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Distributed leadership: Building capacity to maximise collaborative practice in a new teaching research aged care service

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Distributed Leadership:
Building capacity to maximise collaborative practice in a new teaching research aged care service

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Declaration of Authorship

I affirm that this thesis contains no material previously published or written by another person, except where due reference is made in the thesis, and that this contains no work which the student has previously presented for an award of the University or any other educational institution.

Kirsty Marles
October 2017

Permissions

Permission was granted by Health Workforce Australia to use *Health LEADS Australia: The Australian Health Leadership Framework* within this research study.

Permission was granted by Dr Howard Youngs to use the diagram titled 'Theorising distributed leadership with authority and symbolic power' within this thesis.

Written confirmation was provided by Professor Sandra Jones to confirm the '*6E Conceptual Framework', 'ASERT Framework'* and '*Distributed Leadership Benchmarking Tool'* used within this research are freely available on website www.distributedleadership.com under Creative Commons.

Abstract

This research facilitated an approach to apply the concept of distributed leadership, as articulated in *Health LEADS Australia: the Australian health leadership framework* to generate the conditions required to support sustained collaborative practice. The setting for this research was *ViTA South,* which, at the time of the research was a newly established teaching, research aged care service located in Adelaide, South Australia. The research was concerned with developing distributed leadership amongst the staff team to engender sustained collaborative practice, critical to realising the vision for *ViTA South*, which requires collaboration beyond the traditional practices of an aged care workforce. This research has facilitated a unique, systematic and deliberate organisational development approach to introduce the concept of distributed leadership into a practical setting. Critical to the organisational development approach was 'sensemaking' which was used as a process to shape thinking and to make sense of the ambiguous concept of distributed leadership as it applies to practice. Action research facilitated the sensemaking process. The use of logic modelling enabled the articulation, sharing and presentation of unique insights into the underlying thinking and action which developed as a result of the sensemaking process. The research has drawn on current health leadership theory as it applies to practice to provide insight into, and elaboration of the factors that make distributed leadership work in this context.

Structure of a Doctor of Business Administration

The requirements for a Doctor of Business Administration (DBA) qualification with the *University of Notre Dame Australia* include four coursework units and a research thesis. The researcher successfully completed the coursework units in 2012. This research thesis is submitted to complete the requirements for the qualification.

Unlike a traditional PhD, professional doctorates such as a *Doctor of Business Administration (DBA)* focus on combining academic rigor with a practitioner emphasis. This research is framed in this tradition. As such, both theory and applied practice of distributed leadership are the subject of this investigation.

Acknowledgments

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A final professional editing review of this thesis was undertaken by Jane Todd in accordance with the *Australian Guidelines for Editing Research Theses (2010)*.

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Personal support acknowledgement

In preparing this personal support acknowledgement I reflect on my five-year research journey. I appreciate the sacrifices my husband made including living a long distance relationship (2695km between us) to enable me to undertake this research. An unanticipated consequence of this research has been that it has strengthened our relationship. I am appreciative of his never-ending support, motivation and encouragement through many weekends and late nights.

I reflect on my Nanna's short experience navigating a health and aged care system in the UK during the write up of my thesis. It was an unfortunate reminder that there are still so many improvements that can be made to optimise outcomes and quality of life for older people. In my Nanna's memory I will continue in my commitment to advocate for change and showcase what is possible when people collaborate to drive change and shape the systems they are working within.

I reflect on my pre-research training developed from a very young age when my parents nurtured an inquiring nature and a love of learning. They have been the best mentors and coaches for developing my resilience and a growth mindset which has contributed to my success in completing this research.

Conference presentations and awards based on this study

2014 Refereed Presentation (Awarded Mary Harris Bursary):

Society for Health Administration Programs in Education (SHAPE) Annual National Symposium, Sydney, July. *Distributed Leadership: Building capacity to maximise collaborative practice in ViTA South, a new Teaching, Research, Aged Care Service.*

2014 Invited Talk:

Leadership in Quality and Safety Program, Queensland University of Technology, Brisbane, August. *Case study: Using an innovative leadership and health service model to reorient service to be health promoting & shift the way the community thinks about older people.*

2014 Refereed Presentation:

Australian Association of Gerontology Annual National Conference, Adelaide, November. *Interprofessional Learning Delivering Good Lives at ViTA South.*

2014 Invited Case Study Presentation:

Distributed Leadership National Summit, Melbourne, December. *Bringing Distributed Leadership to Life at ViTA South, a new Teaching, Research, Aged Care Service.*

2015 Refereed Poster:

14th European Conference on Research Methodology for Business and Management Studies, Malta. *Applying Action Research in a New Paradigm of Aged Care Service Design.*

2017 Excellence in Applied Research Award

Awarded the Global Ageing Network Excellence in Applied Research Award. To be presented at the Global Ageing Network Conference in September 2017.

Table of Contents

List of Tables

List of Figures

Operational Definitions

The key operational terms used within *ViTA South* relevant to this research are defined below.

ACH Group: is the name of the Australian not-for-profit organisation where this research took place. *ACH Group* was formerly known as *Aged Care and Housing* but is now known only by the acronym *ACH Group*. (Further details about *ACH Group* are provided in Section 1.4.1 of this thesis.)

Collaborative practice is a process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically provide services to the consumer. It is a way of working, organising and operating within a service in a manner that effectively utilises the provider resources to deliver services in a cost-efficient and safe manner to best meet the needs of the person receiving the service (Way, Jones, & Busing, 2000). This is often referred to as 'interprofessional collaborative practice' within the context of universities. For the purposes of the research 'collaborative practice' will be used.

Distributed leadership is a broad concept where the role of formal leaders is less about leading from the front but rather is focused on enabling others to lead. It empowers a range of individuals within a system to contribute ideas and expand knowledge of the group and organisation, not just those in positions of authority. For the purposes of this research the concept of distributed leadership is considered the same as collaborative leadership and shared leadership (Jones, Applebee, Harvey, & Lefoe, 2010). This research recognises that there is no one theory associated with distributed leadership.

Formal leaders are leaders/managers in positions of authority. This is also known as 'positional leadership'. For the purposes of this research the term 'formal leader' will be used when referring to people in traditional positions of authority. Also 'formal leadership team' will be used to describe the 'team' of people in positional or formal leadership positions.

Interprofessional learning is the training of health professionals to practice collaboratively, known in the tertiary sector as ‘interprofessional education’ or an ‘interprofessional learning approach’. *The Centre for Advancement of Interprofessional Education* defines interprofessional education as “learning from, with and about one another to improve collaboration and quality of care” (Centre for the Advancement of Interprofessional Education, 2016).

Organisational development: A planned process, intervention or effort undertaken by an organisation to maximise efficiency and effectiveness in achieving organisational goals (Peck, 2005).

Resident: *ACH Group* uses the term ‘customer’ to refer to the people who access its services. For example, residents living at *ViTA South* are referred to as customers. However for the purposes of this research the term ‘resident’ will be used when referring to *ACH Group* ‘customers’ as this is a term that is widely recognised in the Australian aged care industry.

Stakeholders within health and aged care when used within this research refers to the residents and health consumers and their families, clinicians, managers, administrators, health researchers, policy makers (local, state and federal) and regulatory bodies.

Teaching, research, aged care service or ‘Teaching Nursing Home’ as it is often referred to is an aged care facility which has an affiliation with an education or training provider and brings together research, service delivery with education and training (Barnett, Abbey, & Eyre, 2011). For the purposes of this research the term ‘teaching, research, aged care service’ will be used.

ViTA South is the name of a new teaching, research aged care service which opened in Adelaide, South Australia in June 2014. *ViTA* is not an acronym. *ViTA* draws on representations of the Latin word meaning *‘life after a change in circumstances’.* (Further details about *ViTA South* are provided in Section 1.4.1 of this thesis.)

Chapter 1: Introduction

This chapter starts with a fictional scenario which identifies a business problem. This leads to the articulation of a possible business solution, which is phrased as two research questions. This chapter includes a brief overview of the state of the health and aged care system in Australia to frame the context for this research.

The overarching career goal of the researcher is to contribute to the design of health and aged care systems which are responsive to residents' needs and which maximise positive outcomes for residents utilising services.

1.1 Fictional scenario: Molly's experience

Molly is a 95 year old retired seamstress whose health has been slowly declining to the point where she can no longer live independently. In recognition that she needed full time support she shopped around to choose a nursing home to move into. She opted to move into ViTA South which is a new state of the art teaching research aged care facility. She chose ViTA South as it has a gym and a healthy ageing approach to service delivery. This approach appeals to Molly as she wants to keep mobile and prevent unnecessary deconditioning so she can keep doing the things she loves like volunteering and learning new things. Molly also liked the idea that as a resident of ViTA South she could contribute to shaping the future health workforce through influencing the students who have their clinical placements at ViTA South. Molly has a range of chronic conditions including type 2 diabetes and she wants to shape the students' thinking about how this impacts upon her life. She is really keen to make sure that students see her as a person, as a grandmother, as someone who wants to continue to maximise the most of life through her volunteering and other activities; not just as a case example of a chronic disease.

Molly's first day when she moved into ViTA South was exhausting. This was largely related to having to speak to an array of different health professionals. She was required to repeat her story and case history to the General Practitioner, the nurse, the physiotherapist, and the personal trainer time and again so they could each do their

individual assessments. While all well-intentioned and passionate about what they were doing, these health professionals were pushed for time and in her words 'seemed to run around like headless chickens'.

Behind the scenes at ViTA South all the health professionals who had visited Molly on her first day were 'beavering away' individually in different offices working on a plan for how they could contribute to supporting Molly to achieve her goals of staying mobile and engaged. The plans they were preparing factor in all the challenges of the inflexible systems found in a hierarchical leadership structure. These operational systems were designed by a formal leadership team who were detached from the practical day to day operations of service delivery at the frontline with residents. While well-intentioned, the formal leaders created fixed, rigid, inflexible systems aligned with the organisational goals which only the senior managers understood.

The health professionals would do their best while working in 'silos' to support Molly achieving her personal goals but they recognised that the inefficiencies in the system could result in sub-optimal outcomes for Molly.

The health professionals longed for an opportunity to contribute to the design of systems to make the administrative component of their job easier so they could focus on the best part of the job: working directly with residents like Molly. They saw the potential to contribute to the design of systems which would enable them to undertake joint planning and joint decision making to work alongside other health professionals from disciplines different to their own.

The recent health care graduates who were now employees longed to work in the way that was spoken about when they were at university, that is, 'interprofessionally'. Interprofessional collaborative practice includes two or more professions working alongside each other to undertake joint planning and joint decision making and in doing so health professionals learn from, with and about one another. In their opinion interprofessional collaborative practice was still an aspiration as the opportunity to practice this way was not available at the service delivery level.

