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જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઇન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.	Gujurati
ئەگەر دەتەوێ ئەم بەلگەیەت بە زمانیکی کە یا بە فۆرمیکی کە هەبێ، یا پێویستت بە مۆتەرچیم هەبێ، تکایە پێوەندیمان پێوه بکە	Kurdish
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Haddii aad ku rabtid dokumentigaan luqado kale ama daabacaad kale, ama haddii aad u baahan tahay turjibaan, fadlan nala soo xiriir.	Somali
Kama unataka hati hii katika lugha nyingine au katika mtindo mwingine, au kama unahitaji huduma za mkalimani, tafadhali wasiliana nasi.	Swahili
இந்த ஆவணம் வேறொரு மொழியிலோ அல்லது வேறு வடிவத்திலோ தேவை என்று நீங்கள் விரும்பினால், அல்லது உங்களுக்கு மொழிபெயர்ப்பாளரின் தேவை இருந்தால், தயவு செய்து எம்மைத் தொடர்பு கொள்ளவும்.	Tamil
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یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔	Urdu

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Leaders of learning competencies: a review of the literature

March 2009 (updated March 2010)

Synopsis

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Background

The support and development of strategic leaders responsible for organisations' workforce development is critical in assuring that we have competently trained employees that can work effectively in complex and dynamic organisations.

Within National Health Service (NHS) organisations, professional development of leaders, practitioners and support staff is imperative in ensuring that the customer (the patient) receives optimum care within an environment that is conducive to continual learning and development.

The purpose of this paper is, therefore, to share the results of a literature review which examined the competencies required for leaders of learning at a strategic level within an organisation. The review was commissioned by the senior staff at NHS North West.

The process

The review involved searching and analysing empirical research and theoretical literature from a variety of professional groups including business, management, education and healthcare. The principles of a systematic framework were utilised (Critical Appraisal Skills Programme (CASP)) to help structure the analytical process. The majority of the relevant evidence reviewed was found in business and management domains with a smaller selection from health and education.

Findings and conclusions

The competences highlighted in this review are extensive and have thus been categorised in three domains for clarity:

- personal competencies
- educational competencies
- leadership competencies.

It would appear that many strategic leadership training programmes (evidenced from this review) do capture the key competencies required for effective leadership of an organisation's workforce. These competencies include:

- personal accountability and integrity
- people skills
- communication skills
- championing an inspirational vision.

The competencies which appear to be lacking in some of the literature are herewith recommended for inclusion in development programmes for strategic leaders of learning:

- *to have social-emotional awareness, self-presentation, management capacity, ability to get along with others, negotiation skills, conflict resolution and decision-making abilities, to be cognisant of how adults learn including the development of and use of structured learning pathways, personal development plans and portfolios of evidence to help this process*
- *to have an understanding of different scaffolding strategies*
- *to be knowledgeable about curriculum development*
- *to understand the commissioning process and knowledge of the wider national, European and global issues pertaining to healthcare*
- *to have a working knowledge of flexible learning strategies including e-learning and virtual learning environments*
- *to have highly developed team building and collaborative skills.*

Finally, to enable leadership competencies to be achieved requires leadership development programmes that include some of the following learning strategies:

- *demonstration and role play*
- *case discussion*
- *analysis of complex issues and decision making*
- *reflective notes on own development and seminars to help develop presentation and appraisal skills*
- *action learning and 360 degree appraisal techniques.*

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Acknowledgements

We are grateful to Dr Carol Marrow who has carried out this piece of work.
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Introduction

The development of strategic leaders in a learning and development role within a healthcare education setting is imperative in ensuring we have competently trained healthcare practitioners within the NHS and beyond (Kydd, Crawford and Riches, 1997; Bush and Coleman, 2000; Blass and Ferris, 2007 and O'Neil, Morjikian and Cherner, 2008). Quality of patient care, meeting the objectives of the organisation and the recruitment and retention of staff are essential criteria in ensuring that the providers of quality care are developed to a specific standard to help meet these needs. Furthermore, there is strong evidence to illustrate that organisations that encourage and facilitate a culture of learning among the workforce outperform those that do not (Philips, 2005 and Alleyne and Jumaa, 2007).

There is also considerable evidence suggesting that effective leaders use a variety of distinct leadership styles such as motivating people and creating a sense of significance and community (Jumaa and Marrow, 2008). Jumaa and Picard (2008) also suggest that effective leaders give the organisation direction and help it to stay current and relevant to its members.

The success, therefore, of any professional development strategy in an organisation depends on those who co-ordinate it and thus a set of standards needs to be in place so that the performance of the leaders of learning and development can be evaluated. Indeed the NHS North West publication, *The Workforce, Education Commissioning and Education and Learning Strategy* (2008) recognises the importance of world class education and research within the NHS. Further to this, 'Leadership for Quality' is high on the Department of Health (DH) agenda as highlighted in *The Operating Framework for the NHS in England* (2008) and *Inspiring leaders: leadership for quality* (2009). Moreover, as part of a number of proposals to champion leadership in the NHS, the final report of Lord Darzi's *High Quality Care for All: NHS Next Stage Review* (2008) committed to establishing a National Leadership Council (NLC) with the aim of creating

a step towards the development of leadership across healthcare. See chapter 5, paragraph 37: 'We will establish an NHS Leadership Council which will be a system-wide body chaired by the NHS Chief Executive, responsible for overseeing all matters of leadership across healthcare, including the 250 leaders. It will have a particular focus on standards (including overseeing the new certification, and development of the right curricula, and assurance) and with a dedicated budget, will be able to commission development programmes.'

These proposals have now resulted in the establishment of the NLC which aims to champion the transformation of leadership across the NHS. The vision of the Council is: 'An NHS with outstanding leadership and leadership development at every level to ensure high quality for all'. Furthermore, the NLC has carried out an Emerging Leaders Survey (January 2010). The aim of this survey is to capture stakeholders within the NHS's views and beliefs relating to emerging leadership development. See an outline of this survey on page 8 in the Leaders of learning competencies section under 'healthcare'.

Furthermore, Kotter (1996) proposes that organisations cannot wait for leaders to emerge, but must seek them out and develop their potential. Therefore, formal leadership education and training should be of great importance to organisations. Just as we need more people to provide leadership in the complex organisations that dominate our world today, we also need more people to develop the culture that will create that leadership (Kotter, 1996).

This review aims to focus on the identification of the competencies required for leaders of learning at a strategic/executive level. These senior roles will drive the learning culture and will specifically **influence the educational commissioning process and involve the leading of individuals, teams and networks responsible for the workforce development/skills** within a healthcare organisation. The work will review evidence from a variety of occupational groups, not just healthcare, as findings can be extrapolated from professions addressing similar aims and principles.

Searching the literature

Evidence for practice begins with a clear answerable question and then the process includes: searching, critically appraising, decision making and evaluation after acting on the evidence (Sackett; Richardson; Rosenberg and Haines, 1997). A systematic review of conceptual and empirical literature took place using a variety of resources to help answer the question: 'What are the competences required for strategic leaders in a learning and development role within a healthcare education setting?'

The resources included the use of databases such as:

- BNI (British Nursing Index)
- CINAHL (Cumulative Index of Nursing and Allied Health Literature)
- COCHRAN
- Education Resources Information Centre (ERIC)
- Education – Line
- Emerald
- HMIC (Health Management Information Consortium)
- MEDLINE (Medical Literature On-Line)
- OVID.

It is important to have a broad perspective and consider literature from professional groups other than healthcare such as management, education and social care. The search strategy, however, not only used electronic databases but also included all forms of 'grey' literature to reduce bias (Conn, Isaramalai, Rath, Jantarakupt, Wadhawan and Dash, 2003) including unpublished research, audit, and expert opinion.

