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UNDERSTANDING LEADERSHIP AND MANAGEMENT DEVELOPMENT IN A HEALTH BOARD OF NHS SCOTLAND

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A thesis submitted in partial fulfilment of the requirements of Robert Gordon University for the degree of Doctor of Philosophy

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I. DEDICATION AND GRATITUDE

I would like to express my sincere gratitude to two fine doctoral supervisors, Professor Dennis Tourish (first supervisor), and Professor Alistair Anderson (second supervisor) who have mentored me all these years. Professor Dennis Tourish, especially, has been like a father to me.

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I stand on the shoulders of giants in research and praxis, as credited in my bibliography section, and work in connection with the academic and professional figures globally in a social network. To all these and those named above, I am in much debt.

II.   **ABSTRACT**

This doctoral thesis, entitled *Understanding Leadership and Management Development in a Health Board of NHS Scotland,* is completely written by *Jireh Hooi Inn Seow* for submission to meet the partial requirements of the Doctor of Philosophy.

This doctoral research is in the field of leadership and management development. It explores and seeks to understand healthcare leadership and management development in a region (officially called a Health Board) of NHS Scotland.   It employs a qualitative methodology, anchored within a broad approach of interpretivism, and the fieldwork data collection methods of interviewing and participant observation to inform the objective of this study, which is to investigate the prominent behavioural attributes, values, attitudes, traits, ways of thinking and feelings, or actions exhibited by the research subjects who are emergent Scottish healthcare leaders and managers. This research involves two stages of data collection where the second round of interviews takes place slightly more than a year after the first round. After reviewing the literature on seven popular leadership and management development practices or programme, and after the analyses of qualitative empirical data from the fieldwork, this research provides the discovery of how the healthcare professionals are developed as well as an understanding of a mechanism underlying their leadership and management development. The application of meme theory, the main theoretical lens of this research, reveals the workings of a memetic mechanism behind leadership and management development. Thus, this main contribution of this research is the addressing of the relative shortage of research publication on leadership and management development, particularly on the mechanisms underlying leadership and management development, by showing how healthcare professionals are developed into leaders and managers via the spread, replication, transmission, and acquisition of memes; this study then offers suggestions of how leadership and management development programme could be designed in light of such a memetic leadership and management development. The main contribution of this research also includes the discovery of leadership and management development memes which are then categorised into four memeplexes labelled as the Altruism

Memeplex, the Motivation Memeplex, the Motivating Memeplex, and the People-developing Memeplex. In addition, a minor contribution of this study is a novel interview data collection method in the research design that incorporates 360-degree feedback.

CHAPTER ONE: **INTRODUCTION**

If we knew what it was we were doing, it wouldn't be called it research, would it?

- Albert Einstein (cited in Hawken, Lovins and Lovins 1999 p. 272)

Chapter Outline

1.1   The rationale, goal, and contribution of this research

How are leaders and managers developed? One may propose that great or effective leaders are born, not made, while another may take the contrasting view that effective leaders are a result of good schooling, education, or some training and development programme. The latter viewpoint implies that leadership and management could be taught and learned. Within the school of thought that leaders and managers could be developed, some opine that they are developed via formal training programme other researchers in the field argue that effective leaders are developed through work and life experiences which is also known as 'the school of hard knocks' or 'the university of life' (Grint 2007; Yukl 1997; Davies and Easterby-Smith 1984). The latter viewpoint is very much implied in the leadership and management development practices explored in the chapter on literature review.

On formal training programme, it is interesting to note that while technological development and social and environmental changes are all moving at a fast pace, leadership and management trainings are moving nowhere as fast in spite of an incredible amount of spending on them each

year (Howard and Wellins 2008; Reingold 1997; Fulmer and Vicere 1996). According to an executive summary of the Rockwood Leadership Programme (2005), global investment in leadership and management development in 2005 alone was estimated to be between USD15 and USD50 billion; meanwhile, Lamoureux (2007) and Fulmer and Goldsmith (2001) put the average annual global spending on leadership and management development by organisations between USD16.5 billion and USD45 billion. Meanwhile, in 2005, the United Kingdom alone spent about 120 million Pound Sterling for leadership development, a figure the United Kingdom is said to roughly spend every year on leadership development (Mainprize 2006). Nonetheless, in the process of translating the numerous theories and concepts of leadership and management into practices or actions, a substantial amount is lost in the translation and the result is often not what companies have hoped for; the lessons learned at a lot of leadership and management development programme are often not applied, practised, or lived out when programme participants return to their work (Cheng and Hampson 2008; Grint 2007; Holton and Baldwin 2003; Cheng and Ho 2001; Holton, Bates and Ruona 2000; Ford and Weissbein 1997; Wexley and Baldwin 1986b). Unsurprisingly, a 2008 global survey shows that organisations and leaders are more and more dissatisfied with the leadership and management development trainings available (Howard and Wellins 2008). Another example of the lack of research and understanding in this field is that while the Scottish Government has been showing significant interest in leadership and management development since the year 2000 and has spent much resources to carry out a number of initiatives for developing such a capacity, Audit Scotland (2005) shows that sixty per cent of organisations investing in leadership and management development lack a directive policy on leadership and management development while twenty per cent of them do not even know how much they spent on it. It could then be safely said that the people running these leadership and management development programme have little idea of the mechanism or mechanisms underlying leadership and management development.

A reason for the sluggish progress in this particular area of human resource development may be a shortage in understanding of how leadership and management development actually work, that is, an understanding of the

mechanisms underlying how people are developed into leadership and management roles and functions. A survey of literature would show that there is relatively fewer published research on the mechanisms underlying leader development, leadership development, or leadership and management development. Furthermore, when compared with the enormous amount of research publications in the field of leadership and management studies, there is relatively less publications on the development side of leadership and management and there is even less work published on theories, frameworks, or models of leadership and management development. As such, there is not a great deal of understanding regarding the mechanisms behind leadership and management development; this exploratory research is thus an attempt to discover, understand, describe, and explain one or more mechanisms underlying leadership and management learning and development.

The general objective of this research is to explore leadership and management development in the healthcare sector in Scotland. The goal is to investigate the behaviours, attributes, personality traits, ways of thinking, emotions, attitudes, or actions of healthcare leaders and managers undergoing leadership and management development. The rationale is that through such an exploration of leaders and managers undergoing leadership and management development, I would discover how the leaders and managers, precisely, the Scottish healthcare professionals emerging into leadership and management functions, are developed. In addition, in discovering the mechanisms underlying the development of these emergent leaders and managers, I would look into what theory-based understanding, application of theory, or development of theory to be gathered from the analysis of the fieldwork data.

Researcher's note:

> Here, I would like to note to readers that as the data from the first round of interviews led to the discovery of a potential mechanism of leadership and management development; the second round of fieldwork data collection was mainly about confirming the presence of this mechanism and inquiring how it worked in the professional lives of the research participants.

Further discussions on research approach, methodology, and fieldwork data gathering methods are in Chapter Three. The post-data-collection literature review of this mechanism, which underlies leadership and management development, is placed in Chapter Four together with the analyses and discussions of the findings of the fieldwork data. As this mechanism turns out to be memetic in nature, meme theory is then brought in as a theoretic lens to look at the data.

In addition, a contribution to the praxis of leadership and management development would come from a clearer picture of the data analysis of this research in relation to the mechanisms underlying leadership and management development. Individuals and organisations, public or private, profit-making or not-for-profit, all could make use of the empirical evidence and knowledge gathered. For example, they could decide for themselves whether their current respective investments on leadership and management development programme are worth the returns on the investments in the light of the mechanism underlying leadership and management development revealed in this research. They could also decide for themselves, having being informed by this research, as to the best leadership and management development practice or optimal combination of practices to focus on in order to develop future leaders and managers. The concluding chapter, Chapter Five, presents further discussion on the potential application or contribution of this research.

The research subjects are healthcare professionals of a Health Board of the National Health Service Scotland (NHS Scotland) emerging unto leadership and management roles. The actual name of this Health Board is kept confidential as per the confidentiality agreement with the organisation and research subjects at the start of the research. The initial emergent leaders and managers selected to be interview respondents are from those undergoing a training classified as a leadership and management development programme by this Board of NHS Scotland (although the programme is called the 'People Management Workshop', it is officially labelled as a leadership development training by the organisation of the participants). This workshop is also a compulsory leadership and management development programme for every new staff member who has

been promoted to take up leadership and management responsibility. Staff members of NHS Scotland who have been leading or managing people for some years are also encouraged to attend this training as a refresher, which is delivered through the classroom and workshop format, in order to refresh and update their knowledge and skills. This selection of healthcare professionals out of the given list of participants of the programme is based on their willingness to be research subjects, their availability, and their respective areas of healthcare service. The service areas that are directly involved with service users or people (as opposed to areas of services, such as maintenance or estate management, that are more involved with systems, properties, or equipments) are chosen.

NHS Scotland is not only the major player in the healthcare sector in Scotland, it is also the largest employer in Scotland. Furthermore, the NHS as a whole is the largest employer in the UK. As such, it is one of the major organisations in the UK that conduct various leadership and management development practices. The fieldwork data is taken from five departments or fields (namely, mental health nursing, occupational therapy, learning and development, pharmacy, and surgery) in the four major hospitals of this region of NHS Scotland. Chapter Two gives a further discussion on the NHS in general with regards to leadership and management development while Chapter Three provides a further presentation on the organisations and participants of NHS Scotland involved in this research.

1.2   The primary research questions guiding the study

There are two components in the fieldwork: the first (and initial) part is the exploratory study meant to establish leadership and management development practices in this region of NHS Scotland. However, as the published literature in this topic is limited, a report by Tourish et al. (2008) on a qualitative exploratory study on the nature and extent of leadership development in NHS Scotland is the main influence on the research questions in this study. My own curiosity is another driver. These research questions are:

1. What are the major or prominent leadership behavioural attributes, values, attitudes, traits, ways of thinking, emotions, or actions exhibited or expressed by the research subjects (who are healthcare professionals with leadership and management responsibilities)?
2. How are these healthcare leaders or managers developed?
3. What are the leadership and management development practices implemented in the selected Health Board of NHS Scotland? (This question is put forward as a result of the iterative reviewing of literature, in Chapter Two, which shows seven common or popular leadership and management development practices.)
4. Is the People Management Workshop a genuine leadership and management development programme?
5. Do the behavioural attributes, attitudes, ways of thinking, or actions of the healthcare professionals change a year after a given leadership and management development practice or programme in NHS Scotland?
6. What are the perceptions of the colleagues of each of the healthcare professionals interviewed in the research with regards to the above question on behavioural attributes, attitudes, ways of thinking, and actions in the context of leadership?

The fourth and fifth research questions, which concern mainly the evaluative aspects of the initial stage of the research, are mainly meant to evaluate the result and effectiveness of a given leadership and management development programme. This leadership and management development programme or practice is the People Management Workshop.

Researcher's note:

The fourth and fifth research questions were later dropped after the first round of interviews. The reason for this was to change the focus and direction of the research towards understanding the presence of imitative or memetic behavioural attributes, traits, beliefs, attitudes, thoughts, feelings, behaviours, practices, or actions among the interview respondents. Very briefly, memes or memetic elements refer to behavioural attributes, values, ways of thinking, feelings, behaviours, or actions that are imitated(transmitted, acquired, learned, or replicated via imitating). Therefore, as the researcher, it was a

judgement call and I deemed the discovery of memes in leadership and management development to be a more interesting and valuable research direction. It had the potential of applying meme theory to understand leadership and management development. Further details of this change are discussed in subsequent chapters in the thesis. Nevertheless, Research Questions Four and Five are briefly answered in the concluding section of Chapter Four in this report; in Chapter Four, these research questions are respectively labelled *Initial Research Question Four* and *Initial Research Question Five*).

Thus, with the discovery of the presence of memetic behavioural attributes, values, ways of thinking, and actions in the first round of interviews, three research questions are added towards the second round of the interviews (the second round of interviews provides for the answers to these additional research questions below as well as confirmation or clarification of the above four questions).

1. What are the mechanisms (if there are any at all) underlying their leadership and management development?
2. If memetic influence and transmission is a mechanism underlying leadership and management development, then do the healthcare leaders and managers make conscious decisions to imitate the behavioural attributes of their senior or role-model leaders and line managers?
3. What is the role of human agency in this memetic leadership and management development?

Therefore, with four research questions from the initial group plus the above three, there are seven research questions to this research.

1. What are the major or prominent leadership behavioural attributes, values, attitudes, beliefs, traits, ways of thinking, feelings, behaviours, practices, or actions exhibited or expressed the research subjects (who are healthcare professionals with leadership and management responsibilities)?
2. How are these healthcare leaders or managers, especially those emerging into the management roles, developed?

3. What are the leadership and management development practices implemented for the development of healthcare leaders and managers in the selected Health Board of NHS Scotland?

4. What are the perceptions of the colleagues of each of the healthcare professionals interviewed in the research with regards to Question One on the behavioural attributes, attitudes, values, ways of thinking, feelings, behaviours, or actions exhibited in the context of leadership?

5. What are the mechanisms (if there is any at all) underlying their leadership and management development?

6. If memetic influence and transmission is a mechanism underlying leadership and management development, then do the healthcare leaders and managers make conscious decisions to imitate the behavioural attributes of their senior or role-model leaders and line managers?

7. What is the role of human agency in this memetic leadership and management development?

(These research questions are answered in Chapter Four and Chapter Five.)

1.3   The scope and boundary of this thesis

As this thesis is a report of an exploratory research in leadership and management development in the healthcare service in a region of Scotland, there are five aspects to the scope and boundary of this thesis. Firstly, this research concerns not so much about leadership as it is about the developmental side of it; thus, Chapter Two begins by introducing the commonly known theories on leadership (such as the great man, trait, behavioural, participative, contingency, situational, grid, transactional, leader-member exchange, and transformational theories) before moving on to the relatively fewer theories or frameworks on leadership development, which includes management development, such as the ideas of Diaz-Saenz (2011), DeRue et al. (2011), Day, Harrison and Halpin (2009), Carson, Tesluk and Marrone (2007), Bolden and Gosling (2006), Avolio and Gardner (2005), Gardner et al. (2005), Komives et al. (2005), Lord and Hall (2005), Day, Gronn and Salas (2004), Hartley and Hinksman (2003), Luthans and

Avolio (2003), and Cacioppe (1998). While most of these models of leadership and management development take an integrative approach to the popular practices of leadership and management development, there is no general theory of leadership and management development (Sorenson, Goethals and Haber 2011) and there is yet a published research revealing a mechanism or a theory concerning a mechanism underlying leadership and management development. While I do not presume to offer a general theory of leadership and management development, I would like to present, in this thesis, an insight into a mechanism or process underlying leadership and management development that may point the way towards the development of a general theory of leadership and management development.

Secondly, the focal sector is healthcare, particularly, NHS Scotland. The fieldwork of this research covers neither service industries in the private sector nor the other services in the public sector. It only covers the healthcare services in the public sector in Scotland. Furthermore, as implied, there is a geographic boundary: the fieldwork data is collected in Scotland with the exclusion of the healthcare services in England, Wales, and Northern Ireland. In addition, the research fieldwork gathers data only from a specific geographic region or Health Board of NHS Scotland; the identity of this Health Board is kept confidential as per the agreement with the research subjects since the beginning of the research. Chapter Two provides more details regarding the Health Boards of NHS Scotland as well as the healthcare services in England, Wales, and Northern Ireland.

Thirdly, as this research has an exploratory aspect to its nature and intention, there are data gathered that are not related to memetic development. An example of such data is a set of questions and responses meant to evaluate the effectiveness of the People Management Workshop (to be further discussed in Chapter Two). This and other elements in the interview transcripts that are deemed not relevant to memes are excluded from this thesis to achieve a focused report; my intention is to keep this thesis focused on memetic leadership and management development. Instead of exploring and developing every set of data discovered in the fieldwork, I choose to focus on the presence of memes in the development of the healthcare professionals in this thesis. Similarly, there are other data in the interview

transcripts collected via the Critical Incident Technique (to be discussed in Chapter Three) that are not utilised in this thesis for the same reason. Therefore, only data, analyses, and discussions relevant to the conscious or unconscious imitations and replications of behaviours, traits, attributes, values, ways of thinking, feelings, or actions by the interview respondents are included in this research report.

The fourth matter to be noted is my status as a foreign doctoral student in Scotland and being the sole researcher in this endeavour. In order to be acquainted with the healthcare services in Scotland in general, I took up part-time weekend work as a care assistant (eleven hours a week) for about six months. However, this is not the employment of action research or insider research (McNiff and Whitehead 2011; McNiff 2000; Winter 1998; McNiff, Lomax and Whitehead 1996; McNiff 1988) as a research methodology or fieldwork data collection method. Action research and insider research have been successfully employed in research in education (Gay, Mills and Airasian 2009; Winter 1998; Ferrance 2000; Corey 1954) but this research does not follow the methodology of action research or insider research. The reason for this is the familiarisation or orientation of NHS Scotland for a foreign student researcher. Nevertheless, the possibility of this orientation to the healthcare services in Scotland via part-time weekend work as a care assistant influencing my interpretations and insights on the memetic leadership and management development of the emergent healthcare leaders and managers cannot be absolutely denied. In addition, this practical job experience contributes a strong positive aspect to the research: I could relate much more thoroughly to the interview respondents and the issues they raised than might otherwise have been the case. Furthermore, being the sole researcher, there is a practical limitation to the time and financial resources available to me as well as to the number of hospitals or organisations I could approach, the number of voluntary research subjects I could recruit, and the number of interviews I could conduct.

Lastly, other than the memetic elements categorised and detailed in Chapter Four (entitled the Altruism Memeplex, the Motivation Memeplex, the Motivating Memeplex, and the People-developing Memeplex), there are other memetic behavioural attributes, traits, values, attitudes, thoughts, emotions,

behaviours, or actions that are excluded from the analyses. The reason for this is that these memetic elements occur infrequently or only among very few of the healthcare leaders and managers (five or less out of all the interview respondents). Another reason for their exclusion is that to place all their analyses and report in this thesis would make this thesis unnecessarily bulky. Therefore, the four groups of memetic leadership and management elements as expressed in the four memeplexes would be adequate for the illustration and discussion on understanding leadership and management development via meme theory.

1.4   The organisation of the chapters

Following from this chapter, the introduction to the thesis, there are four chapters covering the literature review, methodology, analyses and discussions, and conclusion of the research respectively before ending the thesis with a section on bibliography and the appendices.

Chapter Two: I begin this chapter with lexical definitions as well as quotations on leadership and leadership development to give a very basic understanding of the terms before presenting some of the distinctions among some terms used in the field. This minor discussion on distinctions of terms is briefly introduced because some academic publications in the field make a distinction between leader development and leadership development and between leadership development and management development.   The chapter then proceeds to briefly introduce the well-known theories or models of leadership before moving to the commonly-known models or frameworks of leadership and management development.   After these necessary introductions of the field, I begin the literature review of the core issues; the first part is about the major or popular practices of leadership and management development to show what is going on in this corner of the human resource development industry. The most common leadership and management development practices in the industry are trainings in classroom and workshop formats, 360-degree feedback, mentoring, job assignment, networking, executive coaching, and action learning. Among these seven practices, the first four in this list are practised among the healthcare

professionals interviewed (at the time of the research fieldwork, action learning was about to be implemented in NHS Scotland). Networking, while it is neither actively practised nor officially stated as among the leadership and management development practices implemented, is informally practised among the research participants as workers in organisations would naturally do to some extent. Thus, in the literature review, I give more attention to classroom and workshop formats, 360-degree feedback, mentoring, and job assignment vis-à-vis the other practices. In the second section I talk about the NHS in general and NHS Scotland (with regards to the leadership and management development programme that these organisations carry out). After this section, I discuss leadership and management development in the NHS in general and in NHS Scotland before moving on to talk about the People Management Workshop, a specific leadership and management development programme in the concerned Health Board of NHS Scotland that allowed me to access the interview participants in this research.

Chapter Three: in the methodology chapter, I present the journey of this research, the biases of a qualitative researcher, methodological fit and the rationale behind my choice of a qualitative approach over a quantitative approach, before proceeding with a discussion on interpretivism (the chosen approach). A discussion on a framework, approach, or methodology for developing ideas and theories from established theories is then offered as well as the framework analysis technique for organising, analysing and interpreting the actual qualitative data of the interviews. In this chapter, I also cover the fieldwork data gathering methods: the interviewing approach along with the Critical Incident Technique (one of the interviewing approaches) and participant observation. In the section on the interviewing approach, I cover the sampling strategy, the selection, availability, and time spent with the interview respondents being the elements influencing the research design, the forms of interviews, the stages in an interview, the opening of an interview, the body of an interview, the closing of an interview, and information recording during an interview. Next, I present the methods, procedures, and selection of the interview participants within their respective organisations, the sequence of the interviews as well as the pilot study carried out before the actual interviewing. As self-reports of interview respondents can be biased, I then mention the nature and limitations of self-

report followed by the other data gathering method which is participant observation. The discussion includes the limitations and benefits of participant observation in fieldwork and the elements observed and analysed. Finally, the chapter ends with a note on ethical issues which any research involving human research subjects must take into consideration in order to, among other things, protect the confidentiality of the research participants.

Chapter Four: in this chapter on analyses and discussions, I take note of the limitation of the interpretive approach, describe the research participants and their respective organisations within the Health Board of NHS Scotland, and present the analyses of the fieldwork data with their interpretations and discussions. I also discuss the theories underlying the understanding and explanation of the discoveries from the fieldwork data in the first round of the interviews: meme theory, the theory of human agency (a development of social cognitive theory) and structuration theory. Meme theory is included in the second round of interviews (slightly more than a year after the first round of interviews) to test the presence of memetic elements in the leadership and management development of the research subjects. Further on in the chapter, the memetic elements in the leadership and management development of the healthcare professionals in both rounds of the interviews are presented via four types of memeplexes with their respective labels of 1] the Altruism Memeplex; 2] The Motivation Memeplex; 3] the Motivating Memeplex; and 4] the People-Developing Memeplex. These analyses and discussions are then followed with analyses and discussions on elements of human agency in the leadership and management development of these emergent healthcare leaders and managers.

Chapter Five: in the concluding chapter, I offer a conclusive summary of the thesis along with the implications of the discoveries, analyses, and discussions before presenting the limitation of this research. Included in this chapter is also the possible future research for the purposes of confirming the discoveries, further applying of the theories employed in this research to understand the discoveries, and further developing these discoveries and ideas in other aspects of leadership and management development as well as in other organisations in both the public and private sectors.

Bibliography: in the final section of this thesis I give credit to those whose shoulders I stand on to see further.

Appendices A-1 to A-4: this section of the thesis is divided into four sub-sections (Appendices A-1, A-2, A-3, and A-4) to show the generic questions employed during the first round of the interviews. In the actual interviews, each set of the semi-structured interview questions is slightly modified to include the respective names of the interview respondents and their colleagues. What is presented in this section, however, is the generic form where the actual names of the respective interview respondents are made anonymous. Furthermore, in Chapter Three (particularly, the sections entitled 'the questions in the semi-structured interviews' and 'Critical Incident Technique', I discuss the rationale for the questions employed. Appendix A-1 is the semi-structured interview questions for the particular healthcare leaders taking the People Management Workshop (details of this workshop are given in the literature review chapter). Appendix A-2 is the semi-structured interview questions for the respective line managers of the healthcare leaders in Appendix A-1, Appendix A-3 is the semi-structured interview questions for the respective professional peers of the healthcare leaders in Appendix A-1, and Appendix A-4 is the semi-structured interview questions for the respective direct reports of the healthcare leaders in Appendix A-1.

Appendix B: this section of the thesis shows the generic questions used during the second round of the interviews (slightly more than a year after the first round of interviews). Each set of the actual semi-structured interview questions is modified to include the respective names of the interview respondents and their colleagues. Again, what is presented in Appendix B is the generic form of the interview questions where the actual names of the respective interview respondents are taken off or made anonymous. More significantly, each set of interview questions for each respondent varies from respondent to respondent, particularly, the detailed elements for Question #1, #5, #6, and #7. This is the main difference for the variations in the actual interview questions in the second set. This is because each of these questions is customised based on their respective responses in the first round of interviews. It is therefore unnecessary to show each and every set of the

actual semi-structured interview questions for all the respondents. Thus, what is presented in Appendix B is merely one of the eighteen sets of customised interview questions. I also need to note that Questions #6.1 to #6.10 and #7 are meant to be additional exploratory questions seeking to know the viewpoints and interpretations of the respondents regarding the People Management Workshop a year after the healthcare leaders had gone through the workshop. However, as most of the responses and data from these additional questions are irrelevant to the central discovery and subsequent focus of this thesis (application of meme theory to look at leadership and management development), the responses from these questions are not reported or discussed because doing so would result in the thesis being divergent or not having a focus. My intention for adding these exploratory questions is simply to provide fieldwork research data for other possible research undertakings in the future.

Appendix C: is the first-person account of the participant observation.

CHAPTER TWO: LITERATURE REVIEW

If it's always been done this way, it must always be done this way

- Tony Blair, British Prime
Minister, 1997-2007 (Watt 1999)

Chapter Outline

2.1   Understanding the definition of leadership development

There is a variety of definitions for the term 'leadership' and as such, for the term 'leadership development'. Etymologically, the two words are separated by almost a century with the word 'development' coming first in 1756 before the first occurrence of the word 'leadership' in 1821 (Case, French and

Simpson 2011; Simpson and Weiner 1989). Together, the two words constitute a concept that is among the least understood of ideas and of behavioural and organisational processes (Appelbaum, Ritchie and Shapiro 1994). Leadership development could be understood as a process of producing and the gradual advancement, unfolding, or bringing out of a person or a group of people with the ability to accompany, show the way, conduct, guide, direct, manage, and govern others by persuasion, counsel, being an example, going ahead of them, or having a particular type of life or working style (Wehmeier and Ashby 2000; Simpson and Weiner 1989). As such, leadership development is by nature interventionistic. Every programme, practice, or tool of leadership development is essentially an intervention to bring about intended change in the values, behavioural attributes, thinking, emotions, attitudes, behaviours, traits, or actions of the people undergoing the developmental programme.

How a person or a group of people approach leadership development depends on how they understand leadership. While the may be lexically defined and understood, there are about as many definitions of leadership, and thus leadership development, as there are researchers who attempted to define the terms (Stogdill 1974). The few selected quotes below on leadership as viewed by some researchers in the field give an idea of the concept or process (selected from a long list of quotes, these contain elements that are related to some of those found in this research) of leadership:

> Leadership is the *behaviour* of an individual directing the activities of a group toward a shared goal (Hemphill and Coons 1957 p.7).

> Leadership is the measure and degree of an individual's *ability to influence* - and *be influenced by* - a group in the implementation of a common task (Harris 1949 p.19).

> Leadership is both a process and a property. The process of leadership is the use of non-coercive *influence* to direct and coordinate the activities of the members of an organized group toward the accomplishment of group objectives. As a property, leadership is the set of *qualities or characteristics attributed* to those who are perceived to successfully employ such *influence* (Jago 1982 p. 315).

The common key ideas among the above quotations on leadership are behaviours, qualities, attributes, or characteristics and influencing; thus, leadership has very much to do with human behaviours or behavioural attributes or traits, and the ability and process of influencing people and their behaviours. Nevertheless, it must be noted that leadership is a concept that is not fully understood or well-defined in most organisations; Alimo-Metcalfe and Lawler (2001) report of leadership being a nebulous concept in the thirty organisations in the UK that they investigated. Thus, it is unsurprising that the concept of leadership and management development is also not fully understood or well-defined (Hartley and Hinksman 2003). Nonetheless, Day (2001 p. 2),in citing McCauley, Moxley, and Van Velsor (1998) and Keys and Wolfe (1988),defines leadership development as:

> expanding the collective capacity of the organisational members to engage effectively in leadership roles and processes…Leadership roles refer to those that come with or without formal authority….Leadership processes are those that generally enable groups of people to work together in meaningful ways…

This quotation shows that leadership development, and inclusively, leadership and management development, should bring in an expansion of the collective capacity of the organisation engaging in such development of its human resource. As a result, staff members, whether they have official leadership titles or not, are enabled, empowered, motivated, or energised to carry out their functions and duties corporately, effectively and meaningfully.

(These elements of behaviours or behavioural attributes, influencing, social capacity development, empowerment, motivation, enthusiasm, and meaningful work, all in relation to leadership and management development, are illustrated in conjunction with data from the research fieldwork presented in Chapter Four and Chapter Five.)

2.2   The academic distinction between leader development and leadership development

This section and the next section present the views of some researchers in the field that make a distinction between *leader* development and *leadership*

development and between *leadership* development and *management* development. Academic research on leadership and management development since the mid-1980s has focused on leader development, particularly, on the charismatic and transformational leadership development of individual participants (Conger and Hunt 1999). Day (2011, 2001), in his review and summary of leadership and management development since 1965, differentiates leader development and leadership development by showing that the former orientates toward human capital while the latter orientates toward social capital; according to him, human capital focuses on individual and intrapersonal skills such as cognitive and emotional skills, self-awareness, self-regulation, and self-motivation while social capital focuses on social, relational, and interpersonal skills such as social awareness, network building, and conflict management. Day (2001 p. 605) further insists that leader development is grounded in a traditional and individualistic model of leadership with the assumption that the development of individual leaders being additive to organisations to "…improve social and operational effectiveness…" while leadership development belongs to a different and contemporary leadership model. Furthermore, Iles and Preece (2006 p. 325) say that leader development deals with "…individual-level intrapersonal competencies and human capital…" whereas leadership and management development deals with the "…development of collective leadership processes and social capital…" which involves social and political contexts, leadership styles and actions, "…organisations, relationships, networking, trust…" and commitments. In reference to Salancik et al. (1975), Day (2001 p. 605) says that this relational leadership model assumes leadership as being a "…function of social resources embedded in relationships…" and "….an emergent property of social systems rather than something added to existing system". Hence, leader development, being a purposeful investment in human capital, builds individual intrapersonal skills such as self-awareness, self-regulation, and self-motivation (Neck and Manz 1996; Manz and Sims 1989; Stewart, Carson and Cardy 1996) while leadership development, being an investment in social capital, builds on interpersonal skills such as social awareness and skills, empathy, service orientation, conflict management, bond and team building, and change catalysing (Goleman 1995) that emphasize reciprocal obligations and commitments built on mutual trust and respect (Day 2001). Leadership thus "…emerges when people rely on their

mutual commitments, trust, and respect to create a new meaning…" in place of formal structure, planning, and control (Day 2001 p. 606). Therefore, according to some researchers in the field, leader development is more about developing an individual person (the leader) while leadership development (or even leadership and management development) is more about developing a group of people or an organisation as a whole in such a way that leadership emerges out of this development.

However, it is apparent that the difference between leader development and leadership development is often blurred; there are a lot of overlapping areas. If one look at the brochures and websites advertising training programme in this field, one would see that among practitioners, there are a lot of overlapping areas. The training programme that would be categorised under leader development are categorised under leadership development or leadership and management development. This confusion in the usage of the terms, or even conceptual, confusion could also be seen in the People Management Workshop conducted by a Health Board of the National Health Service Scotland (NHS Scotland). This workshop is categorised as a leadership development programme but if one were to apply the distinctions in the terms used by some of the researchers in the previous paragraph, one classify this workshop as a leader development or management development (the details of this workshop and the NHS are discussed further on in this chapter)programme.

Furthermore, there are researchers such as Velsor and McCauley (2004) who incorporate elements of what are considered to be leadership development by some researchers, into leader development. According to Van Velsor and McCauley (2004) leader development consists of three main components: self-management, social capabilities, and work facilitation capabilities. Self-management capabilities includes self-awareness, conflicting-demands balancing, learning abilities, and leadership values; social capabilities includes effective relationship building and maintenance, teamwork building, communication skills, and people-development abilities; work facilitation capabilities includes management skills, strategic thinking and action, creative thinking and action, and change implementation and management.

These three components of what is supposedly leader development clearly contain elements, such as social capabilities, that are considered as leadership development.

Thus, in this thesis, it is apt to use the more inclusive term *leadership and management development* to embrace all the different human resource development practices that have to do with developing leaders and leadership (I use the term *human resource development* to generically describe the ideas and practices in leader development, leadership development, or leadership and management development as they are components of human resource management and development). In the end, for Schein (1992), the success of any effort in leader development, leadership development, or leadership and management development, depends on whether the people responsible for implementation share the same assumptions. Therefore, leadership development, not only in practice but also in academic theorising, is a conceptually fuzzy area containing both elements of leader development and leadership development as per the classification of some researchers. In part, this may be due to the fact that there is not much research work presenting the depth and complexity of leadership and management development needed to understand, view, design, and improve leadership and management development theory and praxis in the present and for the future (Day 2001).

2.3   The academic distinction between leadership development and management development

Similar to the above situation with leader development and leadership development, some researchers make a distinction between leadership development and management development; as such, there is a need to mention here such a distinction as presented in the literature in the field. The term *leadership* should not be equated with the term *management*; similarly, leadership development is distinctly different from management development although in both research literature and praxis there are parallel, inter-related, and over-lapping issues between the two (Day 2001).

According to Baldwin and Padgett (1994), Keys and Wolfe (1988), and Wexley and Baldwin (1986a), management development generally focuses on training participants in specific skills, knowledge, and abilities to improve the performance of their specific and formal management roles and tasks in an organisation. Another distinction is that management development orientates towards applying known solutions to known problems (Day 2001).

Leadership development, however, orientates towards building the organisational and collective capacity of participants, regardless of whether they actually have formal management or leadership roles or not, in leading people and finding solutions to unknown problems and challenges (McCauley and Van Velsor 2004; Dixon 1993). It also develops participants for unforeseen circumstances or situations, roles, and functions beyond their usual work or experience (while management development focuses more on enhancing people with knowledge, skills, or proven solutions to handle the known tasks), builds organisational capacity, and engages people to work in meaningful ways collectively (Day 2001). Thus, leadership development is more complex cognitively and behaviourally than management development (Hooijberg, Bullis and Hunt 1999). This is because people in management focus on doing things right and they usually deal with matters that are relatively more technical, operational, or short-term to medium-term in nature where the solutions are previously known or have been seen before; those in leadership focus on doing the right thing as they often confront dilemmas or issues that are strategic and long-term in nature which require solutions that are not previously known.

Nevertheless, as mentioned, because elements of leadership development and management development over-lap and are inter-related in practice, I use the inclusive term *leadership and management development* to include elements and practices of both leadership development and management development. The usage of this inclusive term is further supported by a common practice in the Health Board of the National Health Service (NHS) Scotland in addressing those who exercise leadership in the service as managers; in addition, in NHS Scotland, management development programme are sometimes labelled as leadership development programme. Moreover, Alimo-Metcafte and Lawler (2001) report that most British

organisations, public or private, make no distinction between the terms *leadership* and *management*. To further illustrate, the Health Board of NHS Scotland in this research combined elements of both leadership development and management development in a workshop formally called People Management Workshop (it is also labelled as People and Policy Management Workshop). Although the majority of the trainings in this workshop are about management development, it is classified as a leadership development programme. Therefore, in practice, it is rather difficult to say where leadership development ends and where management development begins and to draw a clear boundary between a training labelled as leadership development and another labelled as management development.

2.4　A brief survey of well-known leadership theories

This section discusses some of the well-known theories of leadership; before proceeding to a discussion about research publications in leadership and management development, I should mention about the commonly-known theories in the field of leadership. There are numerous theories (Yukl and Van Fleet 1990) of leadership (theories, models, and frameworks specific to leadership development are discussed in Chapter Two). For example, the 'great man' or 'great person' theory (Grint 2011; Bennis and Nanus 1985), one of the earliest theories of leadership, assumes effective leaders to be born, not made, and that they are manifested during times of crises. Trait theory of leadership (Kirkpatrick and Locke 1991; McCall and Lombardo 1983; Stogdill 1974), which came into the scene in the 1930s, states that certain personality or behavioural attributes are suited to leadership and that effective leaders have certain attributes or combination of attributes (such as being energetic, persistent, confident, and dominant). Behavioural theories of leadership (Yukl 1971) differs from the 'great person' theory in arguing that leaders are made, not born, and that effective leadership can be developed when learnable leadership actions, behaviours, attributes, or traits are transferred and acquired.

Both the 'great person' theory and trait theory, which stand among the early theories of leadership, assume the supremacy of nature over nurture; the

main problem with such theories is that only a few people are meant by nature to lead people or are endowed by birth with traits to lead others while most people are somehow and somewhat fatalistically destined to be followers and thus could not be trained or nurtured to lead or manage others. However, as the world moves towards a global economy and as more and more developing and under-developed economies move towards development, there is an ever increasing need for effective leaders and managers in both public and private organisations at the communal, local, national, regional, and international levels. As such, developing and progressive societies would not be satisfied with the explanations of the 'great person' theory and trait theory where nature determines the quality and quantity of effective leaders and managers. Nevertheless, this idea that effective leaders are born, not made, was dominant prior to the mid-twentieth century and it seems to resurrect once in a while, refusing to completely die away (Cawthon 1996; Kirkpatrick and Locke 1991). One reason for the persistence of this theory is the link between leadership and management abilities with transformational personality and charisma; these elements are viewed by some to be inborn (Zaleznik 1992).

Dissatisfaction with the 'great man' theory and trait theory led to development of behavioural, participative, and contingency theories of leadership. As such, on the other side of the fence are theories of leadership and management that say leaders are made, not born, thus siding with nurture and interventions; they argue that effective leadership and management could be developed, nurtured, earned and acquired through interventions of trainings and developmental programme. Meanwhile, other theories include situational theories that describe the situations that bring out leadership and transactional and transformational leadership theories that present different angles in looking at leadership and how leaders and managers in organisations could be developed. Behavioural theories of leadership differ from trait theory in that the behavioural theories argue that leadership characteristics could be learned or acquired and are thus transferable and learnable. Mosley (1998) proposes that a behavioural approach to leadership could better address human resource diversity arising from the challenges of internationalisation and information technology. One behavioural approach, the role theory, says that people act the leadership

roles that they take up or are assigned to them by others; people define the leadership roles for themselves and others and form expectations about what those in the roles do (Winkler 2009; Hogg 2001; Pfeffer and Salancik 1975). However, as a counterpoint to the role theory of leadership, if an executive or staff member who is not given a leadership or management role, he or she does not need to resign himself or herself to passivity; DeRue et al. (2011) advise that it is better for one to pro-actively seek or even assume leadership responsibilities compared to being passive or exercise laissez-faire leadership.

Another behavioural theory of leadership, grid theory (Blake and Mouton 1961), describes and contrasts leaders that are people-focused with those that are task-focused; authoritarian leaders that focus more on efficiency and task have less concern for people while those that concern greatly for their direct reports and employees may not produce great results when it comes to getting things done. However, leaders who do well in both categories are those that care for their employees resulting in the employees doing well in their work or tasks. Laissez-faire leaders that put in minimal effort in the two areas or leaders that fail to achieve a good balance in both areas may cause their organisations to fail. Meanwhile, DeRue et al. (2011) integrate both traits and behaviours in their study which tests the relative validity of both kinds of leadership theories in an attempt to address the lack of theoretical integration in leadership and management research. The result of this quantitative study shows that leadership or management traits and behaviours account for thirty-one per cent of leadership effectiveness (using an integrative trait-behaviour model). Although certain traits predispose people to certain behaviours and although traits such as conscientiousness, agreeableness, and extraversion are found to be important predictors of effective leadership vis-à-vis traits such as intelligence and gender, the behaviours of those who lead and manage others are found to be more important predictors of leadership and management success when compared to traits (DeRue et al. 2011). Behaviours could be learned or acquired (the Analysis and Discussion Chapter of this research shows memetic transfer, learning, and acquisition of leadership behaviours). As such, leadership and management development programme could intervene to develop the staff members of organisations to exhibit the desired leadership and management behaviours.

Similar to trait theory, there are also limitations to behavioural theories of leadership. Both of these models tend to be leader-focused (rather than leadership-focused), hierarchical, and top-down leaving little to be said about the professional peers and direct reports or followers of the leaders and managers. Therefore, participative theories of leadership say that followers, direct reports, professional peers, line managers, and other stake-holders are more collaborative and committed to the decisions and required actions if they participate in the relevant decision-making process; these approaches also assume that a group of people make better decisions than one person and that collective decision-making brings in greater collective commitment to the decisions and task performance. A highly participative form of leadership is very close to the concepts of team leadership and distributed leadership (Timperley 2009; Harris 2009; Timperley 2005; Gronn 2002; Gronn 2000; Spillane, Harverson and Diamond 2000). Meanwhile, Lewin's leadership styles divide leaders and managers into three major kinds according to their styles: 1] the autocratic style, where the leader makes decisions without other stakeholders participating in the decision-making processes; 2] the democratic style where stakeholders are involved in the decision-making processes; and 3] the laissez-faire style where the leader minimises his or her participation in the decision-making processes, leaving them to the management group, committee, or followers (Lewin, Lippit and White 1939). The first style works well only when people are motivated to carry out the decisions made by the autocratic leader or manager regardless of their participation in the decision-making processes (otherwise there may be discontent among the followers resulting in the failure of leadership); the democratically participative style works well when the values, thoughts, and behaviours of participating members are not too varied or different (otherwise there may not be any consensus or it may take a long time to reach one); laissez-faire leadership works well only when followers and stakeholders are self-motivated, skilled, knowledgeable, and capable without needing a central authoritative figure or administration (this is seldom the case), otherwise there may be organisational breakdowns or chaos.

While participative leadership can be empowering and motivating, participative leadership is in turn affected by the motivation, empowerment,

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and trust of followers and participating stakeholders. For example, Huang et al. (2010) argue that participative leadership affects the task performance of staff members through psychological empowerment if they are in management roles; participative leadership would thus affect the task performance of frontline staff members and those without management or leadership roles if there is trust in the leaders. Furthermore, there are times when a less participative form of leadership is more effective in achieving certain desired outcomes. While directive leadership positively affects commitment and performance, participative leadership affects empowerment and innovation; as such, participative leadership is not always the effective form of leadership at all times in all cases and there is thus a need to balance the tension between both forms of leadership and between top-down and bottom-up processes by exercising flexibility (Somech 2005). Furthermore, Kahai, Sosik and Avolio (2004) show that both participative and directive forms of leadership contribute positively to participation, performance, and job satisfaction and Somech and Wenderow (2006) show that participative leadership positively influences performance just as directive leadership does (it even does so beyond the contingent conditions in which directive leadership affects performance).

As could be gathered from the above, there are times where directive leadership is called for while at other times, participative leadership is more effective; this implies that situations or circumstances is a necessary factor to be considered in understanding leadership. One size does not fit all and one should not expect a theory or model of leadership to explain all aspects of leadership. The contribution of contingency and situational leadership theories is the explanation that effective leaders behave and act differently depending on the situations and situational factors at hand (these situational variables cannot be changed in the short term). As such, different situations would affect the influence of a leader or manager on his or her followers or colleagues with his or her behaviours or behavioural attributes as the independent variables and leadership effectiveness as the dependent variable (Yukl 2011). Situations vary according to the work, social and organisational characteristics, structures and circumstances, the motivation, efforts, positions, characteristics, and abilities of the leader, and the motivation, efforts, characteristics, and skills of direct reports (Tannenbaum and Schmidt

1958). The importance, urgency, and critical condition of the situations and tasks also affect how leaders respond to their direct reports and their participation in the decision-making processes (Maier 1963). Furthermore, situational factors can come from the culture of the members or stakeholders in terms of cohesiveness and cooperation, the situation regarding resources and supports, or the external relationships, cooperation, coordination, and collaboration of people outside the group or organisation (Yukl 1997).

Hersey and Blanchard's situational leadership theory (Hersey, Blanchard and Johnson 2007; Graeff 1983; Hersey and Blanchard 1982) denies ideal leadership styles and states that effective leadership depends on the task at hand and the maturity, capacity, competence, skills, willingness, commitment, and motivation of the followers. Effective leaders and managers then develop the competence, capacity, and skills of their direct reports as well as their willingness, commitment, and motivation; their high expectations also cause high performance in the direct reports while low expectations induce low performance (Hersey 1985). This theory or model gives four styles of leadership (Blanchard and Johnson 1982): 1] the directing or 'telling' style sees one-way downward communication with little upward communication and the leader commanding the roles and tasks of direct reports (this is best applied in emergency situations, when followers have low competence or skills and low commitment or motivation, or when the tasks at hand is more important than the relationship between the leader and followers); 2] the coaching or 'selling' style sees the leader being highly focused on both tasks and relationships and this style is best applied when the direct reports have low competence or skills while having high commitment or motivation; 3] the supportive or participating style sees the leader focusing more on his or her relationship with followers than the tasks at hand and this style is best applied when followers are highly competent but are unmotivated or uncommitted; and 4] the delegating or observing style sees the leader leaving highly committed, motivated, competent, and skilled direct reports to carry out the tasks (Blanchard, Zigarmi and Zigarmi 1985). However, many researchers of leadership find little empirical support and pragmatic utility for this theory; they (Vecchio, Bullis and Brazil 2006; Graeff 1997; Blank, Weitzel and Green 1990; Goodson, McGee and Cashman 1989; Graeff 1983) are of the opinion that this theory is incomplete,

ambiguous, or inconsistent. For example, a group of research subjects who are sales managers in the work of Butler and Reese (1991) shows that in following the prescription of the model, they could not perform better; on the contrary, their performance was poor although the sales managers with high-task but low-relationship leadership style performed better.

Nevertheless, leadership and management practitioners, such as Farmer (2005), prescribe applying the above leadership model to healthcare leaders and managers to line manage telecommuting staff members more cooperatively, effectively, and efficiently; this is to use the right leadership style to fit different developmental levels of direct reports for mutual developmental benefits, relationship building, and better task performance. Meanwhile, the path-goal theory of leadership, another situational leadership theory (some would categorise it as a contingency leadership theory), prescribes how leaders and managers should develop and support their direct reports by clarifying the paths that these followers need to take to achieve the set goals, actions, and tasks, removing barriers in the paths, and adding rewards along the paths to motivate the followers (House and Mitchell 1974; House 1971; Evans 1970). Whether they should be directive in clarifying the paths, aggressive in removing the barriers, and generous in rewarding their direct reports or do otherwise, depends on the situations, the tasks at hand, and the abilities and motivation of the direct reports. If the situations or tasks are stressful, hazardous, or boring, it may be appropriate for leaders and managers to be supportive, to show concern for the welfare and needs of the staff members, and to make the work environment friendly, supportive, and motivating. If the situations or tasks are difficult or complicated and the staff members are either inexperienced or lacking the knowledge and skills, then it may be appropriate for leaders and managers to be directive in communicating what needs to be done by whom, by when, and how along with clearly-communicated goals and rewards. If the staff members are knowledgeable, highly-skilled, and experienced, and leaders and managers need their expert ideas or opinions, then it may be appropriate for them to exercise participative leadership. If the situations or tasks are complicated, the direct reports are knowledgeable, highly-skilled, and experienced, and leaders and managers have faith in these staff members, then it may be appropriate for them to practise achievement-oriented leadership where

challenging goals are set with high expectations and standards (House and Mitchell 1974).

The contingency theories of leadership seek to describe what are the attributes, behaviours, and styles of leadership that are best suited to bring about organisational effectiveness in various situations and settings (one set of leadership behaviours may be suited for one set of contingent factors but not for other sets of contingent factors). Key contingency factors such as the abilities and behaviours of direct reports, the development of these followers, task structure, urgency, and the preferred styles of leadership and management affect the choice of leadership style (directive, participative, transactional, or transformational) which in turn leads certain predictable results in the direct reports, such as their performance, participation, dedication, dependency, empowerment, and creativity (DeRue, Barnes and Morgeson 2010; Houghton and Yoko 2005; Heller 1973). Meanwhile, the least preferred co-worker theory (Fiedler 1971, 1967, 1964) looks at effective leadership in relation to three factors: 1] the leader-member relations (to what extend does the leader has a good cooperative relationship with direct reports and has their support); 2] the task structure (to what extend are the tasks or actions structured, standardised, controlled, and documented); and 3] the position-power of the leader (to what extend does the leader have the power or authority to assess the work performance of direct reports and reward or reprimand them).

Cognitive resource theory (Fiedler and Garcia 1987; Fiedler 1986) states that while the intelligence, knowledge, experience, and cognitive abilities of those who lead contribute to effective leadership and management, these elements are not predictive; other situational elements, particularly stress, affect how these cognitive abilities influence successes in decision-making and leadership. The cognitive abilities of the person who leads could only contribute to the performance of the organisation or team when the leadership style is directive or autocratic (the leader or manager is better at planning, decision-making, or is more capable than those he or she leads); otherwise, a participative approach is better because other members of the group could provide the optimal solution and performance. Furthermore, during times of stress, the intelligence or cognitive abilities of the person who

leads may not contribute to the positive performance of the group; worse, it may hurt the performance of the group because the problems encountered may not be solved by rational solutions. In times of high stress, the experience in facing similar problems or situations (especially in facing them and making decisions under stress) is more predictive of effective leadership. Nevertheless, in situations where the tasks are simple or where direct reports need little or no support or direction, both the intelligence and experience of those who lead contribute little to the success of the group.

One criticism of contingency theories of leadership is that they assume leaders and managers to be flexible or able to be flexible in their respective choices of leadership styles to meet the challenges of various encountered situations. However, this assumption that when a leader fails to influence the values, ways of thinking, behaviours, or actions of a group of people, he or she will take up an alternative style of leadership is challenged by Day (1991); not only it is not easy for a leader or manager to change his or her style of leadership so suit various organisational or leadership situations, there is a tendency for him or her to bunker further in the leadership approach or style he or she is most comfortable with when faced with a strong resistance.

Transactional leadership theory (Bass 2003, 1990; Burns 1978) sees leaders and managers setting a clear chain of command and organisational structure while rewarding, punishing, or withholding rewards from their direct reports based on performance or results; it has its roots in contingency theories, behaviourism, and even utilitarianism of Bentham (1780) because it looks at human beings as entities motivated into action and performance by rewards, avoidance of punishment, maximising pleasures or benefits, minimising pain or loss, elements of classical conditioning (Pavlov 1927), or operant conditioning (Skinner 1935, 1938). However, there is a limitation to the effectiveness of transactional leadership because it is subject to the conditions (the demand and supply) of the labour market; when there is a shortage of labour, followers may not be motivated by leaders and managers who give verbal consideration or reward only when performance meet or exceed expectation while withholding them or even giving corrective punishments when performance falls below expectation.

Leader-member exchange theory (An and et al. 2011; Bauer and Green 1996; Graen and Scandura 1987; Dansereau, Graen and Haga 1975; Graen and Cashman 1975), also known as LMX or vertical dyad linkage theory, takes the view of an active reciprocal exchange between leaders and followers by arguing that leaders and managers lead and motivate their direct reports through tacit exchange agreements; the person who leads would form an inner-circle group of loyalists by nurturing a special relationship with trusted staff members who are given special privileges, better access to resources, participation in decision-making, and more developing duties and responsibilities (in return, these committed ones would have to work harder).

Counterpoint to transactional theory of leadership but congruent with LMX, transformational leadership theory (Diaz-Saenz 2011; Bono 2004; Bass 2003, 1990, 1985; Burns 1978) describes leaders and managers who motivate and lead people with either inspirations, compelling visions, infectious passion, charismatic personalities, enthusiastic energy, intellectual stimulation, expertise, verbal consideration, individualised consideration, or a combination of a number of these personality or behavioural attributes; this is because human beings tend to follow, or even altruistically committed to, those who are visionary, charismatic, energetic, passionate, inspiring, and are viewed as experts. Hartley and Hinksman (2003) report that the transformational model of leadership being one of the leadership models that has been applied in leadership and management development. In an age of global economic, environmental, political, and social turmoil, it is not difficult to see why transformational leadership is much more appealing than transactional leadership (Daft and Lengel 1998). Furthermore, people who loyally follow transformational leaders and managers also hope to be transformed to be like those they respectively follow even as these leaders attempt to change their organisations. They are motivated and committed to a cause greater than them and as a result, the followers or organisations perform greatly.

For Burns (1978), transformational leadership is more about collaboration than individual performance and it is an on-going process of mutual engagements between those who lead and those who follow for building up

unto higher levels of motivation and moral standing. In contrast to the utilitarian and behavioural elements of transactional leadership, such transformational leaders appeal to the higher ideals and moral standard as well as to the spiritual, intellectual, and social values in their direct reports. For Bass (Bass 1990, 1985) transformational leaders motivate their direct reports by increasing their awareness of the importance and values of the tasks and actions, by turning them from focusing on their own self-interests to focusing on the goals of the organisation or group, and by evoking passion in them; in addition, the moral character of those who lead as well as their ethical values in the vision, processes, tasks, and actions are among the elements of genuine transformational leadership. For Kouzes and Posner (2003), who in a twenty-year study surveyed about seventy-five thousand people for the behavioural attributes they admire the most in leaders and managers that they would willingly follow, transformational leadership is exhibited as credibility or trust-inspiring, intelligence, and being skilful or having the mastery of required skills, forward-looking, developing (people), visionary, empowering, committed, appealing, inspiring, pro-active, supportive, confident, and exemplary.

Furthermore, transformational leaders are seen as: 1] living examples of the behaviours they preach so that followers could see (as opposed to merely hear) the behavioural attributes in them (leadership by example) and imitate them; 2] those who effectively communicate inspiring visions to motivate people (as opposed to behavioural motivation by fear or reward); 3] early adopters of innovation and be able to face and learn from mistakes, difficult situations, and adversity; 4] those who empower direct reports to take action; and 5] make followers passionate and motivated by being motivating and by transmitting their own passion to them (Kouzes and Posner 2003).

One thing missing from the classic or popular leadership theories mentioned above is a description of a mechanism or mechanisms behind the leadership and management development of people according to a given theory. What are the mechanisms underlying behavioural, situational, contingency, transactional, and transformational theories of leadership? What are the mechanisms behind the transfer of learning or development and how are effective leadership attributes or behaviours learned or acquired? If an

organisation has such a knowledge, it may apply a given leadership theory unto the leadership and management development of its people. Thus, although there are numerous theories on leadership, there is a relative shortage of leadership and management development theories, models, or frameworks (this point is discussed further in the chapter on literature review).

Leadership and management development implies taking the premise that leadership and management values, thinking, behaviours, attributes, skills, and actions can be learned or acquired as well as taught or transmitted (as opposed to being entirely inborn). As such, leadership and management development implies the rejection of the 'great man' theory or trait theory of leadership as it supports for the intervention of nurture over the chance of nature. Moreover, as organisations are responsible for leadership and management development, incumbent leaders and managers of organisations are responsible for building learning organisations where staff members could increase their capacities for leadership and management; this is because effective leaders take responsibility for organisational learning (Senge 1994). Leaders and managers need to also be a pattern in learning and exhibiting effective leadership behaviours and traits. For direct reports to be developed into emergent leaders and managers, their line managers, that is, their leaders, need to be examples of effective leadership themselves (Torbert 2004; Henderson 2002). Therefore, there is a need for further research to understand more of the mechanism underlying the transfer and acquisition of leadership attributes, behaviours, skills, and related characteristics.

2.5 Introducing commonly-known models of leadership and management development

Leadership and management development is a relatively new research field. As such, while there are numerous studies in leadership and management, there are far less studies in leadership and management development (Ford and Harding 2007; Grint 2000). In recent times, there is an increasing interest in theory development in this field (Olivares 2008; Olivares, Peterson and Hess 2007) because while theories, frameworks, approaches, or models

on leadership and management abound, the shortage of peer-reviewed publications on theories, models, or mechanisms on leadership and management *development* opens up a research opportunity. Avolio (2007) opines that because leadership (not leadership development) theory has arrived at a developmental stage, it needs to progress to a stage of integrating the theories and to make leadership and management development integrative (Day 2011) and inclusive of followership, process, and context (as opposed to focusing on leader development). Furthermore, not only is there a shortage of theorising in leadership and management development, there is also a lack of research publications showing the application of existing theories to understand or explain the mechanisms behind leadership and management development. In this section, I put forward a few theories or models found in the literature specifically on leadership development or leadership and management development. However, the attempt to understand a mechanism underlying leadership and management development is presented in the section on meme theory; the application of meme theory to understand and explain a mechanism behind leadership and management development is the primary contribution of this research.

Hartley and Hinksman (2003) in applying the distinction regarding human capital and social capital, report the comparison of approaches to leadership development: an opinion of Day (2001) is that leader development concerns more with human capital while leadership development concerns more with social capital. Day (2001) argues that leader development is based on a model that focuses more on the development of:1] individual and intrapersonal elements; 2] personal power;3] knowledge;4] trustworthiness;5] self-awareness (including emotional awareness and self-confidence);6] self-regulation (inclusive of self-control and personal responsibility and adaptability); and 7] self-motivation (including taking initiatives and having commitment and optimism) while leadership development focuses more on:1] relational and interpersonal elements;2] commitments;3] mutual respect;4] trust;5] social awareness (including empathy, service orientation, and political awareness); and 6] social skills (inclusive of social bonds building, team orientation and building, conflict management, and being a change catalyst). However, there are elements of

what Day (2001) and Hartley and Hinksman (2003) considered to be leader development and human capital development that overlap with what they considered to be leadership development and social capital development: one could see that both types of developments involve commitment (to the group, team, organisation, or the followers), trust or trustworthiness.

Meanwhile, Kempster (2009) believes that leaders and managers learn to lead via the professional experiences they gained or went through, especially experiences that were problematic or challenging to them, as well as role models or notable leaders who influenced them. Leadership and management development is shown to be tacitly acquired through experiences, in especially critical incidents that mould behaviours (Cope and Watts 2000; Kolb 1984; Polyani 1966), observational learning (Bandura 1986), and situated learning (Lave and Wegner 1991). These critical incidents are naturalistic and non-planned events. Kempster (2006) calls for more empirical qualitative research and a process perspective to understand leadership and management development in an individualised way to understand such lived experience of leadership. One qualitative research employing critical realist grounded theory and data collection via in-depth interviews of leaders in a British multi-national company reveals the leadership and management development of professionals through causal influences with regards to their role models or senior leaders within certain contexts; the influences from corporate experiences and senior leaders develop leadership and management abilities (Kempster 2006). The emergent or junior leaders and managers could be likened to apprentices learning leadership and management from their senior leaders or role models. These role models are notable people in their lives, especially in the professional lives of the junior leaders and managers, who have influenced their perspectives, experiences, learning, mental schemas, heuristics, and behaviours in leadership and management (Kempster 2006; McCall, Lombardo and Morrison 1988).

DeRue et al. (2011) address the lack of integration in research on leadership as well as leadership and management development with an integrative model of leadership traits and behaviours; one practical implication of their results is that leadership and management development initiatives encourage

participants to see themselves as leaders to bring about leadership actions (DeRue, Ashford and Cotton 2009) and to pro-actively "…assume their leadership responsibilities rather than passively waiting to act until problems develop" (DeRue et al. 2011 p. 41).   Being in a leadership position or assuming a leadership position is more developmental compared to passive or laissez-faire leadership behaviours; this relates to the role theory of leadership (Winkler 2009; Hogg 2001; Pfeffer and Salancik 1975), a behavioural approach to leadership which states that being put in a leadership role is itself a developmental intervention.

Cacioppe (1998) proposes an integrated model of leadership development involving a variety of practices, such as self-development, strategic thinking, business skills, and global thinking, to develop leadership and management competencies.   Weiss and Molinaro (2006) also recommend an integrated leadership development; however, their approach, which employs multiple and integrated leadership and management development practices, focuses on strategically, synergistically, and sustainably developing leaders and managers in response to the problems, weaknesses, and relative ineffectiveness of single-practice, dual-practice, or multiple-practice approaches adopted by most organisations.

Leadership and management development is longitudinal and multilevel; behavioural changes take time and they occur intra-individually (within a person) as well as inter-individually (among persons).   Thus, the theoretical approach of Day, Harrison, and Halpin (2009) is an integrative as well as a life-long journey development which links leadership expertise with healthy human adult development and leader identities and self-regulation processes in the context of effective adaptation to domain-specific constraints; for example, its overall life goals selection and setting, effective resource optimisation, effective adaptation in response to barriers and constraints ambitiously covers the entire adult lifespan of those undergoing the development.   Thus, they offer an integrative approach of leader development (which focuses more on individual leaders) and leadership development that is fairly holistic in that it takes into account adult, identity, moral, and authentic leader development as well as cultivating reflective judgements, critical thinking, and team leadership.   Day, Gronn and Salas

(2004) discuss a model of teamwork leadership in which team leadership capacity is developed in the process of teamwork as an emergent phenomenon in teams; it involves ways for staff members to work together in a team to face complex challenges, and to adapt and perform as a team. It takes into account the resources, skills, abilities, and knowledge of each team member in shaping the teamwork, the formal developmental practices of the team, and the resources, skills, knowledge, and abilities of the formal team leader; thus, the development of the leadership capacity of the team (which determines the performance of the team in the next cycle) derives from team learning which in turns derives from teamwork (Day 2011). The team leadership development of Carson, Tesluk, and Marrone (2007) looks at the emergence of shared leadership among team members and takes the view that the level of team leadership would increasingly develop as the amount of shared purpose, social support, and external executive coaching increases; shared team leadership is also theoretically deemed to be a positive contribution to team performance. In developing high-performing teams, developing shared leadership is more important than developing individual leaders.

Lord and Hall (2005) propose a leader development model that joins leadership to social identity, values-specific expertise, and domain-specific expertise to develop capacity, skills and competencies of the higher-level management in organisations (shifting and developing from micro-level and individual identities to higher-level, collective and corporate identities). However, Bolden and Gosling (2006) argue that focusing on competencies alone would be too individualistic as leadership and management competencies themselves being only a part of the complexity of leadership and management selection, development, and evaluation; hence, their discursive approach calls for a more contextual, reflective, associative, relational, inclusive, and collective approach to leadership and management development so as to reveal and challenge existing assumptions in organisations and to align the competency approach with current and future leadership and organisational needs. Similarly, Burgoyne, Hirsh, and Williams (2004) are of the opinion that a leadership and management development programme employing the competency approach alone puts the weight of responsibility on individuals with little regard for organisational

context, strategy, systems, and the relationships among staff members; therefore, for a programme of this nature to have real results, it needs to provide for 1] self-awareness, reflection, and feedback; 2] relevance and integration in relation to the strategy and systems of the organisation implementing the development; and 3] the support of leaders and managers before and after the leadership and management development programme. Furthermore, Grint (2007) opines that many leadership and management development trainings based on competency frameworks are derived from leaders and managers who are already successful in their organisations with the assumption that their competencies are the secret of their leadership success while disregarding unsuccessful or less successful executives exhibiting the same competencies.

In an age of scandals in major organisations and in an era where corporate social responsibility is vital, leadership and management begins to incorporate ethics and social responsibility. Authentic leadership development (Diaz-Saenz 2011; Avolio and Gardner 2005; Gardner et al. 2005; Luthans and Avolio 2003), advises leaders to own their experiences and act according to their inner thoughts and feelings; it is about building leaders on a foundation of ethical or moral reasoning and code as well as cultivating them to be authentic persons responsible to the interests, goals, visions, needs, and perspectives of their direct reports with such authentic relationships being transparent, open, trustworthy, and developing to the direct reports. Authentic leadership development also moves beyond authentic leader development is that the former develops an authentic shared relationship between leaders and followers, creating authentic followership, self-awareness, and self-regulation (Day 2011). The development of this approach is based on authentic leadership theory (Luthans and Avolio 2003), which in turn is partly a response the global leadership crises in both the corporate and political worlds in recent years (Caza and Jackson 2011), and partly a development from positive psychology (Snyder and Lopez 2002) and transformational and charismatic leadership theories (Diaz-Saenz 2011). Self-awareness and self-reflection are also crucial in developing authentic thinking, behavioural attributes, decision-making, actions, and moral capacity, courage, and resiliency (Day, Harrison and Halpin 2009). Moral capacity refers to the ability to identify the moral elements and dilemma in an

issue; this moral capability comes from how a person sees his or her leadership or management role, takes different perspectives, and learns from past experiences with ethical elements. Moral courage refers to the fortitude to take moral actions, to do the right thing, in spite of internal or external pressures to do otherwise. Moral resiliency is the capability to cope, adapt, and be resilient to act authentically in times of adversity and challenges to ethics over the long run; moral resiliency brings in sustainable authentic leadership behaviours (May et al. 2003).

According to Day, Harrison and Halpin (2009), the identity of a person (which is a multi-faceted and vital construct of the self that is initiated and developed over time since childhood) is important to the leadership and management development of the person. The model of leadership identity development of Komives et al. (2005) has six stages, beginning from childhood with an emerging awareness of people who are leaders to the stage of integration and synthesis. A well-defined identity could guide leadership behaviours built via actions and role modelling. In addition, the identity of a leader influences the goals he or she sets and identity processes assist behavioural learning, acquisition, and change. Furthermore, the identity of a leader would shift from an individual level, which is self-focused and least-inclusive, to a relational level and then further onto a collective level (the most inclusive) in the course of his or her human and identity development (Lord and Hall 2005). Therefore, identity development helps shape the leadership behaviours and self-developments of a person.

In spite of these recently offered models, approaches, or theories of leadership and management development, there is no dominant model or unified theory of leadership and management development just as a general theory of leadership is still elusive (Sorenson, Goethals and Haber 2011). Furthermore, there is still a lack of research informing a mechanism, if any, underlying leadership and management development, that is, the ways leadership or management values, attributes, behaviours, traits, knowledge, ways to thinking, or actions are transmitted to people in their development. Therefore, this research seeks to explore and discover how leadership and management attributes and behaviours are transmitted or transferred and acquired among the healthcare professionals, inclusive of vertical

transmission (from the older generation to the younger or from senior leaders to emergent leaders) and horizontal transmission (among professional peers).

Thus, the next section of this chapter discusses the various current and popular practices of leadership and management development, namely, workshop and classroom-based trainings, 360-degree feedback, mentoring, executive coaching, networking, job assignment, and action learning. Then the following section introduces the National Healthcare Service (NHS) England as well as NHS Scotland, and briefly reviews their leadership and management development trainings; most of the research literature concerns with NHS England as there are shortages of research on leadership and management development in NHS Scotland.

2.6   The   commonly-known   leadership   and   management development practices

Leadership and management development is interventionistic by nature as every programme, practice, or tool of such trainings is essentially an intervention to bring about intended change in the attributes, thinking, emotion, attitude, behaviour, and action of the leader or manager undergoing the programme. Some leadership and management development practices or programme are short-term interventions, such as classroom-based trainings and trainings conducted in the workshop format (both of these are sometimes labelled as formal programme, management trainings, or executive trainings in the organisational training industry), executive coaching, and 360-degree feedback (essentially an evaluative tool in leadership and management development); these generally last a few days. Others however, are medium or long-term in nature, such as mentoring, job assignment, action learning, and networking. Short-term or long-term, Day (2001) considers these seven popular practices to be the backbone of leadership and management development; nevertheless, Backus et al. (2010) argue that leadership and management development based on accelerated learning (which uses less organisational resources) are more relevant to the

present period of economic recession or slow growth as returns on investment in the trainings need to be quickly seen.

In addition to these seven popular leadership and management development practices, Hartley and Hinksman (2003) add secondments, succession planning, fast track cohorts, general organisational development, and partnership working. Secondments are actually a type of job assignment, where a staff member is assigned to another section or department of the organisation, another organisation within a bigger body (for example, NHS Scotland), or another sector (for example, from healthcare to the local government). Succession planning is usually a leadership and management development for a staff member in the top level of leadership to prepare the person for the top leadership post (Hartley and Hinksman 2003). Thus, this practice is not included in the seven popular leadership and management development practices as it is a practice limited to a very small group of people in an organisation. Fast track cohorts or fast-track programme, such as a graduate management training scheme offered by an organisation, are usually meant for fresh graduates of institutions of higher learning; these programme often involves developments via networking and formal classroom-based trainings and workshops. Fast-track programme could also exist to speed the leadership and management development of minority or disadvantaged group members and patch up deficiencies in organisational or human resource strategies (Hartley and Hinksman 2003). Organisational development is an organisation-wide leadership and management development initiative to develop social capital and leadership skills and capacity through organisational change (as leadership often involves the context of organisational change) while partnership working refers to an organisation joining up with another or a few organisations which partnership could result in leadership and management development (Hartley and Hinksman 2003; Geddes and Benington 2001; Huxham and Vangen 2000).

However, most researchers in leadership and management development speak well of the major seven forms (classroom-based trainings and workshops, mentoring, executive coaching, 360-degree feedback, job assignment, action learning, and networking) of leadership and management development practices mentioned above (Bolden et al. 2005; Day 2001).

They are effective in developing organisational leaders and managers across different industries, including the healthcare sector (Collins and Holton 2004). Thus, in the following sub-sections, these leadership and management development practices are briefly discussed. Five of these, namely, classroom-based and workshop-based leadership and management development trainings, 360-degree feedback, job assignment, informal mentoring, and networking are practised in the selected Health Board of NHS Scotland; as such, these five practices are rightly given more attention. Although mentoring and networking are neither officially implemented by the organisations of the healthcare professionals interviewed nor are they formally practised by them, these two leadership and management development practices are implied in the interviews of some of the emergent leaders. However, executive coaching and action learning are neither found to be actively practised among the research participants nor are they officially stated by the top management of the organisations to be among the leadership and management development practices implemented. As such, these two practices are given relatively less attention in this literature review.

2.6.1 Classroom-based trainings and workshops

Also known as formal programme, executive trainings, or management trainings, trainings in a classroom or workshop format are a well-known form of leadership and management development; such formal programme are relatively ubiquitous, common, and popular. Tourish et al. (2008) report two-third of the interview respondents of NHS Scotland view their national programme and courses, most of which are classroom-based or workshop-based, to be the most effective way of developing leadership in the healthcare service. Not surprisingly, this particular practice constitutes the main form of leadership and management development in many British organisations, such as trainings in the form of short courses; however, they may not be the best way to develop leaders and managers as a single course or event, or even a sequence of courses or workshops, as they are neither integrated nor adequate for a sustained transfer of development, reflection, and support (Alimo-Metcafte and Lawler 2001). The focus is more on the training of executive, management, and leadership skills, abilities, and

competencies to give participants proven solutions to known problems rather than providing skills and abilities for professionals to come up with solutions for unknown problems (Day 2011; Dixon 1993).

Classroom-based trainings and workshops can be internal or external to the organisations of the participants; they can also be conducted through seminars or conferences (Bolden et al. 2005). Historically, leadership and management development started with this form of practice, and a huge amount of money is spent every year on programme of this form of practice (Reingold 1997; Fulmer and Vicere 1996). Nonetheless, not only there is a shortage of research literature showing the outcomes of such leadership and management development programme but also about the mechanisms underlying such executive development and transfer of learning.

Classroom-based trainings usually involve the chalk-and-talk delivery and discussions among participants; these programmes may include scenarios, simulations, and team-building exercises for more hands-on learning. Workshops are often more engaging (Cranston 2008) and they usually include practical elements such as developing decision-making skills based on given realistic scenarios and simulations, personality tests, goal-setting and team-building exercises, and feedback tools. Some trainings are for new executives to get into their roles and carry out their functions (Bauer et al. 2006) while others emphasize management development or education (Latham and Seats 1998; Wexley and Baldwin 1986).

The scant publications that talk about classroom-based leadership and management development programme or executive trainings conducted using the workshop format are usually either implemented in combinations with the other leadership and management development practices (McAlearney 2010) or conducted to implement practices such as mentoring, executive coaching, or formal networking. Cherry, Davis, and Thorndyke (2010) speak about a leadership and management development programme at the Health Sciences Centre of Emory University for healthcare professionals that applies key leadership and management skills and competencies such as decision-making abilities, delegation, communication (including public speaking), negotiation, conflict resolution, career

development and goal-setting, succession planning, and change management through classroom delivery in combination with coaching, networking, and mentoring. This classroom-based delivery is in a format of weekly group meetings and discussions with a safe environment for peerage support and mentoring from faculty members. The curriculum gives participants a practical knowledge of the healthcare system of their organisation for both their survival and career progression. Like the academic training programme of a typical postgraduate-level research degree, each medical-professional participant, under the mentoring of a senior faculty member, is tasked with an individual project, which involves elements such as innovative educational methods and online curriculum delivery, to drive the mission statement and vision of the organisation. This project-focused and outcome-driven mentoring programme is supportive, collegial, collaborative, and inclusive of formal and informal feedback tools, while facilitating the relationship among peerage professionals and senior members (Cherry, Davis and Thorndyke 2010). There are other programmes that focus on skills or competencies such as personal and interpersonal management skills (Batley 1998).

Are classroom-based or workshop-based leadership and management development trainings effective? This practice may be used to provide shared models and language of leadership and management to a group of people, to build a cadre of leaders from a cohort attending a training, to facilitate a time for reflection and a fresh view of things for over-stressed professionals, to launch or sustain an organisation-wide change initiative, or to provide a time for face-to-face conversations among emergent leaders and managers of the whole organisation on certain issues in an atmosphere of mutuality and trust (Bolden et al. 2005). Thatcher (1994) says that when trainers focus on the real needs and issues of the participants (the real daily problems encountered by them), help participants to deal with their feelings, give them support, and encourage them to take actions that have immediate results for them and their organisations, the leadership and management trainers add value to the programme. A study (employing both qualitative and quantitative methodology) on a nineteen-year-old leadership and management development workshop shows that they are effective in changing attitudes and increasing knowledge and skills as per the perception of the participants (Sogunro 1997). There are more studies (though mostly

earlier ones), however, that report of widespread perception that such trainings do not significantly impact the participants due to failure in the transmission and acquisition of learning or due to the attenuation of learning over time (Montesino 2002; Kupritz 2002; Cheng and Ho 2001; Elangovan and Karakowsky 1999; Brinkerhoff and Gill 1994; Broad and Newstrom 1992; Foxon 1993; Georges 1988; Marx 1982; Kelly 1982; Mosel 1957).

Furthermore, Gilpin-Jackson and Bushe (2006), in their study on healthcare leadership and management trainings, report that the shortage of empirical studies on what supports or inhibits the transmission and acquisition of learning, and on what motivates the training participants. As such, one may consider a developmental practice with this old-fashioned 'chalk-and-talk' delivery method to be ineffective. Cheng and Hampson (2008) report that it may be more effective to learn leadership and management in the workplace (for example, via job assignments) vis-à-vis via the classroom-based approach; on the other hand, they view the decision of training participants to be a key to the success in the transfer of learning. Whether the learning or development is acquired through the workplace or classroom-based trainings, learning is transferred to the job (or from one job to another) if the agent undergoing the development make the conscious decision and commitment; thus, the intentionality, planned behaviours, and decisions of training participants (more on this in the section on human agency) affect the transfer and transmission of leadership and management development and learning (Cheng and Hampson 2008).

Different literatures speak of different objectives for workshop and classroom-based trainings. Ciporen (2010) speaks of a month-long residential leadership and management development practice (with components of workshop and classroom-based executive trainings) capable of a deep change in behaviours and performance of the participants resulting in both positive personal and organisational outcomes. This type of executive training transforms "...viewpoints, concepts, and assumptions to be more open, reflective, and inclusive unto more grounded or evidence-based actions..." (Mezirow 2000 pp. 7-8). However, changes in behavioural attributes, performance, and traits, such as being open or reflective, may not come about if training participants do not find their leaders or line managers

to be exemplary or to be in the same kind of training programme. An exploratory study on healthcare professionals by Gilpin-Jackson and Bushe (2006) shows that there is substantial transmission of leadership and management development if the line managers or senior leaders and professional peers of the participants also take part in the developmental programme because the main barrier to practising what is learned seems to be the fear of challenging status quo or norms. Mere social support, such as verbal consideration and encouragement, is inadequate for implementing what is taught. However, when the senior leaders, line managers, and professional peers of the participants take the same course or workshop and are seen to be practising the learning acquired, junior leaders and managers in the programme are thus encouraged and motivated to imitate or follow them and practise what is gained through the developmental interventions (Gilpin-Jackson and Bushe 2006). Thus, while participants may not do what trainers say, they are likely to do what leaders do. It is vital for senior managers or leaders to set an example or be a model for their direct reports and junior or emergent leaders and managers to imitate them so as to bring about the changes in behavioural attributes, performance, traits, practices, and actions.

When it comes to the length of a programme in relation to its effectiveness, there is another controversy of viewpoints: an early study differs from Ciporen's (2010) as it reports that a shorter (three and a-half day workshop) leadership and management development workshop brings in a more positive change in leadership styles than a longer one (Brademas 1982). Ford and Harding (2007) also reports that short-term courses are the preferred form of leadership and management development trainings in the UK; nonetheless, according to them, the impact of these courses are mostly not known due to the lack of formal evaluations or measurements. The effectiveness and receptivity of a workshop to participants with regards to its duration varies. Organisational leaders and professional executives may be open to attending and benefit from a developmental workshop that is longer than a day or two (Ciporen 2010) but small-business entrepreneurial leaders are noted to be more open to workshops employing a short format while preferring mentors and coaches who are of their own kind (who are experienced small-business

leaders) rather than professional organisational leaders or managers (Burgoyne, Hirsh and Williams. 2004; O'Dwyer and Ryan 2000).

Similar to the work of Ciproren (2000), Ford and Harding (2007) also use classroom-based leadership development trainings to challenge dominant concepts of leadership (such as those that focus mainly on organisational coordination and control of people, matters, and processes) among participants from health and social care services in Britain and to open their eyes to different interpretations and understandings of themselves and others so as to explore alternative approaches to leadership. Bolden et al. (2005) is of the opinion that the workshop format of leadership and management development can be effective if the participants have current leadership or management responsibilities, if they are requested to contribute their work and life experiences along with the problems encountered as well as their ideas or solutions (leveraging their life and work experiences), if they are given time for reflections, if learning process is interactive and facilitative, and if the programme is relevant to the needs of the organisation; as such, a workshop-structured programme could bring in solutions and impact the organisation at least in the short-run. Furthermore, the trainers or facilitators are advised to empathise with the participants, have high emotional intelligence (Goleman 2000), and be observant (Bolden et al. 2005). In addition, workshops can be fruitful when there are role plays or simulations in the context of realistic leadership and management scenarios (observations, analyses, and feedbacks being incorporated into the process); this practice is especially effective for situations involving negotiations (Bolden et al. 2005).

Meanwhile, Black and Westwood (2004) find that a workshop-based programme on team leadership carries out its intended objectives to facilitate 1] the learning of interpersonal communication skills (including being able to relate to colleagues and to form emotional connections); 2] the increase of trust among the participants; 3] the increase of group solidarity; 4] the decrease of misunderstandings and conflicts among these healthcare professionals; and 5] development of intra-group conflicts prevention and resolution. In the process, the workshop also manages to meet its goal to create a non-hierarchical multi-disciplinary team of medical professionals

(which is rare because it is difficult to develop the different professional functions and backgrounds of different members). Therefore, the result of the evaluative research (which includes interviewing participants three months after the workshop), on this leadership and management development workshop shows that it meets the intended objectives stated above; however, Black and Westwood (2004) also discover that in order for the benefits from this form of intervention to be sustained, team leadership development needs to be maintained through continued organisational support.

As in the cases mentioned above, many workshop-based leadership and management development programme employ 360-degree feedback as an evaluative tool (Zigarmi 1981), including those carried out for the purpose of testing the efficacy of certain leadership and management development methods (Cranston 2008). The People Management Workshop which I personally attended as a participant observer also uses 360-degree feedback as an evaluative component. In addition to developing leaders or managers, the workshop-based format could also be applied to develop leadership and management development programme (Cranston 2008). Moreover, it is quite common for both classroom-based and workshop-based leadership and management development trainings to use psychometric tests such as the Myers-Briggs Type Indicator (MBTI) to provide an insight into the personality and attributes of participants so that those learning to be leaders and managers could firstly know themselves and their colleagues (Ford and Harding 2007). They are also encouraged to talk about themselves broadly and deeply in relation to the discoveries from both the 360-degree feedback and MBTI questionnaires.

The location of a leadership and management development workshop also influences its overall effectiveness. A workshop format has its place in developing people because it takes participants away from their usual workplace, whereas mentoring, coaching, networking, 360-degree feedback, action learning and job assignment are practices usually implemented at the workplace. Being away from the usual setting of the workplace benefits participants in that a peaceful and pleasant setting, especially one close to nature, could psychologically open up over-worked participants and induce

reflectivity, emotional renewal, and openness to change vis-à-vis a harried and plugged world of the workplace (Hanna and Glassman 2004).

