achieve goals					
7	Doubt my own capabilities and feel overwhelmed					
8	Am prepared to challenge the status quo in order to achieve service improvement					

In emotionally charged situations, I...

		SA	A	UD	D	SD
9	Am aware of my own feelings					
10	Do not recognise or acknowledge the impact of my own behaviour on others					
11	Am often surprised by my own reactions and emotions					
12	Recognise how challenges to my personal values trigger certain responses in me					
13	Am aware of my strengths and limitations in providing leadership					

In managing myself, I....

		SA	A	UD	D	SD
14	Pace my efforts for the long-haul, seeking support as necessary					
15	Carefully manage my own responses and reactions when faced with a demanding situation					
16	Remain calm and resist the temptation to take over					
17	Take conscious steps to manage my emotions and pressures					
18	May suffer from 'burn-out' or loose control without recognising the warning signs					
19	Encourage others to find ways of dealing constructively with problems and/or anxieties					

In situation in which I am responsible for managing service _____

improvements, I....

		SA	A	UD	D	SD
20	Stay focused on the goals of service improvement					
21	Am driven by a need for personal recognition and kudos					
22	Take time to consider the needs of others in achieving improvement					
23	Put my own experience and expertise at the disposal of others					
24	Invest effort in making a significant and sustained impact on health improvement with enduring benefits for internal and external stakeholders					
25	Work collaboratively with key stakeholders inside and outside the organisation					

In situations where personal integrity is an issue, I....

		SA	A	UD	D	SD
26	Create an environment of openness, encouraging clear communication					
27	Balance my own values and beliefs with those of the organisation					
28	Deliver what I have promised					
29	Stand up for what I believe is right					
30	Expect others to be as open and clear in their communication					
31	Act as a role model for stakeholders					
32	Support others who are acting consistently with organisational values, even if this involves a personal cost					

In considering how my leadership behaviour might influence future developments of the service, I....

		SA	A	UD	D	SD
33	Realise short-term improvements, without losing sight of how those might fit into the bigger picture					
34	React quickly and decisively to address time-sensitive issues and problems					
35	Am sceptical of new approaches and ideas					
36	Look ahead at least three months to anticipate and avoid potential problems					
37	Make the most of current opportunities to initiate change					
38	Am often too preoccupied with the present, failing to take a longer-term view					
39	Think through the longer-term implications and risks of alternative courses of action					
40	Take a long-term perspective by employing innovative approaches to drive improvements in service delivery					

When considering all relevant issues in a complex management situation, I...

		SA	A	UD	D	SD
41	Can discern key points					
42	Appreciate new information and diverse views and consequently may modify my own thinking					
43	Make sense of disparate information and integrate it into the bigger picture					
44	Find it difficult to make connections and relate things to a wider context					
45	Use innovative approaches to explain complexity and find ways of developing service improvements, encouraging others to do likewise					

In gathering management information, I...

		SA	A	UD	D	SD
46	Obtain all the facts by accessing local networks in order to benchmark					

	my own services					
47	Check what is happening on the ground, asking relevant stakeholders about their experience of the service					
48	Keep myself informed of national developments through involvement in national networks					
49	Often miss important developments - locally and nationally					

In managing situations involving complex interrelationships between individuals, departments or organisations, I...

		SA	A	UD	D	SD
50	Appreciate what is going on across the health and social care context					
51	Use my own networks to gain information or communicate					
52	Rely on formal structures and processes					
53	Know how to involve key influencers in shaping change in the differing national health and social care contexts					
54	Understand the 'politics' of health and social care and appreciate the role of relevant interest groups and networks					
55	Am aware of the importance of culture/climate and use this to pace and manage change					

In monitoring and controlling the outcomes, for which I am responsible, I...

		SA	A	UD	D	SD
56	Am unable to focus my efforts and continually 'firefight'					
57	Take actions that lead to quantifiable service improvements that will better serve the need of patients					
58	Do not deflect from the attainment of set goals and am prepared to challenge others and address poor performance if it impinges on achieving those goals					
59	Set myself and others challenging goals to improve local services over and above national targets					
60	Take actions and am determined to meet set targets, tracking and measuring outcomes					
61	Take calculated risks, which are based on my experience and past learning, if this will achieve service improvement					

In leading my team to achieve change, I...

		SA	A	UD	D	SD
62	Communicate the vision by providing the team with a sense that change is achievable and that their contribution matters					
63	Am visible as a leader, setting up regular communications to keep the team informed					
64	Create excitement about the required change, which initiates commitment from diverse groups within the local health care context					
65	Secure the needed support and resources to facilitate team effectiveness					
66	Create conditions that enable my team to perform at its best by incorporating input from others and assigning tasks according to capabilities					
67	Often feel unable to provide the necessary clarity and direction					
68	Explain the reasons behind key decisions					
69	Encourage others to drive change themselves					

In promoting responsibility among team members, I...

		SA	A	UD	D	SD
70	Intervene swiftly if performance is slipping or if conflict impacts on					

	service delivery or standards, brokering agreement where necessary					
71	Am prepared to be held openly to account for own agreed goals					
72	Provide others with clarity of purpose and direction by developing clear protocols and team performance contracts					
73	Ensure that processes are in place to support individuals in achieving standards and to learn from their mistakes					
74	Hold others directly accountable for delivering what has been agreed					
75	Am unable to identify and address performance issues with people and provide little support for those with difficulties					

In encouraging growth and independence amongst those with whom I work, I...