To facilitate a review of the literature a systematic appraisal of the research studies was fundamental for assessing the quality of the research paper. This structure can be applied to both quantitative and qualitative research paradigms. Polit, Beck and Hungler, (2001) outline five steps that are fundamental when undertaking in-depth analysis:

- analysing the credibility of the results
- determining their meaning
- considering their importance
- determining the generalisation or transferability of the findings

- assessing the implications with regard to theory, nursing practice and future research.

To help critically appraise research studies CASP (1999 and 2002) was utilised. Since its conception in the nineties, CASP has helped to develop an evidence-based approach in health and social care, working with local, national and international groups. There are frameworks to enable appraisal of different types of research, such as systematic reviews, randomised controlled trials (RCTs), qualitative research, economic evaluation studies, cohort studies, case control studies, diagnostic test studies (CASP at the Public Health Resource Unit, Oxford).

From the results of the literature search it would appear that there is a paucity of primary research on the complex subject of leaders of learning and in particular the leaders' competencies. Indeed, there is a wide spectrum of roles and titles held within these roles, which as a consequence, has made the literature review difficult. What began as an educated assumption regarding the key areas for the literature search, changed in actuality to a focus on journals such as:

- *Leadership Quarterly*
- *Journal of European Industrial Training*
- *Academy of Management Review*
- *Academy of Management Journal*
- *Strategic Management Journal*
- *Journal of Nursing Management*
- *Administrative Science Quarterly, Journal of Management Studies.*

Although the review was completed in a small time frame, over 60 articles were reviewed and many of these have been analysed and discussed to a greater or lesser extent. These final articles include primary and secondary evidence. In some articles the authors have identified key findings from researchers and practitioners but have not always referenced the individual research projects (for example Yukl, 2009). Therefore, care must be adopted with respect to the validity of what the authors claim. Notwithstanding, further information on the evidence is usually available on request.

The review includes a brief exploration of the concept of leadership and then focuses more specifically on leaders of learning.

The literature

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Understanding leadership

The concept of leadership is complex with a variety of definitions and theories. The past 60 years has seen 65 different classification systems (Fleishman, Mumford, Zazzarol, Levin, Korotkin and Hein, 1991). Yumaa and Marrow (2008) state that an understanding of leadership should focus on the definitions we are using in a particular context as leadership can vary across organisations and cultures.

Understanding the theories of leadership may also help to untangle understanding of the concept and the many competencies needed for effective leadership to take place. These theories include: the trait perspective of leadership (Bass, 1990; Bryman, 1992) which identifies with innate or inborn characteristics that make people leaders, for example, intelligence (Zaccaro, Kemp, and Bader, 2004) extroversion, self confidence, determination, integrity and sociability.

The skills method has been studied for a number of years (Bass, 1990 pp. 97-109) and advanced by Mumford, Zaccari, Harding, Jacobs and Fleishman, 2000). These studies also give a leader-centred perspective but the emphasis is on skills and abilities so they are not as fixed as the trait approach. However, it could be argued that the abilities aspect is similar to the Trait approach.

The style empathises the behaviours of the leader but differs from the trait approach, which is more about personality, and the skills approach which empathises the leaders' abilities. This approach can also broaden the scope of leadership by examining behaviours. It also appears to have credibility as a wide range of studies have taken place to try and further understanding.

The situational approach to leadership is widely recognised, developed by Hersey and Blanchard (1969) and based on Reddin's, (1967) 3-D management style theory. This approach has been refined many times and has been used extensively in organisational leadership training and development. It focuses on leadership in situations, thus emphasising that different situations demands different leadership.

The transformational focus on leadership is significant for facilitating the development of others. Indeed, the term 'transform' indicates that someone or something will be transformed or changed in some way. There is evidence that transformational and transactional leadership can facilitate effective organisational learning.

Whichever skills and attributes the leader assumes the following components are seen as central to the concept of leadership:

- leadership is a process
- leadership involves influence
- leadership occurs in a group context
- leadership involves goal attainment.

Indeed, Northouse (2007) suggests that: 'Leadership is a process whereby an individual influences a group of individuals to achieve a goal'. Hence, the leaders of learning should be able to influence those undertaking staff development in order for the specific learning goals to be achieved. Particular skills are necessary to help achieve this and the general leadership skills identified above are relevant but we need to examine the specific areas within the literature that can help illuminate the competences required to facilitate the development of all staff at all levels.

Within the NHS in the United Kingdom a framework for leadership qualities was introduced in 2004 (NHS, 2004). This framework, based on strong evidence, has been the basis for leadership development across healthcare institutions in the UK. The framework is based on the notion of 15 qualities covering a range of personal, cognitive and social qualities. They are set out in three clusters:

- personal qualities
- setting direction
- delivering the service.

These clusters are further broken down into:

• **Personal qualities:**

- self-belief
- self-awareness
- self-management
- drive for improvement
- personal integrity.

- **Setting direction:**

- seizing the future
- intellectual flexibility
- broad scanning
- political astuteness
- drive for results.

- **Delivering the service:**

- leading change through people
- holding to account
- empowering others
- effective and strategic influencing
- collaborative working.

The quality framework can provide a foundation for:

- leadership standard in the NHS
- developing high performance in leadership
- individual and organisational assessment
- integrating leadership across the organisation and related agencies
- facilitating the development of a database about leadership capacity and capability.

The framework has been tested within the NHS and validated in the context of the NHS Plan and locates the standard for exceptional leadership in the NHS.

Many of the qualities identified within the NHS model are relevant for leaders of learning. However, a further review of the literature aims to focus more specifically on competencies relevant for those responsible at a senior level for learning and development. The majority of the evidence reviewed was found in business and management domains with a smaller selection from health and education.

Leaders of learning competencies

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Healthcare

Mckimm (2004) carried out a three-year Higher Education Funding Council for England (HEFCE) awarded study, Developing Tomorrow's Leaders in Health and Social Care Education: Case studies in leadership in medical and health care education. The work was led by the University of Leicester in partnership with Imperial College, University of Leeds, University College of Northampton and Liverpool John Moores. The study was also supported by Council of Medical Schools and Deans of Faculties for Nursing, Midwifery and Health Visiting. The Higher Education Staff Development Agency (HESDA) and three Higher Education subject centres participated in the design and evaluation. The aims of the study were to 'enhance the future management of health and social care education in the face of dramatic change by identifying future leaders'. The project aimed to achieve this by setting up a health and social care leaders' development programme. The participants on the programme learned from experts in university and NHS management. The programme involved an agreed framework with defined skills and competencies of health and social care education leaders.

The data was collected through a variety of modes including interviews, focus groups, questionnaires and discussion with aspiring and current leaders. One of the means of acquiring data was telephone interviews with 22 senior managers and leaders in health and medical education. 26 key qualities, attributes and skills were identified and include:

- having vision core values and beliefs
- ability to see the big picture
- analytical skills
- recognising and seizing opportunities
- risk taking
- clarity of thought and having good judgment
- self awareness and interpersonal and people skills
- resilience
- emotional intelligence
- being able to enthuse, inspire and empower
- confidence

- credibility
- integrity
- flexibility
- knowing the environment.

The findings presented here are only a small part of this large study but they have helped to highlight and validate leaders of learning competencies from the views of health and social care leaders.

Huston, (2008) also identified eight competencies that will be essential for leaders of healthcare and nursing in 2020. These competencies included:

- a global perspective regarding healthcare and professional nursing issues
- technology skills which facilitate movement of individuals and relationships, interactions, and operational processes
- expert decision-making skills rooted in empirical science
- the ability to create cultures that produce quality healthcare and safety
- understanding and actively engaging in political processes
- highly developed collaborative and team building skills
- the ability to balance legitimacy and performance potential
- being able to envision and proactively adapt to a healthcare system characterised by rapid change and chaos.

Although the competencies are identified for leaders generally they are, in the main, essential for strategic leaders responsible for workplace development and learning. Huston, (2008) further suggests that nurse leaders should understand that becoming a legitimate leader is a process that occurs over time and requires reflective self-awareness, motivation towards self-development and that effective leadership should be validated by the workforce (Shirey, 2006b). To help promote these essential skills Huston goes on to advocate the necessity to identify skill sets that will be needed by nurse leaders in 2020 and begin to create the educational models and management development programs necessary to assure these skills are present.