There are a number of challenges to this particular leadership and management development practice. One of them is the lack of formal evaluation or feedback from participants as well as support for them after their return from the classroom-based courses or workshops (Ford and Harding 2007; Alimo-Metcalfe et al. 2000).   Although a number of programme have evaluative components as mentioned above, the feedback and support that could further develop participants after the trainings are missing from most programme.   Meanwhile, Robinson (1984) reports that many training programme do poorly in diagnosing and defining the training needs and developmental motivation of participants; this leads to little leadership and management development success.   Another criticism is on the power imbalance between trainers or facilitators and participants where the former influences the development outcomes and identities of the latter through evaluations and competencies and psychometric profiles.   Even though leadership and management development programme cannot be totally freed of the power imbalances between trainers or experts and participants, they can be made more reflexive, critical, and dialogical to bring about deeper insights by encouraging self-reflexivity and critical questionings, and by allowing participants to construct multiple identities continually by interacting with others and reflecting on their responses and feedbacks (Ford and Harding 2007).   Perhaps with a better understanding of the mechanism or mechanisms underlying leadership and management development in the classroom and workshop format, organisations could meet the challenges and fulfil the developmental needs of participants.   In knowing how people are developed to be leaders and managers via trainings in the classroom and workshop formats, one could provide an answer to diagnose training participants, meet their developmental needs, increase or maintain their motivation, improve the power balance and dialogues between facilitators and participants, and sharpen this particular form of leadership and management development practice.

2.6.2   360-degree feedback

360-degree feedback is a leadership and management development practice usually used in organisations, private or public, in the context of staff evaluation. Originally a system for performance management, 360-degree feedback shines in performance assessment though it is best used for leadership and management development or other human resource development purposes (Waldman, Atwater and Antonioni 1998). The intended purpose of any performance appraisal system is to identify, observe, measure, develop, and motivate staff members, including rewarding them for achievement (Smith and Rupp 2003; Cardy and Dobbins 1994) and identifying, rating, and developing those in leadership and management positions; they are not meant to be performance assessments as a basis for organisations to reward (or worse, penalise) their employees. The feedback component in a performance appraisal system is supposed to improve performance (Baruch 1996).

Using 360-degree feedback (or any other kind of evaluation systems) for performance appraisals with regards to remuneration or reward purposes may not be beneficial. Tourish (2006) argues that traditional appraisal interviews (these are not 360-degree feedback systems) are a failure as they are not used according to the systems' intended purposes; these performance appraisal interviews end up divisive, counter-productive, and demoralising to the recipients while stressing out the appraisers. Apart from misusing the performance feedback processes to evaluate and differentiate staff members for purposes of remuneration and promotion (Rees and Porter 2003), the organisations misusing them also tend to promote and reward individual performance and accountability; this only undermines the importance of teamwork and social networking which are leadership attributes, practices, and qualities responsible for organisational success (Cross and Parker 2004). Therefore, evidence indicates that organisations are advised to similarly refrain from using 360-degree feedback (as well as other performance assessment systems) for purposes of rewarding or penalising staff members.

For developmental purposes, 360-degree feedback approach is superior to traditional annual performance appraisal interviews because it takes into

consideration that the performance of an individual varies across contexts and that he or she behaves differently with different people. Thus, it uses a multi-rating, multi-evaluation, or multi-source feedback to systematically collect perceptions and evaluations of a person's performance; it allows different viewpoints to be evaluated (Warech et al. 1998). The sources of evaluation are direct managers or supervisors, peers, and direct reports or subordinates; sometimes, external stakeholders such as patients, customers, or suppliers are called upon in a 360-degree feedback exercise (Day 2001).

Organisations benefit more from implementing 360-degree feedback as a development system for staff members, especially for the development of those in leadership and management positions, than for performance assessment. Practitioners in the human resource development field accept that feedback prompts or incites behavioural change and anonymous multi-source feedbacks, in comparison with self-evaluation or the traditional single-appraiser assessment from line managers, are considered to be able to give a more realistic picture and point out weaknesses previously unknown (Waldman, Atwater and Antonioni 1998). Thus, in the light of its potentials, 360-degree feedback is implemented to bring about organisational change and improvement, an idea that reflects the resource dependence theory, which, in brief, states that organisational change is a "…rational response to environmental pressures for change or strategic adaptation" (Waldman, Atwater and Antonioni 1998 p. 87). In addition, it is also assumed that as awareness increases due to a better feedback system, the culture of an organisation would become more participatory, thus enabling it to react more quickly to the needs of internal and external stakeholders and increase the level of trust and communication.

Therefore, 360-degree feedback is popular due to the increasing need for self-awareness and self-understanding as both contribute to leadership and management development and the lack of these leads to below-par individual and organisational performance and individual stress and anxiety (Dotlich and Noel 1998). Other reasons are its effectiveness as a developmental tool, its ease of implementation (Day 2001), and organisations realising the importance of intellectual capital and human resource. Therefore, feedback is seen as a way to minimise frustration among staff members which often

leads to high staff turnover. When feedback is carried out professionally, it builds intrapersonal skills such as leaders' self-knowledge and self-awareness of their impact on others; this in turn, builds trustworthiness (Barney and Hansen 1994). Nahapiet and Ghoshal (1998) point out that trustworthiness in turn leads to cooperation which is necessary for effective teamwork (Day 2001); thus, 360-degree feedback is indirectly linked to the development of social capital in addition to human capital. 360-degree feedback could be employed to look into, appraise, or evaluate many elements covered in human resource development; for example, in the context of leadership and management development, a 360-degree feedback exercise could be employed to look into or evaluate the performance, behaviours, attitudes, ways of thinking, attributes, traits, or actions of an emergent leader in an organisation from the viewpoints of the manager as well as from those of his or her professional peer, line manager, and direct report.

However, 360-degree feedback too has weaknesses, among which are mainly in the areas of challenge and support (Day 2001). For example, there is no guarantee that feedback would lead to positive individual change if there is no support and follow-up development. Worse, Kluger and DeNisi (1996) point out that one-third of feedback intervention results in decreased performance, most likely due to it being used for purposes other than the development of human resource. Chappelow (2004) postulates that most people have complex ways to protect themselves from threatening feedback and even those who may recognize feedback as accurate may not want to change their behaviour. Tourish (2006 p. 516) reminds readers that "…performance appraisal, upward appraisal and multi-source feedback all share one common characteristic – a person is receiving feedback from others about her or his performance." Thus, social-psychological effects apply to 360-degree feedback even though 360-degree feedback, being multi-sourced, is less likely to be affected by social-psychological biases. Bates (2002) reveals that biases, prejudices, and interpersonal factors such as liking and similarity influence 360-degree feedback more than the actual technical proficiency or work performance. Another weakness occurs when "…feedback is complex or inconsistent," or if the person being evaluated lacks the skills to "…interpret the data and translate it into behaving in a different

manner" (Day 2001 p. 590). Thus, some companies consider 360-degree feedback as another management fad.

Another setback of 360-degree feedback implementation is that many organisations simply imitate their competitors or other organisations in adopting it without regards to other factors. Institutional theory reveals that some organisations imitate their competition, and the adoption of 360-degree feedback becomes a reaction to circumstantial influences (Oliver 1991; Ulrich and Barney 1984). In a later discussion on meme theory, the central theory explaining the findings of the fieldwork data of this research, I will show that what is imitated (whether it be a behaviour, attribute, trait, practice, idea, attitude, way of thinking, or action) is called a meme and whether a meme is beneficial or detrimental, a meme has the self-interest to be replicated, transferred, and acquired. Simply by imitating other organisations, these firms hope to reap improved performance. However, improvements and development do not come about simply by imitating others without considering the ideas or practices imitated and taking other elements such as individual and organisational missions, goals, expectations, and purposes, role models, behavioural attributes (for individuals), and benchmarks (for systems or organisations) into consideration. Waldman, Atwater and Antonioni (1998 p. 87) show that "…little thought has gone into determining what improvements can be expected or how technical and management systems would require change to support teams…" when these organisations simply copy others in implementing 360-degree feedback. Organisations may also engage in 360-feedback because of impression management "…to convey an impression of openness and participation to clients or recruits when, in fact, this is not part of the organisation's culture…" (Waldman, Atwater and Antonioni 1998 p. 89). Moreover, imprudent applications of 360-degree feedback may lead to ineffective leadership and management development.

When organisations link 360-degree feedback directly to performance appraisal because they are eager to get their returns on investment, some staff members may deviate from the purpose of 360-degree feedback by striking implicit or even explicit deals among themselves (lateral feedback) or

with subordinates (upward feedback) to give high ratings mutually; this setback would be less likely if the feedback is used just for developmental purposes (Waldman, Atwater and Antonioni 1998). London and Smither (1995) reveal that when the purpose of a feedback changes from development to evaluation, about thirty-five percent of appraisers would change their ratings. In addition, Toegel and Conger (2003) report of appraisers inclining to rate their subordinates more highly than merited because highly-rated subordinates implies good leadership (Tourish 2006). Furthermore, the ratings in 360-degree feedback (almost all 360-degree feedback implementations are quantitative in nature conducted via surveys with ratings) can become less genuine if an appraiser thinks his or her identification would somehow be revealed in the process; in addition, even if an evaluative usage of 360-degree feedback succeeds being implemented anonymously, the organisation implementing it could face legal actions if it is used partly as documentation for a human resource action such as "…demotion, dismissal, unattained promotion or pay raise" (Waldman, Atwater and Antonioni 1998 p. 88). Ironically, since the ratings are anonymous, their validity could be questioned in legal proceedings because the appraisal ratings would not be able to be traced to specific persons while traditional performance appraisal ratings which are signed by appraisers are more verifiable in a law court. Thus, Pfau and Kay (2002) report that improper implementation of 360-degree feedback (for non-developmental purposes) causes a decrease of shareholder value in an organisation. Moreover, when 360-degree feedback is used for evaluative purposes, it may measure non-vital factors, rewarding characteristics that detract from the vision, mission statement, or bottom line of the organisation even though these characteristics are regarded highly by subordinates; this is partly because 360-degree feedback is often quantitatively implemented via surveys.

Nevertheless, having pointed out all the weaknesses of 360-degree feedback, it is still one of the best leadership and management development tools with an evaluative component when it is properly and prudently implemented. Prudent implementation of leadership and management development would not use 360-degree feedback as the sole practice; it would also avoid using it for performance appraisal. A longitudinal study investigating the

effectiveness of 360-degree feedback in developing leaders and managers discovers that if participants select the leadership attributes, behaviours, or competencies they want to improve, they would significantly improve them after the 360-degree feedback exercise (in comparison to those who did not select the competencies in the first place); this study further shows that such an improvement is sustained across a few exercises of 360-degree feedback over time (Dai, De Meuse and Peterson 2010). The weaknesses or problems mentioned are associated with 360-degree feedback implementations that are quantitative; unfortunately, almost all 360-degree feedbacks are quantitative in nature (survey-based with measurements in rating). 360-degree feedback carried out qualitatively via interviews would address a fair number of the problems mentioned above. As pointed out, a quantitative method may cause organisations to focus more on the assessment and measurement components resulting in the numerous drawbacks and weaknesses. However, a novel approach (more of this is discussed in the next chapter) would be to implement 360-degree feedback qualitatively such as via interviews. This qualitative method is considered because interviews are more people-focused in nature and the richer qualitative data captured could provide much more insights and depth (Denzin and Lincoln 2003; Higgins and Kram 2001).

Another reason major reason supporting 360-degree feedback is that traditional performance appraisal has even more problems in terms of developing people when compared with 360-degree feedback. Although a 1994 Superboss survey report reveals that eighty-nine percent of about a hundred-and-twenty British businesses use performance appraisal (Tourish 2006) with another estimate showing ninety-four percent of American companies using it (Latham and Wexley 1994), research literature is littered with results showing the problems, weaknesses, and defects of traditional performance appraisal as it is usually practised in relation to staff remuneration.

2.6.3   Mentoring

Mentoring works especially well as a leadership and management development practice when it is combined with 360-degree feedback where mentoring could be used to meet the developmental need identified through 360-degree feedback (Solansky 2010). Mentoring is not a new practice or concept; it is a process that is multi-faceted and profoundly diverse (Appelbaum, Ritchie and Shapiro 1994). To a protégé, mentoring is associated with leadership. Many successful leaders, when inquired as to what assisted them in achieving success, point to a person or persons who have helped them along the way without whom success would take too much time to realise (Lindenberger 2007). The word 'mentor' comes from the name of the Greek mythical figure named Mentor in the famous epic poem, *The Odyssey* by Homer (800 B.C.E.); King Odysseus of Ithaca goes to fight in the Trojan War leaving his old friend and trustee, Mentor, to manage Ithaca and advise, support, guide, coach, counsel, and oversee his son, Telemachus. Probably the earliest and non-fiction mention of mentoring for leadership development in a modern organisation is the case of *The Jewel Tea Company* implementing it in 1931 with each new executive assigned to a line manager to be his or her mentor (Russell 1991). While Gray (1988) considers both mentoring and executive coaching (to be discussed later) to be among the widely-used leadership and management development practices, he differentiates the two with coaching being a work-related training through instructions, demonstration, and constructive feedback while mentoring being a broader and multi-functional practice which encompasses the professional, career, and personal development of protégés; to him, a mentor is a role model, leader, teacher, trainer, confidant, sponsor, talent developer, and protector. The need for leadership coupled with dissatisfaction with formal and theory-based education or traditional management training programme has encouraged the growth of mentoring (Murray and Owen 1991).

Similar to the term leadership, there is a variety of definitions for mentoring and its processes (Appelbaum, Ritchie and Shapiro 1994). Boston (1976) defines mentoring as a "…protected relationship in which learning and experimentation can occur, potential skills can be developed, and in which results can measured in terms of competencies gained rather than curricular territory covered…" (Collin 1988 p. 23). Mentoring can be practised formally or informally. Informal mentoring is defined as an intense and long-term

relationship where the mentor, who is usually a senior manager or leader, oversees and guides the career, social, and psychological development of the protégé, who is usually a junior leader or manager with potential; specific functions or roles may include, but not be limited to, role modelling, teaching, coaching, sponsoring, protecting, counselling, guiding, supporting, and overseeing the protégé (Zey 1991; Gray and Gray 1990). On the other hand, formal or planned mentoring relationships are distinctively different from informal mentoring relationships due to the formal structures and processes created by the sponsoring organisations to bring about effective and productive mentoring relationships; formal mentoring puts weight on the development of leadership attributes and skills of the emergent or new leader who have less experience by means of the structured relationships (Murray and Owen 1991; Gray and Gray 1990). The structures and processes are formalised with the purpose of creating effective mentoring relationships, maximising the benefits to the organisation, mentors, and protégés while minimising the weaknesses of mentoring; the primary purpose of these structures is the development of leadership and management skills (Murray and Owen 1991). Noe (1988), whose empirical study examines the different variables coming out of the impact of participation in formal mentoring programme, suggests that formal mentoring programme differ from informal or traditional mentoring relationships in the amount of functions given by mentors to their respective protégés; additionally, how extensive a formal mentoring relationship is structured to realise interactions between mentors and their respective protégés and the increased accessibility of mentors determine how closely it parallels an informal mentoring relationship. Gray (1988) prefers formal mentoring over informal ones for, to him, the latter can lead to frustration, resentment, and turnover (though benefiting a minority of people) while the former, which is open to a larger group of persons in the organisation, can be an effective organisational and human resource strategy. Heery (1994) also recognises the limitation of informal mentoring and called for formal organisational mentoring as a practice towards staff diversity and career advancement for women and minority groups. However, it is possible for informal mentoring relationships to be more beneficial than formal ones (Ragins and Cotton 1999; Chao, Walz and Gardner 1992) especially if the mentoring is more towards the personal or life development of the protégés.

Nonetheless, Zey's (1991 p. 7) definition of a formal mentor as "…a person who oversees the career and development of another person, usually a junior, through teaching, counselling, and providing psychological support, protecting, and at times promoting or sponsoring…" does not seem to show that formal mentoring differ much from informal mentoring. The popularity of formal mentoring may be due to organisations seeing the beneficial results of informal mentoring and developmental relationships (Douglas 1997) in the light of increasing management problems such as labour shortages, intense competitions, mergers and acquisitions, cross-cultural issues, affirmative-actions, diversity in human resource, succession planning, and fast-paced innovation and technological change (Murray and Owen 1991; Zey 1988) beginning in the 1980s. Numerous major organisations, including multi-nationals such as Eastman Kodak, Hewlett-Packard, Federal Express, General Motors, Apple, Procter and Gamble, Honeywell, Johnson and Johnson, and Merrill Lynch employ formal mentoring programme as a part of their leadership and management development practices and match senior leaders or line managers with emergent leaders to achieve performance improvement, turnover reduction, career development, and succession planning (Zey 1991).

The substantial benefits of a formal mentoring programme to an organisation are an increase in staff motivation and productivity, better and increased communication in the organisation, cost saving and effectiveness, and improvement in recruitment, improvement in succession planning and development, decrease staff turnover, increase in the commitment of the staff members to the organisation, and the instilling, building, and continuation of the organisational culture (Rosenbach 1993; Murray and Owen 1991; Zey 1991; Wilson and Elman 1990). Specifically, Zey (1988) categorises the benefits and goals of organisations in formal mentoring programme into five areas. Firstly, recruitment, especially as a tool to attract good qualified staff members, is bolstered by an attractive formal mentoring programme offering to develop new and junior executives. Secondly, turnover reduction and increased organisational commitment or loyalty can be realised through the acclimatising, supportive, integrative, and developmental elements of formal mentoring programme which also convey a

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clear message that human resources are valued by the organisation. This applies even to foreign-owned companies in the United States where there have been relatively more incidents of cultural conflicts and high turnover rates (Zey 1988). Thirdly, such programme have been used to manage and shorten the cycle of succession planning and development, thus resulting in viable and timely ways to develop and promote executives with potential up the organisational ladder into leadership positions and eventually into the top echelons of the organisation (Zey 1988). High-potential junior managers or leaders tend to need rapid development and career advancement in order to continue to attract and retain them; such needs usually cannot be addressed in typical management training programme and as such, formal mentoring relationships with senior managers and leaders strategically provide the unique and accelerated professional and career developmental challenges needed by these future top-level management leaders of the organisation (Sherman 1995; Clark 1992; Settle 1988; Collin 1988). Formal mentoring relationships allow junior executives to be exposed to the experience, knowledge, and skills of their mentors while allowing the senior managers to observe and evaluate the leadership potentials of their protégés (Zey 1988). Fourth, as an affirmative action tool, formal mentoring relationships have been a way for women and other minority groups to accelerate their progress as junior executives or newcomers into leadership positions in organisations; this allows organisations to realise their goal of increasing diversity in upper management and leadership positions. Formal mentoring relationships for women and other minority groups go beyond the typical affirmative-action timetables as they focus on the various developmental needs of these minority groups. Furthermore, junior managers in these minority groups usually lack role models and informal mentoring relationships for leadership development and formal mentoring relationships planned by the organisation targeting women, minorities, and immigrants strategically develops the human resource of the organisation. Lastly, mentoring relationships have been used to ease, realise, foster, or support organisational changes, cultural transitions, innovation, creative work atmosphere, and mergers and acquisitions (Murray and Owen 1991; Zey 1988). These formal mentoring relationships usually match the junior managers or new staff members with senior experienced managers to provide the information and support towards

acclimation and transition (Rosenbach 1993; Gray and Gray 1990; Collin 1988).

In general, mentoring relationships benefit all staff members, whether or not they are in the mentoring programme; this is because everyone benefits from improved leadership and work performance (Gaskill 1993; Clark 1992; Wigand and Boster 1991; Collin 1988). Formal mentoring relationships benefit protégés by:1] advancing their career;2] providing them with professional support, performance feedback support, counselling, the protection of their mentors in organisational or office politics, information, challenging assignments or projects, quality professional experiences, individualised attention, awareness, acclimatisation, socialization into the culture of the organisation, stress management, confidence development; and 3] by improving their network of professional contacts with mentors benefiting from an increase in self-confidence, personal or professional fulfilment, financial rewards, supports or assistance for their projects, information, higher reputation and prestige, organisational power, and job revitalisation (Rosenbach 1993; Newby and Heide 1992; Murray and Owen 1991; Zey 1991; Noe 1991; Wright, Werther and William 1991). Concurring with these findings, Jorgenson and National Academy of Public Administration (1992) and Lawrie (1987) add that mentors would profit from personal and professional growth, increased job satisfaction, recognition, and expanded organisational power and network bases while protégés would benefit from behavioural change, better teamwork, professional and career development and advancement, knowledge of politics within their organisations, and challenging assignments and positions. Unsurprisingly, Chao, Walz and Gardner (1992) discover that mentored protégés enjoy better levels of organisational socialization, job satisfaction, and salary. Corroboratively, Portwood and Granrose (1986), find positive correlations between participation in mentoring programme and advancement or mobility in organisational positions as well as career planning and progress. Yet, there is a contradictory finding from the work of Douglas (1997) and Portwood and Granrose (1986): there are no significant correlations between participation in mentoring relationships and the perceived impact on a particular career goal or career plan among leaders and managers employed for an average of five years in their respective organisations.

Typically in a formal mentoring programme, the possible drawbacks to the organisation implementing it are: the lack of support leading to the failure of the programme, a resultant atmosphere of favouritism, the complicated and costly administration of cross-functional pairing between mentors and protégés, resentment of staff members being left out of the mentoring programme, and the problems associated with harmonising a formal mentoring programme in relation to other staff training programme in the organisation (Murray and Owen 1991; Noe 1991). Formal mentoring programme may also cause protégés to:1] neglect the core functions and responsibilities of their job;2] be in the middle of role conflicts between their respective line managers and mentors;3] have overly high expectations with regards to their promotion;4] end up with their respective mentors taking credit for their accomplishments;5] be betrayed by their mentors;6] become over-dependent on their mentors; 7] neglect the need to establish relationships and alliances with other senior leaders in the organisation and feel isolated; or 8] to be matched with an ineffective, incomparable, or unsuitable mentor (Noe 1991; Murray and Owen 1991; Zey 1991; Wright, Werther and William 1991; Kizilos 1990). Mentors too may face problems in formal mentoring relationships: they could face time constraints, pressure to be mentors, resentment of dissatisfied or overly demanding protégés, or not having the beneficial rewards or incentives to be motivated contribute in the programme, or the skills needed to carry out their mentoring roles and responsibilities (Murray and Owen 1991; Kizilos 1990). Furthermore, according to Jorgenson and the National Academy of Public Administration (1992), other disadvantages of mentoring include mentors providing the wrong advice and allowing their own agenda or goals to interfere with those of the organisation. Meanwhile, if the organisation implementing it is not fully committed and supportive, then mentoring would not succeed in developing leaders in the organisation; unfortunately, it is often difficult to convince decision-makers to implement formal mentoring programme (Murray and Owen 1991). As such, sustained commitment and support for mentoring programme are important to the continual survival of the programme; this commitment could include steps taken to ensure that mentoring programme do not end up resembling sponsorship or causing

protégés to feel isolated (Kizilos 1990) from others (other than their respective mentors) in the organisation.

To meet the challenges faced by mentoring, Gray (1988) is of the opinion that the design of a mentoring programme determines its success. Thus, the identification of the needs and challenges of the organisation and the people involved as well as the design of mentoring programme are important. The literature on mentoring shows that mentoring could be categorised into three main types, practised either in the modes of formal or informal mentoring: career mentoring, life or personal development mentoring, and project mentoring. Career mentoring is usually a short process that focuses on the career development and advancement of protégés; life or personal development mentoring, which is mostly informal, tends to be long-term mentoring relationships between a senior well-experienced person and his or her young promising protégé which cover comprehensively both professional and personal matters; project mentoring, such as those practiced in *Bell Labs* and *3M* to promote an organisational environment of creativity, is mentoring with regards to a particular project and it is the shortest of all the three in terms of the time frame (Gray 1988). Career mentoring is the type of mentoring encountered in the fieldwork of this research on the leadership and management development in a Health Board of NHS Scotland.

Coley (1996) advises effective mentoring to include career development using 360-degree feedback of the practices as well as using personal development planning, a core curriculum, and formal mentoring relationships. Inputs of potential mentors, protégés, and managers of protégés could match mentors with protégés with an orientation to clarify expectations, roles, and responsibilities of stakeholders. In addition, to build and maintain professional and collegial relationships which is important to leadership and management development, managers and protégés are informed via quarterly reports while mentoring is supplemented with 360-degree feedback to spot weaknesses and to replicate strengths (Coley 1996). Meanwhile, in designing a mentoring programme, Newby and Heide (1992) recommend five phases: 1] the goal-setting phase where identification and prioritisation of the goals of the programme takes place; 2] the initiation phase where the selection process matches mentors with protégés; 3] the cultivation and

building phase where the relationship with mentors and their respective protégés develops; 4] the separation phase where the mentor-protégé relationship matures into a collegiate or peerage relationship as the protégés are substantially developed and have become more independent; and 5] the redefinition phase where the roles and responsibilities of mentors and their protégés are redefined. In terms of generic modelling, Murray and Owen (1991) proffer a thirteen-step generic model for a formal mentoring programme consisting of protégé identification, complete developmental diagnosis, mentors recruitment, screening, selection, and orientation, protégé orientation, negotiation of the agreement and structure of the mentoring relationships, administrative details and development of a mentoring plan, execute of the plan, periodic sessions between the mentors and their protégés, reporting to the programme supervisor, and the conclusion of the mentoring relationship.   Gray (1988), on the other hand, offers a model for formal mentoring programme with four components: 1] the identification and matching of mentors with protégés; 2] the training of the three parties of mentoring programme, that is, the mentors, protégés, and the supporting and administrative staff; 3] the monitoring and retraining (if necessary) of any or all of the three parties of the mentoring programme; and 4] the evaluation of mentoring programme with improvement and redevelopment if necessary.

Collin (1988) recommends eight basic parts to the development of an effect mentoring programme: 1] identification of the purpose of the mentoring programme and top-level management endorsement and support of it; 2] identification of the manager of the overall coordination of the mentoring programme and its allocation of responsibilities; 3] allocation of the resources of the organisation to cover the cost of the programme; 4] promotion of the programme to potential and relevant staff members; 5] selection and matching of mentors with protégés (with emphasis on staff relationship rather than line relationship); 6] training of all participants, both mentors and protégés, including training in areas such as interpersonal and communication skills, mentoring relationships, and cognitive and learning styles; 7] development of the structure of the programme with regards to time-tabling, support facilities and services, organisational mechanisms for recognition, remuneration, and reward; and 8] the monitoring and continual

improvement of the mentoring programme. These characteristics of effective mentoring programme correspond to the recommendations of Gaskill (1993), Cunningham (1993), and Jorgenson and the National Academy of Public Administration (1992) for developing mentoring programme, namely, top-level management support, careful selection and matching of mentors and protégés, orientations for participants delineating expectations, roles, and responsibilities, and the administration and management of the programme. Due to the problem of mentors and protégés having different views and expectations of mentoring, this potential land mine needs to be cleared through clarification of expectations, agreement on mutually determined goals, and evaluation of progress (usually using a 360-degree feedback tool).

Additionally, in the design stage, a mentoring programme has to determine the present and future needs of the organisation, which is an important factor to receive top-level management support, assess the capacity and capabilities of the organisation, determine the values of staff members of the organisation, identify the proposals for required learning skills and the hurdles to achieving them, identify its scope, mission, threats, and opportunities, identify the actions and resources it needs, be flexible to changes, cultivate a secure, open, communicative and supporting atmosphere, and develop a monitoring and evaluation process (Cunningham 1993). To these components, Farren, Gray and Kaye (1984) would add that the mentors should carry out their duties voluntarily rather than being compelled by the organisation, be given the liberty to how they choose to interact and mentor their respective protégés, and be rewarded and made visible for their contributions; meanwhile, the protégés should be clarified on realistic expectations, be given networking (another leadership development practice) opportunities across levels and functions, and be supervised by a manager in the process. Additionally, Gunn (1995) advises that mentoring programme should be business-based (rather than based on personal needs), receive top-level management support, open to all staff members rather than a minority of staff members, and implemented with clear expectations, appropriate mentor selection and matching criteria, and proper trainings with a clear understanding that mentoring is not guaranteed as a path to career promotions. Furthermore, the insights and conclusions of Gray and Gray (1990) on formal mentoring programme are that these programme should

not use traditional conceptualisation of informal mentoring but should rather be customised; they should operate within a larger context rather than as stand-alone programme, participants should feel ownership of the programme, a pilot programme should be implemented before a grand-scale full implementation, and they should be inclusive rather than exclusive (limited to a few chosen ones).

Successful mentors are found to have behavioural attributes of being open, patient, accessible, at ease with people, possessing a quick mind, a sense of humour, and emotional openness while successful protégés are motivated to learn, goal-oriented, and people-oriented (Cunningham 1993). As mentoring programmes are monitored, mentors benefit from the support they need and the rewards they deserve for their roles, functions, and responsibilities. The types of rewards can be salary increase, bonus pay, promotion, perks, status, or privileges (Jacoby 1989) as the roles played by mentors generally span a wide breath of functions such as advising, career developing, coaching, consulting, sponsoring, counselling, monitoring, mediating, role modelling, and evaluating (Douglas 1997).

Therefore, to practically build an effective mentoring programme towards leadership and management development in an organisation, these traits are deemed to be basic and crucial. Organisational support systems are important in determining whether a mentoring programme would end up as a success or not. This broadly includes:1] encouragement by the whole organisation with a supportive organisational culture, specifically the support of top-level management;2] integration of the mentoring programme with organisational strategic requirements and systems (such as performance evaluation or appraisal systems, reward systems, and communication systems);3] allocation of adequate organisational resources;4] creation or modification of organisational structures to foster mentoring; and 5] anticipated and planned communication processes for the dissemination of the information of the programme in the organisation (Douglas 1997). Second, the objectives, goals, expectations, and intended outcomes of a mentoring programme must be clearly defined and articulated together with anticipated problems and their respective solutions; the design and implementation of a mentoring programme is to be driven by these elements.

The time frames, expectations, roles, and responsibilities of all participants must be clearly stated and communicated; mentors and protégés need to go through orientation and training sessions (Douglas 1997). Third, it is to be emphasized that structural flexibility is to be built into a formal mentoring programme where participation is voluntary, including voluntary withdrawal from the programme, for both mentors and protégés. The line managers or direct supervisors of protégés as well as the potential mentors are to be involved in the selection of protégés. Not only the suggestion and input of participants are to be encouraged in the design, implementation, and evaluation of the formal mentoring programme, the design of the programme benefits from the input of participants (the needs and input of participants factoring into modifying and improving an existing programme).

Fourth, the selection of protégés and the matching process and procedure of the formal mentoring programme need to be based on the objectives of the programme, including basing the selection of mentors on important criteria such as their level of motivation, interest, competence, experience, position, available time, and skills in developing people. Ideally, with the exception of group mentoring relationships, one mentor should be paired with one protégé; where appropriate, cross-functional and skipped-level pairing of mentors with protégés can also be utilised (Douglas 1997).Fifth, continuous monitoring, evaluation, and follow-up of the activities and processes of the programme are crucial; the evaluation methodology must be based on the objectives and goals of the programme and on multiple short-term and long-term criteria. Subsequent modification and improvement to the mentoring programme are to be based on the results of the continuous monitoring and evaluation (Douglas 1997). Six, protégés open up more when mentors focus on mentoring or coaching them rather than on making them compliant to meet certain demands, targets, or goals and when mentors are the ones who initiate the contacts more often (Solansky 2010).

Seven, there has been a gradual change towards shorter and more focused mentoring programme. Organisations are also moving away from focusing on minority groups such as female executives to a wider and more inclusive participation. Group mentoring, becoming popular, uses peer group members as mentors in addition to, or instead of, senior managers;

mentoring relationships have also been shifting towards pairing relationships for acquisition of specific skills rather than mentoring relationships focusing on broad organisational issues or career development (Gunn 1995; Kaye and Jacobson 1995; Rogers 1992; Farren, Gray and Kaye 1984). Furthermore, case studies in American organisations such General Electric, Ameritech, CSX Transportation, Douglas Aircraft, and the United States Internal Revenue Service, the trend in mentoring since the mid-1990s reveals movement towards tightly focused and short-termed mentoring over long-termed informal mentoring, skill-specific or learning-specific mentoring over broad-based personal and career mentoring, and group mentoring over individual mentor-protégé relationship; group mentoring utilises peer relationships as well as relationships with senior managers or leaders and cultivates teamwork in addition to being a solution for the shortage mentors from among the senior members of an organisation (Gunn 1995; Heery 1994).

Lastly, mentoring as a leadership and management development could be advanced by more research on what are the actual mechanisms of development behind mentoring; this includes an understanding of how a protégé follows or even imitates the ways of thinking, behavioural attributes, and actions of his or her mentor and how the mentoring relationship gradually conform him or her into the image of his or her mentor.

2.6.4   Job assignment

Known also as developmental assignment or experiential learning, job assignment could be considered to be a crucial practice because the development of leadership and management can be brought about through work experiences when leaders, managers, or executives learn, grow, and experience personal change through the roles, functions, responsibilities, and tasks of their jobs. This is crucial in an age of fast-paced changes and high complexity; thus, highly developmental job assignments coupled with learning goals have a very positive effect on the competencies of leaders and managers (Dragoni et al. 2009). Although the phenomenon of leadership and management development through work experience is a relatively recent

study, learning though work experience has been a commonly known phenomenon, a traditional practice, and a part of learning theories for adults (Kolb 1984; Knowles 1970; Dewey 1938). In fact, job assignment is considered as one of the oldest and most effective leadership and management development practices and many management executives consider it the main source of executive development; nonetheless, it is only in recent years that this practice is used in a systematic and deliberate way for leadership development as up until the 1980s most formal leadership development were classroom-based training (Ohlott 2004).

Dewey (1938) proposes a progressive education based on personal experience and experimenting, as opposed to the traditional structure of education; his learning theory also take into account the complete experience of the learner in reference to evaluating the quality of a particular practice or assignment. The theory of andragogy (the art, science, and methodology of adult teaching and learning), as opposed to pedagogy (the art, science, and methodology of children and youth education), states that adult learners, being different from young learners, need a different approach, methodology, practical techniques, organisational environment and structure, purposes and objectives, and programme designs and administration to train and develop them(Kolb 1984). Therefore, even though both formal and informal mentoring, executive coaching, and networking have elements of work experiences, job assignment could be approached as a distinct practice in leadership and management development.

The development of leaders and managers could be said to be a process involving experience and one major challenge is to assist them to learn better from experience (Day, Harrison and Halpin 2009) via either job assignments, classroom-based trainings and workshops, a feedback system (such as 360-degree feedback), mentoring, or action learning. Whether the experiences be those of success or failure, feedback is crucial in addressing the experiences to help the transfer and learning of leadership behaviours. Moreover, experiential learning, or learning from and by doing, is not a guarantee to every job assignment participant as obstacles, such as the lack of feedback or motivation, complacency, aversion to risk, and personality, behavioural,

socio-cognitive, or psychological factors exist (Sitkin 1992; Feldman 1986). In addition, the interpretations of the experiences by the developing leader or manager are also important with regards to learning from work experiences as interpretations of experiences are essential components of the experiences (Day, Harrison and Halpin 2009).

Some jobs are more developmental in nature than others while different kinds of developmental assignments nurture different kinds of management learning and development (McCauley and Brutus 1998). Most leaders profess that deep leadership and management development occurs more on the job than in classrooms, though they are left on their own to integrate the classroom learning (Day 2011). In addition to acquiring or improving the more technically and work-related skills that participants could take with them to another assignment, job, or work area, the developmental nature of job assignment also change and develop the management and leadership skills and capacity, perspectives, and personality of the participants as a result of their job experiences. Working on real problems and dilemmas are learning opportunities brought about by doing (Ohlott 2004) and job experiences allow emergent leaders and managers to experience change personally and develop leadership attributes and skills in the roles, responsibilities, and tasks encountered through work (McCauley and Brutus 1998). It also allows the learning of team building and teamwork, strategic thinking, and development of persuasive skills (McCall, Lombardo and Morrison 1988). Furthermore, research works such as those carried out by Morrison, White and Van Velsor (1994), Wick (1989), McCall, Lombardo and Morrison (1988), Zemke (1985), and Broderick (1983) show that work experience, along with the challenges and networks of influential figures (such as role models, line managers, and mentors) that the work environment provides, is the primary factor in the development of leaders and manager (McCauley and Brutus 1998). Barrett and Beeson (2002) report of surveys and interviews carried out on professionals of one hundred and fifty organisations regarding the developmental programme that these organisations practise in order to identify the most critical leadership and management skills and the best organisational practices to develop them: among the skills and practices are communication, talent development, team building, and quick decision-making under pressure and ambiguity,

experiential learning, and job assignment. In the study, one of the best practices of leadership and management development turns out to be detailed career planning achieved through individually tailored job assignments and job experiences. Thus, organisations with limited budget to spend on extensive and formal leadership and management development programme are beginning to use job assignments.   For example, the U.S Department of Housing and Urban Development uses job assignments as a key part of its sixteen-month Mid-Level Development Programme for the leadership and management skills development of its mid-level high-potential supervisors in its Office of Administration (Ohlott 2004).

There are a number of elements that make job assignments developmental. Challenges in jobs contribute to the development of management and leadership abilities (Howard and Bray 1988; Bray and Howard 1983; Bray, Campbell and Grant 1974). McCauley and Brutus (1998) report of a study showing challenging job assignments leading to the significant progress of the careers of managers into higher levels of management; even those previously predicted to fail develop leadership and management skills because of being given challenging job assignments while many of those predicted to succeed end up failing to advance in their management careers because of they were given less challenging job assignments. It is thus not surprising that over seven hundred American chief executive officers consider early work responsibilities for important assignments and challenges in senior management positions to be among the twenty-one key influences of career development in a survey carried out by the American Management Association (Margerison and Kakabadse 1984).

What then makes a job assignment challenging? Firstly, being assigned a post with developmental potential could in and of itself boost the self-confidence and self-image of the recipient and motivate him or her to progress towards positive professional growth as he or she realises that the organisation has placed faith in his or her abilities and potential to handle the assignments and learn from them (Ohlott 2004). Secondly, assignments that put a participant in new situations with unfamiliar responsibilities (McCauley and Brutus 1998) could provide challenges; new challenging positions may

come from a job promotion, an increase of responsibilities to an existing job, a job or departmental transfer, changes in job location, function, or employer, being placed in a team with little experience for a project, being assigned to manage a new team, or a combination of all these possibilities that often bring about opportunities for leadership and management development (McCauley, Ruderman and Ohlott 1994; Morrison, White and Van Velsor 1994; Hill 1992; McCauley, Ohlott and Rupp 1989; Wick 1989; McCall, Lombardo and Morrison 1988; Nicholson and West 1988; Hall 1986; Davies and Easterby-Smith 1984). Development could thus be realised as new circumstances, surprises, and unfamiliar responsibilities mess up the usual work routines of a person, forcing him or her to acquire new knowledge, skills, or behaviours and re-evaluate assumptions. The emergent leader or manager would have to deal with new, different, and broader problems than those he or she had previously encountered. Nonetheless, it is also possible that little development would take place if the changes, increase in responsibility, decision making discretion or new elements in the new work environment are not significant (McCauley, Ohlott and Rupp 1989; Nicholson and West 1988; Davies and Easterby-Smith 1984).

Thirdly, according to McCauley and Brutus (1998 p. 7), "…tasks or projects that require the manager to bring about change or build relationships…" are challenging, and the main function of managers is to take action to bring about change and to build relationship. When organisational executives implement a new project or solutions to problems, develop a new vision or mission statement, handle a business crisis, reduce the staff members of the organisation, hire new staff members, reorganise a department or group, or liquidate assets of the organisation, they bring in changes, set new directions, response to rapid changes, fix problems of previous incumbents or pre-existing problems, and establish relationships which can either be leading, managing, influencing, collaborating with, competing with, persuading, serving, or negotiating with people (Ohlott 2004; McCauley, Ruderman and Ohlott 1994; Reuber and Fischer 1994; Hill 1992; Morrison, White and Van Velsor 1994; McCauley, Ohlott and Rupp 1989; McCall, Lombardo and Morrison 1988; Kelleher, Finestone and Lowly 1986; Zemke 1985; Davies and Easterby-Smith 1984). Starting a business or turn around a business in the red are also developmental challenges associated with

creating change. Moreover, the amount of challenges facing a job assignment, and thus the potential leadership and management learning and development to be realised, as well as the complexity and diversity of relationships in the work environment, are proportional to the complexity and uncertainty of change to be created by the leaders and managers.

Next, challenges occur in jobs with high level of responsibility and latitude in initiatives and decision-making discretion, such as making decisions that would significantly affect the profit or loss of the organisation and the direction of the organisation (McCauley, Ruderman and Ohlott 1994; Morrison, White and Van Velsor 1994; Wick 1989; Kelleher, Finestone and Lowly 1986; Basseches 1984; Davies and Easterby-Smith 1984). Examples of such cases would be managing projects with strict deadlines, being a representative to the media and public on behalf of the organisation, leading staff of different ethnicities in different locations or countries, or taking on the responsibilities of others in their absence. Such challenges put the executive in a high stake, high pressure, and high visibility position with a grander scope and scale of responsibilities for multiple groups, functions, projects, products, and services and key decision-making responsibilities towards the future success or failure of the organisation. These types of job assignments afford the opportunities for executive development because they involve dealing with complex systems and the balancing of priorities with the making of trade-offs in decision making thus providing an in-depth understanding of the relationships of different components in the complex organisational systems. The consequences of decisions made in such job positions are also significant; this factor alone causes the decision makers to be conscientious and to consider deeply the issues and their actions and consequences. Being freed from constraints of fixed routines, procedures, and protocols, they also have the decision making freedom to test and experiment by taking actions and reviewing results, thus affording them more developmental opportunities than other executives.

Fifth, managing external pressures and people outside of the organisation, needing to influence them without direct authority, and crossing departmental or lateral boundaries are job challenges too; to present a

proposal to the top-level management, to manage one's superior (upward management and critical upward communication), to serve on a cross-functional team, to manage vendor relationships, to liaise and negotiate with customers, unions, and government officials, all require the executive to face and resolve challenges as most people are used to managing or leading those under their command and over whom they have direct authority and influence (Ohlott 2004). Leaders and managers facing these challenges would have to learn to build and maintain relationships, alliances, and partnerships, manage conflicts and disagreements professionally, honourably, and respectfully, and yet being straightforward (Ohlott 2004).

Having to deal with cultural, racial, ethnic, national, and other demographic and organisational diversities (the contextual aspects of job assignments) also causes one to face challenges in jobs. When a emergent leader is assigned to another country, entrusted to lead, develop, or manage a team composed of expatriates, or lead, develop, or manage a group of people with different racial, ethnic, religious, generational, and gender identities motivated by different factors, he or she faces job challenges arising from diversity. This is a common aspect and demand in leadership and management in organisations in the global economy. Leaders and managers would have to overcome and progress beyond their own race, ethnic group, nationality, beliefs, gender, socio-economic background, and even native language, thus reducing or eliminating, if possible, prejudices. Another reason why job assignments are developmental is that certain job assignments or positions take place in chaotic, turbulent, or messy organisations as emergent leaders in such organisations experience more leadership and management development than those in stable organisations (Davies and Easterby-Smith 1984). Nonetheless, those in organisations supportive of learning and innovations also gain more development (Kelleher, Finestone and Lowly 1986). Thus, it would then make sense to infer that organisations that are neither innovative and supportive of leadership and management learning nor turbulent are less developmental as they afford less circumstances and problems with potentials or possibilities toward professional and personal growth.

Lastly, the crucial contribution of negative experiences, including failure, in management and leadership development cannot be dismissed. Business setbacks or even failure, relationship problems in the workplace, organisational politics, and dealing with difficult people, handling difficult customers or clients, coming to terms with personal limits and blind spots, "…demotions or missed promotions, and exhaustion due to work overload…" are among negative experiences in job assignments that have the potentials to provide developmental challenges, learning (even as they compel learners into actions and making changes to alleviate the sources of problems and stress), and self-reflection (McCauley and Brutus 1998 p. 8). Challenges in jobs are a means and a motivation of continuous adult learning and cognitive development (Pazy 1996) as they afford "…novelty, breadth, responsibility, interaction with others who have different approaches….and feedback from others…" (McCauley and Brutus 1998 p. 40). For job assignments to be more developmental towards leadership and management skills, they should also have elements of assessments and support (for example, 360-degree feedback and mentoring or coaching); what is more, new assignments are a good opportunity to bring in assessment information as they can reveal the strengths, weaknesses or deficiencies in the current management abilities and skills of the executives (Ohlott 2004). The lessons derivable from the challenges of job assignments could be categorised into three major areas: meeting and managing the jobs and their challenges, leading different kinds of people and managing the relationships, and knowing and respecting oneself and others (Douglas 2003; McCauley, Ohlott and Rupp 1989). In meeting the challenges of leadership or management job assignments, positive attitudes, drive and energy, and resourcefulness are needed to acquire "…alternative solutions to problems, structural and systemic design skills, business and technical knowledge and skills, strategic thinking…", the ability to deal with ambiguity and adversity, the foresight to seize opportunities, skills to manage change and overcome resistance while building consensus, and the character to accept responsibilities for one's decisions (Ohlott 2004 p. 163). Meanwhile, in leading various kinds of people, there is the need to acquire abilities to understand other people and their views, to recognise and appreciate the skills of different people for handling different situations and problems, and to delegate, motivate, and develop direct reports of different backgrounds. Knowing and respecting

oneself and others are vital attributes of leadership behaviours which involve:1] heightened self-awareness and awareness of the strengths, weaknesses, and goals of oneself; 2] the formation of new values and worldviews; 3] testing of long-held values through the job experiences;4] treating others with respect; and 5] establishment of credibility and integrity (Ohlott 2004 p. 163).

One weakness this practice has is the assessment and the matching of individuals with the right developmental job assignment because different kinds of job assignments cultivate different kinds of learning and development. The characteristics of job assignments has to be arranged, and not randomly determined, to match the learning of particular lessons such as proper delegation of responsibilities, handling of subordinate performance problems, networking with leaders and managers at both senior and junior levels, negotiation tactics and strategies, development of broad and panoramic perspectives of the business of the organisation, and long-term planning (Reuber and Fisher 1994; McCall, Lombardo and Morrison 1988). Secondly, different people approach development or learning differently, with some better at learning in an academic environment while others are better suited at learning from practical job experiences. As pointed previously, sex, gender, age, race and nationalities, and other demographic factors can influence the effectual result and success of job assignments; for some, being exposed to demographic and cultural differences is developmental; for others, such assignments may break them. Furthermore, different managers or leaders bring with them different personal and professional backgrounds and experiences; so even if they are given the same job assignments, the participants may shape their jobs with one bringing in changes while another maintaining stability or status quo (McCauley and Brutus 1998). What is new knowledge to one may be familiar territory to another while one may see and apply wide latitude in decision making while another may restrict himself or herself to constraints; thus different persons interpret their jobs differently. In addition, the same job title may not have the same degree, amount, or even kinds of developmental challenges across different operations, departments, regions, and countries.

Thirdly, most research on job assignments rely on analysing self-reports of job features and the learning that takes place on the job (McCauley and Brutus 1998); however, a number of developmental elements are still not well-researched or well-defined: the degree of challenges experienced in a given job assignment, the degree of development experienced by an emergent leader due to the organisation administrating and managing the job assignment and due to the organisational background and context where the job is assigned, and whether those who work with the emergent leader (his or her line manager, professional peers, and direct reports) would agree that the emergent leader has learned or changed due to the job assignments (Wick 1989; Davies and Easterby-Smith 1984). Fourth, although assignments involving negative experiences, hardships, or new situations with high responsibilities are the most developmental in nature, the majority of senior management members do not take a developmental view of failures; top management usually prefer promotion based on performance (Hollenback and McCall 1999). Similarly, some jobs may be too critical or important and top management would usually not take the risk of assigning such jobs for leadership and management developmental purposes; the challenge is about determining what job is critical and what job is open for developmental purposes (Ohlott 2004).

Moreover, work changes (for example, due to a rise in the need for cross-functional work, an increase in staff member participation or interactions with a more diverse group of people, or rapid technological changes) result in changes in the developmental characteristics of a job assignment; while the specific challenges in a job assignment is sure to change, it is uncertain whether the category of challenges attributed to a job assignment would still fall under the same category thereafter. A job assignment initially identified to contain a set of negative experiences for developmental purposes may not be so after a period of time when the roles and responsibility change. New categories of developmental elements may come into existence and new challenges may spark development in new areas not previously experienced in a given post. These unknown variables comprise another challenge to the implementation of job assignments in developing leaders or managers. Racial and gender dynamics are other contextual features of a job that affect learning from job assignments. For many leaders and senior managers,

being the first woman or African American among a group of leaders dominated by white ethnically European males can be a challenge in itself. Morrison, White and Van Velsor (1994) report that in an empirical comparative sample of almost two hundred female executives, women leaders or managers face additional contextual challenges such as prejudice and being treated differently compared to their male colleagues of the same rank while the Organisational Leadership Council (2001) reports that that to gain leadership and management developments, male leaders and managers value experiential learning from job assignments more than female leaders or managers who placed a higher value on other leadership developmental practices such as management courses, coaching, and mentoring. Meanwhile, Douglas (2003), in a study which included comparing the experiences of African American vis-à-vis ethnically European white Americans, report that not only male executives being given more challenging job assignments and assignments involving changes in scope than female executives, African Americans were given more challenging job assignments too, compared to their white American counterparts.

Therefore, in matching individuals with the right developmental job assignments, organisations need to ensure that a particular job is potentially developmental for a particular emergent leader at a particular time in his or her developmental stage. Another suggested solution is that organisations can develop either a formal or informal system of job rotation to identify potential future leaders and managers by exposing them to various key assignments, identifying their strengths, weaknesses, and developmental needs, and then following up with an individually-tailored leadership developmental plan with job assignments intended to fill the gaps and improve their skills (Ohlott 2004). Organisations also need to identify the various jobs in each area that have developmental potential and classify them, taking into account which jobs have higher or lower potential in developing people of different levels and categories so that these jobs would be in their human resource development arsenal. Byham, Smith and Paese (2002) offer two heuristics for organisations to come up with developmental job assignments: one, "…the greater the change in responsibility, the greater the learning…" and two, "…the larger the scope of the responsibility of the position, the greater the learning…" (Ohlott 2004 p. 179). The difficult task

for the organisations lies with determining the right amount or degree of challenges the executive can manage. In getting the right proportion, it is crucial for an organisation to carefully research the professional and personal background of the executive, his or her career and future developmental goals, the needs of the organisation itself, and the available resources and supports (Byham, Smith and Paese 2002; McCall and Hollenbeck 2002). Meanwhile, McCauley and Brutus (1998) argue that instead of limiting developmental job assignments to a selected group of executives with high potentials, it is more profitable for organisations to shape all job assignments with leadership features or requirements to increase their leadership and management developmental potentials in order to allow more staff members the chances to experience developmental job challenges. Even if most do not turn out to be top-level leaders in succession planning, they would be better executives in performing their jobs than is the case if they were not given the chance to experience professional developmental growth at all. Alternately, organisations can make most, if not all, executive jobs developmental or increase the developmental potentials of these posts so that all executive staffs have some exposure to leadership development. For example, job moves or rotation with developmental assignments, "…change-oriented tasks, relationship-building tasks, and responsibility coupled with latitude…" are among the more common practices employed in organisational jobs (McCauley and Brutus 1998 p. 9). Also, job assignments requiring facing of new situations with unfamiliar responsibilities provide opportunities to acquire a broader perspective, willingness to learn and rely on others, technical and business knowledge, and an ability to deal with ambiguity while job assignments with potential negative experiences allow the learners to be aware of their limits, shortcomings, personal issues, and cope with stress (McCauley and Brutus 1998).

Job assignments requiring emergent leaders to introduce changes, build relationships, and nurture negotiation, teamwork, decision-making, delegating skills may involve postings to new areas outside the expertise of these executives so as to practically induce them to rely on others in their work (McCauley and Brutus 1998). In addition, organisations are advised to concentrate on five major tasks in using job assignments for leadership and management development: 1] creation of a "…shared understanding of how

assignments can be developmental…" using, for example, developmental audits and matrices, taxonomies, checklists, tables, and summaries showing how the elements, tasks, challenges, and lessons in job assignments are linked to developmental outcomes; 2] assistance for staff members in thinking about, discovering, and realising the "…learning opportunities in their current jobs…", especially from their supervisors, coaches, mentors, and human resource officers as it is not intuitive to consider stressful situations and challenging problems as opportunities for development; 3] application of leadership and management development as "…a criterion in giving assignments…" to their staff members at all levels and with regards to succession planning, and motivation of staff members in making use of job assignments in their own individual developmental plans (organisations are also advised to identify key competencies needed by leaders to achieve strategic goals and give staff members with high potential for leadership the key job assignments; 4] maximising what staff members could learn during their job assignments by preparing them to learn from the assignments such as by completing a checklist for learning, going through a list of questions about oneself, the assignments, and situations during and after the assignments (Dechant 1994, 1990) and supporting them during the duration of the job assignments, for example, by providing ways to relieve stress, an atmosphere of camaraderie and collegial support, permission to fail, endorsement of ideas and actions, guidance, coaching, mentoring, and follow-up assessments; and 5] tracking "…developmental assignments over time…" including monitoring the progress and developmental track records of executives and knowledge management which captures the acquired implicit knowledge and lessons (Ohlott 2004 p. 167).

With regards to the duration an executive should stay in a given developmental job assignment, Ohlott (2004) considers it necessary for one to remain in the post long enough to complete the assignment, reflect on what they have learned and make improvements, and finally, see the results of their decisions and actions. Gabarro (1987), on the other hand, gives a time period of about three and a half years as an average time required for one to be able to acquire deeper leadership and management lessons from a developmental job assignment. Thus, while learning through challenging job assignments is one important practice of leadership and management

development, organisations promoting job assignments need to be supportive of the people under-going the process for the required period of time (Fulmer and Goldsmith 2001).

The above four leadership and management development practices, classroom-and-workshop-based courses or trainings, 360-degree feedback, mentoring, and job assignment, explicitly appear in the fieldwork data of my research in the Scottish healthcare sector. The People Management Workshop, labelled as leadership development training by a Scottish Health Board, is classroom-and-workshop based. The principles of 360-degree feedback are utilised in collecting qualitative fieldwork data (in interviewing the healthcare emergent leaders and managers); the application of some elements of 360-degree feedback into a qualitative data collection method is a novel contribution of this research. The People Management Workshop itself administers 360-degree feedback (the quantitative form) to the healthcare leaders and managers, the participants who are my research subjects (this matter is covered in more details in Chapter Three). The leaders that the junior or emergent leaders and managers most admire, the role models, mentioned in Chapter Four of this thesis are informal mentors. A few of the emergent leaders either had been placed or were encouraged to take up certain job assignments, posts, or responsibilities to acquire leadership and management attributes, skills, and experience. However, the next three leadership and management development practices below, namely, executive coaching, networking, and action learning do not explicitly appear in my fieldwork data. As such, they are given less discussion than the above three practices.

2.6.5   Networking

The commonplace expression 'it's not what you know but whom you know that matters' basically illustrates the importance and increasing popularity of networking as a leadership and management development practice. Networking is not a new practice though. American statesman, Benjamin Franklin, who was initially a printer by trade, had a networking group that

started with a writer, a surveyor, and a shoemaker meeting every Friday to discuss politics, morals, philosophy, and generating business through networking with others connected to the members of the group (Franklin and Seavey 1993). Almost everyone, present or past, is in some sort of networks, be it a social network, a family, a religious group, a community, a trade network, an academic fraternity, a military fraternity, or in the case of leaders, managers, and staff members in a business organisation, or a business organisational network (Hammond and Glenn 2004). Social networks can catalyse and strengthen relationships, development, and collaboration among leaders to solve increasing organisational challenges (Hoppe and Reinelt 2010). As such networking as a developmental practice, builds social capital. As mentioned earlier, social capital development goes beyond human development, and leadership development is an aspect of social capital development. In addition, to make social networking practical in the twenty-first century, current information and communication tools or technologies, such as Facebook, LinkedIn, Twitter, blogs, and other Web 2.0 technologies, have also come in to fill the need for social network formation and maintenance.

Furthermore, to realise leadership and management development, networking helps leaders to know the 'who's who' in addition to knowing the 'what's what' and the 'how to' so as to have wider resources for solving problems in organisations. In knowing more people, leaders are exposed to more ideas and ways of thinking and their own assumptions are challenged; they are also encouraged to form networks beyond their colleagues as well as interacting with those who have common training or work experience through regular meetings over lunches or through electronic and telecommunication media (Day 2001). It is also one of the most effective practices in job seeking as well as in adjusting to changes in the job market. In addition, it is crucial for organisations in the global and knowledge economy due to needs such as the renewing or regeneration of the staff members and the instillation of entrepreneurial spirit into their organisations. Furthermore, networking allows the cultivation of a broader professional and social network for emergent leaders and the development of these potential leaders beyond merely knowing the facts and methods of carrying out their job.

While transactional leadership, which Baker (1994) argues to be an approach typified by deals and deal-making, emphasises atomised or individualised transactions or deals, resulting in the damage of human resource in organisations and other intangible organisational assets, networking, which develops, or is developed through relationships, especially through long-term relationships, emphasises the intangible resources of an organisation towards strategic organisational success. Baker (1994) presents five principles organisational networking builds on: 1] human relationships are one of the fundamental necessities of human beings; 2] human beings have a tendency to do what is expected of them; 3] they like to associate or surround themselves with people who are alike; 4] continual interactions among a group of individuals promotes cooperation and collaboration; and 5] human beings in society are more connected than most realised. The last principle is also manifested in concepts such as the six degrees of separation and Stanley Milgram's famous experiment at Yale University (Watts 2003; Barabasi 2002; Kochen 1989). Though the accounting departments of organisations may consider organisational networks to be an intangible asset, their value and relevance to organisations as a developmental practice and an organisational form for the professionals of the twenty-first century is very tangible; these networks liberate members from the constraints of their workplace and could renew themselves without the traumatic downsizing, right-sizing, organisational re-engineering, or "…collapse of the traditional equity-based organisation of the twentieth century…"; in an age of fast-changing organisational environments based on intelligence and knowledge that is quickly diffused, such networks alone is enough to ensure a real future (Wills 1994 p. 26).

Furthermore, intra-organisational networking is related to, as well as implied in, mentoring because mentors, in both formal and informal mentoring relationships, are not only in a mentoring network with their protégés, but also bring their protégés into their own network of contacts inside and outside their respective organisations. The developmental network of a protégé's is his or her group of people relied upon for advice and feedback on career; it is a network that profoundly influence his or her ability to not only switch jobs but also learn at work and attain a substantial level of job satisfaction and commitment to the organisation (Gary 2004). Meanwhile,

peer networks also develop people professionally and personally as there are elements of mutuality, reciprocity, and camaraderie to them personally (Day 2001) and such relationships can last a long time (Kram and Isabella 1985) vis-à-vis formal mentoring (Kram 1985), which may end after the goals of the formal mentoring relationship set out in the beginning of the relationship have been achieved, or vis-à-vis coaching relationships, which may have an even shorter life span than mentoring relationships (Levinson 1996). Thus, networking invests in, enhances, and develops social capital in organisations as it builds peer relationships and support across departments resulting in emergent leaders going beyond the formal structures of the organisation (Burt 1992) while the dynamics of human relationships in networking can identify solutions to organisational problems; managing the relationships in networking also brings about creativity, innovation, and problem solving capability in leaders, managers, and their organisations (Baker 1994).

According to Sooklal (1991), leadership occurs in the context of a support system with the four components of value-based outsiders, valued-based insiders, convenience-based outsiders, and convenience-based insiders. Value-based outsiders are the trusted support network members of a leader or manager who share a common link, connection, or kinship, based not on bloodlines such as family members but on long-standing periods of association which started at work or even during school days; these non-family allies may include "…accountants, legal advisors, personal financial advisors, bankers, academic members, and political or diplomatic figures of a leader, but exclude those entrusted with the physical protection of the leader…" (such as bodyguards), who have regular and close interpersonal contacts with the leader (Sooklal 1991 p. 846). Valued-based insiders are trusted support network members of a leader's or manager's in-group in his or her organisation; usually, these were those who had been recruited early on in the beginning of the tenure of the leader, such as senior staff members of an entrepreneur that stayed with him or her since the early days of the company's start-up. Convenience-based outsiders are support network members of a leader who are "…senior or well-connected public servants who usually have direct access to cabinet ministers…" and are thus involved in the destiny of the organisation of the leader (Sooklal 1991 p. 847). Finally, convenience-based insiders are the support network members of a leader

who are the other staff members of the leader's organisation; they are usually a rather mixed group consisting of competent professionals who are simply earning wages without any special attachment to the leader to qualify as valued-based insiders. Sooklal (1991) documented conflicts between this group, who reliably fulfils the functions of a variety of technical tasks needed by the organisation, and the valued-based insiders of the leader.

Meanwhile, another classification framework divides networks for leaders and managers into four categories: 1] peer leadership networks which connect leaders and managers with the same experience, work, interests, commitments, and responsibilities; 2] organisational leadership networks, informal and formal social-ties structures linking leaders and managers for performance improvements; 3] field-policy leadership networks which connect leaders and managers with a common ground in interest and commitment to influence, support, or shape a particular policy, issue, or practice; and 4] collective leadership networks which are self-organised (usually local) social links of leaders and managers with a sense of community and purpose and drawn to the same cause, issue, or goal (Hoppe and Reinelt 2010).

Regarding empirical evidence as to how networking affects the performance of the members of a network and of the organisation, Sawyerr, McGee and Peterson (2003), report of the effects of environmental uncertainty of the organisation (as perceived by the respondents of the survey questionnaires of the study) on personal networking activities and company performance: an increase in the level of perceived uncertainty in the work or organisational environment increases the frequency of internal or intra-organisational networking which, in turn, results in improvements in the performance of their respective organisations.   However, inter-organisational or external networking has no effect in improving the performance of organisations. This is partly because as organisational uncertainty increases, the need for more information increases, and in turn, "…information processing capabilities also increase in tandem…" (Tushman and Nadlar 1978 p. 616).   Members in a network enlarge "…the information generating and processing capacity of the decision maker" and thus enables him or her to adequately respond to the increase in business uncertainty; therefore, as clearly and significantly shown

by the results of the quantitative research, "…investing in developing a strong internal network is a useful technique for responding to perceived uncertainty and improving organisational performance (Sawyerr, McGee and Peterson 2003 p. 283).

Khatri, Tsang and Begley (2003 p. C1) insist that one major, subtle but organisationally widespread, problem with networking is cronyism; cronyism is defined as favouritism given by a member in a network "…toward another member with the intention of producing personal gains for the latter at the expense of parties outside the network"; this favouritism is guided by "…a norm of reciprocity," and in a social network, membership can be based on "…kinship, friendship, ethnicity, religion, school, workplace, company, mutual interest, or any other grouping category"; it is also a "…prime contributor to the difficulties that lie at the core of the crisis in organisational confidence…" among organisations. Cronyism happens when multiple parties are linked in a network without a formal structural relationship but a common bond that becomes basis for favouritism. In such favouritism, the intention exists and the act is meant to bring about personal gains for the receiving party and with the implied reciprocity for the giving party. Hence, there is self interest in the giving party as the act of cronyism allows the giver either to receive reciprocal personal gains from the receiving party sometime in the future or the act itself is a reciprocal favour for personal gains received sometime in the past. In addition, "…personal gain as the product emphasizes the personal nature of the intended benefits…" for involved parties at the expense of others; however, if an act benefiting one party causes no lack of opportunities for others, it is then not considered as favouritism (Khatri, Tsang and Begley 2003 p. C2). Cronyism is more likely to occur among members of networks in collectivistic cultures predominant in non-Western societies than among members of networks in the more individualistic cultures of Western societies; it is also more likely to exist among members of networks in vertical cultures which emphasises social hierarchy, class, and stratification than among members of networks in horizontal cultures which insist on equality and egalitarian treatment. In individualistic cultures, networks tend to be more instrumental and short-term oriented with "…favours in network exchanges reciprocated at similar value in a shorter period of time…" and less affection-based and less stable than networks in

collectivistic cultures (Khatri, Tsang and Begley 2003 p. C6). In whatever kind of culture, however, cronyism would not bring about leadership and management development towards organisational competitiveness and once cronyism penetrates an organisation, its performance would suffer and it would not be able to function effectively to survive in a competitive environment (Khatri, Tsang and Begley 2003).

Another problem is that participants in a limited network with many redundant ties do not get the same benefits as those with non-redundant ties (Day 2001). For maximal benefits, participants also need the motivation to build relationships, which paradoxically, is to be balanced by self-awareness and self-regulation in addition to the guidelines and strategic objectives of the organisation for networking (Day 2001). Thus, leadership and management development in an organisation requires a balance of motivation in building networking relationships and self-regulation based on organisational guidelines and objectives. This kind of balance is necessary for situations where the networking practice and its activities are organised; it is more so if the social networking is fully funded by the organisation.

Thirdly, organisations are often tempted to formalise or formally organise certain activities or practices they find beneficial initially. However, when informal networking relationships are formalised, problems can occur. The informal relationships of networking should not be formalised; but rather, formal programme should follow the patterns of informal ones so as to create opportunities for networking, model successful ones, and highlight the benefits of networking (Ragins and Cotton 1999). In addition, there are a number of common causes of failures in networking: 1] the foremost problem is the life cycle of the vision or set of visions of the network (ironically, to survive continually, the vision that initially drove the network must change evolutionally or with a discontinuity) as the leadership of the network must know how to renew the vision and purpose of the network; 2] as a network matures, its leadership tends to institutionalise the network and constrains its "…responsiveness and flexibility…" leading to "…disaggregating and loose coupling within the network…" (unless the network is in a stable environment, which is a rare case), and by calling for discipline, causes the inspired members of the network to retreat or lobby for "…greater nodal autonomy to

dissipate frustrations and release functional energies…"; 3] network members who do not completely understand the processes involved in the networking and the nature of these processes tend to extend networking beyond the limits of the capability of their network and modify the form of the network with its operating logic; 4] members of a network who are dominant and coercive can destroy the network as they are "…quick to ensure heated debate…" when a dysfunctional situation happens (networks that are successful only "…allow transitory coercion based on functional contribution…" to the purposes of the network); and 5] sub-networks may form within a network with these members "…engaging in secretive behaviours and excessive legalism, particularly where competition for markets and customers occurs…." (Wills 1994 pp. 25-26).

Other solutions to networking problems include forming and maintaining preventive measures and processes while quickly responding to factors that cause them in the first place. The virtues of networking such as fairness, openness, integrity, and trust must be maintained and seen by members to be strongly upheld (Limerick 1992).   Secondly, all networks and their respective leaders (also known as architects) have to do more than holding their members together by a vision and shared purposes (every organisation strives to do this, including traditional hierarchical organisations); they have to strongly convince and project the vision and shared purposes to the members who would otherwise leave the network. Talented staff members and better-educated executives are unwilling to commit to anything less than activities that engage or even challenge their intellect or talent and, since non-skilled or non-intellectually demanding work can be and are being digitised and automated in this age of information technology and automation, continuous renewing of common vision and purpose is a survival requirement for a network (Theuerkauf 1991). Ideas and solutions can occur and need to be encouraged in any member at any level of a network and the network leader has the duty to facilitate any and every one who is able to work their ideas into the network and search for "…kindred spirits who want to share their pursuit…" (Wills 1994 p. 21). This restlessness is a necessary social architecture of a network (Charan 1991) in which a robust network may imply discord and democratic disagreements and debates among members; the leader, manager, or architect is then to both encourage such

clashes of ideas and maintain the cohesiveness of the network enough to get it through to a renewed understanding of shared purpose and follow-up actions. This, however, does not imply that members need to agree on every aspect of the vision, purpose, and goals of the network but that they need the "highest professional alignment on specific tasks" (Wills 1994 p. 21). Additionally, the enthusiasm of members for their networks depends on the intensity of their feelings as to the benefits they get out of their contribution into the network, the feelings or sense of belonging, and the level and quality of interaction, rather than a compelled unity.

Lastly, intra-organisational or inter-organisational networks can be carried out and encouraged through the form of business lunch, a rather common, integral, and enduring practice among professionals for forming and maintaining contacts, conducting effective negotiations, and achieving successful transactions in a relaxed atmosphere without the heavy workloads and efficiency pressures of the office (McPherson 1998); the business lunch has proven to be an effective and successful practice in developing networking relationships towards benefits for those involved (Cabral-Cardoso and Cunha 2003). In spite of advances in information and communication technology, which may be viewed as supplementary or auxiliary by some, the business lunch is still seen as the face-to-face, eye, and physical contact needed in the networking of human beings. Particularly for inter-organisational and entrepreneurial purposes, the voice tonality and body language communicated through the physical contact of a business lunch can allow members a personal understanding and insight into each other's behaviours, personality, habits, preferences, and tastes; these elements can be crucial in business negotiations as well as in reducing uncertainly in organisational deal-making. Relatively unexplored, the business lunch is an organisational practice among leaders and managers which has not been researched much academically and references to it in scholarly literature are scant (Golding 1996; Sims, Fineman and Gabriel 1993). McCracken and Callahan (1996) carried out an empirical study on the business lunch focusing on its ethical aspect while, perhaps being the more comprehensive work on the business lunch thus far, Cabral-Cardoso and Cunha (2003) who used the qualitative data-collection method of interviews in their research, offered "role theory, informal organisation, scripts, impression management,

business ethics, and gender perspective" as the possible theoretical lenses for studying the business lunch (Cabral-Cardoso and Cunha 2003 p. 372).

2.6.6   Executive coaching

Coaching today comes in many forms: other than the more commonly-known sports coaching, there are, among others, career coaching, life coaching, parent coaching, as well as executive coaching. Executive coaching, the coaching of executive leaders and managers in organizations is the focus of our discussion in this section. In this thesis, the terms *coach, management coach, executive coach*, or *trainer* are used synonymously to refer the person providing the coaching while the terms *apprentice, training participant, client, trainee, coachee, protégé*, or *executive* are used synonymously to refer to the person being coached.

The more formal form of executive coaching for leadership development has only in recent years becoming popular (Kampa-Kokesh and Anderson 2001). Executive coaching is an on-going non-discrete process and a follow-up training system focusing on developing the professional performance and the personal satisfaction of a trainee, both of which often eventually lead to the effective execution of duties and responsibilities at work (Kilburg 1996). It includes individual (one-on-one) teaching, training, and learning which are practical and goal-focused (Hall, Otazo and Hollenbeck 1999; Peterson 1996). For the most part, it is a formal one-to-one relationship (Ting and Hart 2004) between a coach and his or her apprentice or trainee with the purpose of developing the trainee to be a better leader and manager (Douglas and Morley 2000; Witherspoon and White 1997; Kilburg 1996). The coach and his or her trainee would work together to understand and determine the trainee's tasks and development, current limitations, possible improvements, support and ways to be accountable for reaching goals (Ting and Hart 2004).

Executive coaching is sometimes also known as formal coaching as it becomes formal when the coach and his or her trainee enter into a "…written or verbal agreement or have an express contract between them that coaching will occur…"; thus, both parties have mutually and explicitly understood,

endorsed, and committed to the "…goals, actions, and timeline of the process and their respective roles and responsibilities…" (Ting and Hart 2004 p. 117). Thus, most definitions of executive coaching have the idea of an internal or external coach (who is a leader, expert, trainer, or superior manager) relating, training, teaching, facilitating, and helping a coachee, trainee, or apprentice (who may be a subordinate or junior executive) towards certain development and achievement (Hargrove 2003; Douglas and Morley 2000; Hudson 1999; Witherspoon and White 1997; Whitmore 1996). Executive coaching can also increase self-confidence, interpersonal skills, and establishment of both strong and weak ties (Bouty 2000). Furthermore, it creates value through enhancement of social capital (Baker 1992). As such, Day (2001) recommends this type of leadership development practice to be a follow-up to provide challenge and support in conjunction with the 360-degree feedback.

According to Mills (1986), coaching can be about administering a series of leadership and management tasks such as delegating challenging assignments, building confidence, setting performance standards, team building, and work-related counselling (Ordiorne 1982; Mahler and Wrightnour 1973) where the characteristics required of an effective coach would be not imposing one's ideas on others but having good listening skills, showing personal interest in the learners, and not taking credit for oneself (Taylor and Lippitt 1983; Deegan 1979; Humble 1973). Hudson (1999) uses a combined concept of mentoring and coaching, with the term 'mentoring-coaching', as a solution or resource for people to cope with continuous changes, uncertainly, anxieties, and the instability or impermanence of contemporary personal, social, and organisational life. Through mentoring-coaching, people could access or form new purpose, visions, plans, energy, and results. As such, of all the leadership development practices noted in this chapter, executive coaching is most similar to mentoring.

However, there are differences between executive coaching and mentoring other than executive coaches being trainers external to the organisation (many organisations prefer to hire coaches from outside the organisations or departments of the training participants) in most cases. Hunt and Weintraub (2002) insist that coaching is significantly different from mentoring and to

think of them as the same is one common misconception about coaching; for them, coaching is bringing about experiential learning and growth in the learner while mentoring is providing assistance in choosing and managing experiences for learning and growth. Rosinski (2003 p. 4), who defines coaching as the "…art of facilitating the unleashing of people's potential to reach meaningful, important objectives…", also separates it from mentoring, consulting, or teaching and to him coaches should act as facilitators while mentors give advice and recommendations. Instead of a linear management activity for managers or leaders to correct the performance and problems of followers, Hunt and Weintraub (2002) point out that executive coaching is: 1] an interaction between two people (the leader or manager and the follower or staff member), carried out within the context and goal of helping the follower learn from his or her occupation with a view to his or her development; 2] a step-by-step process which includes the coach identifying and initiating a coaching dialogue, discussion on priorities, observing followers' behaviour (with no interference), giving balanced feedback, discussion, mutual understanding and agreement on changes, and goal setting towards realising the changes; 3] a learning (the primary goal of coaching) process; this kind of learning includes reflections by the staff member on his or her job-related decisions and actions as learning requires substantial reflection and self-assessment; and 4] helping staff members rather than fixing or changing them for themselves. To Hall, Otazo and Hollenbeck (1999) executive coaching, as opposed to mentoring, is more a practice that focuses on training professionals to deal with organisational problems and issues that are usually ignored and unattended in everyday work activities. These problems and issues would become central during coaching sessions which could then provide the focus necessary towards solution that would other-wise be neglected. In addition, for Hunt and Weintraub (2002), an effective coach must set a coaching-friendly context in order for coaching to be excellent, needs to put on a different frame of mind which differs from that which bring the manager through day-to-day activities and duties which also then requires the coach to stop and think through his or her regular decisions and actions, likes to see others become successful, and does not adopt the "sink or swim" theory of staff member development. Furthermore, it is best that he or she feels secure (not exhibiting behaviours such as liking to control others), has high standards (but without going around trying to micro-

manage or correct people), encourages staff members to be open, cultivates an atmosphere where staff members can approach the coach without fear of punishment, acts with integrity and behavioural consistency which further reinforces trust, and continuously probes their learners, asks questions, and test assumptions so as to help them go through issues and arrive at the source of problems or weaknesses through their own assessment and discovery (an inexperienced or time-pressed coach may resort to just prescribing solutions rather than encouraging self-discovery). Meanwhile, Ely et al. (2010) feel that executive coaching is qualitatively different from other practices of leadership and management development in that: 1] it focuses on the individual apprentice or trainee and his or her organisation and their respective attributes and needs; 2] it demands the coach to have a particular set of knowledge, experience, and skills; and 3] its success depends on the quality of the relationship between the coach and the trainee and the flexibility of the process (the process needs to be flexible).

For a coaching relationship to work Hunt and Weintraub (2002) also prescribe that coaching be not driven by the agenda of the organisation or employer, but rather, by the individual himself or herself because real learning is driven by the curiosity and desire of the individual to learn. Thus, leaders or managers should not and cannot force their followers to learn. The best case scenario should be where the goals and agendas of both the followers and their organisation meet, link, and integrate rather than be kept apart schizophrenically; here is where coaching comes in as a bridge between the two.

Executive coaching could, however, create certain problems in the organisation. Individual professionals who initiate their own arrangement for coaching can result leadership and management development beyond the auspices of the top-level management of their organisations. When the demand for personal coaching increases, many may initiate their own relationships with external coaches as a personal career development (or survival) strategy and this may be viewed as a threat by their organisations. The risk for the organisation would be the external coaches, who are not close to the business of the company, giving unsuitable advices (Hall, Otazo and Hollenbeck 1999). Other problems being: 1] the growing demand for

coaching and issues associated with managing it; 2] ethical issues arising from the coaching process (such as the role of the internal human resource coach); 3] the scope and cost of a coaching programme to both the individual and the organisation; 4] external coaches may have a personal agenda to sell a "…particular conceptual model or process as a way of managing…" and this may be a mismatch with the needs of the apprentice or the organisation; 5] judgmental coaches and feedback that are all negative (not constructive); 6] feedback that are based on how people feel rather than on data and results; 7] feedback with no action ideas; and 8] if the recommended actions of coaches are unrealistic, if coaches have a bad timing, if they are impatient regarding the readiness of their apprentices, or if they fail to find a proper balance between honest edification and bluntness, these problems would cause executive coaching to be a failure (Hall, Otazo and Hollenbeck 1999 pp. 48-50).

The Pygmalion effect reveals that the expectations of the coach or mentor bring about self-fulfilling prophecy and influence the performance of the apprentice; positive or high expectations produce positive performance while negative or low expectations produce disappointing or low performance results. While this effect could make the coach more effective (Eden 1993), it can go the other way too. The Pygmalion effect is to be differentiated from the Hawthorne effect which, though related, states that the attention (as opposed to the expectation) of a coach influences the performance result of his or her apprentice.   Coaches do influence the self-efficacy of their apprentices, often unwittingly, and self-efficacy is also a crucial determinant of work motivation (Locke and Latham 1990; Eden 1988, 1984). Hence, the self-fulfilling prophecy of the Pygmalion effect is not a mythical magic but rather the high expectations of figures of authority, such as coaches, may induce them to exercise better leadership on their apprentices whom they expect good performance in return while, in contrast, low expectations induce lackadaisical leadership producing poor performance. As such, because high expectations bring out the best leadership in the providers of the trainings or coaching, greater achievements are realised, and both the coaches and executives fulfil their own prophecies. Coaches then get the apprentices they expect. Another related effect is the Messiah effect where the very arrival and presence of a famous coach, expert or authoritative figure is enough to

arouse high expectations, mobilise the energy, and create changes of transformational proportion in the participants. In addition, the Golem effect says that negative expectations would yield negative performance in those whom the negative expectations are placed upon (Babad, Inbar and Rosenthal 1982).

Having said all, both history and research show that many successful leaders owed their leadership development to the coaches in their lives (Goleman, Boyatzis and McKee 2002; McCall, Lombardo and Morrison 1988; Kram 1985); both coaching and mentoring have been a human resource training necessity since the days of the ancient Chinese and Greeks and of Europe in the Middle Ages where apprenticeship was a common practice for training and experience acquisition (Boyatzis, Smith and Blaise 2006). When apprentices, in the later stage of their lives and career, eventually become masters, they too were to become coaches and mentors to the next generation of apprentices (Dalton and Thompson 1986). To overcome the Pygmalion effect and some of the related effects, employing external coaches for executive coaching could ensure anonymity and confidentiality for all; they are also less likely to be judgmental and they could be objective and bold enough to speak out the 'unspeakable', the inconvenient truth. On the other hand, internal coaches have the advantages of knowing the company's history, environment, priorities, internal politics, and true circumstances, and they are more easily available (Hall, Otazo and Hollenbeck 1999).

Executive coaching also works well when it is used to provide frank, realistic, and challenging feedbacks, a good sounding board for action ideas, a good model of effectiveness, and clear objectives. If there is a good fit between coach and trainee, high accessibility and availability of coaches, then this practice of leadership and management development works well (provided that the agenda of a coach does not interferes with the coaching while still allowing opportunities for the coach to relate personally to his or her trainee). In addition, if coaches would push the trainees when necessary, if they are good listeners, caring, committed to the success of their trainees, and able to follow-up or check-up on their trainees, if they know the 'unwritten rules', and if they have a wide experience and a 'trial and error attitude', then Hall, Otazo and Hollenbeck (1999 p. 48) reveal that executive coaching becomes

an effective leadership and management development practice. Furthermore, executive coaching is more effective when it is applied as a follow-up practice to 360-degree feedback (Hall, Otazo and Hollenbeck 1999). Day (2001) proposes executive coaching as a provision of challenge and support following 360-degree feedback assessments so that both would be a combined leadership and management development practice that effectively builds both the human and social capital (human capital here refers to the individual participants who are emergent leaders and managers while social capital refers to leadership as a capital to groups of people, organisations, and society).