The health care professionals wanted the opportunity to exercise distributed leadership by leading themselves, engaging others toward achieving outcomes and ultimately shaping the systems they were working including driving innovation. The formal leaders wanted the systems, structures and processes within their organisation to create the conditions for the healthcare professionals to do all of this in a safe and accountable manner. The formal leaders have to manage a safe system of work in a safe environment to minimise their exposures to all forms of risk.

The following two tables (Table 1 and Table 2) provide a summary of the key needs and concerns of stakeholders reflective of a traditional hierarchical leadership structure. Following the tables is where this fictional scenario ends and the real life research begins.

Table 1 ***Summary of stakeholder needs from fictional scenario (Molly)***

	Molly	Health Care Professionals	Students	Formal Leaders
Needs	To get on with her new life in her new environment and make sure she continues doing all the things that make her happy and contribute to her good life.	Need to gather adequate background information to plan for the highest quality of care for Molly.	To translate what they have learnt at university into practice.	Need to deliver high quality of care in a safe, effective and efficient way which meets aged care compliance requirements.
	To be treated as a person not as part of a series of assessments, clinical decisions and health care plans.	Need to meet the timeframes to complete assessments for a new admission to meet aged care compliance requirements.	Need good role models to showcase best practice.	Need to ensure Molly is happy and settled in her new home environment.
	To have all her needs considered – not just her medical needs.	Need to juggle competing priorities to use time in the most efficient manner.		Need to meet multiple organisational priorities including delivering services, teaching students and leading ongoing research in best practice for aged care.
	To be included in the decision making process around her care.	Need to include Molly in the decision making process around her care.		Need to identify ways to create additional efficiencies within a contracting aged care funding framework.

Table 2 ***Summary of concerns as they relate to collaboration/leadership from fictional scenario***

	Molly	Health Care Professionals	Students	Formal Leaders
Concerns as they relate to collaboration/ leadership	Health professionals wasting her time by asking her the same questions multiple times. That the health professionals are not working together or don't seem to talk as they are asking her the same questions multiple times. Health professionals who are seemingly task orientated – focused on completing a task such as an assessment rather than looking at Molly as a whole person.	Systems and processes which do not work effectively or efficiently. Limited opportunities to engage with other health professionals in the planning process for Molly. Limited opportunities to drive innovation as they don't understand what the organisational priorities are as it is all in the formal leaders' head and discussed at executive meetings which they are not a part of.	What they have been taught at University relating to interprofessional practice appears not to be possible in practice as the systems and processes act as barriers to collaboration.	Staff not following the systems and process which have been set by management.

1.2 Business problem to be solved

The issues experienced by Molly highlight a business problem with leadership and organisational development work in aged care. Succinctly stated, the business problem is how to improve resident care and organisational efficiency through the practice of distributed leadership in *ViTA South*. The decision to use a distributed leadership approach was based in the assumption that distributed leadership has the potential to enhance interprofessional teamwork, collaborative decision making, and 'whole resident' care. This project used action research to tackle this business problem. The practical health and aged care setting of *ViTA South,* a new, purpose built, teaching, research aged care service which opened in Adelaide, South Australia in June 2014 — was the context for this work.

The research facilitated the process of interpreting current health leadership theory for use and application in the practice-based setting of *ViTA South*. The research design was tailored to make a contribution to practice and to further advance existing theory on what is known about distributed leadership.

The research also facilitated the organisational development work involved with developing the leadership strategy which incorporated distributed leadership at *ViTA South*. This leadership strategy was a part of a new operational model which was designed specifically for *ViTA South*. The use of an action research approach enabled application of distributed leadership, within the design of the operational model for *ViTA South,* as a key driver for engendering sustained collaborative practice. It was anticipated that by establishing an environment that creates the conditions for staff to exercise distributed leadership, teams will be able to collectively address the 'systemic' problems that inhibit collaborative practice.

The organisational development work undertaken within this research was guided by the following research questions which seek to provide a business solution for *ViTA South:*

1.3 Research question

How can distributed leadership be incorporated within a new operational model for *ViTA South* as a driver to maximise sustained collaborative practice in service delivery?

1.3.1 Further sub-questions

1. What existing workplace structures and processes within *ViTA South* need to be changed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice in *ViTA South*?

2. What new workplace structures and processes within *ViTA South* need to be developed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice within *ViTA South*?

1.4 Research context

1.4.1 ViTA South

ViTA South is part of *ACH Group* which is a not-for-profit organisation which has been supporting older South Australians since 1952. *ACH Group* offers a wide range of services including retirement and residential options, domestic, personal and nursing care in the home, respite choices and short term transition services.

ViTA South has been designed to provide a new approach to aged care, to maximise collaboration and promote innovation in service delivery. The aims for *ViTA South* are to embed teaching and research within the delivery of services which promote restoration and rehabilitation for older people in short term and long term care (ACH Group, 2012). *ACH Group* led the design and development of a new operational model for *ViTA South*.

A ‘teaching research aged care service’ or ‘teaching nursing home’ as it is often referred to is an aged care facility which has an affiliation with an education or training provider and brings together research, service delivery, education and training (Barnett et al., 2011). In the case of *ViTA South* the partnership is between ACH Group, Flinders University and The South Australian Department of Health (SA Health).

The goals for *ViTA South* are similar to those articulated in the *Teaching Nursing Home Scoping Study* undertaken by Barnett et al. (2011). They are:

- To become a best practice example of a teaching research aged care service
- To create an environment that models a culture of learning
- To promote and facilitate interprofessional learning
- To educate and prepare the future aged care leaders and workforce
- To deliver services which contribute to maximising quality of life for older people
- To promote re-ablement & restoration for older people in a flexible environment
- To test and disseminate evidence-based best practice
- To showcase a culture that supports a rights-based approach to person-centred care
- To promote positive perceptions and images of older people and aged care services.

There are three distinct service delivery models in operation at *ViTA South.* These are:

- 60 aged care places (permanent residential)
- 40 transition places (short term stay – not part of this research study)
- 20 rehabilitation places (run by SA Health and not part of this research study).

The ‘teaching nursing home’ concept aims to support collaborative practice and learning amongst clinicians, teachers, researchers, students and managers (Barnett et al., 2011). While many teaching research aged care services have aspired to achieve a collaborative approach to practice and learning, it is reported that few have realised this goal (Barnett et al., 2011). In a review of the literature, Chilvers and Jones (1997) concluded that the originally intended collaborative focus of a teaching nursing home should be re-emphasised in developing future models in Australia.

ACH Group saw an opportunity to focus on organisational development work toward advancing collaborative practice within and across the organisation. *ACH Group* believed that a collaborative approach would contribute to a holistic approach to research and knowledge development. The organisation also believed the collaborative approach would bring together the skills and expertise of these professionals to create a culture of learning which would contribute toward improving quality of life for older people. Collaborative practice has been shown to be an effective approach to improving service delivery as it has demonstrated a positive impact on service quality and safety in an effort to improve health outcomes (WHO, 2010).

Promoting and sustaining collaborative practice is recognised as a priority leadership challenge for health and aged care (Dickson & Tholl, 2014; Forman, Jones, & Thistlethwaite, 2014). Dickson and Tholl (2014) succinctly describe the leadership challenge for health care as a need *"…to convert a fragmented set of activities into a well-functioning whole"* (p.7).

To achieve this, sustained collaborative practice within service delivery requires whole system change (WHO, 2010). Leadership is recognised as a crucial element in creating systems which unite divergences towards a common goal (Drinka & Clark, 2000; Greenfield, Braithwaite, Pawsey, Johnson, & Robinson, 2009; Orchard, Curran, & Kabene, 2009).

Therefore a commitment for the organisational development work undertaken for *ViTA South* was to have a significant emphasis on developing systems which support and drive sustained collaborative practice. The organisational development work developed systems which contributed to extending collaboration beyond the traditional aged care workforce to include teachers, researchers, students and managers.

A conscious business decision was made to not rely solely on a traditional hierarchical leadership approach. Rather, it was decided the leadership strategy should also incorporate distributed leadership. The application of distributed leadership within the *ViTA South* operational model aimed to engage staff at all levels to shape the

systems. Realising the vision for *ViTA South* was dependent on professionals of different backgrounds, administrators and researchers working together. It was anticipated that distributed leadership would unite divergences toward a common goal and maximise sustained collaborative practice (ACH Group, 2012).

1.4.2 Contextualising the problem within the Australian health and aged care system

Within Australia and across the globe demand for health and aged care services is increasing due to growing population health needs and the demographic challenges impacting on the health workforce (Jeon, Glasgow, Merlyn, & Sansoni, 2010). Health and aged care organisations are faced with the challenge of how to do more with less; a challenge that comes at the same time as health consumers' expectations are increasing (Dickson & Tholl, 2014).

Consequently, 'a business as usual approach' is no longer an option (Health Workforce Australia, 2012b; Productivity Commission, 2011). Change, reform and innovation in the health and aged care sector in Australia are no longer a choice, but an ongoing requirement (Endacott, Boulanger, Chamberlain, Hendry, Ryan & Chaboyer, 2008; Health Workforce Australia, 2012b; Youngson, 1999). Leadership is integral in addressing current and future challenges (Endacott et al., 2008; Health Workforce Australia, 2012b; Sherman & Bishop, 2007; Youngson, 1999). In recognition of this reality *ACH Group* identified effective leadership as critical to the success of *ViTA South* (ACH Group, 2012).

South Australia, where this research study takes place, has the highest proportion of older people compared with other states in mainland Australia (Australian Bureau of Statistics, 2015). Currently one in six people are over the age of 65 (South Australian Government, 2007). In the next 15 years this population will nearly double as the 'baby boomer' generation ages, substantially increasing the demand for aged care services (South Australian Government, 2007). The effect of an increasing number of older people will be compounded by people living longer; having fewer children, and an ageing workforce. It is predicted an ageing population will bring an increase in chronic

conditions and disability and therefore an increase in demand on the Australian health system and in this regard the aged care sector (Hugo, 2007).

Given the increasing demand, service delivery models across the health and aged care sectors need to evolve to increase efficiencies and improve quality of care for residents like Molly. These efficiencies are required to ensure the delivery of safe, high quality services and the need to support the health workforce in adapting to change, compliance with reform and advancing innovation (Health Workforce Australia, 2012b). This is a key driver which influenced the design of the new operational model for service delivery at *ViTA South*.

1.5 Organisational development: a new operational model for ViTA South

The new operational model sought to enable a way of working, organising, and operating that effectively utilises scarce resources in delivering services in a cost-efficient manner to best meet the needs of the resident. The new operational model included leadership strategy, workforce and governance structures which were specifically designed to maximise collaborative practice.

As an organisational development strategy for generating sustained collaborative practice *ACH Group* made a decision to interpret and apply contemporary leadership theory within the new operational model developed for *ViTA South*. The intention was to create the conditions for staff to exercise distributed leadership as articulated in *Health LEADS Australia*: the Australian health leadership framework. This framework has been informed by research and designed specifically for the health industry (Health Workforce Australia, 2012a).