The NLC (2010) undertook an emerging leaders' survey using both quantitative and qualitative modes of data collection. The early findings suggest similar competencies as identified by Huston, (2008) and Mckimm, (2004) albeit sometimes worded differently. The NLC survey was sent to leadership leads, Building Leadership Capacity alumni, passed on through chief executive officers (CEOs) and circulated through the North West professional networks. It was sent to over 7,000 people and 1,132 responded. These respondents included individuals from different professional groups working within healthcare and the current results are early responses. One of the key quantitative questions asked 'which of the following personal attributes do you feel define an emerging leader?' 1036 individuals responded to the question. 17 pre-identified attributes were rated as follows:

- integrity (80%)
- inspirational (79.6%)
- visionary (77.6%)
- influential (74.2%)
- proactive (69.9%)
- achiever (66.5%)
- competent (64.1%)
- trustworthy (63.1%)
- enthusiastic (63.0%)
- collaborative (61.5%)
- intelligent (59.2%)
- courageous (49.2%)
- tenacious (46.8%)
- empathetic (42.4%)
- good temperament (39.1%)
- experienced (22.1%)
- modest (17.7%).

In this same survey one of the key qualitative questions was: 'What factors, measures or attributes should be used to define an emerging leader?' The key qualities raised by the respondents were:

- 'ability to utilise, galvanise and incorporate people talents, skills, knowledge'
- 'a hands-on approach including openness to being challenged'
- 'scope and breadth of experience inside and outside the NHS'
- 'ability and potential to lead others in achieving positive change for patients in any area of the NHS'

- 'commitment to the patients, can-do attitude, enthusiasm'
- 'emotional intelligence and resilience'
- 'innovate and create'
- 'engage and enthuse'
- 'listen to feedback from other leaders'
- 'ability and willingness to learn'
- 'respect and support from staff'
- 'ability to have vision and to have followers' vision and know how to articulate it'
- 'character, integrity, compassion, humility'
- 'common sense and commitment'
- 'experience rather than seniority'
- 'for clinicians, enthusiasm and interest beyond clinical issues'
- 'values' (frequently mentioned by respondents, but not further defined).

It could be argued that many of these, if not all of them, could be defined as leadership attributes and competencies, with several of them essential for leading workplace learning and development.

Jones (2008) outlines the many new opportunities for nurses to develop their leadership skills, as outlined in the DH documents produced regarding the new developments planned for the NHS workforce. It discusses the characteristics of two distinct forms of leadership style – distributed and servant leadership – and the ways in which these might be applicable to the new roles of nurses. The article is aimed at promoting further discussion about the 'new NHS' among the overarching profession of healthcare and educators, as they work to create learning resources for the future.

According to Jones, the interim DH report - *Our NHS our future: NHS next stage review* appeared vague in relation to the new leadership role. The report also appears to use models from medicine rather than nursing.

The main theme of the report, however, is about supporting nurses in leadership roles at all levels and examples of the nurses new leadership role includes:

- measuring, understanding and improving care
- accepting accountability
- taking on authority for the quality agenda
- using information technology support systems effectively.

The main aim of the Jones (2008) article was to discuss and explain the DH report's new emphasis on nurses as leaders.

The author of the DH report, Lord Darzi, sets the vision for the future NHS and in order 'to deliver a world class health service that is fair, personal, effective and safe' nurses must play a leadership role in all four aspects.

The consultation, facilitated by the DH, resulted in the emergence of three themes:

- compassionate care
- effectiveness
- safety.

Each of these highlights quality and the leadership role of nurses.

The paper goes on to discuss the concept of leadership and indicates that the changes to the NHS workforce outlined in the DH report have created the need to consider the evolving views - and growing sophistication - about the nature of leadership. The concepts of distributed and 'servant leadership' have been analysed and explored in the academic and management literature (Greenleaf, 1996; Tichy, 1996). 'Servant leadership' is a concept that is particularly applicable to the vocational professions, such as nursing, the servant leader defined as beginning 'with the natural feeling that one wants to serve... *first*. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions (Greenleaf, 1996). Both types of leadership - distributed and servant - have become increasingly applicable to human service organisations (Reynolds et al, 2002). Analysis and research work shows that the NHS needs leaders at all levels, in all services and in all types of team.

The concept of distributed leadership is also discussed and this style of leadership focuses on fluidity, sharing roles, harnessing expertise, opening up boundaries and collegiality. Servant leadership emphasises that the leader serves and supports people, working for the common good 'rather than self-aggrandisement'.

To move the discussion forward, the reconfiguration of the healthcare services means that more are to be delivered in community settings and fewer in hospitals. Thus, nurses will need to acquire new types of skills, knowledge and expertise as 'guardians' of care quality. To respond to these changes, nursing leadership will need to become more innovative, flexible, systematic and measurable. The main characteristics of leadership implicit within their new role are shown below:

- (greater) collaboration between health and other care professionals, patients and their families
- working in partnership across professional sectors; taking responsible, visible roles
- working as members of integrated teams, to lead and to follow in non-hierarchical systems
- working as public health strategists, contributing to health improvement programmes by using local knowledge
- providing creative solutions that underpin fundamental nursing values in priority areas
- leading the provision and evaluation of services
- being self-regulating and ensuring self-development.

Educators need to focus on new subjects to create learning resources for the future. Nurses, in line with other healthcare professionals, will no longer be valued 'according to their job descriptions or titles', but by what they bring to the increasingly integrated systems of healthcare provision.

Many of these new skills (for nurses) relate to the characteristics of distributed leadership:

- being able to lead and follow
- developing strategic roles
- engaging in mutual collaboration with colleagues.

The new leadership characteristics discussed above also relate to many staff in healthcare who are not registered nurses. An intense campaign by the Royal College of Nursing (RCN) and Unison has now made regulation of this large group of staff more likely and this will have implications for the educators who train people to work in healthcare.

Goldman's, (2006) study identified 10 experiences that contributed to the development of expertise in strategic thinking among healthcare CEOs. It outlines important features of the experiences, the types of knowledge gained from the experiences and the learning methods involved.

Individuals who were deemed expert at strategic thinking were interviewed to help identify what they thought was most beneficial to their development.

The author's suggestions regarding the way forward for the development of CEOs were that experiential learning should be a key part of any training where students can do strategic planning and benchmarking. The students would be encouraged to actively challenge each other and learning methods should be selected based on the knowledge they offer.

For those responsible for management/leadership development, the study's implications are:

- identify and plan for the development of strategic thinking ability
- encourage managers to develop the ability in the workforce by providing the work experiences and mentoring/supervision
- encourage participation in organisational planning and benchmarking activities.

Sharlow, Langenhoff, Bhatti, Spiers and Cummings, (2009) examined a cohort approach to organizational leadership development. The Learning Development Initiative (LDI) began with a theory: the development of a learning cohort which brought together leaders from all divisions within a healthcare institution. The method used was participatory action research which helped to enhance the programme development and explore the effective of this initiative. The LDI was important to developing leadership competencies, networking, relationship building, and nurturing a philosophy of leadership as mutual visionary practice toward a universal goal adapted to meet individual development and needs. Moreover, Paterson, Henderson and Trivella (2010) advocate that clearly detailed progressive pathways for leadership development are necessary to promote lifelong reflection and learning.

On the subject of leadership development, Wylie and Gallagher (2009) examined self-reported transformational leadership behaviours within the six largest allied health professional groups in the NHS in Scotland. The focus was to identify whether factors such as seniority of grade, locus of employment and/or leadership development have a positive influence on transformational leadership behaviours. A postal survey was utilised and completed by 753 randomly selected allied professionals from four health boards areas across Scotland. One aspect of the findings demonstrated that there were significant differences in changed behaviours between individual allied health professions, illustrating that some professional groups are possibly fundamentally advantaged in accepting the modernisation agenda. This is quite an important finding as it signifies that the importance of inter-professional leadership development should be acknowledged, developed and evaluated.