2.6.7 Action learning

Action learning is one of the most practical and effective among the various leadership development practices; it is also one of the more recent developments in leadership and management training in comparison to the practices mentioned above (Raelin 2006; Day 2001). It is a distinctive form of leadership and management development practice which combines mentoring, networking, job assignment, formal classroom-based or workshop-based trainings with work-based problems, field activities, and reflective learning practices in a group setting. Originally developed for learning in an inductive and exploratory manner by taking action, action learning focuses more on the conditions for executives to learn mutually from each other than on organisational learning in abstraction; by action, it means dealing with real work problems in organisations by asking questions in a group setting with real-life activities assigned to the participants (Revans 1983). Marquardt (2004), in referring to action learning as a practice that solve problems and build leaders in real time, considers it as a powerful practice for the learning and development of management and leadership. Action learning takes into assumption that people learn relatively more effectively during work and during the process of solving real problems in their organisations (Revans 1980). Smith (2001 p. 35) defines action learning as "…a form of learning through experience, learning by doing, where the job environment is the classroom,…" and it is based on the notion that executives can only learn management or leadership at work just as

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people can only learn to ride a bicycle by riding it. Meanwhile, Pedlar (1991) defines action learning as an approach that not only develop people in organisations by taking job tasks as the vehicle for learning, but also carrying out what the academic educational system has failed in training managers and leaders; he said that action learning is based on "…the premise that there is no learning without action and no sober and deliberate action without learning…" and that the action learning method pioneered in organisations has three main components:

> …people, who accept the responsibility for taking action on a particular issue; problems, or the tasks that people set themselves; and a set of six or so colleagues who support and challenge each other to make progress on problems. Action learning implies both self-development and organisation development. Action on a problem changes both the problem and the person acting upon it. It proceeds…by questioning taken-for-granted knowledge… (pp. xxii-xxiii).

To MacNamara and Weekes (1982 p. 880), action learning is a development model that focuses on self-development and learning by doing, particularly, in a group setting of about five participants who meet regularly (the action learning group is also known as the action learning set); the group dynamics forming from such small groups of management leaders would "…draw out the experience and practical judgement of the participants while they are developing and implementing solutions to real-life management problems..." However, Pedlar (1997 p. 262) further considers action learning as an idea "…capable of taking many forms…" rather than a method. With regards to self-development, Revans (1982 pp. 626-627) defines action learning as

> a means of development, intellectual, emotional or physical, which requires its subjects, through responsible involvement in some real, complex and stressful problem, to achieve intended change to improve his observable behaviour henceforth in the problem field.

In addition, Raelin (2006 p. 1) is of the opinion that action learning is a form of leadership or management learning which can promote collaborative leadership; action learning involves reflecting on "…real-time work experience dealing with unfamiliar problems…" and it is a "…learning approach that distils knowledge from a context to be used to provide learning to the practice as well as to the practitioner…" It is mainly generative, applied in a community

of practice, and each action learning application is unique, allowing learners to organisationally build and share meanings and realities (Drath and Palus 1994). Action learning can also be considered as an approach where professionals in an organisation could learn from each other, especially in cases of problems, challenges, or adversity, by asking each other insightful questions, and sharing new work experience and insights that come from reflection. Action learning allows learners to take risks in a relatively safe and supportive organisational environment or structure, and it promotes personal responsibility for development; it is very much an experience-based group learning methodology and process that combines "…practice-field experience using real issues…" and application of appropriate theory to accelerate organisational learning and self-development while providing work-based leverage of the competencies of the learners (Smith 2001 p. 36). Thus, action learning implicitly allows the combining of explicit or theoretical knowledge with experiential knowledge attained through reflecting on one's experience; it is a human natural learning process through both the personal reflection of individuals and group (collaborative) reflection. It is a "…continuous process of learning and reflection, supported by colleagues, with a corresponding emphasis on getting things done…" (Day 2001 p. 601).

The framework of action learning captures and builds not on some analytical, pure, or rational ideals but on practical realistic work-based elements, existing structures and development plans, and it supports the intentions and goals of non-traditional executives. It can really enhance the leadership capacity and ability of an organisation by cultivating thinking, insightful inquiry, reflection, and cogitation with perceptive group members, and allows the group members to take responsibility in implementing solutions especially in situations with no obvious solutions in sight. Revans (1971) systematically integrates three sub-systems of learning into action learning: strategy design (System Alpha), negotiation of the designed strategy (System Beta), and the learning process of the strategists (System Gamma). According to MacNamara and Weekes (1982 pp. 889-890), System Alpha deals with the process strategists (the participating managers or leaders) employ to make decision and to take action by designing solutions to problems; System Beta, the process of negotiating solution to a confronted problem, happens in the process of changes being reflected back into the personalities of the

strategists (in the course of investigating the problems and designing the solutions) through the "symbiotic effects" occurring as they interact with their problems, clients, and fellow action learning participants in their group (which functions as an open system); System Gamma relates to the later stages of System Beta (just as System Beta relates to the later stages of System Alpha) and it is about feedback to the thought patterns of the participants showing a symbiotic action between actors and the problems they are trying to solve. System Alpha is the dominant and overarching system as it involves the participants projecting their internal value systems, which are formed from their respective experience etched into their respective personalities, onto the external world of their organisation. Hence, executives in action learning programme learn how to act effectively by taking effective action because when they take action, a symbiotic interchange happens between the actor and the situation or problem; they also learn from an awareness and reflection upon their skills in changing the situations they confronted (MacNamara and Weekes 1982).

Action learning strongly requires participants to reflect; it is important for leaders and managers to reflect in the process of their development and in daily work activities. Lexically, to reflect is to cast back, think, cogitate, ruminate, consider, deliberate, muse, think carefully, or hold a mirror to; in the context of leadership and management development, it is to form new inquiries in the process of moving away from ignorance, to gain the ability to think through their experiences at both personal and contextual levels, to mentally explore and question assumptions through insights (Smith 2001), and to make conscious of and critique the assumptions, premises, criteria, and schemata (Marsick and Watkins 1990). Kolb (1984) also views reflection in learning to be an important factor in acquiring development while Hammer and Stanton (1997) state that the failure to reflect is one of the reasons why organisations fail. Thus, leaders and managers need to know themselves, their strengths as well as weaknesses, their purpose and goals, their reasons for decisions and actions to be effective leaders; to gain all these self-knowledge, reflection is needed. The reasons and benefits for professionals in organisations to reflect include (but not limited to) acquiring insight and understanding to problems, cases, and situations, foreseeing consequences, solving problems, justify actions, achieving control, improving decision-

making, increasing options, gaining clarification, detecting errors, exploring mind-sets, identify the correct problem, challenging norms, gaining new perspectives and ideas, self-insight and self-knowledge, self-development, personal mastery, overcoming resistance, shifting or apportioning blame, exploring responsibilities, increasing self-confidence, resolving conflicts, developing the ability to negotiate effectively, being a natural element of learning, thinking, intuition, or cultural expectation, enhancing performance, gaining multiple viewpoints, uncovering faulty reasoning, and making tacit knowledge explicit (Smith 2001). For most people, reflection is not a mental practice or habit that comes naturally and formal developmental sessions, logical explanation, and explicit practices of reflection have been unsuccessful; as such, action learning is a practice as an alternative choice to formal approaches towards the development of reflective inquiry. When it comes to the nitty-gritty of practice to carry out grand ideas and high philosophy (Garvin 1993), the action learning methodology, with its framework, subset reflective tools, and personal and group (collaborative) learning strategies, can provide an effective process towards reflection in the context of leadership and management development, enhancement of the quality of both individual and group reflection, and embedding of reflection as a continual habitual practice beyond organisational projects based on action learning into personal and communal processes (Smith 2001). Case studies carried out by Smith (2001) and Day (2001) show that action learning is effective in helping learners or practitioners to develop reflection, both the dialogic and analytical reflections. Therefore, the keys to action learning are individual and especially, group (collective) reflection on experience, and the reinterpretation of past experiences, which is more able to bring about long-term behavioural changes than mere knowledge acquisition (Revans 1983).

Though action learning is strong in challenge and support, it is weak in formal assessment, particularly on selection of participants and matching of individuals to tasks or problems. Another problem occurs, which is usually true in real-life cases, when only two elements of the action learning model are in congruence; for example, participants may have a clear understanding of the problems or challenges they are assigned to solve (the Focus) and have both the skills and resources to solve them (the Capability) but if they have little or no faith in the methodology or motivation to carry out and

follow through to reap the results (the Will), the action learning programme would suffer. To prevent this problem from occurring, an action learning programme needs to be continually and dynamically tune in terms of the balance, overlapping, and congruence of all the three elements of the Focus, Will, and Capability to derive optimal performance (Smith 2001). Furthermore, according to O'Neil and Dilworth (1999 p. 35), failures in action learning initiatives occur when 1] the top-level management is not committed to the programme; 2] the interventions introduced are not inter-related to the system; 3] risk and mistakes are not tolerated (for example, the lack of a safe, laboratory-like organisational environment); 4] participants are inconsistent and involved only on a part-time basis; 5] the interventions introduced are seen as a fad; 6] staff members who do not conform to the proper organisational image are excluded from action learning group membership; 7] the sponsored projects or problems are considered as unimportant to the organisation and individual group members; 8] the interventions are seen as separate events rather that strategically linked stages in a process; and 9] when key players either do not understand the action learning process or do not take time and effort for continuous reflection, learning, un-learning, re-learning, evaluation, redesigning, and renewal.

Moreover, the transfer of leadership and management learning to organisational settings has often being a significant weak point of human resource development. Barriers to the transfer of learning from an action learning programme to the workplace setting in organisations waste a lot of developmental spending; this is particularly problematic if those who have acquired supervisory knowledge and skills are given too much liberty in the application of those knowledge and skills (Yorks, Lamm and O'Neil 1999). The ability for the transfer of knowledge and skills is known as *far transfer* with respects to the concept of distance (Butterfield and Nelson 1989); this requires the participants to go beyond "…the establishment of a repertoire of behaviours…," and to develop the ability "…to think and take action in diverse, complex, and uncertain contexts" (Yorks, Lamm and O'Neil 1999 p. 56). Therefore, to reduce this type of problem, it is better for an action learning programme to be designed, right from the planning stage of the programme, to enhance the transfer of knowledge and skills to the work

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setting, including during the maintenance and continual application of the programme. Although there is a significant amount of empirical evidence demonstrating the benefits of action learning in developmental programme, there is not much empirical evidence of such learning being transferred and applied fruitfully in organisations (Yorks, Lamm and O'Neil 1999).

Perhaps an even more important or basic question as to the direction of practising action learning in organisations is whether leaders and managers, who are already over-worked and loaded with actions, should take up more actions or be given more time to reflect on the tremendous amount of action already taken. As Mintzberg (2004 p. 227) questions it, do these professionals need to "…enhance their capacity to take action or their capacity to reflect on the action…" already taken? Although a goal of organisations is to take action (such as increasing productivity), one goal of leadership and management development is to better the quality of those actions. Could organisations have their action cake and eat the learning too or would earning while learning end up with conditions where earning neutralises learning with participants eventually getting compromised reflections (Mintzberg 2004)? Although it is among the best leadership and management development practice, this is an important and basic challenge action learning would have to address.

According to O'Neil and Dilworth (1999), there are some specific considerations that must not be neglected in implementing an action learning programme: 1] determine whether the problems to be solved are familiar or an unfamiliar to the participants; 2] determine whether the initiative would take place in a familiar or an unfamiliar setting; 3] determine the problems be of group or individual projects; 4] determine how participants are to be chosen; 5] determine the amount of time the participants and their organisation are to invest in the initiative; and 6] determine what the content of an action learning programme is to be and how the learning is to be transferred. As for the selection of participants for an action learning initiative, the first consideration is advised to be on the intention and objectives of the initiative, as shown by the concept of comrades in adversity (Revans 1982), that is, fellow staff members experiencing the same problems, and by fellows in opportunity (Mumford 1996), that is, fellow staff

members realising the same opportunity in their hands. After the identification of participants, next comes the composition of the groups based on the principle of greatest diversity because, in the action learning model, diversity is an important ingredient to enhance executive learning and development through a variety of perspectives coming out of a good mix of diverse participants who are more likely to be able to realise group dynamics, symbiosis, and synergy. A group composed of people from different professional and demographic background such as "…work experience, age, gender, nationality, and, where known, learning style differences and personality mix" can produce creative solutions to unstructured organisational problems (O'Neil and Dilworth 1999). Interestingly enough, Revans (1982) warns against inclusion of people known to be subject matter experts on a project in order avoid the standard solutions of experts. In addition, an ideal group size of five to seven makes good for the provision of diversity in perspectives, ideas, and solutions while permitting the full participation of each member, meaningful group interactions and dynamics, and a reasonable allocation of time for each participant to deal with his or her problem within the typically-practised small-group meeting. However, the membership of any action learning group is advised to be voluntary (O'Neil and Dilworth 1999).

Regarding the reasons why action learning requires learning in a group format, Argyris (1962) shows that the role of being in a group allows for interpersonal competence, organisational effectiveness, and the release of dormant individual potentials in solving problems. Meanwhile, Bion (1961) discovers the importance of emotions in group behaviours, and Revans (1971) describes the internal-symbiotic learning phenomenon occurring in action learning groups with the energy and motivation of external symbiosis experienced by the whole group when a member successfully completes his or her tasks for which he or she is responsible for. According to MacNamara and Weekes (1982 p. 891), there are three reasons the group format is required in implementing an action learning programme: firstly, leadership and management in the real world of business is a group process (no man is an island) and effective executives develop decision-making groups; secondly, a group can come up with much better information than separate individuals, both qualitatively (for example, insight and experience) and

quantitatively, resulting in a synergy; thirdly, when groups meet to go over unstructured and non-programmable problems, dynamic forces, as noted by the above-mentioned researchers, are released as a result of "…interactions between feelings, emotions, and behaviours among group members."

Furthermore, the support of peers, support from management, the perceived validity of the action learning content, and "…motivational components in terms of the personal outcomes experienced by participants who transfer skills and competencies to the workplace…" are generally considered to be the four factors important to the transfer of knowledge and skills acquired in an action learning programme to organisational workplace setting (Yorks, Lamm and O'Neil 1999 p. 69). Management support, such as sponsorship for action learning projects and the modelling of the learning process in transferring back to organisational settings, is critical in determining whether participants would apply their learning in the workplace. Support from one's peers is just as important to realise the transfer while the third factor, the validity of learning content in action learning programme, is of two forms: the first concerns with the existence of a compelling business reason for the programme justifying the cost, time, and energy of its participating executives while the second concerns with acknowledgment by the organisation that such a compelling business reason, which would require new task and competency learning, exists in the first place. Action learning initiatives are usually preceded by several crucial events, such as communications by top-level management on a new direction, vision, and strategy, which in turn make up the compelling business reason for the initiatives. The third, validation for the content of an action learning programme would be needed to reinforce the raison d'état of the programme. Lastly, the personal outcomes of participants applying the learned practices is advised to be positive with regards to performance, rewards, and career opportunities, to be conducive to transfer to organisational setting; negative personal outcomes would result in a transfer failure Yorks, Lamm and O'Neil (1999).

Therefore, these are the seven major and popular leadership and management development practices in organisations currently. At the time of the fieldwork of this research, five of these practices, classroom-based

trainings and workshops (such as the People Management Workshop), 360-degree feedback (a component incorporated into the People Management Workshop), mentoring, networking and job assignment, were found among the healthcare leaders and managers in the Health Board of NHS Scotland selected for this research. To give a more detailed introduction to leadership and management development in the NHS, the next sub-section presents the issues and challenges of leadership and management in the NHS and the development of healthcare leaders and managers.

2.7 Leadership and management development in the National Health Service (NHS) and NHS Scotland

The National Health Service (NHS) is a public sector organisation formed in 1948 by the Labour Party, when Clement Richard Attlee was the prime minister in a government noted for remarkable social and economic services of a radical nature (10 Downing Street 2008), to provide comprehensive healthcare services to people in the UK. The NHS is now the largest European employer with about one million staff members (Blackler 2006). The English NHS is also generally called the NHS while the equivalent healthcare service in Scotland, Wales, and Northern Ireland are respectively called NHS Scotland, NHS Wales, and Health and Social Care (HSC) Northern Ireland (in this thesis, the acronym "NHS" is used to refer to the all the public healthcare organisations in the UK in general, namely, NHS Scotland, NHS England, NHS Wales, and HSC Northern Ireland); each system operates independently and reports to their respective relevant governments (NHS Wales 2010; HSC 2010; Scottish Government 2009). In Scotland, the fourteen Health Boards, under the direction and funding of the Scottish Government, provide leadership and management at the operational level in all the healthcare organisations and services (such as hospitals and community health centres) and healthcare to the public in Scotland (England, Wales, and Northern Ireland have a combination of Trusts and Boards); each Health Board caters to one geographic region in Scotland, for example, NHS Lothian is a Health Board responsible for the Lothian region (the city of Edinburgh is in Lothian), NHS Grampian is responsible for the Grampian region (the city of Aberdeen is in Grampian), and NHS Greater Glasgow and

Clyde is responsible for the city of Glasgow and its surrounding areas (Scottish Government 2009).

One of the major social challenges in the UK today is the provision of public healthcare services to its changing population and to do so free-of-charge for its basic healthcare services; the NHS is founded on "…the premise of need, not the ability to pay…" although it has gone through many reorganisations (Sutherland and Dodd 2008). The quote at the top of this chapter from former British Prime Minister Tony Blair in 1999 in describing the attitude and mind-set of staff members in the public service shows the difficulty of leadership and management development in the public sector (Watt 1999). Although advances in healthcare increase the life-span of people, this increase necessitates greater provision of healthcare services for chronic, long-term, or age-related illnesses, coupled with a higher expectation by the public on the quality of healthcare services. The cost of healthcare is growing, becoming an increasing burden on public finances. Thus, leadership and management development in the public healthcare service has a crucial role in effectively maximising the financial returns, social returns, and impact of the investment of scarce public resources. There appears to be a need for those in leadership and management roles to change the culture of rigid structures and processes and to build an organisational culture which motivate people through exemplary leadership and to acknowledge and reward innovative behaviours and practices.

Healthcare leadership and management are difficult matters involving balancing conflicting powers, issues, and priorities from at least three major sides: 1] the demand side of changing diseases and the expectations of tax-paying service users; 2] the supply side of professional practices, medical and scientific developments, and business investments; and 3] the administrative-political-control side of government actions, regulators, and provider-employers (Dawson 1999). These three-sided pressures and conflicts demand much leadership, communication, self-sacrifices (altruistic behaviours), and value-setting skills from healthcare professionals (Caulkin 1998). Top-down pressures, excessive control, and multiple layers of control reduce the abilities and effectiveness of NHS leaders and managers in performing their core functions (Calman, Hunter and May 2002);

nevertheless, Walshe (2002) says that there was an increase in regulatory agencies in the NHS during the leadership of the New Labour (the years of Prime Minister Tony Blair) even as these regulatory elements were intended to force NHS organisations to perform effectively. Blackler (2006 p. 19) is thus of the opinion that the leadership of NHS under the New Labour was based more on Taylorism than on modern leadership and management methods and its policy was "….driven by a sense of crisis, a populist agenda, an urgent desire to demonstrate early performance improvements, and the belief that managers could not be trusted."

Alimo-Metcalfe et al. (2007), in a longitudinal study on the relationship between leadership and effectiveness and productivity in the healthcare service sector, report a significantly positive correlation between the quality of leadership and the attitudes of staff members towards their work and well-being. The specific leadership behaviours identified are: being visionary (leading with a vision), engaging with people (communication and relationship building are implied here), and exhibiting leadership capabilities. However, there is no correlation between leadership with vision and the performance of the organisation, and between leadership capability and organisational performance; what the research reveals is that a work environment where staff members are empowered, given training or developmental opportunities, and supported by their leaders or managers, cultivates highly motivated staff members (Alimo-Metcalfe et. al 2007). Thus according to their study, the key leadership behaviours that positively correlate with organisational performance and the attitudes and well-being of staff members are being supportive, engaging, empowering, and developing of the direct reports (the application of these ideas are presented in Chapter Three and Chapter Four). In order to bring about effective leadership, research in leadership and management development in the healthcare sector needs to look at how such healthcare professionals are developed and how they could be developed to bring about the leadership and management behaviours that are effective, supportive, empowering, engaging, and developing; this includes, but is not limited to, exploring the mechanisms or processes of leadership and management development.

According to McAlearney (2010) effective leadership and management development can benefit healthcare organisations by promoting an organisational culture that builds human and social capital; this is partly through disseminating a common organisational culture. The healthcare sector is also seen as one of the best places, venues, or arenas for leaders to be developed or emerged, just as the military, business, education, and sports sectors; this is because these institutions face fast-paced and critical decision-making challenges and actions as well as high risks and pressure to develop leadership and management behaviours and skills quickly (Morrissette and Schraeder 2010). As organisations in these sectors focus on the practice of leadership and management via the exhibitions of their values, attributes, behaviours, skills, thinking, emotions, and actions, leadership and management development programmes designed for them must be realistic, work-based, and practical as they are under pressure to develop leaders and managers quickly to meet organisational demands (Hurt and Homan 2005).

The NHS has a number of leadership and management development programme, at both local and regional levels, "…centrally funded and self-financing programme organised at national level…", employer programme with local actions to meet identified needs (Sutherland and Dodd 2008), and self-funded independent courses taken by pro-active individual staff members (Hewison and Griffiths 2004). However, generally, independent and piecemeal human resource development courses tend not to be integrated into an organisation-wide developmental vision as they are taken by individuals on their own (Edmonstone and Western 2002). Meanwhile, Boaden (2006), in examining the impact of the Leadership Through Effective Human Resource Management programme (LTEHRM), a leadership and management development programme commissioned by the NHS Leadership Centre to develop NHS professionals, finds the programme to be successful at both the personal and organisational levels (as far as the participants and commissioners are concerned); the intention of LTEHRM is to develop the participants in building individual and organisational leadership capacity for change and to gain the knowledge and skills to apply the change (to translate the learning into behaviour and workplace changes and, ultimately, patient care improvements). However, Boaden (2006) also reports the lack of a central or formal definition of leadership or leadership development in the

NHS and that the NHS Leadership Centre does not have a central agreement on what is leadership or leadership development (although the participants could grasp concepts of transactional and transformational leadership as a result of attending LTEHRM). Nevertheless, in an earlier research on British public and private organisations, including the NHS, Alimo-Metcafte and Lawler (2001) insist that leadership and management development programme in these organisations are periodic, haphazard, irrational, and do not follow good practices of communicating, socialising, promoting, and implementing organisational or collective values and vision; furthermore, these organisations have a nebulous or out-dated definitions, concepts, and models of leadership (such as the military model); nevertheless, most of these organisation place a fairly high priority on leadership and management development in their appraisal systems. One example of such nebulous leadership and management development programme is the People Management Workshop discussed in the next section below; it is more a management development or human resource development programme rather than a leadership development programme.

In Scotland, the NHS Scotland Leadership Development Framework focuses on improving healthcare services for patients to produce a generation of motivated healthcare leaders and managers with the skills, qualities, and behaviours to deliver the real improvements (Audit Scotland 2005). This framework recognises that the development and realisation of effective leadership at all levels of NHS Scotland (not just at the top or middle management levels) is crucial in improving healthcare and delivering the vision and goals set for NHS Scotland. This leadership framework customised for NHS Scotland (as opposed to the framework developed for other member constituents of the UK) informs the leadership development agenda, describes the qualities of healthcare leaders and managers in NHS Scotland, and sets a single national approach and priorities for leadership development actions to achieve strategic coherence with a focus on the needs of the service, teams, and individual staff members (Audit Scotland 2005). It also allocates flexibility for local systems to advance their leadership development agenda, frames how the organisation could work together with its partners, locally and nationally, unto leadership development, engages the wider public sector for joint approaches to reform and improve the health service, and

provides career development opportunities and flexible support systems to staff members (Audit Scotland 2005).

At a more local level, Sutherland and Dodd (2008) carried out a qualitative study of a twenty-four-week leadership and management development programme in NHS Lanarkshire (a Health Board in NHS Scotland) by interviewing forty-four senior clinician managers using member validation and thematic analysis in their data analysis. They found that the programme impacted the change in the attitudes, behaviours, and performances of the participants in clinical practice resulting in also benefits for the organisation. The programme, employing elements of the classroom-based training and workshop practice such as role play, scenario planning, and enquiry-based learning approaches, was developed by NHS Lanarkshire and accredited by Queen Margaret University College, Edinburgh. The team of researchers gathered data such as the awareness, knowledge, and experience of leadership skills of the participants before going through the programme (pre-intervention), the participants' post-intervention perceptions of the programme, and the personal reflections of their experiences during the programme (Sutherland and Dodd 2008). Meanwhile, Tourish et al. (2008) in interviewing respondents of eight Health Boards of NHS Scotland, report that six of them carry out internal courses in leadership and management development; appraisals, mentoring, and coaching as the other popular practices.

In their review of leadership development for the NHS, Hartley and Hinksman (2003) recommend a clear approach to leadership development that is also consistent with a chosen model of leadership. However, as pointed out early in this chapter, a clear or dominant model or approach of leadership development is still elusive. As such, it is not surprising that neither NHS England nor NHS Scotland follows a dominant approach or a clear model of leadership and management development.

2.7.1   The People Management Workshop

The research subjects or interview participants of this research are participants in the People Management Workshop (PMW), a human resource development programme labelled by a Health Board of NHS Scotland (the Health Board chosen for this exploratory research on leadership and management development in the healthcare sector in Scotland) as a leadership and management development programme. This two-day intensive leadership and management development workshop is mandatory for all healthcare professionals (of the Health Board) taking on the responsibility of leading and managing direct reports. Many of these participants are junior or emergent healthcare clinicians promoted to take on leadership and management roles.

The reason this particular practice of leadership and management development is selected to be investigated in this research is because of access limitation and control by the Health Board. (The Health Board only allowed me to carry out this research on the PMW leadership and management development programme. This matter of gatekeepers and the limitations to research posed by them is covered in further detail in the chapter on research methodology.)

According to the official literature of the Health Board, this workshop is aimed at NHS leaders or managers who have responsibility for 1] recruitment and selection (preparation and decision-making); 2] conduct and capability; 3] attendance management; 4] ensuring compliance with policies; 5] workforce and succession planning; and 6] personal development planning (NHS Grampian 2008). The purposes of the workshop are to develop transferable skills to use in people management situations and apply to a range of policies and to develop an awareness of roles and responsibilities of managers and specialist human resource (HR) staffs (NHS Grampian 2008). Meanwhile, the objectives of this workshop are 1] to create awareness of the role and responsibilities of a manager in relation to people management; 2] to enable a NHS manager to identify the skills required for managing people and know when to use them and the roles within HR and know how and when to use the departments within HR appropriately; and 3] to effectively enable a NHS manager to utilise the recruitment and selection procedures (such as the procedure dealing with age discrimination), the attendance management

policy for both long-term and short-term absences, the conduct and capability policy, and the services of the occupational health service department (NHS Grampian 2008).

The above descriptions of the workshop reveal that it is more a management development programme than a leadership development programme. (Subsequent participant observation carried out by the researcher found that, indeed, the People Management Workshop is actually more of a programme focusing on preparing participants to deal with issues and problems of applying NHS standard management policies and procedures in areas such as recruitment, selection, managing staff attendance, absenteeism, conduct, and other people management matters.)

However, this programme is labelled by the top management in NHS Scotland as a leadership development programme. This conceptual confusion between leadership development and management development and the mis-labelling of these two kinds of human resource developments (which some researchers consider to be different) are quite common among the general public and in the corporate world in general; a lot of leadership development programme are also thus productised (Ready and Conger 2003). In addition, this conceptual confusion is aggravated as those who actually exercise leadership in NHS Scotland are formally known as managers. This confusion, mis-labelling, or tension between leadership development and management development with regards to the differences in usage in academic publication and the popular publication (such as the healthcare sector) mentioned here and in Chapter One is one of the interesting minor points noted in this thesis.

2.8   Chapter's conclusion

Classroom-based trainings and workshops, 360-degree feedback, formal and informal mentoring, job assignment, executive coaching, networking, and action learning are the seven leadership and management development practices that are commonly-known among organisations implementing human resource development programmes. Five practices in this list are found in the fieldwork data. Yet in his conclusion, Day (2001 p. 606) is of the

opinion that "…effective leadership development is less about a specific practice than about consistency and discipline in implementing them throughout the organisation…"; in addition, as opposed to implementing leadership and management development for only those in the top levels of leadership and management, leadership and management development initiatives should be carried out across all levels and developmental purposes.

Day (2001) further proposes that these practices be linked to produce a leadership and management development system that is integrated to cover all the aspects of assessment, challenge, and support. This concept of integrated leadership and management development corresponds to those of Weiss and Molinaro (2006) and Cacioppe (1998) pointed out in the beginning of this chapter. The lack of integration in leadership and management development trainings and practices is apparent in NHS Scotland; thus, this reveals a need for change and progress in integrating the independent and piecemeal leadership and management development practices as a possible way to face the challenges of the three-sided pressures and conflicts and to balance the conflicting powers, issues, and priorities in the healthcare service.

Furthermore, neither in the ideas of consistency in implementation and integration (Day 2001), nor in the strategic, synergistic, and sustainable multiple and integrated leadership and management development model of Weiss and Molinaro (2006), nor in the framework of integrated leadership and management competencies development of Cacioppe (1998), nor in the discursive contextual, reflective, associative, relational, inclusive, and collective approach of Bolden and Gosling (2006), nor in the model of Burgoyne, Hirsh, and Williams (2004) which focuses on self-awareness, reflection, feedback, integration, relevance, and support, could one find how leadership and management development is actually transferred and acquired or learned. What are the mechanisms of leadership and management development? In what way or ways are leadership and management values, behavioural attributes, knowledge, competencies, ways of thinking, and actions transferred and acquired vertically from the senior healthcare

professionals in NHS Scotland to the emergent leaders and managers and horizontally among the healthcare professionals?

(The response to the above questions and the other parts of the research questions came after the first round of interviewing the research subjects with the second round of interviews confirming the answer; more of this is matter discussed in the chapter on research methodology and the chapter on findings and discussions. The first round of fieldwork then led to the literature review on meme theory; thus, this post-fieldwork-data-collection literature review is placed in Chapter Four, the chapter on findings and discussions.)

CHAPTER THREE: METHODOLOGY

What is all knowledge but recorded experience, and a product of history; of which, therefore, reasoning and belief, no less than action and passion, are essential materials?

- Thomas Carlyle, Scottish philosopher (Carlyle 2008 p. 1)

Chapter Outline

3.1 Introduction

The purpose of organizational and management research, including research in leadership and management development, is to "…speculate, discover…," prove, provisionally order, "…explain, and predict observable social processes and structures that characterize behaviour in and of organisations…" (Van Maanen, Sorensen and Mitchell 2007 p. 1145). In carrying out this purpose, research methodologies, approaches, frameworks, and theories are among the vital tools to build representations and understandings of organisations. Research methodology or approach and theory are also mutually contributive in that a given methodology or approach can generate and shape theory just as theory can generate and shape methodology. In this respect, the study of leadership and management development in organisations is necessarily about exploring "…attitudes, behaviours, desires, practices, experiences, artefacts, symbols, documents, texts, feelings, judgements, beliefs, meanings, measures, facts and figures" (Stablein 2006 p. 347). As such, this research involves fieldwork and the collection of empirical data for analysis. Furthermore, research, is a craft (Mills 1959) which cannot simply be reduced to "…steps, manuals, and models…" because people, relationships, and organisations are complex, intricate, dynamic, and difficult to study (Alvesson

and Karreman 2007 p. 1272). Therefore, rigorous methodologies or approaches have their limitations (Weick 1989; Morgan 1980).

Research methodology is the approach to studying a research topic, the way to study a chosen phenomenon, including the planning and execution of the research study, the choices of phenomena to study, the methods of data gathering, and the ways to analyse the data (Silverman 2005). Similarly, research design is defined as the overall configuration of a research, including, but not limited to, the type of empirical data or evidence to be gathered, the source of the data, and the way the data or evidence is to be interpreted and concluded to derive satisfactory answers to the research question or questions put forward in the beginning of the research (Easterby-Smith 1990). Meanwhile, the word 'method' refers to a specific research technique.

Initially, the choice of a methodology for this research started out broadly. I was open to the choices offered by the two broad categories of quantitative and qualitative methodologies, before narrowing down to a specific methodology defined within a broad category. Furthermore, in a qualitative methodology, a study could opt for any of the numerous choices such as phenomenology, ethnography, grounded theory, the constructionist approach, and the interpretive approach. However, methodologies, similar to theories, cannot be judged as right or wrong or true or false; a chosen methodology can only be evaluated based on its appropriateness or usefulness to the chosen phenomenon to be studied, the research question, or the thesis problem. Therefore, in following this reasoning of Emory and Cooper (1995), the purpose of this chapter on methodology is to describe the research design chosen, the reason for the chosen research methodology or approach, how the research evolved and developed over the duration of the research, and the framework and structure of the study.

3.2 The structure and organisation of this chapter

As this research employs a qualitative methodology, the first person, "I", is used more often as I am the sole researcher who carried out the fieldwork.

In contrast to a quantitative methodology or approach which hopes to project objectivity, the usage of the first person is well justified, if not naturally functional, in a qualitative research. Furthermore, as interviewing is the main data collection method in this research, using the first person is also more in line with the reflexive approach of Alvesson (2003) to organisational research where a reflexive and pragmatic framework for thinking about interviews is employed. This chapter introduces the reason for my choice of a qualitative methodology for the research and speaks of my research journey following the introduction. I then move to discuss methodological fit, interpretivism, the interviewing approach, the Critical Incident Technique, and participant observation.

Interpretivism is the primary approach of this research with the interviewing approach, Critical Incident Technique, and participant observation being the main fieldwork data collection methods. In each of these major sections, I look at their strengths, benefits, and weaknesses and how they are implemented in the research. Finally, the chapter ends with ethical issues, a legal hurdle which must be addressed in any research involving people, especially those in the healthcare sectors such as NHS Scotland.

3.3   The journey of the research

The general governing purpose of this research is to explore leadership and management development; the chosen sector is the healthcare service and the geographic location is a region in Scotland. A geographic area serves by the National Health Service Scotland (NHS Scotland) is known as a Health Board and there are fourteen Health Boards in Scotland, such as NHS Fife, NHS Lothian, and NHS Greater Glasgow (Scottish Government 2010). The actual Health Board chosen for this research is strictly kept confidential as a part of the agreement with the research subjects.

As mentioned in the chapter on literature review, there is a shortage of published research on leadership and management development in the healthcare sector, particularly, in NHS Scotland. The intention in exploring leadership and management development in the healthcare sector is to

investigate what is going on in terms of the practices, what are the mechanisms leadership and management development, what are the principles and theories behind the practices, and to inform debate towards theory development or a novel application of an existing theory. The focal interest of this exploratory research is to qualitatively discover, through mainly formal interviews, the beliefs, values, traits, preferences, intentions, attributes, behaviours, attitudes, ways of thinking, feelings, practices, or actions of emergent healthcare leaders or managers and how these elements relate to leadership and management development. The behavioural attributes and other characteristics concerned would include the relationships of the leaders and managers with their respective colleagues and their ability to work collegially with them.

Researcher's narrative account:

In the beginning of the research, the main intention of this research was to explore what is going on in healthcare leadership and management development in NHS Scotland, particularly, the beliefs, values, traits, preferences, intentions, attributes, behaviours, attitudes, ways of thinking, feelings, practices, or actions of the emergent healthcare leaders and managers through evaluating a leadership and management development programme in NHS Scotland called the People Management Workshop (this workshop is classified as a leadership and management development programme by NHS Scotland). One intention included finding out how those leadership behavioural and performance elements come into being (how the healthcare professionals are developed in leadership and people management), including whether their senior leaders and managers have or had any effect on their leadership and management development. Another intention was to find out whether the beliefs, preferences, intentions, attitudes, ways of thinking, behaviours, personality attributes, practices, or actions of the participants would change a year after the workshop as compared to what it was like before the workshop.

However, as briefly mentioned in Chapter One, the direction and focus of the research changed slightly after the initial analyses of the first

round of interviews (the interviews were conducted before the workshop but their analyses were mostly carried out after the workshop). The evaluative element of the research meant to discover the effectiveness and result of the given leadership and management development programme in NHS Scotland was put aside. The reason was because I discovered something more interesting: I found these emergent healthcare leaders and managers exhibiting the same behavioural attributes of the leaders that they admire. Thus, I inferred that the emergent leaders, in the process of being developed for leadership and management roles, would adopt or imitate the beliefs, values, traits, preferences, intentions, attributes, behaviours, attitudes, ways of thinking, feelings, practices, or actions of the leaders and managers in their professional life that have influenced them; these leaders are their role models. I decided to focus on this because the memetic aspects in the fieldwork data stood out. How the beliefs, values, traits, preferences, intentions, attributes, behaviours, attitudes, ways of thinking, feelings, practices, or actions of these healthcare professionals relate to the meme theory and the theory of human agency was very interesting. Therefore, I focused the second round of interviews on the memetic and agentic elements as a result of the analyses of the first round of interviews.

Therefore, the research evolved from an exploratory study with evaluative objectives in the early stage to the present form that is without the evaluative components; it thus focused the second round of interviews on 1] discovering and confirming the behavioural characteristics of the emergent leaders, 2] the kind of leadership attributes that they imitate, and 3] the imitative process in order to inform debate unto theory development or theory application in leadership and management development. As such, meme theory was selected as the main theoretical lens to look at this research because the role of imitating or mimicry seemed to be the best in explaining what was going on in the leadership and management development of the healthcare professionals in this Health Board of NHS Scotland.

3.4   The biases of the researcher

No research is perfect in that no research design is value-free or bias-free and the idea that a researcher, employing a qualitative or even a quantitative positivistic methodology, can be absolutely objective is a myth (Denzin and Lincoln 2003). It must be taken into account that researchers, while striving to be as objective and unbiased as possible, are not machines or androids that have no emotions; they are not incapable of being moved by human feelings. Thus, researchers may well admit the elements of subjectivity present in the research. As I make sense of the world of leadership and management development in healthcare organisations, I recognise that I am imparting meanings into the work during the journey of this research. Therefore, the presence of biases and ideology is certainly undeniable since a qualitative methodology is employed.

Furthermore, in a fieldwork involving exploratory and focused interviews, which responses from the interview respondents and how much of these responses from them would end up in the final research report serve as another example. Naturally, not every single word recorded in the fieldwork is reported in this thesis. Therefore, again, my subjective elements in this report cannot be denied. In addition, as with the nature of informed consent from the research subjects, the issues of ethics and confidentiality further influence the research and introduce more elements that bring about unintended or unavoidable biases.

There is an approach to qualitative research tries to mimic quantitative methodology by producing a context-free, objective, and neutral description of reality or truth via following a research protocol with rules and procedures, collecting relevant responses, and minimising researcher influence (Alvesson 2003). The problem with this apparently objective approach is that interview respondents may give superficial, limited, cautious, less consistent, and less reflexive responses. Thus, for a richer and more reflexive approach to interviewing and interview analysis, the reflexivity, subjectivity, and hence, biases of the researcher is unavoidable.

3.5 Quantitative methodology versus qualitative methodology

There is no such thing as the perfect methodology or approach. Just as no research is perfect in the sense of being bias-free, no research methodology or approach is perfect. It is a matter of which methodology or approach is a good fit (Edmondson and McManus 2007) in relation to the topic researchers are interested in, what they are exploring, what they are investigating, and what question or set of questions guide the research; it is also a matter of what is an interesting methodology or approach to employ in the search for answers or solutions to the questions. Thus, which methodology is more interesting and which methodology could bring about interesting data influences the final choice of research methodology.

Furthermore, because theorising refers to the way researchers think about the relationships among the elements of the research subjects, and because the subjects of leadership, management, leadership and management development, and social organisations are complex and filled with random noise obscuring the processes (Leifer 1992), the methodology or approach chosen for a research cannot be perfect as a consequent. For example, an increase in attention (in reference to the focus rather than the richness of the data itself) to the available or potentially available data will cause the research to increasingly concentrate on the operations side of things and thus decreasing the focus on theorising; on the other hand, decreasing the focus on data will increase the likelihood of theorising resulting in remote and purely conceptual theories.

In comparison with a quantitative methodology, a qualitative methodology provides richer data, a more interesting description of meaningful developmental relationships among variables at play in the research on leadership and management development (Higgins and Kram 2001). Tourish, Pinnington, and Braithwaite-Anderson (2007), in a longitudinal study about leadership and management development in various sectors and organisations in Scotland, mainly employ a quantitative methodology (data collection via survey questionnaires plus a few interviews) to derive answers to a set of questions about leadership and management development in

Scotland. However, to explore and capture the beliefs, values, traits, preferences, intentions, attributes, behaviours, attitudes, ways of thinking, feelings, practices, actions, the ethos and pathos, or memorable short stories in the process of leadership and management development in the chosen Health Board of NHS Scotland, qualitative methodologies, such as the interpretive approach applied through interviews, are a better methodological fit.

According to Denzin and Lincoln (2003 p. 57), a qualitative research design is:1] holistic in design, taking into account the larger picture;2] a search for the understanding of the whole issue;3] not "…constructed to prove something or to control people…"; 4] about discovering the relationships in systems; 5] personal and face-to-face with immediate contacts (such as interviews) with the research subjects; 6] a methodology that involves informed consents and ethical issues; 7] one that incorporates the role of the researcher as well as the ideology and biases of the researcher into the research; 8] a methodology that produces an authentic and compelling narration of the study and the stories of the interview participants; 9] a research design that focuses more on understanding the social settings than on predicting the outcome of the settings; 10] one that requires the researcher to stay in the given social setting over a period of time; 11] something that demands as much time being spent in the fieldwork of the study as in the analysis the data; 12] a methodology that may involve model development for explaining the social setting and usage of the model as a heuristic tool for future research; 10] develops the researcher to become a research instrument as he or she observes human behaviour he or she must develops the ability and skills required in observation and interviewing; and 13] a research methodology that requires continuous analysis of the fieldwork data over the duration of the research to produce a qualitative data of excellent quality.

Thus, a qualitative methodology is useful for this particular research in the light of its potential for understanding, applying, or generating a theory, framework, or model on leadership and management development in relation to its underlying mechanism. I also hope to inspire other researchers in this

field to increase the usage of qualitative methodologies to expand the present knowledge and thinking in leadership and management development.

3.6   Methodological fit

Field research in the study leadership and management is defined as the "…systematic studies that rely on the collection of original data…in real organisations…"; because field research involves studying real people, problems, and organisations, it advances the development of theory and practice in the disciplines (Edmondson and McManus 2007 p. 1155). Nonetheless, the process is relatively messy, time-consuming, and resource-consuming compared to other types of research work; such as, for this research, I have to 1] go through logistical hurdles, unforeseen events and circumstances, 2] manage complex relationships, constraints, and timing of data collection (interviews), and 3] deal with changes to the research design in the middle of the research. However, the resultant contribution to the development of the discipline is rewarding.

In a field research, the methodological fit is usually achieved through a learning process that is iterative; as such, it requires a mind-set that embraces and values "…feedback, rethinking, and revising, and the discussion of findings and implications that contributes to the learning of novice field researchers…" in the subject area (Edmondson and McManus 2007 p. 1156). In the iterative process of this research, I would go through the process of learning, unlearning, and relearning. Bouchard (1976) notes that, instead of asking about the right methodology, the key to good research work lies in asking the right questions and choosing the best methodology or approach to get answers to those questions.

Not all methodologies, methods, or tools are appropriate for all cases; hence, Campbell, Daft, and Hulin (1982) spoke against universally using a methodology, however renowned or popular it is, as a hammer with everything else as nails.

3.7   Interpretivism

Interpretivism comes under the major label of constructivism, which itself is one of the relativist approaches; the basic proposition of constructivism is that reality is socially constructed and this approach is opposed to the view of positivism where reality is considered to be objective, unique, and it is the job of researchers to figure out this unique reality. Therefore, it is the duty of the researcher taking the constructivist approach to discover and understand the many social constructions of meaning; to achieve this objective, constructivists and interpretivists tend to use interviews and observations to gather the many different perspectives for the collective construction of reality or multiple realities (Robson 2002). As a consequence, the exact research questions in a project applying constructivist approaches such as interpretivism, cannot really or fully be established in the beginning of the research project.

According to Bevir and Rhodes (2002 p. 131), however, interpretive approaches concentrate on the "…meanings that shape actions and institutions, and the ways in which they do so," and study beliefs (as they perform within and frame actions, practices, and organisations), ideas, or discourses; interpretive theories seek to answer the epistemological question of 'how we know what we know.' It focuses on the function of ideas and meanings in individual lives, actions, and practises in society and organisations.   The common assumption underpinning the different interpretive theories is the acknowledgement that human affairs cannot be properly understood unless their relevant meanings are known. The different varieties of interpretive theories are different mainly in the ways they understand these meanings. Their differences hinge on the understanding, explanations, or expressions of the "…reason, intentions, beliefs, unconscious…," a system of signs, "…logical progression, the dispositions of individuals, and the structural links between concepts and power…"(Bevir and Rhodes 2002 p. 131).

Generally, the two major strands of interpretive approaches are: 1] the humanities-based approaches (especially history-based) deriving from the resources of hermeneutics and phenomenological-ethnological philosophies to

seek understandings in the meanings people give to actions in society and organisations; and 2] approaches based on post-structuralist and post-modern philosophies. Hermeneutics, coming originally from Biblical scholarship, is the theories of understanding and interpreting texts and actions (Gadamer 1989; Bauman 1978), particularly, of course, the texts of the Scriptures. Hermeneutics, as the science and art of interpreting text and actions can, nonetheless, be applied to other fields to also explore the existential nature of understanding. It is strongly linked to the history of ideas where scholars such as Collingwood (1993) considered all history as thoughts, a series of answers to questions in specific set of ideas. Philosophies of phenomenology and ethnology argue that common sense and practical reasoning in everyday life in varied social contexts are the basis of experience and allow relevant weavings of meanings to be discovered; nevertheless, these common-sense knowledge and practical reasoning are incomplete and diverse in forms. Ethnology, especially, is about 1] thick descriptions, descriptions of the viewpoints of each interview respondent by the researcher, the constructions of the researcher on the constructions of the respondents as to the events or incidents, the interpretations of the researcher on what the respondents are doing, and 2] the specification or clinical diagnosis of the events (Geertz 1973). Its job is to put down the meanings people give to their particular actions and let the thick descriptions reveal the organisations and society people are in. The methodology of ethnology and ethnography involves the interpretation of the flow of discourses or interview conversations and the writing down of the discourses while its techniques include the selection of research subjects, transcription of texts, and note-taking; it is thus a soft science that "…guesses at meanings, assesses the guesses, and draws explanatory conclusions from the better guesses," while still allowing the possibility of generalisation (Bevir and Rhodes 2002 p. 131). It is more a refinement of debate than a perfection of consensus (Geertz 1973).

The two common premises of an interpretive approach are: 1] "…people act on their beliefs and preferences…" (as such an explanation of actions by referencing the relevant beliefs and preferences of the actors is possible); and 2] beliefs and preferences of people cannot be understood from their objective facts such as their demographic data of race, social class, or

organisational position and "…the impossibility of pure experiences implies that we cannot reduce beliefs and preferences to mere intervening variables…" (Bevir and Rhodes 2002 p. 131).

Unlike the natural sciences, social and organisational sciences, where the study of leadership, management, and leadership and management development reside, usually do not have the causal need to explain the connection between beliefs and action in the way of the natural sciences; this is partly because there is usually no external evidence for the beliefs that people act on. The models of natural sciences, to interpretivists, are not ideal for the study of the meaningful nature of human life, existence, and relationships.   Social action is then better explained by showing the conditional and volitional links between beliefs and actions.   Actions and practices of entities in organisations and society, and the institutions themselves, can then be accounted for and explained by means of narratives. Telling stories of how actions, practices, and organisations came to be what they are and how they continued to be what they are allows explanations of the conditional and volitional links between beliefs, preferences, intentions, and desires of entities in organisations and society and the actions and practices of these entities.   Thus, interpretive approaches usually start with understanding the meanings, beliefs, preferences, desires, and intentions of the research subjects as a basis to understand the actions, practices, and institutions of these subjects (Bevir and Rhodes 2002).

3.7.1 Criticisms and limitations of interpretivism and the interpretive approach of this research

As interpretivism has its critics, it is necessary to point out these criticisms and limitations. Although interpretive analyses are successfully used to make sense of and derive significance from organisational stories (Tourish 2007), like all methodologies and approaches, it is not without limitation. Furthermore, the accounts as narrated by the interview respondents are their views and interpretation of reality, not a mirror of it (Rorty 1980).   The representation of reality by interview respondents is self-representation; in turn, the narration of their accounts is the representation, and thus self-

representation, of the researcher as he includes what he considers worthy and excludes what he considers not in the process of constructing the leadership and management development stories (de Cock 1998). The idea of an objective, impartial, or 'accurate' account or representation of reality is thus not possible. The interpretive analysis then becomes a collection of interpretations of the interview respondents and the researcher, insights of both parties, portions of literature review, and the segments of the original discourse that the researcher considers to be significant to be included.

Furthermore, in general and philosophically, post-modernist philosophical theories, in reacting to modernism, view reality as fragmented and personal identity as irrelevant, unstable, and influenced by cultural factors; meanwhile, post-structuralist philosophical theories, in its reaction to structuralism, consider meanings and reality to be unstable, indeterminate, and non-hierarchical. Post-structuralists and post-modernists such as White (1987, 1973), Foucault (2001, 1977), Rorty (1980), and especially, Derrida (1976), challenge philosophical foundationalism; they are hostile to both subjectivity and rationality. This is the main reason why post-structuralist and post-modernist interpretive theories differ from their hermeneutic relatives. Post-structuralists and post-modernists also criticise interpretive analyses which consider the research subjects (the agents) as autonomous and reason as pure and universal. Foucault (2001, 1977) especially, in stressing discourse over beliefs, proposes that actions derive their meaning from language and that actions can be understood only when they are found in a language, in a larger network of meanings, in the wider discourse, or in a framework of meaning which is irreducible to a process or structure that is objective. The key to understand a practice or an action in society or organisations is not in its formal character (for example, the rules in an organisation) or the objective characteristics of people involved (for example, their educational or professional background); the characteristics of a practice or an action can only be grasped as a component in "…the cluster of meanings that make them possible…" (Bevir and Rhodes 2002 p. 138). The subject is neither autonomous nor having its own "…meaningful experiences, reasoning, beliefs, and actions outside a social context…", but it is a "…contingent product of a particular discourse, set of techniques of government, and technologies of the self…" (Bevir and Rhodes 2002 p. 138).

However, post-structuralism and post-modernism do not welcome subjectivity and rationality; thus, a criticism of post-structuralist and post-modernist interpretations is their rejection of subjective truth and reason in interpretations and their nihilism and irrationalism (Bloom 1987; Habermas 1987). The interpretive approach of Bevir and Rhodes (2002), however, takes the middle way between the hermeneutic and ethnological interpretations and the post-structuralist and post-modernist interpretations. This approach calls for 1] a subject or an agent, which however, is not autonomous (agency without autonomy), and 2] local reasoning that does not become universal (non-universal reasoning) where the criteria of comparison becomes the basis for an anthropological concept of objectivity (Bevir 1999). This middle way, which is neither irrational nor nihilistic (which irrationality or nihilism is a view of the post-structuralists and post-modernists), is the choice of interpretive approach for this research as it gives room to the possibility of agency.

Regarding subjectivity, the rejection of autonomy (a view of the post-structuralists and post-modernists) does not demand a denial of agency (the persons exhibiting the attributes or actions). Thus, to illustrate with an example related to leadership: in this approach, a leader is not considered autonomous in his or her actions or practises in an organisation, that is, it is not possible for him or her not to be affected by any social influence; nonetheless, the agentic elements of the leader is undeniable as he or she can act or practise according to reasons that make sense to him or her. It is not possible to separate or distinguish beliefs and actions by their social contexts alone; and as such, agency must be accepted. Hence, different leaders in the same social or organisational structure or context can have different beliefs, preferences, intentions, or desires and carry out different actions or practices; they also have the ability to choose particular beliefs or preferences and actions or practices, including those that can transform the social or organisational structures. This form of interpretive approach allows the possibility of individual agents deciding what beliefs or preferences to hold and what actions to take for their own reasons; these reasons are not limited by the social or organisational contexts or discourses the agents are in. Yet in agreement with post-structuralism and post-modernism, the

approach holds that agents "…experience the world in ways that necessarily depend on the influence of social structures on them…" (Bevir and Rhodes 2002 p. 140). In this approach, social and organisational structures are not episteme, languages, or discourses (these limit individual acts while existing independently of the acts) but traditions which allow the subjects to adapt, develop, and even reject their heritage. Here, the word tradition refers to a set of "…theories or narratives and the associated practices that people inherit which form the background against which they reach beliefs and perform actions…"; thus this implies that the social and organisational structures function as background to the beliefs and actions of the subjects (Bevir and Rhodes 2002 p. 140). Furthermore, traditions are contingent, dynamic, evolving, and handed from generation to generation, for example, from a leader, mentor, or coach to his or her apprentice, protégé, trainee, or learner in organisations and networks (relaying beliefs and practices which are components of the traditions). In addition, traditions are located in a historical context and the particular instances of a tradition can only be identifiable by tracing the appropriate historical connections (Bevir and Rhodes 2002).

Concerning rationality, Bevir and Rhodes (2002) consider traditions as contingent where subjects, as agents of their actions, produce traditions. As such, to understand traditions, decentralisation of traditions, practices, or institutions is required in order to untangle and unveil the way they were made, sustained, and changed through the beliefs and actions of people; thus, a tradition is to be redefined as a non-essentialist so as to prevent objective rationality. Furthermore, as this approach allows agency, there is local reasoning with agents organising and modifying their beliefs, preferences, and intentions to fit with their own view of best beliefs, preferences, and intentions. As a result, people change their beliefs, preferences, actions, and behaviours depending on local reasoning; in response to dilemma, people change their beliefs, preferences, actions, and behaviours. This approach, however, neither advocate that people change their beliefs, preferences, actions, and behaviours randomly or entirely in an arbitrary manner, nor argue that the changes are solvable by objective social or organisational facts. When a new idea comes into opposition with an existing one, it forces people to reconsider because now a dilemma, which

brings the possibility of change, occurs in them or their organisations. Though the beliefs, preferences, intentions, actions, and practices of agents cannot be known simply from objective social or organisational facts, by exploring the ways the agents perceive and respond to a dilemma, the practices and actions taken by these agents can be understood.

Regarding relativism and irrationalism, the main critiques of post-structuralist and post-modernist interpretive approaches, the approach of Bevir and Rhodes (2002 p. 142) defines "…objectivity in anthropological terms by using criteria of comparison" such as "…accuracy, comprehensiveness, consistency…," and being open to new ways of enquiry as means to determine the quality of a narrative vis-à-vis another; all interpretations are provisional and the selected interpretation is not one that "…reveals itself as a given truth…" but rather one that is considered the best interpretation by "…a process of gradual comparison…" Objectivity comes from criticising and comparing rival interpretations and builds on criteria of comparison. Therefore, this research employs a novel method of interviewing research subjects which allows for different or rival interpretations and comparisons (the methods of this data collection method which is a novel contribution of this research is discussed later).

In response to a positivistic criticism of interpretivism, economic influences and material constraints can be allowed into interpretive approaches, hence giving a place for the influence of economic pressures on the subjective beliefs and views of agents. An economic or fiscal policy formulated and implemented by a sovereign body based upon a particular worldview does not mean this worldview determines the outcome of the policy; the outcome will be determined by the reactions of people and other social forces and material reality will be constituted by the collection of all these social forces and reactions (Bevir and Rhodes 2002).

Another positivistic criticism of interpretative approaches is their weakness in critical power and the wholesale acceptance of agentic self-understanding. However, interpretivism rejects absolute truth; furthermore, with an anthropological approach to objectivity, some beliefs can be rejected

"…without appealing to some notion of absolute truth…" (Bevir and Rhodes 2002 pg. 130).

3.7.2 A framework for developing ideas and theories from established theories

Theory development in the social sciences is generally carried out either through discovery by the analysis of empirical data or by the accumulation of corroborated and verified hypotheses (Alvesson and Karreman 2007); either way, theory development typically relies on data as the focal elements with either the theory fitting into the data by the design of the researchers or emerging from the data (Strauss and Corbin 1994; Eisenhardt 1989; Glaser and Strauss 1967); in the case of the theory fitting into the data, mis-fitting of theory and data would lead to the revision of the theory or its rejection (Fetterman 1989). However, Alvesson and Karreman (2007) propose an innovative research framework or methodology for an alternative conceptualization of the research process and theory development in the social sciences through encounters between theory and empirical data. This framework focuses on the innovative application of theory, rather than the fitting of theory into empirical data. A key element in this methodology is the function of empirical data in the problematization of theories and vocabularies, that is, to challenge and explore the value, weaknesses, and problems of a theory with regards to the phenomena the theory is meant to explain, and to open up and point out the possibilities for rethinking and developing the theory (Alvesson and Karreman 2007). This framework or methodology takes advantage of the unanticipated, the unexpected, and the puzzling elements encountered in the fieldwork of social sciences; it allows for serendipitous discoveries where serendipity is defined as "…the art of being curious at the opportune but unexpected moment…" (Merton and Barber 2004 p. 210).

The goal of this novel framework is to open up established theories in order to develop new theories or new applications of theories through the generation of new ideas by welcoming imagination in the processing of empirical data, and to work with, expand, and vary the interpretive repertoire

by letting the mind to be opened to or focused on breakdowns (Alvesson and Karreman 2007). A breakdown is defined as a deviation, paradox, or problem, encountered in a research work, where there is "…a lack of fit between one's encounter with a tradition and the schema guided expectations by which one organises experience" (Agar 1986 p. 21); this breakdown could be resolved by understanding the cultural causes of the breakdown followed by adjustment to the research design. If an available theory is systematically searched for deviations or breakdowns from expectations in specified empirical contexts and the theory is reconsidered by particularly looking at the fieldwork contexts where it fails to hold, then new ideas may be found (Van Maanen, Sorensen and Mitchell 2007). In this case, breakdowns are employed by this framework as resources for theory development (Poole and Van de Ven 1989), nonetheless with a focus on the interplay between a theory and the empirical data, and to scrutinise the reasons for the inconsistencies and breakdowns in the data. Accordingly, two stimulating elements in social sciences are the discovery or creation of a breakdown in the understanding of a theory, thus the formation of a mystery, and the recovery of understanding the theory, that is, the resolution of the mystery (Alvesson and Karreman 2007). Thus, an interesting research problem constituting a breakdown would be one with high potential for an empirically-based understanding and insight which significantly contributes to or revise an existing theory.

Concerning the place of imagination in theory development, imagination can be employed in a disciplined manner (Weick 1989; Mills 1959), facilitated by empirical material which are resources for both imagination and discipline, to develop theory. Breakdowns allow imagination; therefore, theory and imagination critically open up alternatives of framing and explaining empirical material in social science research. Though in most research breakdowns are considered as obstacles resulting in decrease in control, deviation from planned research design, and swaying from the direction towards predictable results, in this approach breakdowns are welcomed as discoveries that allow for the re-conceptualization and development of theory and the formulation of a mystery; the construction of the mystery induces further thinking, problematization, self-reflexivity, and a push towards the solution of the mystery (to make it more understandable) thereby adding new knowledge

beyond the critical questioning (Alvesson and Karreman 2007). However, it must be noted that this form of problematization is not the falsification of Popper (1963).

This framework or methodology may also add to the vocabulary of an area of study by offering alternative metaphors and conceptualisations where the empirical data is taken potentially as a dialogue partner; this partner would fire existing expectations and framework with questions and doubts. As such, breakdowns become a tool for understanding, a base metaphor for the research process, and an aid for the creation and solution of mysteries; theory becomes a tool for disclosure; concepts, the interpretive repertoires of researchers, and reflexivity become aids to richly bring about the potentials in breakdowns and mysteries (Alvesson and Karreman 2007). Language sensitivity is crucial because it is assumed that there is only interpretation in social sciences and "…nothing speaks for itself…" (Denzin 1994 p. 500). Instead of merely functioning as a medium of communication, language is pregnant with theory and all empirical observation and data are embedded in language; vocabularies do not merely mirror reality, "…they produce and conceal as much as they reveal…" and "…the language used in a study to a large extent determines the results…" (Alvesson and Karreman 2007 p. 1267).

The inference mechanism driving this theory development is known as abduction (Peirce 1978), composing of three steps: 1] the application of an established interpretive theory; 2] the "…observation of a surprising empirical phenomenon…" in the light of the interpretive rule, and; 3] the imaginative articulation of a new interpretive rule (theory) that resolves the surprise (Alvesson and Karreman 2007 p. 1269). This inference mechanism encourages problematization and rethinking of dominant theories or ideas. According to Weick (1989), the fields of social sciences focus not on validated knowledge but on the implication of relationships among social entities which are previously hidden and these are relationships and connections that could change perspectives and actions. Analysing empirical material through this framework or methodology implies an emphasis on the dialogic elements of the empirical data. The academic frameworks of researchers could be a tool in opening up a dialogue with the empirical material and the empirical

material itself needs also to be engaging and inspiring "…the construction of a variety of alternative stories…" (Alvesson and Karreman 2007 p. 1269).

This framework potentially contrasts with a quantitative methodology which often seeks to express or mirror reality in a passive manner. Here induction (which can be also be labelled abduction) is contrasted with deduction. The recorded statements of subjects obtained in fieldworks can thus reveal not only the facts but even more the meanings of those studied such as political action, moral storytelling, identity work, and script application (Alvesson 2003). Instead of assuming an interview respondent is reporting authentic experiences, he or she can be considered a politically motivated producer of what are, for him or her, favourable 'truths,' or be considered a person repeating institutionalized standard talk about a specific theme. Thus, interview talk can be seen as useful for a study of political action or the circulation of discourse, as well as being useful for a study of the experiences, meanings, and beliefs of individuals (Alvesson and Karreman 2007).

This approach thus demands a flexible framework requiring more than one reading of the fieldwork material as well as the researcher to reflect, taking a reflexive approach to the fieldwork data to derive alternative constructions, and be self-critical in interpreting his or her own "…paradigmatic, political, theoretical, methodological, and social predispositions…"; a flexible framework would allow adequate direction and the ability to "…produce sufficiently open and challenging observations and interpretations, which can then be picked up as opportunities for breakdowns and problematization…", while a reflexive approach to the empirical material analyses the material sufficiently, richly, variedly, engagingly, dialogically, and critically with theory (Alvesson and Karreman 2007 p. 1269). Furthermore, reflexivity can be cultivated by employing various theoretical perspectives and metaphors, listening to alternative voices of the research subjects, imagining multiple reader groups, considering different political interests and research purposes (such as emancipation, thick description, or better management), considering oneself in various identity positions (such as gender, ethnicity, or class), and working with co-researchers from another background or those with a different theoretical framework to increase the chance to be challenged when encountering the empirical material (Alvesson and Karreman 2007 p. 1269).

In addition, Alvesson and Karreman (2007) suggest six steps as guidance in applying this methodology: 1] familiarise oneself with the setting to be researched by inquiring about themes in it with an initial broad focus for the investigation, such as asking oneself 'what's going on here?', rather than concentrating on narrow themes such as 'leadership', and balance the direction with a potential for being open to the unexpected (for example, deviations); 2] encounter or construct breakdowns as the fieldwork needs to be theoretically informed yet varied and rich enough to explore breakdowns; 3] form the breakdown into a mystery by formulating preliminary interpretations of a theory through revealing the broader relevance of a discovery in the empirical data into the deviations or problems with the former theory, or into a new understanding by formulating the mystery through critically checking the breakdown to see if it could lead to a potentially relevant theory; 4] systematically develop a new understanding or theory from the discovered breakdown, including employing additional resources such as philosophy and social theory, a step which may require further fieldwork (guided by the new interpretations and additional resources); 5] reformulate the mystery by solving it with a new interpretation and understanding of the phenomenon causing the mystery where a new idea may thus be developed; 6] develop the resolution of the mystery towards increased relevance for a particular area and present its position with regards to other theories. A key attitude in applying this framework is openness, that is, being open to consider alternative interpretations and analyses; this can be achieved by being familiar with and reflexively consider an extensive repertoire of theories (Rorty 1989). Being open is not being evasive of theory or postponing its usage but widening the repertoire of theories and vocabularies applicable for consideration.

Usually, the interpretive repertoire of a researcher would be a set of perspectives, themes, concepts (Alvesson and Skoldberg 2000), "…theories, basic assumptions, commitments, metaphors, vocabularies, knowledge…," and "…paradigmatic, theoretical, and methodological qualifications and restrictions that guide and constrain research work…" that are of "…relative degrees of depth and superficiality…;" this interpretive repertoire that sets his or her limits in making sense of the empirical data and the empirical material

is also a result of a fieldwork carried out under the "…interpretive inclinations of the researcher" (Alvesson and Karreman 2007 p. 1273).

3.7.3 The Framework Analysis Technique for analysing and interpreting qualitative data from the interviews

The purpose of interpretive analyses, findings, and discussions is to make sense of and derive meaning from the stories in the interviews. The essential elements of the leadership, leadership development, and social-organisational narratives of the interview respondents are then categorised into variables. Using qualitative methodologies to explore issues related to healthcare have been increasingly important (Swallow, Newton and Van Lottum 2003). However, to address criticisms of qualitative research in healthcare of being opaque with the enormous amount of the generated fieldwork data (Murphy et al. 1998), the analytical process applied to the data must be clarified. As such, Framework Analysis technique utilised here needs to be explained.

Interpretivism is partly a development from the Biblical hermeneutic traditions; as such, the analysis of data may involve data familiarisation and immersion, development of a thematic framework and themes, coding or indexing, colour coding, comparing and contrasting elements, looking for patterns, connections, and structure for interpretation of the data. The Framework Analysis Technique was developed in "…an applied research context as a systematic procedure for handling qualitative data in order to produce analyses…" for actionable purposes (Swallow, Newton and Van Lottum 2003 pg. 610). The Framework Analysis Technique applied by Swallow, Newton and Van Lottum (2003 pg. 611) with a spread sheet software system has five inter-related stages: 1) familiarization through transcription, listening, and close reading of the fieldwork data to allow data immersion, and the listing of key ideas and recurring themes; 2) identification and development of a thematic framework by drawing upon "…a priori and emergent issues raised…" by the interview respondents and on "…analytical themes arising from the recurrence of the views or experiences…" of these respondents, and "…providing a mechanism for labelling data in manageable bites or themes into a framework for

subsequent retrieval…"; 3) indexing the data by applying the coding frames to the fieldwork data to derive key themes; 4) charting by means of setting the data with the frames and themes on spread sheets such as those of Microsoft Office (Excel) or Open Office; and finally, 5) mapping and interpreting by comparing and contrasting the accounts of the respondents, looking for emerging patterns and connections, and searching for a structure by deriving explanations for these patterns. Charting and coding using spread sheets with regards to the Framework Analysis Technique produces a more transparent analytical method for qualitative data than manual methods and an alternative to qualitative coding software systems.

Analysis of fieldwork data requires "…continuing and iterative movement…" between the fieldwork data (in this case, either the interview transcriptions or the record of the participant observation) and "…the conceptualisation, abstraction, and interpretation derived from them" (Spencer, Ritchie and O'Connor 2003 pg. 217).

3.8   The interviewing approach

3.8.1 The nature and benefits of interviewing research subjects

A discussion on the approach and techniques of interviewing in carrying out the interpretive approach is vital. Millar, Crute and Hargie (1992 p. 3) define an interview to be:

> a face-to-face dyadic interaction in which one individual plays the role of interviewer and the other takes on the role of interview respondent, and both of these roles carry clear expectations concerning behavioural and attitudinal approach. The interview is requested by one of the participants for a specific purpose and both participants are willing contributors.

Compare to the nature of other fieldwork data gathering methods, an interview is social by nature, having an interpersonal and interactive process in a specific context and for particular purposes (Hargie 2006; Hargie and Tourish 1999). Furthermore, according to Millar and Tracey (2009), an

interview is a two-way flow of communication providing a number of advantages over other fieldwork data gathering methods: for one, an interview brings to light unforeseen information and allows a deeper and more meaningful communication to explore the experiences of the interview participants (Forman and Argenti 2005; King 1994). Here a quantitative methodology employing questionnaires is thus inferior to a qualitative methodology as the former may miss out on gathering meaningful and vital fieldwork data via semi-structured and open-ended questions. Survey questionnaires may gather data on the frequency of something happening in an organisation but may not be able to probe research subjects. Secondly, an interview forces the researcher to meet people face-to-face and such an action brings about an opportunity to read body language and sense the leadership and management development practices and issues of the organisation. Thirdly, an interview allows the flexibility of responses. It also provides a chance for all and different points of view to be known (Bryant 2006); this is further enhanced with the 360-degree feedback method applied to the selection of interview respondents of this research (to be discussed in detail later). In addition, an interview can also permit an understanding of the background to the concerned research subjects, their organisations, and the leadership and management development practices of their organisations, hence providing a deeper understanding, explanation, and interpretation to the research in comparison with a purely quantitative study (Proctor and Doukakis 2003).

3.8.2 The sampling strategy and the selection, availability, and time spent with the interview respondents influencing the research design

The research design of this work, including its sampling strategy and selection of interview respondents, is very much influenced by the practicality of organisational constraints, barriers, and approvals as well as the willingness and availability of the given potential research subjects. For one, in formal organisations, there is always the need to gain access to respondents; in general, this can be the most frustrating aspect and the biggest barrier to success in organisational research. Access and approval have to be obtained from the gatekeepers, that is, those who hold authority

and responsibility for the operation of the organisation (Seidman 1998). Unless executives in the high-level management or the upper-rung of an organisational hierarchy permit and endorse the interviews, those lower down in the hierarchy of the organisation may not willingly participate in the study. It is also because of this frustrating barrier that I could only probe participants of one leadership and management development programme in a Health Board of NHS Scotland, the People Management Workshop. This is the only access and approval I could gain from the gatekeepers. Thus, while a theory can be high-minded or aesthetic, real-world situations have practical limitations and barriers.

The willingness of potential interview respondents to participate in a study is another challenge. Concerning the selection of interview participants, ideally, they should be representatives of the range of different roles in the concerned organisation (Lloyd and Varey 2003), thus reflecting all levels of the hierarchy (Quinn and Hargie 2004). Nonetheless, in all practicality, the approval of gatekeepers and decision makers and the willingness and availability of the respondents themselves determine the final composition of respondents in the study. Thus, the number of respondents can vary greatly from study to study (Millar and Tracey 2009).

Researcher's note:

> In this research, healthcare leaders and managers from different departments in the healthcare service enrolled into the People Management Workshop are given in a list. While all participants lead or manage people, I selected potential respondents from among participants working in departments that directly serve patients, such as the departments of nursing, occupational therapy, surgery, pharmacy, learning and development, and radiology rather than departments that deal directly with equipment, machinery, or buildings. Thus, the participants of departments serving patients indirectly, such as the estate department, were dropped from being considered for interviewing. Then the participants in the above-mentioned departments that serve patients directly were approached one-by-one via phone calls and electronic mails to inquire of their willingness to be interviewed for this research and of their availability

for second-round interviews about a year after their participation in the workshop. Of course, the matter of being available a year after the first round of interviews was based on the knowledge of the participants at that time as they would not be able to foresee future circumstances. After deducting participants who declined, such as the surgeons (perhaps due to their professional life being to hectic), I was left with those in the departments that volunteered to participate in this research; these were leaders and managers from the learning and development department, the mental health nursing department, the occupational therapy department, the surgical theatres (surgical nursing), and the pharmacy department (pharmacy technicians) distributed across four major hospitals and two community healthcare centres.

After the willingness and availability of the participants of these departments were confirmed, approvals were sought from the upper management of the healthcare service (the gatekeepers); once all parties were satisfied, I scheduled the participants for the actual interviews with the flexibility of changing the actual date and time incorporated. This flexibility for the research subjects with respect to the date and time of the interviews was a part of the practical research design in that there were often unforeseen circumstances, interruptions, changes, and emergencies in the healthcare service and healthcare professionals simply must take the service as priority over my research.

Thus, as noted by Millar and Tracey (2009) and by Seidman (1998), even though a theory or an initial research design may be pregnant with great potential discoveries, access and approval from gatekeepers as well as the willingness and practical availability of research participants are real-world barriers and limitations to success in organisational research. Furthermore, in general, the interview sample size could also be effectively determined by the time and resources available. Here, the feasibility of the scale of the research in terms of time and financial and human resources is advised to be estimated in a realistic manner. Interviewing is very time consuming, laborious, and costly; interviewers need to schedule the interview

appointments, re-schedule them when unforeseen circumstances happen to either the interview respondents or the interviewer (a common problem), travel to and from the interview sites, conduct the interviews (Millar and Tracey 2009), and then for each recorded interview, the time-consuming work of transcribing, writing, and analysing the interview content has to be carried out (King 1994).

In addition, if interviews are conducted during working hours, the cost to the organization has to be taken into account and an increase in either the number of chosen respondents or the time spent for each interview implies a corresponding increase in the cost to the organisation; understandably, organisations would restrict the number of respondents available for a study or the length of time for each interviewing session, even if the gatekeepers and the high-level management endorse the study in general. What is more, the number of respondents who could and are willing to express their opinions and feelings, without significant linguistic, cognitive, and cultural barriers in response to a barrage of questions, can also influence the number of respondents available for a research.

Researcher's note:

> During the interviews, the length of time spent was determined not only by the nature and purpose of the interview but also by the specific person concerned and the permission of his or her organisation. As the healthcare professionals had a hectic work life, the research design took into considerable their time constraints as well as approval from the upper management of the healthcare service (the gatekeepers). While this limitation was not intended for this research by its initial design (as an interviewer should be able to go on depending on the particular situation of the interview), it was practical restriction due to the circumstances of the healthcare service and by other constraining factors mentioned above. In this research, the time frame approved by the gatekeepers was about thirty minutes with flexibility of taking it for about another half hour. A subsequent interview was not allowed after the full one hour or if the respondent has urgent or scheduled matters (nonetheless, such as case did not actually happen and there was no need of a subsequent interview in either the first or second

round of interviews). After the estimated time duration was decided and approved by the upper management of the potential respondents, I designed the interview questions to last about forty-five minutes. Furthermore, the respondents could then make further informed decisions as to their availability to participate in the research before scheduling their time accordingly (Millar and Tracey 2009). Once decided, agreed, and approved, the interview appointment schedule and the length of time spent for each interview were made known to all concerned parties before the interviews. As such, as the interviewer, I had to do my best to stick to the time frame for each interview, temptation to go on longer notwithstanding; this would not only be an infringement of the interview agreement but also an intrusion into the time of the respondent and that of the organisation, thus reducing their trust in the interviewer (Seidman 1998) and simultaneously damaging communication (Gorden 1987). Developing trust would improve communication and the establishment of trust within an interview would improve the quality of interpersonal communication in the interview, hence resulting in a better quality fieldwork data (this is because people who trust the interviewer are more likely to reveal their personal views, opinions, or experiences).

However, in both rounds of the actual interviews, the actual length of time spent for each research subject was due more to the personality, such as openness, of the research subjects and how well the interview went than by the allotted time as the participants, in stark contrast to the gatekeepers, had allocated in their schedule generous amount of time for the interviews because they were very interested in this research on healthcare leadership and management development. Nevertheless, even in cases where the research subjects were very friendly and open and where there was no scheduled and urgent matter in the time period after the scheduled interview, I did not abuse the situation to go beyond another half hour past the maximum allotment of one hour. I was of the opinion that my conscientiousness and respect of their time in such situations, where they apparently had the time to go on for another hour, helped in making them being more

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welcoming of me in the second round of interviews slightly more than a year later.

3.8.3 The Critical Incident Technique: a method employed in interviewing the research subjects

The Critical Incident Technique (CIT), also known as the Critical Incident Method, the Communication Experience Method (Hargie and Tourish 2009), or the Revelatory Incident Method (Keatinge 2002), is a technique I used in interviewing the healthcare professionals to extract critical narrations or information from them. It is an investigative method initially used by Flanagan (1954) to investigate the competencies of pilots in the Second World War by asking the experienced pilots to reflect on the last incidents of success or failure in the effectiveness of trainee pilots (the 'critical incident'). This method is also used as a research fieldwork method for drawing out instances of effective and ineffective behaviours in a given context through an inductive approach (all data emanates from the research subjects) and as a flexible and modifiable audit method often used for in-depth investigations, evaluation, and performance improvement of professionals, including the organisational communication of these professionals (Hargie and Tourish 2009). The exact purposes of research studies which employed this method vary far and wide, and it is widely used in various contexts: for example, it is applied in the medical and healthcare sector, in entrepreneurial contexts, such as in identifying and assessing the competence, strengths, and weaknesses of entrepreneurs (Mulder et al. 2007), in the education sector, and even in ecclesiastical contexts (Butterfield et al. 2005). Particularly in the healthcare sector, CIT is used to identify the skills, ways, and effectiveness of hospital managers in handling and mediating disputes (Kressel et al. 2002), of nurses in responding to and managing the spiritual and emotional needs of their patients (Narayanasamy and Owens 2001), and to identify factors that affect the competence of the managers or supervisors of nurses (Arvidsson and Fridlund 2005).

In essence, this technique tries to elicit the internal feelings of respondents to reveal the causes of those feelings - the actual experiences of satisfaction or

dissatisfaction with an entity, be it an individual, a profession, or an organisation. The word 'critical' in the name of the technique refers to an experience or event of particular significance, which can either be a positive or negative experience or a satisfied or dissatisfied experience, to the respondent because it is an anomaly or an extra-ordinary experience to him or her. Furthermore, Edvardsson and Roos (2001) propose that an incident would be considered critical if it has a significant consequence for the person or organisation under study. A critical and eventful experience progresses to become a crucible to the positive or negative judgement and attitude formation of the respondent towards the source of the experience or event; the judgement and attitude of the respondent, in turn, influence the future encounters of the respondent with the source of the event. Hence, analyses using critical incident is one of the most effective methods of investigating significant experiences, including figuring out the negative events and their causes, and to interpret the experiences (Coté et al. 2000). As such, while CIT is often used to in a phenomenological approach, I employ this technique to elicit potential critical, eventful, interesting, or significant experiences of the research subjects.

CIT accesses the cognitive schema of a respondent, which is the human cognition providing a person with immediate information for action in particular circumstances (Kressel et al. 2002). Schemas of people are built from the accumulation of experiences of a situation over time and they enable people to behave, act, or react almost spontaneously, as if their minds are on auto-pilot; but if something unexpected occurs, be it positive or negative, the auto-pilot reverts to mindful responses and the exceptional event becomes a significantly memorable event (the critical incident). CIT holds that by studying such critical incidents, researchers will discover the ways to, not only prevent negative experiences or failures, but also cultivate positive experiences.

In applying CIT to the fieldwork, it must be noted that its principles are flexibly modifiable according to the case or subject of the research (Urquhart et al. 2003). In the fieldwork, a respondent to an interview is probed for a critical experience and his or her choice of critical experience is believed to reflect a wider and more general view of the feelings and attitudes of this

respondent towards the field, the organisation, and those involved. The feelings and attitudes of the respondent can then be explored for practical insights into the crucial positive and negative performance of the organisation or individual to be evaluated. Edvardsson and Roos (2001) propose exploring the causes, the progression or course, and the outcomes of critical incidents and as such, a respondent need to be probed for the exact explanation to the causes an incident, its actual progression, and the perceived outcomes. They also argue that an incident can be regarded as 'critical' when it has important consequences for the organisation under study.