Organisational development strategy was facilitated and led by the *ViTA South* formal leadership team. The team comprised four *ACH Group* staff, including the researcher, who were assigned responsibility for establishing the services at *ViTA South*.

The new operational model for *ViTA South* was designed, implemented and tested over three action research cycles. The first cycle guided the design and planning of the operational model prior to implementation. The second cycle informed further development of the operational model during the six months after implementation. The third cycle informed the further development and refinement of the operational model over the subsequent six months.

1.6 How the research fits within the strategic planning process for ViTA South

The organisational development work associated with developing the leadership strategy was one element of a new operational model designed for *ViTA South*. Aged care service operational business models have multiple elements and have interdependencies which act as complex adaptive systems (Anderson, Issel, & McDaniel, 2003). In the case of *ViTA South* the other elements of the operational model included a workforce plan, a budget, a complete systems overview, a student program, a research strategy, a partnership strategy, and a learning and development plan.

A diagram (Figure 1) has been developed to articulate the underlying frameworks and concepts which demonstrate characteristics of a complex adaptive system within *ViTA South*. The diagram has been designed to be read starting from the base of the diagram working upwards. Connecting arrows are used between each of the six tiers of the diagram to show multiple interdependencies.

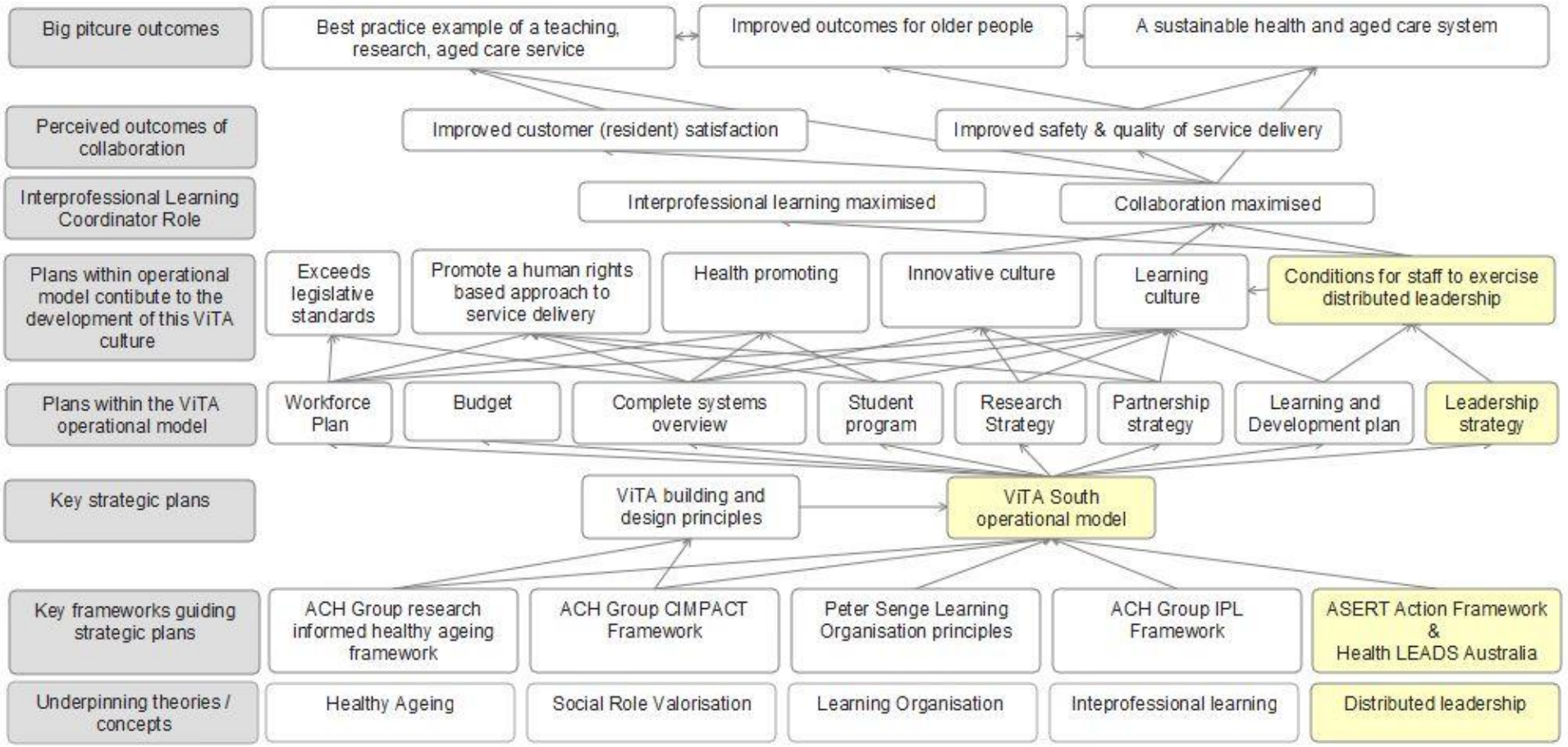

Figure 1 ***Underlying theories, concepts and frameworks demonstrating complex adaptive system characteristics within ViTA South***

The base tier in Figure 1 illustrates the underlying theories and concepts which formed the foundation of thinking for *ViTA South*.

The second tier from the base illustrates the six key frameworks which are used to conceptualise the underlying theories and concepts which guide strategic plans in *ViTA South*. Of the six frameworks three were internally designed by *ACH Group* and three were externally designed frameworks adopted from research literature. The three internally designed frameworks are the *Healthy Ageing Framework, the Customer Impact Framework (CIMPACT)* and the *Interprofessional Learning (IPL) Framework.* The three external frameworks which *ACH Group* adopted for use are *the Action Self Enabling Resource Tool (ASERT)* designed by Jones, Harvey, Lefoe and Ryland (2014) *Senge's Principles of a Learning Organisation* (Senge, 1999) and the *Health LEADS Australia: Australian health leadership framework* (Health Workforce Australia, 2012a).

The third tier illustrates the two key strategic plans which are the *ViTA South Design Principles* and the *ViTA South Operational Model.* The six key frameworks on the tier below were used to provide a shared understanding and influenced the design of the *ViTA South Design Principles* and the *ViTA South Operational Model.*

The fourth tier illustrates the eight plans within the *ViTA South Operational Model* which were specifically designed for *ViTA South* to guide the establishment of services to meet strategic intent. These plans were: *The Workforce Plan, The Budget, A Complete Systems Overview, The Student Program, The Research Strategy, The Partnership Strategy, The Learning and Development Plan* and *The Leadership Strategy.*

The fifth tier illustrates the features of the culture which the plans are designed to create or influence.

The sixth tier narrows down to the focus of the specific goals of the *Interprofessional Learning (IPL) Coordinator* role (the researcher's professional appointment within the organisation of *ViTA South*) and how the role fits within the

system of *ViTA South*. Given this, the seventh tier identifies two of the perceived expected outcomes of maximising collaboration within the system. These are improved resident satisfaction and improved safety and quality of service delivery. A summative evaluation of progress toward these outcomes was not included as part of this research.

The top tier represents the big picture strategic outcomes for *ViTA South*. A summative evaluation of whether the outcomes listed on the sixth and seventh tier were achieved was not included as part of this research.

With its contribution to developing a shared understanding for the research, the diagram also provides an insight into how this research contributes to the overall organisational development work undertaken for *ViTA South*. It emphasises that the work and research which the *IPL Coordinator* undertook did not happen in isolation; rather the work was happening within and around a complex interplay of organisational goals, priorities and systems.

The highlighted segments in yellow made throughout the diagram narrow in on the components of the system which form the focus of this research. These highlights demonstrate where this research applied distributed leadership (bottom tier) as articulated in the two key frameworks: *Health LEADS Australia* framework and the *Action Self Enabling Resource (ASERT)* which have been incorporated within the leadership strategy within the *ViTA South* operational model. This has been done with the aim of contributing to the culture which creates the conditions for staff to exercise distributed leadership.

The *'features of the culture'* articulated within the diagram (the fifth tier in Figure 1) show the multiple characteristics of the aspirational culture within *ViTA South*. As is often typical within complex adaptive systems, the multiple features of culture need to work in synergy (Rouse, 2008). The priorities for organisational development at *ViTA South* were not solely focused on creating the conditions for staff to exercise distributed leadership (which is the focus of this research). Additional organisational development work was undertaken to contribute to the cultural characteristics of the *ViTA South*

workforce associated with cultivating a 'learning' organisation, exceeding workforce legislative standards, providing a human-rights based approach to service delivery and embracing innovation.

1.6.1 The workforce at ViTA South

The *ViTA South* workforce in 2012 comprised 137 employees. This team was responsible for delivering services and providing supervision for students and trainees as part of the service delivery model. Administrators, health professionals and researchers were engaged to work collectively. The role of the manager of *ViTA South* extended to include working collaboratively with other site managers across the broader organisation to achieve common organisational goals.

The roles within the paid workforce at *ViTA South* included registered nurses, enrolled nurses, care workers, a nurse practitioner, a personal trainer, a lifestyle coordinator, administrative staff, cooks and cleaners. Allied health services such as physiotherapy, occupational therapy, speech pathology, podiatry and dentistry were provided by sub-contractors. There were also visiting General Practitioners (GPs). The paid workforce was complemented by a large volunteer workforce who assists with social activities.

In line with the statistics associated with the broader aged care workforce, care workers made up the majority of health care personnel working at *ViTA South*. The role of the care worker was to provide individual tailored support for residents of *ViTA South* to enable them to undertake activities of daily living. This ranges from support to undertake personal hygiene, attend appointments, and enjoy mealtimes but also to support the residents to participate in meaningful activities such as cooking and shopping. The care workers at *ViTA South* were trained to adopt a strengths-based approach which supports residents to achieve maximum independence which is not typical of a traditional aged care service delivery model.

The organisational development work associated with recruitment of the workforce for *ViTA South* included the development of a traineeship program. The traineeship program was developed to recruit the care worker workforce within the residential service. The intention was to attract people from other industries who did not have fixed mindsets on how services should be delivered in aged care facilities. Many of the care workers recruited had been made redundant from other industries and were part of a government funded re-skilling program. The trainee care workers recruited to work at *ViTA South* participated in an intensive six month on-the-job training program complemented by training workshops.

1.6.2 The formal leadership team at ViTA South

The formal leadership team at *ViTA South* comprised four members referred to throughout this research as the '*ViTA South* formal leadership team'. This team had not worked together at a leadership level before starting at *ViTA South*. The four roles within the formal leadership team were the Site Manager, the Clinical Nurse Consultant, the Quality Manager and the Interprofessional Learning Coordinator (who is the researcher).

The *ViTA South* Site Manager had worked for *ACH Group* for 10 years as a site manager of another of *ACH Group*'s services. She had previously participated in formal leadership training. The *ViTA South* Site Manager's role was to lead the commissioning of the *ViTA South* building and establish the services operating within *ViTA South*. This included the residential services at *ViTA South* (which this research is concerned with) and also developing the transition care services (not part of this research).