This text is only a small part of a large study. To access the other findings please refer to the reference which is given on page 30.

Business and management

Crossan, Vera and Nanjad, (2008) join the discussion about leadership requirements of today's changing environments by seeking to provide a different perspective on strategic leadership: one that emphasises the responsibilities managed by leaders at the top of the organisation.

Crossan, Vera and Nanjad's (2008) work uses a cross-level mixed effect model to frame the discussion of strategic leadership responsibilities in highly changing contexts. They also suggest more integration between micro and macro leadership work and for more attention to the contextual aspects of leadership (Hunt, 2004; Osborn, Hunt and Jaunch, 2002; Waldman, Javidan and Varella, 2004; Yukl, 1999). They go on to discuss two models of leadership; the leadership of self and leadership of the organisation. They consider that past research has focused more on the influence of the leader on individuals and groups and less on the strategic aspect of leadership. Therefore in this

'micro' model the theory was focused more on organisational behaviour (Waldman et al, 2004). They go on to argue that it is only in the last two decades that researchers have started to move away from the study of 'supervisory' leadership towards the study of 'strategic' leadership (Boal and Hooijberg, 2000) and that the strategic model provides an architecture which enables the organisation to thrive in an ever changing environment.

A theoretical analysis carried out by Novicevic, Heames, Paolillo and Buckley (2009) using Bevir's *The logic of the history of ideas*, aimed to raise understanding and obtain practical lessons from Barnard's (1939) classic less well-known assistance to our understanding of leadership, leadership development and executive education. According to Barnard, the main challenge of a pragmatic leader is how to perform leadership activities effectively in times of both stability and change.

Barnard, (1939) argues that the following five primary qualities of pragmatic leaders need to be balanced:

- 1) vitality and endurance
- 2) decisiveness
- 3) persuasiveness
- 4) responsibility
- 5) intellectual capacity.

He goes on to discuss these qualities in more detail, which is helpful in aiding our further understanding of leadership competencies from his classic perspective.

Thus, Barnard's classic work could have meaning and influence in the development of executive leadership development programmes.

Research on organisational learning involves scholars from a variety of disciplines and researchers have explored how leaders influence collective learning in teams and organisations (Yukl, 2008 and 2009). Moreover, research in recent years has examined leader behaviour in relation to organisational performance (Waldman, Ramirez, House and Puranam, 2001). It is argued, however, that such direct connections are difficult to make in complex organisations

Waldman, Betson and Keller (2009); Berson, Neimanich, Waldman, Galvin and Keller (2006) suggest that except for individual level research there has not been much work attempting to link leadership and organisational learning phenomena.

Yukl, (2008) describes flexible leadership theory and, through an extensive review of research and other literature, he identified how flexible leadership theory enlightens our understanding of how top executives and other leaders can influence the financial performance of a business organisation. According to Yukl 'effective performance requires a co-operative effort by the multiple leaders in an organisation, and they must be flexible and adaptive as the situation changes' (p.708). He further argues that the three key drivers of financial performance are 'efficiency, adaptation, and human capital' (p.708).

Yukl goes on to discuss the evidence on how different leader behaviours can determine the efficiency of an organisation. These behaviours are grouped into different types and include task orientated behaviours; relationship oriented behaviours and change orientated behaviours. Although the article focuses on the financial performance of a business organisation, one of the key aspects of efficiency of any aspect of an organisation is the development of the workforce. Most, if not all, of the leadership behaviours identified by Yukl are relevant for the enhancement of a learning organisation. For example, task orientated behaviours can improve the performance of individuals and groups (Yukl, 2006). Relationship orientated behaviours involve interacting, supporting and recognising achievements, providing coaching and mentoring, encouraging collaboration and team working and building a network of resources inside and external to the organisation which are important competencies for leaders of learning. These competencies are recognised as helping to, amongst other things, facilitate performance by individuals and teams (Zaccaro et al, 2001). Change-orientated behaviors embrace inspiring a vision and articulating the vision, encouraging innovative thinking.

Yukl's article (2009) which further reviews the literature and research on the subject of leading organisational learning, further outlines some representative examples of different ways that leaders can encourage and facilitate the process of collective learning in organisations. These examples, according to Yukl, have been identified by both researchers and practitioners. However, the specific sources of evidence from these groups have not been identified, therefore, caution must be taken.

{Bracketed Italic comments in the ongoing text are my interpretations}.

The examples include the following competencies that leaders should utilise for collective learning:

'Communicate a stimulating vision to gain support for innovative changes; Facilitate the acquisition of skills needed for shared learning by individuals and teams: strengthen values consistent with learning from experience and openness to new knowledge, thereby helping to create a learning culture in the organisation; Help people develop shared intellectual models about cause – effect relationships and the determinants of performance for the team or organisation; Encourage social networks that will facilitate knowledge sharing, collaborative development of creative ideas, and the acquisition of political support for innovations; Help people recognise when important learning has occurred and to understand the implications for the team or organisation; Gain external support and financing for major initiatives involving the acquisition or application of new knowledge (eg acquisitions or joint ventures); Encourage teams to conduct after activity reviews to identify effective and ineffective processes; Develop measures of collective learning and knowledge diffusion to assess how well it is accomplished and identify ways to improve it (*learning how to learn*); Create decentralized subunits with considerable authority to pursue learning and entrepreneurial activities in a responsible way; Develop, implement and support programmes and systems that will encourage and reward the discovery of new knowledge and its diffusion and application in the organisation (p.50)'.

In summary, Yukl, (2009) argues the importance of the research and theory on the influence of leaders on organisational learning and development. It would appear that the competencies identified and discussed can further be validated by larger research studies and examples of good and bad practices from research and colleagues from different disciplines. Yukl also argues that more collaboration among scholars and practitioners would help to improve the knowledge base on organisational learning.

Research on what facilitates creativity and innovation in an organisation makes available additional evidence for the relevance of change-oriented leadership (Mumford et al, 2002; Reiter-Palmon and Illies, 2004; Shalley and Gilson, 2004). Leadership competencies such as encouraging collective learning and the application of innovative thinking and dissemination of knowledge also help promote innovative adaptation (James, 2002; Vera and Crossan, 2004). According to Jacobs and Lewis, (1992) these types of behaviours are particularly relevant for top executives. Evidence for the relevance of change-orientated behaviour of top executives is provided by studies on the influence of CEOs visions on company performance (eg Nanus, 1992; Baum; Locke and Kirkpatrick, 1998).

A review of the empirical literature on leadership in research and development (R&D) organisations (Elkins and Keller, 2003) found that communicating and championing an inspirational vision facilitates intellectual stimulation in others. Although this review focused on R&D organisations, similar principles could apply to workforce development generally, as the review primarily identifies leadership competencies that enhance learning and development and ultimately identify that knowledge creation and transfer are significant for success (Elkins And Keller, 2003). Easterby-Smith, Lyles and Tsang (2008) also confirm that empirical research done over the last two decades illustrates that an organisation may significantly improve its knowledge and innovative capabilities by progressing the skills of others through knowledge transfer both with and across organisations.

Other theorists imply that certain leadership roles are essential for innovation in an R&D context (Farris, 1988) and aspects of these roles include:

- idea generating which involves developing and testing innovations, motivating and co-ordinating team members and creative problem solving
- entreprenuring and championing which implies marketing ideas and acquiring resources
- sponsoring and coaching which entails providing guidance and developing abilities, (Roberts and Furfield, 1981).

Although some of the studies cited in Elkins and Keller's (2003) review were over two decades old it would seem that more current research in this area is thin on the ground and thus these findings are helpful indications of important leadership skills.

Similar competencies to both Yukl's (2008) and Elkins and Keller's (2003) reviews have been identified in Hannah and Lester's, (2009) research. They propose a multilevel model of organisational learning and argue that in complex organisations (*like the NHS*) where there is constant change, the management of organisational learning from a top down approach is not always viable. They suggest that leaders should focus on how to set the conditions for 'collectives to effectively learn and share knowledge' (p.35).