CIT requires researching and describing four core aspects and three generic questions of the critical experience and moving the study through three main phases. The four core aspects (Mallak et al. 2003) are: 1] the situations leading to the critical incident; 2] the actions of the main persons in the incident; 3] the outcome of the incident; and 4] the implication for the organisation in the future because of the critical incident (Davis 2006). Therefore in this research, for every critical incident, an interview respondent is probed for the situations leading to the event in question, the actions of the healthcare leaders, managers, or others centrally involved in the incident, the outcome of the event, and the possible future implications for the healthcare organisation of the respondent due to the incident. According to Hargie and Tourish (2009), among the questions that can be asked, the three main generic questions are:

1. What led to this critical situation, event, or experience?
2. What exactly did the person (the source of the critical event) do?
3. Why was it effective or ineffective?

The above four core questions and three generic questions are applied to this research on leadership and management development in the chosen Health Board of NHS Scotland; they are broadened, adapted, and presented as the following questions to the interview respondents in both the two rounds of interviews spaced a year apart from each other (the details of the arrangements of the interviews are discussed below):

Think of the most significantly positive event you experienced in leading people.

- Where did the event take place?
- What situations led to this critical event or experience?
- Who were the main persons involved?
- What exactly did the person(s) do? What actually happened in the interactions?
- What characteristics of the person(s) were crucial in the interactions?
- What was the outcome?
- Why do you consider the event effective or positive (or ineffective or negative)?
- What do you think is the future implications for your profession because of this incident?
- What do you think is the future implications for your NHS organisation because of this incident?

Think of the most significantly negative event you experienced in leading people.

- Where did the event take place?
- What situations led to this critical event or experience?
- Who were the main persons involved?
- What exactly did the person(s) do? What actually happened in the interactions?
- What characteristics of the person(s) were crucial in the interactions?
- What was the outcome?
- Why do you consider the event effective or positive (or ineffective or negative)?
- What do you think is the future implications for your profession because of this incident?
- What do you think is the future implications for your NHS organisation because of this incident?

The interview questions relating to CIT for the second round of interviews for each participant are essentially the same as those above except that the critical incidents probed are those that took in the one year interval between the first and second interviews. The questions on both positive and negative critical incidents are similar to interview questions of Blackler (2006) that

probe each leader with regards to the high point and low point of his or her career in his research on leadership in NHS England.

The three major phases of applying CIT in a research (Caves 1988) are: 1] the target population definition; 2] the procurement of the descriptions of the critical incidents; and 3] the identification of competencies. The definition of the target population concerns with the accuracy of setting the parameters for those in the organisation to be included in the interviews and there is a bandwidth-fidelity problem (Singh 2004), a "...trade-off between exclusivity of focus and generalisability of findings" (Hargie and Tourish 2009 p. 171) that has to be addressed. The methods measuring a broad scope (inclined to generalisability) are less precise by default vis-à-vis the methods focusing on a narrow scope (exclusivity focused) to obtain a narrower spread of understanding. Thus, in this research there is a trade-off between focusing on the types of specialisations among NHS Scotland staff members and the range of functions of different staff members of a particular specialised profession in healthcare service. For example, a study requiring the inclusion of all identified qualified nurses in an organisation in a single (broad-spanned) study cannot at the same time be of separate studies (exclusivity focused) on those specialising in particular healthcare areas (for example, hospital managers, human resource managers, finance managers, and medical consultants).

Furthermore, during this phase, the subject matter experts for the identification and analyses of the critical incidents have to be determined (Anderson and Wilson 1997). Subject matter experts are usually the experienced practitioners in the particular subject matter or profession (Hargie and Tourish 2009) while patients or other healthcare professional groups can be sourced for informed viewpoints. For example, Cox, Bergen, and Norman (1993) speak of a study on the role of nurses caring for patients of cancer: all the fieldwork data from patients, nurses, physicians, and other health professionals obtained and combined are used to identify the key competencies of the nurses. The subject matter experts should also be informed that his or her choice of a critical incident should be one that is an anomaly, something that deviates significantly from the normal situation in

the workplace (either positive or negative), and one that is also describable in details (Bejou, Edvardsson and Rakowski 1996).

The number of subject matter experts required for a study is flexible and this is rather practically arbitrary as CIT has no rule or guideline on the number of subject matter experts a study must have; Gremler's (2004) review of 141 studies employing this method reveals that the number of subject matter experts employed in those studies ranged from 9 to 3,852.

Researcher's note:

> In this research on healthcare leadership and management development, twenty subject matter experts in groups of five (four in each cluster) were interviewed. Furthermore, as in all organizational research involving interviewing people who stand to risk their job or psychological well-being as a result of divulging certain information, the subject matter experts were to be assured of strict confidentiality.

In procuring the descriptions of critical incidents, two factors, the number of total incidents to be obtained and the method of collecting the data, have to be considered; both factors are also flexible and to be determined according to the practical needs of the study. A large sample size requires less critical incidents per respondents compared to a small one. Generally, research studies employing CIT have a minimum of two and a maximum of four incidents (Dunn and Hamilton 1986). Hargie and Tourish (2009 p. 172) are of the opinion that the interviews be "…recorded for later transcription and analysis, with the role of interviewer being that of a guide, facilitator, and listener." Anderson and Wilson (1997) recommend a time-saving workshop-based group approach to interviewing the respondents (with each workshop lasting about three hours) to obtain the descriptions of critical incidents en masse and specify that ten to twenty subject matter experts be allocated for each workshop. However, I have chosen to interview only one participant for each session in this research. This choice is simply determined by the impracticality of gathering many healthcare professionals, with their respective hectic schedules, in one place at the same time. In addition, competencies identification is a crucial phase in CIT, requiring careful analyses of the fieldwork material for its conversion into discrete and

distinguishable competencies (Hargie and Tourish 2009). This phase is time-consuming and it demands data analysis skills.

It is to be noted that not all the fieldwork data gathered and analysed via CIT are utilised. This because as the researcher of this study, I made a judgement call to focus on the memetic and agentic elements discovered in the fieldwork data. Instead of producing a thesis with no particular focus or one with disparate elements, I decided to focus on memes and human agency in leadership and management development. As such, there are many other elements in the fieldwork data that are not presented in this thesis.)

3.8.4 Attractive characteristics of the Critical Incident Technique

Hargie and Tourish (2009) offers a number of reasons why CIT is becoming a favourite method for gathering fieldwork data among researchers in the social sciences. Firstly, interview respondents are not only willing to tell their story but also relish the opportunity to do so because human beings enjoy telling people their personal experiences, feelings, words, actions, and stories of their dealings with others.

Secondly, the method is participant-centred in nature because it focuses on the frame of reference of the interview participants, thus reducing the bias of the researcher. The participants are the source of the critical incidents and the determiners of how the they are narrated to the interviewer. One possible fall-back here is that the method depends on the capability of the participant to remember and relate the critical incidents accurately; this is because human memory is a constructed process and the experiences of participants can be reconstructed with the passing of time to match their cognitive schemas (Hargie and Tourish 2009). As such, the bias and distortion of respondents in their narration of critical events need to be taken into account (Michel 2001). Yet, on this account, one of the strengths of this method vis-à-vis other fieldwork methods is its ability to gather revelations of hidden, subtle, deep, and complex elements of the subjects for analysis, bringing about a richer understanding of elements that form the basis of the

issues (Keatinge 2002). Most importantly, it is this very aspect of CIT which may allow the respondents to access their reconstructed memories that gives me the means to apply Bevir and Rhodes (2002) interpretive approach mentioned above. Thus, this method allows the practical implementation of the chosen interpretive approach to probe the beliefs, preferences, desires, and interpretations of the research subjects. Furthermore, this method gives me the possibility of probing for elements of breakdowns in a practical way, as prescribed by the methodology of Alvesson and Karreman (2007) noted previously.

Thirdly, because a qualitative method has no statistical analysis, its data collection method has to be a more elaborate method (Zwijze-Koning and De Jong 2007) to allow a deep analysis of critical matters as perceived and described by the research subjects. Although quantitative methodologies can offer numerical and statistical analysis and presentation of the effects of phenomena, they cannot account for the main reasons or causes of those effects (Pryce-Jones 1993). Consequently, with regards to this aspect of its elaborate features alone, CIT incurs much more time, expenses, and labour in comparison to quantitative methods. Furthermore, to analyse the content of completed interviews, laborious patience is required while the process of transcribing the interviews and scrutinising their details is slowing and arduous.

Fourthly, although being a qualitative method, CIT can cater to quantification if quantification is demanded. For example, the way the number of specific individuals and the number of critical incidents recurring could be quantified and interview respondents could also rate certain aspects of their critical incidents on a scale of one to ten in terms of their seriousness, frequency, solutions, and satisfaction towards the solution; as such a rating score component can bring about additional insight which other purely qualitative methodologies may not be able to provide (Hargie and Tourish 2009).

Next, if there is a minority opinion on some issues, the CIT method is able to reveal it. For example, if there is a recurring reason for one or more critical events across a small number of interview participants, CIT can pick it up and provide a rich detailed illumination; this is a feature of CIT that quantitative

methods, such as questionnaires, may not allow because the tyranny of the majority will out-shout the soft voices of the minority. Finally, CIT can also identify the positive critical incidents as well as the negative critical events because critical incidents are defined as effective practices, which can then be formalised as best practices, as well as ineffective or damaging practices (Hargie and Tourish 2009).

3.8.5 The forms of interviews

There are two forms of interviews: exploratory interview which is designed for the purpose of generating issues, and focused interview which is designed for the purpose of obtaining specific data on pre-selected subject areas. For this research, I use a set of exploratory interviews for the first round of interviewing the healthcare leaders and managers and focused interviews for the second round of interviewing the same persons. Exploratory interviews allow me to paint a picture of the leadership and management development experiences of these professionals in their respective organisations and to generate issues to be analysed (Millar and Tracey 2009) while focused interviews allow me to systematically bring to light specific issues, to secure confirmations from the respondents regarding certain findings in the exploratory interviews, and to collect specific information (Stewart and Cash 1985).

In general, an exploratory interview is called for when a flexible method of discovery (van der Jagt 2005) is needed to study "…uncertainty about what types of information might be available, what range of responses participants are likely to make and whether all areas high in salience have been anticipated" (Millar and Tracey 2009 pgs. 84-85). The resultant data of exploratory interviews could then be used as a basis for the construction of an interview guide for the next phase of interviews, which perhaps could then be focused interviews, or for the production of a questionnaire for a study employing quantitative methodology (Hofstede 1998). The initial guide for an exploratory interview is then generally and flexibly "…a list of broad opening questions which can then be followed up depending upon the responses of participants…" without the questions needing to be pre-

determined or "…asked in any particular set sequence…" as long as all relevant questions are asked "…at some point during the interview process…" (Millar and Tracey 2009 p. 85). Therefore, the first interview for each participant in the research is exploratory.

Meanwhile, the focused interview deals with more factual information in time-limited interviewing conditions (such as the time restrictions imposed by the organisation on the time frame of each interview); it is also useful in cases requiring quantified comparison data coming out of more highly structured or standardised interviews (King 1994; Collins 1980). Here, the topics, questions, types of questions (mainly closed questions concerning specific areas of inquiry), sequence and alternatives responses are rigidly pre-determined (Downs 1988). The resultant data of focused interviews are also more easily coded and analysed because of their relatively more structured and standardised nature. The setback of focused interview, however, is the considerable exertion of direction and control over the respondents and some of them are actually quite complacent being directed by short closed questions throughout the interview, thus reducing the richness of qualitative data that could have been derived from the interview method (an interviewer needs to be sensitive to the experience of his or her respondent in an interview to handle such cases). Nonetheless, if a focused interview is demanded due to the time-constraint and organisational restrictions of the interview respondents, respondents who are 'over-communicative' may need a higher degree of control and direction (Millar and Tracey 2009); in the second round of interviews, I would manage this by appropriately re-focusing the respondents by using more closed questions.

3.8.6 The stages in an interview

Exploratory or focused, I had to ensure that the chosen interviewing form is relevant to the purpose of the research and that the collected data is reliable and genuine (Seidman 1998; Gorden 1987; Brenner 1981). As such, the interview must be planned and an interview guide developed covering not only the matters concerning interviewers, respondents, and the length of time as mentioned previously but also the stages or sections of an interview,

that is, the opening, body, and conclusion of the interview. Each of these three stages requires the interviewer to attend to "…the achievement of specific functions pertinent at each phase whether this be establishing a working relationship, providing orientation, developing trust, agreeing a mode of working ethically, gathering relevant information through effective use of questions, or closing the interview sensitively…" (Millar and Tracey 2009 p. 88).

3.8.7 The opening of an interview

The first stage, the opening of an interview, and the last stage, the closing of the interview are similar for both the exploratory and focused interviews (they differ in the body of the interview). First impressions count in the opening of an interview, which is the norm for most social encounter (Hargie and Dickson 2004). Without a doubt, the environment for an interview must be comfortable, physically and emotionally, as well as private; the interviewer should also conduct the interview professionally. The interview respondent should be greeted by name his or her formal name and associated role in the organisation, followed by an explanation on the selection of the concerned participant in the interview. Understandably, the interviewer needs to establish rapport and trust with the interview respondent for the process to be successful as the respondent need to feel confident enough to disclose confidential or sensitive information; here, the ethics and procedure of the interview and the rights and welfare of a participant, such as confidentiality, anonymity, rights of withdrawal, request for tape-recording, note-taking, and the ultimate use of information should be covered to remind the participant (previously disclosed to them during the recruitment phases). Next, the participant is to be orientated or familiarised with the objectives and goals of the research and the planned structure, content and duration of the interview (Millar and Tracey 2009).

3.8.8 The body of an interview

There is, however, a difference between the body of an exploratory interview and a focused interview. The questions in an exploratory interview allow respondents the liberty to choose which issues to be raised and which issues to be disclosed in depth. The interviewer invites the respondent to talk with questions as broad as asking the respondent to narrate a typical day in his work (Seidman 1998). In applying the critical incident method mentioned earlier, an exploratory interview allows a respondent to relate a specific critical incident, turning point, or significant event in his or her job as a leader, manager, or non-executive employee. An example of such open questions with elements of the critical incident method would be: 'could you relate an incident or event (positive or negative) which affected the quality of a management or leadership practice in your workplace in recent years?'

The open questions of an exploratory interview also make use of the classic 'Five Ws and One H' questions (What, When, Where, Who, Why, and How) and invite respondents to express their opinions and feelings. Hence, the advantage of an exploratory interview lies in its minimal imposing of control and direction on participants and sanctions the open and relatively unimpeded expression of their opinions, feelings, thoughts, attitudes, and perceptions. Nevertheless, the sequence of questioning is important for effective interpersonal interactions in an exploratory interview; the less structured an interview is, the more crucial it is for the interviewer to think and make decisions on the spot and base questions on preceding information given by the respondent, thus sending a strong signal to the respondent that the interviewer is listening to what he or she is saying. Hence, if the interviewer fails to listen actively to the content of the responses and answers of the participant or worse, often interrupts the respondent when he or she is disclosing information (sensible silence creates the time for the participant to both think and articulate fully and properly his or her responses), the function of open and probing questions and the purpose and strength of an exploratory interview are destroyed.

Furthermore, when it is difficult to follow or understand what some respondents are saying or the meanings of their words, the interviewer needs to explore the responses in depth to clear up ambiguities and gain a deeper understanding of the issues by extensively using probing or follow-up

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questions. If an interviewer simply proceeds without dealing with vague statements, the interview may result in ambiguous and even meaningless data (Fowler and Mangione 1990) and the interpretation of such poor-quality fieldwork data will require many assumptions on the part of the analyst, thereby distorting the fieldwork data (Millar and Tracey 2009). There are various types of probing question but each should be spoken in a non-threatening manner to achieve a delicate balance to the needs of both parties: a balance between the need of the researcher in clearing up ambiguities, contradictions, and vagueness, and delving deeper to get detailed accounts and elaboration of the story, and the need of the respondent to retain privacy, defence, and safety (Fletcher 1992). Examples of non-threatening openings are:

'I was wondering …'

'Perhaps…'

'Could it be that…'

'Could you tell me…'

Millar and Tracey (2009 pgs. 91-92) also offer examples of relevant probing questions in five categories: 1] probing questions seeking further clarification. For example: 'Could you tell me exactly what you mean by that?' 2] Probing questions asking for exemplification. For example: 'Could you give me an example of when you have felt like this?' 3] Probing questions determining accuracy. For example: 'You have never been told of any decisions by your manager?' 4] Probing questions eliciting relevance. For example: 'How do you think that this affects the way you do your job?' 5] Probing questions requesting more information. For example: 'Could you tell me a bit more about that?' Probing questions of this nature draw interview respondents into comfortably disclosing additional information to clear up uncertainties, ambiguity, and contradictions.

In focused interviews however, the types of questions employed need to be more precise and closed. For example: 1] 'How many of the above-listed attributes did you imitate or adopt from your role models?' 2] 'Are there any other behaviours or characteristics in your role models that you think you may have also adopted or imitated in your own leadership?' 3] 'Did you have the intention of adopting or imitating these behavioural characteristics?'

Some questions of this nature can even be converted into a multiple choice format not unlike those presented in a survey questionnaire; respondents could then be invited to answer according to the alternatives provided, for example:

'Is your manager's behaviour now (a) better, (b) worse, or (c) the same?'

As the questions of a focused interview tend to be factual, coding them can be faster.

Whether exploratory or focused interview is employed, an interviewer must listen carefully to the responses of the participant if the purposes of the interview is to be achieved. Such active listening exceeds that which is demanded in the daily conversations of a person; it demands full and undivided attention to not only verbal but also nonverbal or body language responses emanating out of the participant (Hargie and Dickson 2004). Listening actively and attentively involves more than hearing and recording the message but also understanding and evaluating the whole communication in this complex of process. As such, poor listening skills will result in a failure to capture relevant and detailed data in a reliable way. When an interviewer lacks listening skills or has lapses in listening attentively and actively to the interview respondent, the respondent can sense this, such as the case when the types of questions posed by the interviewer subsequently reveal a lack of strong connection to his or her responses. Thus, if an interviewer has a series of interviews in the schedule of one day, breaks are required to renew the ability of the interviewer to focus and actively listen.

3.8.9 The closing of an interview

An interview, whether it is exploratory or focused, is a business and professional yet social encounter between the interviewer and the respondent. As such, it requires planning and time set for the ending of the social and professional transaction. Thus, an effective closure is to be built into the interview guide of this research as a phase rather than as an event. The opening of the closing phase of an interview could be initiated by the interviewer by, for example, bringing up the matter of time constraints, such

as announcing that there are only a few minutes left before the session is to come to an end.

It is not only courteous but also civilised to end the closing phase of an interview with the interviewer expressing gratitude and appreciation (Smith and Robertson 1993) for the time, contribution, and participation of the respondent, and perhaps even offering a benedictum. It is only socially proper that a respondent leave his or her interview feeling appreciated. While a focused interview usually ends with little more than a social closure of gratitude and appreciation (Hargie and Dickson 2004), an exploratory interview requires the interviewer to close the social encounter with a coherent sense of the interview by means of some kind of summary (cognitive closure) and confirmatory agreements from the respondent (Millar and Tracey 2009). With this practice, an interview participant is also given the opportunity to dispute or change any mis-perception of the interviewer or any mis-communication that occurred in the interview.

Regarding instances when personal experiences of a respondent are explored, especially if significant self-disclosure is involved in an exploratory interview, it is crucial and ethical that the respondent leave the interview without feeling being exposed, naked, damaged, or vulnerable in anyway but instead be assured that the content are not traceable (Smith and Robertson 1993). In general, all information disclosed in an interview, exploratory or otherwise, is not to be misused or used in something that would result in damaging the respondent; this ethical agreement is also to be explicitly conveyed to the interview respondent before the interview (even during the stage of respondents selection) and be reinforced to respondent again before the closure of the interview as an assurance on the part of the researcher in treating interview participants with respect and in fulfilling the promise of the researcher.

In this research, I closed all respective interviews in the manners stated above accordingly. Furthermore, at the end of the entire two-interview process, I sent a letter of appreciation for all the interview participants of the research.

3.8.10 Information recording during an interview

Normally, an interview involves audio-recording and transcription as part of the procedure (Bryant 2006; Quinn and Hargie 2004); recording during an interview reduces note-taking, which is very disruptive to social interactions. In addition, if recording is to be used, Millar and Tracey (2009) recommend the following:

- The reasons for using a tape recorder must be clear and valid, for example, the researcher is interested in the actual manner a respondent expresses his or her opinions, feelings, and experiences rather than a mere mention of a topic.

- The interviewer must fully explain the reasons for the recording to the respondent and convey to him or her how the content of the interview is to be used, by whom it is to be used, and to what extent is the content identifiable. Respondent confidentiality and anonymity are crucial and are to be addressed at the start of the interview so as to allow the respondent to give his or her informed consent.

- The interviewer must give full attention and listen actively throughout the interview and not relax simply because the content of the interview is recorded; being vigilant affords observation of body language and other nonverbal communication which enrich the recorded verbal message.

- Respondents are given the opportunity to opt out of the recording or be granted the right to request the tape recorder be switched off at any point of the interview.

- The interviewer needs to plan for contingency, just in case audio-recorder fails to operate or when a respondent opts out of recording, where an alternative method of recording information is selected.

- If audio-recording is used, the interviewer must be technically knowledgeable of the machine.

3.9 The methods, procedures, and selection of interview participants within each department

One of the novel contributions of this research is the application of some of the elements of the 360-degree feedback along with some modifications in during the fieldwork. The selection and interviewing of the participants in the research are based upon the way of involving the respective line managers, direct reports, and professional peers of the emergent leaders in question in the 360-degree feedback practice. This multi-source method allows me to paint a relatively more complete, overall, and multi-angled picture of the research participants.

More importantly, leadership and management development is more than the development of leaders and managers (as noted in Chapter One and Chapter Two); leadership and management development concerns more with developing a team, group, or collective of people (Day 2011; Iles and Preece 2006; Van Velsor and McCauley 2004; Day 2001) rather than with individuals.   Thus, this novel application of 360-degree feedback to qualitative interviewing allows looking at a team as a whole in relation to the leadership behaviours and attributes of individual team members and how each team or group member relates to and perceive other members.

Interestingly, Ciporen (2010) also employs critical incidents in a research on a month-long residential leadership and management development programme based on personally transformative learning; it then utilises 360-degree feedback to discover what are the impacts, barriers, supports, and outcomes of the leadership and management development training. Nevertheless, its 360-degree feedback tool is quantitative in nature (using a survey questionnaire) with a focus that is very different from the focus of this research.

The following is an account of what I actually did with regard to the methods, procedures, and selection of interview participants within each department:

> During the first round of interviews, the emergent healthcare leaders were selected from the list of people attending the People Management Workshop, a leadership and management development programme of NHS Scotland. Slightly more than a year after they underwent the leadership and management development programme, I interviewed them again; this is the second round of interviews. This way, I could

confirm the leadership and management values, beliefs, attitudes, attributes, behaviours, thoughts, emotions, or actions of the interview respondents as well as understanding these elements to be long-term. Furthermore, due to the application of the multi-source feedback practice, all the respondents selected were therefore organised into a set or cluster of four persons. However, I modified some of the techniques in the standard multi-source feedback leadership and management development practice. Firstly, each of the colleagues of the emergent leader was, in turn, also made into a focal person where her colleagues would be questioned regarding her leadership and management development behavioural attributes, values, beliefs, attitudes, ways of thinking, feelings, practices, and actions; for example, when the professional peer of the emergent leader became the focal person, her colleagues, the emergent leader attending the leadership and management development programme, the direct report of this emergent leader, and the line manager of the emergent leader, were all interviewed with regards to the leadership and managerial behaviours, attributes, and actions of this focal person. This modification to the standard 360-degree feedback practice was relevant and apt because all the members in a cluster exercise leadership at one point or another in their work. In addition, they work together and know each other fairly well even if one is not directly the line manager or direct report of another.

The second modification I made was that the feedback from each interview respondent to each of her colleague was not actually given or shown to the person who was supposed to receive the feedback at the end of the interview or at the end of the research. One reason for this was that the intention of this research was not to develop the research participants; the intention of this research was to explore, make sense, and discover what is going on in terms of leadership and management development in a Health Board of NHS Scotland. Although in actuality some of the participants in this research voiced during the various stages of the research that this research, especially the interview questions, had been developmental to them as they thought about and reflected on the questions themselves, it was not the purpose of this

research to develop their leadership and management attributes and skills. The second reason was that I wanted to preserve the confidentiality of each interview respondents and their respective feedbacks. I also wanted each participant to speak freely and uninhibitedly about his or her colleagues. As all the members of each cluster still work with each other, by assuring each respondent of the confidentiality of whatever said, all the participants would have the security to speak openly, frankly, and directly about their respective colleagues.

Therefore, there are four sets of interview questions: one for the healthcare professional undergoing the People Management Workshop, and one each for his or her line manager, professional peer, and direct report.

3.9.1 The organisations

The organisations in this study are all in the chosen Health Board of NHS Scotland (the exact identity of this Health Board is kept confidential as per the confidential agreement with the organisations and interview respondents right from the beginning of the research). Particularly, the interview respondents work in four major hospitals and two community rehabilitation centres of the Health Board.

The following are the interview respondents in the Health Board of NHS Scotland in five teams:

1. Learning and Development (staff members of the department which provides all the training and human resource development of the Health Board).
2. Surgery Nursing (nurses in surgical theatres of the largest hospital in the Health Board).
3. Pharmacy (pharmacy technicians in the pharmacy department of the largest hospital in the Health Board).
4. Mental Health Nursing (mental health nurses in the major mental health hospital and community rehabilitation centres of the Health Board).

5. Occupational Therapy (one of the Allied Health groups in a major hospital of the Health Board).

Each cluster of four persons is comprised of the following categories:

1. A participant who underwent the People Management Workshop, a leadership and management development programme.
2. One direct report (subordinate) of the participant stated in #1 above.
3. One line manager (direct supervisor) of the participant stated in #1 above.
4. One professional peer of participant stated in #1 above.

Each participant has leadership or managerial responsibilities at one point or another, including the emergent leaders selected from the People Management Workshop.

The following is an account of what I actually did with regards to this matter:

I interviewed each participant twice with a space of slightly more than one year apart. As each cluster composes of four persons, the result was that a total number of twenty persons were interviewed. Although each person was interviewed twice, two participants left active service by the time of the second round of interviews due to unforeseen circumstances. Therefore, although according to the research design there was to be a total of forty interviews (twenty in each round of interviews), a total of thirty-eight interviews were actually carried out among the healthcare professionals in the departments of learning and development, nursing, pharmacy, mental health, and occupational therapy.

3.9.2 The sequence of the interviews and observation

The following is an account of the sequence of the interviews and observation:

In the first step, I interviewed all the participants of the clusters before the afore-mentioned leadership and management development workshop. I sought their personal views and practices of leadership and management, most importantly, their interpretation of the

leadership and managerial behaviours, attributes, ways of thinking, and actions their respective colleagues. Thus, for each participant of the workshop, one of his or her line managers, direct reports, and peers were interviewed to draw out their personal views of leadership plus their personal views and interpretation of the leadership behavioural attributes and practices of their respective colleagues in each of the clusters. Each interview lasted about forty-five minutes on the average.

Then, I carried out a participant observation of the leadership and management development workshop to note its content, type, delivery, and style, and most importantly, the behaviours of all the participants during the two-day intensive workshop.

A year after the first round of interviews, I interviewed the same participants to find out their personal views and interpretations of their leadership behaviours, attributes, and practices and their opinions, feelings, and interpretations of the same leadership elements of their respective colleagues. In this way, I could see the changes to the leadership elements of the participants. Moreover, due to the discovery of memetic elements in the leadership and management development of the participants, I used the second round of interviews to confirm the presence of memes in the leadership and management development of these healthcare professionals and to further investigate memetic learning as a mechanism of leadership and management development. Similarly, on the average, each interview in the second round lasted about forty-five minutes.

3.9.3 The pilot study

'Do not take the risk. Pilot test first' (De Vaus 1993 p. 54).

The following is an account of my experience and the steps taken to carry out the two pilot studies:

Before the interviews proper were carried out in NHS Scotland, two pilot studies were carried out. The purpose was to test out the interview questions, the interviewing process, the timing, and to perfect my interviewing skills (the only interviewer in this research). Firstly, I tested out the set of questions designed for the emergent leaders in the leadership and management development programme during an interviewing skills workshop of a seminar held at the University of Stirling, Scotland. By means of this pilot study, I was able to identify the problems and improved the interview questions, processes, timing, and my interviewing skills. The second pilot study involved an improved set of questions (improved from the first pilot study) and I tested them with a full cluster of four professionals working in the Aberdeen branch of the British Fisheries Research Services, another service organisation. This cluster included an emergent leader undergoing a leadership and management development training in Common Purpose, an organisation providing leadership and management development in the UK, his line manager, his professional peer, and his direct report. Again, this pilot study was able to further identify mistakes and problems in the sets of interview questions drawn up prior to the second piloting.

The first pilot study: in this pilot study the key questions from the question set for the emergent leader undergoing leadership and management development was tested in a workshop environment during a seminar on skills for qualitative interviewing. The seminar cum workshop, entitled 'Effective Research Interview Practice', was held in the Iris Murdoch Centre, the University of Stirling, Scotland. Participants were offered the opportunity to bring their designed interview questions and test them out in the workshop section of the seminar. In the process of testing out the questions, I played the role of the interviewer while another member of the workshop role-played as the interview respondent with yet another member as an observer. From the seminar and workshop, I discovered that I had a rather aggressive and business-like approach to interviewing my respondent, including adopting what was judged to be an aggressive spatial dynamics in interviewing the respondent by facing her face-to-face.

The interview observer also discovered that I failed to follow-up the responses of the interview participant by using prompts and additional relevant questions to explore the depth of the issue brought forth by a response to a question. Thus, I applied this practice of probing, exploring, and requesting elaborations in subsequent interviews. The observer, furthermore, pointed out that I need to spend some time in the beginning of an interview to build rapport and establish a warmer and more comfortable relationship; this is to make the interview respondent feel secure and be at ease to open up his or her feelings, opinions, and experience on the issue at hand. Therefore, because of the need to adopt a softer approach to interviewing respondents, I improved my interviewing skills by building rapport and a relationship conducive to open interviews, and to follow-up responses with prompts and further inquiries; as a result, the number of questions in each of the four sets of questions had to be reduced to fit the given time limitation of about thirty minutes (however, the average duration of each interview ended up to be about forty-five minutes). As in most qualitative research in leadership and management development, getting access to leaders and managers, senior or emergent junior executives, is one of the major obstacles; thus, the interview process of this research had to be designed with the time limitation in view. Nevertheless, the piloting significantly helped me to also strike out questions that have the potential to be misunderstood by interview respondents due to linguistic elements or the way they were structured.

The second pilot study: after the initial pilot study and the subsequent modifications and improvements to the interview questions, method, process, timing, and skills, a comprehensive pilot testing involving a full cluster of four professionals according to the design of the multi-source feedback technique was carried out. I interviewed a managerial leader in the Fisheries Research Services, UK, his professional peer, his line manager, and his direct report. These four interviews were carried out with using the second version of the sets of interview questions for each of the four categories of persons in a cluster. As a result of the

second pilot study, I discovered more questions that would be of no great influence to the main goals of the research and thus I took them off. Another matter was that most respondents could not give an average of how many times a week a person exhibits a particular leadership attitude, emotion, attribute, or behaviour. The participants responded with adverbs of frequency such as 'very regularly' or 'infrequently' to questions of this sort. Thus, in the following third and final set of interview questions, these questions used 'how often' as an expression of frequency.

In addition, all questions in all the sets that asked for frequency, that is, those that began with 'how often', had the disqualifier, 'if at all' added to them so as not to lead the interview respondent in a particular direction or give a suggested or influenced response.

Moreover, I found that, rather than using the generic 'X' to make someone anonymous, it was best to use the actual name of the person I wanted the interview respondent to talk about. However, the sets of questions presented in the appendices of this thesis remain the generic 'X' instead of the actual name of the person so as to protect the identity of the person under study so as to honour the strict confidentiality agreement in the research study.

Finally, in the critical incident section of the interview questions, when the respondent is asked about the most significant event in leadership experience, the following sub-question was added to capture the emotion of the interview participant:
'How do you personally feel about this event?'

As most of the interview questions addressed the mind of the interview respondent, inquiring of what he or she thought of something, or asking about his or her opinions, this sub-question put more emphasis on the emotion of the interview respondent, inquiring of how he or she felt about a leadership experience.

3.9.4 The nature and limitations of self-report

Naturally, the interviews with each of the respondents involve self-reporting; as such, I present here a discussion on the nature and limitation of self-report. The fieldwork data from the interview respondents are what these respondents personally say concerning themselves, their experiences (as well as about their colleagues and the experiences of their colleagues). These are of the nature of a self-report. Self-report also implies self-disclosure, a process of information exchange, via talking, about the self, his or her personal thoughts, behaviours, attributes, statements, opinions, feelings, tendencies, and those of her social and physical surroundings (Derlega and Gerzlak 1979). This process involves the respondents thinking and reflecting about themselves, their experiences, and those of other people involved in the incidents they bring out; this implies that those who self-report decide which incidents to share and which of their thoughts, feelings, behaviours, attributes, and actions to share with the interviewer. Therefore, this function of self-report makes it a useful data collection tool for research in leadership and management disciplines.

Is self-report a valid and reliable method and has it been a tool employed by other researchers in the field? There have been a number of research works employing self-report (Hoyt and Blascovich 2010; Samani and Sadeghzadeh 2010; Furnham 2009; Ganellen 2007; Lemyre and Lee 2006; Rickards, Chen and Moger 2001). Self-report has been known to provide valid, independent, reliable data about personality, behaviours, self-image, ways of thinking, feelings, and actions. While most self-reports are carried out via survey questionnaires, there are self-reports of qualitative nature, such as those from the interviews of this research; as such, the self-reports in this research come from the content of the verbal exchanges between the interviewer and the respective self-reporting interview respondents. Other than collecting demographic data, self-report has been shown to be very useful in gathering data about personality attributes, the perceptions and descriptions of past experiences and behaviours of the respondents and those they have known, and their psychological states (Podsakoff and Organ 1986).

Perhaps one may ask why people would openly disclose matters about themselves. There are a few possibilities: people report about themselves in order to allow a catharsis to take place, for self-expression, to gain social support, sympathy, appreciation, or validation, or to make things clear for themselves (Berant, Newborn and Orgler 2008; Rime 1999; Derlega and Gerzlak 1979). In addition, one of the strengths of self-report as a data collection method is that the data sought could be obtained relatively quickly; open-ended questions also allow for exploratory probing, and spontaneous responses and deeper self-disclosures from the self-reporting interview respondents (Meyer 1997).

There is no perfect data collection method; self-report has its limitations, weaknesses, or biases as well. One is its susceptibility to social desirability response bias and impression management bias, that is, there is a tendency for respondents to overestimate or over-report behaviours that are socially desirable (for example, being caring) or the importance of these socially desirable behaviours and underestimate or under-report socially less desirable behaviours (for example, substance abuse) or their importance (Magura 2010; Holtgraves 2004) to give a good impression of themselves. As a result, people who are high on social desirability have a tendency to overestimate the importance of having key abilities and skills (or the opportunities to use them), independence, and autonomy (Arnold and Feldman 1981). Self-report involves the information retrieval (presumably from memory) stage and the judgement (opinion forming or interpreting) stage; at both stages, three social desirability mechanisms could operate (Holtgraves 2004). One mechanism triggers when a self-reporting respondent edits his or her response to a question, he or she could retrieve the memory (about a leadership or management incident, behaviour, personality, attribute, or action), format it, and then interpret or evaluate it under the influence of social desirability; another mechanism could operate even at the early stage when the respondent tries to retrieve the information needed but delete or alter it and instead give a response based on social desirability; finally, the third kind of social desirability mechanism could operate when a respondent retrieves the information in a biased manner (biased retrieval), for example, selectively recalling leadership incidents, behaviours, thoughts, feelings, personality attributes, or actions that put him

or her in a socially desirable place (Holtgraves 2004). This third kind of mechanism is similar to confirmation bias, which is a tendency for people to recall incidents, experiences, or information that confirm the question while ignoring contradictory ones (Zuckerman et al. 1995). Nevertheless, Krosnick (1999) and McCrae (1986) are of the opinion that social desirability response bias or impression management bias influence self-report minimally.

Furthermore, Ganellen (2007) states that there is much space for interpretation when self-report is used to collect qualitative data on how people make judgements about ways of thinking, behaviours, attributes (however, this becomes a good reason for this research to employ interpretivism as an approach in relation to using data from self-reporting interview respondents). The self-reporting respondent would interpret the question, and after retrieving the information from memory, interpret his or her experiences, reflections, behaviours, thoughts, feelings, actions and those of the people he or she bring out into the light to generate an opinion to produce a response to the question posed (Sudman, Bradburn and Schwarz 1996). In addition, as the researcher in this study, I too would interpret the information given by the healthcare professionals. Nevertheless, with qualitative self-reports, in instances where interview respondents would mis-interpret a question posed, I would clarify the matter with the respondents. Meanwhile, using self-report to collect quantitative data may not yield an accurate assessment of human behaviours (Ham and Ainsworth 2010). Thirdly, people who are socially close, withdrawn, or introverted, may not disclose much, quantitatively or qualitatively, as they are more comfortable with hiding themselves. The greatest problem of self-report may be the common method variance (measuring, correlating, and interpreting two or more variables coming from the same respondent) as an error in the source of the data (the respondent) contaminates all the measures leading to a possible erroneous correlation (Podsakoff and Organ 1986; Fiske 1982). The best way to deal with this problem is the identification of potential causes of non-factual covariance between two variables from the same source of self-report. Furthermore, the common method variance (Podsakoff et al. 2003) is a problem mainly with quantitative self-reports (in this research where the self-reports are qualitative with two stages of data collection, I asked questions in response to statements from the research respondents to clarify

and weed out erroneous correlations in either the first round of interviews or in the second round).

Another weakness of self-report is the consistency motif because research subjects have the tendency to maintain consistency in a series of answers due to the respondents arraying their understanding and judgements to be consistent with their concepts of personality, behaviours, or leadership (Podsakoff and Organ 1986; Phillips and Lord 1986). Yet another problem is the subjective nature of self-report that could thus be influenced by transient moods (Podsakoff and Organ 1986) or events of possible affectation on the thoughts, feelings, and behaviours of a person (for example, an impending marriage, winning a lottery, a divorce, poor sleep, or a bad day).

However, as I carried out the data collection of this research in two stages, and thus gathering the self-report in two rounds of interviews, this problem of transient mood is minimised. Most of all, in applying the central method in the 360-degree feedback (more explanation below), the issue of transient mood is further reduced. Furthermore, I also checked with the interview respondents whether they had recently (during the time of the interview) experience any events that could have an impact on their thoughts, feelings, or behaviours (such as marriage, divorce, or winning a lottery).

Having discussed the weaknesses, biases, and problems of self-report as a data collection method, it must be noted that organisational research work, including those on leadership and management, cannot do without using self-report. The nature and attributes of studying human beings, organisations, leadership, management, and society ensure that self-report will continue to be employed as a research method. As pointed out, there are a number of ways researchers can minimise, limit, or balance the weaknesses. In addition, Lemyre and Lee (2006) use investigator rating to assess the factual and contextual elements of self-reports so as to triangulate the data on coping (in relation to psychological stress). However, using an investigator-rated component is not practical for this research as the nature of the research (an exploratory research leadership and management development) is different and there is no standard indices, benchmark, or in the case of Lemyre and Lee (2006), the Psychological Stress Measure. It is also not

practical for this research to have a panel of judges (consisting of interviewers and trained rating executors) to carry out the investigator-rated component of Lemyre and Lee (2006) to rate the interviews as I am the sole researcher, fieldwork investigator, interviewer, and participant observer.   In addition, although investigator rating is introduced to minimise the biases of self-report, rating or evaluating as a method of investigation and data gathering has its weaknesses, limitations, and biases as well (as pointed out in Chapter Two, in the literature review on 360-degree feedback).

Secondly, most of the problems or weaknesses pointed out above that are associated with self-reports are of self-reports that are quantitative in nature; the problems and weaknesses of quantitative self-reports are addressed and minimised quantitatively, such as through statistical and procedural methods (Podsakoff and Organ 1986). These problems are also either partially solved or are non-existent via the usage of qualitative self-reports. For example, Podsakoff and Organ (1986) state that self-reports could not be independently verified. As I have mentioned previously, the most novel way the weaknesses, limitations, and biases of self-reports in this research are minimised is the application of the central concept in 360-degree feedback in structuring whom the research participants are and to verify and counter-check the reports of any given interview respondent regarding herself and her colleagues. It is better to use such a multi-sourced method to obtain disclosure of not only about a respondent but also to gain his or her disclosure of others; in turn, these colleagues are asked to disclose their thoughts, opinions, and feelings about their respective colleagues which includes the said respondent. As such, what each healthcare professional says about herself and her direct report, line manager, and professional peer can either be supported or contradicted by what the direct report, line manager, and professional peer say about her in turn. What each of the four members of a cluster or group says about herself and the other three members are checked and counter-checked in the fashion of the 360-degree feedback arrangement to gain independent verification. Furthermore, the application of 360-degree feedback in interviewing the healthcare professionals also allows me to look at leadership and management development rather than mere development of leaders and managers as

leadership and management development concerns more with a group or team of people than with individual leader development.

Finally, because I have a formal agreement with the research subjects on confidentiality (this is the reason why I would not disclosure the actual region or Health Board of NHS Scotland in this report), these healthcare professionals are more likely to be open, genuine, and revealing (or at least less withdrawn or inhibited) in their self-reports as they are free to do so without the fear of repercussions. Holtgraves (2004) has shown that self-reporting respondents would only be influenced by social desirability when they are concerned with how their responses would affect them or make them appear to others; thus, when the confidentiality of the healthcare leaders and managers are protected, they are free to speak their mind and heart. These are procedural or design solutions I have implemented to address many of the weaknesses or problems pointed out in literature on self-report.

3.9.5 The questions in the semi-structured interviews

As mentioned in the first chapter, this research explores leadership and management development practice in the healthcare sector in Scotland through semi-structured interviews. A particular aspect of leadership and management development under investigation centres on the human elements or attributes such as values, traits, behaviours, ways of thinking, attitudes, emotions, competencies, actions, or skills of healthcare professionals with leadership and managerial responsibilities. Furthermore, these elements or attributes of the healthcare leaders and managers undergoing leadership development would appear as they work collegially with their professional peers, line managers or supervisors, and direct reports. These elements or attributes would also reveal the imitative influence they have on their direct reports, professional peers, or even line managers (their colleagues imitating and exhibiting the attributes) as well as the imitative influence their colleagues have on them. In addition, the attributes of a particular person would manifest his or her leadership or leadership potential as perceived by his or her colleagues. As such, the open

and semi-structured questions in the interviews reflect the purpose this exploratory research.

Appendix A-1 to Appendix A-4 at the end of this thesis present a generic set of questions employed in the first round of interviews while Appendix B presents those questions employed in the second round of interviews. This section focuses on the questions employed in the first round of interviews (Appendix A-1 to Appendix A-4); this is because these questions are exploratory in nature. The questions in the second round of interviews are developed from the discoveries in the first round of interviews (to be discussed at the end of this section); hence, these questions in the second round of interviews focus on the memetic elements found among the healthcare professionals during the first round of interviews. Appendix A-1 is the set of questions for the interview respondents who are participants of the People Management Workshop while Appendix A-2, Appendix A-3, and Appendix A-4 respectively contain the sets of questions for the line managers, professional peers, and direct reports.

Ten questions in the first round of interviews are developed from some of the questions used in a qualitative study of healthcare professionals of eight Health Boards of NHS Scotland by Tourish et al. (2008); I find these questions to be suitable as introductory as well as probing questions in view of leadership and management development for the participants and their respective departments or organisations. As taken from Appendix A-1, these questions are:

- How many do you lead in your group?
- Personal priority of leadership development: on the scale of 1-10, with 10 being the highest, where would you personally place leadership development when compared to your other professional priorities?
- Organisational priority of leadership development: in the same priority scale, where do you think your organisation places the development of its leaders compared to other priorities?
- How is leadership development evaluated in your organisation thus far?
- Briefly describe the leaders who have most influenced you in your career according to the following elements:

- Attitudes
- Emotions
- Traits or behaviours
- Do you regularly read literature on leadership or management such professional journals or magazines?
  - Which ones?
  - How often do you read them?
  - How useful are they to you?
- What obstacles do you face in your work as a leader?
- How do you think you can overcome them?
- What obstacles do you face in your development as a leader?
- How do you think you can overcome them?
- What in your view is effective leadership development?

Meanwhile, there are questions that are developed based on the Critical Incident Technique mentioned above; these questions are designed to probe the most significant events or incidents (positive and negative ones) in the professional life of the research subjects. For example, as shown in Appendix A-1, these questions are:

- Think of the most significantly *positive* event in your experience in leadership.
  - Where did the event take place?
  - What situations led up to this pivotal event?
  - How do you personally feel about this event?
  - What exactly did the people involved do?
  - What actually happened in the event's interactions?
  - What traits or behaviours of the people involved were crucial in the interactions?
  - What was the outcome?
  - Why do you consider the event positive or effective?
  - What do you think is the future implications for your profession because of this incident?
  - What do you think is the future implications for your organisation because of this incident?
- Now think of the most significantly *negative* event in your experience in leadership.

- Where did the event take place?

- What situations led up to this pivotal event?

- How do you personally feel about this event?

- What exactly did the people involved do?

- What actually happened in the event's interactions?

- What traits or behaviours of the people involved were crucial in the interactions?

- What was the outcome?

- Why do you consider the event ineffective or negative?

- What do you think is the future implications for your profession because of this incident?

- What do you think is the future implications for your organisation because of this incident?

Thirdly, the rest of the questions in the first round of interviews explore the values, behavioural traits, attitudes (positive or negative attitudes), ways of thinking, emotions, verbal consideration, skills, actions, and competencies (such as interpersonal communication skills and having a vision and communicating the vision) of the interview respondents. As also shown in Appendix A-1, these questions are:

- What are your values with regards to leading people?

- Attitudes, ways of thinking, emotions, traits, or behaviours:

- Positive attitude: how often, if at all, do you exhibit a positive-can-do attitude in the process of solving problems?

- Perseverance/endurance: how often, if at all, do you exhibit perseverance or endurance in the process of solving problems?

- Verbal consideration: how often, if at all, do you:

  - Acknowledge or praise the work, knowledge, opinion, or skill of someone you lead?

  - Criticise the work, knowledge, opinion, or skill of someone you lead?

- What other attitudes, ways of thinking, emotions, traits, or behaviours do you think you have as a leader?

- As a leader, what other attitudes, ways of thinking, emotions, traits, or behaviours do you think you are presently weak in but would want to improve on?

- Specific competencies or skills:
- Vision and communication of vision:
  - Do you have a vision, direction, or mission statement for your group?
  - Could you tell me what they are?
  - Do you communicate these to the people in your group?
  - How do you communicate them?
- Do you set annual, monthly, weekly, and daily goals and action tasks based on the vision for your group?
- How often, if at all, do you communicate these to your group?
- Interpersonal communication:
  - How often, if at all, do you clarify the standards or criteria of fulfilment for the tasks of those in your group?
  - How often, if at all, do you give feedback to those in your group?
  - How did you give those feedbacks?
  - How often, if at all, do you talk to your own line manager on matters regarding your work?
- What other competencies or skills do you think you have as a leader?
- As a leader, what other competencies or skills do you think you are presently weak in but want to improve on?
- What in your view is effective leadership development?

These questions are developed from a number of studies on effective leadership behaviours in addition to traits. To quite an extent, the trait theory of leadership has been replaced by new lights such as behavioural, situational, contingency theories of leadership which seek to correlate the attributes, qualities, styles, skills, or behaviours of leaders to their social or organisational context (Case, French and Simpson 2011).

Thus, the attributes and traits explored in the interview questions are behavioural rather than physical. Traits, especially physical or physiological traits such as height, body weight, facial features, sex, race, and age may not be a predictor of effective leadership; it is more likely that people ascribe these physical traits to leaders to bring about self-fulfilling prophecies. Fallacious correlation could also be at play in that many effective leaders happen to have a number of certain physical traits and observers erroneously

ascribe these physical traits to be the factors of their leadership success. Furthermore, the questions probing the behaviours, values, attitudes, skills, competencies, communications, and actions of the research subjects are framed in the social context, in relation to leading people, and through the views of the line managers, direct reports, and professional peers of the research subjects via employing the 360-degree feedback method.

For example, verbal consideration which involves a leader or manager expressing esteem or gratitude for the person, work, knowledge, opinion, skill, competency, behaviour, or trait of a direct report is deemed a leadership behavioural trait (Mohr and Hans-Joachim 2008). Verbal consideration also includes task clarification, giving information upon request, giving constructive feedback, and encouraging questions and contributions from direct reports. This is because communication is more than information exchange and the verbal consideration aspect of leadership communication "…applies to the daily work context for every level of leadership and in both routine and specific situations…" giving recipients a sense of security, job satisfaction, confidence, or acceptance and increasing their commitment to their respective organisations (Mohr and Hans-Joachim 2008 p. 6). Leaders and managers that exhibit verbal consideration for their direct reports have been shown to be approachable, friendly, open to ideas or suggestions from others, caring or able to show concern and respect for people, and able to treat people fairly and as equals (DeRue et al. 2011).

Amy (2007) also includes asking questions of direct reports, clarifying to establish understanding, problem solving, sharing information, empowering direct reports to make autonomous decisions, and developing people to be among the behavioural attributes of effective leaders facilitative to staff and organisational development. The importance of the role of communication, including interpersonal communication, in realising effective leadership is very evident when leaders and managers exercise leadership in communicating visions and goals to staff members, in clarifying tasks and standards of fulfilment, and in giving feedback and verbal consideration (Mohr and Hans-Joachim 2008).

Moreover, a research work by INSEAD Global Leadership Centre (de Vries et al. 2007), which uses both semi-structured interviews and survey to develop an executive leadership inventory of effective behaviours and actions (including attributes such as visioning which is about having and communicating a vision), giving feedback, being tenacious, being an example to followers, being high-spirited, being resilient, coaching, empowering, and energising. Therefore, these attributes are included among the questions in the interviews of the Scottish healthcare professionals in this research. Being tenacious, high-spirited, and resilient are attributes related to the Motivation Memeplex, empowering and energising are related to the Motivating Memeplex, and coaching is related to the People-developing Memeplex; these memeplexes are discussed in Chapter Four.

Other attributes in this particular research such as designing and aligning, outside-stakeholder orientating, having a global mind-set, having a life balance, and deal-making are not included in the interview questions because I consider them to be not so relevant to the context of the Scottish healthcare.

However, not all the elements explored in the first round of interviews are discussed in this research as not all are directly related to memetic leadership and management development (a research direction this research only took after the first round of interviews). As mentioned in the previous chapters, the focus of this research on memetic influence on the leadership and management development of the interview respondents came after the first round of interviews; thus, the questions employed in the first round of interview cover a wide range of characteristics, elements, and issues. The questions in the second round of interviews (Appendix B) are constructed with a focus on the elements coming from the discovery of memes in leadership and management development of the healthcare professionals in the first round of interviews; as such, they focus on confirming the presence of memes in the leadership and management development of these participants.

3.10 Participant observation

Adler and Adler (1994) note that observation is considered to be one of four core research methods for social sciences by the founder of sociology, Auguste Comte. Observation is generally known to be noting or recording a phenomenon for a particular purpose; this action requires the observer to actively use all of his or her faculties and senses to take in impressions of the settings, surroundings, events, behaviours, people and their moods, emotions, attitudes, actions, reactions, and interactions. Traditionally, a strong feature of observation is its non-interventionist approach in fieldwork which does not require the researcher to ask, provoke, give task, manipulate, or stimulate the people observed; this is an approach much influenced by quantitative and positivistic paradigms. While quantitative observation has its place as an observational technique (used when a research design calls for standardisation and control), qualitative observation is the least obtrusive and is naturalistic in that it is carried out in situations where the people or events observed would be unfolding in a typical or natural way; qualitative observation also differs from its quantitative sibling in that its scope focuses on trends, patterns, and styles of behaviour (Adler and Adler 1994).

The observational method used in this research on leadership and management development in NHS Scotland is the qualitative form, particularly participant observation, where the researcher became what is known as the participant-as-observer. Participant observation is used in most major research work employing observation as a fieldwork method as this particular method focuses on gathering fieldwork data from the subjects of the observation by interacting with them.

Researcher's note:

> However, in this qualitative research on leadership and management development in NHS Scotland, I applied participant observation to the People Management Workshop as a supplementary, secondary, and integrated method rather than as the sole method or primary method; the primary method I used for data collection was interviewing.

The usage of observation as a secondary, supplementary, or integrated method in conjunction with other methods is a common practice among

researchers, so as to address the criticisms against observational techniques, particularly validity and reliability (Adler and Adler 1994). There are basically four possible roles a researcher can play in carrying out the method of observation, namely 1) the complete observer who only stands back and observes the events or proceedings without any involvement, 2) the research-focused observer-as-participant who adopts a peripheral membership role and interacts only superficially or casually with the subjects-informants without forming friendship in the process of gathering data, 3) the participant-as-observer who adopts a active membership role, makes known his or her intention in observing the events, develops relationships with the subjects, and even assumes responsibilities and participates in the activities of the events, and 4) the complete participant who adopts a full membership role like an infiltrating intelligence agent, mingles with and becomes one of the subjects covertly to record the events without revealing his or her intention as an observer while immersing himself or herself to fully and subjectively understand the depth and complexity of what is observed (Adler and Adler 1994; Burgess 1984; Gold 1958). The middle paths of the observer-as-participant and the participant-as-observer take a more balanced approach between involvement and detachment, and familiarity and distance; the trend among researchers employing observational techniques since the late 1980s is to move towards greater involvement with the subjects and settings of the research (Adler and Adler 1987).

Participation observation, specifically, involves the researcher-observer interacting with the subjects or informants and gaining first-hand the experience and behaviour of these subjects in their situations; this may or may not include talking and inquiring of them their feelings and interpretations of the events or situations (Taylor and Bogdan 1984). This form of observation takes the inductive strategy, not the deductive: data from participant observations become the ingredients for the researcher to produce one or more hypotheses which may be adjusted or even made null in face of later contradictory observations (Kidder and Judd 1986). As such, this method is better suited to phenomenon which are usually hidden from the public sight (for example, this method may not be suitable for observing the behaviour of people in a public playground) and where interactions, meanings, and interpretations are of great significance, are often

controversial, and not usually understood (Jorgensen 1989). Thus, this particular practice of leadership and management development (classroom-based and workshop-based leadership and management development) would be an example for which participant observation is well suited.

Researcher's note:

As participant observation was carried out for the People Management Workshop of NHS Scotland, the insider perspective enriched the fieldwork data of this research.

3.10.1 Limitations and benefits of participant observation in fieldwork

According to Jorgensen (1989), as participant observation allows an insider view of a phenomenon, one problem or requirement for this method is access to the phenomenon to be observed. Similar to the qualitative method of interviewing, if the gatekeepers of the phenomenon or group of people to be observed forbid participant observation, this method is then impractical. The participant observer must thus persuade the gatekeepers that he or she would not be a threat or source of interference or harm to the organisation where the phenomenon is to be observed and that the confidentiality and privacy of the people to be observed are strictly adhered to (Taylor and Bogdan 1984). Ideally the gatekeepers should, upon granting the access, send out formal communications to both approve the observation to be carried by the researcher and inform all subjects involved to be supportive of the researcher. Without the grant of access, observation, which by nature allows inconspicuousness, may be an ethical or even legal issue: an invasion of privacy and personal liberty, such as when a researcher ventures into private areas, or when he or she disguises or mis-represents himself or herself as a member of the group of people to be observed (Adler and Adler 1994).

Researcher's note:

In this research, access from gatekeepers was not an easy hurdle, and I was only granted access to be a participant observer in one occasion

of the People Management Workshop once. The gatekeepers were not very cooperative even after the access had been granted.

Second, non-threatening, non-interfering, respectful, and positive image and attitude must also be maintained during the actual observation (Fetterman 1991). Taylor and Bogdan (1984) are of the opinion that an observer should emphasise characteristics that he or she has in common with the subjects under observation, show interests in what they say, help them, do them favours, avoid being aloof, and go along with their usual routines, schedules, or interaction contexts; yet Fetterman (1991) cautions that overt or unjustified friendliness or familiarity should be avoided. Striking the balance between friendliness and getting too involved is not an easy skill for a participant observer to acquire.

Third, the phenomenon or research problem must be observable or the setting and location must allow for effective observation. Fourth, this method may not be exciting or rewarding as it may induces feelings of fear and apprehension in the observer resulting in disillusionment or discouragement. Fifth, observations bring about an incessant flow of activities which could be challenging for a first-time observer; as such, Waddington (1994) advises that a neophyte participant observer should acclimatise himself or herself with the observations without taking note.

Researcher's note:

However, the above-mentioned recommendation is only practical if the gatekeepers had allowed me to have repeated access as a participant observer in the same event a number of times. I was denied repeated access by the gatekeepers. It was already a good grace of the gatekeepers to allow participant observation of the said workshop on one occasion. That occasion was nonetheless the full length of the standard People Management Workshop given to every qualified leader or manager in NHS Scotland.

Six, the main idea of Heisenberg's Principle of Uncertainly, though a principle commonly known in the physical science of quantum physics, which states that the very act of measuring the momentum of a particle in an observation

makes the position of the particle uncertain, may be applied to observations of human interactions as well.   While with particles it is the physical properties of sub-atomic physics that influence the uncertainty, with people, it is the interpretation.   Participant observation implies the possibility of an observer effect or observer paradox where the observed people, events, interactions, and the interpretation of these elements may be influenced by the very presence of the observer. Variation of observer effects such as self-fulfilling to self-negating prophesies (Kidder 1981) can be reduced by skill of the observer during observational interactions. Thus, this relatively intimate method of gathering qualitative data from the field may cause the subjects of the observation to react and interact in an untypical way, including even the likelihood of "…exhibitionistic or unusual forms of behaviours…" as a result of being excited by the arrival or presence of the observer (Waddington 1994 pg.117). A variation of this effect is that structural or demographic elements such as the age, ethnicity, nationality, social class, language and accent, and gender of the researcher may have an effect on the views, emotions, attitudes, behaviours, actions, and reactions of both the researcher and the subjects under study (Gurney 1991).   These aspects of subjectivity and exclusivity of the perceptions of the observer in recording the observations is actually one of the major criticism of observation as a research data gathering method; however, this criticism of validity can be countered by not relying solely on observations, of any flavour, as the means of fieldwork data gathering for a research (Adler and Adler 1987).   Furthermore, Adler and Adler (1987) advise that observational data be written using a style that allows readers of the accounts to feel the subjects and the setting of the observation, including the emotions, attitudes, behaviours, actions, reactions, and interactions of the subjects, so as to provide validity by offering high internal coherence and plausibility for the readers to compare the accounts with their experience and knowledge from literature reviews.

Seven, participant observation requires skills or personality aspects such as being open, inquisitive, tenacious, flexible, and adaptive because the researcher usually comes into contact with people of all types and characters and situations of tension and surprises; hence, ideally, a researcher using this method should consistently take his or her own initiative and have a thick skin (Waddington 1994).   Next, the bias of the researcher cum participant

observer should not be ignored. Therefore, participant observation as a fieldwork method, while is ideal for some research, it may not be best suited for others; it is an approach that relatively requires the researcher to get into as well as detach from relationships, experience emotions of loyalty and betrayal, be open and secretive, be flexible and adaptive like a chameleon, and experience many different emotions of the subjects as well as his or her own emotions (Van Maanen 1982).

Lastly, both Denzin (1989) and Kidder (1981) mention a major criticism against observation as a research method that lacked reliability, including being confronted for not having statistical or quantitative analysis to corroborate the interpretation of the observed elements; however, credible accounts can be obtained if repeated systematic observations of the same phenomenon are possible as well as repeated access from gatekeepers because this practice of repetition over the main variables of time and place can ensure consistency. However, observation is seldom used by researchers as the sole method but as an integrated or supplementary method to other methods such as interviewing. As such, this integration or combination of methods turns observational techniques into a very rigorous method, into one of the most powerful ways of validation, and qualifies it as what Adler and Adler (1994 pg.389) called "…the fundamental base of all research methods…" because they address "…whimsical shifts in opinion, self-evaluation, self-deception, manipulation of self-presentation, embarrassment, and outright dishonesty…" head-on to find constancy in the direct knowledge and judgement of the researchers.

In spite of the above-noted limitations and solutions to observation as a fieldwork method, Waddington (1994 pg. 118) argues that in studies involving human social interactions, some amount of researcher bias may not only be unavoidable, but also be beneficial as this addresses the possibility of such effects openly and honestly rather than some positivistic research which pretend objectivity as if research work in the social sciences can be done in a "social vacuum." There are more benefits to be gained from the insight this method offers than problems or limitations mentioned. First, participant observation lessens the possibility of being deceived by interview respondents and elements of social interactions or behaviours such as sudden changes in

the moods, emotions, and behaviours of people could be observed, something which the method of interviewing could not easily capture.

Second, quantitative or positivistic approaches may measure human attitudes, emotions, experience, and behaviours but it is qualitative methods of interviewing and observation which can inform how and why these psychological and social elements are formed and changed over time. Third, though observation as a research method is often mis-understood as a soft or subjective approach, the data and analysis yielded are deep and meaningful as it allows the researcher to not only immerse himself or herself into the cultural or social setting, emotions, attitudes, ways of thinking, actions, and experiences of the people and events studied but also observe and experience them as the first person. Fourth, observation allows flexibility resulting in deeper insights, novel ways of looking at what is known, and creativity when compared to more structured methods because it gives liberty to the observer to form theories to categorise and link observed elements in the field (Kidder 1981).

3.10.2   What elements are usually described in an observation?

Note taking is the usual and main way to record observational data, although is some cases, audio or video recordings may be involved. One hour of observation in fieldwork may require many hours of writing up textual data which then becomes the paper description of almost everything that could be recalled by the observer such as the events, setting, people, conversations, actions, reactions, interactions, feelings, routines, rituals, intuition, and temporal matters such as sequence and duration of the both the subjects and the participant observer in the process of interacting with the subjects (Denzin 1989; Taylor and Bogdan 1984). The ideal situation is to have repeated access to the same phenomenon to allow a funnelling effect through stages of repetitive and gradually focusing and narrowing observations: the initial observations are based on broad questions, usually descriptive in nature while general and varied in scope in order to be stepping stones to further shape and direct future observations until the significant elements, patterns, and processes are captured (theoretical saturation) as the observer

progressively familiarises himself or herself with the elements of observations (Adler and Adler 1994). Experienced observers may also employed other sources of information such as documentation, meeting minutes, mass media coverage, casual conversations, and even interviews and quantitative surveys to triangulate and compliment the data recorded through observations (Jorgensen 1989; Denzin 1978) to bring out the details of elements observed, thus allowing a richer description (Waddington 1994).

3.10.3   Analysis of observation data

Being inductive in strategy, the analysis of qualitative data gathered through participant observation is a repetitive and dialectical process where the assembled elements from the field are examined for patterns and relationships. During this demanding analysis process, knowledge gained from literature review, theories, and feelings and intuitions gained from experience in the field may help move the analysis towards an interpretation of the patterns and relationships which interpretation and explanation may subsequently be accepted, rejected, or modified in a repeated process until the research problem is more focused or a theory is formed (Jorgensen 1989).

3.10.4   Withdrawing from participant observation

Practical circumstances, such the end of funding or time allocated for the research, or theoretical saturation, the stage where no new significant insights could be gained, could be the reason why a researcher has to leave the field (Glaser and Strauss 1967). For a participant observation that takes up a considerable periods of time, leaving the field, which involves ending relationships or attachments, may not only be an occasion of relief mixed with sadness and regret for the researcher, but may also be painful or even offensive to the subjects who may feel used or betrayed (Taylor and Bogdan 1984). Waddington (1994) advises easing out, drifting off, without abruptly terminating relationships with the subjects observed or even maintaining

contact with them to keep them informed of any reports from the research (Taylor and Bogdan 1984).

Researcher's note:

> In this participant observation of the research subjects, the matter of leaving the field was of a practical circumstance, that is, the end of the workshop to which access was granted once, implied the end of the participant observation. Second, because the researcher was with the subjects, the leaders and managers of NHS Scotland attending the workshop, for the two full days of the workshop, a significantly strong relationship bonds could not have been formed to make leaving the field a painful experience for the subjects.

3.10.4 Elements to be observed and the focus of the observation

The People Management Workshop is one of the leadership and management development programme offered by NHS Scotland to healthcare leaders and managers working in the various departments or areas. This research employs participant observation as a secondary fieldwork-data-gathering method to the primary method of interviewing. Although literature reviews prescribe the acclimatisation of elements to be observed through repetitive observations of the same phenomenon, repeated access to the same workshop could be not granted by the gatekeepers of the programme. Nonetheless, because the process of acclimatisation takes place during the series of the first round of interviews (as noted in the section on interviewing), the participation observation in this research is more focused then the generic participant observation expressed in the literature review above.

In a more focused observation, the followings are elements that would be noted in the observation of the People Management Workshop:
1. The content and suitability of the workshop in developing participants to actually lead and manage people (the content would include all hand-outs and documents given to the participants).

2. The behavioural attributes, attitudes, thoughts, feelings, and actions of the participants during the workshop inclusive of their stories, problems, challenges, and scenarios they faced during their work.

3. The behavioural attributes, attitudes, thoughts, feelings, and actions as well as the delivery and presentation of those who conducted the workshop (for example, how they managed themselves, the event, the circumstances, the participants, the participant observer, and how the workshop was delivered to the attendants).

3.11 Ethical issues

This research work was not solely literature-based; as it involved fieldwork data collection, approval was sought and obtained from the Research Ethics Committee of the university.

Secondly, this research received approval from the Ethics Committee of NHS Scotland, a committee that handled all research work involving any organisation in NHS Scotland.

Furthermore, there was no major ethical issue or concern in this study. There was also no conflict of interest between the funding source and the outcomes or potential outcomes of the research. There is no financial inducement offered by any party or organisation.

In addition, this research involved neither the use of any dangerous substance nor any ionising or radiating element. It did not put any living creature, stakeholder, the environment, or the economy at risk. It did not involve experimentation on animals, animal or human tissues, cells, blood, or fluid. Other than the normal risks one would encounter in daily living, this research neither induced psychological stress nor anxiety; it did not cause harm or bring about negative consequences for the participants in the study. Moreover, deception was not required in carrying out the research.

In general, there was no problem in the matter of the rights of the participants in remaining anonymous. The selected participants were those

who genuinely and willingly took part in the research. They had been informed ahead of time about the aims of the research and the relevant information needed for the fieldwork to be carried out. In addition, as the participants were already those in leadership and management or operation positions in their respective organisations, this research did not involve people who were particularly or naturally vulnerable, such as children or adults with severe learning disabilities.

Lastly, as per the requirement of the Ethics Committee, an adapted consent form was sent to each participant in the interview as a basis for informed consent and for mutual record keeping.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

Be imitators of me, as I also am of Christ

- Apostle Paul (First Epistle to the Corinthians 11:1)

Chapter Outline

4.1   Introduction

It is to be noted that with regards to Scottish healthcare services, a geographic area in Scotland covered by NHS Scotland is called a Health Board; for example, NHS Lothian is a Health Board covering the geographic area of and around the Lothian province where the city of Edinburgh is located, NHS Greater Glasgow covers the city of Glasgow and the surrounding areas, NHS Grampian covers Northeast Scotland where the city of Aberdeen is located, and NHS Highlands and Islands is yet another Health Board covering the Highlands and Islands of Scotland. The research subjects of this research are healthcare professionals in a particular Health Board and the actual identity of this Health Board is kept confidential because of the confidentiality agreement with the upper management and the interview respondents of the Health Board.

Researcher's note:

I explored what was going on in terms of how emergent or junior healthcare leaders and managers were developed and what their behavioural attributes, attitudes, ways of thinking, feelings, traits, practices, or actions were like. I also asked the colleagues (who themselves are leaders and managers in one way or another) of each of these emergent leaders and managers for their viewpoints of the

behavioural attributes, attitudes, ways of thinking, feelings, traits, practices, or actions. In addition, I inquired as to what leadership and management development programme or trainings were available under their Health Board. In exploring the leadership and managerial behaviours, attitudes, ways of thinking, emotions, and actions, I asked each interview respondents about the leaders and managers in their professional lives that had most influenced them in terms of their leadership and management behavioural attributes, attitudes, ways of thinking, feelings, traits, practices, actions or moments. For example, I explored such elements through questions on certain leadership elements such as having a vision for the team, communicating the vision, interpersonal communication, empowering direct reports, expressing verbal consideration, their priority towards leadership and management development, their positive attitude (or lack of it) in solving problems, their perseverance, and their critical incidents; all these exploratory inquiries were meant to elicit responses to provide insights into leadership and management behavioural attributes, attitudes, ways of thinking, feelings, traits, practices, moments, or actions as well as how these elements were formed, learned, or acquired.

The analysis of transcripts from the first round of interviews revealed that all the emergent or junior healthcare leaders exhibit at least some (most of them exhibit many) of the leadership behaviours of their role models in their professional work as per their respective descriptions or narrations. These role models were the senior leaders and managers (either their current or previous line managers) that they admired and had most influenced them.   Furthermore, the views from the different colleagues of each interview respondent confirmed the existence of behavioural attributes or characteristics in the respondent that were similar to or imitative to those of the leaders that had most influenced the respondent. Thus, this was a discovery of a strong presence of mimicry or imitative beliefs, behavioural attributes, traits, attitudes, ways of thinking, values, feelings, or actions.

This particular discovery changed the focus and direction of the research because the memetic or imitative elements were interesting to me during my analysis of the data from first round of interviews. These memetic or imitative elements leaped out from the responses of the research subjects to the interview questions and probing on leadership and management elements as well as some of the critical incidents. While there was another discovery in the qualitative data of the interviews, mainly the evaluative aspects of the research with regards to, particularly, the People Management Workshop and its constituents, the memetic leadership and management elements were much more interesting to me for further investigation in comparison to the duller responses on the evaluative sections of the research. Then, a literature search, inclusive of discussions with supervisors and senior researchers and peer groups in the British Academy of Management, for a theory, model, or framework to be a theoretical lens to understand and theorise this imitative behavioural attributes, traits, attitudes, ways of thinking, values, or actions was thus conducted. A number of ideas were entertained but it was found that meme theory was the best theoretical lens because of its power to explain the phenomena discovered. Therefore, what followed was the summoning and development of the theoretical lens of meme theory and looking at leadership development among these healthcare leaders or managers with this lens before proceeding to the second and final set of interviews in the research.

In the second round of interviews, as I returned to the same interview respondents, I asked the respondents directly whether they adopt or imitate the attitudes, values, beliefs, behavioural attributes, ways of thinking, emotions, or actions of their respective role models they mentioned in the first interview. I further inquired them of 1) other behavioural characteristics, such as altruistic behaviours or actions, of their role models that they had also imitated; 2) whether any of their direct reports or professional peers exhibited similar behavioural attributes in their professional work; 3) whether they had the intention of adopting or imitating the said characteristics; 4) whether they set plans or goals in expressing these leadership behaviours (to be like

their role models) if they did have the intention; 5) whether they deliberately regulated their actions or constructed the appropriate actions towards the goals (if they did set them); 6) whether they self-reflected on the personal efficacy in expressing the behavioural characteristics (if they did deliberately regulate their actions or constructed the appropriate actions); and 7) each interview participant was also asked, in rotation, whether each of his or her line manager, peer, and direct report also respectively imitated the leadership behaviours or actions of their respective role models.

4.2   Participant samples and a brief description of the data

The interview participants of the research are all healthcare professionals in a Health Board of NHS Scotland. The actual name of this Health Board, of this geographic area of NHS Scotland, together with the names of the interview respondents, kept confidential as a part the confidential agreement in the research. The research participants are of five groups, representing five different departments of this Health Board. Physically, these healthcare professionals have their respective offices in different hospitals or community health centres in the geographic area.

Group G1: the Learning and Development Group:
Members in this group are 1) G1L, a healthcare professional undergoing the People Management Workshop; 2) G1M, the line manager of G1L; 3) G1P, a professional peer of G1L; and 4) G1S, a direct report of G1L. The organisation of Group G1 is the Learning and Development Department of the chosen Health Board in NHS Scotland; it is part of the Human Resource (HR) Department of the same Health Board. The function of this organisation is to provide, organise, manage, administrate, and facilitate training and development to the staff members of NHS Scotland in the area. The department also deals with e-KSF, the electronic version of Knowledge and Skills Framework, the skills development portion of Agenda for Change. Members of this group in the research carry out many administrative functions in the department.

Group G2: the Pharmacy Technicians Group:

The healthcare professionals in this group are 1) G2L, a leader undergoing the People Management Workshop; 2) G2M, the line manager of G2L; 3) G2P, a professional peer of G2L; and 4) G2S, a direct report of G2L. They are pharmacy technicians in the Pharmacy Department of the largest hospital of the principal city of the region covered by the Health Board. One of the main functions of the members in this group is in the distribution of medicines, especially vaccines, to the community healthcare centres; they are there to ensure the adequate, accurate, and timely supply of medicines and vaccines to the public.

Researcher's note:

> The line manager of G2L, G2M, came into the department a year before the first round of interviews were conducted in the middle of 2008; just before the second round of interviews a year later (2009), G2M left the healthcare service to follow her husband's relocation due to work. Thus, G2M did not appear in the second round of the fieldwork. G2L, an emergent leader, was promoted to the position that G2M used to hold about six months after the first round of interviews; thus, in the second round of interviews, G2L was leading a larger group in a more senior role. Furthermore, G2S, at the time of the first round of interview in 2008, was a trainee staff reporting directly to G2L; a year later she had already been working as pharmacy technician reporting to G2L.

Group G3: the Occupational Therapy Group:

In this group, G3L is an occupational therapy professional with both clinician and leadership or managerial functions undergoing the People Management Workshop while G3M is the line manager of G3L with G3P, a professional peer of G3L, and G3S, a direct report of G3L. The organisation of this cluster is the Occupational Therapy Department of a major hospital in the Health Board. The main function of the members of this group is to assess, treat, and rehabilitate people with physical and mental conditions, with the view to promote independent bodily and mental functions in the daily lives of the patients. G3L and her team members focus mainly on the orthopaedic side.

Group G4: the Surgical Theatres Group:

The surgical-theatre nurses in this group are 1) G2L, a leader undergoing the People Management Workshop; 2) G2M, the line manager of G2L; 3) G2P, a professional peer of G2L; and 4) G2S, a direct report of G2L. They are members of the relief team of all the surgical theatres of the main hospital in this Health Board; although they are medical and surgical nurses clinically, G2L, G2M, and G2P have leadership roles.

Group G5: the Mental Health Nursing Group:

Members in this group are 1) G5L, a healthcare professional undergoing the People Management Workshop; 2) G5M, the line manager of G5L; 3) G5P, a professional peer of G5L; and 4) G5S, a direct report of G5L. The members of this group are in mental health or psychiatric services (mental health nursing). G5L, G5P, and G5S serve in community mental healthcare homes in the region with their offices there while the office of G5M is in a major hospital in the Health Board. The community mental healthcare homes are care homes for those on rehabilitation after being discharged from a hospital while the hospital of G5M is a hospital that focuses on mental health in the region.

Researcher's note:

> During the time of the second round of interviews, G5L was working in the same mental health hospital as G5M after her transfer from the community mental healthcare centre which she had been attached to during the first round of interviews.

The qualitative data are responses to semi-structured and open interview questions and probing. Appendices A-1, A-2, A-3, and A-4 contain the generic interview questions for the first round of interviews for the emergent healthcare leaders and managers and their respective line managers, peers, and direct reports. Appendix B is an example of a generic question set for the second round of interviews. For both rounds of interviews, the actual names of the research subjects and their colleagues are used; however, the documents in the appendices are all made anonymous so as to honour the confidentiality agreement with the research subjects and the gatekeepers of their organisations as well as the ethics aspect of the research. Appendix B is

an actual question set for a particular respondent in the second round of interviews; this is presented to show an example of a question set employed as it would not be necessary to present all eighteen sets of questions (twenty were made but only eighteen were actualised as two healthcare leaders left the service due to unforeseen circumstances before the end of the one year gap).

The responses of the research subjects presented in this thesis are direct quotations uplifted from the interview transcripts. Notations are included to show elements such as pauses or hesitations, the actual words or expressions of respondents in cases where the grammar is erroneous, and my annotations or explanations to the responses to clarify them due to a particular context or background of the conversations.

4.3   Keys used in the transcripts

Before proceeding to the analyses of the variables with their respective transcribed responses of the interview respondents, I would like to make note of a few keys used in the transcribed responses. In all the transcribed interview responses, the content within the square bracket "[ ]" denotes something added by me, the researcher-cum-interviewer, to explain the context of a particular response of an interview participant, to correct certain grammatical errors in the speech of the respondent, or explain certain elements in the speech.

A series of periods "...." denotes a pause or hesitation of an interview participant in responding; this element is often a part of the natural thought and speech processes of the interview participant as he or she thinks or considers the appropriate response.

I would like to add that for the ease of discussion and writing, I use either the expression 'behavioural attributes', 'behavioural traits' or 'behavioural characteristics' to represent not only the behavioural attributes, traits, or characteristics of the research subjects, but also the values, attitudes, beliefs,

ways of thinking, emotions, practices, and actions of these healthcare leaders and managers.

4.4 The analyses of memetic elements in leadership development of the healthcare leaders

As mentioned above, the main theoretical lens looking at the qualitative data of the interviews is meme theory as it is a theory with the best ability to explain the imitative elements of in the leadership and management development of the healthcare professionals in this research. The theory of human agency is employed as a supporting theory to explore and explain related elements of the memetic leadership and management development. As such, it is necessary to present below a substantial discussion of these theories.

Researcher's note:

This post-interview literature review on meme theory and the theory of human agency is placed here because, chronologically, they were explored after the first round of interviews.

4.4.1 Meme Theory

There is a shortage of theorising in the field of leadership and management development. The reason meme theory is chosen to be the main theoretical lens to look at the leadership and management development in the healthcare service in Scotland is because it has the explanatory power that other frameworks or models lack, such as those discussed in the beginning of this chapter. Meme theory could thus provide the potential ability to understand the discoveries in the research data gathered from the fieldwork in the healthcare sector (the theory of human agency, to be discussed in the next section, is employed as an auxiliary to this theory). The phenomena discovered relate to emergent or junior healthcare leaders and managers imitating the leaders that have most influenced them in their professional lives (details of the phenomena and their explanation are elaborated later).

One theory that could effectively describe and explain this social phenomenon of imitating is meme theory as it has the ability to interpret concepts relating to replication, transmission, acquisition, and spread of ideological, behavioural, or cultural elements among human beings (Blackmore 1999; Dawkins 1989).

From my literature review, I have not found any work applying meme theory to look at leadership and management development. Therefore, applying meme theory to understand leadership and management development would be a novel contribution of this research. It is interesting to see the building up of social capital through the transmission, replication, and acquisition of memes; the discovery that leadership and management development is and could be realised by people imitating those they admired or those who are their role models bears much implications for leadership and management development trainings.

4.4.1.1   Introducing the theory

It is a commonly known phenomenon that human beings, since early childhood or even infancy, imitate others, consciously or unconsciously. Imitation is thus also one of the basic ways of learning where a child or even an adult learn to do something or behave in a certain way after watching the action or behaviour.   Imitation of or copying of behaviours, actions, ways of thinking, thoughts, ideas, emotions, and other cultural elements from someone else are commonly observed and known.   Imitation implies: 1] decisions about what to imitate and what is considered the same or similar are made; 2] "…complex transformation from one point of view to another…"; and 3] "…the production of matching bodily actions…" (Blackmore 1999 pg. 52). What is imitated is a 'meme', (Pearsall 2001), thus, meaning 'something imitated'; meme furthermore, nicely rhyme with the more commonly known word 'gene'.   According to the Concise Oxford Dictionary, a meme is a "…cultural or behavioural element passed on by imitation or other non-genetic means…", a word shortened from the Greek word 'mimeme' (Pearsall 2001). It is a neologism first coined by Dawkins (1989) in the 1976 edition of in his book 'The Selfish Gene'. Laurent (1999), however, offers another

origin of the word: the Greek word 'mneme' for a unit of memory. In any case, the concept of meme was firstly proposed by Dawkins and it refers to any cultural element (such as an idea, a belief, a way of thinking, an attitude, an attribute, an action, a practice, or a behaviour) that is copied, replicated, or passed from one person to another either vertically (across generations) or horizontally (to different persons of the same generation). Similar to genes, memes would also evolve according to the principles of natural selection.