		SA	A	UD	D	SD
76	Share power by developing constructive relationships with various stakeholders to foster true involvement in service decision-making					
77	Give explicit encouragement and try to make myself available for support					
78	Let others take the lead and credit to grow their capabilities and confidence					
79	See dialogue and mistakes as vital opportunities for learning					
80	Provide space for others to be creative, to take risks, and to ask questions to foster independent problem solving					
81	Resist the temptation to take over and dominate proceedings					

When called upon to manage strategically, I...

		SA	A	UD	D	SD
82	Understand the need to use informal influencing tactics, such as lobbying, when necessary					
83	Often rely too much on the force of my own impact, neglecting the use of subtle or informal influencing					
84	Use complex and multi-layered influencing strategies, relying on extended networks of stakeholders					
85	Rely on facts and figures to convince others of a certain course of action, using well-reasoned arguments and pointing out costs and benefits					
86	Take time to build a partnership or critical mass of support for a position					
87	Deliberately plan an approach in an argument by aiming it at the audience					

When working with others, I...

		SA	A	UD	D	SD
88	Regularly summarise progress, taking account of differing viewpoints, so as to clarify understanding and to establish common ground					
89	Express my expectations of internal and external stakeholders whilst acknowledging and respecting their diverse perspectives					
90	Keep information to myself and try to avoid working with others					
91	Am informed on the current priorities of partners and respond appropriately to changes in their status or circumstances					
92	Bring conflicts to the surface and support their resolution, to create the conditions for a successful working partnership in the long-term					
93	Share information with partners when appropriate					

Appendix B – Interview Questions Managers

Managers

1. What led you to select this person for the course?
 - a. Were there any particular knowledge or skills this person was lacking?

2. What were your expectations of the course for the individual?

3. To what extent have these issues been addressed by the programme?

4. What are, in your opinion, the two or three major differences in the individual since undertaking the programme?
 - a. Were there any issues that haven't been addressed?

5. How is the person more recognisable within a leadership role?

6. What mechanisms do you feel you put in place to enable the participant to apply their new skills/knowledge?

7. What are the ways in which you plan to support the further development of the individual?

8. If given the opportunity, would you like a greater role in determining the programme's content, making it more focused on the needs of the individual?
 - a. What role would you be prepared to play in shaping the programme and its potential outcomes?

9. From an organisational point of view, what are some of the positive outcomes and challenges of sending this individual on the development programme?
 - a. Now that the participant has been on the programme, what sort of activities do you feel s/he is better equipped to undertake? [Prompt examples and if necessary relate back to question 4]

10. In what ways would you be able to measure the benefits of the intervention?

- a. What sort of criteria do you use to measure the benefit of this intervention?

11. If another member of staff was given the opportunity to go on a similar programme, would you support their application and why?

- a. [Assuming answer to 11 to be “yes” in some shape or form] As cost is an issue with in the NHS, if a similar course was offered at a 100% increase in cost, how would this affect your decision to send individuals on a similar development programme?

Appendix C – Interview Questions Participants

6. How has this course equipped you to better influence change within your organisation?

7. How did the course have influence on the way you see things from a leadership perspective?

8. How did the course influence the way you act in a leadership role?
 - a. How do you behave differently to the way you did before attending the course?

9. Could you give me an example in what ways you can apply some of the learning in practice?

10. How do you feel about the support mechanisms within your organisation to apply your new knowledge/skills?

11. Could you describe some ways in which your colleagues react differently since you have attended this course? [If possible, prompt about perceived reactions from team members]
 - a. Do you feel you are more visible or recognised as a leader?

12. From an organisational point of view, what have been positive experiences of you undertaking this course and what have been challenges? [Prompt examples that are informed by LQF]

13. And lastly, if a colleague would be offered a place on a similar programme, what would your advice be to this colleague?

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Debra took up post as Director of the New Generation Project in the Faculty of Medicine, Health and Biological Sciences, University of Southampton in November 2000. This exciting and ambitious project was identified as one of the Department of Health funded '*leading edge sites*' for taking forward Common Learning in January 2002. The wider work of the project also embraces the longer-term questions about the future health and social care workforce.

Debra began her career in nursing and has worked extensively in education, research and development, including the UKCC Higher Level Practice Project, the introduction of Clinical Audit in the South Thames Region of the NHS, the Assisting Clinical Effectiveness Programme (ACE), and the development and leadership of the Knowledge Management for Health (KMfH) Programme in the R&D Directorate, NHS Executive, South East Region.

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Connell's interests in the management of healthcare extend back for more than a decade, and embrace both quantitative and qualitative modelling. Earlier published work includes examinations of the involvement of stakeholders in the provision of geriatric healthcare in the community, the application of decision support models for management of acute care wards, and the management of physiotherapy assistants in acute and community settings. Most recently, his work has been directed towards the nature of knowledge, and in particular an examination of the ways in which knowledge flows might be modelled in an acute setting. He has many years experience teaching management development programmes, in the public and private sector.

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