This multilevel model encompasses:

- a micro level (*individual learning*)
- a meso level (*social network learning*)
- a macro level (*systems or organisational shared learning*).

At the micro level (*individual learning*) before the individual's intellectual models can change, they need ability, orientation and openness to learn (*developmental readiness*). This involves the ability and motivation to focus, make meaning of and appropriate new knowledge into one's long term memory (Avolio and Hannah, in press).

To enable the individual to develop, Hannah and Lester, (2009) suggest that leaders can promote individual learning by:

- increasing task challenges and providing performance feedback

- utilising incremental goal setting and displaying supportive behaviours that establish psychological safety.

Further to this, to help individuals increase their learning effectiveness, leaders can:

- impart learning efficacy by providing exemplary experiences, explicit learning, social influence and psychological stimulation.

To help increase meta-cognitive ability (*awareness of one's cognitive processes, cognitive strengths and weaknesses and cognitive self-adaptation*) in other words to be able to reflect on thinking processes requires the leader to:

- enhance individuals' meta-cognition through guided reflection exercises that assess the effectiveness of the individuals' thinking during key experiences and by training meta-cognitive processing strategies
- understand that individuals benefit more from meta-cognitive reflection conducted in collective settings through action learning than they do from unguided individual reflection
- focusing resources on raising the developmental readiness of key knowledge catalysts, which encourages the organisation's knowledge creation and diffusion.

In summary, the micro level is about focusing on the individuals that are ripe to develop and become knowledge catalysts. Then the leader can develop them using the above recommended competencies.

At the meso level (*social network learning*) there is a structuring and functioning that facilitates the linkages between various knowledge catalysts (*individuals*) and serves to diffuse knowledge across networks. Leaders can influence the spread of knowledge by:

- embedding key knowledge catalysts in central network nodes
- increasing the network density of semi-autonomous networks
- linking knowledge catalysts by establishing bridging ties between semi-autonomous networks.

At the macro level (*systems or organisational shared learning*) it is important that strategic leaders target actions at the systems level to improve the diffusion of knowledge and activities to the larger organisation. Research by Cohen and Levinthal, (1990) suggests that effective leaders perform a scanning function where they identify current challenges and opportunities and thus, support innovative ideas. Hannah and Lester, (2009) propose that formal or strategic leaders become active by envisioning, championing and providing resources for new intellectual model diffusion. It is highly important that there is synchronisation with micro and meso functions and ideas are not just disseminated from the top down.

To summarise, Hannah and Lester's model proposes that establishing the conditions for individual learning and the diffusion of intellectual models across social networks and systems can help leaders to create a truly authentic learning organisation where learning is embedded into the culture. This requires empowered formal and informal leaders who are willing to intervene across levels to enhance learning (Hannah and Lester, 2009). Hannah and Lester further suggest that the levels that make up this model should be tested on a small scale, inferring that adjustments may need to be made and then the work can progress further on a larger scale.

Smith, Sadler-Smith, Robertson and Wakefield (2007) investigated the role of the leader in facilitating workforce development in terms of employees' self-directedness for learning (SDL). Learning and development managers from 12 organisations in Australia were interviewed. The findings suggest that the learning managers were well disposed towards the development of self directed learning and a number of possible strategies were identified. Many of these strategies could be utilised for organisational learning in general and thus deemed as specific competencies for leaders of learning:

- the development of learning goals and contracts
- regular discussions on progress towards expected learning outcomes
- the development of a structured pathway to achieve the outcomes
- adjustment to learning as it progresses

- the use of development plans to assess areas of development. The plan may involve learning in the organisation or from outside providers
- facilitation of scaffolding (support mechanisms) and its gradual withdrawal as skills develop.

In summary, what this research suggests about learning leaders is crucial to the development of SDL (*and learning generally*) among employees. Hence, the learning leader role is important in the following ways:

- developing in the wider management and culture of the organisation a view that learning and development is a vital part of enterprise health and competitiveness
- development among HRD personnel the skills needed to value, encourage and support SDL (*and learning generally*) among workers at all levels
- development of the structures, policies and practices and motivators underpinning the encouragement and development of SDL (*or learning generally*) at all levels of employee: and recognition that SDL (*or learning generally*) needs to be practised differently across the organisation.

This research was the second part of a larger project looking at flexible learning and SDL (Smith, 2001). The limitations of the work were acknowledged by the authors by stating that although the study was conducted in 12 diverse settings, applicability of the findings would need to be tested across a wider sample to give it more validity.

House, Javidan and Dorfman, (2001) along with other international researchers examined the cultural influences on leadership and organisations. The major goal of the project named 'Global Leadership and Organisational Effectiveness' (GLOBE) was to develop empirically based theory to help clarify and predict the effect of cultural variables on leadership and organisation processes and the efficiency of these processes. The project involved 170 social scientists and management scholars from 61 cultures from across the world. Data was collected using both quantitative and qualitative methods which included surveys, questionnaires, psycho-metric scales, focus groups and interviews.

Along with other findings they identified 21 leader attributes and behaviours that are considered universally as contributing to leadership effectiveness. Some of these attributes could be perceived as key for strategic leaders responsible for development of the organisational workforce and these include having foresight and planning ahead (charismatic visionary) and being positive, dynamic, encouraging, motivating, and building confidence (charismatic inspirational)'.

In summary, the GLOBE research appeared to be developed to contribute to the expansion of research on leadership and organisational theory by investigating the part that organisational values and institutionalised practices have on leadership behaviour and performance. The study seems to have achieved that aim and the work is substantial with a robust research design which helps to give confidence to those who wish to implement and progress the findings.

Another sizeable focus group based enquiry was conducted by Longenecker and Newbert (2005). The study examined the practices junior managers considered to be vital for senior managers to employ when implementing coaching as a performance improvement strategy. The data derived from 225 managers from 20 different US organisations in 45 focus groups, identified 10 discrete practices for effective managerial coaches:

- they will clarify the results/performance outcomes that are truly needed or desired from junior managers
- they will provide honest, ongoing, balanced performance feedback
- know how well subordinate managers are actually performing
- understand junior managers' strengths' and weaknesses
- provide expert advice on how to improve performance
- develop a working relationship based on mutual benefit and trust
- understand the context pressures and demands of the junior managers' job
- support problem solving
- help the junior managers' prioritise and manage conflicting goals
- create accountability for real performance improvement.

Middlebrook and Haberkorn (2009) carried out a qualitative survey which examined the role of the mentor as a possible means of individual leader development. The data was collected from 14 out of 42 mentors (33% return) who were not in any formal leadership position. The findings illustrated that there was a perceived relationship between the role of mentor and the development requirements of emerging leaders and that the mentor model could be a useful tool in aiding in the development of leaders.

This study had a small response rate and thus the views are from a minority group of individuals and caution should be taken with the findings. They do, however, help to illustrate that support strategies such as mentorship and clinical supervision can aid in the development of leadership competencies.

Other studies on clinical supervision (Marrow, 2002; Marrow, Hollyoake, Hamer and Kenrick, 2002 and Marrow, 2004) have also demonstrated that a one-to-one relationship that facilitates critical reflection and discussion can help in the development of skills that are important aspects of leadership eg team working, critical reflection and appraisal, communication and people skills, decision making, organisational skills and dissemination of knowledge.

Gunasekara, (2003) outlined a case study that identified a business strategy and core capabilities developed by senior management to try and facilitate organisational learning and development. The case study involved an Australian state public sector agency responsible for the planning, provision and management of road and related infrastructure (Gunasekara, 2003). The agency identified a number of changes in its external environment that required an assertive, adaptive response if it was to survive. A new CEO was appointed and the key to his strategy was an integrated management model that focused on organisational development and learning, emphasising key factors which included relationships, self knowledge, trust-building and personal accountability and integrity and a focus on learning that involved a three-frame management model that could be used at multiple levels.