The *ViTA South* Clinical Nurse Consultant had previously worked at *ACH Group* for 12 years as a registered nurse. She did not have formal training or experience in leadership or management. The Clinical Nurse Consultant role had clinical oversight for the residential services at *ViTA South*. The role was also referred to as 'Second in charge at *ViTA South'*.

The *ViTA South* Quality Manager came to *ViTA South* from another local aged care organisation. She had extensive experience with 20 years as a site manager operating an aged service of a similar size. She had previous formal training in leadership. The role was to lead all aspects of quality planning toward the site 'exceeding' accreditation requirements.

The researcher was a member of the *ViTA South* formal Leadership Team in the professional organisational role titled Interprofessional Learning Coordinator. Details of this role are described below.

1.6.3 The Interprofessional Learning Coordinator role

A new role titled 'Interprofessional Learning Coordinator' was established by *ACH Group* in 2012. The researcher was recruited into this new position and has held this position since its inception. The new role was formulated based on the identified business need to develop an interprofessional learning framework which would contribute to organisational development work to maximise collaboration across *ACH Group*.

The researcher's role during the life of the research study was specifically focused on organisational development work. This involved leading service design to maximise collaboration at *ViTA South*. This included facilitating an interprofessional learning student program.

In the spirit of promoting and maximising collaboration the Interprofessional Learning Coordinator developed an 'Interprofessional Learning Leadership Group'. This group undertook joint planning including the development of strategies and initiatives to improve collaborative learning and sustained collaborative practice across *ACH Group*. This group included 16 members who represented a variety of healthcare professionals (e.g. care worker, occupational therapist, physiotherapist) from different business divisions across the organisation.

1.6.4 The organisational decision to adopt distributed leadership within leadership development

One of the key activities undertaken by the *ACH Group* Interprofessional Learning Leadership Group in 2012 was to review *Health LEADS Australia*: *the Australian Health Leadership Framework* which at the time had been recently approved by the Australian Health Ministers' Advisory Council as a nationally agreed health leadership framework (Health Workforce Australia, 2012a). Chapter 2 of this thesis includes a background and overview of *Health LEADS Australia.*

The *ACH Group* Interprofessional Learning Leadership Group were asked to draw on their individual and collective experiences in practice to determine if they saw the potential for *Health LEADS Australia* to be used as the foundation for interprofessional leadership development and collaborative practice within ACH Group.

All members of the Interprofessional Learning Leadership Group were unanimous that *Health LEADS Australia* described leadership capabilities that were easy to understand and were practical. Members of the group agreed that if staff exercised these capabilities within practice it had the potential to maximise sustained collaboration. The group recommended that *Health LEADS Australia* be adopted as the foundation for interprofessional leadership development and collaborative practice within *ACH Group*.

Based on this recommendation the researcher in the role of Interprofessional Learning Coordinator and the *ACH Group* Residential Services Manager (the Executive leading the planning for *ViTA South*) considered how *Health LEADS Australia* could be applied within the service model being designed for *ViTA South*. At the request of the Executive the researcher was instructed to explore this.

As will be further explained in the literature review the researcher identified distributed leadership was incorporated into the *Health LEADS Australia* framework. The researcher reviewed the literature to identify organisational development approaches to distributed leadership modelling and development.

The ‘business problem’ of identifying organisational development approaches to developing distributed leadership therefore formed the basis for this doctoral research study.

1.7 Researcher’s personal perspective

A paradigm shift is needed to transition from formal leaders being solely responsible for designing systems toward engaging staff at all levels. The researcher believes the application of distributed leadership is integral to the development of sustained collaborative practice. By creating the conditions for staff to exercise distributed leadership the formal leaders are creating an environment where staff at all levels are then able to lead and influence the design of the systems they work within. It is these redesigned systems which bring the potential to maximise sustained collaborative practice.

As a systems thinker, the researcher is interested in the processes or organisational routines and tools that enable sustained collaborative practice within health and aged care teams. Systems need to be flexible and responsive to continual improvement and to be able to respond to changing demands. The researcher believes that in order to improve organisational routines and tools a critical success factor is for formal leaders to engage staff at all levels to shape the systems in which they are working to enable sustained collaboration.

It has been the researcher’s first-hand experience that in some health and aged care organisations strategic goals are often nebulous and detached from pragmatic day to day operations. The researcher believes it is necessary for the formal leaders to connect and align the pragmatic day to day operations with the organisation’s strategic goals. This requires providing explicit frameworks (outside of the formal leader’s head) to enable a shared understanding. This articulation of organisational routines as ‘aspects of situation’ may facilitate the engagement of staff at all levels to shape the systems they are working in.

1.8 Thesis outline

This thesis consists of five key chapters including this first introductory chapter. The first chapter provides the background context to the research study and it introduces the research questions. It includes the presentation of a fictional scenario which illustrates some of the current deficiencies and stakeholder conflicts which exist in many health and aged care services. The scenario illustrates how lack of collaboration and a hierarchical leadership structure can potentially contribute to sub-optimal health care and a lack of responsiveness to the needs of the resident.

The second chapter provides a review of the professional and academic literature that has shaped this research. The literature review sought to understand the nature of distributed leadership and identify relevant theoretical constructs associated with organisational development associated with leading strategic change initiatives. This chapter concludes with a conceptual framework which brings together the findings from the literature review which were used to guide this research study.

The third chapter discusses the action research study design. The chapter justifies the methods and techniques which were adopted and applied. It discusses the data collection instruments and provides an outline of how the data were analysed.

The fourth chapter is structured to provide an audit trail to show how the business problem was solved for *ViTA South*. A chronological narrative outlines the organisational development work undertaken within each of the three action research cycles. The chapter is designed to provide a detailed insight into the application of distributed leadership into the practical research workplace setting of *ViTA South*.

The fifth chapter presents a discussion of the key findings from the research. Conclusions and implications for future research are also presented. This final chapter presents a revision of the original fictional scenario presented this time showing where distributed leadership in practice contributes to a positive resident experience.

Chapter 2: Literature Review

This chapter presents the relevant theoretical background required to position this research within the context of current scholarly literature. The conceptual framework which was developed as a result of this literature review is also presented in this chapter. The theoretical background includes a review of the professional literature related to leadership in health and aged care.

The literature review strategy was carefully crafted to navigate, interpret and apply the research relevant to solving the business problem of how to create the conditions for staff to exercise distributed leadership at *ViTA South*. The literature review sought to understand the nature of distributed leadership and demonstrate the tight conceptual and practical link between methods of action research approach and the goal of creating distributed leadership. It also identified relevant theoretical constructs associated with leading strategic organisational development initiatives. The literature review informed the development of the conceptual framework (which is summarised at the end of this chapter), which in turn informed the choice of methodology outlined in Chapter 3.

This chapter has been structured into three sections. With the first and second sections presenting the professional literature and academic literature reviewed for this research. The third section presents a summary of the theoretical constructs identified from the literature review which were included in the conceptual framework for this research.

2.1 Review of the Professional Literature

The review of the professional literature focussed on exploring leadership in the context of health and aged care. One of the main outcomes was the identification of contemporary leadership frameworks designed for application within health and aged care settings. The review of the professional literature concludes by expanding on what ‘collaborative practice’ means to practitioners.

2.1.1 Leadership in health and aged care

Substantial international research informing leadership development in health and aged care is currently being undertaken. In reviewing national approaches to guiding leadership efforts there are three well known international frameworks:

1. *National Health Service (NHS) Improvement Centre Leadership Framework*
2. *LEADS in a Caring Environment*
3. *Health LEADS Australia*

All three frameworks were reviewed by the researcher and identified as incorporating distributed leadership. Two of the frameworks that stand out as embracing principles consistent with the leadership expectations of this business problem are *LEADS in a Caring Environment* and *Health LEADS Australia*. The latter was chosen as the reference point for this study as it was most relevant to addressing the business problem.

LEADS in a Caring Environment sets out key skills, abilities, and knowledge required to lead at all levels of a health organisation. It was designed to align with and consolidate the competency frameworks and leadership strategies found in Canada's health sector (Dickson & Tholl, 2014).

This framework reflects an increased understanding of the importance of balancing distributed leadership with designated leadership (Best, Greenhalgh, Lewis, Saul, Carroll, & Bitz, 2012). The evidence from the research that generated *LEADS in a Caring Environment* suggests 'heroic' leadership models in the health care sector are no longer practical (Dickson & Tholl, 2014). (Heroic leadership is explained in section 2.2.2). In this regard *LEADS* was developed and supported by research and expert opinion. In the Canadian context it has been demonstrated that developing quality leadership in health care requires a multi-pronged and collaborative approach if it is to achieve large scale, transformational change (Dickson & Tholl, 2014).

LEADS in a Caring Environment has now become Canada's preferred health leadership learning platform and more importantly is seen as providing a common language and focus for developing health leadership. A *Canadian Health Leadership Network* benchmarking study has shown that approximately 63% of *Academic Health Sciences Centers* have adopted *LEADS* or similar frameworks (Canadian Health Leadership Network, 2014). It has shown that adopting the *LEADS* framework has provided a useful basic building block for leadership in complex adaptive systems with distributed leadership at its core. It demonstrates that leadership is not about the transfer of implied leadership knowledge which is difficult to transfer to another person, but rather something that can be developed through role modelling and mentorship (Canadian Health Leadership Network, 2014).

2.1.2 Health LEADS Australia

Policy around health leadership in Australia has drawn from the Canadian experience. *Health Workforce Australia, (*whose functions are now part of the *Australian Department of Health),* led the development of a health leadership framework*. Health LEADS Australia: the Australian Health Leadership framework* incorporates contemporary health leadership theory. It is built on existing and validated local and international research, and focuses on capabilities required to deal with contemporary Australian health issues.