The idea of cultural evolution resembling genetic evolution actually pre-dates Dawkins, and in Best's (1998) opinion, pre-dates even Darwin when Darmesteter (1886) and Lyell (1863) talked about the evolutionary theories of 'ideas'. Furthermore, Campbell (1965; 1960) proposes that both cultural evolution and organic genetic evolution are both instances of a general or generic model of an evolutionary system. While genes are "…instructions encoded in molecules of DNA", "…memes are instructions embedded in human brains..." or minds, or in artefacts of human society such as books (Blackmore 1999 p. 17).

Imitation includes passing on information, knowledge, behaviours, ways of thinking, emotions, skills, and actions "…by using language, reading, and instruction…" and it includes any kind of copying of these elements; for example, when one passes on the summary of a story heard, he or she has copied a meme (Blackmore 1999 p.43). A meme is anything a person learns by imitation; this meme, as a unit of imitation, when understood in terms of genetics, is also a 'replicator'. A "…replicator is anything of which copies are made…" while 'vehicles' or 'interactors' are entities, such as organisms or groups of organisms (integrated and unified organic machines) that, carrying replicators "…inside them and protect them…", interact with the environment (Blackmore 1999 p. 5). For example, when a person imitates the way a famous popular figure (for example, a successful popular singer) dresses or talks, he or she is participating in the spreading of this meme by one person copying another in terms of idea or behaviour. Thus, this meme, as a replicator, replicates itself through the vehicle of the fans of the singer. Another example is the commonly and globally known song 'Happy Birthday to You' where this meme has been successfully replicated horizontally across different ethnic groups, cultures, and countries, and vertically across

generations (Blackmore 1999). Genes replicate themselves in the gene pool going from a physical body to another "…via sperms or eggs…" but memes replicate themselves in the meme pool from one mind to another (or brain to brain) via the process of imitation (Dawkins 1989).

Scientific theories, technologies, innovations, and inventions are also good examples of memes; the widespread of these memes, and indeed, the global phenomena of copying or stealing of intellectual properties, show memes and the replication of memes at work. Agriculture, the industrial revolution, the information revolution of this age, and their respective techniques and tools are memes, copied from one part of the world by another or replicated in one organisation or group of people from another. Some of these memes make life easier or happier and benefited the genes and the propagation of the genes of the people imitating the ideas, inventions, technology, or innovations, while others, arguably, do not. They are memes notwithstanding, and as replicators, these memes are in the interest of having a foothold in as many minds or brains as possible and of multiplying themselves or be copied copiously.

What counts as a unit of meme and how do you measure memes? Dennett (1995) defines a unit of meme as the smallest element to be replicated reliably. For example, a musical note by itself may be too small a unit to be a meme but a few musical notes forming a theme of the composition, such as the first line of first movement of Beethoven's 5th Symphony, may be considered a unit of meme. Human life, with the abundance of culture, ways of thinking, attitudes, feelings, ideas, and behaviours, is over-flowing with memes (but not all thoughts and feelings are memes – immediate ones are not as they could not be passed or imitated) each fighting for its success in replication in a memetic evolution involving the evolutionary processes or mechanisms of variation, mutation, competition, and inheritance. Just as genes, memes too can be 'selfish' in that they are only interested in replicating and spreading themselves regardless of whether they, the ideas, ways of thinking or feelings, behaviours, actions, or styles, are useful, beneficial, harmful, or neither beneficial nor harmful. Effective ideas, behaviours, attributes, actions, innovations, or practices in leadership development may be copied because of they bring positive effects to those

who copy it. Nonetheless, there are memes, from ineffective leadership behaviours to the annoying Nigerian scams to pyramid schemes to medically unsound slimming diets to terrorist indoctrinations are all downright harmful to the persons or 'vehicles' that followed them. Yet they are memes that insist on replicating themselves. Thus, to Dawkins (1989), being 'selfish' aspect refers to the behaviour of genes that only act for themselves, that is, in their own interest to propagate or replicate themselves and to pass themselves to the next generation regardless of the effects (positive or negative) they bring to the vehicle or organism hosting them. Could not memes too act in the same 'selfish' way?

Memes too can be selfish in that they just to want to get copied, replicated, reproduced, or passed on, and they do not care what effects they bring to people; thus, leadership and management behavioural attributes or practices are more than merely of the creations of people that work for them because these memes could be acting autonomously (Blackmore 1999). Furthermore, memes would also compete (a mechanism of evolutionary processes) among themselves to get into the minds and hearts of people and be reproduced and passed on, vertically (inter-generation, from an older generation to a younger generation) or horizontally (intra-generation, among members of the same generation). Memes, like viruses (genetic codes), can be contagious; the powerful widespread of a particular idea, behaviour, or action (such as fashion crazes or financial investment bubbles) is a memetic social contagion.

However, Dawkins (1989 p. 192) seems to have underestimated the ability and power of individual human beings to change or over-ride a meme planted in his or her mind when he stated that a meme leaped into the mind of a person would "…literally parasitize…" his or her brain, turning it into a vehicle for the propagation of the said meme just as a "…virus may parasitize the genetic mechanism of a host cell…" to propagate itself. Thinking human beings are also selectors as well as propagators and imitators, and clearly, some memes are imitated while others fail to be copied and replicated; apart from conscious selection of what to imitate or learn, other mechanisms, properties, and limitation of the human brain or mind such as the senses, information processing capacity, memory, and the ability to imitate can also determine the success or failure of a meme in replication.

Meme theory could also be applied to understand a number of different fields of study, including even theology. For example, according to Blackmore (1999), Gottsch (2001) applies it to understand mutation, selection, and transmission of memes in canonical texts of Near Eastern religions; Carney and Williams (1997) use memetics to understand the marketplace and entrepreneurship; Williams (2002; 2000) applies it to understand business and customer behaviour (but finds that philosophical and methodological issues need to be addressed for this new paradigm); Marsden (2002) shows that meme theory could be used to analyse and enhance brand positioning. Furthermore, Pech (2003) argues for meme management in a business organisation and that it is one of the major factors contributing towards the success of a company because the memeplex of an organisation include the perceptions of the public and its employees regarding the values, beliefs, attitudes, behaviours, ways of thinking, emotions, knowledge, competencies, perceptions, and actions of the organisation (further discussions on memeplexes are given in the section on the Altruism Memeplex).

The concept of thinking human beings as imitators and propagators of ideas, values, attitudes, traits, behaviours, ways of thinking, feelings, actions, or practices gives a basis for leadership development as a complex evolutionary process involving the imitation and propagation of these elements. Leadership development being a type of human development is incremental and accretive over time; it is a product of interactions between leaders, followers, and the social environment or context (Olivares, Peterson and Hess 2007), and in such interactions, the transfer, learning, imitation, and propagation ideas, values, attitudes, traits, behaviours, ways of thinking, feelings, actions, or practices of leadership and management occur.

4.4.1.2 Other similar theories of cultural evolution

There are a number of scholars who have proposed theories similar to meme theory; these related concepts can be considered to be theories of the evolution of culture and ideas. As early as a century ago, Baldwin (1909) proposed that natural selection applies not only to biology but also to the

mind and all forms of life, including education, society, and the way people learn by imitation and instruction. Ideas, cultures, inventions, technologies, innovations, and theories do not appear from thin air but each intellectual property is a gradual building upon another or a set of intellectual properties that come before it; thus, it is an evolution involving the spreading of memes from place to place, continent to continent, country to country, organisation to organisation, and person to person.

Popper (1972) applies ideas of biological evolution to his three 'worlds' of cosmic evolutionary stages of physical objects, subjective experiences, and ideas. The evolutionary world of ideas (where scientific theories exist, for example) could have its own life, and could influence physical objects through the world of subjective feelings or consciousness (Popper and Eccles 1977); in short, ideas can change the physical world. An example of this can be seen when the ideas in the mind of computing innovators (the world of ideas), such as Steve Jobs, influence the experiences of people (the world of subjective experiences), especially people in the computing world, resulting in advances in computing technology and design (the world of physical objects). Cloak (1975) talks about cultural instructions, small units of culture, being acquired by observation and imitation in the process of cultural transmission; he labelled cultural instructions in human minds 'i-culture', and the cultural instructions in behaviours, technology, and organisation, 'm-culture', and the end goal of both is the reproduction of i-culture, the ideas in people's minds. Cloak (1975) further proposes that since behaviours, technology, and organisations work for the benefits of cultural instructions in the mind, these cultural instructions could actually be parasitically controlling the behaviours of their host organisms, human beings, to their benefits, which may or may not be destructive to the host organisms; as such, cultural instructions do not work for mankind, mankind works for them in either a symbiotic relationship, or worse, a parasitic relationship. Yet others, such as Pinker (1994) and Diamond (1997) talk about the evolutionary development of languages, Campbell (1975) and Plotkin (1994) discuss the evolution of knowledge with knowledge, particularly scientific knowledge undergoing evolutionary processes of variation and selection, Cavalli-Sforza and Feldman (1981) and Lumsden and Wilson (1981) argue that culture is in co-evolution with genes (but with genes being in control of the evolutionary development

of culture for the eventual benefits of the genes), and Boyd and Richerson (1985) move the gene-culture co-evolution further by saying that just as genes can control the evolutionary development of culture, so can culture be in control of the development of genes or they may both develop in competition.

However, meme theory differs from these similar theories not just in the usage of the word 'meme', but more significantly, in that memes or cultural elements are acquired through imitative learning; memes are a second replicator in their own right and can be subjected to their own evolutionary processes without being under the control of or be working for the benefits and propagation of genes, the first group of replicators. Furthermore, with meme theory, the difference between human beings and other organisms undergoing evolutionary and biological processes is made explicit; due to their cultural evolution and their imitative ability, a second replicator, memes, acting in their own selfish interest and potentially eliciting human behaviours that are memetically adaptive but biologically maladaptive, are born (Blackmore 1999). These are not Durham's (1991) claims on cultural evolution and selection though he also uses the word 'meme'. In addition, with meme theory, memetic selection is also made explicit, and fundamental question on memetic selection now is: with far more memes than brains (the hosts of memes), which meme is more likely to find a safe host to be replicated again? Blackmore (1999 pg. 154) suggests that memes are successful in replication and host inhabiting are memes that produce "…altruistic, cooperative, and generous…" behaviours.

4.4.1.3   The mechanisms of memetic replication and transmission

Memes can proliferate like a chain-mailing email 'virus' that appeals to both fear (using threat of a virus infection) and altruism (pass this email to warn your friends); memes can be replicated or transferred from brain to brain by threats or altruism, or a combination of both (in a memeplex); an example would be the case of the ubiquitous chain-mailing email 'virus' asking receivers to forward the warning to others in their contact list (Blackmore 1999). Memes can also proliferate by appearing to give their potential hosts

security and happiness upon imitating the idea or behaviour. An example would be farming; Tudge (1995) shows that farming did not make the people that adopted or imitated the agricultural revolution (a fundamental change from the practice of hunting and gathering food) happier, healthier, or better in propagating their genes (biological reproduction) as most thought to be; in fact, in the change from the hunter-gatherer society to the agricultural society, mankind suffered decrease in nutrition, increased in diseases, and reduction in leisure time. Yet the idea and practice (which is a memeplex in itself) of farming spread far and wide, both vertically and horizontally because it provided an appearance of security and happiness and it was easily imitated (another factor that helps memes to replicate). Thus, this is one example of a meme or memeplex (collection of related memes) that benefits the meme at the expense of its hosts (Blackmore 1999).

Another mechanism of meme propagation is reflected in the fact that human beings, for the most part, cannot stop thinking and would actually need special training or effort, such as mind-calming or 'thoughts-emptying' meditation to slow down or calm the mind. Blackmore (1999 pg. 40) is of the opinion that this energy-consuming mental behaviour of non-stop thinking is a function of thoughts or memes fighting to get copied and competing to get the "…limited processing resources…" of the brains capable of imitation (there are less brains than they are memes around), of hosting memes, and of using memes as tools for thinking; thus, one way for a meme to be more successful in replication over other memes is to get the brain to keep on thinking and rehearsing it and the neural memory system to have fresh views of it, ready to be spoken about to another person (replicated in another brain). Regarding memory, a meme, such as a catchy tune, a likeable song, an advertisement tagline, a news headline, or a maxim that is memorable would also fare better than those that are comparatively not. Thinking requires the brain to use up a lot of energy of the body, so why do people not reduce or even stop thinking? Blackmore (1999) attributes this to a mechanism for meme transmission, that is, the phenomenon of the human brain or mind which cannot stop thinking or rehearsing (so much so that special efforts or trainings such as meditation are required to calm the mind) reveals that the incessant or recurring ideas, thoughts, feelings, and memories fighting for the attention of the mind are memes competing to

utilise the comparatively limited energy and other resources of the brain to replicate and spread under the pressure of natural selection. A meme that secures the attention of a brain and commands its resources would be more successful in replication than a boring one that becomes dormant or not mentally rehearsed. The casualty of memes competing for attention and resources of a brain is a peaceful mind; nonetheless, memes care more about their own replication than for the brain, and their relationship with the brain or mind (or even genes) does not have to be symbiotic (Blackmore 1999).

Just as people cannot stop thinking, most people have a hard time stop talking as they love to talk and silence is uncomfortable to them. Why is this so? Furthermore, the incredible varieties, advances, demand and supply, and changes in information and communication technologies such as mobile telephones illustrate the desire of people to talk even though talking takes up time and energy (more energy is required for talking than thinking). Blackmore (1999) thus argues that talking is another evidence of how memes are copied, and that human languages developed (with the size of the human brain increased in the process) because of much verbal communication which replicated memes. A silent person does not help much in replicating memes so memes associated with talking are reproduced at the expense of memes for silence.

Human beings also have an enormous capacity or ability to imitate and take pleasure in imitating others (Blackmore 1999); this certainly helps memes to spread. Humans could even be said to enjoy imitating and are only natural or designed to be imitative of the behaviours of others. Meltzoff (1996, 1988) finds that people beginning as early as infancy are capable of imitating sounds, postures, actions, and even delay imitation and know when adults are imitating them. Related to this is the phenomenon that shows another mechanism for transmitting memes: something that brings pleasure is more likely to be copied. A cultural element, idea, behaviour, or action that is enjoyable tends to be advantageous in replication; that which is pleasurable also tends to be memorable. In addition, human beings like to imitate successful people (including elements that have nothing to do with the reasons these people are successful) and those who are apparently successful. What is more, this phenomenon of imitating successful people

can go all the way to imitating the best imitators (Blackmore 199). Thus, pleasure, memory, success, admiration, and even the appearance of success are mechanisms allowing memes to replicate.

The process of the mechanism for the replication and transmission of memes begins with memetic selection the imitator or memetic learner decides what to imitate and some memes survive at the expense of others; then the "…genetic selection for the ability to imitate the new memes…" kicks in where the best imitators of the most successful imitators are more successful in replication; proceeding that, the "…genetic selection for the mating with the best imitators…" (Blackmore 1999 p.116). Memes that are transmitted from one generation to another (the younger generation) is known as vertical transmission (Cavalli-Sforza and Feldman 1981) but not all memes are replicated in this vertical process. Another mode of transmission is the oblique transmission where memes are spread from uncles to nieces and nephews or older cousins to younger cousins. In addition, a high number of memes are transmitted among members of the same generation or peer group and this is known as horizontal transmission (imitating the best imitators is more a case of horizontal transmission); through this mode of transmission, the memes evolve independently of genes (Blackmore 1999). The memetic driving and co-evolution with genes thus happen with all three modes of transmission.

However, not everything learned is acquired through imitation and much of what one learned is not or cannot be copied by others. Blackmore (1999) is of the opinion that people in practice could not separate what are learned by imitation from those learned by other means such as classical conditioning (where two stimuli are associated with one another through repeated pairing) and operant conditioning (learning by trial and error or by rewards and punishments). Most of human learning, including behavioural changes, is operant conditioning though there are other researchers who differ in their opinion (Lynch 1996); those who disagree consider all kinds of learning and conditionings as memetic learning (Brodie 1996). Strictly defined though, memetic learning is learning something (be it an idea, way of thinking, emotion, behaviour, or action) through imitation (which involves seeing or observing others).

The theory of evolution, in general principle, provides the idea that human nature is shaped by environmental elements; yet the neural structure of the human brain and the cognitive and learning abilities of sentient human beings allowed for imitative learning, cognitive agency, and for the comprehension, forecasting, and determination of circumstances or events against aimless environmental selection. In the next sub-section, I put forward an agentic theory of human development, adaptation, and change proposed by Bandura (2006, 2001) which states that because human being are sentient, they could transcend the dictates of their environment and shape their circumstances including social structures and systems. Due to the discovery of memetic elements in the leadership and management development of the Scottish healthcare professionals in this exploratory research, I bring out this theory to see if these research subjects are agentic. Furthermore, it is for revealing the potential presence of human agency in the memetic acquisition of leadership and management behaviours among the research subjects. In addition, the degree to which they exercise human agency is explored. Therefore, in the context of leadership and management development being a memetic and cultural evolutionary process, the next sub-section presents the theory of human agency and how this research could additionally be viewed through the lens of this theory.

4.4.2 The theory of human agency

Social cognitive theory has an agentic view of human development (thus, leadership and management development as an aspect of human development could be viewed through this theoretical lens), adaptation, and change (Bandura 2001, 1986) and rejects the duality between human agency and the environment (environment here includes circumstances, social context, or organisational context). An agent is an entity that intentionally influence his or her functioning and life circumstances as part of the causal structure, and sentient human beings, being agents, create social structures (which also influence and regulate their lives in return), influence their environment, self-organise, self-regulate, and self-reflect rather than being mere passive watchers of the social environment and human behaviours;

they are contributors to social circumstances as well as being products of them (Bandura 2006).

Bandura's theory of human agency is a further development in social theories that relate to human agency. An earlier social theory that relates human agency to social structures is the theory of structuration. The structuration theory states that social and cultural structures shape social life, exist only through and in the actions, behaviours, practices, or activities of human agents which they, in turn, also condition; this theory also proposes that the enactment of the actions, behaviours, practices, or activities of human agents (such as junior emerging leaders imitating senior experienced leaders) across time and space creates and recreates those social and cultural structures (Giddens and Pierson 1998; Walsham 1993; Giddens 1990, 1984). To Giddens (1984), human agents are individuals or groups of individuals that can make a difference via their behaviours, actions, or activities, and they enact these social behaviours, actions, or activities through the memory embedded in them (structure existing within agents) that serve as a vehicle for the actions, behaviours, or activities. In the language of meme theory, this concept and characteristic of embedded memory could be likened to memes replicating themselves via social interactions and the exhibition of thoughts, emotions, behaviours, actions, practices, or activities.

In Bandura's theory of human agency, there are mainly three modes or categories of human agency (Bandura 2006, 2001, 1986): 1] individual agency, which applies to one person self-influencing his or her functioning, circumstances, or environment; 2] proxy agency, which involves social mediation, takes place when someone acts through others or influences others to act on their behalf to bring about the outcomes he or she wanted; and 3] collective agency which is present as people exercise intentionality, decide, plan, take action, and work together to achieve common goals and intended results. As no single person has all the natural resources, time, energy, capital, and other human capacities to carry out major tasks in society, a mixture of individual, proxy, and collective agencies are required for successful functioning in the ever-changing life in organisations and society. This research as well as its analysis and findings focus on the individual mode of human agency in relation to leadership and management

development of the healthcare professionals of the Health Board in NHS Scotland.

Regarding the elements of human agency as per the agentic theory, there are four core constituents: firstly, intentionality; intentionality exists when a person forms intention, makes the decision, or carry out the action intentionally and wilfully. A person can exercise freewill and self-influence to behave one way or another.   An intention also implies a pro-active commitment to and a representation of future actions rather than "…simply an expectation or prediction of future actions…" (Bandura 2001 pg. 6). The presence of intentionality in actions, however, does not guarantee the desired outcomes in the future; some actions (such as a particular leadership and management development intervention) may be intentionally carried out with belief that they would bring about certain desired outcomes but the actual consequences may be undesired and unintended. Moreover, intentionality partially involves, and leads to, planning; planning is a future-directed action which requires present-directed intentions. However, it is interesting to note that in Giddens' structuration theory (1984, 1979), intentionality in the exhibition of behaviours, practices, or actions is not referenced in human agency; human agency is rather considered a pattern of the behaviours, practices, or actions.

The second is forethought, which is a temporal extension of agency (Bandura 2001). While forethought fully includes planning, it implies more than just the presence of future-directed plans (Bandura 2006). As one sets goals for oneself, one is also likely to anticipate the results of the plans, the choices of actions, and the execution of the actions that would bring about the desired consequences while avoiding the undesired ones (Locke and Latham 1990; Feather 1982). Furthermore, the exercise of forethought elicits motivation and guidance for the plans, behaviours, and actions because forethought is a cognitive representation that projects perspectives of the future and the desired results into the present; moreover, forethought not only gives motivation and direction because visualized plans, future results, and anticipated desired outcomes all become motivating and regulating factors in the present, it can also give meaning to human life (Bandura 2006). Therefore, the human emergent psychological ability (that transcends mere

genetic identity) to project anticipated outcomes into the present cultivates foresight and behavioural change and development, enabling human beings to rise above their environmental or biological factors; people have thus the incentives to develop, modify, regulate their present behaviours, choose paths in life, and take courses of actions that they anticipate to result in the desired personal, social, or material outcomes.

The third aspect of human agency is self-reactiveness because intention, and planning and forethought are inadequate to achieve the desired outcomes; the actual implementation of the intended, planned or thought-through actions requires not only motivation but also self-regulation, self-monitoring, self-sanction, self-evaluation, performance self-guidance, and corrective self-reactions (Bandura 2001, 1991, 1986). This aspect is called self-reactiveness or self-regulation. Ideally, when one executes an action, one would exercise self-reactive or self-regulating influence. In addition, self-regulation includes comparisons of goals, expectations, standards, and the actual performance of the action. Structuration theory supports the ability of human agents to monitor their behaviours, practices, or actions reflexively as well as to rationalise them and evaluate the effectiveness or success of these behaviours, practices, or actions so as to bring about change or transformation (Giddens 1991, 1984). Through actions, such as leadership actions, leaders and managers form social structures; to carry out leadership actions or exhibit leadership behaviours, the human agents would have to be motivated, capable of rationalisation, and able to reflexively monitor their behaviours and actions.

Human agents are not only planners, fore-thinkers, and self-regulators; they also reflect on their actions and performance. Self-reflectiveness, the most distinctive property of human agency, implies the exercise of human consciousness and meta-cognitive ability to reflect, self-examine, introspect, and self-evaluate the motivation, values, meaning, goals, and personal efficacy of thoughts, pursuits, behaviours, development, and actions and to change or adjust accordingly. Thus, self-reflectiveness allows people to control their functioning, social circumstances, and environment to a certain degree (Bandura 2001, 1997). This belief in self-efficacy allows people to be confident that they are not passive bystanders or fatalistic victims of

environmental circumstances but that they have the ability to bring about their desired outcomes (or prevent unwanted ones) through their behaviours and actions; this positive perception of self-efficacy affects human motivation, development (including leadership and management development), adaptation, and change directly or indirectly through other determining factors, such as having an optimistic or pessimistic outlook (Bandura 1997; Maddux 1995; Schwarzer 1992).

In structuration theory, human social elements, such as leadership and people management behaviours, practices, or actions, are deemed to be recursive and in both their formation and the formation of the constitution of the human agents, structure comes into existence as both the medium and result of these behaviours, practices, or actions being reproduced or imitated (Giddens 1984, 1979). This duality and mutual enactment of structure and agency showing that structure (existing internally in agents as embedded memory and externally as the exhibition of behaviours and actions) and agents are both involved in process and formation of social behaviours and actions (such as imitating leadership behaviours and actions) across time and space is thus a core concept differentiating structuration theory from other social theories.

In reference to Chapter Three, interpretivism (the chosen approach of this research), particularly the interpretivism of Bevir and Rhodes (2002), supports human agency. Though in agreement with post-structuralism and post-modernism (as discussed in that chapter) in accepting the influences of social settings, contexts, and structures, interpretivism supports human agency while rejecting autonomy (which rejects the influence of social structures). Therefore, the healthcare leaders and managers as human agents could and do decide on what beliefs, preferences, desires, or intentions to hold as well as what behaviours, attributes, or actions to exhibit.

Having discussed the theoretical lens, below is the presentation of the findings, analyses, and discussions of the actual responses of the healthcare professionals in relation to their leadership and management elements ranging from their values, attitudes, ways of thinking, and feelings to their behavioural attributes and actions. In the actual workplace, almost all of

these healthcare professionals interviewed exhibit the values, behavioural attributes, characteristics, feelings, thoughts, and actions of their respective senior or experienced leaders and managers that have influenced them. They imitate the senior leaders and managers and some even their professional peers. This memetic transmission of leadership and management values, actions, attributes, and behaviours may then be an answer to the question regarding the mechanism underlying leadership and management development.

4.4.3 The Altruism Memeplex

It is commonly known that healthcare work is emotionally draining as well as requiring the exertion of physical and mental energy. Serving and caring for people who are physically or mentally ill (or both) demand a lot of a person and it can be a thankless job leading to possible burnout. In addition, one may even face verbal abuses from patients who are mentally ill. As can be seen from the responses of interview participants below, it is in such an organisational environment that these healthcare professionals define what altruistic behaviours are: in the NHS, one may face situations having to sacrifice break time, scheduled off-work or rest days, weekends, or work over-time without the extra pay, all to meet the need of the service such as 1] emergency situations, 2] standing in for a colleague on a sudden unscheduled leave, 3] the meeting of new targets set by the government, 4] the shortage of staff, and 5] the lack of budget to pay for over-time work. Some actions require one to be physically present in the facilities while others allow one to work offsite through telecommunication. Overall, altruism and selflessness are among the most common behavioural characteristics found among the research participants; this set of altruistic behavioural attributes are an example of elements learned via imitating their respective leaders that have most influenced them.

In addition, Dawkins (in Blackmore 1999 pg. xiv) defines a memeplex as a co-adapted meme complex, a complex of "…mutually compatible memes…" co-habiting in individual brains or minds; similar to the effects on individual genes in a gene pool in genetic selection, natural selection does not choose

the concerned memes as a group but rather each separate meme of the memeplex is "…favoured when its environment happens to be dominated…" by the other memes in the meme complex. For example, as can be conjectured from the findings in the data below, the healthcare professionals inherited the altruistic attributes from their respective role models in selflessly serving and caring for patients or staff members (or both) in a variety of ways or actions under their leadership. These various but related altruistic behavioural attributes are grouped together and are considered as a memeplex as they are similar in nature and expression and are mutually reinforcing.

Furthermore, altruistic behavioural attributes are not among the commonly known attributes, behaviours, or traits among leaders in relation to the Behavioural Attribute Theory (Cawthon 1996; Zaleznik 1992; Kirkpatrick and Locke 1991; McCall and Lombardo 1983; Stogdill 1974). This then constitutes a breakdown under the light of the pro-theory-development methodology of Alvesson and Karreman (2007). Thus, this and the next three memeplexes are interesting phenomena and interpretations that may advance the field of leadership and management development

To show an understanding of behaviours expressed by most of the leaders that are considered by most of the healthcare professionals in the research to be altruistic, the following descriptions by G4S and G1L serve as initial examples. This altruistic behavioural attribute is imitated from the leaders that have respectively most influenced them in their professional life.

> Researcher: did your role models ever exhibit any altruistic behaviour in their leadership?

> G4S: ya, ya. I have seen G4L come in and stay late at night or come in on day-offs to do other stuffs; so, yea.

> Researcher: did you ever exhibit similar altruistic behaviour in your leadership or professional life?

> G4S: yes.

> G1L (in reference to her role models showing altruism): certainly, absolutely. I had one particular person who would email me and said 'if you have any problem, phone me at home, even during weekends, and we will take about it during the weekends or phone me after work or phone me after 5pm and we will have a chat about it or if you want

to go for a coffee or something' [sic]. I think this is very nice. To talk about work during the weekends, I think it's altruistic.

G4L is a surgical theatre nurse working in a department that is commonly known for a hectic life that requires one to be fairly altruistic. I interpret G4L coming in and staying late at night or on day-offs to be altruistic behavioural attributes (as opposed to reasons such being behind in work, being late for work, having stayed in bed, or having spent time in a pub) because of the context of working in surgical nursing and because of the tone and body language of her colleagues when describing G4L.

G1L, her peers, and direct reports display altruism too:

> Researcher: did any of your direct reports or peers exhibit similar altruistic behaviour in their leadership?
>
> G1L: yes, a couple [of them] have [displayed altruism]. One in particular has been facing more problems [in the workplace] and I hope I have been able to help her. We help each other. It is also [exhibited] in the case where we give each other's weekend time, such as, talking about it [the problems].

It is also interesting that while G1L considers giving up one's time outside of the stipulated working hours to talk about work as an altruistic behaviour, she also deems these actions as something enjoyable due to what she considers is an aspect of the feminine nature. There is, however, a contradictory element in G1L; in asking her directly as to whether she exhibits altruistic behaviours, she says:

> No, I don't think I actually had to [be altruistic], if that makes sense. The situation has never been such that I felt it would be necessary [to be altruistic].

G1L's denial of altruism may either be due to her modesty or because she considers talking about work with her colleagues outside of work hours to be something enjoyable. On the other hand, it is possible that another researcher may interpret this as a collaboration rather than altruism.

Nonetheless, G3S confirms that the altruistic behavioural attribute is a meme transmitted 1] down vertically from senior leaders and 2] horizontally from colleagues in a reciprocal manner. This mutuality in support, which may or may not be considered to be altruistic, is deemed an aspect of leadership by example.

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Researcher: did your role models ever exhibit any altruistic behaviour in their leadership?

G3S: yes, that does happen [sic].

Researcher: did you ever exhibit similar altruistic behaviour in your leadership or professional life?

G3S: yes. I think often you find that….that is just how it works. People do tend to sort of support each other, sacrifice your time or comfort, ya, ya, [sic] or be flexible for whatever the need of the service [is]. Ya, I would say that [sic] is something that you do…..again that [sic] part comes down to you as a person and your willingness to sacrifice, obviously, your time or be flexible for work. But yes, I do think that is something that is [sic] fostered by our seniors in the sense…..not in a negative sense that they would expect it….but you see [sic] other people being flexible and equally, they are [sic] flexible for me. What I meant by that is [that] they are [sic] supportive of me; so if I happened not to be able to manage something [they are there for me]. So I feel that I would [sic] repay [them]. Does that make sense? Leadership by example, yes, and it is a very supportive environment in that everybody will support each other. So you feel happy to do that [be altruistic] for other people because they are happy to do it for you.

Researcher: did any of your direct reports or colleagues exhibit similar altruistic behaviour?

G3S: yes, they are in the same [reciprocal] environment.

Some of the participants, however, do not share the same understanding of altruistic behaviours in the workplace. For G5L and G3P, the above actions are not quite altruistic but rather something that should to be done by professionals anyway. Furthermore, G3P's responses below also illustrate a reason why altruistic behaviours are found among healthcare leaders – the lack of budget means they have to work the extra hours without over-time pay.

Researcher: did your role models ever exhibit any altruistic behaviour in their leadership?

G3P: they do that all the time, I think. You know, I think that happens anyway – people work over and above the hours that they are normally paid for….erm….they are not getting paid over-time to do that. If something needs finishing, then people usually will stay and do that. And if somebody is off ill or on holiday…erm…I suppose what you do is prioritise, you do the bits that are essential to be done from that other person's role [duties] as well as continuing with your own role [duties]. But yes, I think that happens…quite frequently, really.

Researcher: did you ever exhibit similar altruistic behaviours in your leadership or professional life?

G3P: for me….I do the same, to a certain extent, you know [sic]; you take on certain duties that are…that need to be done. As far as the extra hours, that is a more difficult situation [for me] because I have children; I [already] work part-time, you know, so anything that is over and above my contracted hours involves child care. So therefore, this is a different scenario from [the scenario] when you got [sic] somebody that doesn't have family commitments. What I am saying is…for that [taking on extra hours altruistically] to be done, I would have to do a lot of organising [of things] to make sure that I have child care [taken care of] to do that. It is not simple to say that you would just come in the following day, if it was a day-off; it is not as simple as saying "yes, I can do that". I work hours that I am not paid for as well….I am not saying that I don't do that; we don't really have a budget to pay if we work over-time. This would be quite difficult for the department to actually cope with.

Researcher: did any of your direct reports or colleagues exhibit similar altruistic behaviours?

G3P: yes, they do.

Researcher: did you ever exhibit similar altruistic behaviours in your leadership or professional life?

G5L: yea. I don't think it was as obvious as…you know [like] sacrificing your break time; I think it was [more on] protecting people from knowing something that [sic] they didn't need to know at that point in time and that was very difficult. Whether you consider that as altruistic or not, I don't know; I think it was just good management but it was very difficult, I remember that….seeing that this is not the right time, not the right moment, and that, actually, it might not be helpful to discuss let the people know [sic]. So I guess there was something…it's very difficult, I remember that [the respondent does not want to discuss further about the incident].

A further evidence of people imitating the behavioural attributes of their leaders, altruistic or not, is as expressed in the conversation with G2M below. Furthermore, in describing the leaders that have most influenced her in her professional life, G2M mentions that they too have exhibited altruistic elements such as:

G2M: their selflessness in terms of giving themselves to the work.

Researcher: did any of your own direct reports or peers exhibit similar altruistic behaviours in their leadership?

G2M: I have seen some, ya.

Researcher: would you say that your direct reports saw these characteristics in you and they adopted or imitated the behaviours after seeing them?

G2M: one person recently, it kind of scared me because, gosh, she was trying very hard not to [*react negatively*]; she could have been very short [*tempered*] with this other person in the circumstance, but what I heard was, gosh, that's probably how I would have [*behaved too*]. Now, I wasn't patting myself or anything, but I just noticed the change in the person, and I thought 'yea, that was very good'.

Researcher: was it an attitude or a specific action?

G2M: it was an attitude and an action. She probably would have done the same action at the end of the day; she would have done whatever it was, but the attitude was much softer, more selfless; it was just very positive; it wasn't sharp and snippy; it was much nicer and kinder.

4.4.3.1   Factors encouraging the exhibition of these behavioural attributes

There are a number of reasons why the interview respondents would exhibit altruism in their professional life. The factors mentioned above are the lack of funding to support over-time work, extra problems faced at work by direct reports; others, as illustrated below, are the needs of the service (such as additional workloads, meeting government targets), taking up the duties of colleagues on vacation, and the shortage of staff.

Researcher: did you ever exhibit similar altruistic behaviours in your leadership or professional life?

G2P: ya, I do all the time, when we [meaning the department] have additional work or when people are on holidays or when we are short of staff. We got vacancy at the moment, so I got to take on additional work.

G2S, a colleague of G2P, confirms their extra hours, without over-time pay, due to busy workloads:

G2S: we [officially] finish at five and occasionally, we have to stay back because the workload has just been like….constant all day and we haven't got it done [sic], so we [would] stay back till half [past] five or six o'clock.

G1P talks about another factor motivating her to be altruistic:

Yes, especially in this role [now] because of we have government targets to meet.

Perhaps more significantly, the altruistic behaviours of the healthcare professionals are related to their enthusiasm or passion for the service, in caring for patients, and in their dedication to what they consider is their calling (vocation). G1M says:

> I joined the NHS when I was happy to jump out of bed to come [to work] in the morning, because that really mattered. Erm….and certainly as a nurse that was what I wanted to do and they pay me for this as well, so that was fantastic. I don't know if that is why people join [the NHS] now. But definitely when I joined, that was when there were like-minded people around you, [so] you were the same, [having that] enthusiasm for the job. There was less absenteeism, [and staff] were desperate to be here [at work], finding out what you are learning next, what you are doing next….people just couldn't do enough for their patients….it was truly a vocation, I think. I still believe there are people [working in the NHS] who still think this is a vocation.

G1M adds the possible reason for why more and more new healthcare professionals in the NHS today are exhibiting less altruistic behaviours: it is because, ironically, these are attracted more by the increase in financial compensation than caring for people in more or less the spirit of selflessness.

> But all the people I trained with [in my time] were very clear that this is what they wanted to do. I don't know why it has changed. I think the money [the pay] has made it more attractive for some people; purely on salary alone, it is quite a good salary….if that is something important you…maybe that is why people [got into it] and then people get disillusioned when they find out that that is not what we are really about….we are about getting savings, getting the right care to the patients…the finances matter but I would like to think that we are about caring first. I don't know why it has changed. I think people join [the NHS now] for the wrong reason.

Furthermore, altruistic employees have been shown to have better chances of retaining their jobs or being successful because the altruistic memeplex could produce a set of social values, morals, ideals, or norms that could then be held by society to be expressions of high status, power, or success (Blackmore 1999). These elements may then help the hosts of the memes to have better chances of passing on the memes to those around them via influencing or to their off-springs due to the human preference to mate with those deemed to be in positions of success, power, fame, high status, or high popularity.

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Another point is that altruism has reciprocity to it; when one receives or benefits from the altruistic behavioural attribute or action of someone, one is more likely to feel indebted and one is more willing or even wanting to reciprocate. Thus, reciprocity then could multiply altruism; altruistic behaviours or actions could result in reciprocity that brings in more behaviours or acts of altruism. This then could influence more people and more people are affected by the memes resulting in more memetic replication and transmission. In this scenario, memes, such as memes in this Altruism Memeplex, could even be considered a kind of currency where people exchange altruistic behaviours or actions reciprocally or pay them forward to others (thus spreading the memes further via imitating the altruists). The process in paying back or paying forward altruistic elements could be viewed as a process of taking on the ideas, values, behavioural attributes, thoughts, emotions, or actions of the altruists; this is imitating. In addition, kindness, generosity, donation, agreeableness, "…gratitude, friendship, sympathy, trust, indignation,…feelings of guilt and revenge,…moralistic aggression…" and feelings of fairness, obligation, duty, and justice are all human elements of behaviours or actions that are associated with reciprocal altruism (Blackmore 1999 p. 150). These explanations thus provide another insight into the altruistic memetic leadership and management development among the healthcare professionals as presented in the cases in this section on Altruism Memeplex.

4.4.3.2   Non-memetic cases

Not all the leaders who exhibit altruism acquired this meme from their former leaders or role models. The role models of G2L and G5S did not exhibit this particular behavioural attribute, but they do.

> Researcher: did your role models ever exhibit any altruistic behaviour in their leadership?

> G2L: Hmmm……to be quite honest, no.

> Researcher: did you ever exhibit similar altruistic behaviours in your leadership?

> G2L: I suppose [sic] without sounding like a martyr, yes, I have.

Researcher: did your role models ever exhibit any altruistic behaviour in their leadership?

G5S: not that I could recalled, not the people we are talking about at that point in time.

Researcher: did you ever exhibit similar altruistic behaviours in your leadership?

G5S: I have displayed it, but I am not sure it was in a leadership role…changing times, changing days, accommodating others in situations but necessarily in a leadership role.

It is possible that for these cases, the research subjects have been influenced by people (such as parents, family members, relatives, and friends) who are not the role models in their professional life or their senior healthcare leaders and managers. It is also possible that they have been influenced by altruism memes contained in books, such as elements of leaders and managers portrayed in books (fiction or non-fiction) as memes have been shown to be storable in texts and be replicated or copied via texts (Blackmore 1999; Pyper 1998).

4.4.3.3   Comparison analysis

Among the twenty healthcare professionals in the research, as of their own admission (their respective view of themselves as opposed to the testimonies of their colleagues), seventeen (85%) of them express altruistic behaviours in their workplace as presented on Table 01-1 below. Table 01-1 also shows the views of the colleagues of each interview respondent with regards to the behaviours that the respondent exhibits. For these seventeen cases, at least one colleague of each of these seventeen people confirms that the said person exhibit altruistic behaviours.

Furthermore, two out of the twenty (G2M and G4M) could not make the second round of interviews; as such, they could not confirm whether they exhibit the behaviours or not. However, their colleagues say that they do express altruism. Nevertheless, on Table 01-1 below, I classify these two as "unconfirmed" (U) when it comes to their own respective admission. Moreover, one of the twenty, G2S, exhibits altruistic behavioural attributes

only to a certain degree or under certain conditions; I label this case as "conditional yes" (CY) on Table 01-1.

In terms of memetic transmission, thirteen out of the twenty clearly say that they have been expressing the behavioural attributes due to imitating their role models while three imitate their role models to some degree only (labelled as "conditional yes" on the table). Two cases are non-memetic: G2L and G5S exhibit altruism but they say that it is not the result of them imitating their respective role models.   As G2M and G4M could not be available to confirm whether the altruistic behavioural attributes that their colleagues say their express are a result of them imitating their respective role models, I also categorise them as "unconfirmed" (U), when it comes to the box, as of their own respective admission. Meanwhile, G1L and G3S who exhibit altruism are only somewhat sure that their behaviours are a result of memetic transmission from their role models.

On Table 01-1 and on all the other tables in this chapter, the term "on self" refers to what the healthcare leader says concerning herself. For example, "G1L on self" means what G1L says concerning her own self. Meanwhile, G1M on G1L refers to what G1M says concerning G1L. Secondly, not every case presented on a table is discussed as many dialogues are similar in their expressions and it would be dull to discuss every one of them. Thus, for example, not all of the seventeen healthcare professionals who exhibit altruism are brought out in the discussion above. However, every research participant is accounted for on the tables when their responses are categorised. Lastly, Table 01-1 and all the other tables in this chapter also present the interpretations of the colleagues of each research participant with regards to the behavioural attributes that the participant exhibits.

Table 01-1: Interview Respondents Exhibiting Altruism

G1L on self	G1M on G1L	G1P on G1L	G1S on G1L	Imitated?
Yes	U	Yes	Yes	CY
G1M on self	G1L on G1M	G1P on G1M	G1S on G1M	Imitated?
Yes	Yes	Yes	Yes	Yes
G1P on self	G1L on G1P	G1M on G1P	G1S on G1P	Imitated?

Yes	Yes	Yes	Yes	Yes
G1S on self	**G1L on G1S**	**G1M on G1S**	**G1P on G1S**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G2L on self	**G2M on G2L**	**G2P on G2L**	**G2S on G2L**	**Imitated?**
Yes	U	Yes	CY	No
G2M on self	**G2L on G2M**	**G2P on G2M**	**G2S on G2M**	**Imitated?**
U	Yes	Yes	CY	NA
G2P on self	**G2L on G2P**	**G2M on G2P**	**G2S on G2P**	**Imitated?**
Yes	Yes	U	CY	Yes
G2S on self	**G2L on G2S**	**G2M on G2S**	**G2P on G2S**	**Imitated?**
CY	Yes	U	Yes	CY
G3L on self	**G3M on G3L**	**G3P on G3L**	**G3S on G3L**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3M on self	**G3L on G3M**	**G3P on G3M**	**G3S on G3M**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3P on self	**G3L on G3P**	**G3M on G3P**	**G3S on G3P**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3S on self	**G3L on G3S**	**G3M on G3S**	**G3P on G3S**	**Imitated?**
Yes	Yes	Yes	Yes	CY
G4L on self	**G4M on G4L**	**G4P on G4L**	**G4S on G4L**	**Imitated?**
Yes	U	Yes	Yes	Yes
G4M on self	**G4L on G4M**	**G4P on G4M**	**G4S on G4M**	**Imitated?**
U	Yes	Yes	Yes	NA
G4P on self	**G4L on G4P**	**G4M on G4P**	**G4S on G4P**	**Imitated?**
Yes	Yes	U	Yes	Yes
G4S on self	**G4L on G4S**	**G4M on G4S**	**G4P on G4S**	**Imitated?**
Yes	Yes	U	Yes	Yes
G5L on self	**G5M on G5L**	**G5P on G5L**	**G5S on G5L**	**Imitated?**
Yes	U	Yes	U	Yes
G5M on self	**G5L on G5M**	**G5P on G5M**	**G5S on G5M**	**Imitated?**
Yes	Yes	Yes	U	Yes
G5P on self	**G5L on G5P**	**G5M on G5P**	**G5S on G5P**	**Imitated?**
Yes	Yes	U	U	Yes
G5S on self	**G5L on G5S**	**G5M on G5S**	**G5P on G5S**	**Imitated?**

Yes	Yes	U	Yes	No

Keys:
Yes: _**exhibiting**_ _this particular behavioural attribute._
No: _**not** exhibiting this particular behavioural attribute._
CY: _**conditional yes**, meaning exhibiting this particular behavioural attribute to only a certain degree or under certain circumstances._
U: _**unconfirmed** (either the respondent did not mention it in her conversation about the person or when relating the critical incidents, or because the respondent could not make the second round of interviews)._
NA: _**not applicable** (as nobody says that this particular behavioural attribute is exhibited, whether it is imitated or not is not applicable to the analysis)._

4.4.2 The Motivation Memeplex

Although the healthcare leaders and managers face budgetary and human resource constraints resulting in having to work the extra hours on weekends, off days, or during break time, many of them are, nevertheless, motivated, enthusiastic, passionate, energetic, hardworking, and committed to the service; they also exhibit a positive attitude and an upbeat behavioural attribute. These behavioural attributes are related to each other; for example, being passionate for the healthcare service keeps them positive and motivated and gives them the enthusiasm or energy. Hence, they become committed to the service and are willing to put in the extra work hours, even altruistically. I consider these related behavioural attributes that are transmitted and replicated, vertically from role models to the junior leaders and managers and horizontally among the professionals, a memeplex. Although one may be passionate without any influence from peers, the evidence below slants toward the presence of memetic influences.

G5L, an emergent leader in the mental health nursing group, describes the leaders in her professional life as being passionate for the healthcare service; further on in the interview, she then describes herself also as being passionate for the service as well as being positive, motivated and energetic.

> G5L: [they are] passionate. I would say [that] about their work and [they are] passionate about people; definitely, yeah [sic]. I mean, I'm now thinking of one person in particular. Mmm…..he was [sic] a really good boss actually. I still miss him.

> G5L: I would say that I'm pretty good at that [being positive], erm…I think there are times, erm….[sic] where I think because of the client group that we have here [sic], and you know how difficult and complex they are, I think you can lose your motivation quickly; and so I guess self-awareness is, you know, [I am] aware [of it] when I'm kind of falling into that negativity really [sic], but I think in general, yeah, I think I do [have a positive attitude] in general; I have my moments. [I am] passionate. Erm…[I am also] energetic.

Furthermore, in the second interview, in describing her behavioural attributes that she imitated from her role models, G5L confirms this behavioural attribute of being passionate about the service:

> G5L: I think I am [both] respectful and passionate about the work and people.

The line manager (G5M) and professional peer (G5P) of G5L agree that G5L exhibit the behavioural attributes that she says she exhibits, namely, being motivated, passionate about the work, and positive. In addition, G5M adds that G5L is hard working and committed. (They also point out other behavioural attributes which I categorise as those issuing from the Motivation Memeplex, namely, being motivating, encouraging, helpful, and supportive of her staff members and working to their strengths.)

> G5M: the values and the strong points that I think that G5L has at the moment is that she is very passionate for the job that she does and I think she encourages all her staff to do the best that they can which is great and encourages them. She's hard working, and she is committed to the job; she sometimes does things in her own time and I wouldn't recommend that on a regular basis but she recognizes that she requires flexibility sometimes [sic] to meet the needs of the service and for covering shifts and various things. She is very positive and helpful in regards to do that.

> G5P: yeah, she's [G5L's] extremely positive towards myself in terms of solving problems, she's, erm….what am I trying to say [sic]? Erm….I would say it's certainly a strength of hers. Erm…she's extremely supportive, erm….motivated for change [sic]. [She is] passionate for the work, definitely; [she] motivates people, ya; [she] works to people's strengths, yes, definitely, ya.

G5S, a direct report of G5L, also says that G5L regularly exhibits a positive attitude, especially towards solving problems in the workplace and that she is passionate.

> Researcher: how often, if at all, does G5L exhibit a positive-can-do attitude in the process of solving problems?

> G5S: regularly.

Researcher: is she passionate about her work?

G5S: yes, I think she is passionate about her work. She has a genuine interest in the patients and in the place, so ya [sic].

The above extract from interview transcripts shows that G5L exhibits this particular set of related behavioural attributes just as her role models. This is not a coincidence. Nevertheless, G5L's positive and passionate attitudes for the work are not without bounds. G5L is not perpetually positive in attitude and behaviour; actually, she confesses to having self-doubts, low esteem, feelings of insecurity, and negative thoughts about herself as her main weakness in leadership.

Researcher: so you tend to have a lot of negative thoughts inside you?

G5L: about myself. Mm….not all the time but that would definitely be the weak spot, that [sic] I don't think I'm good enough, I'm not doing the job properly, that kind of thing. So that's my biggest weak spot.

G5M, in a separate interview, confirms this side of G5L, giving a deeper insight into G5L.

G5M: she does do it [expressing a positive attitude], [but] not as often as I think she could. She always starts off conversations or things with "it's hectic here", you know [sic]; I always get the negative first from G5L and [then] trying to get her to change that would be important and I think that's something that needs to be worked on hopefully through this; and once she starts to speak things through, she realises that it's not the big problem [that] it was when we started the conversation; so I find that, you know, [sic] "it's hectic and this is happening and that's happening…" and it's like what we say [sic], [she] is [making] a mountain out of a molehill; it's rarely as big as that if you just start to speak [sic] and narrow it down a bit.

G5M: I think she does over exaggerate some things, you know, like this [making a] mountain out of a molehill [reaction]; I think she needs to try and work on that. When I'm speaking to her on the phone I always get the negative side and then she quickly turns it though; I would like to see more [of this], you know. I know things happen and it maybe [because it] is a terrible day, but how she sees that [is] obviously to me a big problem; it's this, this and this [sic] and then eventually gets into the positive so…..that side [of her] I would like her to try and think more and work on.

In digging further, I find elements that have been challenging her positive and passionate behavioural attributes that she inherited from her role models; these problems can coax out her personal behavioural attribute of reacting negatively to events, a behavioural characteristic that, as shown above, she exhibits without apparent memetic influence (as opposed to

something which she inherited memetically from her role models). These challenges, incidentally, also illustrate the practical, financial, and human elements that the healthcare leaders face in their workplace that, in turn, stimulate the replication and transmission of the altruism meme mentioned earlier.

> Researcher: ok, now, what obstacles do you face in your work as a leader? For example, you mentioned dealing with difficult staff previously.
>
> G5L: I think for me, in here, I mean [sic], there are practical obstacles and I guess there are more psychological obstacles, I think, [sic] which are more mine than anybody else's. But the practical obstacles are: I have no room to myself to work in; erm…I have no computer to work on, I have to share it with the other twelve of the staff and sometimes I have some sensitive stuff to write so that makes it difficult [which requires] managing your time; the environment here is not ideal really, it's not [suitable] for the purpose - there's no room where you can go to get five minutes of peace, erm….[that is] to sit down and think, let alone anything else [sic], so I guess that's the practical bits. I think, [as for the] psychological [obstacles], erm…I think these obstacles [are] usually [those] I put in my own way; it's not anybody else that's [sic] put them in my way.
>
> Researcher: now, how do you think you can overcome the practical and the psychological obstacles?
>
> G5L: I don't know that I [would] overcome it; I think I just manage it as best [sic] I can really because it's not going to change; that's the reality, I'll live with it (laughs). I certainly live with the practical stuff, there's nothing going to happen about that [sic]. I guess [for] the psychological [mental health clinical] stuff, you know, I get supervision [on them] regularly, erm….and I guess talking to colleagues as well, sometimes, and sometimes [sic], just taking some time out really [sic]. I suppose, because I think we all need a bit of space and it's very difficult to get it in here, especially when it's busy.

As for G5M, she herself adopts similar behavioural attributes from her own role models too.

> G5M: I would say [they are] more passionate for the job; I feel they've got a true feeling to do the best for the patients and the service, that's [sic] who I look up to and I've got one in mind that I've always had a long time in my career that [sic] I admire how she has managed to [sic] and she has developed over time; and the advice and support she has given me, I try to model a lot of my skills on her.

In the second round of interview, she confirms this imitating of the behavioural attribute:

Researcher: have you also adopted or imitated this behavioural attribute of being passionate about the work and people and doing what's best for patients and the service?

G5M: [being] passionate about the work and people, uh huh [sic].

Although G5M is G5L's line manager, at the time of the research fieldwork, she is not one considered by G5L to be one of her role models. It is interesting to note that G5L and G5M have some conflicts in their professional life arising from their different personality and perspectives of things. Nonetheless, G5L confirms that G5M is passionate about the service and her colleagues, G5P and G5S, also confirm this matter.

G5L: [As for G5M being] passionate about the work and people and doing what's best for patients and the service, yea; I think she would do the best with the patients in the service, ya.

G5P: yes, G5M is very passionate for the work and people.

Researcher: do you view G5M as someone who is passionate about the work and people and that she do what is best for patients and the service?

G5S: ya.

G5P, a professional peer of G5L, describes a similar memetic influence; she is trying to be like her role models:

Researcher: you mentioned a year ago in the first interview that your role models exhibit behavioural attributes of being very positive and motivated, yet they are cool and calm while still being passionate for the work. Do you think you have also imitated these behavioural attributes?

G5P: I try to be very positive and very motivated……erm…I would definitely say I am passionate about my work and I try my best to be cool and calm [too], [although] sometimes [it is] easier said than done.

G5L, G5M, and G5S, all colleagues of G5P, agree that G5P is passionate about the service, very positive in her attitude, and is a motivated person. This same view of G5P from multiple sources further confirms the presence of memetic elements in G5P.

From the NHS Learning and Development group, G1M relates what it is like to be motivated for the service and why this can be one of the keys to reduce absenteeism, one of the major human resource management problems in the

NHS. She and her colleagues influenced each other to be motivated, hardworking, and enthusiastic, about the service.

> G1M: one of the best team I ever work with was a team at an intensive care unit. It was a small unit and we all knew each other by first name except when there were patients or relatives around. We work very hard, we all played very hard. There was a huge focus on learning, people were very considerate of each other, there was a recognition [that is, realisation] that we were not going to get to the end of the shift unless everybody did everything, and the leaders were very aware of that. We were praised when it was required.

Both of G1M's colleagues, G1P and G1S, who are also G1L's colleagues, agree that G1M is enthusiastic and committed to the service.

> G1P: G1M being committed to the service? Yes, definitely.

> Researcher (to G1S in a separate interview): do you consider G1M to be a team leader who is committed to her work?

> G1S: yes.

Furthermore, G1M's experience of working in the NHS, as per her own words above, shows that not only memes in the form of behavioural attributes and attitudes could be passed on vertically from leaders to their direct reports who then exhibit similar behavioural attributes but also that such memes could be transmitted horizontally from one staff member to another creating an atmosphere where such memes could thrive and resulting in a memeplex where each memetically transmitted behavioural attribute strengthen each other.

G1P also describes her own role models to be positive and that she too has adopted such a behavioural attribute:

> G1P: I find…they are always very positive, you know, in the most negative situation, they can find the positive out of the negative situations.

> Researcher: To what degree do you think that you have also adopted or imitated this behavioural characteristic?

> G1P: As best as I can, yes, as best as I can, [and] in situations where I could. I think these are passed down to you, [that is] these are what the culture and behaviour [in the group] are, and how people actually get results from behaving that way. [So] you use it [the imitating of the behavioural attributes] in every situation that you can because you can see that they do work.

Both G1M and G1S, colleagues of G1P, agree that G1P is a very positive person.

> Researcher: is G1P a very positive person, even in negative situations?

> G1S: yes [she is].

However, her peer, G1L, disagrees on the assessment of G1P in terms of her positive attitude; nevertheless, she considers G1P to be hardworking and passionate about her work. Here then, at least according to G1L's version, is a case where one may be hardworking and passionate about the service but may not be having a positive attitude in the midst of it.

> Researcher: do you consider G1P to be a positive and hardworking person?

> G1L: no, she is not a positive person; [but] passionate about her work, yes, [and] she's very hardworking.

G3S of the Occupational Therapy Group says (as shown by two transcript uplifts below) that the leaders that have most inspired and influenced her have been those that are committed and, as a result, she have been encouraged to be hardworking and committed as well. Furthermore, she realises that people imitate what they see, thus encouraging them to have similar behavioural attributes.

> G3S: I mean, I would say the ones that have….the ones that you remember or [have] influenced you….I would say they are ….they believe [sic]….I suppose that is passion [that they are passionate] in a way, and I think those are the ones that do catch your attention because you always tend to….you know….sit up and listen to someone who clearly believes and is, you know, in their [sic]….in what they're [sic] telling you...

In addition, as shown below, she believes that the behavioural attributes she has are a combination of memetic transmission from her role models plus her own inherent characteristics. This particular case gives a possibility that the behavioural attributes of some leaders or managers in the research may be a combination of values, attitudes, traits, behavioural attributes, emotions, ways of thinking, practices, and actions that have been imitated from their respective role models and those they have inherently. Nevertheless, the inherent behavioural attributes of a person can also be a result of memes transmitted from his or her parents or family members (as opposed to colleagues in the workplace), as G3S informs me.

G3S: they [the role models] are committed; I always think that's a [sic], you know [sic], from other people looking at that, I think that encourages you to be…you know [sic]….hard working and approachable, yeah. And [as for being] hardworking and committed, well, I think…..yes. I think it [in reference to all these behavioural attributes] is a combination; I think you learn from other people what you see works and what you see are positive behavioural attributes, and I think some aspects are inherent in you as a person as well….I think it is a combination. I think sometimes the way you act has to do with how you are brought up as well because I think if you got that intrinsically, you know [sic], work ethics; so I think it is a combination of what you see in the workplace that works and you adapt that to work for your own self.

In turn, all the colleagues (in separate individual interviews) of G3S participating in the research finds her to be as she says she is: hardworking and committed to the service.

Researcher: do you consider G3S to be someone who is hardworking and committed to the service?

G3L: very much so.

G3M: yes.

G3P: yes.

G4L of the Surgical Theatre Group describes the leaders that have most influenced her as strong-willed, compassionate, positive, and passionate for the healthcare service. She then describes herself in similar fashion.

Researcher: how often, if at all, do you exhibit a positive-can-do attitude in the process of solving problems?

G4L: all the time! Yeah, yeah, I'm a very, very positive person, yeah [sic].

Researcher: how often, if at all, do you exhibit perseverance or endurance in the process of solving problems?

G4L: again, I would keep going until I could actually manage to solve it, yes.

In the second round of interviews, G4L adds:

ya, I would say that I am still strong-willed and compassionate, yes. Erm….I seems to handle stress a lot better now…I don't get so stressed out now. I am still passionate.

Furthermore, without any controversy, her colleagues participating in the research (G4M, her line manager, G4P, her professional peer, and G4S, her direct report) testify that G4L indeed exhibit the leadership behavioural

attributes (that she have acquired memetically from her role models) that she says she does exhibit.

> G4M: I think she's been………again [sic], it comes down to role modelling, she's been a very good role model for her team; she's been very enthusiastic about the role, she has really taken it on-board, the whole philosophy, erm…[sic] and how it can actually benefit the patient and [how it can] actually benefit the department as a whole; so, she's been very good. Yes, she's very positive.

> Researcher: how often, if at all, does G4L exhibit perseverance or endurance in the process of solving problems?

> G4M: so far, all the time; from what I've seen, yeah, she's been very positive towards it.

> G4P: I worked with G4L in the past [for] a long time ago [sic] as well and I would say that she's [sic] always shown a positive attitude if it's something she can do. She's not one to put up [with] any artificial objection or be work shy or anything like that [sic]; she's a hard worker. I would say [she is] highly motivated rather than out-right passionate. She's not afraid; she's not one who will step back. She will be right there, seeing it through to the end, [and] getting the best possible outcome for a patient.

> G4S: yeah, she's incredibly positive and if, erm….if you [sic] say something was [sic] going wrong she would….erm….make a joke about it to relax you [sic]; and then we just sit down and sort it out or whatever, stuff like that [sic]. But in things like endurance and perseverance and stuff like that [sic], sometimes if we're working and things run over, she's always there to sort of say like "I'll stay late" and organise things and stuff. So, she's dedicated and perseveres with things and [sic] sees it through until it's finishes, yeah. [She is] passionate about the work, ya.

Finally, G4S tells me that her own role models are passionate and upbeat, and then in response to another question, she says that she too is passionate about her work and is upbeat as well.

> G4S: they've been quite good because they sort of like [sic] push you to sort of [sic] achieve different things and get on with your work and learn new skills and stuff like that, so that's been quite good. Erm….some of them are quite, erm…..strict is not the word [sic], but quite……passionate about their job and stuff [sic] so are quite…..strict ….I would probably use that, in sort of how they do things and stuff [sic]. But some of them are sort of more relaxed and, erm…..willing to sort of let you take your own time and sort of develop and learn your own skills and things. A lot of them are quite upbeat, upbeat and willing, very, very willing to like help you and stuff [sic] like that.

> G4S: I am definitely passionate about my work, there is no doubt about it and I am very upbeat all the time.

The colleagues of G4S testify (in separate interviews, spaced slightly more than a year apart, but presented here together) that she is upbeat, passionate about the work, eager to learn new skills, driven to achieve things, and is very willing to help her colleagues in the service.

> Researcher: is G4S a person who is eager to learn new skills and driven to achieve things?
>
> G4L: yes.
>
> G4P: yes.
>
> Researcher: is she passionate and strict about the work?
>
> G4L: yes.
>
> G4P: I don't think I could answer that one because I haven't interacted with her in the operating theatre. I have only seen her from the point of view of staff management and her covering for G4L's absence when G4L was either sick or on holiday.
>
> Researcher: is G4S an upbeat person?
>
> G4L: she is.
>
> G4P: definitely, yes.
>
> Researcher: how about being very willing to help her colleagues in the service
>
> G4L: she is very willing to help.
>
> G4S: very willing to like help, definitely, yes.

Researcher's note:

> The above questions presented by me, the interviewer, are not leading questions because the questions are based on the behavioural attributes that G4S said she expresses during the first round of interviews. These questions are meant to confirm the respective behavioural attributes, attitudes, values, ways of thinking, feelings, or actions of each research subject pointed out during the first round of interviews are presented in the second round of interviews according to the respective responses of each research subject. For example, if G4S says she is a leader or manager who is eager to learn new skills, driven unto achievements, upbeat, passionate about the work, strict about the work, and helpful to colleagues during the first round of interviews, then in the second of interviews, I would ask G4S, G4L, G4M, and G4P for their viewpoints on relation to whether G4S actually exhibit these behavioural attributes.

4.4.4.1   The factors bringing out these behavioural attributes

The case of G1M, as mentioned above, shows that memes can spread horizontally among peerage colleagues as well as vertically from senior leaders or role models (Blackmore 1999 p.132-133). This case also reveals that there are certain factors that may be conducive to the transmission of memes in the Motivation Memeplex allowing them to spread from one team member to another horizontally with fecundity and longevity; fecundity and longevity are among the three (the other being fidelity) elements that indicate the success or replicating power of memes (Dawkins 1976). Fecundity refers to how well the memes spread or replicate; memetic elements that are fecund or fertile replicate, transmit, or spread very easily or widely. Longevity refers to the life span of the memetic elements, that is, how long the memes have been around, or could last, while fidelity refers to how close a given meme is when compared to the original form or style of the meme when it first surfaced.

Below, G1M describes the possible factors of being motivated, committed, hardworking, energetic, and passionate for the healthcare service in a team that she considers to be one of the best teams she have ever worked in (a work environment filled with the leadership characters listed in the Motivation Memeplex).

> G1M: this is got [sic] such a buzz from being on that team and that is probably one of the best teams that I ever worked with; but it involved knowing a little about people's personals, but not intrusively……erm….it involved being supportive to them when it was required, it involved a real level……when we were all standing over the patient' bed, wondering what we were going to do next, or if the consultants decide what is going to happen next, and then it would be a real…we all wanted to work together as a team, but the main motivator was helping patients, whether it was…they would recover or not. I can't remember [staff] folks being off sick, you really had to have broken your leg or something before you could not be in. There were loads of things that made me tick [at that time]. It was not just about development, and it was certainly not about the money, but it was being part of a team where you mattered [sic], and people were interested in you. I think if I were to go in there to drag out the statistics for sick leaves, it would be pretty low.

G1M: we went for social nights, we would have races, barbeques, walks, and competitions and all sorts of nonsense….we would honour each other's birthdays, marriages, [the] people [in the team] are interested in each other [sic]……so I think that shows it could be construes as team building but it was not done as team building exercises in the workplace's time as team building [exercises]. It was informal team building outside of work and it was pretty regular. Those social nights and occasions contributed greatly in building the team because [the NHS] can be quite a stressful place…you know, a lot of patients die, so it was a good place to work in as long as there is the caring of each other in the environment. When the chips are down, when it was really, really busy, people would volunteer to stay on or to do extra shift, whatever [sic], and you would never have to ask [them] to volunteer. The standards [of the team's performance] were very, very high [sic] and [the] people [in the team] pride [themselves] in the standards of what they were delivering; you could see visibly that this is a great standard to care [about]. There was no competition among different teams. The staff members were just challenging themselves and you felt rewarded for managing to work to that standard.

G1M's account implies that a challenging work environment coupled with team spirit, spontaneous and organic (as opposed to formally planned) team building and coordination, a sense of camaraderie and mutual caring among the team members, meaningful and purposeful work, appreciation from patients, and job satisfaction are among the factors that produced a work environment for the memes to flourish. These factors contributed to horizontal spread of the behavioural attributes in the Motivation Memeplex.

4.4.4.2   Comparison analysis

Table 02-1 below shows that (as of the personal admission) sixteen (of the twenty) healthcare professionals exhibit at least one of the behavioural attributes in the Motivation Memeplex. Two of the sixteen (G2S and G3L) express them to a certain degree, which I classify under "conditional yes" (CY). While G2M and G4M could not confirm (labelled "U") their exhibition of the behaviours in this set of behavioural attributes, the colleagues of G2M and G4Mview them as leaders that exhibit the behavioural attributes in the Motivation Memeplex. Two others, G2P and G4P, do not express any of the attributes in this memeplex

As for memetic transmission, out of the sixteen who express the leadership behaviours, thirteen of them are sure that they imitate the behavioural attributes or traits from their respective role models. Meanwhile, the other three, namely, G1L, G2S, and G3S are not very sure that their behaviours are a result of imitating their role models. Although G1L and G3S are sure that they express the behavioural attributes in this memeplex, they are not very sure that their behavioural characteristics are a result of memetic transmission from their role models. Since G2P, G4P, and G5S do not express any of the behavioural attributes in the memeplex, no memetic transmission occurred; as such, these are classified as "not applicable" (NA). In addition, although G2M and G4M mention nothing about exhibiting any of the traits in this category, their colleagues testify that they do express them. Thus, I could not confirm as to whether their behaviours are the result of memetic transmission.

Table 02-1: Interview Respondents Exhibiting Behavioural Attributes in the Motivation Memeplex

G1L on self	G1M on G1L	G1P on G1L	G1S on G1L	Imitated?
Yes	CY	Yes	Yes	CY
G1M on self	G1L on G1M	G1P on G1M	G1S on G1M	Imitated?
Yes	NM	Yes	Yes	Yes
G1P on self	G1L on G1P	G1M on G1P	G1S on G1P	Imitated?
Yes	Yes	Yes	Yes	Yes
G1S on self	G1L on G1S	G1M on G1S	G1P on G1S	Imitated?
Yes	Yes	Yes	Yes	Yes
G2L on self	G2M on G2L	G2P on G2L	G2S on G2L	Imitated?
Yes	CY	Yes	Yes	Yes
G2M on self	G2L on G2M	G2P on G2M	G2S on G2M	Imitated?
U	No	No	No	NA
G2P on self	G2L on G2P	G2M on G2P	G2S on G2P	Imitated?
No	No	U	No	NA
G2S on self	G2L on G2S	G2M on G2S	G2P on G2S	Imitated?
CY	Yes	U	Yes	CY
G3L on self	G3M on G3L	G3P on G3L	G3S on G3L	Imitated?

No	Yes	Yes	Yes	NA
G3M on self	**G3L on G3M**	**G3P on G3M**	**G3S on G3M**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3P on self	**G3L on G3P**	**G3M on G3P**	**G3S on G3P**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3S on self	**G3L on G3S**	**G3M on G3S**	**G3P on G3S**	**Imitated?**
Yes	Yes	Yes	Yes	CY
G4L on self	**G4M on G4L**	**G4P on G4L**	**G4S on G4L**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G4M on self	**G4L on G4M**	**G4P on G4M**	**G4S on G4M**	**Imitated?**
U	Yes	Yes	U	NA
G4P on self	**G4L on G4P**	**G4M on G4P**	**G4S on G4P**	**Imitated?**
No	No	U	No	NA
G4S on self	**G4L on G4S**	**G4M on G4S**	**G4P on G4S**	**Imitated?**
Yes	Yes	U	Yes	Yes
G5L on self	**G5M on G5L**	**G5P on G5L**	**G5S on G5L**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G5M on self	**G5L on G5M**	**G5P on G5M**	**G5S on G5M**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G5P on self	**G5L on G5P**	**G5M on G5P**	**G5S on G5P**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G5S on self	**G5L on G5S**	**G5M on G5S**	**G5P on G5S**	**Imitated?**
No	CY	CY	CY	NA

Keys:
Yes: ***exhibiting*** *this particular behavioural attribute.*
No: ***not*** *exhibiting this particular behavioural attribute.*
CY: ***conditional yes***, *meaning exhibiting this particular behavioural attribute to only a certain degree or under certain circumstances.*
U: ***unconfirmed*** *(either the respondent did not mention it in her conversation about the person or when relating the critical incidents, or because the respondent could not make the second round of interviews).*
NA: ***not applicable*** *(as nobody says that this particular behavioural attribute is exhibited, whether it is imitated or not is not applicable to the analysis).*

4.4.3 The Motivating Memeplex

It is important for leaders to motivate their followers; thus, one of the characteristics of effective leaders is that they are motivating, that is, they can empower, motivate, energise, and propel their staff members to work hard and give the best of their time, skills, effort, and life, if not their all. There are many ways to motivate people; in profit-oriented organisations, some leaders can use financial rewards are a key motivating factor. However, in the NHS, it is not very appropriate for leaders and managers to use financial rewards to motivate their staff members. There are a number of non-financial ways and means for leaders to motivate their followers; some of the healthcare professionals who have the behavioural attributes stated in the Motivation Memeplex (they are themselves motivated, enthusiastic, passionate, energetic, hardworking, positive, upbeat, and committed to the service) generally influence their peers and direct reports in a way that is motivating, encouraging, energising, and supportive. Thus, these leaders and managers influence and motivate others by being exemplary and have their behavioural attributes memetically transfer and acquired by the followers. While in the previous section the behavioural attributes of being motivated is shown, in this section, the behavioural attribute of being motivating is revealed; I call this memeplex of related memetic leadership behavioural attributes the Motivating Memeplex.

Motivating leaders are also skilled in giving verbal consideration those who work with them, especially to their followers. Verbal consideration is defined as praising someone for a work well done, a good idea or suggestion, or a positive contribution to the service; it is common knowledge that verbal consideration motivates workers (Mohr and Hans-Joachim 2008). Other related effective leadership behavioural attributes are being encouraging, being approachable, and being supportive of followers. Being supportive does not mean that the leaders are easy on their direct reports or do not challenge them; it means that they are supportive of the development, needs, and initiatives of their followers. Being approachable is about staff members feeling comfortable in talking and opening up to the leaders about the problems they face, their needs, their shortages or weaknesses, and at times, even about their personal problems; being approachable is also about being able to communicate with staff members of different levels or positions without a change in attitude or personality (for example, being more

approachable or friendly to staff members of high-grade levels while being less accommodating or patronising to low-ranking staff members). They would also impart or instil confidence into the staff members take initiatives, to empower them, and to motivate them to carry out their job. This particular behavioural attribute of instilling confidence into direct reports is related to behavioural attributes in the People-developing Memeplex, the next set of memetic leadership behavioural attributes to be discussed.

Finally, a very crucial behavioural characteristic in this memeplex is leadership by example, that is, the leader in question would lead from the front, lead others to do something that he or she has already been doing himself or herself. The leader or manager himself or herself has to believe in what he or she is implementing; personal conviction, authenticity, and 'walking the talk' motivate followers as people are generally inspired and motivated to live and work according to how their leaders live and work (as opposed to merely what the leaders say). Hence, leaders who are themselves motivated, enthusiastic, passionate, and positive tend to have followers who are also passionate, energized, motivated, upbeat, enthusiastic, and positive.

Therefore, in this memeplex, the behavioural attributes include: showing verbal consideration, instilling confidence, leading by being an example, and being motivating, encouraging, approachable, and supportive. They are all grouped together in a memeplex of related and mutually supportive behavioural characteristics.

I will begin with G5L. G5L considers herself to be motivating, encouraging, and valuing the contributions of her staff members. She also gives verbal consideration to them. She says that she adopts these behavioural attributes from her role models. Some of her colleagues feel the same way about most of her behavioural characteristics. However, this group of emergent mental health leaders is one of the cases that show different interpretations by different persons concerning the same behavioural attributes of the same person. In the first interview, G5L had been leading a team of mental health nurses in a community care home for mental health patients; however, in the second interview, she opted to leave the leadership position and return to

being a professional nurse focusing solely on mental healthcare (without the leadership responsibility). How and why did such a person who still considers herself to be an effective leader and who has been inheriting effective leadership behavioural attributes from her role models come to such a state where she preferred to leave her leadership position? This is a case where controversies exist (discussed further down). Inasmuch as G5L saying that she exhibits the behavioural attributes in this memeplex, her line manager, G5M, and her direct report, G5S, have different views for some of the traits in this memeplex. Such controversies in self-report is something that the application of 360-degree feedback method in qualitative data collection could discover.

Researcher's note:

> Through my conversations (as well as the transcript uplifts further down) with G5L and her colleagues (G5M and G5S) during the interviews, I sensed that there had been personality conflicts between G5L and G5M and G5L and her direct reports, including G5S. For example, the motivated and strong personality of G5L was seen by some of her direct reports, such as G5S, as being 'bossy'. I interpreted that this was one of the factors contributing to G5L dropping her leadership role and fully concentrating on her clinical role in mental-health nursing.

Regarding behaviours of G5L in relation to this memeplex, she portrays the leaders that have most influenced her as warm, encouraging, supportive, trusting her, valuing what she has to offer while challenging her (for her development).

> G5L: I guess [they were] warm, erm…encouraging, er….I guess [they] valued what I had to offer; and [they] trusted me. Erm….[they were] supportive and challenging as well, challenge…..yeah [sic]. Challenging too [sic], you know, they would challenge you if they felt you needed [to be] challenged and I think…I think it was a very equal relationship which I respond well too; if there's a bit of equality in there I think you can [add] respect [to it], I suppose.

According to her, G5L exhibits these behavioural attributes too. It would be too much of a coincidence that she exhibit most of her role models' behavioural attributes as well.

G5L: I think I am warm and encouraging, and I do value what people have to say…..trusting and valuing [their contributions], ya, I think I do [that]. [As for] challenging [my] direct reports but [being] supportive and considering them as equals…I think that's a difficult one because I guess…I think for me, in any leadership problem, you kind of move between different styles; some people require firm boundaries while others require flexibility, so I think it would be too broad a statement to [have this behavioural attribute]. Do I think I am bossy? No. [As for] motivating people, I would like to think so, and certainly, working to people's strengths, ya.

Furthermore, with regards to her values in leadership, G5L says:

I think it's working to people's strengths, erm…encouraging people, motivating people, erm……..and I think I value people for what they offer and what they bring to their post, yeah, definitely. I would hope that's how I come across.

On giving verbal consideration to her direct reports, G5L says:

Absolutely, it's necessary; I think, erm…I would say I do it on a regular basis.

The above clearly shows that G5L shares the same leadership behaviours as her role models in terms of motivating, encouraging, and supporting staff members. Nonetheless, she is flexible enough a leader to use different leadership styles when she faces different kinds of problems; hence, she can consider certain direct reports to be equals and give them challenges with supports but not so for others. G5L's line manager, G5M, agrees with G5L in that G5L exhibits behavioural attributes of being encouraging to all her staff members, being motivating, and in giving verbal consideration regularly.

G5M: the values and the strong points that I think that G5L has at the moment is that she is very passionate for the job that she does and I think she encourages all her staff to do the best that they can which is great and encourages them. [She is] motivating [to] people, ya.

G5M: the times that I've seen her she does it [verbal consideration] quite regularly, that's one thing [that] she does; if someone's done a good piece of work she will make that known and I've witness that; I don't go there every day so I couldn't say it was every day but I certainly [sic]……..the times that I've seen her, I've seen her doing that, yeah.

G5P, in her conversation with me, clearly also confirms G5L to be a supportive and motivating person to her team members and that she gives them verbal consideration.

G5P: erm…she's quite a positive person; she's extremely supportive erm….motivated for change. She always speaks very highly of her

team though [sic] in certain initiatives that they've, maybe, put in place.

Researcher: is she warm and encouraging?

G5P: [she is] very warm and encouraging, yes.

Researcher: is she bossy?

G5P: no, not really. She challenges her direct reports, yes. [She is] motivating to people, ya.

Moreover, in relating a critical incident in G5L's experience that she considers to be the most significantly positive, G5P says:

I think it [the positive critical incident] was positive and effective because of the way she went about it….erm….she involved an entire staff group and got the majority of them motivated; granted it took a while to get everyone motivated….erm….but I think that's really good team working [sic].

As with previous cases, the accounts of both G5M and G5P act as a check on G5L's account in the light of self-efficacy bias. Hence, it is not merely a matter of what G5L says about herself and also about how her colleagues view her. Nonetheless, the above responses show that although certain behavioural characteristics have been transmitted to G5L, it does not mean that these behavioural attributes are always effective in bringing about a positive result in leadership; it only means that the memes have been replicated. Whether certain leadership behavioural attributes actually bring about effective responses and results depend on other factors. In addition, G5M remembers, as an account of a critical incident below shows (again, this is gathered from the Critical Incident Technique of probing in an interview), the thing that G5M considers to be the most significantly negative event in the professional life of G5L is that, although G5L is good at encouraging people, a particular staff member reacted negatively to G5L in this case.

G5M: G5L [was] coming into [the] post and [was] trying to encourage individuals, like [sic] she was good at encouraging staff to better themselves or whatever and I think she had recognised that this nurse had been on nights for a long time [sic] and needed to come on to get up-to-date refresher trainings, [it] might be fire training, basic life support, things that are mandatory; so she was quite within her rights and I think this nurse didn't receive it very well. Now whether G5L approached her initially the wrong way, I don't know; or if this nurse felt threatened by G5L wanting to change things that she's been doing for a lot of years, I really don't know; I can only go on what G5L had been telling me, that she found [it] difficult. She did show me some

letters, communications, that she was writing to her because she had made some accusations against G5L that she never told her about some things [sic] and had left G5L quite a nasty note, you know, and I said "you have to be firm, you're the manager, that's not acceptable, you know, despite what's going on, you don't accept things like this."

Therefore, while memetic leadership and management development may mean leadership and management being transmitted and replicated via imitating, it does not guarantee that the exhibition of behavioural attributes, traits, or actions memetically gained would result in effective responses or changes among the followers.

The controversial interpretations in this group of mental health nursing professionals: as illustrated above, from the multi-source interviews, G5M and G5P both generally agree with G5L's description of herself, with G5M presenting the effective aspects of G5L's leadership as well. G5S, one of G5L's direct reports, however, begs to differ with both what G5L says about her own behavioural attributes and with what G5P says about G5L. G5S says that G5L expresses verbal consideration infrequently, as far as she is concerned, rather than regularly as G5L claims. She also interprets the other behaviours of G5L differently.

> Researcher: I would like to know G5L's attitudes and behavioural attributes with regards to verbal consideration, and what I mean by verbal consideration is that she will praise or acknowledge your work, opinion or skill if they are good. Hence, so how often, if at all does G5L acknowledge, praise your work, knowledge, opinion or skill or any of the ones that she leads?

> G5S: I wouldn't say very often in my case, I can't really comment on other people because she could be telling them personally [sic], so I can't say that she doesn't; I can only speak for myself, really.

> Researcher: okay, so for yourself, it's not something you get very often?