One of the early developments was the identification of core capabilities that were considered by senior management as important for success and these were influenced by Australian research (Turner and Crawford, 1998). The core capabilities identified through workshops, discussions papers and other group discussions included:

- strategic positioning – future directions and communication of these choices
- leadership skills
- learning – developing organisational and work-based learning as a core capability
- technical understanding
- relationships - the ability to form and grow strong relationships with internal and external stakeholders through partnership and collaboration
- performance management – understanding the drivers of performance.

Part of the general development was to ground these core capabilities into the culture and experiences of the agency. This model was introduced in three pilot sites. In the pilot sites the learning strategies included:

- workplace mentoring
- leadership development
- knowledge exchange with other areas
- reflective processes
- documenting suggested changes to corporate systems
- relationship development processes
- training activities
- feedback and learning reviews.

In summary, the results of these pilot studies on organisational learning and development identify the linkage of workplace learning to strategic goals that are meaningful locally and linked to individual development. The learning tools and strategies identified can be utilised by individuals, teams and specialists working together to achieve the identified goals and encourage the development of a learning community. Indeed, effective team building is a crucial part of organisational development and learning and a key part of the strategy is for senior management to recognise the importance of these teams and the skills required to develop and build them (Mealiea and Baltazar, 2005).

Many of the competencies outlined above by Gunasekara, (2003) have been identified by Weinstein, (2000). Based on a colleague's many years of experience as a trainer, Weinstein shares in her article 33 world class competencies for trainers. Some of these competences have been summarised and are presented here:

- an understanding of adult learning theories
- the ability to understand and apply theory to practice
- organisational skills
- knowledge and use of a variety of teaching methods
- good questioning skills
- the ability to collect and use appropriate evidence
- problem solving skills
- presentation and platform skills
- group and team skills
- competence in new technologies
- flexibility
- an effective evaluator
- motivation
- effective communication skills
- good role model and creator of vision
- reflective and analytical skills
- collaborative skills
- effective supervisory skills
- commitment to own personal development
- the use of a personal reflective journal.

Nemanich and Vera (2009) explored the role of transformational leadership and the values embedded in a learning culture in promoting ambidexterity; the ability to explore new capabilities while exploiting existing ones. Data from a field study of 71 work teams support the argument that transformational leadership behaviours and the development of a learning culture are characterised by psychological safety, openness to a variety of opinions and participation in decision making promotes the ability to explore ideas and build on existing ones. More specific skills identified in the transformational leadership role included the consideration of the individual, intellectual stimulation, idealised influence and inspirational motivation.

Jansen, Vera and Crossan (2009) examined the notion that exploratory and exploitative innovation involves organisational learning. They argue that strategic managers can support these behaviours

by displaying behaviour that fosters certain skills and attributes which include constancy, control, passion, risk taking and creativity. In other words, strategic leaders with the ability to engage in transformational and transactional ('T/T') behaviours are able to shape individuals in terms of their development.

Their research aims to advance prior theoretical research by linking particular behaviours of strategic leaders to two critical outputs of organisational learning; *exploratory and exploitative innovation* (Benner and Tushman, 2003). It explores two aspects of the learning organisation: the relationship between transactional and transformative leadership and exploratory and exploitative innovation and the degree to which the effectiveness of strategic leaders is contingent upon dynamic environmental conditions (to which the organisation is subject).

Exploratory innovation implies the pursuit of new knowledge and development of new products and services for emerging markets and customers. Exploitative innovation suggests the building on existing knowledge, resources and extending existing products and services for current markets.

Transformational leadership signifies four dimensions:

- intellectual stimulation - encouraging workers/followers to reframe problems
- individualised influence - degree to which leaders are admired, respected and trusted
- individualised consideration - the degree to which leaders pay attention to individual workers' needs for achievement and growth
- inspirational motivation - the degree to which leaders articulate an appealing vision.

Whereas, transactional leadership suggests two behaviours:

- contingent reward - leaders clarify to workers/followers what the follower needs to do to be rewarded for their effort
- active management by exception - leaders monitor followers' performance and take remedial actions when needed.

Further to this, the 'T/T' style of top managers has been linked to the learning elements of the '4I' framework of organisational learning, as proposed by (Crossan, Lane and White, 1999). This consists of four learning processes:

- intuiting – the subconscious process in an individual, the start of learning
- interpreting – sharing individual learning at group level
- integrating – changing collective understanding at group level, and bridging this to the whole organisation
- institutionalising – incorporating learning across the organisation, embedding it into systems.

These processes occur across the three levels of an organisation: individual, group and organisational (Mintzberg, Ahlstrand and Lampel, 1998).

This was an empirical research project, conducted at branches of a large European financial services firm, with branches in various countries. The firm was ranked in the top 30 on the Fortune Global 500. Data was collected through multiple respondents: there was an 'executive director' survey and a 'senior team' survey aimed at the remaining senior team members in each branch. There was a 43% response rate from the executive directors and a 34% response rate from the senior team questionnaire.

To summarise the findings from this study there is indication that transformational leadership behaviours contribute considerably to adopting creative thinking and pursuing exploratory innovation. Transactional leadership behaviours, on the other hand, facilitate improving and expanding existing knowledge and are associated with exploitative innovation. The researchers also argue that environmental dynamism should be taken into account to fully understand the effectiveness of strategic leaders. Indeed, a study by Marianna and Scandura, (2010) who explored the effects of creative CEO leadership on innovation in high-technology firms by introducing two dimensions of strategic leadership, termed operational and creative particularly developed for top executives of high-technology firms also argued that CEOs of high-technology firms, who are able to simultaneously focus on the external

and internal environment, and on developing new knowledge as well as commercialising it, would be more effective leaders.

Limitations of the studies identified that the work focused on one specific type of organisation and, therefore, the findings would be difficult to generalise across other types of establishments. The authors also suggest that future longitudinal research would be important to empirically test the contributory claim of their model. Finally, an examination of additional precursors of both types of motivation such as social networks would be useful to study coupled with an analysis of multiple levels across the organisation.

In their article Conrad and Schmit, (2008) analyse the underlying ideas of state and administrative reform. Conceptual schemes of self management as instruments for public sector innovation are analysed. If self-management is to become part of an organisation's innovation, decision-makers will need to be well informed about its capacity to improve organisational effectiveness and efficiency. In the ongoing debate about how to improve effectiveness and efficiency in public organisations, the transference of entrepreneurial thinking and adoption of managerial tools play a major role. Associated with these aspects are different conceptions of self-management – or self-leadership. These terms have been discussed as possible ways of improving the leadership of public organisations by *partly changing their co-ordinating principles*. If the concept of self management becomes part of management decision-making and action, serving as a device to enhance innovative leadership - managers will need to be well informed about the capacity of its main tools in order to achieve this.

'Self-management itself is the constituent of the *distributed leadership* perspective in management' (Van Wart, 2007), which also embraces four other related frames of reference:

- substitutes for leadership (Kerr and Jermier, 1987; Conrad and Schirmer, 1991)
- super leadership (Manz and Sims, 1991)
- team leadership (Katzenbach and Smith, 1993)
- shared leadership (Pearce and Conger, 2002).

Each of these frames of reference contrast with conventional management perspectives on how public sector leaders can act to maximise their effectiveness (under various conditions) while simultaneously minimising their roles. The most prominent of the public sector's many goals are to:

- reduce governance cost
- improve the quality of public services production
- enhance the social integration of public services personnel.

Self-management is treated as an *individual variable* – a style of behaviour or specific competence. It provides a theoretical way to describe and explain differences in effectiveness and efficiency in terms of human behaviour attributed largely to personality factors. Based on these premises, organisations should be able to manage and maximise the positive outcomes of self management. This can be done through, for example, selection and placement procedures, human resource training to promote coping behaviour or fostering a strategic approach that is in line with institutional goals. (Conrad also mentions job re-design as a means of improving the fit between personality, job context and job content).