Informed by distributed leadership the framework was developed through research and dialogue which included consultation with over 700 organisations and individuals during its development. It has been designed to provide a common language as a foundation for collaborative practice. Figure 2 shows a diagrammatic overview of *Health LEADS Australia: the Australian Health Leadership Framework.*

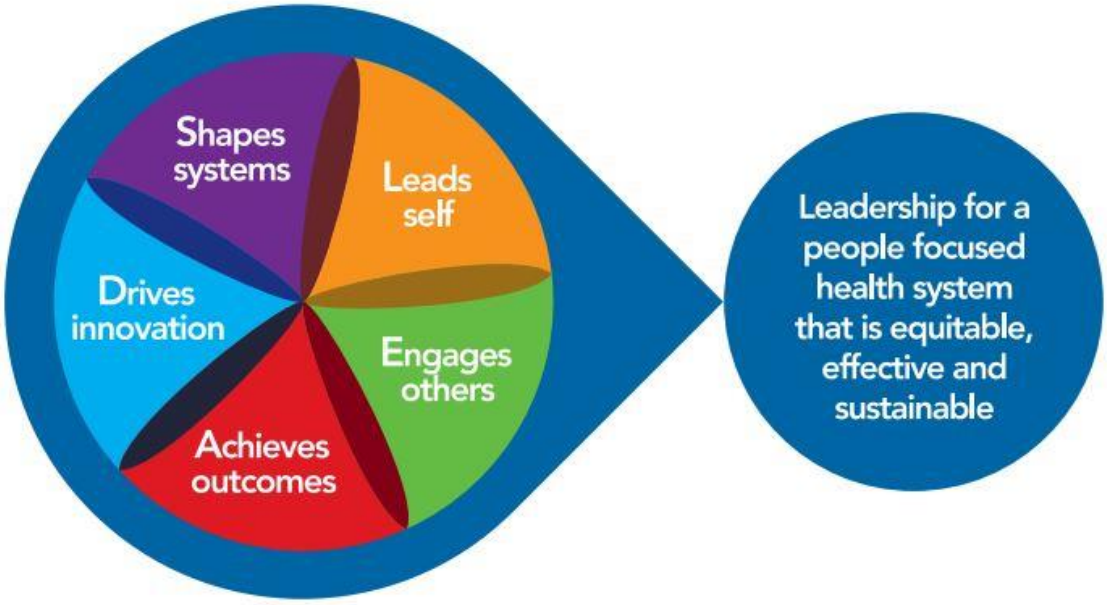

Figure 2 ***Health LEADS Australia: The National Health Leadership Framework (Health Workforce Australia, 2013)***

The *Health LEADS Australia* framework is built on research which demonstrates that *"best practice and quality of care are directly and indirectly impacted by the quality of health leadership"* (Health Workforce Australia, 2012a). While acknowledging that other factors are important, it is leadership that is seen to play a central role in mobilising people towards a common goal (Health Workforce Australia, 2012b).

The health system in Australia can be characterised as a very complex system requiring adaptive and action-reflection research approaches. This understanding of its complexity underpinned the development of the *Health LEADS Australia* framework. This is in contrast to the more traditional, problem solving approaches more suitable for technical or standard task delegation and traditional positivist research (Australasian College of Health Service Management and Society for Health Administration Programs in Education, 2013). The focus of the *Health LEADS Australia* framework is in developing leadership capability and capacity within and across the workforce. To drive

this focus three key principles guiding *Health LEADS Australia* (Health Workforce Australia, 2012a) were developed.

1. Everyone owns leadership – Effective leadership is a public good for which everyone shares responsibility. Leadership where everyone shares responsibility is distributed leadership. The literature on distributed leadership has been presented in Chapter 2 (section 2.2.1).

2. Developing capable leaders builds health leadership capacity – Personal and professional development is seen as essential and part of lifelong learning. *Health LEADS Australia* is designed for use by leaders and potential leaders at any place in the system who are intent on improving their ability to engage with others to influence for better health outcomes. Leading in health, individually and together is seen as requiring courage, passion and the capabilities to follow through.

3. The person you are is the leader you are – People will express the capabilities in this framework differently in different contexts and in a manner consistent with their personality, style, strengths and role (Health Workforce Australia, 2012a).

Health LEADS Australia aimed to provide a framework that is easy to understand but also to apply, where the application of leadership is contextual and related to the situation. The call for integrity and simplicity of the framework to be maintained and preserved has been made by a number of commentators (ACHSM & SHAPE, 2013). In their joint submission regarding *Health LEADS Australia*, the Australasian College of Health Service Management (ACHSM) and Society for Health Administration Programs in Education (SHAPE) recommended that the framework being developed be kept broad to enable flexibility in how organisations could apply the framework at a local level to inform the development of their own tailored leadership activities (ACHSM & SHAPE, 2013).

ACHSM and SHAPE further stated that in their view they believe the rationale for the framework should adopt a similar approach to the NHS Leadership Academy who

have further developed the NHS Leadership Framework with the development of the Health Care Leadership Model (ACHSM & SHAPE, 2013). The approach adopted by the NHS Leadership Academy is that the framework needs to remain broad and flexible enough to enable health care organisations at the local level, 'to map and link their own more specific leadership activities' (ACHSM & SHAPE, 2013).

In Australia the delivery of health care is carried out within organisations and by people whose primary purpose is to improve healthcare. The development of leadership in this context is to be carried out within and together with health care organisations. For leadership development to work it must be deeply embedded in and drawn from the specific organisational context and problems that leaders are collectively facing (James, Slater, & Bucknam, 2011). The goal of leadership development ultimately involves action not knowledge alone. Therefore, leadership development today means providing people opportunities to learn from their work in a 'situated leadership practice' rather than taking them away from their work to learn (Spillane, 2012).

A key driver of the change required to the health care system in Australia and a key feature of the *Health LEADS Australia* framework is the view that leadership needs to be considered not in isolation but at both the individual and organisation level (Philippon, 2013). This is because an individual, even if they have great leadership potential, may have their efforts undermined in an organisation that is not receptive to change (Philippon, 2013). Also organisations with people who are open to change are unlikely to make significant progress unless some individuals can lead (Philippon, 2013). So the need for leadership development strategies at both individual and organisational levels becomes an essential strategy (Philippon, 2013). This also further supports the decision to adopt single and double loop learning as an organisational development process embedded within the *ViTA South* operational model. (Single and double loop learning are explained in section 2.3.5).

To meet these challenges requires new models for training and developing future Australian health leaders at all levels (HWA, 2012b). The development of the *Health LEADS Australia* framework can be seen as an important step in supporting the

workforce in reaching the desired capabilities required for effective leadership (HWA, 2010). Furthermore, the development of leadership capacity in health care advocated by *Health LEADS Australia* requires health care workforce planning and development approaches to be adapted to maintain the integrity of the health system and to drive innovation and reform (ACHSM & SHAPE 2013).

Health LEADS Australia shares a number of characteristics with leadership frameworks designed to support change in other national jurisdictions (Dickson & Tholl, 2014; West et al., 2014). Key to this research are the constructs of complexity and systems thinking; personal agency, power of distributed leadership, collaborative relationships, and aligned action to create desired results, all of which are explored in this thesis.

2.1.3 Australian Aged Care Leadership Capability Framework

Shortly after *Health LEADS Australia* was endorsed for use by *ACH Group* a further leadership framework specifically designed for aged care was released. The *Australian Aged Care Leadership Capability Framework* aims to define knowledge, skills and behaviours necessary for effective leadership of, and within, aged care organisations (Aged and Community Services Australia, Leading Age Services Australia, & Community Services and Health Industry Skills Council, 2014). *The Australian Aged Care Leadership Capability Framework* has many similarities with *Health LEADS Australia*. The similarities include articulation of leadership capabilities across five domains. The *Australian Aged Care Leadership Capability Framework* defines a range of capabilities according to five key domains: self, others, purpose, business and change. Similarly the *Health LEADS Australia* has five domains: leads self, engages others, achieves outcomes, drives innovation and shapes systems.

After reviewing the alternative aged care specific framework *ACH Group* decided to continue with the adoption of *Health LEADS Australia*. This was because *Health LEADS Australia* provides a common language for leadership which has applicability across the health sector, rather than being unique to aged care. This is an important

factor as a number of *ACH Group* staff concurrently work in the acute hospital system (e.g. work shifts in hospitals and work shifts in aged care facilities). Similarly many health professionals transition from working in the acute sector to working in aged care.

The *Australian Aged Care Leadership Capability Framework* is another example of focus, effort and energy going into researching and developing leadership frameworks with (at the time this research commenced) limited guidance on how to apply these frameworks in practice. This research aims to move beyond developing or critiquing frameworks towards applying a framework in practice. In the case of this research this means applying the underlying principles of *Health LEADS Australia* in practice at *ViTA South*.

2.1.4 Collaborative Practice

The evidence base associated with current Australian aged care workforce supports the importance of holistic care for older people and the benefits of collaborative team work (Health Workforce Australia, 2010). In today's health and aged care environment team members including regulated and unregulated staff are required to work together toward optimising health and wellbeing outcomes. There has been much discussion around the importance of multidisciplinary practice and its contribution to health outcomes (Xyrichis & Lowton, 2008). More recently there has been a further evolution to promote collaborative practice (Milburn & Colyer, 2008).

There is a distinct difference between collaborative practice compared to 'multidisciplinary practice' (Milburn & Colyer, 2008). While on the surface they may seem similar, the research literature indicates they are in fact different approaches (Milburn & Colyer, 2008). Multidisciplinary practice involves several disciplines working together in parallel to assess care needs and set up treatment goals according to their specialist discipline (Royeen, Jenson, & Harvan, 2011).

Applying a multidisciplinary practice approach involves different aspects of a patient's case being managed independently but often simultaneously and without

coordination. Rather than being integrated, the range of patient needs is subdivided and treated separately with each provider responsible for his or her own area (Royeen et al., 2011).

Collaborative practice involves a process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically provide services to the resident. It is a way of working, organising and operating within a service in a manner that effectively utilises the provider resources to deliver services in a cost-efficient and safe manner to best meet the needs of the person receiving the service (Way et al., 2000). Expanding this collective knowledge of a group is also a key principle associated with collaborative practice (Meads, Jones, Harrison, Forman, & Turner, 2009; Suter., Arndt, Arthur, Parboosingh, Taylor,, & Deutschlander, 2009).

In relation to advancing collaborative practice there has been a focus on the training of health professionals to practice collaboratively, known in the tertiary sector as ‘interprofessional education’ or an ‘interprofessional learning approach’ (Centre for the Advancement of Interprofessional Education, 2016). *The Centre for Advancement of Interprofessional Education* defines interprofessional education as “learning from, with and about one another to improve collaboration and quality of care” (CAIPE, 2016). Much of the research demonstrates that while this training is important the impacts are not being fully realised in practice as often the systems within organisations inhibit collaborative practice (Leathard, 2003; Williamson, 2005; Xyrichis & Lowton, 2008).

2.2 Review of the Academic Literature

The review of the academic literature involved an in-depth review of distributed leadership and leadership development. This review identified a number of tools which were adopted for use in the research which are also presented in this section. Five organisational development theoretical constructs were identified as part of this review and are also presented in this section.

2.2.1 Distributed leadership: theoretical foundations

For the purposes of this research distributed leadership is understood as a broad concept where the role of formal leaders is less about leading from the front but rather is focused on enabling others to lead. A general concept adopted by theorists is that distributed leadership empowers individuals to contribute ideas and expand the collective knowledge of the group and organisation (Bennett, Wise, Woods, & Harvey, 2003; Gronn, 2002; Harris & Spillane, 2008; Hartley & Benington, 2010; Spillane, 2012).