> G5S: no. Not that she's never done it, she has, but it's….it's infrequent then perhaps [sic]. [As for G5L] being very warm and encouraging, no, not with regards to me personally. I think she certainly give [the staff members] challenges [but] I don't know if it was in a supportive manner. Yes, she gives them challenges [but] without the support or the continuation of [the] support. As for G5L being motivating to people, no [she is not]. As for her working to people's strengths, she tries.

> Researcher: is she bossy rather than letting them do their work?

G5S: yes, I suppose she was [sic]; she was [sic] only very comfortable if she has direct control, so to speak.

Nevertheless, when it comes to what G5S thinks G5L's values are with regards to leading people, she says:

G5S: I think she cares as to what happens to her staff.

The controversial and alternate views of G5L, could perhaps, be balanced by what G5M also says concerning G5L in the second interview. Although she considers G5L to be encouraging, respectful, valuing her direct reports' contributions, she, nevertheless, does not consider her to be expressing a warm personality. Thus, among all her colleagues, G5M is the one that presents both the positive or effective and the negative or ineffective aspects of G5L's leadership.

G5M: I don't know if I will use the word "warm" [but] she is encouraging; but I wouldn't use the words "warm and encouraging" but, encouraging, ya.

Researcher: is she respectful to her staff members?

G5M: respectful, yes.

Researcher: how about being bossy?

G5M: [she] can be at times, [she] can come across [as such], ya.

When it comes to G5M herself, there are also differences in how the colleagues of G5M view her. Although G5M is not considered by G5L to be one of her role models, G5M does cite being supportive as one of her own role models' behavioural attributes and G5M says she exhibits this behavioural attribute as well.

G5M: [I am] friendly and approachable, ya. [I am] supportive, yup….

Furthermore, G5M adds that she applies coaching approaches to manage or lead her direct reports; she deems this leadership development practice as something that she also copied from a leader that has influenced her.

So that is something that I have adopted….copied from the leader, the person I had in mind at the time I did this – so [it was about adopting] a more coaching approach. I am doing the coaching [programme's] next stage tomorrow and [in the] next three days. What I find is that when someone comes [in to see me], I don't specifically say [that] I am coaching them [sic], but [it has to do with] how I listen and [give] feedback, using the skills of a coach, really. But I have actually done a

coaching session with someone. I take that line more, a coaching approach [to empower direct reports].

However, G5L, G5M's direct report, also begs to differ. As mentioned in the previous sub-section, G5L and G5M have conflicts in work due to their differences in personality and ways of working. Thus, perhaps due to the conflicts, she has a different view on G5M's behavioural attributes. In addition, G5P's responses below conveys a possibility that G5L equally terse responses below could be true; but it also leaves room for G5M's statement to be true as well.

Researcher: is G5M a person who is supportive of her staff members?

G5L: no.

Researcher: is she friendly and approachable those she leads?

G5L: absolutely not.

Researcher: would G5M listen to those she leads, focusing on what they say when listening?

G5L: no.

Researcher: is G5M a person who is supportive of her staff members?

G5P: she can be.

Researcher: is she friendly and approachable those she leads?

G5P: erm….not all the time.

Researcher: would G5M listen to those she leads, focusing on what they say when listening?

G5P: not always.

On the contrary, G5S has more positive view of G5M with regards to the same behavioural attributes, although she puts it tersely.

G5S: [G5M] being supportive? Yes.

Researcher: [was G5M] friendly and approachable?

G5S: ya.

Researcher: would G5M listen to those she leads, focusing on what they say when listening?

G5L: yes.

The different interpretations of the same behavioural attribute of a person by various colleagues clearly show that there can be different versions of reality regarding the expression of a leadership characteristic while in other cases all the colleagues of a person have the same opinion about that person. An example of a case where all the colleagues of a research participant that agree with the view of the participant is the case of G5P who comes from the same Mental Health Nursing Group as G4L and G5M. Her colleagues (G5M and G5L) interpret her leadership behavioural attributes and behavioural characteristics the same way she sees herself; G5P considers being approachable and supportive as behavioural attributes she has imitated from her role models. In the first round of interviews, G5P says this concerning the leaders that have most influenced professionally:

> I would see them [the role models] as being extremely approachable, erm…..welcoming to a certain extent, in terms of, erm….providing support.

In the second round of interviews, G5P says:

> Erm…I like to think that I am approachable. I am welcoming in terms of supporting [staff members].

In the second round of interviews her colleagues (in separate interviews) mention the following concerning G5P:

> Researcher: do you consider G5P to be an extremely approachable person?
>
> G5M: [G5P] is extremely approachable, uh huh. She is also welcoming, to a certain extent, in providing support [to her staff members], yes.
>
> G5L: yup.
>
> G5S: yes.
>
> Researcher: is she welcoming in giving support to her direct reports or colleagues?
>
> G5M: yes.
>
> G5L: ya, I always found her to be that, ya.
>
> G5S: yes.

From the NHS Learning and Development group, we have another case of healthcare managerial professionals replicating this set of memes. G1P, a

colleague of G1L, finds that the leaders that have most influenced her are supportive and encouraging.

> G1P:….things like their attitudes of encouragement, the time they give if you do you have an issue…er…the support is always there, there's an open door….you know….you can go in anytime…and things like that…

Her colleagues, G1M and G1S, in turn, see the same behavioural attributes in G1P.

> G1M: G1P is encouraging, supportive, [and] open, yes [she is].

> G1S: yes, she got me this job [a new position in the NHS] as she encouraged me [to take it]; yes [she is] supportive and open. [She is] passionate about the work, yes.

However, there are again different interpretations of a particular behavioural attribute of the same person in this group: G1L views one of G1P's behavioural attributes differently.

> G1L: G1P very encouraging but not terribly positive.

Even with G1S, G1P's colleague of a junior level in same department, there are presence of memes in her leadership development; her behavioural attribute of giving verbal consideration and being encouraging is something that she adopts from her role models and peers.

> G1S: yes, I suppose I have, er….like praising [staff members for work well done], like verbal consideration….er… [it] happens that I got [a] promotion to get this job [a new position, but still in the NHS]; my colleague who is underneath myself just now [sic], [I] praise her for the good job that she does as well, so as to encourage her in what she does. I think what I have done or choose [to do] is [do] what I had [learned] from my peers and [those] above, you know, so [these behavioural attributes] cascade down to staff underneath me [sic].

Her senior colleagues, G1L, G1M and G1P, share the same views (though in separate interviews) as G1S about her giving verbal consideration to direct reports and other staff members.

> Researcher: does G1S gives acknowledge or praise her direct reports and colleagues for their good ideas, opinions, or work well-done?

> G1L: yes, yes.

> G1M: yes.

> G1P: yes, oh yes, she would do that, yes.

Furthermore, regarding the behavioural attribute of giving verbal consideration, there is also a clear case of memetic transmission in G2L's

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leadership development. According to G2L, her line managers in the past had not verbalised acknowledgement or praise. This behaviour of her past line managers created a workplace atmosphere that was not only de-motivating to the staff members but the behaviour also became a meme that was then transmitted vertically to their direct reports (including G2L); as a result, the direct reports of these line managers who themselves lead others also do not, in turn, give verbal consideration to their respective direct reports or peerage colleagues.

> G2L: aye, it was in the past [sic], it was almost a cascade, aye, and we did try to stop it at us [sic] but often it didn't happen and, aye, we were never given any praise or it was [sic] always criticism, aye, and that just kind of worked down [sic].

This is a good example of an ineffective meme replicating for its own interest of replication. Thus, although G2L may have considered praising or acknowledging a direct report in the past, she did not verbalise it because she had not experienced verbal consideration from her past line managers; on the contrary, she experienced criticism. This particular ineffective leadership behaviour from her past leaders cascaded downwards, resulting in the same behaviour among their junior leaders, including G2L. This may be interpreted as a 'like father like son' case of imitation where the past leaders who showed a counter-productive behaviour of not expressing verbal consideration (worse, they often expressed de-motivating criticisms) caused this behaviour or meme to be replicated in their direct reports who then expressed the same meme.

> G2L: I mean oh there are many instances where I can say; like I've been in this office like [sic] with our own manager and say…and we've said things to him like [sic] "you don't even say good morning, you walk past us in the morning and you don't even say good morning,"; and then they were realising it, aye, [sic] that they weren't saying good morning to the assistants. So right, ok, everyone had to make an effort and, aye…[sic] it worked for a few months but because it wasn't genuine at the top, aye…..[sic] it was filtering through; but now it is genuine, aye….[sic] that we've got a manager who does care about our department and the staff in it, it's affecting the morale of everyone and it's going right across the department.

G2L's new line manager that cares for the staff members refers to G2M who took over G2L's department not too long before my first interview with G2L, G2M, G2P, and G2S. G2M would show care, including verbal consideration, to her direct reports (including G2L). According to G2L, this effective

leadership behaviour has since been affecting the morale of everyone right across the department; in addition, since G2M took over, she began to give G2L more leadership responsibilities. G2L reflects that because of this change, she has since become more and more capable of giving verbal consideration to her direct reports as a result of G2M's influence.

> G2L: aye….and I would say more and more now; I would say [when] anyone does something for me or works really well, I will say to them "that was really good"; aye, in the past, although I probably thought [of] it, I didn't actually verbalise it, which is quite sad really. I just…[sic] but now I mean; it was just yesterday that I was saying to G2S kind of like she's done really well and I'm really pleased with what she's done…..

> Researcher: okay, so this recent realization….did it come from some sort of programme that you attended or…

> G2L: no, it's from having G2M as our new manager, she came to post last October. So it has been her influence that has, aye….in a sense….in a sense [sic], has given us the opportunity kind of like [sic] to be able to be in that lead role [sic], to be able to say it to people and also because of the way we…I'm saying [sic], we in the senior divisions are being treated [sic].

To confirm the matter of G2L giving verbal consideration to her direct reports, the accounts of her colleagues are taken into view. For example, G2M says that although she had not actually heard G2L give verbal consideration, she believes G2L does give them.

> Researcher: I would like to know G2L's attitudes and behavioural attributes with regards to verbal consideration, and what I mean by verbal consideration is that she will praise or acknowledge the good work, opinion, or skill of those she leads. Hence, so how often, if at all does G2L acknowledge, praise the good work, knowledge, opinion, or skill of the ones that she leads?

> G2M: I don't think I've actually heard her say [it] to somebody, but she has been and told me [sic]; for example, [when] the students are doing very well or they need to develop this [sic], so [after that] she would come and told [sic] me but I haven't actually observed it myself.

Meanwhile, G2P, G2L's peer, says that G2L would give verbal consideration nine out of ten times to students under her training.

> G2P: she would say 'oh well done.' So each time she would; I would say nine times out of ten she would praise someone that she's, you know, taught.

To cap it off, G2S (G2L's direct report) says that G2L often acknowledges her for work well done.

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G2S: I think that would be again [sic] pretty much often because she does acknowledge things like that.

This account of G2L's verbal consideration is then another example of a meme, with G2L imitating a poor leadership behaviour of past ineffective leadership (not giving verbal consideration when it was needed to encourage direct reports) initially but later gradually imitating the good leadership behaviour of G2M in giving verbal consideration.

G3L of the Occupational Therapy Group presents an interesting case of how two people who have been working together for a considerable amount time practice verbal consideration; it is either that they often give verbal consideration but are not consciously aware of it, or that they do not actually give verbal consideration in a situation when both parties understand the appreciation, acknowledgement, and praise so that it is mutually understood as actual verbal consideration. The extracts from the interview transcripts below show G3L and her direct report, G3S, in such a relationship. G3L is not sure that she actually gives the verbal consideration to her direct reports, to especially G3S. Nonetheless, her line manager, G3M, peer, G3P, and G3S herself all testify that G3L acknowledges or praises her staff members for their good work, opinions, and actions.

> Researcher: how often, if at all, do you acknowledge or praise the work, knowledge, opinion, or skill of someone you lead?

> G3L: well, that's interesting. I've never had to think of how often I do that. I don't know. I'd like to think that I do praise her [G3S] but I've worked with her for quite some time and she knows that I value her work, and [sic] I speak to her certainly in supervision, but whether I actually verbalise it daily [I am not sure]. I always thank my staff when they go out and say "thanks", you know [sic], and "bye, thanks" and whatever else. So, I always hear out [their] opinions and I always ….it's G3S [sic] ….and I always bring her into things, and if there's a meeting I [would] say "do you want to come along to the meeting?" [sic], et cetera. But how do I verbalise it [sic]? I can't think that I [would] say "gee, that was great," or say "that's fine, well done" or something; but I don't know. There you go. We've known each other so long it would probably be strange to [sic] her if I said that. They've all [the direct reports inclusive of G3S] known me for quite some time, yeah.

> Researcher: to your knowledge, how often, if at all, does G3L acknowledge or praise the work, knowledge, opinion, or skill of someone she leads?

G3M: I would suggest that that happens on a day to day basis, really, certainly [sic] because she's working very closely within a clinical team and with her clinical staff; erm, it's probably less evident in the wider management of the department because, you know[sic], with some of the people that she is line manager for, she's not seeing on a day to day basis, you know [sic], she may only be meeting up with them once a week or once a month or something like that, so, you know[sic], I think that depends on the opportunity to actually give that praise. Do you see what I mean?

Researcher: to your knowledge, how often, if at all, does G3L acknowledge or praise the work, knowledge, opinion, or skill of someone she leads?

G3P: certainly, you know [sic], we all supervise our members of staff so I would imagine in supervision sessions that she would, erm….be letting people know when they have done [something] well, as well as, you know [sic], picking up on things that need to be improved on. I find that [sic] one difficult to answer, you know, maybe say, seventy percent of the time [she gives verbal consideration]. I suppose sometimes that she might view it very much [sic] that if she's not saying "you're not doing something right" that, erm….she is happy with how somebody's working. I don't know, erm …. if she verbalises it all the time.

Researcher: to your knowledge, how often, if at all, does G3L acknowledge or praise the work, knowledge, opinion, or skill of someone she leads?

G3S: I mean [sic] certainly, from my …..for me personally [sic]; that's quite a difficult one in the sense that G3L and I have worked together now for over six years, [we have been] together in the same team. So a lot of those things, if you know what I'm trying to say, are almost….unsaid? Because I know what she can do, and she knows what I can do, and the fact that she trusts me, you know, because often if [sic] G3L…because she's the head, she's often away doing [sic] other meetings, or what have you [sic], and I'm leading the area. So yeah, I mean [sic], often it…..it's …..from a clinical point of view, we discuss things more on a….a level playing field; do you know what I'm trying to say? You know, because obviously I'll give my thoughts, she'll give her thoughts, but yes, she'll acknowledge "oh that's a good idea we'll do it like that" so yes [she does give verbal consideration]. Yeah, you know [sic], we both acknowledge each other and, you know [sic]; but yeah, I mean [sic] certainly [sic], if…you know [sic], she will acknowledge, "you know more about that," or she'll know more about that [sic] so we'll go to each other. But yeah she will acknowledge.

Researcher: so most of it is unspoken acknowledgement?

G3S: I know G3L so well that, you know [sic], it….it doesn't….it doesn't necessarily always need to be verbalised. We can kind [sic] ….it's almost a communication on….do you know [sic]…understand [sic] what I'm saying….? We work together so closely that we don't need to every time say "right ok" and we'll just kind of get off. But yes, I

mean [sic], she will acknowledge if you've got skills or experience, you know [sic], because in a different area, you know [sic], because like I'm a key handler so if there's a situation like that then, you know [sic], she'll acknowledge that perhaps I'll know more, you know [sic], and so yeah. She does certainly [gives verbal consideration]….I mean [sic], I don't feel that ….I don't feel that I'm not….that my skills and experience and knowledge aren't, you know [sic], acknowledged if, you know [sic], what I mean [sic].

Researcher: what about the other junior staff members that she leads, that have not been with her that a long time. Does she often give them verbal consideration?

G3S: yeah, if they, you know [sic]….when they've done things well [including to] the students. I mean [sic], that's the only real way that kind of [sic] people are encouraged to develop if you acknowledge. It's kind of a balance, isn't it?

G3S, in turn, exhibits leadership behavioural attributes that could be categorised under the Motivating Memeplex too. She considers herself to be open and approachable to those she leads just as her role models (including G3L and G3M, her respective line manager and senior colleague in the department) have been. She also considers being open and approachable to be very important leadership behavioural attributes to especially direct reports who are new or are lacking confidence. All her colleagues agree that she is open and approachable.

G3S: [As for being] open and approachable, I would say more so, I would say I am aware of that, certainly at my level; it is basically [sic] I personally supervising [sic] and applying leadership [so] I think being open and approachable is very important with the staff because often they are new to the job and what they want is to be able to come [sic] to somebody, you know [sic] [sic], for the support and not feel stupid for asking questions. I say that because it [these behavioural attributes] is [sic] probably more important where I am at [at this stage of my profession].

Lastly, the cases of also G2M and G3M both show that their behavioural attributes of approachability, amicability, and supportiveness have been behavioural characteristics adopted from their role models. In addition, for G2M, leadership by example and instilling confidence in followers are other leadership behavioural attributes that she has imitated of the leaders that have most influenced her.

G2M: they [the role models] are approachable and amicable but at the same time maintaining a position [sic], an objective position, so [as] not, erm….[to be] overly-friendly [sic] towards the staff but equally not strict and be unapproachable. Erm…and that's quite a fine balance to

strike I think and it's very difficult to do [sic] but the people that have influenced me have been very good at that.

G2M: erm…the ladies that have probably influenced me, their attitude to work has been, erm…to lead from the front, erm….to lead by example, to, erm….instil confidence in the staff to enable them to do the job.

All the colleagues of G2M, namely, G2L, G2P, and G2S affirm that G2M is a leader who is approachable and amicable while maintaining an objective position so as not to be partial or over-friendly towards certain staff members. Additionally, without any controversy or different interpretation, they agree that G2M is a person who also practises leadership by example and instils confidence in the staff members of the service (they were asked separately; but in the following, I laid out the transcripts of interview together).

Researcher: do you see G2M as someone who leads from the front, that is, she leads people by being an example to them herself?

G2L: yes.

G2P: hmm…..yea; she was a good example in leadership, ya.

G2S: [if I] remember back [sic] correctly, ya.

Researcher: does G2M instil confidence in the staff?

G2L: yes.

G2P: yea.

G2S: I would say, yes.

Researcher: do you consider G2M to be approachable and amicable yet maintaining an objective position to avoid being partial or over-friendly towards certain staff members?

G2L: yes.

G2P: ya, ah ha, ya [sic].

G2S: I would say, yes.

One of G2L's role models is G2M whom G2L considers to be someone who leads by being an example to her followers just as G2M's own role models have been. In relating a critical incident, G2L reveals herself to be a person who also practises leadership by being an example to the other pharmacy technicians and inspires them to be able to improve their work performance,

take responsibility, and be as professional as full-fledge pharmacists in the department. Here G2L relates the implication of the critical incident where she makes the top management and the pharmacists in her department realised that the abilities of pharmacy technicians are comparable to those of the pharmacists when bodies external to the pharmacy department choose to liaise with her and insist on her presence in meetings.

> G2L: well, hopefully from a management point of view, it made them aware that there are [pharmacy] technicians who can actually step up to the mark and [sic] take responsibility and be professional. From a technician's point of view, I [had] made [a point], and there were other [pharmacy] technicians who were aware of this incident; so hopefully it actually gave them a bit of encouragement, so it can be done.

Meanwhile, G3M says that her role models have been supportive of staff members and that they have not been over-protective, thus affording their direct reports opportunities to manage and lead people and put into practice their learning. G3M then says this concerning herself:

> I think, certainly in terms of being supportive, I feel that I am supportive….as a manager….erm….I try not to be over-protective and I think for those people [direct reports] who are confident in their roles, I am not over-protective. For those people who are less confident, I can sometimes be a bit over-protective and not, perhaps, push them as much as I perhaps [sic] ought to.

Hence, in her own words, she considers herself to be supportive of her followers just as her role models. In the matter of not being over-protective, however, she displays a behaviour that is yet to be totally that of her role models; she can be a bit over-protective of her direct reports whom she views as not being confident in their functions. Below, I put together from the interviews showing how her colleagues interpret her leadership behaviours just as the way G3M sees her own behaviours.

> G3L: G3M is supportive of her staff members, yea. I think sometimes with a supportive role….erm…..at first when I was in the head post maybe [G3M was] a wee [sic] bit more protective. When I ask to do something [sic], she would go and do it for me. This is where you get something, instead of saying, it is there, or you find it there; and because of the work we do, [some tasks] you don't do it for the next few months, [so] the next time I have to do them….I was like "what to do again?"…..because, you know, she [G3M] had already pull you [referring to G3L] out previously; she [G3M] knows what my need is and she would do that for you [G3L]. But not overly so, sometimes she [G3M] would just let me….[saying] "oh, you can do that, can't you?" and then would let me [do it].

G3P: [G3M is] supportive, yes, and she is not over-protective; she has confidence in delegating responsibilities, uh huh.

G3S: [G3M is] supportive, uh huh. [And] that is my impression, [and] that she delegates responsibilities to the other heads, ya.

Therefore, as the healthcare leaders and managers above show, those with motivating behavioural attributes memetically affect their followers who in turn also affect others. Followers and junior staff members look up to leaders as role models to imitate. As G4M puts it, leaders have to be genuine, sincere, and authentic to be good role models so that followers could look up to them and feel that the change, or whatever policy or action, they are preaching and implementing is something that they themselves personally believe in and that it will be something that benefits everybody rather than only the management of the organisation.

G4M: erm, they have to be good role models, you know, you've got to be able to look up to that person, and feel that the change that they're actually implementing within your area is not just addressed [for the sake of addressing]……but addressed first and foremost towards the patient but [sic] also towards the staff, you know, [implementing something] that it's going to be of benefit to everybody. Erm, you don't want a leader out there who's constantly pushing people for things that they don't believe in, you know, it's got to be an overall team philosophy within it.

4.4.5.1   Non-memetic cases

Similar to some of the other memeplexes, there are leaders, such as G3L, who exhibits the behavioural attributes listed in this memeplex even though her role models do not.

Although G3L says nothing about the leaders who have most influenced her exhibiting the behavioural attributes of instilling confidence and giving verbal consideration to their direct reports, G3S, her direct report, testifies that G3L has been expressing this behavioural attribute.

G3S: I think, you know, she….[sic] because she comes across as confident I think she instils confidence in others which I think is always positive when you're a leader.

In relating the vision and the way G3L has been communicating it to her team members, G3S also reveals that G3L has been a person who leads

others by being an example even though this behavioural attribute is not mentioned by G3L to be something her role models exhibit. Leading by example results in G3L expressing a behavioural attribute I consider to be under the progressive memeplex: developing staff members.

> Researcher: so, how often does G3L communicate this vision to you all? Is it usually verbally or….through meetings?
>
> G3L: well no, I would say by the way she [G3L]…..presents herself and…and….and [sic] you know,…it's almost I suppose….it's almost [a case of] leading by example. You know, so [sic] in probably all aspects of what….of what [sic] she does, in the sense that [sic], yes, it's supervision, these kinds of things will be discussed in, you know [sic], in meetings. [She would] encourage staff to do certain developmental things, trainings, [or] even just [get] down to the basics when you're [sic] supervising someone clinically on a day to day basis. But yeah, I mean….but I think probably….probably the biggest thing [about G3L] is [her] leading [people] by [being an] example and [through] kind of demonstrating [the behaviours and ways].

4.4.5.2 Comparison analysis

Table 03-1 below reveals the healthcare professionals who exhibit behavioural attributes in the Motivating Memeplex as of their own admission in relation to the views of their respective colleagues. Fourteen of the twenty in the research exhibit at least one of the behavioural attributes in the memeplex (as of their own admission), four participants (G2P, G2S, G4S and G5S) do not, and two participants (G2M and G4M) could not be available in the second round of interviews to confirm whether they exhibit the behavioural attributes.

Two of the fourteen who express behavioural attributes in this memeplex are non-memetic: the people-motivating behaviours that G1M and G3L express are not imitated from their respective role models. Although G2M and G4M could not confirm whether they express any of the behavioural attributes in this memeplex, their colleagues testify that they do; nonetheless, I cannot confirm with G2M and G4M as to whether their behaviours are imitated from their role models. Finally, the question of whether the behavioural attributes are imitated is not applicable (NA) to the four healthcare professionals that do not express any of the behavioural attributes in the Motivating Memeplex as shown on Table 03-1 below.

Table 03-1: Interview Respondents Exhibiting Behavioural Attributes in the Motivating Memeplex

G1L on self	G1M on G1L	G1P on G1L	G1S on G1L	Imitated?
Yes	Yes	Yes	Yes	CY
G1M on self	**G1L on G1M**	**G1P on G1M**	**G1S on G1M**	**Imitated?**
Yes	Yes	Yes	Yes	No
G1P on self	**G1L on G1P**	**G1M on G1P**	**G1S on G1P**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G1S on self	**G1L on G1S**	**G1M on G1S**	**G1P on G1S**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G2L on self	**G2M on G2L**	**G2P on G2L**	**G2S on G2L**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G2M on self	**G2L on G2M**	**G2P on G2M**	**G2S on G2M**	**Imitated?**
U	Yes	Yes	Yes	NA
G2P on self	**G2L on G2P**	**G2M on G2P**	**G2S on G2P**	**Imitated?**
No	No	U	No	NA
G2S on self	**G2L on G2S**	**G2M on G2S**	**G2P on G2S**	**Imitated?**
No	No	U	No	NA
G3L on self	**G3M on G3L**	**G3P on G3L**	**G3S on G3L**	**Imitated?**
CY	Yes	Yes	Yes	No
G3M on self	**G3L on G3M**	**G3P on G3M**	**G3S on G3M**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3P on self	**G3L on G3P**	**G3M on G3P**	**G3S on G3P**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3S on self	**G3L on G3S**	**G3M on G3S**	**G3P on G3S**	**Imitated?**
Yes	Yes	Yes	Yes	CY
G4L on self	**G4M on G4L**	**G4P on G4L**	**G4S on G4L**	**Imitated?**
Yes	U	Yes	Yes	Yes
G4M on self	**G4L on G4M**	**G4P on G4M**	**G4S on G4M**	**Imitated?**
U	Yes	Yes	No	NA
G4P on self	**G4L on G4P**	**G4M on G4P**	**G4S on G4P**	**Imitated?**
Yes	Yes	U	Yes	Yes

G4S on self	G4L on G4S	G4M on G4S	G4P on G4S	Imitated?
No	No	No	No	NA
G5L on self	**G5M on G5L**	**G5P on G5L**	**G5S on G5L**	**Imitated?**
Yes	Yes	Yes	No	Yes
G5M on self	**G5L on G5M**	**G5P on G5M**	**G5S on G5M**	**Imitated?**
Yes	No	CY	Yes	Yes
G5P on self	**G5L on G5P**	**G5M on G5P**	**G5S on G5P**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G5S on self	**G5L on G5S**	**G5M on G5S**	**G5P on G5S**	**Imitated?**
No	No	No	No	NA

Keys:
Yes: *exhibiting* this particular behavioural attribute.
No: *not* exhibiting this particular behavioural attribute.
CY: *conditional yes*, meaning exhibiting this particular behavioural attribute to only a certain degree or under certain circumstances.
U: *unconfirmed* (either the respondent did not mention it in her conversation about the person or when relating the critical incidents, or because the respondent could not make the second round of interviews).
NA: *not applicable* (as nobody says that this particular behavioural attribute is exhibited, whether it is imitated or not is not applicable to the analysis).

4.4.4 The People-developing Memeplex

In this research on leadership and management development in a region of NHS Scotland, there are healthcare professionals who exhibit the behavioural attributes listed in the Motivating Memeplex expressing behavioural attributes in the People-developing Memeplex. Behavioural attributes in the Motivating Memeplex are related to behavioural attributes in this People-developing Memeplex as if the latter is an outflow of the former. In some of the leaders, the motivating behavioural attributes such as leadership by example, instilling confidence, giving verbal consideration, and being motivating, energising, encouraging, approachable, and supportive of staff members could issue in leadership behavioural attributes of being progressive in developing people and their organisation and being open to progress and developments. Behavioural attributes in this memeplex also include being forward-thinking, keeping with advancements, changes, and developments, and bringing in changes and improvements to the department for the benefit

of the patients and staff members (inclusive of professional, managerial, and leadership development). Such leaders can also be dynamic (as opposed to remaining in their comfort zone, old knowledge, or out-dated skills). In this memeplex are also the related behavioural attributes of being nurturing of the staff members and passing on of something learned or experienced to especially the junior staff members. Furthermore, it includes being a leader that gives challenges to direct reports for their development, work to their strengths, and delegate according to their abilities, skills, and strengths; this behavioural attribute implies that the leader in question also values and trusts his or her followers and their contributions.

G1S of the NHS Learning and Development Department also describes the leaders that have most influenced her to be nurturing, passing on their learning to their direct reports, and interested in their progress:

> if they learned [something], they would like to pass on their experiences as well….especially being the Learning and Development Department; it's quite a good area to be. Ya, they are quite open for you to progress as well.

She then describes herself in the second interview as someone who also shares her learning and knowledge, is progressive, and is open to progress. Furthermore, she feels that the behavioural attributes that she have imitated of her role models also cascade down or transmitted to her direct reports. Two of her colleagues, G1M and G1P, agree with G1S's interpretation of her behaviours in the workplace.

> G1S: I think what I have done or choose [to do] is [do] what I had [learned] from my peers and [those] above, you know, so [these behavioural attributes] cascade down to staff underneath me [sic]. I always share my learning and knowledge. Yes, I am progressive and open to progress, yes.

> G1M: [G1S is] progressive and is open to progress and staff development, yes [she is].
> Researcher: do you consider G1S to be someone who is progressive and open to the progress and development   of her staff members?

> G1P: yes, she takes that on board, yes.

Similarly, G3P describes her role models as those who are progressive and looking forward to developing the Occupational Therapy Department in the hospital (her workplace). In turn, she also exhibits all the behavioural

attributes of her role models in her leadership, including being progressive and being concerned with the development of the department and its staff members.

> G3P: people who [have most influenced me] are fair and consistent and [they] don't show favouritism and that [sic] they are progressive, looking to develop the department and the staff within it.

> Researcher: do you think that you have also adopted or imitated each of these behavioural characteristics?

> G3P: I think that's a difficult one to answer about yourself…but erm….I would like to think that I fit into all of those…. Yes, I would have thought that I fit into all of these [mentioned behavioural attributes].

Just as it is with G1S above, there is also no controversy among how G3P's colleagues view her vis-à-vis the way she views herself with regards to expressing the behavioural attributes that her role models have been exhibiting. (Each of her colleagues below was interviewed separately but with the same question; thus, I present them here together to avoid repetition.)

> Researcher: do you consider G3P to be a leader who is progressive and who looks forward to develop the department and the staff within it?

> G3M: ya.

> G3S: yup.

> G3L: I hope she is, I mean, we meet in meetings, and she is there developing her own side of the team.

G2M of the Pharmacy Department describes her role models, among others, as those that are forward-thinking and wanting to develop people.

> G2M: [the role models] have been, really, from my point of view as [a] technical [level] staff [at that time], forward-thinking and wanting to develop staff on the service; so they're the people that stick out in my mind. Probably the most influential person was, erm….very level-headed, fair, erm….but she was also pretty dynamic and, like I've mentioned, forward thinking, wanting to improve the service and the technical [level] staff as well.

Additionally, without any controversy or different interpretation, all her colleagues, namely, G2L, G2S, and G2P agree that G2M is also forward-thinking and that she develops the staff members in the service.

On the contrary, there is the presence of different interpretations in the case of G5L of the Mental Health Nursing Group. G5L sees herself as someone who 1] trusts and values the contributions of those she leads, 2] considers her direct reports as equals and thus give them challenges (for their development), and 3] works to the strengths of her staff members. These are the same behavioural attributes she sees in the leaders that have most influenced her professionally as of her testimony during the first round of interview.

> G5L (on her role models): er….I guess [they] valued what I had to offer [sic]; and [they] trusted me [sic]. [They are] challenging too, you know, they would challenge you if they felt [sic] you needed [to be] challenged and I think…I think it was [sic] a very equal relationship which I respond well too; if there's a bit of equality in there, I think you can respect [that too] I suppose.

> G5L (on herself, in the second interview given a year after the above response): I do value what people have to say…..trusting and valuing [their contributions], ya, I think I do [that]. As for] challenging [my] direct reports but [being] supportive and considering them as equals…I think that's a difficult one because I guess…I think for me, in any leadership problem, you kind of move between different styles; some people require firm boundaries while others require flexibility, so I think it would be too broad a statement to [have this behavioural attribute]. [But] certainly, [on having this behavioural attribute of] working to people's strengths, ya [I do have it].

However, in response to some questions, her line manager, G5M has a different view about G5L being a leader who considers her staff members as equals and challenges them for their development and she feels that G5L does not quite have the behavioural attribute of working to people's strengths and delegate accordingly.

> Researcher: does G5L value and trust the contributions of those she leads?

> G5M: yes, uh huh.

> Researcher: does she challenge her direct reports even as she considers them as her equals?

> G5M: erm….I would like to say more of that. I don't think there is enough [of this behavioural attribute]. I think she takes on too much herself. She needs to be able to delegate appropriately [and] better, yup.

> Researcher: how about working to people's strengths?

G5M: that's the bit I think she needs to work [on] and [she needs to] realise that people do have strengths and that she can delegate accordingly.

Another controversy comes in when G5P, the professional peer of G5L, gives a view that is contrary to that of G5M but in accord with how G5L sees herself.

Researcher: does G5L value and trust the contributions of those she leads?

G5P: erm…yes.

Researcher: does she challenge her direct reports even as she considers them as her equals?

G5P: yes.

Researcher: how about working to people's strengths?

G5P: yes, definitely, ya.

Thus, while G5M views that G4L takes on too much responsibilities herself and not delegate enough to provide challenges for the development of her direct reports (challenge them to improve or take on more management responsibilities), G5P disagrees with G5M and views that G5L does value and trust the contributions of her direct reports, challenge them (to develop) as equals, and work to their strengths.

Just when one thinks there could not be any more controversial views, one of the direct reports of G5L, G5S, gives a view of G5L that is not only similar to G5M's negative interpretation but it also portrays G5L as someone who does not even truly value and trust the contributions of her staff members.

Researcher: does G5L value and trust the contributions of those she leads?

G5S: not whole-heartedly, no. I would say that she often had the need to come to, like, the Tuesday's meetings, the team meetings; prior to that, staff members would just go into the meetings without the need for her to go in [and contribute] as well as. I am not sure if that [G5L joining the meetings] sort of suggest that she felt nobody would be able to contribute, maybe, as effectively as herself, which perhaps she was right; but it was a change [when] compared to the previous management. She could appear respectful of certain individuals, if they share the same opinion and [she] would very much embrace it [sic]. Certainly, if you had [sic] fallen foul of her diverse opinions, on a regular basis,   then no; then the barriers did [sic] come

up. I think it very much dependent [sic], as I say again. Some people may say, well, yes, she was [respectful of people's opinions and behaviours]. It's a subjective opinion but, no [sic]; that was [sic] why possibly her [now new] lone work [sic] is a much better scenario [for her].

Researcher: does she challenge her direct reports even as she considers them as her equals?

G5S: I think she certainly give [them] challenges; I don't know if it was in a supportive manner. Yes, she gives them challenges without the support or the continuation of [the] support.

Researcher: how about working to people's strengths?

G5S: she tries.

In comparing the controversial views from the different colleagues of G5L, I would surmise that the views of G5M and G5S are deeper and detailed. They present a leader who tries to be like her role models, that is, be someone who values and trusts her direct reports and their contributions, who considers them as equals, who gives them challenges, and who know the strengths of her followers and delegate according to their strengths and abilities. However, G5M and G5S consider G5L to have been unsuccessful or ineffective in exhibiting such leadership behavioural attributes and that G5L needs to work more on such leadership skills or competencies or, as G5S cynically puts it, work alone in a purely clinical role (without the leadership and management role). These controversial views may mean that while a person may consider his or her leadership and management development to be memetic as a result of imitating his or her role models, others may not see the same elements in the person. This is thus a matter of interpretation as in the case of a very wealthy man such as Bill Gates who may consider himself to be generous, kind, altruistic, philanthropic, and fair (some others may also view him to be so as well), while at the same time, there are yet others who view him as a 'robber baron' who has fleeced the world via his multi-national software business and has only donated a small percentage of his assets and thus could still remain very wealthy to live in opulence.

G4M of the Surgical Theatre Group talks about seeing dynamism and being positive and open to change in the leaders that she have admired in her professional life; for her, dynamism refers to how they have pushed her to learn new skills and to attain developmental achievements. (In this interview

conversation, when G4M says " they've got to be" of such and such character, it is simply her conversational way of saying her role models have been exhibiting such and such behavioural attributes.)

> G4M: attitudes….let me think, yeah, they've got to be positive, but they've got to be dynamic [as well]….that's the word I was looking for, they've got to be very dynamic in their attitudes towards what's going on, the change, and be motivational with that as well. They've [the role models] been quite good [to me] because they sort of like [sic] push you to sort of achieve different things and get on with your work and learn new skills and stuff like that, so that's been quite good.

However, G4M does not see herself as having these behavioural attributes of developing her direct reports; nonetheless, her direct report, G4L, and junior colleague, G4P, do view her as having some of these behavioural attributes.

> G4L: G4M is positive; [she has] very dynamic attitudes towards what's going on, for example, towards introducing changes, ya, definitely, ya [sic]. She's motivating, yes….friendly with staff in manner and behaviour, yes [she is]. [She is] consistent in behaviour, absolutely [so] and she walks the talk, [is] genuine, sincere, [and she] believes in what she's pushing for or implement.

> G4P: [G4M is] positive, yes [she is]. [As for] being dynamic and having very dynamic attitudes towards what's going on……yes, she does. Yes, she has always being friendly with me. She's consistent in behaviour, yes [she is], but then in some of the problems [that] she has to deal with, she has to be flexible due to the circumstances.

> Researcher: how about being someone who walks the talk, who is genuine, sincere, and believes in what she's pushing for or implement?

> G4P: yes, yup.

Furthermore, in G4M, her behavioural characteristics in the People-developing Memeplex (for example, being dynamic and in introducing changes to the department) are closely related her behavioural attributes in both the Motivation Memeplex (for example, being positive) and the Motivating Memeplex (for example, being motivating).

There are leaders, such as G3L and G2L, that exhibit the behavioural attributes listed in this memeplex, as of the testimonies of their respective colleagues (they neither mention expressing them nor mention their role models expressing them). For one, G3L says nothing about her role models (or she herself) expressing any of the behavioural attributes listed this memeplex; however, all her colleagues in the research (G3M, her line

manager, G3P, her professional peer, and G3S, her direct report) testify that she exhibits some of these behavioural attributes. They find G3L to be someone who develops people, takes the department in the direction of development, nurtures students or apprentices, and gives guidance to those who approach her for it. Although G3L's approachability is a behavioural attribute that may be categorised under the Motivating Memeplex, I would categorise her leadership characteristics of nurturing, developing, and giving guidance to those who approach her under the People-developing Memeplex as these behavioural attributes can be considered to be an outflow of her motivating behavioural attributes.

> G3M: erm, I mean she's very positive, erm…in terms of developing and supporting people, erm…and she is also aware of, erm…not quite sure what I'm trying to say here, erm…you know she's aware of the direction of travel [referring to the direction of the development of the department] that she wants to take and she wants the staff to take [the same direction] with her.

> G3P: G3L's also very good at nurturing students and, erm….will often be….[sic] G3L organises student placements within the department; anyway, she's the clinical co-ordinator, erm….and I suppose that's something that's she's taken [on board]…G3M used to be responsible for that…..G3L does that now. Erm…and she had taken students that perhaps had failed placements elsewhere and she has nurtured them through a placement; and they've been able to succeed, yes. [She] shows concern for their learning, erm….and wants to help them develop in their [sic]…in [sic] their skills, erm….and [she] will be direct if she needs to be direct, if ….if somebody isn't managing to meet standards, erm…..She's concerned for the students and she, erm….I think she is a good role model for the students. I think she has a fair and consistent attitude and wants to get the best out of people you know, so I think she's got high standards of what …what she would expect, how people should perform [sic], erm….and will do her best to try and make sure the people [sic] reach their potential, that being from students [sic], erm…upwards, you know.

> G3S: I think she….I think she's effective, you know, erm….she's quite clear in her…in her guidance and …erm…you know, you're able to approach her and you know that she will give you the guidance that you…you require [sic], the information that you require, and she's willing to, you know, be involved; but obviously if required, so she will actually, you know, help….out in a difficult situation, if that's required. Or [sic] if it's just verbal guidance or actually having to become more involved. You expect to hopefully go to someone with a query or a question and, you know, if she doesn't know, she will go and find out, you can be confident that she will [then] you know [it after] finding out for you, and [she will] try and look into it for you.

Similarly, although G2L does not mention about any of the leaders that have most influenced her exhibiting any of behavioural attributes in the People-developing Memeplex (neither does she say anything about expressing any of these behavioural attributes herself), her colleagues, G2M, G2P, and G2S, portray G2L to be someone who is keen to develop those under her leadership, a "champion of the underdog", someone who has a motherly instinct, and someone who would listen or lend a sympathetic ear to those seeking help or guidance.

> G2M: erm, I can think of an instant recently where, erm….the student…one of the students was struggling with calculations, erm…for a pharmacy course. Erm….and she had an exam coming up; now that's very stressful, [and] she was really worried about it so G2L, erm….took it upon herself, erm…she didn't have to do it, she could have referred it back to our education training staff for example, erm….to help this student and she sat down with her, went through everything, she spent a lot of time with her erm….and as a consequence she passed the exam with flying colours. So that's a success and I was really pleased to see that, so that was a good example. [It's] just the way she noticed there was a problem. G2L's very keen, erm….on giving education and training, it's something she really likes doing.

> G2M: Erm….but she identified that there was a problem and how do I feel about it? As I say, I'm very pleased that she took that upon her….she did speak to me about it to make sure that it was okay for her to do it so….that was good. [So] yes, she's very keen to train [people], [so] that's good. The student was convinced she was going to fail, not feeling positive about it at all so G2L not only had to show her how to do it but to build her confidence as well as to how to do it and she did do that. I had heard the student be [sic] so negative and, er…..[she was] scared, petrified [that] she wouldn't pass the exam and to see that [G2L] turned [the situation] around, that's just fantastic; it's really good. I think G2L quite likes [sic] to be the champion of the underdog, so to speak.

> G2P: she has, maybe it's [sic] her motherly instinct that she's got about her,….erm….a lot of people go to her because she's…I was going to say, older and wiser. She's always willing to listen to anyone that …you know [sic], if they've got a problem or something's bothering them she'll be, you know [sic], she'll always lend a sympathetic ear for them [sic] so she's got that,….erm….thing about her that ….you can go and talk to her, she's not going to be like "oh I haven't got time" she'll….even if she is busy, if she's busy at that time, she'll say "look, I'm busy but….if….you know, you come back to me in half an hour" she wouldn't just say "oh I'm busy, you know, go away".

> G2S: she [G2L] has obviously like being [sic] a great help to me throughout my training. She is able to empathise with people, yup [and she's] understanding, yup.

One interesting case is that of G5M; she says she adopts a coaching approach to leadership, that is, she coaches her direct reports, empower them to make decisions and solve problems on their own.

> G5M: I would listen to those I lead, focusing on what they say, ya. I would say, over the last three years, a more coaching approach…because I found myself,….erm….how would you say….doing the rescue all the time. You understand what I mean? Someone would come in with an issue or a problem and I would get really involved. I don't [sic] find I was doing myself or the person any favour by continuously rescuing someone…so I actually took some time to go and learn about coaching skills so that I could actually empower the person, you know, [learn to] listen [and] to give the proper coaching words [sic] and feedback so that they would be able to empower themselves to make the decisions themselves at the end. So that is something that I have adopted….copied from the leader, the person I had in mind at the time I did this [sic] – so [it was about adopting] a more coaching approach. I am doing the coaching [programme's] next stage tomorrow and [in the] next three days. What I find is that when someone comes [in to see me], I don't specifically say [that] I am coaching them [sic], but [it has to do with] how I listen and [give] feedback, using the skills of a coach, really. But I have actually done a coaching session with someone. I take that line more, a coaching approach [to empower direct reports].

However, there are controversies in how her colleagues interpret her behaviours. None of them mention about G5M adopting a coaching approach to leadership or to empower staff members. On the contrary, one of her direct reports, G5L, speaks negatively about G5M in that she does not even consider G5M to be someone who is open, honest, friendly, approachable, or supportive, least to say, a coach who would listen to those she leads.

> G5L: no, [G5M] is not an open person; [and being] honest? Nope [she is not].
>
> Researcher: how about being friendly and approachable?
>
> G5L: absolutely not.
>
> Researcher: is she a calm person?
>
> G5L: ya, but it was an unsettling calm [sic].
>
> Researcher: would G5M listen to those she leads and focus on what they say when listening?
>
> G5L: no.
>
> Researcher: is G5M supportive of her staff member and is she consistent in her behaviour?

> G5L: [G5M being] supportive, no; [being] consistent, she certainly was consistent [*with sarcasm in G5L's tone of voice and body language*].

In contrast, G5S, who has conflicts with G5L, views G5M in a more positive light, even though she says nothing about G5M being a coach or taking a coaching approach towards developing her staff members.

> G5S: [G5M being] open, yes [she is]; [being] honest, yes, [she is].

> Researcher: do you consider her to be friendly and approachable to staff members?

> G5S: ya.

> Researcher: is G5M a calm person?

> G5S: yes.

> Researcher: would she listen to those she leads and focus on what they say when listening?

> G5S: yes.

> Researcher: do you consider her to be a leader that is supportive of her staff?

> G5S: yes.

> Researcher: is G5M consistent in her behaviour?

> G5S: yes.

Nevertheless, G5P, who does not have any conflict with G5L or G5S, offers a different view of G5M; although she reveals G5M to be an open, calm, and honest person, she has reservations about G5M being a friendly and approachable person, being a leader who would listen to those she leads, focusing on what they are saying when listening, or being someone who would be supportive of her staff members. She also does not talk about G5M being a coach who would empower her staff, especially not when she views her as not even being approachable, supportive, or listening to those she leads most of the time.

> Researcher: do you consider G5M to be a leader who is open and honest?

> G5P: [G5M being] open, ya; [being] honest, ya.

> Researcher: do you consider her to be friendly and approachable to staff members?

G5P: erm….not all the time.

Researcher: is G5M a calm person?

G5P: yes.

Researcher: would she listen to those she leads and focus on what they say when listening?

G5P: not always.

Researcher: do you consider her to be a leader that is supportive of her staff?

G5P: she can be.

Researcher: is G5M consistent in her behaviour?

G5P: ya.

Therefore, the views of G5P and G5S on the behavioural attributes G5M show that G5M's behavioural attributes belong, at best, to the Motivating Memeplex rather than to the People-developing Memeplex. One could interpret G5M to be an unsuccessful memetic case in this particular aspect, that is, someone who tried to imitate the effective leadership behaviours of her coach or mentor in the coaching programme but has not been really successful in exhibiting the people-developing and people-empowering behavioural attributes of a coach (especially not to G5L); as such, she may not be considered as someone who fully adopts or imitates the behavioural attributes of the leader that she admires.

4.4.6.1 Comparison analysis

Table 04-1 below shows that among the twenty research participants, as of their own admission, six exhibit behavioural attributes in the People-developing Memeplex. Of these six healthcare professionals, four have acquired the behaviours memetically from their role models while one (G3L) expresses the leadership behavioural attribute of developing her staff members even though she says nothing about her role models expressing it. The other of the six, G5M, is not entirely certain that she has acquired the behavioural attribute by imitating her role models.

Although G2M and G4M say nothing about exhibiting any of the behavioural attributes in this memeplex, their colleagues testify that they do. Hence, it could not be confirmed as to whether their behaviours are the result of memetic transmission. Twelve of the interview participants do not express any of the behavioural attributes in this category; as such, it is not applicable to ask whether these leadership behavioural attributes have been acquired memetically.

Table 04-1: Interview Respondents Exhibiting Behavioural Attributes in the People-developing Memeplex

G1L on self	G1M on G1L	G1P on G1L	G1S on G1L	Imitated?
No	No	No	No	NA
G1M on self	**G1L on G1M**	**G1P on G1M**	**G1S on G1M**	**Imitated?**
No	No	No	No	NA
G1P on self	**G1L on G1P**	**G1M on G1P**	**G1S on G1P**	**Imitated?**
No	No	No	No	NA
G1S on self	**G1L on G1S**	**G1M on G1S**	**G1P on G1S**	**Imitated?**
Yes	U	Yes	Yes	Yes
G2L on self	**G2M on G2L**	**G2P on G2L**	**G2S on G2L**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G2M on self	**G2L on G2M**	**G2P on G2M**	**G2S on G2M**	**Imitated?**
U	Yes	Yes	Yes	NA
G2P on self	**G2L on G2P**	**G2M on G2P**	**G2S on G2P**	**Imitated?**
No	No	U	No	NA
G2S on self	**G2L on G2S**	**G2M on G2S**	**G2P on G2S**	**Imitated?**
No	No	U	No	NA
G3L on self	**G3M on G3L**	**G3P on G3L**	**G3S on G3L**	**Imitated?**
No	Yes	Yes	Yes	NA
G3M on self	**G3L on G3M**	**G3P on G3M**	**G3S on G3M**	**Imitated?**
No	No	No	No	NA
G3P on self	**G3L on G3P**	**G3M on G3P**	**G3S on G3P**	**Imitated?**
Yes	Yes	Yes	Yes	Yes
G3S on self	**G3L on G3S**	**G3M on G3S**	**G3P on G3S**	**Imitated?**
No	No	No	No	NA

G4L on self	G4M on G4L	G4P on G4L	G4S on G4L	Imitated?
No	No	No	No	NA
G4M on self	**G4L on G4M**	**G4P on G4M**	**G4S on G4M**	**Imitated?**
U	Yes	Yes	U	NA
G4P on self	**G4L on G4P**	**G4M on G4P**	**G4S on G4P**	**Imitated?**
No	No	U	No	NA
G4S on self	**G4L on G4S**	**G4M on G4S**	**G4P on G4S**	**Imitated?**
No	No	No	No	NA
G5L on self	**G5M on G5L**	**G5P on G5L**	**G5S on G5L**	**Imitated?**
Yes	CY	Yes	No	Yes
G5M on self	**G5L on G5M**	**G5P on G5M**	**G5S on G5M**	**Imitated?**
Yes	No	CY	CY	CY
G5P on self	**G5L on G5P**	**G5M on G5P**	**G5S on G5P**	**Imitated?**
No	No	No	No	NA
G5S on self	**G5L on G5S**	**G5M on G5S**	**G5P on G5S**	**Imitated?**
No	No	No	No	NA

Keys:
Yes: **_exhibiting_** _this particular behavioural attribute._
No: **_not_** _exhibiting this particular behavioural attribute._
CY: **_conditional yes_**_, meaning exhibiting this particular behavioural attribute to only a certain degree or under certain circumstances._
U: **_unconfirmed_** _(either the respondent did not mention it in her conversation about the person or when relating the critical incidents, or because the respondent could not make the second round of interviews)._
NA: **_not applicable_** _(as nobody says that this particular behavioural attribute is exhibited, whether it is imitated or not is not applicable to the analysis)._

4.4.5 The agentic elements

In this section, I present findings from the fieldwork data with regards to the human agency of the healthcare leaders and managers, particularly, their intentionality, forethought or planning, self-reactiveness, and self-reflectiveness (the theory of human agency and the theory of structuration).

As shown in the above sections, all the interview respondents have memetic elements in their leadership and management development as of either their personal admission or the testimony of their colleagues. These healthcare

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professionals imitate one or more leadership attributes of their role models in one way or another, fully or partially. Although two of the twenty respondents, G2M and G4M, could not make the second round of the interviews (a year after the first round), their colleagues testify on their behalf that they express the same attributes that they say their respective role models do. Among the other eighteen research participants, five, namely, G1M, G2S, G4P, G4S, and G5M, are sure that they have the conscious intention to imitate their role models (in at least one behavioural attribute in one memeplex) as they imitate them. One of these five (G5M), however, does not have intentionality in imitating the behavioural attributes or attributes in three of the four memeplexes; nonetheless, she exercises intentionality in imitating and exhibiting the attributes in one memeplex (the People-developing Memeplex). In contrast, G1M not only has intentionality in her imitating of all the leadership attributes of her role models, she also has the other three core constituents of agentic theory (forethought or planning, self-reactiveness, and self-reflectiveness), thus showing that she has the full set of the four core properties of human agency according to the agentic theory of Bandura (2001 and 2006).

Out of the remaining thirteen interview respondents, nine of them (G1L, G1P, G2L, G3L, G3M, G3P, G3S, G4L, and G5L) are not entirely certain of their agentic intentionality. I would therefore interpret such cases as sub-conscious or unconscious memetic learning in relations to human agency. The remaining four do not exhibit human agency in their leadership and management development as they apparently do not exercise intentionality in imitating the behavioural attributes of their respective role models. Thus, they imitate the leadership beliefs, preferences, attributes, behaviours, practices, or actions of their role models (who are mainly their respective line managers) without conscious agentic intentionality.

On the Table 05-1 below, I assign the key "NA" ("not applicable") to any person that does not imitate any of the behavioural attributes in a given memeplex; as such, it is not applicable to ask whether the person has the intention to imitate the behaviours. Obviously, if a person does not express a behavioural attribute, there then is no memetic transmission or, if a person does not imitate a given behaviour, there is no intentionality. I also assign

the key "NA" with respect to the other three human agentic components (planning or forethought, self-reactiveness, and self-reflectiveness) if they are "not applicable" for the same reason. According to the agentic theory of Bandura (2001 and 2006), a person would need to have the plan or forethought in order for him or her to regulate his or her action; in addition, he or she would need to have some kind of regulation of action in order to have the self-reflection (on the actions, the regulation of behaviours, and their outcomes).

Furthermore, on Table 05-1 below, I assign the key "CY" ("conditional yes") for any case where the participant says that she is somewhat sure or not entirely sure about her actions or decisions. Without needing much clarification, the key "Yes" is affirmative while "No" means a negative response.

Table 05-1: Agentic Elements of the Interview Respondents

G1L's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	CY	CY	No	NA	NA
Motivation Memeplex	CY	CY	No	NA	NA
Motivating Memeplex	CY	CY	No	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA
G1M's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	Yes	Yes	CY	Yes
Motivation Memeplex	Yes	Yes	Yes	CY	Yes
Motivating Memeplex	No	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA
G1P's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	CY	No	NA	NA
Motivation Memeplex	Yes	CY	No	NA	NA
Motivating Memeplex	Yes	CY	No	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA
G1S's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	No	NA	NA	NA

	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Motivation Memeplex	Yes	No	NA	NA	NA
Motivating Memeplex	Yes	No	NA	NA	NA
People-developing Memeplex	Yes	No	NA	NA	NA
G2L's Behavioural Attributes	**Imitated?**	**Intention**	**Plan**	**Regulate Action**	**Self-reflect**
Altruism Memeplex	No	NA	NA	NA	NA
Motivation Memeplex	Yes	CY	No	NA	NA
Motivating Memeplex	Yes	CY	No	NA	NA
People-developing Memeplex	Yes	CY	No	NA	NA
G2M's Behavioural Attributes	**Imitated?**	**Intention**	**Plan**	**Regulate Action**	**Self-reflect**
Altruism Memeplex	NA	NA	NA	NA	NA
Motivation Memeplex	NA	NA	NA	NA	NA
Motivating Memeplex	NA	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA
G2P's Behavioural Attributes	**Imitated?**	**Intention**	**Plan**	**Regulate Action**	**Self-reflect**
Altruism Memeplex	Yes	No	NA	NA	NA
Motivation Memeplex	NA	NA	NA	NA	NA
Motivating Memeplex	NA	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA
G2S's Behavioural Attributes	**Imitated?**	**Intention**	**Plan**	**Regulate Action**	**Self-reflect**
Altruism Memeplex	CY	Yes	No	NA	NA
Motivation Memeplex	CY	Yes	No	NA	NA
Motivating Memeplex	NA	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA
G3L's Behavioural Attributes	**Imitated?**	**Intention**	**Plan**	**Regulate Action**	**Self-reflect**
Altruism Memeplex	Yes	CY	No	NA	NA
Motivation Memeplex	NA	NA	NA	NA	NA
Motivating Memeplex	U	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA
G3M's Behavioural Attributes	**Imitated?**	**Intention**	**Plan**	**Regulate Action**	**Self-reflect**
Altruism Memeplex	Yes	CY	No	NA	NA
Motivation Memeplex	Yes	CY	No	NA	NA
Motivating Memeplex	Yes	CY	No	NA	NA
People-developing	NA	NA	NA	NA	NA

Memeplex					

G3P's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	CY	No	NA	NA
Motivation Memeplex	Yes	CY	No	NA	NA
Motivating Memeplex	Yes	CY	No	NA	NA
People-developing Memeplex	Yes	CY	No	NA	NA

G3S's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	CY	CY	No	NA	NA
Motivation Memeplex	CY	CY	No	NA	NA
Motivating Memeplex	CY	CY	No	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA

G4L's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	CY	NA	NA	NA
Motivation Memeplex	Yes	CY	NA	NA	NA
Motivating Memeplex	Yes	CY	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA

G4M's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	NA	NA	NA	NA	NA
Motivation Memeplex	NA	NA	NA	NA	NA
Motivating Memeplex	NA	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA

G4P's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	Yes	No	NA	NA
Motivation Memeplex	NA	NA	NA	NA	NA
Motivating Memeplex	Yes	Yes	No	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA

G4S's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	Yes	No	NA	NA
Motivation Memeplex	Yes	Yes	No	NA	NA
Motivating Memeplex	NA	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA

G5L's Behavioural	Imitated?	Intention	Plan	Regulate	Self-reflect

Attributes				Action	
Altruism Memeplex	Yes	CY	No	NA	NA
Motivation Memeplex	Yes	CY	No	NA	NA
Motivating Memeplex	Yes	CY	No	NA	NA
People-developing Memeplex	Yes	CY	No	NA	NA

G5M's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	No	NA	NA	NA
Motivation Memeplex	Yes	No	NA	NA	NA
Motivating Memeplex	Yes	No	NA	NA	NA
People-developing Memeplex	CY	Yes	No	NA	NA

G5P's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	Yes	No	NA	NA	NA
Motivation Memeplex	Yes	No	NA	NA	NA
Motivating Memeplex	Yes	No	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA

G5S's Behavioural Attributes	Imitated?	Intention	Plan	Regulate Action	Self-reflect
Altruism Memeplex	No	NA	NA	NA	NA
Motivation Memeplex	NA	NA	NA	NA	NA
Motivating Memeplex	NA	NA	NA	NA	NA
People-developing Memeplex	NA	NA	NA	NA	NA

Keys:
CY: *conditional yes*, meaning it is so to only a certain degree or under certain circumstances.
U: *unconfirmed* (either the respondent did not mention it in her conversation or because the respondent could not make the second round of interviews).
NA: *not applicable*, for example, it there is no intentionality, then there is no need to state the existence of planning, action regulation, or self-reflection as the inexistence of intentionality spontaneous meant the exclusion of the later aspects.

To further analyse the agentic elements the emergent leaders and managers, I present, in the following paragraphs, the extracts from the interview transcripts and their respective discussions arranged according to the groups of the healthcare professionals.

G1M, from the Learning and Development Group, has a purposeful, specific, and conscious intention in imitating the leadership behavioural attributes of

her role models, especially of one leader who has influenced her a lot. Not only so, G1M also set a plan or goal in her mind (without putting it on paper) to express the behavioural attributes of this role model; this implies that G1M has the motivation and anticipation to be like this particular leader. Furthermore, although she does not fully and deliberately regulate her actions or construct the appropriate actions towards the goal ("conditional yes") to express the effective leadership behaviours, she consciously self-reflect on her actions, the regulation of her behaviours, and her personal efficacy in exhibiting the behavioural characteristics of her role model.

> Researcher: as you were under their leadership, did you have the intention of adopting or imitating these behavioural characteristics?
>
> G1M: yes, some of them [the behavioural attributes listed out to her earlier], certainly [when I was under] the ward manager who included everyone, most definitely [sic]. [She was] a very good role model, even now, I would think [of] how she would behave in a particular situation.
>
> Researcher: since you had the intention, did you have set plans or goals to also have or express these behavioural characteristics [that is, be like your role models]?
>
> G1M: I didn't write it down, but at the back of my mind, I would reflect on the situations and wonder what they would have done; but I never wrote it down.
>
> Researcher: since you had the motivation and anticipation to be like those leaders because you planned or set the goals [sic], did you deliberately regulate your actions or construct the appropriate actions towards the goals?
>
> G1M: No, I think I use it more as a check. Intuitively, I would make a decision about something or do something but this is always in the back [of my mind] as a check - 'what [would] that [be when] considering everyone's opinion?', 'did that take into account equality?', 'for this person, is that the right way to care?' [sic]. So these questions were at the back [of my mind], kind of like a mental check list.
>
> Researcher: since you took actions to be like the leaders, did you self-reflect on your personal efficacy in expressing the behavioural characteristics?
>
> G1M: all the time, all the time [sic].

Although G1P does not have intentionality in the beginning, she does for behaviours that she sees as effective in bringing out the desired results; as such, she only adopts and adapts the practices or actions that work rather

than just imitating the behavioural attributes or actions of her role models in a wholesale manner. Interestingly, she does not consider her learning to be memetic, that is, according to her, she does not sees herself as imitating her role models. Nevertheless, as of her testimony, the presence of both the memetic transmission and agentic intentionality is undeniable; it is just that she is consciously selective in what she imitates or imitate in a way that includes adapting or incorporating the behaviours of her role models to her own personality.

> Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

> G1P: not initially, no. I actually wanted to see how their behaviours work [and whether] they get results from them. I would always watch and see before I would actually imitate. Obviously, I would then [after the observation] take the points which I thought were strong; then [I] would go on and use [them]. I wouldn't say actually imitate, but I would say [I] adapted them [the behavioural attributes] because we are all our own person [and] I can't take somebody's else [behavioural attributes] because I can't [simply just] be them. But I would use their practice, maybe, in my own way, if I thought that it worked or if I saw that it worked.

G1L has somewhat the intention to imitate the behaviours especially after her responsibilities began to include leading and managing people (she is used to calling it supervision). However, she does not make a plan to memetically acquire and exhibit the behavioural attributes.

> Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

> G1L: no, not specifically, no. But when my role changed [to be a leader], I suppose I looked at other people in a different light; when I [begin] to have more supervision, more management to do, I begin to look at other people as see what they do.

> Researcher: since you somewhat have the intention, did you have set plans or goals to also have or express these behavioural characteristics [that is, be like your role models]?

> G1L: no, I don't think I had a plan of such [after I began to take on the leadership role].

G1S has no intentionality in her experience of memetic transmission in a conscious, specific, or wholesale manner.

Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

G1S: no, not really, not intentionally.

From the Pharmacy Department, the Pharmacy Technicians Group sees G2S, a trainee who has the intention to be like her role models (one of whom is G2L) although she has not really experience actual leadership situations yet. Nonetheless, she has the intention in her mind to imitate the leadership behavioural attributes of her role models. As she exhibits altruistic behavioural attributes and behavioural attributes in the Motivation Memeplex (see the previous sections), I thus consider this person to have intentionality even though the full imitation and expression of the behavioural characteristics are yet to be seen.

Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

G2S: again, it's hard because, again [sic], I am still a student trainee, so I may quite not [sic] at that level in a particular [leadership] situation. But again, once I do qualify and [when] I do get the chance of being in charge, I would like to [imitate these behavioural attributes] and hopefully be like that; [the] intention in the mind [to adopt or imitate the characteristics], ya.

Researcher: since you presently have the intention, do you set plans or goals to also have or express these behavioural characteristics [that is, be like your role models]?

G2S: no, I didn't [sic] have a plan, no.

In response to the question on intentionality, although G2L says that she does not have the intention, she, nevertheless, allows the possibility of having it to some degree; similar to G1P, she also mingle her own personality with those of her role models rather than imitate their behaviours in a wholesale manner.

G2L: no, it wasn't my intention. I suppose it is possible [having the intention] to some degree but I think you put our own personality into it. I think if you were to imitate somebody completely, I think it would look false. I think it would have to be your own. While maybe [sic] I admire what they have done, it might not be something that I could imitate.

Meanwhile, G2P does not have the intention of imitating their role models with certainty and in a wholesale manner.

Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

G2P: er….not really because, I think [sic], you look at them but you also got your own ideas as to how you want to do things; so, may not [sic].

None of the members of the Occupational Therapy Group have the intention of imitating the behavioural attributes of their role models consciously, completely, specifically, or with certainty. Therefore, I classify G3L, G3M, G3P, and G3S as "conditional yes" in their intentionality as they are not very sure of it. In each case, the respondent begins with the negative (not having the intentionality) and then goes on to describe her experience; however, from the experience of each respondent, the element of agentic intentionality is unconsciously or sub-consciously present.

G3L: I don't think it was my intention, but I suppose, naturally, when somebody [among the role models] does something and they handle you [that is, lead you] in a certain way….and you think "now that was quite fair, that was quite a good way of doing something", [so] I think, automatically, "you should automatically take that [the behavioural attributes or ways of doing things] on board". [But] I don't think there was any intention; I think some of this information just soaked up. In any situation you deal with, you see how something has been handled and you may adopt that consciously or unconsciously. Yes, you work with them [the role models] for quite a number of years and I think it is just sort of seep through like osmosis. You start at the bottom of this profession and you work [your way] up, [and] as your seniority [increases] you get more responsibility and I think you do adopt things. I suppose [since] you had seen the way things are handled or how somebody behaved, you realised what [they] work, and you just stick to the learning as you go along, to climb the ladder, I suppose [sic]. [The "you" here refers to G3L herself, a pronoun used in her way of expression.]

G3M: I am not sure it was intentional; it's one of those things that just happened. So I am not sure that it was my intention. It was one of those things that I have just taken on. I think that these behaviours….ways of thinking and behavioural attributes…these are the things that I think are the good things about being a manager and I think that the managers that I had as role models have had some but not all of these [behavioural attributes]; and those are the things that I identify with.

G3P: again, I don't know if you actually consciously go out to imitate somebody else; I suppose you look at them and you take, you try and take, the bits that you like about somebody and copy…erm…or mimic how they behave, maybe. Everybody is an individual so I don't think that you can say that you watched somebody and then because you [had] watched them and learned [the way] they dealt with it [a given

leadership or management situation] that you necessarily can always do that yourself. You know, I think that depends on individual characteristics. But yes, you would want to…..if you saw something in somebody that you would like [to imitate] then you would make sure that you do the same and you would work in the same way.

I don't think that you think of these things consciously at all. I don't think I have ever thought about [the intention]….because so and so did that and that is how I would behave. I don't know if you actually think that way, you know [sic], that you consciously mimicking [sic] somebody else. I suppose you adapt to how a particular manager works and you would work in the style that they [sic] like, I suppose, you know. I don't know if I can say that I was consciously following…..and seeing something in somebody and thinking "I am going to do the same things as they have done". I suppose I just do it sub-consciously or unconsciously. (The "you" here refers to G3P herself, a pronoun used in her way of expression.)

G3S: I am not aware of any….I wouldn't say I set out to necessary imitate someone. What I would say is, you do learn from what surrounds you in the sense that [sic] if something that works well or you see an approach that you think had [sic], you know [sic], a good approach [sic] and you take it on-board and you perhaps use similar characteristics. I don't know…..I can't say there was [sic] a conscious intention to imitate everything; I don't think I actually said [to myself] "I am going to be like that". I don't know if it was necessary…..I think, during our training, you just sort of progressed through your [levels]…..I think we know [sic] the importance of being open, approachable, and [other leadership behavioural attributes]. We know [sic] that those are important behavioural attributes to have. I would say that when I am [sic] observing people that are [sic] above me, you know [sic], role models as it were [sic], I think, ya, you picked up positive behavioural attributes that work. I don't think I have ever consciously said [to myself] "that is how I am going to be". I think I know [sic] what the important aspects are and I certainly picked important things that are [sic] around me.

In contrast to the above group, two of the three healthcare professionals of the Surgical Theatre Group are sure that they have intentionality in their imitating of the behavioural attributes of leaders that have most influenced them in their life. Third, G4L is not so sure of her intentionality. The fourth member, G4M, is one of the two research participants who could not make the second round of interviews (along with G2M in the Pharmacy Technicians Group); thus, their intentionality could not be confirmed. Firstly, G4P shows another angle of emergent leaders in their imitating of the leadership behavioural attributes from their respective leaders that they consider as their role models: she has been eclectic in picking up and imitating the behavioural attributes of different leaders, including those that she have not

personally met or worked with (she learns from literature on leadership). There is a high possibility that some of the other research participants, if not all, also read and adopt effective leadership behaviours from leaders that they have not personally served under or even met in person.

> Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

> G4P: yes, I would say, I do have that intention. There are some leaders that I have worked for, [and] the converse is [also] true, that I did not admire their style [sic]. They may be effective but they were brutal with it [sic], [and] I decided for myself that this is not the best way. You do not get the best out of your employees or leadership of any group [of people] by this technique [referring to the "brutal" or authoritarian style of leadership]. I don't think I have [merely] one particular role model. I think I draw elements from different ones and it is not all from persons that I have [personally] met; it could be someone that I have read about. Yes, while being eclectic in choosing what to imitate, I had the intention [of imitating the chosen behavioural attributes]. I always have to had the integrity that I could live with my decision that I have treated people fairly.

> Researcher: since you presently have the intention, do you set plans or goals to also have or express these behavioural characteristics [that is, be like your role models]?

> G4P: I don't think I did. No, I interact with people who are either subordinate or senior to me, in a manner that treat them certainly [sic], as human beings, on whatever level; whether it is work colleagues [sic] or friends outside [of] work, I will adapt my style in interacting with them. The bottom line is I treat them fairly.

Similarly, G4S also imitates some of the behavioural attributes of her role models while incorporating others that are of her own.

> Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

> G4S: not necessarily. I suppose I intended to take parts of what they were able…..like parts of how they would….like characteristics and behavioural attributes; [I] use my own and sort of adopt some of theirs. Ya, there were some intentions [of imitating] and some [behavioural attributes] were my own.

> Researcher: since you presently have the intention, do you set plans or goals to also have or express these behavioural characteristics [that is, be like your role models]?

> G4S: I suppose the only one I can think of would be my key handling course because by pushing myself to do that, I sort of adopted a leadership role. In this sense, it is my job to make sure that

everybody else is moving and handling [people and things] safety. As far as setting up a plan [for expressing the behavioural attributes] is concerned, not really.

Finally, G4L either coincidentally possess the same leadership behavioural attributes as the leaders that she admires or she naturally imitate their behavioural attributes without the conscious intention of doing so in the first place.

> Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

> G4L: no. Possibly, [and] coincidentally, [I] have the same behavioural attributes. But also, if you pick up…..some of the better behavioural attributes that they [the senior leaders] have, I think that makes you a better leader. Don't [sic] take the behavioural attributes that you don't want to have. [So, I] just sort of naturally adopt them.

Lastly, with the Mental Health Nursing group G5L has the intention to imitate her role models but not at the conscious level as of her own admission. Like G3L, she picks up the leadership behaviours from people she meets or works with in a manner likened to "osmosis".

> Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

> G5L: ya, [but] not at that conscious level; but [sic] I think as you meet people and…I was thinking about a particular man [referring to a role model], how he approach his work and I….I think you pick these things [the behavioural attributes] up almost like osmosis, really. There a certainly [sic] people that I have come across that I would never want to be like but I think you works [sic] the other way too; you pick up things through osmosis and [also] through the experience of being a manager yourself.

> Researcher: since you somewhat had the intention, although unconsciously, did you have set plans or goals to also have or express these behavioural characteristics [that is, be like them]?

> G5L; no. I thought I would set one, but I didn't.

Both G5P and G5S are more certain about not having the intention as they do not think of it as something deliberate.

> Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

G5S: no, it was not a deliberate intention. I think that I probably have facets of my own character; but it [the behavioural attributes imitated] was something that I identified with. So I probably wasn't deliberate at that [imitating the behavioural attributes].

Researcher (to G5P in a separate interview): as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

G5P: no, I wouldn't say that I set out to copy them.

G5M presents another interesting case: according to her, she has no conscious intention in imitating the altruistic behavioural attributes and the behavioural attributes in the Motivation and Motivating Memeplexes. However, as of her own response to another interview question, she clearly reveals her intentionality in imitating a behavioural attribute (coaching direct reports) in the People-developing Memeplex.

Researcher: as you were under the leadership of your role models, did you have the intention of adopting or imitating these behavioural characteristics?

G5M: no, that was not my intention. Sometimes I take parts [referring to behavioural attributes] of different people that I have observed or witnessed, something that I have never try before, but it is not intentional [sic], no.

G5M (in response to another question): I would say, over the last three years, a more coaching approach…because I found myself….erm….how would you say….doing the rescue all the time. You understand what I mean? Someone would come in with an issue or a problem and I would get really involved. I don't [sic] find I was doing myself or the person any favour by continuously rescuing someone…so I actually took some time to go and learn about coaching skills so that I could actually empower the person, you know, [learn to] listen [and] to give the proper coaching words [sic] and feedback so that they would be able to empower themselves to make the decisions themselves at the end. So that is something that I have adopted….copied from the leader, the person I had in mind at the time I did this – so [it was about adopting] a more coaching approach. I am doing the coaching [programme's] next stage tomorrow and [in the] next three days. What I find is that when someone comes [in to see me], I don't specifically say [that] I am coaching them [sic], but [it has to do with] how I listen and [give] feedback, using the skills of a coach, really. But I have actually done a coaching session with someone. I take that line more, a coaching approach [to empower direct reports].

Therefore, out the eighteen healthcare professionals who manage to confirm their intentionality, five of them, or twenty-eight percent (rounded), have

conscious, specific, and certain agentic intentionality in imitating the behavioural attributes of their respective roles models. However, another twenty-eight percent (another five research participants) clearly do not have such intentionality. Meanwhile, the majority of the eighteen, that is, eight of them (forty-four percent) have vague, unconscious, or sub-conscious agentic intentionality; in addition, some either adopt the leadership behavioural attributes of their role models incompletely, adapt the behavioural attributes to their own personality, incorporate the behavioural attributes with their own, or coincidentally exhibit the same behavioural characteristics of the leaders that have most influenced them.

4.5   Findings from the participant observation

Interestingly, there are some controversies with regards to the behavioural attributes, attitudes, thoughts, feelings, and actions of the research subjects as gathered from the data of the participant observation. The narrative account of the participant observation together with the insights and analysis carried out at the time of writing the description or report of the participant observation is presented in Appendix C.

The chapter on methodology and Appendix C point out that the participant observation in this research is utilised as a secondary data-gathering method. The purpose of the participant observation is to gather qualitative fieldwork data about the People Management Workshop (PMW) and the behavioural attributes, values, attitudes, thoughts, feelings, practices, or actions of the research subjects during the workshop (including insights from their recalls of the stories, problems, challenges, and scenarios they faced during their work). As noted in Chapter Three, the elements presented below are what a qualitative participant observation could offer to researchers (Adler and Adler 1994; Taylor and Bogdan 1984; Kidder 1981).

Researcher-observer note:

> The participant observation of the PMW, a leadership and management development practice in the classroom and workshop format, was carried out after the first round of interviews. As the participant

observer, I took note of the behavioural attributes, attitudes, thoughts, feelings, moods, actions, reactions, and interactions of the research subjects, trainers, and guest speakers of the workshop (including their delivery, presentation, and how they relate to, lead, and manage themselves, the event, the facilities, the circumstances, the participants, and the participant observers). It also allowed me to get impressions of the content, setting and surroundings of the workshop. As the researcher-observer, I interacted with the research subjects and gained first-hand experience of behaviours of these subjects in the two-day intensive and energy-sapping workshop (they attended it after they had been exhausted from their usual hectic healthcare work). It also allowed me to hear their interpretations of the scenarios, events, cases, and problems they faced during their work in relation to the specific questions or prompts given by trainers in the workshop. Furthermore, in the process of being a participant observer, as per the recommendations of literature in participant observation, I also emphasised characteristics I have in common with the research subjects, showed interests in what they say, helped them by contributing to discussions, offered productive and constructive ideas, and went along with the interaction contexts so as to be able to elicit information and be immersed in the cultural and social settings to receive insights.

In analysing the data from the participant observation, one insight I could gain is that the research subjects, while being polite, tend to be socially reserved in interactions when it comes to the workshop, particularly in the beginning (it took them a fair bit of time for them to socially warm up and be chatty among). As implied in Appendix C, this may due to the fact that I come from a social background where people are equally warm, open, and gregarious in group settings as when they are in one-to-one interactions (such as the time of the interviews). It is possible that they exhibit different communication and social dynamics in one-to-one social interactions vis-a-vis group settings.

Another reason may be that it is typical for these people to interact in one way when they are with those they know well (their own line managers,

professional peers, and direct reports in their respective departments) and in another manner when they are with those are less acquainted. This may be the commonly-described social characteristics of the reserved British people when they meet strangers or when in they are with those they are not well-acquainted; however, the Scots are commonly-described to be less stiff and reserved socially. Thus, the rather gloomy, reserved, and closed behavioural attributes, attitudes, feelings, moods, actions, and interactions of the participants during the workshop, particularly on the first day, are a controversial contrast to those described in above-presented four memeplexes as per the analyses of the interview data.

The third reason I could offer for the differences between the behaviours, traits, attributes, feelings, moods, actions, and interactions seen in the interview data and the data from the participant observation is that at the time of the workshop, these healthcare leaders and managers were exhausted from their hectic work load the days before it. In order to participate in the workshop, they had to do extra work (an example of altruism) to at least partially make up for time lost due to attending the workshop. In addition, the workshop itself is intensive and packed with much information while being poorly conducted.

Researcher-observer note:

At the time of the participant observation, the trainers and guest speakers themselves were not exactly exhibiting characteristics of those listed in the Altruism Memeplex, Motivation Memeplex, Motivating Memeplex, and People-developing Memeplex such as expressing altruistic, upbeat, energetic, motivating, people-oriented, people-developing, warm, and forward-looking behaviours, traits, attributes, feelings, moods, or actions. Therefore, it would not be surprising that at the time of participant observation, the research subjects mirrored or imitated the behavioural characteristics, feelings, thoughts, attitudes, moods, or actions of the trainers.

Fifth, the workshop is even more poorly funded than it is poorly delivered; the support, supply, facility, and setting of the workshop is not very conducive to leadership and management development.

> For example, at the time of my participant observation, the participants were not provided with breakfast, lunch, and tea breaks with refreshments. This was de-motivating and discouraging. It showed that lack of investment in leadership and management development in NHS Scotland and a shortage of leadership would inspire, motivate, energise, and develop people (in contrast to the Motivating Memeplex). This could also be interpreted that there is a lack of exemplary leadership in NHS Scotland in developing people (in contrast to the traits in the People-developing Memeplex) resulting in the healthcare service not placing a high priority on the leadership and management development of its staff members.

The second insight I could gather from the participant observation is that the workshop is more focused on knowing how to implement NHS policies in relation to dealing with the negative aspects of human resource management issues such as absenteeism, attendance management, and conflict resolution than on genuine leadership issues such as motivating followers, team building, reflections, networking, mentoring, relationship building, and interpersonal communication. The workshop seems to be more concerned with satisfying the bureaucracies of the NHS so as to ensure professional survival than with leadership. One reason is that the workshop is designed to have more content on the proper implementation of NHS standard management policies and procedures (which is by nature bureaucratic and more focused on 'fire fighting' than on 'fire prevention') in recruitment, selection, managing staff attendance, absenteeism, conduct, and other people management matters that concern more with the negative or fire-fighting aspects of human resource management. Thus, this is a clear case of conceptual confusion, term confusion, and mis-labelling of leadership and management development as discussed in Chapter Two.

Researcher-observer note:

> Nevertheless, among the healthcare professionals, there were a substantial number of them who came to the workshop with the intention to build their confidence in leading and managing people,

learn team building or teamwork, and learn about staff recruitment and retention as well as improving or updating their people management and problem-solving skills.