Conrad and Schmit, (2008) go on to argue that self-management can be seen as a possible means of bridging the gap between *functional prerequisites* (role, behaviour) and *individual aspirations* that affect the way a person sees their job and how they fulfil it. Self-management could/should also allow higher levels of adaptability through flexible role design, which should create higher levels of involvement in and compliance with job requirements. This should help to establish higher levels of efficiency and effectiveness.

Relating this to management thinking, the distributed leadership perspective plays the 'same old tune':

- substitutes for leadership – make traditional forms of leadership negligible, thereby reducing the cost of direct management
- super leadership – tends to strengthen coping strategies through empowerment of followers

- team leadership – in formally managed teams, functions are distributed according to individual capacities
- shared leadership – transfers the acknowledged different modes and components of leadership to the distributed leadership level.

When these concepts of self management can be understood and applied as managerial tools, an organisation can begin to benefit from adopting a functional view to their application and purpose. Self-management should not be treated as a stand-alone device, but integrated with other managerial devices to bring about change successfully. The successful application of self-management requires contextual perspectives at different levels (Hirsch and De Soucey). Modern economies differ markedly, as do their state organisations, bureaucratic institutions and management styles. Therefore, at the micro level, different institutional designs and interventions are generated around the management of public institutions and leadership of human resources. It is these constraints, along with the strategic alternatives that must be taken into account whenever self management approaches are to be applied inside the public services.

Teacher education

Rhodes, Brundrett and Nevill, (2006) explored the perceptions of leadership talent with heads, middle leaders and classroom teachers. The research was in three phases and supported by the National College for School Leadership (NCSL).

According to Rhodes et al (2006) earlier research commissioned by the NCSL recognised that there was little formal approach to leadership talent identification; leadership succession planning or leadership retention within the education sector (existed). Falling numbers of applicants for middle and senior leadership posts and high potential retirement numbers encouraged the idea of developing your own leaders. Thus, Rhodes et al's (2006) study aimed to inform the research base on school leadership and identify practices that could be used across different school contexts.

The study involved the perceptions of heads, middle leaders and classroom teachers from a number of contextually different schools via a three phase research design. Firstly, focus groups were utilised and consisted of 54 individuals. This data helped to inform a survey questionnaire. In the second phase, 429 questionnaire responses were obtained from 70 schools. The questionnaires were implemented to explore the characteristics thought important in leadership talent identification, issues relating to the development of leadership talent and background issues either assisting or impeding leadership talent succession and approaches to leadership talent retention.

Semi-structured interviews were used in nine schools for the third phase of the study to facilitate narrative production and analysis.

Because of the focus of this literature review on 'leaders of learning competencies' the findings will focus on part of the questionnaires from Rhodes et al's, (2006) study which centres on leadership talent identification. This section of the questionnaire illustrated that for leadership talent the following attributes/skills were identified from the heads, middle leaders and classroom teachers as important: the highest rated skills were people skills (67.13%) Flannes and Levin, (2005) also found that people skills were an essential ingredient for effective Leadership. Other skills from Rhodes et al's (2006) study included:

- good communication skills (61.07%)
- has vision (51.98%)
- has respect of staff (50.12%)
- has the respect of pupils (38.23%)
- possesses professional values (34.03%)
- demonstrates enthusiasm (29.84%)
- shows initiative (29.60%)
- can deal with stress (21.17%)
- good self-organisation (19.81%)
- works hard (19.11%)
- is a very good teacher (17.25%)
- has energy (14.92%)
- shows confidence (13.75%)
- is a competent teacher (7.69%)
- has good subject knowledge (6.29%)
- has experience of project leadership (2.80%)

- has an 'aura' (2.56%)
- shows ambition (2.33%)
- accesses development courses (1.86%).

Although the study appeared robust, in terms of its design and execution it would have been interesting to know what kind of schools participated – primary, secondary etc.

Hammersley-Fletcher and Brundrett, (2005) also share their reflections on a research study commissioned by the National College for School Leadership. The study examines issues of leadership involved in the primary school sector. Similarly to Rhodes et al, (2006) study, interview data was obtained from head teachers and subject leaders.

In their work Hammersley-Fletcher and Brundrett, (2005) argue that the recent literature and general interest aspects relating to leadership have provided a welcome opportunity to discuss ways in which schools can arrange themselves to promote a culture of informed professional judgement. They further comment that there is evidence to support teachers to participate in leadership rather than the leadership focus being on the head teacher (NCSL, 2001; Gold et al, 2003).

The study elicited the views of leaders in primary schools regarding their understanding of leadership and how it was practised in their institution. Head teachers and subject leaders from 24 primary schools were interviewed. The research focused on a number of key areas including: 'perceptions about:

- qualities of leadership
- qualities of a good subject leader
- nurturing of good practice
- 'barriers' that prevent the exercise of good leadership and how they are overcome'.

The findings were grouped into different conceptual categories and the category of 'qualities of leadership' is referred to here. The head teachers perceived that leadership involved the valuing of distributed learning and its relevance to a learning community. They also suggested that consultative leaders were

important for encouraging the involvement of others in decision making and developing policy. Other key areas were also expressed by some of them:

- being a strong person
- empowering others
- being a risk taker
- generating a culture of openness
- celebrating the skills the staff already had, identifying potential and steering them in directions that would expand these abilities and keep them interested and keen.

On summarising the heads' views of leadership qualities Hammersley-Fletcher and Brundrett, (2005) indicate that head teachers are more embedded within wider understanding of leadership, involving issues such as how people learn, engaging with stakeholders, establishing values and having courage to make difficult decisions.

Subject leaders appeared to have a more 'sharing' view of leadership. They identified key leadership qualities as:

- working as a team
- co-operation
- shared ideas and vision.

We can see from the literature review of different organisations and professions across the world that strategic leadership competencies are similar world and occupation wide. The competencies identified from the evidence discussed are summarised into distinct categories to aid clarity (see table one on the next page).

Table one: categorised leaders' competencies evidenced from the literature

Personal competencies	Educational competencies	Leadership competencies
Effective communication skills (Rhodes et al, 2006; NHS, 2004) People skills (NHS, 2004; Flannes and Levin, 2005; Rhodes et al, 2006) Motivation towards continual self development (NHS, 2004; Huston, 2008; Jones, 2008; Yukl, 2009; NLC 2010) Effective role model (Huston, 2008; NLC, 2010) Trust building (Gunasekara, 2003; Huston, 2008) Enthusiasm (Rhodes et al, 2006; NLC, 2010) Personal accountability and integrity (Gunasekara, 2003; NHS, 2004; NLC, 2010) Organisational skills (Weinstein, 2000) Self-management (Conrad and Schmit, 2008) Flexible and adaptive as the situation changes (Yukl, 2008) Emotional intelligence (NLC, 2010)	Understanding how adults learn (Rhodes et al, 2006; Hammersley-Fletcher and Brundrett, 2005) Assessment and evaluation skills (Jones, 2008) Technical competency including electronic learning strategies (Huston, 2008; Gunasekara, 2003) Develop, implement and support programmes of study (Rhodes et al, 2006; Yukl, 2009) Dissemination of knowledge (James, 2002; Vera and Crossan, 2004) Incremental goal setting and contracts (Hannah and Lester, 2009; Smith et al, 2007) Guided reflection (Paterson et al, 2010; Hannah and Lester, 2009) The use of structured learning pathways, development plans and portfolios of evidence (Smith et al, 2007) Facilitation of scaffolding including coaching, mentoring, clinical supervision, preceptorship and learning sets (<i>support mechanisms</i>) (Marrow, 2002; Marrow; Hollyoake; Hamer and Kenrick, 2002; Marrow, 2004; Middlebrook, and Haberkorn, 2009; Smith et al, 2007; Goldman, 2006; Weinstein, 2000) Performance feedback (Longenecker and Newbert, 2005) Encourage after activity reviews (Yukl, 2009) Problem and workplace learning strategies (Gunasekara, 2003)	Highly developed collaborative and team building skills (NHS, 2004; Mealiea and Baltazar, 2005; Huston, 2008; Jones 2008; Yukl, 2009; Jansen, Vera and Crossan, 2009 NLC, 2010) Championing an inspirational vision (Elkins and Keller, 2003; Rhodes et al, 2006; Huston, 2008; Nemanich and Vera, 2009; Jansen, Vera and Crossan, 2009; NLC, 2010) Knowledge of commissioning process (Huston, 2008) Global perspective (Huston, 2008) Political astuteness (NHS, 2004; Huston, 2008) Marketing ideas (Roberts and Furfield, 1981) Expert decision making skills based on strong evidence (Huston, 2008) Shared values that strengthen openness to new knowledge and innovative ideas (James, 2002; Vera and Crossan, 2004; Hammersley-Fletcher et al 2005; Yukl, 2009) Empowering others (NHS 2004; Hammersley-Fletcher and Brundrett, 2005) Generating a culture of openness (Hammersley-Fletcher and Brundrett, 2005) Identifying potential (Hammersley-Fletcher and Brundrett, 2005; NLC, 2010) Risk taking (Jansen, Vera and Crossan, 2009) Encouraging creativity (Jansen, Vera and Crossan, 2009) Being and generating openness to ideas (Nemanich, and Vera, 2009) Supporting and recognising achievements (Yukl, 2009; NLC 2010) Building a network of resources inside and external to the organisation (Yukl, 2009) Developing and testing innovations (Yukl, 2009) Scanning to identify current challenges and opportunities (Cohen and Levinthal, 1990; NHS, 2004)