From this broad perspective there are varying interpretations of distributed leadership. However, the following four key principles of distributed leadership provided the parameters that framed this study as well as the organisational development work adopted by *ACH Group*:

1. Distributed leadership encourages self-direction rather than external control. When people work together it is expected they pool their initiative and expertise. The outcome is a product or energy which is greater than the sum of their individual actions (Bennett et al., 2003).

2. Distributed leadership does not replace formal leadership but rather it encourages and supports staff across an organisation to exercise leadership skills in day to day operations. It is based on trust in the expertise of individuals rather than direct management or regulation (Gronn, 2009; Spillane, 2012).

3. Distributed leadership encourages staff at all levels to work together in planning for and achieving outcomes. This includes staff being a part of change, systems improvement and continuous quality improvement (Gronn, 2009; Nadeem, Olin, Hill, Hoagwood, & Horwitz, 2013).

4. Distributed leadership puts the focus on leadership as a process rather than individual actions of individuals (Gronn, 2009; Spillane, 2012).

Building on these four key principles it is recognised that distributed leadership evokes an aspiration for how leadership is configured, and draws attention to iterative relationships between leadership, followership and context (Currie & Lockett, 2011). While distributed leadership is regarded as important in health and social care, particularly when change and improvement are required, beyond a limited number of studies there is little consideration of how distributed leadership is enacted on the ground (Currie & Lockett, 2011; Lemieux-Charles & McGuire, 2006; San Martín-Rodríguez, Beaulieu, D'Amour, & Ferrada-Videla, 2005).

As will be shown a move toward distributed forms of leadership requires a change in the role of the formal leader within an organisation. Distributed leadership promotes and supports the idea that every individual has an opportunity to demonstrate leadership. Further, distributed leadership is a practice whereby leadership is examined and organised in a way that is inclusive of all staff in the organisation – in this case *ViTA South*. In this way, leadership is viewed as a series of activities and interactions in which members of an organisation find themselves engaged (Gronn, 2009). The move requires a review of the role and function of a formal leader which has been incorporated into this research study toward solving the business problem.

According to Spillane (2012), distributed leadership, like all leadership theory, can benefit practice by providing a framework that helps individuals to interpret and reflect on practice as a basis of rethinking and revising it. As a result distributed leadership can prove to be a powerful tool for transforming the practice of leadership if developed effectively.

Distributed leadership is non-exclusive and can be realised through the social interactions between distributed leaders and followers (Spillane et al., 2004). In the context of leadership within an educational setting, it is the contention of Spillane et al. (2004) that socio-cultural context is an essential element of leadership practice which also contributes to shaping it. Adopting their distributed perspective leadership practice can be seen to consist of an ongoing interaction of leaders together with their social and material situations.

Central to distributed leadership is collegiality and the opportunity and capacity to collaborate. Members share leadership and followership responsibilities throughout the organisation. According to Diamond (2007) this is different to delegating responsibilities. Diamond (2007) suggests that in order to conceptualise distributed leadership as it applies to practice a shift in thinking is required; to see and understand leadership through actions. To understand distributed leadership Diamond (2007) suggests that it is constituted through a combination of interaction between leaders, followers and the situation. Diamond (2007) argues that distributed leadership provides a powerful way to better interpret and develop shared understandings of leadership activity in complex environments.

The effectiveness of distributed leadership practice relies to a large extent on the willingness and capacity of individuals within an organisation to work together to improve their practice. Spillane et al. (2004) contend that leadership is embedded in various organisational contexts and not vested in a formal leader, position or person holding office. The distribution of leadership needs to be accomplished after identifying clear, observable and measureable goals. Goals include task identification, acquisition, allocation, coordination and use of social, material and cultural resources tied to the core work of the organisation (Spillane et al., 2004).

Distributed leadership can be seen as providing a framework for understanding how leadership operates within an organisation. It also can help to shape understanding of how leadership influences, and is itself influenced by the development of its members. It further provides a means by which an organisation can develop an approach to leadership that is inclusive and incorporates the skills and abilities of all members of an organisation in the pursuit of its goals.

Distributed leadership has been shown to be a key determinant in achieving positive healthcare outcomes, particularly when engaging with complex adaptive systems (Greenfield et al., 2009). This research specifically focused on the

organisational development associated with developing a leadership strategy, which encompassed distributed leadership, for the complex adaptive system of *ViTA South*.

Distributed leadership is a perspective rather than a prescriptive approach to leadership (Spillane et al., 2004). There are only a few studies which provide insight into the organisational development process involved with developing distributed leadership in a practice setting within a health context. For example Buchanan, Addicott, Ferlie, Baeza, and Fitzgerald (2007) described distributed leadership in practice in the health context as happening without a plan. This view did not provide the insights required to guide the choice and type of organisational development to be adopted within a new operational model which would create the conditions for distributed leadership such as required at *ViTA South*.

Much of the existing literature related to distributed leadership in healthcare has focused on why it is required and the definitions and history behind its evolution. The research literature on distributed leadership in health and aged care indicated that distributed leadership could have positive impacts on the quality and safety in healthcare (Greenfield et al., 2009; Jeon, Merlyn, & Chenoweth, 2010). The need for distributed leadership is well documented, but there is a lack of evidence of approaches in creating the conditions for staff to exercise distributed leadership which may be transferrable to other collaborative healthcare contexts, in particular health and aged care settings (Hartley & Benington, 2010; Woods, Bennett, Harvey, & Wise, 2004). Therefore uncertainty around the processes and systems through which health and aged care organisations can promote, apply and embrace distributed leadership remains, giving significance to this study, which contributes to the advancement of research into distributed leadership as it is applied in practice (Currie & Lockett, 2011; Hartley & Benington, 2010; Lemieux-Charles & McGuire, 2006; San Martín-Rodríguez et al., 2005; West et al., 2014; Woods et al., 2004).

Chreim, Williams, Janz, and Dastmalchian (2010) suggest what is needed to advance understanding of distributed leadership in practice is to go beyond studying traits such as the qualities of ‘successful leaders’. They call for future research to include

descriptive longitudinal case studies to enable an exploration of the context and process through which distributed leadership emerges and evolves (Chreim et al., 2010).

There has been some research into the application of distributed leadership in practice in the education sector; a sector that is also recognised as being largely fragmented (Harris & Spillane, 2008). This research has shown the effects of a more holistic approach on engaging members of a school or university, creating a positive impact on the quality of teaching and learning (Harris, Leithwood, Day, Sammons, & Hopkins, 2007; Jones, Harvey, Lefoe, Ryland, & Schneider, 2011; Spillane & Coldren, 2011). Despite the extensive research into distributed leadership in education there are still calls for further research into the application of distributed leadership practice in education (Harris, 2012; Jones, 2014; Spillane, 2009).

2.2.2 Distributed leadership: within a preferred model of leadership

To understand the true intent of distributed leadership it is critical to recognise it within the context of leadership theory which can be broken down into two broad categories. These are theories and studies that are psychology-driven and those that are sociology-driven (Schedlitzki & Edwards, 2014).

In psychology-driven studies the emphasis is on the importance of the skills, traits and behaviours of individuals. Often they focus on the question of what characteristics make an effective leader (Schedlitzki & Edwards, 2014). In sociology-driven studies, emphasis is on the importance of understanding the process between leaders and followers and predominantly explores the action of leading in context (Schedlitzki & Edwards, 2014).

This research study aligns with the criteria of a sociology-driven research study. It is concerned with the action of leading and in particular the impact of situation, in terms of organisational routines and tools which can be unique to a particular environment or context such as *ViTA South*. Identifying this alignment was significant as it provided a focus and direction for the ongoing literature review.

A prevailing theme in the current leadership literature is a discussion on the requirement to shift from heroic leadership models to shared models (Schedlitzki & Edwards, 2014). This shift is in response to the increasing complexity of organisations during the 21st century. In reflecting on what is deemed heroic leadership it is largely hierarchical in nature and places the actions of followers as passive or reactive to the actions of leaders (Schedlitzki & Edwards, 2014).The shift from heroic to shared models of leadership shares similarities within the shift taking place in relation to moving from multidisciplinary practice toward collaborative practice discussed earlier. These strategies to change practice aim to work toward addressing the increasing complexity of health and aged care.

Since 2000 the research literature shows that there is a distinct shift away from the 'top-down' heroic model of leadership. The move is toward a form of leadership that is distributed, collaborative and shared. Terms used in the literature include distributed leadership, collective leadership, shared leadership, and relational leadership; which have many conceptual similarities (Uhl-Bien, Marion, & McKelvey, 2007; West, Eckert, Steward, & Pasmore, 2014).While the literature reflects a move toward distributed models of leadership, the process by which this shift occurs has not yet been documented. This research seeks to address this gap by documenting a process one organisation has used to shift toward a distributed approach to leadership.

2.2.3 Sociological considerations for developing distributed leadership

Youngs (2012) recommends that applying a sociological understanding of practice as it relates to distributed leadership can mitigate the risk of oversimplifying research and organisational development associated with distributed leadership. Emergent distributed forms of leadership tap into the human, cultural and social capital existing within groups and individuals in the form of deference (Youngs, 2012). Youngs identifies that symbolic power can be generated through deference and authority is generated through the jurisdiction that is embedded in a role (Youngs, 2012). Youngs describes four types of organisational capital:

1. Human capital – expertise, skills and knowledge
2. Cultural capital – disposition toward cultural practices
3. Social capital – networked relations, relations of trust, membership of a group, collective identity
4. Authoritative capital – jurisdiction embodied in a role and the expectations associated with this

These sociological considerations have influenced the organisational development design required to support strategies aimed at creating the conditions for staff to exercise distributed leadership at *ViTA South*. For *ViTA South* to meet *Aged Care* Accreditation Agency requirements, a formal leadership team was needed to maintain the overall responsibility and accountability for the site operations at *ViTA South*. In introducing distributed leadership into *ViTA South* the plan was not for formal leadership roles to be abolished, but rather, it was anticipated the formal leadership team role would evolve and include creation of conditions for staff to exercise distributed leadership as part of its function. Youngs (2012) explains that in establishing an environment that creates the conditions for staff to exercise distributed leadership formal leaders need to become comfortable in simultaneously holding onto and letting go of responsibility which will enable innovation and risk taking to emerge.

This concept of stepping in and stepping back is what Young (2014) describes as ‘hybrid configurations of leadership’. It includes stepping in to orchestrate leadership amongst others, stepping back to allow individual and group leadership to emerge, and ensuring supportive organisational structures allow distributed leadership to occur in parallel with formal leadership (Youngs, 2014). It encourages organisational-wide system thinking and boundary-spanning within groups (Youngs, 2014).

Therefore the leadership strategy developed for *ViTA South* represents what Gronn (2009) labels as a ‘hybrid form of distributed leadership’. Youngs (2012) describes hybrid configurations of leadership as a spectrum between distributed forms of leadership and hierarchical arrangements for leadership (see Figure 3). At one end of the spectrum leadership is driven by ‘authority’. This includes ‘role based authority’

where leadership is distributed through a demarcation of role functions which include specific leadership responsibilities. Leadership at the opposite end of the spectrum is driven by 'symbolic power' (Youngs, 2012).