The third insight I could obtain from the conversations among the participants is that there are a substantial number of non-management healthcare workers in the healthcare services in all the member countries of the UK that are de-motivated or demoralised. This is especially true for workers in the lower band or rank; these are said to work in the NHS because they have to make enough money to pay for their living expenses. Such employees do not exhibit the behavioural attributes, values, beliefs, ways of thinking, emotions, attitudes, or actions listed in the four memeplexes. Furthermore, among the lower-ranking healthcare staff workers who choose to work for the healthcare services in various regions in the UK, many believe the popular myth that the NHS does not dismiss its employees (the NHS as a whole in the UK is the largest employer in Europe and it is also popularly known as a 'dinosaur' organisation, that is, a huge old organisation that is out-dated in its ways of doing things). These workers with disciplinary problems, particularly those with intentional or opportunistic absenteeism (as revealed in the report on Appendix C), also dislike their job and they have no motivation to progress professionally, to develop their career, or to improve their skills.

As more workers of such professionally dysfunctional behavioural attributes, traits, attitudes, or actions increase and as more of them test the limits of the policies, regulations, and authority of NHS Scotland or the NHS systems in the UK, the spontaneous reaction from central bureaucrats may be to make the NHS human resource management regulations, policies, and procedures more draconian, rigid, or bureaucratic. This would be detrimental; a better way may be to overturn such a destructive cycle with genuine leadership as well as effective leadership and management development. The NHS may be in need of focusing its human resource development and management more on promoting and cultivating exemplary leaders and managers to be role models to develop followers via memetic transmission, learning, and replication, communicating inspiring visions and mission statements, people motivation, team building and teamwork, transformational leadership, and

other effective leadership elements as well as leadership and management development practices such as mentoring, coaching, networking, feedbacks, action learning, and job assignment and rotation. Job rotation and assignment alone may be a fairly effective solution, at the tactical level, to meet the challenge of healthcare workers who do uninteresting, repetitive, tedious, and laborious work every day. NHS leaders and managers may need to place a high priority on the career development and progress of these non-management staff members (as the trainers in the workshop reminded the participating leaders and managers).

4.6   Concluding discussions on the major discoveries in the analyses

Here, I would like to re-state the research questions (crystallised after the first round of interviews) as presented in Chapter One before moving on to discuss conclusively the major discoveries in the analyses of the qualitative fieldwork data of this research. The seven research questions are:

1. What are the major or prominent leadership behavioural attributes, values, attitudes, beliefs, traits, ways of thinking, feelings, behaviours, practices, or actions exhibited or expressed the research subjects?

2. How are these healthcare leaders or managers, especially those emerging into the management roles, developed?

3. What are the leadership and management development practices implemented for the development of healthcare leaders and managers in the selected Health Board of NHS Scotland?

4. What are the perceptions of the colleagues of each of the healthcare professionals interviewed in the research with regards to Question One on the behavioural attributes, attitudes, values, ways of thinking, feelings, behaviours, or actions exhibited in the context of leadership?

5. What are the mechanisms underlying their leadership and management development?

6. If memetic influence and transmission is a mechanism underlying leadership and management development, then do the healthcare leaders and managers make conscious decisions to imitate the behavioural attributes of their senior or role-model leaders and line managers?

7. What is the role of human agency in this memetic leadership and management development?

4.6.1   Research Question One

The healthcare leaders and managers express behavioural attributes, attitudes, values, thoughts, emotions, or actions that could be grouped into four memeplexes. One is a memeplex of altruistic behaviours: the healthcare professionals work and lead others in a work environment of serving and caring for patients who are either physically or mentally ill (including facing verbal abuses from mentally ill patients) and they would sacrifice either their break time, scheduled off-work or rest days, weekends, work over-time, or a combination of these without the extra pay. Another manifestation of altruistic behaviours includes accommodating other staff members in various work situations, for example, when other staff members change the days or time of their duties. A quote from G5S illustrates this point (however, she is not sure such altruistic behaviours are manifested during her official roles or duties in a leadership position):

> I have displayed it [the altruistic behaviour], but I am not sure it was in a leadership role…changing times, changing days, accommodating others in situations but necessarily in a leadership role [sic].

I interpret such elements exhibited by these healthcare professionals to be manifestations of altruism. It is possible that other researchers may interpret it as stupidity. However, I deem a label of stupidity to be dishonouring to those who work in the healthcare services, sacrificing their time and energy to serve people who are physically or mentally unwell. These emergent leaders and managers are not greedy or unscrupulous bankers brought in banking failures or financial crises. I deem the label of altruism to be honourable and respectful and it is apt for those who work in the healthcare services as well as those in the other areas of public service such as education, the armed forces, fire-fighting, and the police force.

The calls for selfless behaviours are fairly frequent and they happen due to the need of the healthcare service in emergency situations, in cases where some staff members have to go on sudden unscheduled leaves, in meeting

new targets set by the government, in situations where there is shortage of staff, and in cases where there is a lack of budget to pay for over-time work in the face of patients still needing adequate care. The altruistic behaviours and actions of these leaders and managers also reflect their altruistic values, attitudes, and ways of thinking. Memetic elements of the Altruism Memeplex are exhibited by seventeen (94%) of the eighteen (discounting G2M and G4M) the research subjects, as per their own confirmation and the confirmation of at least one of their respective colleagues. The seventeen people are G1L, G1M, G1P, G1S, G2L, G2P, G3L, G3M, G3P, G3S, G4L, G4P, G4S, G5L, G5M, G5P, and G5S. If I am to include the 'conditional yes' case of G2S who is not very certain of exhibiting altruistic traits, then all (100%) of the Scottish NHS leaders and managers exhibit altruistic behaviours. In addition, because two out of the twenty, namely, G2M and G4M, could not make the second round of interviews, they could not confirm their exhibition of behaviours; however, their colleagues confirm that they do express altruistic elements. If these two are included, then indeed all of the research participants exhibit the said altruistic memes.

I name the second memeplex the Motivation Memeplex; the attributes of this memeplex exhibited by the healthcare leaders and managers include being upbeat, motivated, enthusiastic, passionate, energetic, hardworking, committed to the service, and having a positive attitude. Being memetic elements within the same memeplex, these behavioural attributes are not only related to each other but also complement or strengthen one another, such as a healthcare professional being passionate for the service keeps him or her positive, motivated, enthusiastic, or energetic. In addition, the memes in this memeplex could contribute to the Altruism Memeplex; for example, as those who are passionate, enthusiastic, or energetic become committed to the service, they may exhibit altruistic behaviours, such as being willing to put in the extra work hours or work on off-days without the extra pay. Elements of the Motivation Memeplex are also exhibited by thirteen (72%) of the eighteen research participants (again, discounting G2M and G4M) with certainty, namely, G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4S, G5L, G5M, and G5P while, one, G2S, expresses the behavioural attributes in this memeplex with less certainty; if G2S is included, the percentage would be seventy-eight percent (78%).

I call the third memeplex the Motivating Memeplex which include behavioural characteristics of showing verbal consideration, instilling confidence, leading by being an example, and being motivating, encouraging, energising, approachable, and supportive of their direct reports, peers, and other staff members resulting in their followers working hard and giving the best of their time and effort to the healthcare service. In for-profit business organisations, leaders and managers may use financial rewards to motivate and energise followers. However, in non-profit organisations such as NHS Scotland, the healthcare professionals who lead people under budgetary constraints and limited resources have to motivate and influence their direct reports and peers via their own exemplary values, attitudes, beliefs, behaviours, ways of thinking, emotions, and actions. Many of the research subjects who exhibit behavioural attributes in the Motivation Memeplex also exhibit memes in the Motivating Memeplex; this is because those who are themselves upbeat, motivated, enthusiastic, passionate, energetic, hardworking, committed, or positive could be in a position to memetically influence others to like them. Nevertheless, I consider this a separate memeplex because there are other elements, such as giving verbal consideration and being approachable, supportive, and instilling confidence in followers, that are not necessarily exhibited by those who are passionate, motivated, enthusiastic, passionate, energetic, hardworking, committed, or positive. Someone who exhibit traits in the Motivation Memeplex may not practise praising or commenting his or her direct reports for a work well done, a good idea or suggestion, or a positive contribution to the work, and he or she may not be approachable to staff members for them to feel comfortable in opening up about the problems they face, their needs, their lacks or weaknesses, or their personal problems. In addition, being approachable includes being able to communicate and relate to staff members of different levels or positions without a change in attitude or personality. Furthermore, the Motivating Memeplex includes the characteristics shown by leaders and managers who lead from the front, that is, they lead others to do something that he or she has already been doing himself or herself; this implies the leaders and managers believe in what they are implementing. Having the personal conviction, authenticity, and 'walking the talk' are behavioural attributes that convinces and motivates followers (as

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opposed to hypocrisy); people are inspired and energised by leaders who 'walk the talk' resulting in them living and working according to patterns set by the leaders. Thirteen (72%) of the eighteen interview respondents (discounting G2M and G4M), namely, G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4P, G5L, G5M, G5P, exhibit memes in this memeplex with certainty while G3L does so with partial certainty; thus, if G3L is included, the percentage of the healthcare leaders and managers who exhibit behavioural attributes in the Motivating Memeplex would be seventy-eight percent (78%).

The fourth memeplex is called the People-developing Memeplex; behavioural attributes in this particular memeplex is related to those in the Motivating Memeplex. However, the differences justify a separate categorisation. The Scottish NHS leaders and managers exhibiting memetic elements in this memeplex are dynamic, forward-thinking, progressive in developing people and their organisation, nurturing (for example, they would pass on something learned or experienced to direct reports), open to changes, progress, improvements, as well as developments in their departments for the benefit of followers, patients and staff members, and they keep up with advancements, changes, and developments in their fields. Included as well in this memeplex are giving challenges to direct reports for their development, working to the strengths of their staff members, feeling comfortable with delegation, delegating according to the abilities, skills, and strengths of direct reports, and valuing and trusting followers and their contributions. Meanwhile, those who exhibit behavioural attributes in the Motivating Memeplex (such as leadership by example, instilling confidence, giving verbal consideration, and being motivating, energising, encouraging, approachable, and supportive of staff members) may remain in their comfort zone, old knowledge, or out-dated skills and may not have the same traits as those in the People-developing Memeplex. Among the eighteen interview respondents (discounting G2M and G4M), five (28%) of them (G1S, G2L, G3P, G5L, G5M) exhibit behavioural attributes in this memeplex with certainty.

Table RQ1 below sums up the above-mentioned figures regarding the persons who exhibit elements in the four memeplexes.

Table RQ1: Comparisons in Percentages For the Exhibition of Memetic Behavioural Attributes

	Altruism Memeplex	Motivation Memeplex	Motivating Memeplex	People-developing Memeplex
Those **Certain** of **Exhibiting** the Behavioural Attributes	G1L, G1M, G1P, G1S, G2L, G2P, G3L, G3M, G3P, G3S, G4L, G4P, G4S, G5L, G5M, G5P, G5S [17/18]	G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4S, G5L, G5M, G5P [13/18]	G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4P, G5L, G5M, G5P [13/18]	G1S, G2L, G3P, G5L, G5M [5/18]
The Above In Percentage	94%	72%	72%	28%

4.6.3 Research Questions Two and Five

As Research Questions Two and Five are related, I group them together in this section. Research Question Two asks how the healthcare leaders or managers, especially those emerging into leadership and management roles, are developed while Research Question Five seeks the mechanism or mechanisms underlying the leadership and management development.

The findings from the fieldwork data reveal evidence of memetic leadership and management development: many of these research subjects exhibit the same behavioural attributes, in their exercise of leadership and management, as those of their role models (what I called 'role models' are their respective line managers who had most influenced them in their past or are still around to influence them greatly in their professional lives).   The People Management Workshop, the developmental programme considered by the top management of the particular Health Board to be a leadership development initiative, is more about correctly applying the policies and procedures of NHS Scotland in managing direct reports and situations rather than cultivating changes in behaviours, values, beliefs, attitudes, ways of thinking, emotions, or actions. However, the role models, the leaders and managers who had or

have most influenced the interview respondents, are key factors in producing the behavioural changes and leadership development in the interview respondents. The mechanism behind the leadership and management development of these interview respondents is memetic in nature. The memes or behavioural attributes in the above-mentioned four memeplexes are transmitted or transferred from the role models to these interview respondents consciously or sub-consciously (as could be seen in the difference between those who are certain and those who are partially or somewhat certain of imitating their role models). These healthcare leaders and managers imitate the behavioural attributes of their role models either consciously or sub-consciously. Therefore, their leadership and management development is memetic as the memes of their role models are replicated in them (the vehicles).

To illustrate the evidence of this point from the findings laid out earlier in this chapter, out of the eighteen research subjects who exhibit (inclusive of those who are partially certain) memes in the Altruism Memeplex, thirteen of them (72%), namely, G1M, G1P, G1S, G2P, G3L, G3M, G3P, G4L, G4P, G4S, G5L, G5M, and G5P, are sure that they imitate the altruistic behavioural attributes of their respective role models, the leaders who had or have been influencing them in their professional lives. Meanwhile, three of the thirteen, G1L, G2S, and G3S, are not entirely sure they adopt the behavioural attributes of their respective role models. If these are included, the percentage of those who imitate their respective role models with regards to the Altruism Memeplex would be eighty-nine (89%).

As for the Motivation Memeplex, among the fourteen healthcare professionals who exhibit (inclusive of those who are partially certain) memes in this memeplex, eleven of them (79%), namely, G1M, G1P, G1S, G2L, G3M, G3P, G4L, G4S, G5L, G5M, and G5P are certain that they imitate the behavioural attributes of the leaders who had or have been influencing them in their professional lives. Three of the fourteen, G1L, G2S, and G3S, are not entirely certain of their adoption of the traits in the Motivation Memeplex of their respective role models. If these are included, then all (100%) of the healthcare leaders and manager who exhibit the behavioural attributes in the

Motivation Memeplex have acquired the memes from their respective role-model leaders and managers.

Furthermore, ten (71%) of the fourteen interview respondents who exhibit (inclusive of those who are certain and partially certain) memes in the Motivating Memeplex are certain that they imitate the behavioural attributes of their respective role models. These ten persons are G1P, G1S, G2L, G3M, G3P, G4L, G4P, G5L, G5M, and G5P. Two persons, G1L and G3S, are not entirely certain of imitating the behavioural attributes of their respective leaders who had or have most influenced them. If these are included, then among those who exhibit the behavioural attributes in the Motivating Memeplex, the percentage who acquired the memes from their respective role-model leaders and managers would be eighty-six (86%).

Moreover, among the five healthcare leaders and managers who exhibit behavioural attributes in the People-developing Memeplex, four of them (80%), G1S, G2L, G3P, and G5L, are certain that they imitate the behavioural attributes of the leaders who had or have been influencing them in their professional lives. Only one person, G5M, is partially certain of imitating the behavioural attributes of her role models with regards to this memeplex. If G5M is included in the count as well, then all of them (100%) who exhibit the traits in the People-developing Memeplex have received the memes from their respective role-model leaders and managers.

Table RQ2 below sums up the above-mentioned figures regarding memetic leadership and management development.

Table RQ2: Comparisons in Percentages for Memetic Leadership and Management Development

	Altruism Memeplex	Motivation Memeplex	Motivating Memeplex	People-developing Memeplex

Those **Certain** of **Exhibiting** the Behavioural Attributes	G1L, G1M, G1P, G1S, G2L, G2P, G3L, G3M, G3P, G3S, G4L, G4P, G4S, G5L, G5M, G5P, G5S [17/18]	G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4S, G5L, G5M, G5P [13/18]	G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4P, G5L, G5M, G5P [13/18]	G1S, G2L, G3P, G5L, G5M [5/18]
The Above In Percentage	94%	72%	72%	28%
Those **Partially Certain** of **Exhibiting** the Behavioural Attributes	G2S [1/18]	G2S [1/18]	G3L [1/18]	None
Total Percentage (Certain + Partially Certain)	100%	78%	78%	28%
Those **Certain** of **Memetic Development**	G1M, G1P, G1S, G2P, G3L, G3M, G3P, G4L, G4P, G4S, G5L, G5M, G5P [13/18]	G1M, G1P, G1S, G2L, G3M, G3P, G4L, G4S, G5L, G5M, G5P [11/14]	G1P, G1S, G2L, G3M, G3P, G4L, G4P, G5L, G5M, G5P [10/14]	G1S, G2L, G3P, G5L [4/5]
The Above in Percentage	72%	79%	71%	80%
Those **Partially Certain** of **Memetic Development**	G1L, G2S, G3S [3/18]	G1L, G2S, G3S [3/14]	G1L, G3S [2/14]	G5M [1/5]
Total Percentage (Certain + Partially Certain)	89%	100%	86%	100%

4.6.5 Research Question Three

Research Question Three:

What are the practices or training programme implemented in a Health Board of NHS Scotland for the development of healthcare leaders and managers?

This research question is easily answered. Out of the seven popular leadership and management development practices, NHS Scotland carries out a number of leadership and management development practices, formally and informally, namely, classroom-based trainings and workshops, mentoring, networking, 360-degree feedback, and job assignment (five types of leadership and management development practices in total). The selected Health Board of NHS Scotland carries out leadership and management development mainly in the form of classroom-based trainings and workshops.

In addition, at the time of the research, executive coaching and action learning have not been implemented in the concerned Health Board of NHS Scotland. Furthermore, the particular leadership and management development practice that the gatekeepers, the upper management of the concerned Health Board of NHS Scotland, only allowed me carry out my fieldwork (with regards to interviewing research subjects and participant observation) in their one of their classroom-based trainings and workshops. This is the People Management Workshop, and it is the most important as well as the mandatory classroom-based training and workshop in the human resource management and development arsenal of this Health Board. The workshop also employs 360-degree feedback as a supplementary leadership and management development practice to fortify the workshop with multi-source feedback and assessment elements.

4.6.6 Research Questions Four

The fourth research question asks about the perceptions of the different colleagues of each of the healthcare professionals interviewed with regards to the behavioural attributes in the four memeplexes (in relation to the self-perception or self-report of each of the healthcare leaders and managers). I could do this in this research because of the novel employment of the method of 360-degree feedback in interviewing these Scottish healthcare professionals. The colleagues of each research subject would give their

interpretations or perceptions of the leadership and management attributes of the subject. The colleagues would also give their opinions of whether a research subject exhibits the behavioural attributes in a given memeplex or not in relation to the accounts his or her own account (as the research participants were interviewed via the 360-degree-feedback or multi-source method, these Scottish NHS professionals were actually narrating their perceptions of the behavioural attributes of each other). For the majority of these healthcare leaders and managers, their respective colleagues agree with what they themselves say regarding their expressions of the behavioural traits of the memeplexes.

Two cases, G2M and G4M, could not make the second round of interviews; as such, they could not confirm with certainty whether they exhibit the behavioural attributes in the four memeplexes. However, all the colleagues (except for G2S who is partially certain of the Altruism Memeplex) of G2M are of the view that she does exhibit all the memeplexes except for the Motivation Memeplex (which they all confirm that she does not exhibit it). All the colleagues (except for G4S) of G4M are of the opinion that she exhibits all the memeplexes; in the accounts of G4S on G4M, only the Altruism Memeplex is confirmed whereas there is no mention of the presence or absence of the other three memeplexes. (As this particular section deals with the collegial perceptions of interpretations of the behaviours of the research participants, I exclude G2M and G4M,who were absent from the second round of interviews, from the calculation on the percentages; thus, the denominator for the following calculations would be eighteen persons instead of twenty.)

All the colleagues of G1P, G3M, G3P, and G3S respectively agree with certainty that they exhibit the behavioural attributes in the four memeplexes as per their respective admissions. Therefore, all the respective colleagues of four of the eighteen (22%) healthcare professionals confirm (with certainty) their own perceptions of their behaviours (100%). This shows an element of authentic leadership (Diaz-Saenz 2011; Avolio and Gardner 2005; Gardner et al. 2005; Luthans and Avolio 2003)as their leadership and management behaviours are not only consistent across the board (due the different levels

occupied by line managers, professional peers, and direct reports) but also in agreement with their self-perception.

Meanwhile, for eleven of the eighteen participants (61%), G1L, G1M, G1S, G2L, G2P, G2S, G4L, G4P, G4S, G5P, and G5S, all of their respective colleagues of agree with certainty that they express the behavioural traits in the four memeplexes as per their own views; the minor exception for each case is that there is one or two colleagues whose perceptions are not mentioned in their narrations. There are, however, no opposing perceptions or controversies in these cases.

In the G1 group, all the colleagues of G1L agree with certainty that she exhibit the behavioural attributes of all the memeplexes except of the People-developing Memeplex (they confirm with her view that she does not exhibit this memeplex); the minor exception is that her line manager is only partially certain of her exhibiting elements in the Motivation Memeplex while there is no mention of G1L exhibiting with certainty the altruistic behaviours in her line manager's account of critical incidents. All the colleagues of G1M and G1S confirm respectively that G1M exhibit all the memeplexes except those of the People-developing Memeplex and G1S exhibit all the memeplexes with no exception. The minor exception for G1M is that there is no mention of the elements of the Motivation Memeplex in the accounts of her direct report while there is no mention of the traits of the People-developing Memeplex in the narrations of the line manager for G1S. If partial certainty is included in the count and the lack of mentioning (which I would consider as 'neutral' in relations to positive or negative confirmation) is excluded, the percentage of collegial agreements for G1L, G1M, and G1S, in relation to their own viewpoints, would be a hundred percent (100%).

For the G2 group, all the colleagues of G2P, with the exception of G2M who is excluded from the count because of her absence from the second round of interviews, agree with her (both with partial and full certainty) that she exhibit attributes in the Altruism Memeplex but not in the other three memeplexes. For G2L, all her colleagues agree with her own interpretations of her exhibiting the memes in all the memeplexes with the exception of partial certainty from her line manager for the Motivation Memeplex and from

her direct report for the Altruism Memeplex; in addition, there is also no mentioning of the elements in the Altruism Memeplex in the narrations of her line manager. For G2S, all her colleagues (G2M is excluded) agree with her that she exhibit traits in the Altruism and Motivation Memeplexes but not in the other two memeplexes; the minor exception here is that she herself is only partially certain of the presence of the memes in the Altruism and Motivation Memeplexes though her colleagues are certain of this matter. Similarly, if partial certainty is included in the count while the 'neutral' cases are excluded, the percentage of collegial agreements for G2L, G2P, and G2S, in relation to their own perceptions, would be a hundred percent (100%).

In the G4 group, all the colleagues of G4L agree with certainty that she exhibits memes in the Altruism Memeplex, Motivation Memeplex, and Motivating Memeplex but not in the People-developing Memeplex; the minor exception is that there is no mention of whether or not she expresses traits in the Altruism Memeplex and Motivating Memeplex in the narration of her line manager. For each case of G4P and G4S, all their respective colleagues confirm with certainty their perceptions: G4P exhibits behavioural attributes in the Altruism and Motivating Memeplexes but not in the Motivation and People-developing Memeplexes and G4S exhibits behavioural attributes in the Altruism and Motivation Memeplexes but not in the Motivating and People-developing Memeplexes. The minor exception here is that there is no mention in the accounts of G4M on G4P regarding these memetic behaviours while in the accounts of G4M on G4S, there is confirmation for only two of the four memeplexes. Thus, for G4L, G4P and G4S, their respective collegial agreements are also a hundred percent (100%) when discounting the minor exceptions.

For the G5 group, all the colleagues of G5P agree with certainty about her own perception in expressing traits in all the memeplexes except the People-developing Memeplex (which they all agree with her that she does not express elements in this memeplex); the minor exception here is that there is no mention of her exhibiting the Altruism Memeplex in the narrations of G5M and G5P. Lastly, all the colleagues of G5S agree with certainty about her own perception in not exhibiting behavioural attributes in all the memeplexes except the Altruism Memeplex; the minor exception here is that there is no

mention of her exhibiting the Altruism Memeplex in the accounts of G5M. For G5P and G5S, their respective collegial agreements are also a hundred percent (100%).

Therefore, fifteen of the healthcare leaders and managers have collegial perceptions of their respective behaviours that are consistently in agreement with their own perceptions. Although eleven of these fifteen have incidents where there is no mention of whether or not they exhibit the particular behaviours in the four memeplexes, eighty-three percent (83%) of these healthcare professionals do not have disagreements or opposing perceptions in the accounts of their respective colleagues with regards to their own perceptions of their behavioural attributes. Thus, I would interpret that eighty-three percent of the Scottish NHS leaders and managers in this research are fairly consistent and authentic in their leadership and management of people as their colleagues in different levels of organisational authority view them in the same way as they view themselves.

Three persons (17%), G3L, G5L, and G5M, have controversies in the interpretations of their colleagues regarding their behavioural attributes. All the colleagues of G3L concur with certainty that she exhibit attributes in the Altruism and Motivating Memeplexes; however, while she does not exhibit any behavioural attribute in the Motivation and People-developing Memeplexes as per her own testimony, the testimonies of all her colleagues show otherwise. For G3L, the collegial agreement would thus be fifty percent (50%). For G5L, all her colleagues agree with certainty that she exhibits elements in the Motivation Memeplex and her professional peers also agree with her that she exhibits elements in the Altruism Memeplex; however, there is no presence of Altruism Memeplex in the narrations of her critical incidents by her line manager and direct report. In addition, her direct report disagrees with G5L that she exhibits any element in the Motivating and People-developing Memeplexes; nevertheless, her line manager and professional peers concur that she exhibits elements in these two memeplexes. Thus, for G5L, her collegial agreement is eighty percent (80%), taking into account the partially-certain and unconfirmed cases. All the colleagues of G5M agree with certainty that she exhibits elements in the Altruism and Motivation Memeplexes with just G5S not mentioning whether

or not she exhibits any element in the Altruism Memeplex. The main controversy here is that her direct report disagrees with her on exhibiting the Motivating and People-developing memeplexes while the other two colleagues are only partially certain that she exhibits them; this is somewhat an interesting discovery because G5M is the highest ranking professional among the them and she is responsible for the leadership and management development of her direct reports. For G5M then, her collegial agreement is eighty-two percent (82%) taking into account the partially certain and unconfirmed cases.

In spite of the above three cases (17%) that contain some collegial disagreements, for the majority of the healthcare professionals (83%), the interpretations and perceptions of their respective colleagues agree with their own interpretations of their leadership and management behavioural attributes. There is always the possibility of biases in self-reports (Magura 2010; Holtgraves 2004; Zuckerman et al. 1995; Arnold and Feldman 1981); most people have a tendency to perceive themselves to be better than what they really are, or better than others, and view that they exhibit leadership behaviours or other socially desirable attributes which they may not actually exhibit (the nature and limitations of self-report is addressed in Chapter Three). Nonetheless, with the application of the method in 360-degree feedback into the qualitative interviewing of these healthcare professionals, the interpretations and perceptions of every interview respondent is compared and contrasted with those of her colleagues; thus, this becomes an antidote to the biases and limitations naturally present in self-disclosures while reaping the benefits of this method (Berant, Newborn and Orgler 2008; Rime 1999; Meyer 1997; Podsakoff and Organ 1986; Derlega and Gerzlak 1979). Furthermore, the disagreements and controversies in the accounts of the above three research subjects (17%) are not enormous; it has an average percentage of twenty-nine (29%). Krosnick (1999) and McCrae (1986) concur that the biases in self-disclosures are minimal and there are plenty of research investigations carried out employing self-report (Hoyt and Blascovich 2010; Samani and Sadeghzadeh 2010; Furnham 2009; Ganellen 2007; Lemyre and Lee 2006; Rickards, Chen and Moger 2001).

Table RQ4 below sums up the collegial interpretations or perceptions of each interview respondent (in relation to their own interpretations).

Table RQ4: Multi-source Perceptions of Colleagues

Memeplexes	G1L on self	G1M on G1L	G1P on G1L	G1S on G1L
Altruism Memeplex	Yes	U	Yes	Yes
Motivation Memeplex	Yes	CY	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	No	No	No	No
Memeplexes	**G1M on self**	**G1L on G1M**	**G1P on G1M**	**G1S on G1M**
Altruism Memeplex	Yes	Yes	Yes	Yes
Motivation Memeplex	Yes	U	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	No	No	No	No
Memeplexes	**G1P on self**	**G1L on G1P**	**G1M on G1P**	**G1S on G1P**
Altruism Memeplex	Yes	Yes	Yes	Yes
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	No	No	No	No
Memeplexes	**G1S on self**	**G1L on G1S**	**G1M on G1S**	**G1P on G1S**
Altruism Memeplex	Yes	Yes	Yes	Yes
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	Yes	U	Yes	Yes
Memeplexes	**G2L on self**	**G2M on G2L**	**G2P on G2L**	**G2S on G2L**

Altruism Memeplex	Yes	U	Yes	CY
Motivation Memeplex	Yes	CY	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	Yes	Yes	Yes	Yes
Memeplexes	**G2M on self**	**G2L on G2M**	**G2P on G2M**	**G2S on G2M**
Altruism Memeplex	U	Yes	Yes	CY
Motivation Memeplex	U	No	No	No
Motivating Memeplex	U	Yes	Yes	Yes
People-developing Memeplex	U	Yes	Yes	Yes
Memeplexes	**G2P on self**	**G2L on G2P**	**G2M on G2P**	**G2S on G2P**
Altruism Memeplex	Yes	Yes	U	CY
Motivation Memeplex	No	No	U	No
Motivating Memeplex	No	No	U	No
People-developing Memeplex	No	No	U	No
Memeplexes	**G2S on self**	**G2L on G2S**	**G2M on G2S**	**G2P on G2S**
Altruism Memeplex	CY	Yes	U	Yes
Motivation Memeplex	CY	Yes	U	Yes
Motivating Memeplex	No	No	U	No
People-developing Memeplex	No	No	U	No
Memeplexes	**G3L on self**	**G3M on G3L**	**G3P on G3L**	**G3S on G3L**
Altruism Memeplex	Yes	Yes	Yes	Yes
Motivation Memeplex	No	Yes	Yes	Yes
Motivating Memeplex	CY	Yes	Yes	Yes
People-developing Memeplex	No	Yes	Yes	Yes

Memeplexes	G3M on self	G3L on G3M	G3P on G3M	G3S on G3M
Altruism Memeplex	Yes	Yes	Yes	Yes
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	No	No	No	No
Memeplexes	G3P on self	G3L on G3P	G3M on G3P	G3S on G3P
Altruism Memeplex	Yes	Yes	Yes	Yes
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	Yes	Yes	Yes	Yes
Memeplexes	G3S on self	G3L on G3S	G3M on G3S	G3P on G3S
Altruism Memeplex	Yes	Yes	Yes	Yes
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	Yes
People-developing Memeplex	No	No	No	No
Memeplexes	G4L on self	G4M on G4L	G4P on G4L	G4S on G4L
Altruism Memeplex	Yes	U	Yes	Yes
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	U	Yes	Yes
People-developing Memeplex	No	No	No	No
Memeplexes	G4M on self	G4L on G4M	G4P on G4M	G4S on G4M
Altruism Memeplex	U	Yes	Yes	Yes
Motivation Memeplex	U	Yes	Yes	U
Motivating Memeplex	U	Yes	Yes	U
People-	U	Yes	Yes	U

Memeplexes	G4P on self	G4L on G4P	G4M on G4P	G4S on G4P
developing Memeplex				
Memeplexes	**G4P on self**	**G4L on G4P**	**G4M on G4P**	**G4S on G4P**
Altruism Memeplex	Yes	Yes	U	Yes
Motivation Memeplex	No	No	U	No
Motivating Memeplex	Yes	Yes	U	Yes
People-developing Memeplex	No	No	U	No
Memeplexes	**G4S on self**	**G4L on G4S**	**G4M on G4S**	**G4P on G4S**
Altruism Memeplex	Yes	Yes	U	Yes
Motivation Memeplex	Yes	Yes	U	Yes
Motivating Memeplex	No	No	No	No
People-developing Memeplex	No	No	No	No
Memeplexes	**G5L on self**	**G5M on G5L**	**G5P on G5L**	**G5S on G5L**
Altruism Memeplex	Yes	U	Yes	U
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	Yes	Yes	No
People-developing Memeplex	Yes	CY	Yes	No
Memeplexes	**G5M on self**	**G5L on G5M**	**G5P on G5M**	**G5S on G5M**
Altruism Memeplex	Yes	Yes	Yes	U
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating Memeplex	Yes	No	CY	Yes
People-developing Memeplex	Yes	No	CY	CY
Memeplexes	**G5P on self**	**G5L on G5P**	**G5M on G5P**	**G5S on G5P**
Altruism Memeplex	Yes	Yes	U	U
Motivation Memeplex	Yes	Yes	Yes	Yes
Motivating	Yes	Yes	Yes	Yes

Memeplexes				
Memeplex				
People-developing Memeplex	No	No	No	No
Memeplexes	**G5S on self**	**G5L on G5S**	**G5M on G5S**	**G5P on G5S**
Altruism Memeplex	Yes	Yes	U	Yes
Motivation Memeplex	No	No	No	No
Motivating Memeplex	No	No	No	No
People-developing Memeplex	No	No	No	No

Keys:
Yes: *exhibiting the behavioural attribute.*
No: *not exhibiting the behavioural attribute.*
CY: *conditional yes, meaning exhibiting the behavioural attribute to only a certain extend or under certain circumstances.*
U: *unconfirmed (either the respondent did not mention it in her conversation about the person or when relating the critical incidents, or because the respondent could not make the second round of interviews).*

4.6.8 Research Questions Six and Seven

The sixth and seventh research questions pertain to the application of the theory of human agency (Bandura 2006, 2001, 1997, 1991, 1986) to understand memetic leadership and management development:

> *Research Question Six: if memetic influence and transmission is a mechanism underlying leadership and management development, then do the healthcare leaders and managers make conscious decisions to imitate the behavioural attributes of their senior or role-model leaders and line managers?*

> *Research Question Seven: what is the role of human agency in this memetic leadership and management development?*

Four of the sixteen (25%) of the healthcare leaders and managers (G1M, G2S, G4P, and G4S) who exhibit memes in the Altruism Memeplex are certain that they exercise intentionality in their imitating the leaders that have most influenced them. Eight of them, G1L, G1P, G3L, G3M, G3P, G3S, G4L, and G5L are partially certain of exercising human agency (intentionality) in their memetic acquisition of the behavioural traits of their role-model leaders; if these eight were to be added to the four who are certain of

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exercising human agency in their memetic leadership and management development, then the percentage of these Scottish NHS leaders and managers who exercise human agency in their memetic leadership and management development would be about seventy-five (75%).

Among the fourteen research participants who exhibit the behavioural attributes in the Motivation Memeplex, three of them, G1M, G2S, and G4S (21%) are certain that they exercise human agency (intentionality) in their imitating their respective role models. Eight of them, G1L, G1P, G2L, G3M, G3P, G3S, G4L, and G5L are partially certain of exercising intentionality in their memetic leadership and management development; if these eight were to be added then the percentage of the healthcare leaders and managers who exercise human agency in their memetic leadership and management development would be about seventy-nine (79%).

For the Motivating Memeplex, only one (8%), G4P, out of the twelve Scottish NHS leaders and managers who exhibit the memes is certain of exercising intentionality in imitating her role models. Eight of them, G1L, G1P, G2L, G3M, G3P, G3S, G4L, and G5L are partially certain of exercising human agency (intentionality) in their memetic leadership and management development; if these were to be added to G4P, then the percentage of those who exercise human agency in their memetic leadership and management development would be about seventy-five (75%).

Among the five research subjects who exhibit the behavioural attributes in the People-developing Memeplex, only one (20%), G5M, is certain of exercising human agency (intentionality) in imitating her role models. Three of them, G2L, G3P, are G5L are partially certain of exercising intentionality; in adding them, the percentage of the healthcare leaders and managers who exercise human agency in their memetic leadership and management development with regards to this memeplex would be eighty (80%).

Table RQ6 below shows the comparative analysis of the four memeplexes with regards to human agency.

Table RQ6: Comparisons in Percentages

	Altruism Memeplex	**Motivation Memeplex**	**Motivating Memeplex**	**People-developing Memeplex**
Those **Certain** of **Exhibiting** the Behavioural Attributes	G1L, G1M, G1P, G1S, G2L, G2P, G3L, G3M, G3P, G3S, G4L, G4P, G4S, G5L, G5M, G5P, G5S [17/18]	G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4S, G5L, G5M, G5P [13/18]	G1L, G1M, G1P, G1S, G2L, G3M, G3P, G3S, G4L, G4P, G5L, G5M, G5P [13/18]	G1S, G2L, G3P, G5L, G5M [5/18]
The Above In Percentage	94%	72%	72%	28%
Those **Partially Certain** of **Exhibiting** the Behavioural Attributes	G2S [1/18]	G2S [1/18]	G3L [1/18]	None
Total Percentage (Certain + Partially Certain)	100%	78%	78%	28%
Those **Certain** of **Memetic Development**	G1M, G1P, G1S, G2P, G3L, G3M, G3P, G4L, G4P, G4S, G5L, G5M, G5P [13/18]	G1M, G1P, G1S, G2L, G3M, G3P, G4L, G4S, G5L, G5M, G5P [11/14]	G1P, G1S, G2L, G3M, G3P, G4L, G4P, G5L, G5M, G5P [10/14]	G1S, G2L, G3P, G5L [4/5]
The Above in Percentage	72%	79%	71%	80%
Those **Partially Certain** of **Memetic Development**	G1L, G2S, G3S [3/18]	G1L, G2S, G3S [3/14]	G1L, G3S [2/14]	G5M [1/5]
Total Percentage (Certain + Partially Certain)	89%	100%	86%	100%

Those **Certain** of Exercising **Human Agency** [at least with Intentionality]	G1M, G2S, G4P, G4S [4/16]	G1M, G2S, G4S [3/14]	G4P [1/12]	G5M [1/5]
The Above in Percentage	25%	21%	8%	20%
Those **Partially Certain** of Exercising **Human Agency** [at least with Intentionality]	G1L, G1P, G3L, G3M, G3P, G3S, G4L, G5L [8/16]	G1L, G1P, G2L, G3M, G3P, G3S, G4L, G5L [8/14]	G1L, G1P, G2L, G3M, G3P, G3S, G4L, G5L [8/12]	G2L, G3P, G5L [3/5]
Total Percentage (Certain + Partially Certain)	75%	79%	75%	80%

4.6.10   Minor elements: initial Research Question Four and initial Research Question Five

As stated in Chapter One, during the initial stage of the research, there were six research questions. The two research questions below are the ones that were dropped after the first round of interviews when I changed the direction of the research to focus on understanding the more interesting and potentially-fruitful memetic leadership and management development. I will briefly answer these two initial research questions here.

> *Initial Research Question Four: is the People Management Workshop truly a leadership and management development programme?*
>
> *Initial Research Question Five: do the behavioural attributes, attitudes, ways of thinking, or actions of the healthcare professionals change a year after a given leadership and management development practice or programme in NHS Scotland?*

The People Management Workshop (PMW), though labelled by the Health Board of NHS Scotland in this research as a leadership development programme, is more a management development programme (it was also a mandatory training for all healthcare professionals of the Health Board in leadership and management roles at the time of the fieldwork). Although

there are some elements of leadership development in this two-day workshop, both the official document (NHS Grampian 2008) and my participant observation reveal that the focus of this programme is more on the proper and correct application of the policies of NHS Scotland in matters pertaining to the recruitment and selection of staff members, the conducts, capabilities, attendance management, absenteeism, and policy-compliance of existing staff members, succession planning, and personal development planning. While succession planning and personal development planning may be aspects of leadership development, the others are more management development in functions as per the understandings in academic publications (Day 2001; McCauley and Van Velsor 2004; Hooijberg, Bullis and Hunt 1999; Baldwin and Padgett 1994; Dixon 1993; Keys and Wolfe 1988; Wexley and Baldwin 1986a). It is common to find such a conceptual confusion between real leadership development and management development and subsequent mis-labelling outside of academic literature (Ready and Conger 2003); leadership development is often productised in human resource training industry and what is often marketed as leadership development is management development as per the definitions in published academic literature.

Genuine leadership development, which is andragogically, cognitively, and behaviourally more challenging, stresses:1] positive changes via the replication, transmission, and acquisition of values, beliefs, attitudes, attributes, traits, behaviours, ways of thinking, practices, and actions;2] the building of leadership attributes, social capital and organisational development;3] the cultivation of collective knowledge, skills, capacities, and abilities; and 4] finding solutions to both known and unknown problems and challenges in leading and management people and organisations. However, PMW aims more on creating an awareness of the roles and responsibilities of human resource managers, developing transferable skills in people management situations, and the orthodox application of NHS policies and procedures in identifying, developing, and managing direct reports and commonly associated issues such as absenteeism (NHS Grampian 2008). However, a genuinely effective leadership development would produce leaders who would lead and motivate people and there would be no need to focus on fire-fighting issues such as dealing with absenteeism. According to

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the PMW, absenteeism among low-ranking healthcare employees is one of the top major problems in this Health Board of NHS Scotland (NHS Grampian 2008); however, it seems that leadership and management development programmes, such as PMW, have not been very effective in cultivating the kind of leadership that would reduce the said absenteeism. As shown by the findings earlier in this chapter, effective leadership and management development could come from junior healthcare professionals consciously or sub-consciously imitating effectively leaders and managers as they work under them as direct reports or even with them as professional peers. Effective leadership and management memes or behavioural attributes could pass on memetically via vertical transmission from the experienced or senior leaders to the emergent leaders as well as replicated memetically via horizontal transmission among professional peers. Therefore, the kind of leadership and management development that this Health Board of NHS Scotland need may be one that allows low-ranking healthcare workers to be memetically influenced by those who exhibit the behavioural characteristics in the four memeplexes. This may require a leadership and management development programme that network or arrange de-motivated low-ranking healthcare workers and professionals to serve under the leaders and line managers that have been identified to be expressing the traits in the Altruism Memeplex, the Motivated Memeplex, the Motivating Memeplex, and the People-developing Memeplex; this leadership and management development arrangement could potentially allow the opportunity for the memes in these pools to jump to or be transmitted to and acquired by the low-ranking healthcare workers.

Initial Research Question Five: it can be easily surmised that as could be seen from the interview data collected in the second round of interviews (slightly more than a year after the first), the behavioural attributes of the healthcare leaders and managers remained the same for the most part for most people as per either their own account (self-report) or those of their respective colleagues.

Nevertheless, there are those who changed for the better. Research subjects, such as G1L and G2L, who had mentioned behavioural attributes or characteristics that they were rather not pleased with during the first round

of interviews, stated in the second round of interviews that they changed or improved. The following two examples of transcript uplifts from G1L and G2L presented below are adequate to show this evidence:

> G1L (as given in the second round of interviews): [being] calm and even tempered, that's definitely improved. Not that I ever have a temper but I'm taking things less personally. I am not taking things to heart [now]. Well, certainly [with regards to] consistency because I have more experience in managing staff [now], [and] I know I have to be absolutely consistent. I had known I had to be, but after a bit more practice in managing, ya, [I am] more consistent [now].

> G2L (as given in the second round of interviews): er, I think because of my new role [taking over G2M] I have to adopt them fairly quickly. I have actually being acting up [in G2M's role] since October, so it was like eight months that I have been doing it now [sic] and it was only last month that I was officially appointed. From October through to now, it has been a steep learning curve. Instead of having to deal with one member of staff [leading one fulltime, non-student-trainee direct reports], I have to deal with thirty [fulltime, non-student-trainee direct reports]. So obviously fairness and consistency have to play a big part of it and [as for] being able to empathise with people, it has been difficult, but I had to do it. Er….I have tried not to be so "explosive" because I don't think that will achieve anything and I think [being] understanding, I think the understanding comes probably with [more] experience. Because I took on this new role of leadership, I think to some degree I had these characteristics, yes [sic].

Initial Research Question Four and Initial Research Question Five are not the focus of this research and as such, it is not necessary to further probe or discuss on these elements in details as doing so would deviate this research and distract readers from its focus and direction.

CHAPTER FIVE: CONCLUSION

Be imitators together of me, brothers, and observe those who thus walk even as you have us as a pattern

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- Apostle Paul (Epistle to the Philippians 3:17)

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Chapter Outline

5.1   Recapitulation of the research journey (Chapters One, Two, and Three)

5.1.1 Chapter One

5.1.2 Chapter Two

5.1.3 Chapter Three

5.2   Reflections on the major discoveries in Chapter Four

5.2.1 Memetic leadership and management development

5.2.2 Human agency

5.3   Limitations and potential future research

5.4   The application of research and its contribution to practitioners in leadership and management development

5.1   Recapitulation of the research journey (Chapters One, Two and Three)

5.1.1 Chapter One

Researcher's account of the initial journey:

> I began this exploratory research on leadership and management development in a geographic region (Health Board) of NHS Scotland with the objective of discovering what was going on in the development of healthcare professionals emerging into people management and leadership roles, and with the goal of finding out what leadership and management development practices had been applied and what were the behavioural attributes, values, ways of thinking, emotions, traits, and actions of these healthcare leaders and managers in order to inform debate unto possible theory application or development.   The reasoning I had was that through such an

exploration, I would discover how the leaders and managers, precisely, the Scottish healthcare professionals emerging into leadership and management functions, were developed as well as finding out the mechanism (if any) underlying the development of these emergent leaders and managers. In the process, I would look into what theory-based understanding, application of theory, or development of theory could be gathered from the analysis of the fieldwork data. It is to be noted that I carried out this research and wrote Chapters One, Two, and Three in parallel and iteratively, which is how a qualitative research should generally be conducted.

In addition to the account of the initial journey of the research, Chapter One also presents the finalised seven research questions (crystallised after the first round of interviews):

1.   What are the major or prominent leadership behavioural attributes, values, attitudes, traits, ways of thinking, emotions, or actions exhibited or expressed the research subjects (who are healthcare professionals with leadership and management responsibilities)?

2.   How are these healthcare leaders or managers, especially those emerging into the management roles, developed?

3.   What are the leadership and management development practices implemented for the development of healthcare leaders and managers in the selected Health Board of NHS Scotland?

4.   What are the perceptions of the colleagues of each of the healthcare professionals interviewed in the research with regards to the above Question One on behavioural attributes, attitudes, ways of thinking, and actions in the context of leadership?

5.   What are the mechanisms (if there is any at all) underlying their leadership and management development?

6.   If memetic influence and transmission is a mechanism underlying leadership and management development, then do the healthcare leaders and managers make conscious decisions to imitate the behavioural attributes of their senior or role-model leaders and line managers?

7.   What is the role of human agency in this memetic leadership and management development?

These research questions are answered in Chapter Four and in the subsequent sections further on this chapter. A brief answer to each of the research question is presented as follows:

The first research question: the prominent behavioural attributes, values, attitudes, beliefs, traits, ways of thinking, emotions, or actions exhibited or expressed by the research subjects are categorised into the four memeplexes that I labelled as the Altruism Memeplex, the Motivation Memeplex, the Motivating Memeplex, and the People-developing Memeplex (as discussed in detail in Chapter Four). The Altruism memeplex includes sacrificing break time, scheduled off-work or rest days, weekends, or working over-time without the extra pay; all these are exhibited to meet the need of the healthcare service such as 1] emergency situations, 2] standing in for colleagues on sudden unscheduled leaves, 3] meeting new targets set by the government, 4] shortage of staff, and 5] the lack of budget to pay for over-time work. The Motivation Memeplex covers characteristics of being motivated, enthusiastic, passionate, energetic, hardworking, committed to the service, upbeat, or exhibiting a positive attitude. The Motivating Memeplex includes showing verbal consideration to followers or direct reports, instilling confidence in followers, leading by example, and being motivating, encouraging, approachable, and supportive. The People-developing Memeplex covers being progressive in developing people and organisations, forward-thinking, keeping with advancements, changes, and developments, and changing and improving to bring in changes and improvements to teams or organisations. It also includes being nurturing of followers and being eager to pass on of something learned or experienced as well as giving challenges to followers for their development. Furthermore, it includes working to the strengths of followers, delegating according to their abilities, skills, and strengths, and trusting followers.

The second research question: as per the findings in the fieldwork data, one major way these healthcare leaders and managers have been developed is through imitating (intentionally or unintentionally) the leaders that have most influenced them in their professional life. The behavioural attributes, values, beliefs, attitudes, traits, ways of thinking, emotions, practices, or actions of their role models who have influenced them are memes that have been

passed on to them. As followers of their senior leaders and managers, they got into the same mould or were moulded by those they followed. These elements are also discussed in Chapter Four.

The third research question: while NHS Scotland carries out a number of leadership and management development practices, formally and informally, such as classroom-based trainings and workshops, mentoring, networking, 360-degree feedback, and job assignment, the particular practice the gate-keepers had given me for this research (with regards to interviewing research subjects and participant observation) is the People Management Workshop (a classroom-based training and workshop). This workshop is the focus of the participant observation and the emergent healthcare leaders who are the subjects of this research are selected from among the participants of this workshop.

The fourth research question: as per the discussions in Chapter Four, in most cases, the perceptions or views of the colleagues (line manager, professional peer, and direct report) of each healthcare professional are in agreement with the self-reported views of that person with regards to behavioural attributes, values, attitudes, traits, ways of thinking, emotions, or actions exhibited. There are cases of exceptions, that is, there are controversially disagreeing viewpoints among the colleagues of a person; these colleagues either present different interpretations among themselves (disagreeing viewpoints) with regards to the characteristics exhibited by a particular research subject in question, or the interpretations of the colleagues contradict the self-report of that research subject. Both the benefits and limitations of self-report are presented in Chapter Three; additionally, the evidence that the self-reports in this research are fairly reliable is shown by the majority of the cases revealing the respective self-reports of the healthcare leaders and managers being in agreement with the views of their respective colleagues.

The fifth research question: one mechanism underlying leadership and management development is memetic transmission and replication, that is, the passing on of leadership and management characteristics as memes, vertically from senior healthcare professionals to emergent or junior

healthcare professionals (there also a few cases of horizontal transmission from one professional peer to another).

The sixth and seventh research questions could be answered in this way: twenty-five percent (25%) of the research subjects are *fully certain* of consciously exercising human agentic intentionality in imitating their role models with regards elements in the Altruism Memeplex; twenty-one percent (21%) of them with regards to those in the Motivation Memeplex; eight percent (8%) of them with regards to those in the Motivating Memeplex; and twenty percent (20%) of them with regards to those in the People-developing Memeplex. However, most of these interview respondents are either *partially certain or somewhat certain* of consciously exercising intentionality: seventy-five percent (75%) of them are partially or somewhat certain of exercising conscious intentionality with regards to the Altruism Memeplex, seventy-nine percent (79%) with regards to the Motivation Memeplex, seventy-five percent (75%) with regards to the Motivating Memeplex, and eighty percent (80%) with regards to the People-developing Memeplex. These figures show that most of the healthcare leaders and managers exercise the human agency of intentionality to consciously imitate their role models; it is just that they are not fully certain of such human agentic intentionality. Most of these healthcare professionals do not exercise the full set of human agency where the respective exercise of forethought, self-regulation, and self-reflectiveness come sequentially after the exercise of intentionality (Bandura 2006, 2001, 1986); while most of these research subjects exercise intentionality, most of them do not exercise forethought, and as such, the exercise of self-regulation and self-reflectiveness is deemed to be missing. It is also to be noted that the evolution of memes (as well as genes) does not mandate conscious intentionality and not all acts of imitating are conscious (Blackmore 1999). Thus, this may lead to the research subjects being not fully certain of their conscious human agentic intentionality in imitating.

Furthermore, Chapter One continues to give the scope and boundary of this research. This research is about the developmental side of leadership and management (as opposed to a focus on the field of leadership itself or the field of management itself). It is about leadership and management development in just the healthcare sector (other areas of industry, services,

or society excluded), and the samples are limited to the selected Health Board or geographic region of NHS Scotland (thus, excluding other Health Boards or NHS regions in the UK).

5.1.2 Chapter Two

Chapter Two reviews the literature on leadership and management development. In the early sections, I introduce definitions of leadership development, leader development, and management development respectively, as well as the differences between leader development and leadership development and between leadership development and management development according to academic research publications. While there are over-lapping areas among them, leader development focuses more on human capital and the individualistic and intrapersonal aspects; leadership development focuses more on the social capital and the corporate, group, organisational, relational, and interpersonal aspects (Day 2011, 2001; Iles and Preece 2006; Van Velsor and McCauley 2004; Conger and Hunt 1999; Neck and Manz 1996; Manz and Sims 1989; Stewart, Carson and Cardy 1996).

Management development focuses on specific knowledge, skills, and abilities to improve performance in specific tasks and to apply known solutions to known problems; leadership development, which is more complex andragogically, cognitively, and behaviourally, focuses on affecting others to build collective or organisational knowledge, skills, capacities, and abilities and to find solutions to both known and unknown problems and challenges (Day 2001; McCauley and Van Velsor 2004; Hooijberg, Bullis and Hunt 1999; Baldwin and Padgett 1994; Dixon 1993; Keys and Wolfe 1988; Wexley and Baldwin 1986a). However, praxis is not the same as theory; while the differences in the terms are noted in academic literature (Day 2011, 2001; Van Velsor and McCauley 2004; Alimo-Metcafte and Lawler 2001; Hooijberg, Bullis and Hunt 1999; Neck and Manz 1996; Baldwin and Padgett 1994; Dixon 1993; Stewart, Carson and Cardy 1996; Schein 1992; Manz and Sims 1989; Keys and Wolfe 1988; Wexley and Baldwin 1986a), organizations often use the terms interchangeably in practice. Thus, outside of academic

research and publication, there is a lot of conceptual confusion and mis-labelling among programmes considered as leadership development, management development, or leader development (Ready and Conger 2003).

In the chosen Health Board of NHS Scotland, for example, a programme that is considered to be leadership development (the People Management Workshop) has more elements of management development than leader development or leadership development as per the definition of academic literature. Of course, it does not help that effective leaders in the Health Board of NHS Scotland in this research are also formally referred to as managers. (This is the reason I followed the common terms and understandings used in the healthcare sector and combined the terms *leadership development* and *management development* into a joined term: *leadership and management development*.)

Chapter Two continues with a general and brief overview of classic leadership theories as a background to contrast with the relatively fewer theories or approaches to leadership and management development. These classic leadership theories are the 'great person' theory (Grint 2011; Bennis and Nanus 1985); the trait theory (Kirkpatrick and Locke 1991; McCall and Lombardo 1983; Stogdill 1974); behavioural theories (Mosley 1998; Yukl 1971) such as role theory (Winkler 2009; Hogg 2001; Pfeffer and Salancik 1975) and grid theory (Blake and Moulton 1961); an integrated trait and behavioural theory (DeRue et al. 2011); Lewin's autocratic, democratic, and laissez-faire leadership styles (Lewin, Lippit and White 1939); participative leadership (Huang et al. 2010); Hersey and Blanchard's situational leadership theory with its directing, coaching, supportive-participating, delegating-observing styles of leadership (Hersey, Blanchard and Johnson 2007; Blanchard, Zigarmi and Zigarmi 1985; Graeff 1983; Hersey and Blanchard 1982); contingency theories of leadership such as the least-preferred co-worker theory (Fiedler 1971, 1967, 1964) and cognitive resource theory (Fiedler and Garcia 1987; Fiedler 1986); transactional leadership theory (Bass 2003, 1990; Burns 1978); Leader-member exchange theory (An and et al. 2011; Bauer and Green 1996; Graen and Scandura 1987; Dansereau, Graen and Haga 1975; Graen and Cashman 1975); and transformational leadership theory (Diaz-Saenz 2011; Bono 2004; Kouzes and Posner 2003;

Hartley and Hinksman 2003; Bass 2003, 1990, 1985; Burns 1978). Leadership and management development implies an intervention and that the abilities, behaviours, attributes, skills, and actions associated with leadership and management could be transferred, learned, and acquired. However, in none of the literature review of the above classic theories of leadership is there an exposition on a mechanism underlying this transmission, transfer, and acquisition of leadership and management elements. This is in light of the huge sum of money and other organisational resources being spent annually on leadership and management development programmes; as such, organisations are increasingly dissatisfied with leadership and management development trainings (Howard and Wellins 2008; Lamoureux 2007; Mainprize 2006; Audit Scotland 2005; Fulmer and Goldsmith 2001; Reingold 1997; Fulmer and Vicere 1996).

Chapter Two goes on to show the relatively fewer leadership and management development approaches or models: the integrative model of leadership traits and behaviours of DeRue et al. (2011); the integrated leadership and life-long-journey development of Day, Harrison and Halpin (2009); the integrated model of leadership development of Weiss and Molinaro (2006) and of Cacioppe (1998); Lord and Hall's (2005) leader development model that joins leadership to social identity, values-specific expertise, and domain-specific expertise to develop capacity, skills and competencies among staff members in higher-level management; the discursive, contextual, reflective, associative, relational, inclusive, and collective approach to leadership and management development of Bolden and Gosling (2006); the reflective and integrative leadership and management development approach of Burgoyne, Hirsh, and Williams (2004); authentic leadership development (Diaz-Saenz 2011; Avolio and Gardner 2005; Gardner et al. 2005; Luthans and Avolio 2003); and the model of leadership identity development of Komives et al. (2005). There are relatively fewer *leadership and management development* approaches, models, or theories compared to the numerous *leadership* theories or models. Furthermore, a general, dominant, or unified theory, model, approach, or framework of leadership and management development is still elusive (Sorenson, Goethals and Haber 2011). In addition, none of the models or approaches to leadership and management development talk about the

mechanism or mechanisms underlying the development, transfer, learning, and acquisition of leadership and management values, behavioural attributes, or ways of thinking.

Chapter Two proceeds to discuss leadership and management development being mainly a practitioner-based field. The popular leadership and management development practices are classroom-based leadership and management development training courses or workshops, 360-degree feedback, mentoring, job assignment, executive coaching, networking, action learning, or a combination of two or more of these practices (integrative leadership and management development approaches). Classroom-based trainings and workshops, executive coaching, and the actual exercise of a 360-degree feedback implementation are relatively short-termed compared to the other four practices.

Formal classroom-based trainings and workshops, internal or external, which are fairly well-known and ubiquitous, focus more on providing participants with leadership and management skills, abilities, competencies, and education; these are meant to introduce participants to their organisational and occupational functions and duties or to equip them with proven solutions to known problems (Day 2011; Bauer et al. 2006; Bolden et al. 2005; Latham and Seats 1998; Dixon 1993; Wexley and Baldwin 1986). Classroom-based trainings and workshops are usually carried out via chalk-and-talk delivery, discussions among participants, scenarios, simulations, hands-on learning, team-building exercises, or a combination of any of these methods. The benefit of this particular leadership and management development practice is that it tends to focus on the real problems, needs and issues of the participants and their organisations so as to give them the encouragement, motivation, and support to take actions that have immediate results (Thatcher 1994). While some studies speak well of classroom-based trainings and workshops as an effective leadership and management development practice (Ciporen 2010; Ford and Harding 2007; Gilpin-Jackson and Bushe 2006; Bolden et al. 2005; Black and Westwood 2004; Mezirow 2000; Sogunro 1997), others report fairly-common perceptions of its failure to achieve notable transfer and acquisition of leadership and management behavioural attributes, values, ways of thinking and feeling, behaviours, and

actions in the workplace (Montesino 2002; Kupritz 2002; Cheng and Ho 2001; Elangovan and Karakowsky 1999; Brinkerhoff and Gill 1994; Broad and Newstrom 1992; Foxon 1993; Georges 1988; Marx 1982; Kelly 1982; Mosel 1957). In general, there is still relative shortage of studies on this particular practice, especially on the factors that support or inhibit the transfer or attenuation of leadership and management development learning.

Chapter Two reviews another leadership and management development practice related to the fieldwork of this research: 360-degree feedback. 360-degree feedback is originally a performance assessment and management system.

Researcher's note:

> 360-degree feedback was employed in the design of this research, as a part of the data gathering method, for the purpose of getting multiple viewpoints from the different colleagues of each research subjects. In addition, this data collection method allowed for the counter-checking and clarifying of the self-report of each research participant so as to address the limitations of self-report. The details of this matter are discussed in Chapter Three as well as re-stated further below.

Leadership literature advises 360-degree feedback, a multi-source feedback and appraisal system, to be used for developmental purposes only as it could be, and had been, mis-used as an assessment tool for the purposes of remuneration and reward (Cross and Parker 2004; Smith and Rupp 2003; Rees and Porter 2003; Warech et al. 1998; Waldman, Atwater and Antonioni 1998; Cardy and Dobbins 1994). The benefit of 360-degree feedback has to do with providing self-awareness and self-understanding via the multi-source feedbacks of the line manager or leader, direct report or follower, and professional peer of the person receiving the development; as such, it is superior to the traditional performance appraisal system, which is single-source. This practice is developmental because feedbacks incite behavioural change (and thus possible organisational change when the system is implemented throughout the organisation) while anonymous multi-source feedbacks paint a more realistic and fair picture of the person undergoing development with the potential of pointing out his or her weaknesses

previously not known (as traditional appraisal systems are usually single-sourced from only the line manager) resulting in trust and cooperation, effective team leadership, and social capital development (Nahapiet and Ghoshal 1998; Dotlich and Noel 1998). The weaknesses of 360-degree feedback are mainly in the areas of challenge and support as people have a tendency to build up protective defences from negative feedback, muster resistance to change, or succumb to social-psychological biases (Tourish 2006; Chappelow 2004; Toegel and Conger 2003; Bates 2002; Day 2001; Kluger and DeNisi 1996). Nevertheless, these problems and challenges could be surmounted with proper, professional, prudent, and purposeful implementations of 360-degree feedback with the required sustained developmental support for the emergent leaders and managers. 360-degree feedback is best implemented in combination with one or more of the other leadership and management development practices as supportive systems as its strength is mainly in the assessment or evaluation side of development.

Mentoring is another popular leadership and management development practice. A mentor is a role model, leader, teacher, trainer, overseer, counsellor, confidant, human resource developer, and protector in a long-term professional and mutually-rewarding relationship with those he or she mentored (Zey 1991; Gray and Gray 1990; Gray 1988). Formal mentoring structures and processes become popular as organizations see the benefits of informal mentoring. Mentoring, formal or informal, is a solution to many organizational challenges such as labour shortages, intense competitions, mergers and acquisitions, cross-cultural issues, affirmative-actions, diversity in human resource, career development, succession planning, and fast-paced innovation and technological change (Murray and Owen 1991; Zey 1988). Developing leaders and managers via mentoring also benefit organizations as it motivate staff members, improve teamwork, increase staff commitment and productivity, improve and increase communication, bring about cost saving and effectiveness, instil and build organisational culture or foster organisational changes, attract new recruits, assist the career development of women and minorities, ease mergers and acquisitions, support cultural transitions, and promote a pro-innovation and creative work atmosphere (Rosenbach 1993; Murray and Owen 1991; Zey 1991, 1988; Wilson and Elman 1990). Meanwhile, the drawbacks of mentoring are favouritism,

resentment of staff members left out of mentoring, complication and cost in administrating and managing mentoring programmes, role conflicts, time constraints and neglect of core responsibilities, mentors taking credits for the achievements of their protégés, mentor-protégé incompatibility, betrayals, over-dependence, mentors providing erroneous advice or transmitting their own personal agendas or goals instead of those of the organisation, and lack of sustained commitment and support from the organisations of the participants (Noe 1991; Murray and Owen 1991; Zey 1991; Wright et al. 1991; Kizilos 1990). Thus, if mentoring is to work as an effective leadership and management development practice, it has to be well-designed (particularly the mentor-protégé selection and matching processes) by the organisation implementing it right from the beginning; it must also receive the commitment and support of the top-level management of the implementing organisation. It should also be supported by using other leadership and management development practices such as 360-degree feedback as well as other human resource development and administrative practices such as goal-setting, screening and orientation (for mentors and protégés), interpersonal communication skills training, time management, monitoring, and organisational methods for recognition, remuneration, and reward (Coley 1996; Newby and Heide 1992; Collin 1988).

Researcher's note:

> The fieldwork data gathered from the interviews and participant observations of the healthcare professionals suggested that the junior or emergent leaders and managers had been receiving informal mentoring from their respective line managers or role models at some point in their professional lives.

Job assignment is also featured in Chapter Two; this is partly because job assignment appears in the fieldwork data (G1L, G1S, G4L, G4S, and G5L experienced job assignments as a part of their development), and partly because it is one of the seven popular leadership and management development practices. Leadership and management development could be carried out via work experiences as professionals could learn, grow, and experience changes in ways of thinking, behaviours, attributes, and even values through different roles, functions, responsibilities, and tasks; although

people have known about the developmental aspects of work experience for a long time, research on job assignment is a fairly recent academic interest (Ohlott 2004; Kolb 1984; Knowles 1970; Dewey 1938). Learning and development on the job may be crucial in an age of fast-paced changes and high complexity (Dragoni et al. 2009). Both success and failure in work experience are developmental as well as working with real problems and facing challenges and dilemmas in leading people; this allows for the acquisition of leadership behavioural attributes, skills (such as negotiation, persuasive, and communication skills) and effective ways of thinking and working such as strategic thinking, team building, and teamwork (McCauley and Brutus 1998; McCall, Lombardo and Morrison 1988; Howard and Bray 1988; Bray and Howard 1983; Bray, Campbell and Grant 1974). Moreover, new challenges that come with a new job posting may be motivating and developing and even just the act of assigning a direct report a job for his or her developmental purposes may itself be developmental as the confidence his or her line manager has in the person could very well boosts self-confidence and self-image (Ohlott 2004). Other benefits of job assignment to leaders and managers in development include exposure to new, unfamiliar, or uncertain situations, people and responsibilities; exposure to cultural, ethnic, racial, national, gender, and other demographic diversity; exposure to work environments that force one to build new relationships and alliances, adapt to changes, negotiate with people, or persuade and influence people; exposure to vital decision-making processes and responsibilities; and exposure to potential failure and other negative experiences (Ohlott 2004; McCauley, Ruderman and Ohlott 1994; Reuber and Fischer 1994; Hill 1992; Morrison, White and Van Velsor 1994; Wick 1989; McCauley, Ohlott and Rupp 1989; McCall, Lombardo and Morrison 1988; McCauley and Brutus 1998; Kelleher, Finestone and Lowly 1986; Zemke 1985; Davies and Easterby-Smith 1984). Meanwhile, challenges facing this practice are assessment and matching of job assignments (the right job assignment for the right person at the right stage of leadership and management development), differences in learning styles and approaches (different people develop differently or interpret their assignments differently), the relative shortage of research in this area to inform effective implementation, changes in the characteristics of a job assignment causing changes in the developmental aspects of that assignment (an assignment identified as developmental may not be so after some time),

and top management not taking a developmental attitude towards job assignment and being not gracious towards failure while preferring performance-based promotion (Hollenback and McCall 1999; Reuber and Fisher 1994; McCall, Lombardo and Morrison 1988; McCauley and Brutus 1998). Therefore, to effectively implement job assignment as a leadership and management development practice, organisations would benefit from having a clear and effective identification, assessment, matching, monitoring, and feedback system (Ohlott 2004; Byham, Smith and Paese 2002; McCall and Hollenbeck 2002).

Whom an emergent leader knows also contributes to his or her development as much as, if not more than, what he or she knows. As such, networking, formal, informal, intra-organisational, or inter-organisational, is an important leadership and management development practice.

Researcher's note:

> Although networking was not implemented formally as a leadership and management development programme in this particular Health Board of NHS Scotland at the time of the research fieldwork, it is something that most professionals, including the research subjects, naturally practise informally as colleagues working together in the same organisation.

Networking would naturally complement other leadership and management development practices such as mentoring, executive coaching, action learning, job assignment, and classroom-based trainings and workshops. Networking develops (and is developed) through relationships (especially long-term relationships), enhances the intangible resources and the human and social capital of an organisation for leadership and strategic organisational success, and functions as a leadership and management development practice because it builds on human relationships (Baker 1994). People usually do what is expected of them by others, people like to associate with people they like or admire, human relationships cultivates cooperation and collaboration, and societies and organisations are connected entities (Baker 1994). As such, networking is implied in memetic leadership and management development when junior members of an organisation network

and associate with the senior leaders and managers they like or admire. When they consciously, sub-consciously, or unconsciously imitate the behavioural attributes, characteristics, traits, ways of thinking and feeling or actions of those they admire so as to cultivate a fairly long-term professional relationship with them, they take on the senior staff members as their role models who thus influenced them. Therefore, networking, as well as mentoring, facilitates the transmission, acquisition, and replication of memes in the leadership and management development of the emergent junior leaders and managers.

Chapter Two also reports the weaknesses of networking: favouritism, cronyism, redundant ties in networks, organisational attempts to formalise informal networking relationships or institutionalise a network, the sustainability of the vision of a network, the presence of dominant or coercive network members, and formation of sub-networks within a network (Khatri, Tsang and Begley 2003; Day 2001; Ragins and Cotton 1999; Wills 1994). Thus, a network should be formed and maintained, formally or informally, with preventive measures and processes by the network members themselves to ensure that a clear and sustained or sustainable vision, fairness, openness, integrity, and trust are valued and practised (Limerick 1992).

Although neither executive coaching nor action learning are implemented in NHS Scotland at the time of the research, and although neither of these two practices appear in the collected fieldwork data, Chapter Two mentions these two practices because:1] they are among the popular leadership and management development practices; and 2] there is a feedback loop in the discovery of the research because executive coaching and particularly action learning, provide the ripe environment for memes to flourish and for memetic leadership and management development to occur. Executive coaching develops professional performance and personal satisfaction leading to the effective execution of duties and responsibilities (Kilburg 1996). It is about facilitating the release of latent human potentials in staff members to reach meaningful and important organisational goals and provide solutions to organisational problems. Its benefits include understanding and determining the tasks and development, current limitations, and possible improvements of

a trainee as well as facilitating accountability and goal-focused development of individualised training, teaching, and learning of practical work-related matters (Ting and Hart 2004). Executive coaching could be conducted through a series of leadership and management tasks such as delegation, confidence building, performance-standard, team building, and counselling (Ordiorne 1982; Mahler and Wrightnour 1973). The weaknesses of executive coaching are: dependency on the quality of the relationship between a coach and his or her protégé, external coaches giving wrong, unrealistic, or non-actionable advices or feedbacks (as they do not know what is going behind the curtain), personal agendas of coaches, and social-psychological biases (Ely et al. 2010; Hall, Otazo and Hollenbeck 1999). Therefore, to overcome these weaknesses, executive coaching could be implemented with an effective coach-trainee matching method, clear and mutually agreed developmental goals, and frank, challenging, and realistic expectations and feedbacks.

Action learning is a form of leadership and management development as well as a channel for memetic replication to happen in that 1] uses experience-based group learning methodology and process, 2] combines mentoring, networking, job assignment, formal classroom-based or workshop-based trainings with work-based problems, field activities, and reflective and continuous learning practices in a group setting in the workplace, 3] promotes collaborative and distributed leadership, and 4] focuses on self-development and group learning where about five participants meet regularly for mutual learning via questionings, reflections, insights, and work experience in face of organisational problems and challenges that come from reflection (Raelin 2006; Smith 2001; Pedlar 1997, 1991; Revans 1983, 1982, 1980; MacNamara and Weekes 1982). One could even argue that memetic leadership and management development is a kind of action learning. The framework of action learning builds on practical, realistic, and work-based elements, existing organisational structures and development plans, and intentions and goals of non-traditional staff members. However, action learning is weak in assessment, and its implementation is ineffective when commitment and support from top management is weak or when top management is intolerant of mistakes or risk; it faces challenges as well when members are inconsistent, uncommitted, or when key participants are

unclear with the key elements of action learning, such as the need for continuous reflection, learning, un-learning, re-learning, evaluation, redesigning, and renewal individually and as a group (Yorks, Lamm and O'Neil 1999; O'Neil and Dilworth 1999). Thus, it is advised that the identification and analysis of problems and challenges, the selection, functions, roles, contributions, and responsibilities of voluntary participants, and the content of the action learning programme be determined in the implement of this practice (Yorks, Lamm and O'Neil 1999; O'Neil and Dilworth 1999).

A section of Chapter Two presents, in relations to leadership and management development, the NHS in general and NHS Scotland. Leadership and management development in healthcare is crucial not only because it builds human and social capital and effective organizational cultures, but also because NHS Scotland is one of the largest organizations in Scotland and the healthcare sector is one of the best arenas for leaders to emerge (McAlearney 2010; Morrissette and Schraeder 2010).

Researcher's note:

At the time of the fieldwork, the Health Board of NHS Scotland where I carried out my fieldwork was implementing a classroom-based leadership and management development workshop called People Management Workshop; this programme also incorporated 360-degree feedback. I was given access by the corporate gate-keepers of NHS Scotland into this workshop and a batch of its participants was given to be the interview respondents of this research. These participants are healthcare professionals emerging into leadership and people management roles. I also applied to the gate-keepers to be a participant observer in the named People Management Workshop (which was labelled by the top management of NHS Scotland as a leadership development programme); after a process, I was given access to this training and development programme conducted in the classroom-and-workshop format. As for the interviews, I interviewed these emergent healthcare leaders and their respective healthcare professional colleagues (the line manager, a professional peer, and a direct report of each participant) in the manner of 360-degree

feedback (but the actual feedback was never given to the respondent in order to protect the confidentiality of the respondents). In addition, I discovered that some of these healthcare professionals either had or were undergoing job assignments, and that some of them practised mentoring and networking informally.

In the NHS, in general, healthcare leadership and management is challenging as it involves balancing conflicting powers, issues, and priorities from 1] the demand side of changing diseases and the expectations of tax-paying patients, 2] the supply side of professional practices, medical and scientific developments, and business investments, and 3] the administrative-political-control side of government actions, regulators, and provider-employers (Dawson 1999). These three-sided pressures and conflicts demand much leadership, communication, self-sacrifices (altruistic behaviours), and value-setting skills from healthcare leaders and managers (Caulkin 1998). Top-down pressures, excessive control, multiple layers of control, and constant changes in policies from politicians hamper NHS leaders and managers in performing their core functions effectively (Calman, Hunter and May 2002). Healthcare leadership and management development must be realistic, work-based, and practical as healthcare organisations face fast-paced, high-risked, and critical decision-making circumstances and pressure to develop leaders quickly (Morrissette and Schraeder 2010; Hurt and Homan 2005). However, research literature shows that leadership and management development in the NHS has not been impressive in general; for example, initiatives and programmes are not integrated in an organisation-wide developmental vision, and in some cases, even lack a central or formal understanding of leadership and leadership development (Boaden 2006; Edmonstone and Western 2002). Alimo-Metcafte and Lawler (2001) report that although the NHS in general places a high priority on leadership and management development in their appraisal systems, they have a nebulous or out-dated understanding of leadership and their leadership and management development programmes are periodic, haphazard, irrational, and not in accordance to the good practices of communicating, socialising, promoting, and implementing organisational or collective values and vision. In NHS Scotland specifically, the NHS Scotland Leadership Development Framework is designed with the aim of developing motivated healthcare leaders and managers with the skills,

qualities, and behaviours to deliver the real improvements to patients; this framework 1] informs the development agenda; 2] describes the qualities of healthcare leaders and managers in NHS Scotland; 3] sets a single national approach and priority to such developments so as to have strategic coherence with regards to the needs of the service; 4] allocates flexibility for local systems (the various Health Boards) to advance their development agenda; 5] frames how NHS Scotland could work together with its partners, locally and nationally to achieve the developmental goals; 6] engages the wider public sector for joint approaches to reform and improve NHS Scotland; and 7] provides career development opportunities and flexible support systems to staff members (Audit Scotland 2005). There is, however, a relatively shortage of published research literature (in comparison with those on NHS England) on leadership and management development in NHS Scotland; this includes publications on how this framework has been implemented and how it has fared in terms of effectively producing changes in motivation, attitudes, ways of thinking, behaviours, and actions among healthcare professionals with leadership and management functions. One research publication on NHS Scotland did stand out: a qualitative research of Sutherland and Dodd (2008) on NHS Lanarkshire (a Health Board within NHS Scotland) shows that a leadership and management development programme employing elements of the classroom-based training and workshop such as role play, scenario planning, and enquiry-based learning approaches, was effective in bring about changes in the attitudes, behaviours, and performances of the participants.

Nevertheless, as pointed out earlier in the literature review section, there is no dominant approach or model in leadership and management development and this is reflected in the leadership and management development frameworks and programmes in NHS Scotland as well as in the Health Board of NHS Scotland. Furthermore, there is no mention of a mechanism underlying leadership and management development in any of the published literature on the NHS (NHS Scotland or the NHS in general) with regard to this matter. The lack of these important aspects in leadership and management development is also reflected in the People Management Workshop (PMW).

Researcher's note:

> At the time of the research fieldwork, PMW, labelled by the top management as a leadership development programme, was a compulsory programme for NHS leaders and managers who have responsibility for the recruitment, selection, conduct, capability, and attendance management of staff members, policy compliance, and other human resource development functions such as succession; the official statement was that the workshop was meant to create awareness and identification of the roles, skills, and responsibilities required of NHS leaders and managers, to develop transferable skills in applying NHS policy to management situations, and to enable effective utilisation of recruitment and selection procedures, attendance management policy (such as dealing with long-term or short term absences), the services of the occupational health service department, and the conduct and capability policy (NHS Grampian 2008).

As mentioned in Chapter One and Chapter Two, in practice, there is a lot of over-lapping or merging of the elements considered (by academic researchers) to be leadership development with elements considered to be management development; moreover, because conceptual confusion and mis-labelling of the terms are fairly common in practice, what is mostly management development is often labelled as leadership development outside of academic research and publication (Ready and Conger 2003). This is evident in the case of PMW, as discovered through my participant observation and from its official description: the content of PMW is more towards management development rather than cultivating leadership behaviours or behavioural changes, developing leadership skills, capacity, and ways of thinking, or building organisational capacity for changes, leadership, and human and social capital development.

5.1.3 Chapter Three

Chapter Three begins by briefly narrating my journey towards the chosen the research methodology, interpretivism, which is a qualitative research methodology, and the data collection methods, interviewing and participant

observation (including the Critical Incident Technique as a method employed to draw out information from the research subjects). Interpretivism informs that there is no one truth or reality to events, experiences, exhibited behaviours, emotions, or actions; instead reality is socially constructed and that there are different perspectives or interpretations of reality or that there are multiple realities leading to a social-collective construction of reality (Robson 2002). People also give meanings to their actions (Geertz 1973) as well as being agents or causes of actions; thus, while the interpretivism of Bevir and Rhodes (2002) rejects autonomy (social structures having an influence on people as agents), it supports human agency. As such, different healthcare leaders and managers in the same organizational structure of the same Health Board could (as well as having the ability) choose, different beliefs, preferences, intentions, or desires that influence their thoughts, emotions, attributes, behaviours, practices, and actions even as the same social structure influence them in similar ways. Therefore, interpretivism allows for human agency: these self-reporting healthcare professionals could (and many did) choose what beliefs, preferences, intentions, or desires to hold, what attributes or behaviours to exhibit, and what practices or actions to take due to their own agentic reasons, and they were not limited by the constraints of their social or organizational settings, contexts, or structures.

Furthermore, the elements of human agency such as beliefs, preferences, intentions, or desires as well as their subsequent thoughts, emotions, attributes, behaviours, practices, and actions could not be understood from mere demographic data, organizational policies and rules, or objective characteristics. As such, this research employs two qualitative data-collection methods: 1] interviewing which partly incorporates the Critical Incident Technique (Hargie and Tourish 2009; Davis 2006; Arvidsson and Fridlund 2005; Urquhart et al. 2003; Mallak et al. 2003; Kressel et al. 2002; Narayanasamy and Owens 2001; Edvardsson and Roos 2001; Coté et al. 2000); and 2] participant observation (Waddington 1994; Adler and Adler 1994; Fetterman 1991; Jorgensen 1989; Denzin 1989; Kidder and Judd 1986; Taylor and Bogdan 1984; Burgess 1984; Kidder 1981).

Moreover, by 1] applying arrangements of the 360-degree feedback to the research design, particularly to the selection of interview respondents (each

healthcare professional attending the workshop was interviewed along with her line manager, professional peer, and direct report), 2] assuring and implementing strict confidentiality for the respondents (thus, the feedback component of the 360-degree feedback was not implemented, that is, the respective feedbacks were not given out in both rounds of interviews), 3] using semi-structured and open-ended questions to filter out possible factors affecting the transient moods of the interview respondents as well as to probe them, 4] structuring the research to in two rounds of interviews spaced slightly more than a year apart, and 5] simply making the nature of the investigation being qualitative instead of quantitative, many of the limitations, problems, and weaknesses of self-report are reduced. The research-subject selection method of this qualitative research work which applies 360-degree feedback into the research design is another novel contribution of this research (particularly to the design of fieldwork data collection methods).