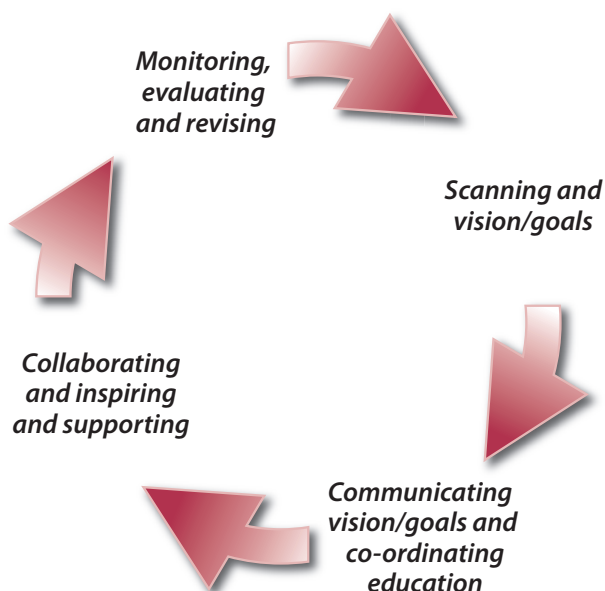
Summary and discussion

This review has outlined, analysed and summarised the key competencies required for strategic leaders of learning within a variety of organisations and settings. The complexity of healthcare education settings eg the need to provide internal education for a variety of professional groups and at different levels as well as commission external education, warrants a model of competencies that facilitates effective leadership.

The competences highlighted in this review are extensive and have thus been categorised in three domains for clarity:

- personal competencies
- educational competencies
- leadership competencies.

To further understand the strategic leadership of an organisational learning process see figure one.



Many of the competencies outlined in table one are being practised in numerous leadership training programmes throughout the world as evidenced in this review. However, I would argue that there are a number of gaps in these developments and some of these are outlined in the recommendation below. Moreover, in the UK even though the NHS Leadership Qualities Framework (2004) discussed earlier is detailed

and robust, many of the qualities proposed need to be understood more fully to enable effective strategic leadership performance to take place. The domain of personal competences is usually part of general education and training throughout professional life and thus a platform of skills should already be in place for developing leaders to build on. That said, there are some personal skills that may need further development and a few are highlighted below. The instructional and teaching domain may represent a larger gap in terms of knowledge and experience for leaders of learning. Moreover, some aspects of the leadership domain may also require some recognition as being vital for including in the leadership development. To help design an educational process for these leaders the following recommendations are proposed:

1. The development of effective people skills. People skills cover a range of interpersonal and intrapersonal communication competencies and are essential for effective leaders.

Recommendation one

Leaders of learning need to have highly active people skills so that they can encourage staff to develop and promote clinical excellence. These skills involve having social-emotional awareness, self-presentation, management ability, ability to get along with others, negotiation skills, conflict resolution and decision-making.

2. An understanding of how adults learn is vital when facilitating the development programmes of study.

Recommendation two

Leaders of learning are committed to ensuring that the key people in the organisation responsible for the development of the workforce are cognisant of how adults learn. This is important on two counts; understanding how to learn effectively as a leader and how to facilitate others to learn successfully. This helps to promote a lifelong learning culture. The development of and use of structured learning pathways, personal development plans, reflective notes and portfolios of evidence can aid this process.

3. A further area of development is an understanding of the 'scaffolding' principle: that is the ability to support others until they are competent or independent in an area of practice.

Recommendation three

To have a support network in place which, will enable learners to progress and grow in a safe environment. This support can be in the form of clinical supervision, critical friends, mentors, preceptors and learning sets.

4. Curriculum development skills (planning, delivering and evaluating education) are necessary for the effective development of the workforce and beyond.

Recommendation four

Leaders of learning have an awareness and understanding of the importance of curriculum development knowledge incorporating the setting of clear development aims, the means to achieve these aims and assessment and evaluation skills. These will help to facilitate and support educators within and external to the organisation in the development of programmes of study.

5. The strategic leader of learning needs to build relationships and develop partnerships to enable flexible and responsive healthcare education. They also need to further engage with the national, European and worldwide agendas in order to respond to demographic and global issues that warrant development/education of the workforce.

Recommendation five

Leaders of learning need to have time and commitment to read and analyse research literature/reports/policies pertaining to workforce development and understand the commissioning process and knowledge of the wider national, European and global issues pertaining to healthcare.

6. Many learning situations are now experienced through flexible modes of learning and these include electronic forms such as computer based programmes of study and learning initiatives and virtual learning environments.

Recommendation six

Leaders of learning need to have a working knowledge of flexible learning strategies such as:

- *problem-based learning*
- *work-based learning*
- *coaching*
- *group learning*
- *computer based learning modes such as blackboard*
- *virtual learning environments.*

7. The healthcare team is becoming much more highly educated and expert in many areas of multi-disciplinary practice. Thus, the leader will require highly developed people and collaborative skills to help create a sense of community with regards to learning and development.

Recommendation seven

Leaders of learning need to create a learning community by:

- *understanding and championing the collective inspirational vision and communicating clearly the development goals*
- *role modelling highly collaborative behaviour*
- *demonstrating highly developed team building skills*
- *resolving conflicts quickly*
- *sharing resources and meeting deadlines.*

8. Many leaders of learning competencies have been identified in this report. To enable the development of leaders to achieve and build on these competencies requires educational programmes that include a variety of learning strategies.

Recommendation eight

Effective development programmes should include:

- *clear learning objectives*
- *clear and meaningful content*
- *appropriate sequencing of content*
- *appropriate mix of development methods*
- *opportunity for active practice*
- *relevant and timely feedback*
- *follow up activities.*

Many leadership programmes include certain techniques for aiding learning and these should be considered:

- *demonstration and role play*
- *case discussion*
- *analysis of complex issues and decision making*
- *reflective notes on own development and seminars to help develop presentation and appraisal skills.*

Yukl, (2002) advocates that learning from experience is essential for leadership development and he goes on to identify approaches such as 'action learning' that can be achieved through action learning sets and 'multisource feedback such as 360 degree appraisal techniques. Furthermore, it has been identified that support mechanisms such as mentorship, clinical supervision and leadership networks should also be in place to support the leaders' development.

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BETTER CARE

BETTER HEALTH

BETTER LIFE

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