The leadership strategy for *ViTA South* aligns most appropriately with a hybrid configuration as seen in the highlighted area of Figure 3. This configuration, which was facilitated at *ViTA South* through 'organisational forms' of planned leadership development and complemented by 'emergent forms' of leadership, was expected to unfold as the conditions for staff to exercise distributed leadership were created.

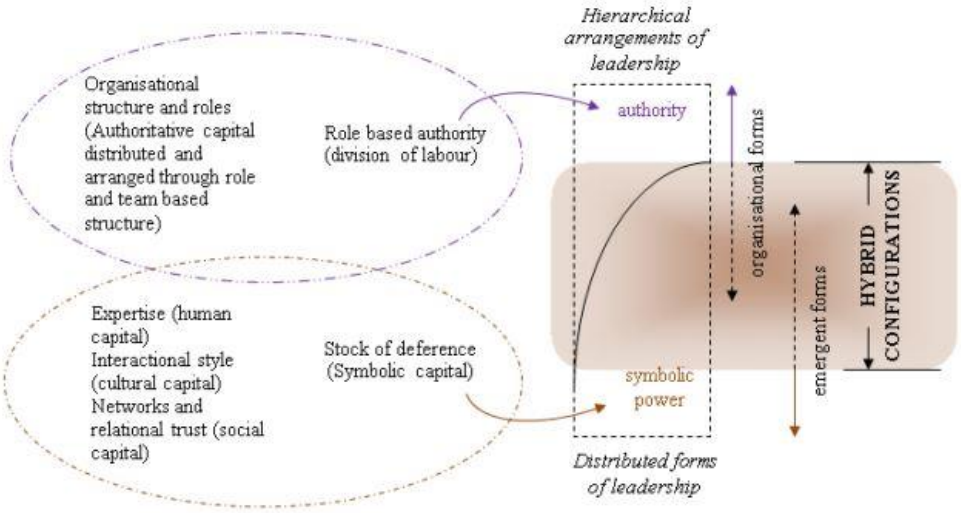

Figure 3 ***Theorising distributed forms of leadership with authority and symbolic power (Youngs, 2012, p.230)***

2.2.4 Previous studies involving distributed leadership modelling in health

A systematic review was undertaken as part of the discovery stage of the second action research cycle. Details of the systematic review critical appraisal, data extraction and synthesis process have been included in the presentation of the research design set out in Chapter 3. This section presents an overview of each of the six studies which were included in the review. The synthesised findings identified from the systematic review are presented in Chapter 5 as they were considered as part of the discovery undertaken within cycle 2 of the action research process.

It was anticipated that this systematic review would provide some insight into the strategies other organisations had used to create the conditions for staff to exercise distributed leadership and how these strategies were intended to work in practice.

During the systematic review a total of 140 papers were identified from database searches. A further seven papers were then added after identification from reference lists. After removal of nine duplicates, title and abstract checking was undertaken for a total of 138 papers with 78 retrieved for verification, of which 60 were excluded. Many of the papers extracted were excluded as they were opinion pieces. Seventy-eight studies were critically appraised, of which 72 were excluded in line with the systematic review protocol, leaving a total of six studies for data extraction and inclusion in the review. The six studies which were appraised and considered suitable and were included for data extraction and synthesis are now described individually.

The first study by Chreim et al. (2010) involved a qualitative, longitudinal case study to map the evolution of a successful model of leadership. The research tracked changes and agents' roles over a four year time frame. The study sought to understand the dynamics of collective or distributed leadership by attending to change agency roles (Chreim et al., 2010). This was specifically discussed in a context which involved collaboration across health organisations and specifically drew conclusion from the examination of how change agency roles develop, evolve, interact, and complement each other. The study also examined the basis of the change agents' ability to exercise influence (Chreim et al., 2010).

The Chreim et al. (2010) study presented three key findings. The first finding showed that distributed leadership potentially evolves over time (Chreim et al., 2010). The next outlines the need for change leaders to build a winning coalition of people or what they describe as 'agents' who bring complementary skills and resources to support the desired change (Chreim et al., 2010). Further, it identified the investment of time to facilitate the development of common ground across stakeholders toward building credibility and trust. The final conclusions within the Chreim et al. (2010) study outline

the importance of having an agent whose main responsibility is to facilitate the change process. Chreim et al. (2010) contend that it would be optimum to allocate a dedicated resource in the form of a staff member to facilitate the change, rather than asking busy health care practitioners to take on a competing workload to their existing role. At *ViTA South* there was no dedicated resource allocated to manage the change process associated with introducing distributed leadership for *ViTA South,* however the researcher was an appointed agent who took on the main responsibility of facilitating the change as part of an additional workload.

Also of particular relevance to the research for *ViTA South* was the Chreim et al. research which illustrated that distributed leadership has both planned and emergent components (Chreim et al., 2010). It also indicated that distributed leadership can contribute to success in bringing about change associated with the social capital, prevalent within an organisation or clinical area (Chreim et al., 2010). Similarly the importance of developing shared understandings is discussed (Chreim et al., 2010).

The next study by Martin, Beech, MacIntosh, and Bushfield (2015) examined three co-located health-care organisations within the UK *National Health Service* over a three year period. Each of the three organisations had introduced a new leadership framework which incorporated distributed leadership (Martin et al., 2015). The research adopted a methodology which examined how the concept of leadership is created, institutionalised, and reproduced by the leaders within, and by the followers acting on their interpretations and knowledge of the phenomena (Martin et al., 2015).

The research identified several areas of disconnect being power, distance and value. The outcomes within the research were dependent on who had the power, where others were located and what their values were. The outcomes of this research noted several areas of concern in creating distributed leadership. These related to a resistance to change, the power struggle when leadership is shared, the issues of blaming others and a lack of accountability (Martin et al., 2015). It was also observed that there was resistance from social groups within different areas of work and that leaders' interactions

were restricted to their in-groups in mutual isolation, thus increasing power and control (Martin et al., 2015).

Once again the recurring theme of the need to develop shared understandings between staff was required in order to introduce a climate within the organisation conducive to the change required to create the conditions for staff to exercise distributed leadership (Martin et al., 2015).

A third study by Dearmon, Riley, Mestas, and Buckner (2015) presented a descriptive case study with a participant group of frontline nurses. At the time of the study the nurses were participating in a leadership program known within the research as 'frontline innovation'. Dearmon et al. (2015) hypothesise that leadership at all levels of organisations is required to transform broken health care systems. The study, similar to Martin et al. (2015), identified that frontline nurses were unaccustomed to resolving system problems and commonly lacked sufficient confidence and leadership skills to partner with administration in decision making and accountability (Dearmon et al., 2015). The recommendations from the research were the potential value of a mentoring approach embedded within research and quality improvement processes as a process to develop the leadership capacity of frontline nurses (Dearmon et al., 2015). Within the research program the staff used research and quality improvement processes to resolve operational failures (Dearmon et al., 2015). The study concluded that a partnership between practice and academia could strengthen the mentoring process (Dearmon et al., 2015). Utilising their leadership development process they evidenced that frontline staff initiated a shared governance model to sustain the work (Dearmon et al., 2015).

The next study, conducted by Klein, Ziegert, Knight, and Xiao (2006), narrowed the focus from an organisational level to a unit based level. The focus of the research paper was to examine the commonalities that describe the team within the trauma unit (Klein et al., 2006). The team was described in terms of those members that provided the care and those attending the trauma emergency unit (Klein et al., 2006).

The findings within this paper indicated a hierarchical, de-individualised and dynamic system of shared leadership from, and within, the teams. The responses from the teams indicated various layers of leadership from the consultant through to resident and senior nurse (Klein et al., 2006). The response from participants indicated a more shared and distributed approach was dependent on the skill and care requirements needed. Four key leadership responsibilities were evident of formal leaders: to provide strategic direction, to monitor situations, provide hands on treatment, and teach other team members (Klein et al., 2006). These findings were consistent with other research papers included within the review that specifically focus on areas of hands on treatment (Tomlinson, 2012) and teaching other team members (Dearmon et al., 2015).

The findings suggest that organisations whose members come together with little or no prior shared experience to perform complex, urgent and often highly consequential tasks, may achieve coordination and reliable performance, by joining hierarchical and bureaucratic role based structures with flexibility enhancing processes. The bureaucratic structures provide the order, balance and stability with the flexibility enhancing processes, allowing staff autonomy and adaptability to practice. Of relevance to this research, the key findings illustrated that distributed leadership has both planned and emergent components, and within the emergency trauma unit the success of the quality of care provided was dependent on a shared and distributed leadership approach.

A further research study included in the systematic review was conducted by Tomlinson (2012). As part of this research 20 nurses from acute surgical wards in Scotland were interviewed. The research utilised an interpretivist phenomenological perspective to understand whether different leadership styles have different effects on clinical teams (Tomlinson, 2012). The findings presented within the research suggest that a distributed leadership approach was present, however the significance of stress was identified (Tomlinson, 2012). The research acknowledged that distributed leadership was apparent in each of the interviews (Tomlinson, 2012).

It is not dissimilar in nature to the findings from within the emergency trauma unit research conducted by Klein et al. (2006). However the outcomes of this paper reiterate

the stress response by participants with the accountability of a distributed model of leadership (Tomlinson, 2012). Stress was identified as a factor in their daily working lives as was tension in the nursing teams (Tomlinson, 2012). The tension they referred to related to the perceived need to meet organisational goals whilst concurrently delivering patient-centred care (Tomlinson, 2012). The research noted that the organisation's participants tended to place greater importance on audits and meeting targets than on quality of care and a focus on the outcomes of the work at hand (Tomlinson, 2012).

Importantly, the Tomlinson (2012) research identified that on the whole, support for the premise of a transformational leader with a distributed approach worked well. This is not dissimilar to the paper by Dearmon et al. (2015) and also the outcomes identified by Klein et al. (2006) as in both of these research studies patient-centred care was a norm, and organisational goals were achieved. Within the research by Tomlinson (2012) no direct correlations between the variables could be ascertained, however it was suggested that a transformational leader was key (Tomlinson, 2012). The distributed approach linked decision making and accountability to be kept as close to the clinical front line as possible (Tomlinson, 2012).

The final research study included was undertaken by McKee, Charles, Dixon-Woods, Willars, and Martin (2013). The study explored the views of strategic level stakeholders on leadership for quality and safety in the UK *National Health Service* (McKee et al., 2013). This research study differed from the others in that it sought to understand the experience from formal leaders who held strategic positions within the UK *National Health Service* (McKee et al., 2013). The research was extensive with 107 interviews conducted. Consistent with the literature, the research sought to distinguish between traditional hierarchical 'concentrated' leadership characteristics associated with particular positions, and distributed leadership involving those with particular skills and abilities across multiple institutional levels (McKee et al., 2013).