5.2 Reflections on the major discoveries in Chapter Four

Researcher's note:

> As both the interviewer and researcher, I found presence of memes in leadership and management development of all the research subjects who are Scottish healthcare leaders and managers. This was noted in Chapter Four along with the respective tables displaying the presence of memetic elements in their leadership and management development with respect to each memeplex. I discovered that the healthcare leaders and managers had been imitating senior leaders that they admired and had most influenced them in their professional life in terms of behavioural attributes, ways of thinking and feeling, beliefs, values, traits, practices, and actions. The transmission or transfer and the learning or acquisition of the noted memetic elements in the leadership and management development of the self-reporting interview respondents were confirmed via the second round of interviews.

Thus, meme theory (Blackmore 1999; Dawkins 1989) informed that memes are beliefs, preferences, thoughts, ideas, behavioural attributes, traits, practices, actions, or other cultural or ideological elements that are copied, replicated, passed on, or imitated by the healthcare professionals either vertically, from senior leaders to junior staff members, or horizontally, among the staff members of similar peerage.

There is a shortage of research publication applying meme theory to look at leadership and management development. As such, the discovery of memetic leadership and management development among the Scottish healthcare professionals and the application of meme theory to understand leadership and management development is the main novel contribution of this research. It is interesting to see the building up of the Scottish NHS teams and social capital through the transmission, replication, and acquisition of memes in the four memeplexes. This building up of social capital (Day 2011, 2001; Iles and Preece 2006) is an example of genuine leadership and management development. This discovery that leadership and management development could be realised by people imitating those they admired or have influenced them bears much implications for leadership and management development trainings. Memetic learning, transmission, and replication is thus a verifiable mechanism underlying leadership and management development.

Subsequent inquiries into meme theory result in an investigation into the theory of human agency (also in the second round of interviews) which allows for an understanding of the conscious or sub-conscious intentionality or decision of the research subject to imitate their role-model leaders. The theory of human agency (Bandura 2006, 2001, 1997, 1986) sees people, including leaders and managers, as sentient agents that intentionally influence their functioning and environment (physical, social, or organisational), create social structures, hold forethoughts, self-organise, self-regulate, self-reflect, and contribute to circumstances as well as being influenced by them.

5.2.1 Memetic leadership and management development

The analyses of fieldwork data by applying the Framework Analysis technique (Swallow et al. 2003; Spencer et al. 2003) yield the confirmed presence of four memeplexes (the Altruism Memeplex, the Motivation Memeplex, the Motivating Memeplex, and the People-developing Memeplex) and, to a certain extent, human agentic elements in the leadership and management development of the healthcare professionals in NHS Scotland. Each memeplex is a complex of similar and mutually compatible memes where each meme would be more favoured for replication in the memeplex. Thus, in each of the four memeplexes of leadership beliefs, attributes, traits, behaviours, or actions, each memetic element of beliefs, attributes, traits, behaviours, or actions is similar and mutually compatible to the other memetic elements in the memeplex and stands a higher chance of being imitated in the memeplex than it would be if it is a lone meme. Furthermore, transcript uplifts in each of the sections of the four memeplexes clearly show that the healthcare leaders and managers have been copying or imitating the behaviours, attributes, traits, practices, and actions (these elements also reflect the underlying beliefs, preferences, ways of thinking, emotions, and desires of the leaders) of the senior leaders or line managers that have been influencing them in their professional lives.

In addition, the presence of the four memeplexes in the leadership and management development of these healthcare professionals also implies that the replication, transfer, and acquisition of memes as a mechanism of leadership and management development. Therefore, I would reiterate that one mechanism of leadership and management development is the memetic transmission and replication of leadership beliefs, preferences, ways of thinking, attributes, behaviours, traits, practices, or actions vertically from experienced or senior leaders to junior leaders (also possibly among leaders of similar peerage horizontally). In addition, the very existence of selective imitating or copying, which is a clear evidence of memetic evolution, among the research subjects supports this notion of a memetic mechanism underlying leadership and management development.   Below, I present again some of the transcript uplifts in Chapter Four to show that among the research subjects, there are those who make conscious or sub-conscious selection of what behavioural attributes or actions of their role models to

imitate or adopt (these were responding to questions on whether they had agentic intentionality in imitating their respective role models).These transcript uplifts are important because they show the presence of human agency.

G1P: I think these are passed down to you, [that is] these are what the culture and behaviour [in the NHS] are, and how people actually get results from behaving that way. [So] you use it [the imitating of behaviours] in every situation that you can because you can see that they do work.

G3P: Again, I don't know if you actually consciously go out to imitate somebody else; I suppose you look at them and you take, you try and take the bits that you like about somebody and copy…erm…or mimic how they behave, maybe. Everybody is an individual so I don't think that you can say that you watched somebody and then because you watched them and learned they deal with it [a given leadership or management situation] that you necessarily can always do that yourself. You know, I think that depends on individual characteristics. But yes, you would want to…..if you saw something in somebody that you would like [to imitate] then you would make sure that you do the same and you would work in the same way. I don't think that you think of these things consciously at all [referring to which traits, among all that were expressed by the role models, to imitate or adopt]. I don't think I have ever thought about….because so and so did that and that is how I would behave. I don't know if you actually think that way, you know, that you consciously mimicking somebody else. I suppose you adapt to how a particular manager works and you would work in the style that they [sic] like, I suppose, you know. I don't know if I can say that I was consciously following…..and seeing something in somebody and thinking "I am going to do the same things as they have done". I suppose I just do it sub-consciously or unconsciously.

G3S: I am not aware of any….I wouldn't say I set out to necessary imitate someone. What I would say is, you do learn from what surrounds you in the sense that [sic] if something that works well or

you see an approach that you think had [sic], you know [sic], a good approach [sic] and you take it on-board and you perhaps use similar characteristics. I don't know…..I can't say there was [sic] a conscious intention to imitate everything; I don't think I actually said [to myself] "I am going to be like that". I don't know if it was necessary…..I think, during our training, you just sort of progressed through your…..I think we know [sic] the importance of being open, approachable, and [other traits]. We know [sic] that those are important traits to have. I would say that when I am [sic] observing people that are [sic] above me, you know [sic], role models as it were [sic], I think, ya, you picked up positive traits that work. I don't think I have ever consciously said [to myself] "that is how I am going to be". I think I know [sic] what the important aspects are and I certainly picked important things that are [sic] around me.

G4L: Possibly, [I], coincidentally, have the same traits. But also, if you pick up…..some of the better traits that they have, I think that makes you a better leader. Don't take the traits that you don't want to have, [so I] just sort of naturally adopt them.

G4P: I think I draw elements from different ones and it is not all from persons that I have [personally] met; it could be someone that I have read about. Yes, while being eclectic in choosing what to imitate, I had the intention [of imitating the chosen traits]. I always have to had the integrity that I could live with my decision that I have treated people fairly.

G4S: I suppose I intended to take parts of what they were able…..like parts of how they would….like characteristics and traits; [I] use my own and sort of adopt some of theirs. Ya, there were some intentions [of imitating] and some [traits] were my own.

G5M: sometimes I take parts [referring to traits] of different people that I have observed or witnessed, something that I have never try before, but it is not intention [sic], no.

How does the memetic mechanism underlying leadership and management development operate? In reflecting on this question, I would like to suggest a few possible ways or channels.

One possible way this memetic mechanism may operate is when significant, memorable, or critical experiences or incidents happen in relation to the behavioural attributes or actions of the role models of the healthcare professionals. An eventful, critical, or striking experience (such as a critical incident) would cause the memetic behavioural attribute or action to lodge in the memory of a junior or learning leader or manager ever ready to be activated or passed on when it is time for an emergent leader to exercise leadership or lead others herself (Blackmore 1999). Memes are thus replicated in the junior or emergent leaders and this mechanism would be at work again when the emergent leaders themselves become senior leaders and exhibit the same memes or memeplexes in the process of leading people and in the process of developing people (especially via mentoring, networking, action learning, or executive coaching).

Another channel for this memetic mechanism is talking or chatting. There is a memetic pressure to talk among human beings so as to nurture and spread memes via talking or chatting; memes flourish in social environments of talkative or communicative people (Blackmore 1999). Meanwhile, memes for silence would not spread well vertically or horizontally because silence is not conducive to the transmission and replication of the memes. Thus, ideas, values, attitudes, thoughts, feelings, knowledge, and behaviours would pass on and replicate among leaders and managers that like to talk. One example illustrating this point is the case of G1L who may have caught the habit talking informally, as an aspect of her leadership and management, from her role model.

> G1L: he[G1L's role model] was always able to, and still is, of course, [sic] able to communicate with people very well, at their level, so he could talk happily to the admin staff [sic] but [he could] also talk to very senior management ......
>
> Researcher: How do you usually communicate them [in reference to her vision]?

G1L: We usually just talk, yeah, just talk, we don't er,…..[sic]

Researcher: As in informal talk and like…..during lunchtime?

G1L: Informal talk, yeah, that sort of thing, we're not too keen on having formal meetings, not at our level, there are plenty meetings held otherwise. The admin staff [sic] just interacts with each other and we don't really need formal meetings.

Furthermore, as mentioned in Chapter Four, fame, popularity, success, power, or admiration helps this mechanism to operate (Blackmore 1999). It is commonly known that people like to imitate successful, famous, powerful, or popular personalities as well as those they admire. It is not difficult for powerful, popular, wealthy, or successful figures to get others to adopt their ideas or follow their behaviours, values, ways of thinking and feeling, or actions. In fact, it is commonplace for renowned people such as sports personalities and film stars to be paid well (this would further increasing their power and success) by organisations such as *Coca Cola, Nike,* and *Rolex* to spread their ideas, behavioural attributes, values, values, ways of thinking and feeling, or actions via advertisements or product endorsement. Moreover, not only is copying the successful a common social phenomenon; most people also prefer to mate with, or even just socially hang around, those who are successful, famous, powerful, or popular. This would further ensure the longevity and fecundity of the memes allowing the memes to spread and replicated vertically from parents to off-springs (thus combining genetic and memetic fecundity) or horizontally from famous people to their friends or peers. Since the emergent leaders and managers admire their respective role models (otherwise, they would not have been their role models or people who most influenced them), the memes of the role models could easily spread from leaders to followers vertically. Memes of the Altruism Memeplex, especially, would operate well in relation to popularity and admiration.   In addition, as mentioned in Chapter Four, social and behavioural elements of reciprocity, gratitude, generosity, friendship, trust, sympathy, honour, duty, and guilt also contribute to the memetic driving of leadership and management memes, especially altruistic memes, and help these memes to be culturally fit, long-lasting, and fertile for spreading.

5.2.2 Human agency

When a person works under a senior, inspiring, or exemplary leader holding certain beliefs, preferences, desires, emotions, attributes, traits, behaviours, practices, or actions, he or she is influenced by the senior leader. This influence involves the junior staff member imitating, with conscious or sub-conscious human agentic intentionality, the leadership attributes, traits, behaviours, practices, or actions of the said leader whom he or she considers as a role model. Thus, the analyses of the fieldwork data show that all the healthcare professionals (who are under the leadership of their respective senior healthcare leaders who have most influenced them) selectively copy some (though there are others who imitate all) of the attributes or behaviours of their respective role-model senior leaders or line managers.

Analyses of the qualitative fieldwork data in Chapter Four also reveal that the replication of the elements in the four memeplexes, which is the transfer and learning of the said memetic elements, from the role models to the emergent healthcare leaders and managers, involves at least the first (intentionality) of the four components of human agency (the other three being forethought and planning, self-regulation and self-monitoring, and self-reflection). The data from the analyses on Chapter Four shows that among the healthcare leaders and managers: twenty-five percent (25%) are fully certain of exercising at least the intentionality of human agency in imitating their role models with regards to the memes in the Altruism Memeplex, twenty-one percent (21%) with regards to the memes in the Motivation Memeplex, eight percent (8%) with regards to the memes in the Motivating Memeplex, and twenty percent (20%) with regards to the memes in the People-developing Memeplex. These figures, however, jump when one includes those who are partially certain of their human agency (at least intentionality): seventy-five percent (75%) are fully certain of exercising at least the intentionality of human agency in imitating their role models with regards to the memes in the Altruism Memeplex, seventy-nine percent (79%) with regards to the memes in the Motivation Memeplex, seventy-five percent (75%) with regards to the memes in the Motivating Memeplex, and eighty percent (80%) with regards to the memes in the People-developing Memeplex.

Criticisms of meme theory include calling the analogy of genes and memes being erroneous in that "...biological evolution is not consciously directed, whereas social evolution is..." consciously directed(Blackmore 1999 p. 239); however, evolution does not need conscious direction or conscious intentionality. When the role models of the healthcare professionals think, feel, behave or act in a certain manner, memetic selection and replication is brought about unconsciously or sub-consciously. Blackmore (1999) further opines that not all acts or processes of imitating are conscious and behavioural, cultural, and social variations are more influenced by the memes or replicators and the environment than by consciousness. The selection and imitating of leadership and management behavioural attributes or actions may as well be due to competitions among the memes to determine the survival, longevity, and fecundity of the memes.

Furthermore, human foresight is implied in design through selection; both meme theory and the theory of human agency allow for human foresight which Blackmore (1999) considers to be a kind of cultural evolutionary adaptation in that foresight comes out of evolutionary selection among competing memes. One application of this view is that informed leaders and managers could then consciously select their own memetic learning, development, or programming; they could also consciously choose what memes to exhibit, pass on, transmit, or replicate in others. They could as well consciously, or even forcefully, refuse to adopt ineffective leadership behavioural attributes or actions and avoid imitating ineffective patterns or leaders. Nevertheless, Dennett (1995) feels that the phenomenon of a so-called independent mind or will choosing effective leadership behaviours and protecting itself from ineffective or even harmful ideas or behaviours may be a manifestation of another memetic construct or a manifestation of memeplexes fighting to survive and flourish in human host which is complex meme machine (Blackmore 1999). In this sense, leadership and management development may then be an emergence from memetic evolution.

5.3   Limitations and potential future research

This research, like most, has limitations that need to be conveyed and future research endeavours could address these limitations. This research merely represents an early step towards understanding a mechanism or mechanisms operating in leadership and management development. The serendipitous discovery of memes in the leadership and management development of the healthcare professionals out of what started as an exploratory research and the subsequent application of meme theory and the theory of human agency to look at the qualitative data are also an initial step towards understanding memetic leadership and management development.

I carried out this research in the healthcare sector. The discovery of memes, memeplexes, and human agency in this research on leadership and management development is thus within the boundary of the healthcare sector. What is found in the healthcare sector may not be found in other sectors such as the energy or transport sector. Leadership and management development in other sectors may show different leadership and management memes or memeplexes; it may even show different or non-memetic mechanism underlying leadership and management development.

Secondly, in United Kingdom, the healthcare sector is a public sector; thus, NHS Scotland is a public service sector, not a private entity. While staff members in the public sector may be inspired by altruistic behaviours of line managers so as to want to imitate the behavioural attributes in the Altruism Memeplex, the workers in the private for-profit sectors may not be inspired and motivated by similar beliefs, values, traits, ways of thinking and feeling, actions, or behavioural characteristics. Similarly, different of leadership memes may be found in the private sector or a different and non-memetic mechanism may be at work in the leadership and management development of workers in the private sector.

The third boundary is geographic: the fieldwork of this research was carried out in a region of Scotland, a geographic region served by NHS Scotland (which constitutes a Health Board of NHS Scotland); it did not cover the whole of United Kingdom or even all of Scotland. A similar exploratory research in the public healthcare sector of another country may yield different findings; for example, if this qualitative research is carried out in the

public healthcare sector of a very capitalistic society such as Hong Kong, either different memeplexes or another mechanism (memetic or non-memetic) underlying their leadership and management development may instead be discovered.

Fourth, although the research subjects are taken from a range of healthcare services (nursing, occupational therapy, learning and development, mental health nursing, and pharmacy), as the only researcher and fieldworker, I could only receive access from organizational gate-keepers to interview twenty of the Scottish healthcare professionals and observe one full programme of the People Management Workshop. Twenty staff members do not represent all the healthcare leaders and managers in NHS Scotland; they also do not represent whole National Healthcare Service of the United Kingdom; as well, they do not represent the healthcare leaders and managers of Europe or of the whole world. Thus, what is found among these twenty Scottish NHS professionals may not be found among healthcare leaders and managers elsewhere. More studies should be conducted on more healthcare professionals in more NHS regions in the UK, or even healthcare services in other countries, to corroborate the findings in this research.

The fifth possible limitation is that each interview session is about half an hour (as per the agreement with both the organizational gate-keepers and the research subjects). Nevertheless, all the interview respondents had a positive experience with every interview sessions; as such, many interview respondents were more open and generous with their time to continue the conversation and to elaborate on a point or a response to a question so as to go beyond the allocated time of the initial agreement. In fact, some were enthusiastic to tell their respective stories. As these healthcare professionals enjoyed the conversations, they actually wanted to reveal more things or to talk more about certain matters that concern them or are interesting to them. Thus, the actual average interview duration ended up to be about forty-five minutes. Nonetheless, it should be noted that forty-five minutes is not a very long time for probing deeply into the phenomena.

Six, this study employed the qualitative approach of interpretivism (with a qualitative data analysis framework known as the Framework Analysis) and

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two qualitative data collection methods (interviewing which includes the Critical Incident Technique and participant observation). As mentioned in Chapter Three, there is no such thing as a perfect methodology. Every methodology and every data collection method have their respective strengths and weaknesses. A quantitative methodology would have allowed me to reach out to many more research subjects in the fieldwork and to see more quantitative-based discoveries coming out of statistical analyses. A quantitative methodology may have resulted in a different discovery, direction, and conclusion to the research.

Seven, as there is a relative shortage of research publication in leadership management development, there is a lack of report on the behavioural attributes, ways of thinking and feeling, values, attitudes, or actions of leaders and managers (DeRue et al. 2011). As a result, this shortage contributes to a limitation in this research as not many elements could be included in the interview questions. The semi-structured and open-ended questions of the interviews that relate to behavioural attributes, traits, ways of thinking, feelings, values, attitudes, or actions have thus their limitations.

Eight, partly due to the nature of the interviews being on a one-to-one basis (as opposed to group interviews) with each of the respective research subjects, this research tends to be leader-centric. Nonetheless, the novel application of 360-degree into the research design, which is a minor contribution of this research to research methodology, particularly to fieldwork data collection methods, enables the capturing of different interpretations of different people at different levels among the colleagues of each research subjects. These multi-source perspectives make it less leader-centric as it takes in a more leadership-centric view or group view of incidents, events, and behavioural characteristics, and enable one to see the various interpretations of all the social actors at all levels (as represented by the respective line managers, professional peers, and direct reports). However, one limitation of this research includes the lack of looking at, and hence discussion on, the collective process that enact leadership and management development through the mutual influencing among the healthcare professionals.

Furthermore, the specific roles of the healthcare leaders and managers may also moderate the effects of behavioural attributes or actions on leadership and management outcomes in their professional work in NHS Scotland. In addition, there may be situational or circumstantial elements that influence the effects of behavioural attributes or actions on leadership and management outcomes. Contingency theories of leadership, as referenced in Chapter Two, support this. Similarly, interactionism (Tett and Burnett 2003; Mischel and Shoda 1995) views that the structure as well as the context or situations of work could influence, by bringing out, the exhibitions of certain behaviours or actions when these behaviours or actions associated with certain behavioural attributes, traits, attitudes, values, thoughts, or feelings are needed, desired, or deemed appropriate by the leaders and managers exhibiting them. Therefore, certain work contexts, situations, or structure in the healthcare service may influence the activation and exhibition of certain characteristics of leaders and managers over others (DeRue et al. 2011; Humphrey, Nahrgang and Morgeson 2007).

There is also a need for corroborative research as well as research work to further develop the findings and ideas presented in this research; more research could be carried to investigate the presence of memes or memeplexes (exhibited in the forms of beliefs, values, desires, attitudes, behavioural attributes, ways of thinking and feeling, behaviours, practices, or actions) and human agency in leadership and management development as well as the application of meme theory and the theory of human agency to leadership and management development in both research and praxis. Such research work could also move beyond the healthcare sector as well as the public sector into other major sectors, such as education (in both the public and private sectors), the police force, the armed forces, and the various categories of for-profit private sector organizations such as banking and finance, entertainment, and hospitality industries.

In addition, there could be more research work carried out in the healthcare sector and research participants could be selected from not only other Health Boards of NHS Scotland but also from other regions of the United Kingdom, particularly those from England, Wales, and Northern Ireland which constitute the other constituents of the United Kingdom. Furthermore, researchers from

different countries in Europe, as well as those from other countries in the different regions of the world (thus representing different cultures and healthcare systems), could independently investigate and develop the findings presented in this research. If subsequent investigations were to be carried out in the public healthcare sector in Scotland, it would be corroborative if they were to involve healthcare professionals from other departments (for example, medical consultants, dentists, or dieticians).

Moreover, other research methodologies, qualitative or quantitative, could be employed to widen or counter-check the data, discoveries, and ideas presented in this research; this research could be further developed so that the fieldwork data could be understood, investigated, collected, and analysed via a quantitative methodology (such as using survey questionnaires), via another qualitative methodology (for example, action research, ethnography, grounded-theory, or phenomenology), or using other data collection methods (for example, case study or focus group).

5.4   The application of this research and its contribution to practitioners in leadership and management development

Beyond the above-mentioned limitations and areas for future research, this research has several strengths that could contribute to the field of leadership and management development. The main contribution is the discovery and understanding of a mechanism underlying leadership and management development.   The presence of memetic elements in leadership and management development is not well noted in literature in this field; moreover, there is a lack of research publication on the presence of human agentic elements in leadership and management development.   Published literature on leadership and management development is already relatively scarce.   Furthermore, there is a shortage of research informing the mechanism or mechanisms behind leadership and management development to show how people are actually developed to be leaders and managers. The novel application of meme theory as the primary theoretical lens in this research informs this mechanism: leadership and management is transferred, transmitted, replicated, acquired, and learned memetically.   Junior or

emergent leaders and managers have been shown to imitate or adopt, consciously or sub-consciously, with or without agentic intentionality, the behavioural attributes, values, attitudes, ways of thinking and feeling, or actions of their role models or those that have influenced them greatly. As stated in Chapter Four (meme theory), whether these characteristics would actually bring about effective leadership and management is secondary; it is the self-interest of these memes and memeplexes to spread and replicate with little regards for their human vehicles. The memes and memeplexes may merely appear to be beneficial or advantageous to the human hosts or vehicles; these human hosts are actually meme machines producing, replicating, and transporting them. Moreover, viewing these behavioural or ideological memes through the lens of evolutionary natural selection allows for a better or an alternative understanding of leadership and management development and the mechanisms underlying such a human resource development.

Future leadership and management development programme would need to take note of memes or memeplexes as well as human agency into consideration.   Otherwise, it may be an imprudent investment and expenditure of billions of American dollars or millions of Pound Sterling on leadership and management development trainings (Howard and Wellins 2008; Lamoureux 2007; Mainprize 2006; Rockwood Leadership Programme 2005; Fulmer and Goldsmith 2001; Reingold 1997; Fulmer and Vicere 1996), as highlighted in Chapter One. Programme to train leaders and managers of both public and private organizations should not only be aware of but also take advantage of memetic transmission and learning as a mechanism of leadership and management development. Effective and beneficial leadership values, beliefs, attributes, traits, behaviours, practices, or actions should be replicated while staff members who are selected to be developed would benefit if they are put in an environment where they could be exposed to and acquire such leadership memes or memeplexes.

One application of the discoveries in this research could be that leaders and managers who exhibit effective leadership attributes, characteristics, traits, behaviours, or practices could be placed to lead and to line manage direct reports selected for future leadership or management positions. By working

with or under these role-model leaders and managers, the followers or emergent leaders could acquire effective leadership attributes memetically (with or without conscious human agentic intentionality). They could lead a team or a department incorporating elements of 360-degree feedback, mentoring, networking, job assignment, and action learning.

Furthermore, a corporate leadership and management development programme could be established around such exemplary leaders and managers who could formally or informally mentor, coach, or network with the learning direct reports. In addition, any leader, manager, or senior staff member whom his or her organization considers an exemplary executive or professional that exhibit the leadership attributes, traits, behaviours, practices, or actions that embody the mission statements or vision of the organization (or those that are desired by the top management of the organization) could be positioned to lead, line manage, mentor, or coach junior executives or staff members individually or in teams. They could be developed to be role models to potential emergent leaders and managers. As such, the desired leadership values, attitudes, ways of thinking and feeling, attributes, traits, behaviours, practices, or actions (or characteristics that embody the mission statements or vision of the organization) would be replicated in minds or brains of the junior or learning executives or staff members as they imitate the role models consciously or sub-consciously and with or without exercising human agency (such as intentionality, forethought, self-regulation, and self-reflectiveness).

Furthermore, a possible component of psychological, behavioural, or personality testing (such as the Myer-Briggs Type Indicator) could be added into the programme to ensure that the personality, behavioural, or psychological profile, values, and personal goals of the emergent or junior leaders, managers, or executives are not in opposition to those of the potential role models identified. This may be effective in preventing potential conflicts or failures. A leadership development programme based on meme theory and the theory of human agency implemented by having senior, experienced, or exemplary leaders leading and line managing compatible junior or emergent leaders is potentially less costly than hiring executive coaches or sending junior executives to leadership and management

development classes or workshops. The emergent leaders and managers of an organisation could thus learn and imitate successful or effective leadership beliefs, ways of thinking, attributes, characteristics, traits, behaviours, practices, or actions by being formally or informally mentored or coached by role-model leaders or simply by working under the effective leaders identified via job assignments and networking.

In addition, McAlearney (2010) says that the best leadership and management development programme produce enduring changes in the behaviours of people. A leadership and management development programme utilising memetics could potentially realise this effect as memes produced as a result of evolutionary natural selection have high longevity and fecundity.

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APPENDIX A-1: SEMI-STRUCTURED INTERVIEW QUESTIONS FOR THE HEALTHCARE LEADERS TAKING THE PEOPLE MANAGEMENT WORKSHOP

A. Introduction:

1. Personal priority of leadership development: on the scale of 1-10, with 10 being the highest, where would you personally place leadership development when compared to your other professional priorities?
2. Organisational priority of leadership development: in the same priority scale, where do you think your organisation places the development of its leaders compared to other priorities?
3. How is leadership development evaluated in your organisation thus far?
4. Briefly describe the leaders who have most influenced you in your career according to the following elements:
    1) Attitudes
    2) Emotions
    3) Traits or behaviours
5. Do you regularly read literature on leadership or management such professional journals or magazines?
    1) Which ones?
    2) How often do you read them?
    3) How useful are they to you?

B. Leadership and Leadership Development:

6. How many do you lead in your group?
7. What are your values with regards to leading people?
8. Attitudes, ways of thinking, emotions, traits, or behaviours:
    1) Positive attitude: how often, if at all, do you exhibit a positive-can-do attitude in the process of solving problems?

2) Perseverance/endurance: how often, if at all, do you exhibit perseverance or endurance in the process of solving problems?

3) Verbal consideration: how often, if at all, do you

    i. Acknowledge or praise the work, knowledge, opinion, or skill of someone you lead?

    ii. Criticise the work, knowledge, opinion, or skill of someone you lead?

4) What other attitudes, ways of thinking, emotions, traits, or behaviours do you think you have as a leader?

5) As a leader, what other attitudes, ways of thinking, emotions, traits, or behaviours do you think you are presently weak in but would want to improve on?

9.   Specific competencies or skills:

1) Vision and communication of vision:

    i. Do you have a vision, direction, or mission statement for your group?

        1. Could you tell me what they are?

    ii. Do you communicate these to the people in your group?

    iii. How do you communicate them?

    iv. Do you set annual, monthly, weekly, and daily goals and action tasks based on the vision for your group?

    v. How often, if at all, do you communicate these to your group?

2) Interpersonal communication:

    i. How often, if at all, do you clarify the standards or criteria of fulfilment for the tasks of those in your group?

    ii. How often, if at all, do you give feedback to those in your group?

    iii. How did you give those feedbacks?

    iv. How often, if at all, do you talk to your own line manager on matters regarding your work?

3) What other competencies or skills do you think you have as a leader?

4) As a leader, what other competencies or skills do you think you are presently weak in but want to improve on?

10.   What obstacles do you face in your work as a leader?

11. How do you think you can overcome them?

12. What obstacles do you face in your development as a leader?

13. How do you think you can overcome them?

14. What in your view is effective leadership development?

15. Think of the most significantly *positive* event in your experience in leadership.

    1) Where did the event take place?

    2) What situations led up to this pivotal event?

    3) How do you personally feel about this event?

    4) What exactly did the people involved do?

    5) What actually happened in the event's interactions?

    6) What traits or behaviours of the people involved were crucial in the interactions?

    7) What was the outcome?

    8) Why do you consider the event positive or effective?

    9) What do you think is the future implications for your profession because of this incident?

    10) What do you think is the future implications for your organisation because of this incident?

16. Now think of the most significantly *negative* event in your experience in leadership.

    1) Where did the event take place?

    2) What situations led up to this pivotal event?

    3) How do you personally feel about this event?

    4) What exactly did the people involved do?

    5) What actually happened in the event's interactions?

    6) What traits or behaviours of the people involved were crucial in the interactions?

    7) What was the outcome?

    8) Why do you consider the event ineffective or negative?

    9) What do you think is the future implications for your profession because of this incident?

    10) What do you think is the future implications for your organisation because of this incident?

APPENDIX A-2: SEMI-STRUCTURED INTERVIEW QUESTIONS FOR THE LINE MANAGERS OF THE HEALTHCARE LEADERS

A. Introduction:

1. Are you X's line manager?
2. How many do you lead in your own group?
3. Personal priority of leadership development: on the scale of 1-10, with 10 being the highest, where would you personally place leadership development when compared to your other professional priorities?
4. Organisational priority of leadership development: in the same priority scale, where do you think your organisation places the development of its leaders compared to other priorities?
5. How is leadership development evaluated in your organisation thus far?
6. Briefly describe the leaders who have most influenced you in your career according to the following elements:
    1) Attitudes
    2) Emotions
    3) Traits or behaviours

B. Leadership and Leadership Development:

7. Do you consider X to be a competent or effective leader? Why?
8. What do you think X's values are with regards to leading people?
9. X's attitudes, ways of thinking, emotions, traits, or behaviours:
    1) Positive attitude: how often, if at all, does X exhibit a positive-can-do attitude in the process of solving problems?
    2) Perseverance/endurance: how often, if at all, does X exhibit perseverance or endurance in the process of solving problems?
    3) Verbal consideration: how often, if at all, does X
        i. Acknowledge or praise the work, knowledge, opinion, or skill of someone she leads?

    ii. Criticise the work, knowledge, opinion, or skill of someone she leads?

4) What other attitudes, ways of thinking, emotions, traits, or behaviours do you think X has as a leader?

5) Being a leader, what other attitudes, ways of thinking, emotions, traits, or behaviours do you think X is presently weak in and thus should improve on?

10. Specific competencies or skills:

    1) Vision and communication of vision:

        i. Do you know if X has a vision, direction, or mission statement for her group?

        ii. Do you know what they are?

        iii. How do you come to know of them?

        iv. Do you know if X sets annual, monthly, weekly, and daily goals and action tasks based on the vision for her group?

        v. How often, if at all, does X communicate these to them?

    2) Interpersonal communication:

        i. Do you know if X clarifies the standard or criteria of fulfilment for the tasks for those in her group?

        ii. Do you know if X gives feedback to the group members?

    3) What other competencies or skills do you think X has as a leader?

    4) Being a leader, what other competencies or skills do you think X is presently weak in and thus should improve on?

11. What obstacles do you think X faces as a leader?

12. How should X overcome them?

13. What obstacles do you think X faces in her development as a leader?

14. How should X overcome them?

15. What in your view is effective leadership development?

16. Think of the most significantly *positive* event in X's experience in leadership.

    1) Where did the event take place?

    2) What situations led up to this pivotal event?

    3) How do you personally feel about this event?

    4) What exactly did the people involved do?

    5) What actually happened in the event's interactions?

6) What traits or behaviours of the people involved were crucial in the interactions?

7) What was the outcome?

8) Why do you consider the event positive or effective?

9) What do you think is the future implications for X's profession because of this incident?

10) What do you think is the future implications for your organisation because of this incident?

17. Think of the most significantly *negative* event in X's experience in leadership.

1) Where did the event take place?

2) What situations led up to this pivotal event?

3) How do you personally feel about this event?

4) What exactly did the people involved do?

5) What actually happened in the event's interactions?

6) What traits or behaviours of the people involved were crucial in the interactions?

7) What was the outcome?

8) Why do you consider the event ineffective or negative?

9) What do you think is the future implications for X's profession because of this incident?

10) What do you think is the future implications for your organisation because of this incident?

Note: the focused person of the interview is designated anonymously to 'X'

APPENDIX A-3: SEMI-STRUCTURED INTERVIEW QUESTIONS FOR THE PROFESSIONAL PEERS OF THE HEALTHCARE LEADERS

A. Introduction:

1. Is X your professional peer?
2. How many do you lead in your own group?
3. Personal priority of leadership development: on the scale of 1-10, with 10 being the highest, where would you personally place leadership development when compared to your other professional priorities?
4. Organisational priority of leadership development: in the same priority scale, where do you think your organisation places the development of its leaders compared to other priorities?
5. How is leadership development evaluated in your organisation thus far?
6. Briefly describe the leaders who have most influenced you in your career according to the following elements:
   1) Attitudes
   2) Emotions
   3) Traits or behaviours

B. Leadership and Leadership Development:

7. Do you consider X to be a competent or effective leader? Why?
8. What do you think X's values are with regards to leading people?
9. X's attitudes, ways of thinking, emotions, traits, or behaviours:
   1) Positive attitude: how often, if at all, does X exhibit a positive-can-do attitude in the process of solving problems?
   2) Perseverance/endurance: how often, if at all, does X exhibit perseverance or endurance in the process of solving problems?
   3) Verbal consideration: how often, if at all, does X
      i. Acknowledge or praise the work, knowledge, opinion, or skill of someone she leads?

ii. Criticise the work, knowledge, opinion, or skill of someone she leads?

4) What other attitudes, ways of thinking, emotions, traits, or behaviours do you think X has as a leader?

5) Being a leader, what other attitudes, ways of thinking, emotions, traits, or behaviours do you think X is presently weak in and thus should improve on?

10. Specific competencies or skills:

1) Vision and communication of vision:

i. Do you know if X has a vision, direction, or mission statement for her group?

ii. Do you know what they are?

iii. How do you come to know of them?

iv. Do you know if X sets annual, monthly, weekly, and daily goals and action tasks based on the vision for your group?

v. How often, if at all, does X communicate these to them?

2) Interpersonal communication:

i. Do you know if X clarifies the standard or criteria of fulfilment for the tasks for those in her group?

ii. Do you know if X gives feedback to the group members?

3) What other competencies or skills do you think X has as a leader?

4) Being a leader, what other competencies or skills do you think X is presently weak in and thus should improve on?

11. What obstacles do you think X faces as a leader?

12. How should X overcome them?

13. What obstacles do you think X faces in her development as a leader?

14. How should X overcome them?

15. What in your view is effective leadership development?

16. Think of the most significantly *positive* event in X's experience in leadership.

1) Where did the event take place?

2) What situations led up to this pivotal event?

3) How do you personally feel about this event?

4) What exactly did the people involved do?

5) What actually happened in the event's interactions?

6) What traits or behaviours of the people involved were crucial in the interactions?

7) What was the outcome?

8) Why do you consider the event positive or effective?

9) What do you think is the future implications for X's profession because of this incident?

10) What do you think is the future implications for your organisation because of this incident?

17. Think of the most significantly *negative* event in X's experience in leadership.

1) Where did the event take place?

2) What situations led up to this pivotal event?

3) How do you personally feel about this event?

4) What exactly did the people involved do?

5) What actually happened in the event's interactions?

6) What traits or behaviours of the people involved were crucial in the interactions?

7) What was the outcome?

8) Why do you consider the event positive or effective?

9) What do you think is the future implications for X's profession because of this incident?

10) What do you think is the future implications for your organisation because of this incident?

Note: the focused person of the interview is designated anonymously to 'X'

APPENDIX A-4: SEMI-STRUCTURED INTERVIEW QUESTIONS FOR THE DIRECT REPORTS OF THE HEALTHCARE LEADERS

A. Introduction:

1. Is X your direct line manager?
2. Do you lead a group of people yourself?
    1) How many do you lead in your own group?
3. Personal priority of leadership development: on the scale of 1-10, with 10 being the highest, where would you personally place leadership development when compared to your other professional priorities?
4. Organisational priority of leadership development: in the same priority scale, where do you think your organisation places the development of its leaders compared to other priorities?
5. How is leadership development evaluated in your organisation thus far?
6. Briefly describe the leaders who have most influenced you in your career according to the following elements:
    1)   Attitudes
    2)   Emotions
    3)   Traits or behaviours

B. Leadership and Leadership Development:

7. Do you consider X to be a competent or effective leader? Why?
8. What do you think X's values are with regards to leading people?
9. X's attitudes, ways of thinking, emotions, traits, or behaviours:
    1) Positive attitude: how often, if at all, does X exhibit a positive-can-do attitude in the process of solving problems?
    2) Perseverance/endurance: how often, if at all, does X exhibit perseverance or endurance in the process of solving problems?
    3) Verbal consideration: how often, if at all, does X
        i. Acknowledge or praise your work, knowledge, opinion, or skill or any of the ones she leads?

      ii. Criticise your work, knowledge, opinion, or skill or any of the ones she leads?

    4) What other attitudes, ways of thinking, emotions, traits, or behaviours do you think X has as a leader?

    5) Being a leader, what other attitudes, ways of thinking, emotions, traits, or behaviours do you think X is presently weak in and thus should improve on?

10. Specific competencies or skills:

    1) Vision and communication of vision:

      i. Do you know if X has a vision, direction, or mission statement for the group?

      ii. Do you know what they are?

      iii. How does X communicate these to you all?

      iv. Does X set annual, monthly, weekly, and daily goals and action tasks based on the vision for the group?

      v. How often, if at all, does X communicate these to you all?

    2) Interpersonal communication:

      i. Do you know if X clarifies the standard or criteria of fulfilment for the tasks for those in the group?

      ii. Do you know if X gives feedback to the group members?

    3) What other competencies or skills do you think X has as a leader?

    4) Being a leader, what other competencies or skills do you think X is presently weak in and thus should improve on?

11. What obstacles do you think X faces as a leader?

12. How should X overcome them?

13. What obstacles do you think X faces in her development as a leader?

14. How should X overcome them?

15. What in your view is effective leadership development?

16. Think of the most significantly *positive* event in X's experience in leadership.

    1) Where did the event take place?

    2) What situations led up to this pivotal event?

    3) How do you personally feel about this event?

    4) What exactly did the people involved do?

    5) What actually happened in the event's interactions?

6) What traits or behaviours of the people involved were crucial in the interactions?

7) What was the outcome?

8) Why do you consider the event positive or effective?

9) What do you think is the future implications for X's profession because of this incident?

10) What do you think is the future implications for your organisation because of this incident?

17. Think of the most significantly *negative* event in X's experience in leadership.

1) Where did the event take place?

2) What situations led up to this pivotal event?

3) How do you personally feel about this event?

4) What exactly did the people involved do?

5) What actually happened in the event's interactions?

6) What traits or behaviours of the people involved were crucial in the interactions?

7) What was the outcome?

8) Why do you consider the event ineffective or negative?

9) What do you think is the future implications for X's profession because of this incident?

10) What do you think is the future implications for your organisation because of this incident?

Note: the focused person of the interview is designated anonymously to 'X'

APPENDIX B: A SAMPLE OF SECOND-ROUND INTERVIEW QUESTIONS FOR A RESEARCH PARTICIPANT

1. In the first interview, we asked about leaders that most influenced you in your life; you mentioned the role models had the following attitudes, behaviours, emotions, ways of thinking, or traits:

    1. very open
    2. very honest
    3. warm and encouraging
    4. Value contributions from those they lead
    5. Trusting and valuing direct reports' contributions
    6. Tolerant
    7. Respectful
    8. Passionate about the work and people
    9. Very human, flawed like everyone else
    10. Challenges their direct reports but supportive as they consider them as equals
    11. Bossy
    12. Motivating people
    13. Working to people's strengths.

A. To what extend do you think that you have also adopted or imitated each of these behavioural characteristics?

B. Are there any other behaviours or characteristics in your role models that you think you may have also adopted or imitated?

C. As you were under their leadership, did you have the intention of adopting or imitating these behavioural characteristics?

D. Since you had the intention, did you have set plans or goals to also have or express these behavioural characteristics [that is, be like them]?

E. Since you had the motivation and anticipation to be like those leaders because you planned or set the goals, did you deliberately regulate your actions or construct the appropriate actions towards the goals?

F. Since you took actions to be like the leaders, did you self-reflect on your personal efficacy in expressing the behavioural characteristics?

2. Did your role models ever exhibit any altruistic behaviour in their leadership?

3. Did you ever exhibit similar altruistic behaviour in your leadership?

4. Did any of your direct reports or peers exhibit similar altruistic behaviour in their leadership?

5. Do you see any of the following attributes, attitudes, behaviours, emotions, ways of thinking, traits, or actions in your *Line Manager X* which she says she exhibit?

   Being:
   1) Open
   2) Honest
   3) Friendly and approachable
   4) Calm
   5) Would listen to those she leads, focusing on what they say when listening
   6) Passionate about the work and people
   7) Supportive
   8) Consistent
   9) Fair

6. Do you see any of the following attributes, attitudes, behaviours, emotions, ways of thinking, traits, or actions in your *Professional Peer Y* which she says she exhibit?

   Being:
   1) Very positive
   2) Very motivated
   3) Evidence-based decision making and action
   4) Both cool or calm and passionate about their work
   5) Extremely approachable

6) Welcoming to a certain extent, in terms of providing support

7. Do you see any of the following attributes, attitudes, behaviours, emotions, ways of thinking, traits, or actions in your *Direct Report Z* which she says she exhibit?

Being:

1) Strong and direct in attitude, assertive without being aggressive
2) Cold, calm, unflappable
3) Consistent

6. It has been a year since you went through the People Management Workshop. The following questions are about what changes, if any, that have taken place since the workshop.

1. Before the workshop, you mentioned that you had the following behavioural characteristics:

   a. Values: 1] working to people's strength; 2] encouraging and motivating people; 3] not walk away, cover up, or hide difficult things/problems but deal with them head on; 4] value people for what they have to offer or bring to the post.
      i. Has this changed?
      ii. If so, why and how?

   b. Positive attitude in solving problems: pretty good at that but there are times of falling into negativity, having the moments.
      i. Has this changed?
      ii. If so, why and how?

   c. Endurance or perseverance in solving problems: constantly.
      i. Has this changed?
      ii. If so, why and how?

   d. Verbal consideration: absolutely, on a regular basis.
      i. Has this changed?
      ii. If so, why and how?

   e. Criticising the work, knowledge, opinion, or skill of someone you lead: wouldn't call it criticism but would pick up somebody if something needs to be addressed; constructive criticism.
      i. Has this changed?
      ii. If so, why and how?

f. Other attitudes, ways of thinking, emotions, traits, or behaviours as a leader: 1] passionate; 2] energetic; 3] have vision; 4] imaginative; 5] organised; 6] communicate clearly; 7] assertive; 8] very honest and direct with people without dressing up things.
    i. Has this changed?
    ii. If so, why and how?

g. Weakness: 1] confidence; 2] experience in dealing with extremely difficult people in constructive ways and not be discouraged; 3] dealing with people of strong personalities and still remain positive; 4] being very critical with own self, lots of self-negative talk.
    i. Has this changed?
    ii. If so, why and how?

h. Vision, direction, or mission statement for the group: 1] for patients: provide a good place for people to come to where they actually grow personally; 2] a good place for people to come to develop their skills as far as the staff are concerned.
    i. Has this changed?
    ii. If so, why and how?

i. Communication of vision, plans, and goals to the group: daily, through discussions, staff meetings, building good solid relationships, listening to people's opinions, trusting their judgements, valuing them, and making time for them.
    i. Has this changed?
    ii. If so, why and how?

j. Setting goals: no, but may unfold in natural time; now things seem to be working, if it's not broken, don't fix it. Don't like to be rigid.
    i. Has this changed?
    ii. If so, why and how?

k. Clarifying standards to direct reports or team members: I think regularly.
    i. Has this changed?
    ii. If so, why and how?

l. Frequency of giving feedbacks, and the main way of giving feedbacks, to direct reports or team members: sometimes on a daily basis, depending on what's happening; through face to face spoken communication or written communication.

   i. Has this changed?

   ii. If so, why and how?

m. Obstacles do you face in your work as a leader: physical: sharing room and computer with other staff and time management; psychological: things own self put in the way.

   i. Has this changed?

   ii. If so, why and how?

n. Obstacles do you face in your development as a leader: I'm not sure I want to be a leader basically.

   i. Has this changed?

   ii. If so, why and how?

2. How much of the changes mentioned above do you think can be attributed to the People Management Workshop that you attended a year ago?

   a. Any positive changes?

   b. Any negative changes?

3. What do you personally think of or how do you personally feel about the effectiveness of the People Management Workshop?

   a. In training you to lead people

   b. What do you think is the purpose of goal of the workshop?

4. Ever since the workshop, had you undergone any other leadership development programme?

5. Did you ever have team coordination training at any point in your professional life?

6. In your opinion, why do you think you took on the leadership or management role?

   a. Were you aiming for a particular professional or personal reward, sense of achievement, status, or honour when you took on the role?

7. In your estimation, how much of your entire leadership development [whole professional life] so far could be attributed to the following types of learning?

    a. Natural:

        i. learning from interaction and working with team members [build self-confidence and trust in self and others]

        ii. stimulation of the environment [sensory, cognitive, and performance capacities]

        iii. exploration of the environment [initiative and intention]

        iv. practice [imitation, repetition, rehearsal]

        v. reflective

    b. Formal [instructions, assigned learning tasks, workshop]

    c. Personal

        i. Aligning personal goals and purpose

        ii. Deciding what to learn, designing learning plans, self-management, and managing her own learning

8. Ever since the workshop did you have any significant or extra-ordinary experience in your life?

9. Has there been any very significantly positive event in your leadership experience since a year ago? If so:

    i. Where did the event take place?

    ii. What situations led up to this pivotal event?

    iii. How do you personally feel about this event?

    iv. What exactly did the people involved do?

    v. What actually happened in the event's interactions?

    vi. What traits or behaviours of the people involved were crucial in the interactions?

    vii. What was the outcome?

    viii. Why do you consider the event positive or effective?

    ix. What do you think is the future implications for your profession because of this incident?

    x. What do you think is the future implications for your organisation because of this incident?

10. Has there been any very significantly negative event in your leadership experience since a year ago? If so:

    i. Where did the event take place?

    ii. What situations led up to this pivotal event?

    iii. How do you personally feel about this event?

    iv. What exactly did the people involved do?

v. What actually happened in the event's interactions?

vi. What traits or behaviours of the people involved were crucial in the interactions?

vii. What was the outcome?

viii. Why do you consider the event negative or ineffective?

ix. What do you think is the future implications for your profession because of this incident?

x. What do you think is the future implications for your organisation because of this incident?

7. Let's talk briefly about the NHS's Agenda for Change which you mentioned in the first interview:

1. How do you feel about Agenda for Change?

2. Was it a negative or positive experience for you?

3. Was it a negative or positive experience for your team members?

4. Did it motivate or de-motivate you all?

Note: the sub-questions for Questions #1-#7 vary according to interview respondents. These questions in the second round of interviews are tailored according to each interview respondent based on the qualitative data in the first round of interviews. As such, Appendix B is a sample interview question set taken from one of the respondents to give a representative view of a typical interview question set employed in the second round of interviews.

Content Outline

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Introduction

As mentioned in the chapter on methodology, the focus on this participant observation covers the content and suitability of the workshop in developing the participants to actually lead and manage people (the content would include all hand-outs and documents given to the participants) and the behavioural attributes, attitudes, thoughts, feelings, and actions of the participants during the workshop (inclusive of their stories, problems, challenges, and scenarios they faced during their work) as well as those of the trainers who conduct the workshop (inclusive of their delivery, presentation, and how they relate to, lead, and manage themselves, the event, the facilities, the circumstances, the participants, and the participant observers). This includes the responses of the participants to the content and delivery of the workshop with regards to meeting their needs. The minor element to be observed is the physical environment of the workshop such as how conducive they are to the running of the workshop.

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Furthermore, the following are the official written (word-for-word) descriptions of the two-day intensive workshop with regards to its aims, purposes, and objectives it set to achieve:

This People Management Workshop is aimed at managers who have responsibility for:

1. recruitment and selection (preparation and decisions),
2. conduct and capability,
3. attendance management,
4. ensuring compliance with policies,
5. workforce and succession planning, and
6. personal development planning

The purposes of the workshop are:

1. To develop transferable skills to use in People Management [*sic*] situations and apply to a range of policies.
2. To develop an awareness of roles and responsibilities of managers and specialist HR staff.

The objectives of the workshop are:

1. To be aware of your [*sic*] role and responsibilities as a manager in relation to people management.
2. To be able to:
   a. Identity skills required for managing people and know when to use them.
   b. Roles [*sic*] within HR and know how and when to use the departments within HR appropriately.
3. To be able to utilise the:
   a. Recruitment and Selection procedure including Age Discrimination [*sic*].
   b. Attendance Management policy effectively for both long and short term absences.
   c. Services of the Occupational Heath [*sic*] Service department.
   d. Conduct and Capability policy effectively and be able to deal effectively with issues.

The trainers and guest speakers

There were two trainers or presenters for the two-day intensive workshop. They were, and still are, fulltime staff members of the Learning and Development of Human of the Resource Department of a region of NHS Scotland. Also scheduled were three experienced senior managerial staff members from different departments in NHS Scotland invited to be the guest speakers for the two-day workshop.

The first day of the two-day intensive workshop

Beginning here, the researcher wrote, at some length, in the first person, which is typical of writing accounts using this method to describe and narrate what he saw, heard, smelled, touched, tasted, thought, and felt.

Day 1, Session 1

Physical environment or atmosphere of the workshop: the workshop, scheduled to start at 9:30am, took place in a room in Staff Home of the hospital. The room was of the size that could take in about twenty participants. It was a rather dull humid grey morning. Fifteen of us were registered for the workshop. Beginning at 9.20am, participants were dripping in, and some, including one of the trainers and myself, talked about what a wet, cold, and dull summer it had been so far. I sat on the corner chair of the last row in the room so as to be able to observe everyone in the room. I was to later discover that almost all of us participants felt that the chairs were not comfortable or suitable for a workshop in which we had to write down notes. The furniture of the room could be improved by using comfortable chairs with detachable writing boards. In this workshop, each of us had to improvise by closing the thick and heavy file folders given to us and propped it on our lap as a sort of board for note-taking. These file folders each contained the printouts of the PowerPoint slides of the presentation and other materials of the workshop.

The fulltime NHS Scotland staff members were either those who had already been functioning as leaders and managers of their respective teams or units for some years or those who had recently risen up the ranks to become such leaders and managers. The other participating observer was an undergraduate on a work placement programme with NHS Scotland and was there merely to be introduced to this leadership development workshop of the organisation. The thick and heavy file folders given to us also contained six sections of references or further study materials of the workshop such as staff management and other NHS policies, scenarios for group exercises or discussions, and templates of administrative forms. We noticed and mentioned to the trainers that some of these printouts were blurry or illegible. Later, during the break time, I mentioned to the trainers that some of the printouts of the presentation slides were too small in font size to be legible.

One of the two trainers started the presentation by welcoming us and with the standard housekeeping procedures and domestic arrangements such as the fire procedure, the smoking policy of the building, and the location of important facilities. She then went on to talk about the outline and schedule of the whole two-day workshop. She also assured us that all discussions and matters we were to bring up throughout the workshop would be protected under the confidential agreement. This first session continued with the objectives of the workshop as per the official written objectives mentioned above before moving on to an ice-breaking activity whereby we worked in pairs (one group ended up in threes due to the total number of participants being odd) to mutually introduce ourselves in terms our names, departments or units, roles, the number of staff managed, the hopes and concerns were have about the workshop, and the hopes and fears we have in managing people. After about ten minutes, each of us then presented to everyone these details of his or her partner. I was paired up with the undergraduate observer who has been a female student in human resource management (HRM) in the same organisation as me – Aberdeen Business School – and she was on placement with the NHS in which observing this workshop was part of her HRM training in the placement. For each participant, after he or she was introduced by his or her partner, one of the trainers would then ask the

person about his or her hopes and concerns with regards to the workshop. I introduced my partner to the group and vice-versa; I further clarified and elaborated on my purpose of being in the workshop as a participant observer.

One participant said she came to the workshop hoping to learn more about managing people and to put the lessons into practice. Another said that she needed to know how to implement NHS policies, such those in recruitment, and how to draw the lines in cases where the discretion of the manager is required as she had been given two roles. Yet another said that she was originally from London and that she hoped to learn and apply the different policies and practices in NHS Scotland such as the recruitment policy and the new policies in the NHS. One healthcare leader with nineteen years of work experience in the NHS, having worked in various capacities from finance and planning to unit management, said she hoped to update her knowledge and skills in staff management, especially in HRM issues such as staff turnover and teamwork. One team leader of an operating theatre who with one year experience of leading her staff members said that she came to the workshop to learn more about dealing with *Agenda for Change* as she had been concerned about the change in banding (the band levels of NHS employees). Another team leader mentioned the problems in recruitment and other people management problems while the third team leader said that she too wanted to improve her people management skills in addition to building her confidence and dealing with her situation of being recently promoted to be the leader of the group (she was previously a fellow direct report in the group). A nursing leader said that she came in order to find out about staff development, to learn about HRM, and to seek answers for her HRM problems. One of the trainers then replied to the whole group that their function is not to provide answers to problems but to point the participants to the right direction for them to apply common sense in solving their problems. Another nursing manager said she came to learn to deal with issues of leadership, recruitment, and development of her followers. One manager wanted to know how manage staff members and hoped to put into practice what will have been taught.

Therefore, in general, the NHS-staff participants voiced that their hopes with regards to this workshop were to learn and put into practice what they would

learn in the workshop, to build their confidence, and to update their knowledge and skills, particularly their knowledge of NHS policies. The overall concerns of these non-observing participants were about putting into practice what they would acquire in the workshop, dealing with the current issues they were facing, keeping consistency in handling ambiguous situations or grey areas in managing people with regards to NHS policies as the policies gave them personal managerial discretion in dealing with these cases, and for some participants, facing their new roles as managers while having no prior management or leadership experience.

At the end of the ice-breaking session, the trainers mutually introduced themselves as well. One was a staff member of NHS Learning and Development with daily contacts with NHS managers and thus had the experience of developing the people management skills. The other, also a staff member of NHS Learning and Development, had many years of working in HRM, in the city council, and had been working for the NHS for the last four years. She expressed her hope that the workshop would end up been something valuable for us participants.

Next, the trainers emphasised that this workshop had been, and still is, a mandatory managerial or leadership development programme for all staff members in the NHS with managerial or leadership responsibilities. For those who had been in such positions for some years, the workshop also served as a refresher course. One of the trainers reminded us that prior to coming to the workshop, the NHS-staff participants had been sent a letter concerning the 360-degree feedback tool of the workshop. This workshop required them to nominate their respective line managers, three of their professional peers, and three of their direct reports whereby through the 360-degree feedback tool utilising a questionnaire (thus it was a quantitative study), they could receive individualised identification and evaluation of their strengths, weaknesses, and developmental needs. The questionnaire measured six areas of people management skills and competencies of the manager-leader: leadership, developing and coaching staff members, communication and involvement, staff management, service quality and safety, and performance management. These six areas of competencies are also what this workshop is designed to cover. This 360-degree feedback evaluation was not a part of

the annual national NHS evaluation but was simply a leadership development practice designed as a part of the workshop. Each participant of the workshop is required to nominate three direct reports, three professional peers, and his or her line manager for this 360-degree feedback exercise. However, these participants replied that they had not been given explanation to this 360-degree feedback tool; they only received the notice and invitation to it.

[Researcher's note: the above-mentioned 360-degree feedback tool is not the same as the 360-degree feedback employed in this research. The 360-degree feedback I employed is qualitative rather than quantitative, and the actual feedbacks given by the respective colleagues (line managers, professional peers, direct reports) of participants are not given or fed back to the respective participants. The 360-degree feedback employed in this research is purely for the purpose of research to collect their different viewpoints and interpretations of their respective colleagues in terms of their behavioural attributes, traits, values, attitudes, ways of thinking, emotions, or actions; it was not employed for the purpose of evaluating or developing them.]

The trainers went on to talk about the human resource department, its various units, and their functions before presenting about the various aspects of communication, a crucial aspect of leading and managing people. The presentation style of the trainers throughout the whole workshop was one trainer presenting the slides in a lecturing format while the other adding or commenting on them with anecdotes or real-case scenarios. Participants were free to ask questions, add, comment, or relate their experience during the presentations.

I noticed that some details of certain slides were not clear on the screen as well as blurry or illegible on the printouts of the slides. We were not given the soft copies of the presentation slides nor of the rest of the content of their file folders. When the first session ended at 11:05am with a break, I approached the trainers to inform them of illegibility of certain details on some of the slides and file folders. At this point, the trainers did not offer me or any of the participants the soft copy of the slides or folders.

Instead of using the breaks and lunch time for noting down my observation as a participant observer, I decided that it would be better throughout this workshop to mingle with the NHS-staff participants to get a better picture of the whole social situation, atmosphere, and, more importantly, their responses to the content and delivery of the workshop and the trainers. Furthermore, I figured that the more I socialise with them, the more they would be open to me to reveal their thoughts and feelings regarding not only the workshop but other matters pertaining to the NHS. Hence, during all the breaks and meals, I spent time with different members of these participants and observe their interactions with one another. Nonetheless, to assist my memory, after each break or meal time, while en route or waiting briefly for the next session to begin, I would write down some key words or a sentence on my notebook to serve as mnemonic devices for writing them up at the end of the day.

Catering was not provided throughout the two-day workshop. We had to purchase our own refreshments and meals. I tried to mingle with the NHS-staff participants during break but, at this point, I found them to be somewhat reserved or even closed towards not only me but also towards each other though they were polite socially. There was certainly a lack of warm and rapport. There were some talks among a few NHS staff members about staff maternity leaves; nevertheless, I even felt that this group of NHS staff members as a whole was rather gloomy in their social personality. Notwithstanding, I did take into consideration that I am a rather cheerful, lively, and gregarious type of person by disposition. It may be the culture of the people of this part of the world to be relatively very reserved in the early stage of socialising. Yet, taking into account that we have had a session of ice-breaking, I surmised that these NHS leaders and managers, who had been entrusted to manage and lead people, were not very people-oriented in their dispositions. Most of them rose up to managerial or leadership posts from more technically-oriented health profession backgrounds such as physiotherapy, nursing, and medicine rather than management itself. I conjectured that this may be a bad day for them, probably partly due to the gloomy weather, or that they are exhausted from their very hectic professional life.

Day 1, Session 2

The second session began at 11:25am where the trainers presented slides on communication, including the concepts of information input and interpretation, how everyone being different, interpret and process the same message differently, and thus response and react differently. At this point I found it rather amusingly ironic, and yet timely, that the matter of communication was brought up as I felt this group of leaders and managers certainly needed to be able to build rapport with the people (building rapport was also presented in this session). In the early part of this session, one participant left early for the day. Leaders and managers in the healthcare service are very busy people with a hectic schedule; this maybe a reason for their lack of social warm earlier.

Other matters relating to communication that were presented were listening skills, dealing with conflict, and team management. This session speedily continued to the next topic of recruitment and selection whereby a guest speaker, an experienced recruitment manager, talked about recruitment policy, situations, and problems, and shared her experience in dealing with cases such as applicants with criminal records. Further on, the role of recruitment, advertising vacancy, the selection process, the procedures and key documents and forms involved, NHS Occupational Health Service (OHS), work permits, Scotland Disclosure, NHS Knowledge Skills Framework (KSF), best practices, legislations related to recruitment, equal opportunity policies, the role of the appointing officer, interviewing the potential recruits, and appointing them were presented with intermittent questions from the NHS-staff participants to be followed by answers or suggestions from the guest trainer. In the midst of the discussion and presentation with the PowerPoint slides, an item was found by the trainers to be missing from one slide; it was on the matter of interview respondents needing to bring along their photo identity during the recruiting process. This session ended with the lunch break.

During the lunch break, I noticed that the NHS-staff participants began to warm up to each other and also to me as it seemed to me that they were now more open to communicating with people. I wondered whether it was a cultural matter that the people in this country would take a longer time to be open to each other in social settings and that they would need a fair time of 'warming-up' before they become socially open and chatty.

Day 1, Session 3

After lunch, the third session was of certainly of a workshop format. It was still a continuation of the recruitment topic but we were given two choices: to go over various scenarios of employment law or to have a mock interviewing in a recruitment situation. Most of the NHS-staff participants opted for the scenarios and discussion of employment law. I did not raise my hand for either for I felt that whatever was to be chosen should be decided by the NHS staff members as it should be for their benefits and not mine. The other observer did not vote either. I later asked one of the NHS-staff participant as to why she picked the choice of employment law; she replied that she, and most of these NHS staff members, had not had any experience in dealing with employment law, a grey area requiring leaders and managers to exercise their discretion, while most of them already had experience in recruitment interviewing though not all of them were perfectly successful in bring in good recruits.

A problem-based learning method was utilised in going over the scenarios involving application of the employment law: we were all separated into four groups and the members of each group discussed the scenarios presented in the form of cases before they would agree on the solutions to the cases presented. After that, the trainers discussed each case with all of us together in which each group took turn to present its solution for a case. Whether or not each group gave the correct or best solution, the trainers discussed their views or the accepted solutions (answers) for each case or problem.

Day 1, Session 4

After the afternoon break of about fifteen minutes which ended at 3:25pm, we returned to the room for the next session on attendance management and dealing with a very common yet costly problem of absenteeism among NHS workers. The trainers went over matters such as the target set by Scottish Executive for the workforce time lost due to staff absence (set at four percent) and how this target was to be achieved through attendance monitoring, adhering to staff management policies, morale building, motivation, and team working practices. I realised that NHS leaders and managers would thus be forced either to figure out how to carry out these elements by themselves, or possibly by attending some other management trainings (either those offered by NHS Scotland or something which they would have to source on their own initiative).

The trainers went on to present the importance of controlling staff absences and the effects and cost of absences. A glaring statistics presented was the total number of hours lost in NHS Scotland due to staff absenteeism: 625,047.36 hours for just a six-month period! When broken down to categories of staff members, it was found that staff members in the nursing and midwifery departments (341,208.01 hours lost) were accountable for more than half of this total number of hours lost to absenteeism, followed by staff members of the support services (122,422.11 hours lost), with the third highest being staff members of administrative services (75,367.10 hours lost). Staff members of personal and social care had the least number of hours lost due to absenteeism (1,112.60 hours lost), followed by those in senior management (2,603.18 hours lost), with the third least with absenteeism being staff members of medical and dental support (4,037.06 hours lost). These manpower hours amounted to increased cost or loss of money for NHS Scotland alone.

These cases and statistics of absenteeism and low morale belong to those of non-management staff members of the healthcare service. Thus, from these cases of low morale and absenteeism, I realised that the behavioural attributes of healthcare leaders and managers as noted in the first round of interviews (such as altruistic, motivating, upbeat, people-developing and energetic behavioural attributes, thoughts, emotions, or actions) contrast

sharply with healthcare workers who have no leadership or management position.

The trainers then went on to present the keys roles involved in dealing with attendance and absenteeism in which the two are the leaders and managers and the Occupational Health Service (OHS). During this session, the NHS-staff participants brought up many questions and real-life problems they faced, such as direct reports who took sick leaves irresponsibly and were subsequently put on standard setting (a NHS informal procedure to deal with irresponsible or abusive usage of sick or compassionate leaves of absence); these irresponsible staff members returned to work to fulfil the requirements of the standard setting for six months (minimum requirement) so as to avoid facing more formal NHS procedures of dealing with non-compliant staff members before reverting back to their old ways of taking irresponsible leaves or being late for work again after their were put off the standard setting. The trainers also talked about the return-to-work interviewing and practices, including listening, confidentiality, empathy, and questioning. They mentioned that this had been a successful method of reducing non-attendance as during this return-to-work interview, a leader or manager will demonstrate an interest and concern about the direct report, made sure that he or she did not return to work too early (before he or she actually fully recovered from his or her sickness), ensured that the appropriate help was given, and that the necessary actions were taken at the appropriate time as per NHS policies.

The trainers also noted that the common pattern of absences or sick leaves among these NHS workers is that these leaves tend to occur on Fridays or Mondays, before or after weekends (this shows the opportunistic and irresponsible behaviours of their direct reports). I later discovered from the trainers that this particular problem is pervasive and ubiquitous not only in NHS Scotland but also in the healthcare services in England, Wales, and Northern Ireland. I surmised that the NHS has a lot of de-motivated or demoralised workers who only work because they have to do so in order to make enough wages to make a living. These non-management staff workers generally dislike their job and they have no motivation to improve, progress, or be developed professionally.

During the discussion on the scenarios and real-life problems brought up by some participants, a presentation slide on the reasons for recording non-attendance was shown: the reasons for recording absences are to identify the problems, the problem people, their patterns and habits, and to serve as evidence for disciplinary actions such as referral to OHS. The trainers thus reminded us that managers need to record absences and present the patterns in absences as evidence for their disciplinary cases. This is needed because in many cases, the offending staff members only revealed the reasons they had these absences when they were faced with disciplinary actions that would result in the loss of their jobs. The trainers also mentioned that most people believe in the myth of the NHS not sacking its staff as it is the biggest employer in Europe. At this point, I felt that these de-motivated or problematic staff members were testing the limits of NHS policies and authority with regards to employment and work, and to see how far they can get away with slacking off. I also felt that these NHS staff members with problems of absenteeism were especially those doing uninteresting, repetitive, tedious, and laborious work, were probably de-motivated. Perhaps the solution would be job assignment and rotation. One of the NHS-staff participants agreed with my suggestion and said to the whole class that he believed I had something to contribute to them all. At this point, one of the trainers talked about career progression and that managers should also remember to develop the career of their direct reports. She shared about a real-life case where a number of care assistants (an example of those on the low band scales with laborious, boring, tedious, repetitive workloads in the NHS) who were appreciated by their line managers and were given trainings to be promoted from Band Two to Band Six at a rate faster than most cases; these care assistants never had a sick leave during these periods of time in their career.

One of the NHS-staff participants also mentioned that many NHS staff members have an entitlement mentality, that is, they are used to the concept and attitude that they are entitled to sick and compassionate leaves in the policy and thus would take advantage of it. One participant brought out a real-life case she knew whereby an NHS staff member took a carer's leave to care for her children, as entitled by NHS policy; however, in actuality, she

sent her children to their grandparents while she used the leave to paint her kitchen.

Thereafter, till the day ended a 5pm, we were broken up into four groups for exercises and discussion on scenarios and cases dealing with absenteeism before regrouping for discussions as a whole class. One interesting case brought up was an NHS staff that made an outrageous excuse to get compassionate leaves through a deception of the death of a relative (no relative died but it was cooked up just to get the compassionate leaves). I asked the trainers whether a manager can request to see the death certificate of the relative of his or her direct report as evidence of the incident for the purpose of granting compassionate leaves. The reply was that this would be too much of a request.

The second day of the two-day intensive workshop

Day 2, Session 1

The workshop started on time with the same participants (no newcomers). The trainers mentioned again that all NHS leaders and managers must take this People Management Workshop but it is the human resource department that has to push for it and it is also up to the line manager of each manager or leader to push, support, and, bring forward his or her direct reports with people management or leadership responsibilities. This workshop, according to the trainers, would not only give its participants the human resource management policies of the NHS but also the people management skills and policies.   Interestingly, the trainers did not mention about leadership development or that this workshop is more about leadership development.

Before the guest speaker on Occupational Health Service (OHS) came in at 9:45am, most of us participants expressed that we liked the Questions and Answers format better as we could present our real-life cases or scenarios to discuss the experiential problems with both the trainers and fellow participants. The guest speaker then came in to speak about the OHS beginning with a brief overview of its functional relation to clinical

management performance, clinical risk management, research in NHS, dissemination of good practice and innovation, professional development programme, information systems in support of clinical governance, evidence-based practice, and the promotion of well-being in the workplace. The focus was more on matters of pre-employment assessment such as the health questionnaire, the nurse contact, and medical assessment given to all NHS potential employees, and attendance management issues such as the long-term sickness and frequent short-term absences of staff members (which most of the NHS leaders and managers responded to during this session). During this session, some of the NHS-staff participants asked questions with regards to staff members with physical or mental health problems with the guest speaker responding to each while one of the trainers would add to the advices from the guest speaker with examples of actual cases.

During the morning break from 11:00am to 11:15am, I suggested to one of the trainers that it may be better if we, the participants, were to be given more scenarios or exercises with scenarios for discussions as this would stimulate the managers to bring up actual experiences encountered for the benefits of all parties. I also asked for and was given the soft copy of the presentation but the trainers said that the soft copy of the content of the workshop file folder was unavailable; some of them exist only as hard-copy documents sent to the printers for reproductions rather than being printouts of documents existing in soft-copy formats. I found this to be interesting in that not every document of this long-standing People Management Workshop exists in soft copy. Either that or the trainers were reluctant or not wanting to give me the soft copy of the content of the folder. I then went to the cafeteria for my break; but because I was the last in the queue, I was left out of the discussion among participants because the table in the cafeteria where the NHS-staff participants were sitting was already fully packed.

Day 2, Session 2

The next session was on conduct policy, which aims to promote the development of individuals and the resolution of difficulties in a supportive and proactive way, and standard setting which a manager would put his or

her direct report on if the direct report is found to have a problem with absenteeism. Standard setting, which is usually on file for six months, is not part of the formal process and it is the policy of the NHS that the standard required of a staff member must be clearly agreed and communication to him or her. The emphasis of standard setting is not punitive or disciplinary but assisting the staff member and when the required standard is achieved, no further action is necessary; however, if the required standard is breached, the concerned staff member will be under disciplinary action. A fairly standard list would include poor timekeeping (for example, being late for work), unauthorised absence, persistent time wasting, consistent sub-standard conduct, and negligence. The trainers also pointed out that if a manager or leader has doubts about whether to use standard setting or take a disciplinary action, he or she can check with his or her own line manager. (Managers are often unsure if an incident is a minor or gross misconduct; examples of gross misconduct presented are theft, fraud or dishonesty, breach of confidentiality, bullying or harassing a colleague, gross insubordination, intoxication, drug abuse, and acts or threats of violence. The possible outcomes of a misconduct by a NHS staff member is either a no case to answer, meaning no action is to be taken against this staff member and all references removed from his or her file, a standard setting, a first written warning, a first and final written warning, a final written warning, and dismissal.)

Next, instead of giving us a long lecture on capability policy, the trainers decided to put us on scenario exercises on conduct and capability after a short mention on it. (Capability is about assessment in reference to skill, aptitude, health or any other mental or physical quality of a NHS staff member while the incapability of a staff member must be judged in reference to his or her work which he or she was employed to do, that is, the current contractual agreement, obligation, and job description and not something simply judged by his or her manager or leader to be an incapability. Good practice and recent case law show that it is best not to manage issues relating to capability with the conduct policy.)

The trainers also pointed out that NHS Scotland has the responsibility to ensure that all its staff members are trained for the duties they undertake to

an acceptable standard as all NHS employees are responsible to perform the duties of their posts to an acceptable standard. (When issues of incapability occur, it means that NHS Scotland has failed in its recruitment, selection, induction, or training. However, the purpose of the policy is to train and support staff members who do not meet the capability standard while poor performance due to absenteeism or refusal to work is a matter of conduct which is to be dealt with using the conduct policy.)

We were then divided into four groups to discuss the scenarios or cases to come up with our decisions and actions to be taken for each before regrouping to go over them together and with the trainers as a class. As expected, during this period, the leaders and managers would bring up their respective real experiences which are similar or related to the scenarios in the exercises with regards to conduct or capability.

During the lunch break from 12:50pm to 1:30pm, I managed to sit with some of the leaders and managers to inquire of their views about the workshop. One of them said that the workshop can be improved by being a three-day programme so as not to be so intensive and exhausting while another, who is a team leader in an NHS Scotland operating theatre, said that it would be better if more scenarios and real cases were brought up for discussions. Most of these NHS-staff participants talked about either their families or their real work problems during breaks and meal times; no one talked about this People Management Workshop unless I inquired of his or her opinions. It seemed that the participants are not really interested in reflecting on whether the workshop has been effective in developing them to be healthcare leaders and managers.

Day 2, Session 3

After lunch, during the third session of the second day, a participant brought up an interesting real life conflict or quarrel between NHS staff members, a case which she experienced as a manager of these staff members. The conflict between her two direct reports started with a work-related problem before degrading into a heated argument on personal matters. The

manager-leader then questioned whether she should stay on as a witness between the two quarrelling staff members who were shouting at one another or leave the scene due to confidentiality. The trainers then said that it is best to stay on but at a distance just to ensure that it will not escalate in something worse.

The trainers then asked us whether we would prefer to have more scenarios for discussions or go with a lecture format on more issues regarding capability. The trainers were flexible enough to inquire us of our preferences or needs. We all opted for more exercises using the scenarios on issues of capability and conduct. As with the previous practice, we discussed the scenarios in groups before re-grouping for discussions with advices from the trainers, and for a chance to hear and discuss some real-life cases brought up by some participants.

During the afternoon break from 2:55pm to 3pm, which was the last break of the workshop, I inquired of three participants regarding their views on the workshop. Each of them said that the scenarios or cases were good and relevant while the ice-breaking exercise at the beginning of the workshop took too much time and that it was boring. They were of the opinion that the workshop could be improved by employing more relevant scenarios while role-playing (which was one of the two choices of workshop formats offered during the first day) was not a good method though most people thought of workshops to be a training method employing role-playing.

Day 2, Session 4

During the last session, which lasted till 5pm, the trainers reverted to the lecture format on capability issues with intermittent questions from some of us participants; the format was, again, one trainer presenting the slides with the other commenting on the slides or adding to the lecture with cases she encountered. The lecture was on how the capability policy could help NHS leaders and managers: the policy provides clear and firm yet fair and consistent procedures in dealing with issues on capability, staff performance improvement, and the right of NHS staff members to be represented at all

stages of the procedure. Issues of capability should always be treated with respect and diversity; when a poor performance is identified in a direct report, his or her manager should intervene early enough to enable a supportive approach. Furthermore, the trainers pointed out that at each stage of the procedure concerned staff member the right to be represented by a trade union or a staff side representative, a fellow member of staff, and a friend or relative not acting in a legal capacity. Next, the trainers went on to talk about the benefits of the appraisal or review process for individuals and the NHS organisation as a whole and how this process fits into the organisation. (The Gateway Review Policy is a new policy which will be implemented starting 2009.)

I felt that this is yet another new policy in an organisation with constant changes in policies from top management or the central politicians. (According to the official statement, the purpose of the Gateway Review Policy is to provide a framework that ensures reviews are applied in a consistent manner within NHS Scotland and that it details the process and procedures that are needed to be applied by the NHS Scotland, a line manager, and an individual.)

Thereafter, we went into the learning plans that all Health Boards in Scotland need to submit with regards to the learning and development of healthcare workers (those with or without leadership and management positions). However, the trainers also mentioned that all learning plans will go into the electronic version of NHS Knowledge Skills Framework (e-KSF) in the future and learning plans will be produced via e-KSF. Individual managers, however, would still be required to collate the learning plans put out. (Learning plans are working corporate documents, updated annually by NHS leaders and managers in consideration with the service plan and identified services changes which prioritise the development needs of NHS and its staff members. The purpose of learning plans is to bring about a capable workforce and it is a key strategic aim of NHS Scotland. The development of learning plans is a cycle involving the creation of individual Personal Development Plans, to the Team Objective and Development Plans, to both the Service Learning and Professional Learning Plans, to the NHS Scotland Learning and Development Strategic Plans, to both the National and Local

Service Strategies and Plans, before returning to the individual Personal Development Plans. In relation to these plans, the Training Needs Analysis provides a structure to identify the training required to enable an NHS organisation to implement its corporate plan. This analysis identifies what a NHS staff member need to know to carry out the duties of his or her post to the standard required. In NHS Scotland this analysis is developed via the development review, the learning plans, and service planning processes and the KSF is designed to be a support these processes. When new employees join the NHS, when staff members change their jobs, when new working methods or initiatives are implemented, or when higher standards of achievement are required, the Training Needs Analysis comes into play.)

Later, the trainers presented two human resource development arrangements: one is the Training Needs Analysis which has six stages and the NHS Scotland Leadership and Management Development Pathways which highlights how new or existing NHS leaders and managers can access the different development opportunities available, such as the different levels of modular training programme offered by The Institute of Leadership and Management (ILM) which are accredited by the institute itself at different levels. However, both slides on both models were too complex and small in print for us to be able read clearly. Another training route available is the Scottish Vocational Qualifications (SVQ) which is competency based training (training provided by ILM are composed of work based assignments giving the underlying knowledge of management). In addition, there are the stand-alone workshops which support further development of NHS staff members. This People Management Workshop is one of them and it is both endorsed by ILM and accredited by SVQ. During this lecture, a trainer brought up a case of a long-serving NHS staff member whose skills have become out-dated as he does not want to update his skills. He is still employed by the NHS though he is a hard case for his line manager; thus he remains a basic-level worker even though he is 'good and strong' worker who happens not to want to move with the times.

The last part of the lecture was on the action plan which is a plan of action for the participants to apply what had been learned in the workshop. One major item was the 360-degree feedback exercise previously mentioned by the

trainers. Hence, at the end of the lecture and discussion, the NHS-staff participants were asked to hand-in their respective nominations of line managers, professional peers, and direct reports for the 360-degree feedback exercise required of all participants of this workshop. They were also to inform these nominees that they had been chosen by them to give their respective colleagues, the participants in this workshop, the respective feedbacks on their leadership and management performance and competencies. After the relevant participants filled in their nomination forms and actions plans, the trainers introduced the Management Development Network, a network of NHS managers available to junior and middle NHS leaders and managers for their continual professional development; this networking leadership and management development practice is a part of the workshop. Participants who could not fill up the forms in time were required to send the names and contact details of the nominees the administrative team leader of NHS Scotland Learning and Development.

The last part of the workshop was a talk on partnership and union membership for NHS staff members; this session was given to the last guest speaker who came slightly after 4pm. I found his attitude and posture rather cavalier and care-free and I did not feel comfortable with his attitude and style as an invited trainer of the People Management Workshop. He did not seem to project an image of someone who takes this workshop (and thus both our precious time and the time slot allocated in this workshop) seriously. He did not project his voice and thus I could hardly hear him as I was sitting on the last row (purposely to observe both the participants and the trainers). Though apparently a long-serving NHS staff member, I considered his voice, posture, attitude, and presentation style was too informal and conversational for a workshop of this sort. Anyhow, some of the participants questioned him after his informal talk on union membership and professional bodies, such as the benefits of joining them. Nevertheless, I considered that the matter of union membership should not be featured in the People Management Workshop as such a workshop should focused on positive and motivational approaches to leading and managing people, rather than union membership as a way to protect workers (perhaps this is the reason why this particular trainer could afford to perform in such an informal or mediocre manner as he is protect by the union).

Furthermore, I felt that all the trainings and sessions in the workshop should focused more on positive, motivational, 'fire-prevention', crisis-prevention, or transformational leadership approaches rather than the negative, 'fire-fighting', crisis-dealing, and policies-applying approaches which had been the main staple of the workshop. 'Fire-prevention' approaches are more effective than 'fire-fighting' approaches to human resource management.

At the end of this second and final day of the workshop, all of us participants were respectively given the certificate for the People Management Workshop which is accredited by the Scottish Vocational Qualification (SVQ) and endorsed by the Institute of Leadership and Management (ILM). Interestingly, on the certificate, the official name of the workshop is actually *Staff Management Policies Workshop*, with the heading *People Management Staff Management Policies* on the top of the certificate.

While walking with a NHS-staff participant from the building towards her car in the parking area, I took the final opportunity given to me to inquire of her view on the relevance of the workshop to her leadership and management needs. She said that the workshop "should be a three-day course" because "some elements were skimmed over, only touching the surface." She felt that the workshop was too intensive with too much packed into two days and as such, it only touched the surface of some elements leadership and management development important to her.