The findings presented in this research articulated an identified role for distributed leadership (McKee et al., 2013). The leadership approach described within the research by McKee et al. (2013) outlines the value of leadership coalitions between

managers and staff. The research paper expresses concern that distributed leadership may create an environment of uncertainty about who was in charge, with particular relevance to the trauma unit and the need at times for clear direction and approach in care decisions (McKee et al., 2013). At a national level it risked creating confusion of who had the authority, with tiers of authority and the possibility of mixed messages, and conflicting expectations and demands (McKee et al., 2013). The participants within the research argued that hierarchically based leadership was needed to complement a distributed approach (McKee et al., 2013). This was based on the need for a leader to provide focus, and be able to provide practical support and expertise, and managerial influence (McKee et al., 2013). Despite the concerns the research argued that leadership at every level of staff within an organisation is essential to patient safety and quality (McKee et al., 2013). Participants saw that leadership for quality and safety was the responsibility of everyone and should not be left in the hands of a few (McKee et al., 2013). The research identified that in reconceptualising 'new' leadership, organisational development needs to provide a clear strategic and well-versed direction (McKee et al., 2013).

The systematic review process identified four key considerations when deciding how to utilise distributed leadership theory in practice in health and aged care. These were:

1. Mobilise agents of change toward developing distributed leadership.
2. Tailor leadership governance structures.
3. Ensure visibility and accessibility of the organisational strategic plan and make explicit how operations align with and contribute toward achieving strategic goals.
4. Understand the importance of understanding the characteristics of team dynamics needed to enact distributed leadership.

These considerations are referenced and discussed in both cycle two of the research and within the presentation of the research findings. These considerations directed the literature review in exploring considerations around choice of strategy for leadership development.

2.2.5 Leadership development

Traditional leadership development has primarily focused on the qualities, characteristics, skills and capabilities of leaders as individuals (Bolden, Jones, Davis, & Gentle, 2015). It is often espoused that effectiveness in an organisation is dependent upon the success of these individual leaders (Avolio, Walumbwa, & Weber, 2009; Bolden et al., 2015; West et al., 2014). While the skills of the individual are important in creating the conditions it is too narrow to place the emphasis on just a few people (Bolden et al., 2015).

In traditional leadership development there has not been the focus on developing collective capability (The King's Fund, 2012). Similarly there has not been a process for embedding the development of people within the context of the organisation they are working in (West et al., 2014). It is recommended that contemporary leadership development should factor in the shift from a focus on leadership by a person in a position to leadership as a process (Grint, 2005). Once again this reinforces the decision to adopt double loop learning within leadership development to create the conditions for staff to exercise distributed leadership at *ViTA South*.

The traditional approach to leadership development is common in health and aged care. Leadership programs in health and aged care traditionally focus on individual traits (Dickson & Tholl, 2014; Forman et al., 2014; Health Workforce Australia, 2012b). However it is recognised that health practitioners working within health and aged care organisations don't work as individuals and need to work collaboratively. Even if they are sole practitioners they are part of a broader team (Dickson & Tholl, 2014; Forman et al., 2014; Health Workforce Australia, 2012b).

In contemporary leadership development the shift in focus is away from purely leadership 'inputs' toward a focus on leadership 'outcomes' (Bolden, 2011; Jones, Lefoe, Harvey, & Ryland, 2012). Leadership 'inputs' in this sense are leaders, followers and tasks, whereas leadership 'outcomes' are a shared sense of direction, alignment and

commitment (Bolden et al., 2015). This holistic approach to leadership development was adopted and embedded within the *ViTA South* operational model.

2.2.6 Leadership strategy development

A leadership strategy is the result of a process of consciously and purposefully describing the type of leadership culture the organisation aspires to (The King's Fund, 2012; West et al., 2014). The goal of a leadership strategy is to enhance leadership (West et al., 2014). This includes identifying the skills and behaviours needed at an individual and collective level to implement and sustain the desired leadership culture (West et al., 2014).

An organisational effort is required to develop a leadership strategy which incorporates distributed leadership (The King's Fund, 2012; West et al., 2014). It views leadership development as a means of creating collective capability in the organisation and endorses the integration of leadership development with organisational development (West et al., 2014).

This focus on organisational effort contrasts with traditional leadership development work, which has focused on developing individual capability while neglecting the need for developing collective capability or embedding the development of people within and across the context of the organisation they are working in (West et al., 2014).

A leadership development plan flows from the strategy setting out how to achieve the desired future state. It is a process that is considered, contextual and informed by data and requires disciplined commitment and action. By implication, leadership development will be fundamentally contextualised in the culture and strategy of the organisation concerned. It will not be a process of training individuals by sending them to an external provider for a training course. While training is important, more important are the structures, supports and processes which create the conditions for staff to exercise distributed leadership (West et al., 2014).

The leadership strategy developed for *ViTA South* aimed to utilise leadership development as a way of developing collective capability within the organisation, by building a research process that enabled both individual leadership development as well as collective (organisational) leadership development. The aspired leadership strategy aimed to align the integration of leadership development as part of organisational development; and recognised the importance of unique organisational context as a major factor in shaping the leadership required to inform organisational development and resolve the business problem of this study.

2.2.7 Distributed leadership: modelling

Planning and modelling for enabling distributed leadership requires a shift in the traditional thinking about the allocation of responsibility, resources, power and influence (Jones et al., 2012). The *Australian Learning and Teaching Council* (ALTC) funded a project that focused on enabling distributed leadership in the university sector. The project identified four important factors when introducing distributed leadership:

1. A focus on actions rather than simply processes or structures
2. The design of a reflective process to scaffold action through cycles of change as new issues and ideas emerge
3. The development of a dynamic process to enable distributed leadership that goes beyond evaluation
4. Recognition of the hybrid nature of distributed leadership that values working alongside, rather than replacing, formal leaders (Jones et al., 2012).

The *ALTC* project was integral in developing a set of resources to assist Australian universities to build leadership capacity in learning and teaching using a distributed leadership approach (Jones et al., 2012). The resources developed from this project included the *6E Conceptual Model,* the *Action Self Enabling Resource* Tool (ASERT) and also *Benchmarks for Distributed Leadership*. An overview and discussion of these tools is provided below.

2.2.8 The 6 E Conceptual Model

The *6E Conceptual Model* was based on six key principles which were identified as necessary for planning a distributed leadership strategy. To date the *6E Conceptual Framework* has only been tested in the university sector. The principles are outlined in Table 3.

Table 3 ***The 6E conceptual framework (Jones et al, 2014)***

1. Engage with people – a broad range of leaders in positions of institutional authority (termed formal leaders), employees respected for their leadership but not in positions of institutional authority (termed informal leaders), experts in learning and teaching and formal and informal leaders and experts from various functions, disciplines, groups and levels across the institution who contribute to learning and teaching.
2. Enable through relationships – development of context and culture of respect for and trust in individual contributions to effect change through the nurturing of collaborative relationships.
3. Enact via intentional practice – design a holistic process in which processes, support and systems encourage the involvement of people.
4. Encourages with activities and acknowledgement – a plethora of activities to raise awareness and scaffold learning through professional development, mentoring, facilitation of networks, communities of practice, time, space and finance for collaboration, and recognition of, and reward for contribution.
5. Evaluate for learning and development – benchmarks against good practice examples that evidence increased engagement in learning and teaching, collaboration, and growth in leadership capacity.
6. Emergent through participative action research (PAR) – a sustainable ongoing process of cycles of action through PAR.

2.2.9 Action Self Enabling Resource (ASERT)

The *Action Self Enabling Resource* (see Table 4), otherwise known as the *ASERT*, was designed to assist universities to self-evaluate their capacity to engage with a distributed leadership approach and presents the means to identify action required to support a distributed leadership approach (Jones et al., 2012).

Table 4 ***The Action Self Enabling Resource (Jones et al, 2012 p.613)***

Criteria for Distributed Leadership	Dimensions and Values to enable development of Distributed Leadership			
	Context Trust	Culture Respect	Change Recognition	Relationships Collaboration
People are involved	Expertise of individuals is used to inform decisions	Individuals participate in decision making	All levels and functions have input into policy development	Expertise of individuals contributes to collective decision making
Processes are supportive	Informal Leadership is recognised	Decentralised groups engage in decision making	All levels and functions have input into policy implementation	Communities of Practice are modelled
Professional development is provided	Distributed Leadership is used to build leadership capacity	Mentoring for distributed leadership is available	Leaders at all levels proactively encourage distributed leadership	Collaboration is facilitated
Resources are available	Space, time and finance for collaboration are available	Leadership contribution is recognised and rewarded	Flexibility is built into infrastructure and systems	Opportunities for regular networking are supported

Within the *ASERT* there are four common dimensions and value descriptors for distributed leadership inherent within this resource, which are listed below:

> **Context** – where leadership is regarded as relying less on positional power and more on placing trust in expertise
> **Culture** – in which leadership relies less on control and more on respect for experience and expertise
> **Change** – where leadership is recognised as emanating from multiple levels and functions as a mix of top-down, bottom-up and middle-out contributions
> **Relationship** – based on collaboration between individuals that together contribute to a collective identity.
> (Jones et al.2012, p603-619).

Additionally, the *ASERT* has four associated criteria for a collective approach to distributed leadership listed as follows:

> **People** – the involvement of a broad range of experts contributing their knowledge
> **Processes** – that are supportive of enabling individuals to share their expertise across traditional functions and structures
> **Professional development** – provided to develop individual and collective skills, traits and behaviours
> **Resources** – provided to encourage collaboration, networks and partnerships. (Jones et al.,2012. p603-619)

The intersection of these dimensions, values and criteria are presented as a grid *(the ASERT)* shown in Table 4. The presentation in a grid format is purposely designed to assist in the process of planning for creating the conditions for distributed leadership. It is not designed to provide a prescriptive step-by-step approach but is intended to enable the mapping of what currently exists in an organisation against what needs to be developed. The intention of this approach is to provide flexibility to individualise an approach and map mutually reinforcing actions and conditions (Jones et al.,2012).

ACH Group adopted the *ASERT* and *6E* to define the criterion, dimensions and values to enable distributed leadership within the *ViTA South* operational model. While the *ASERT* and *6E* were not specifically designed for the health or aged care sector, the potential for transferability to this study was recognised by the researcher and the *ACH Group Leadership Team*. The research literature on distributed leadership shows that at times there can be resistance to the adoption of distributed leadership related to misunderstandings in its purpose and outcomes (Bolden, 2011; Bolden et al., 2015).The *ASERT* was identified as potentially useful in providing a frame of reference to assist in communicating a conceptual model which underpins distributed leadership. The *ASERT* provides a detailed identification of actions required to encourage and assist with development of the conditions for staff to exercise distributed leadership (Bolden, 2011; Bolden et al., 2015) .

2.2.10 Benchmarks for Distributed Leadership

In building on the work undertaken to develop the *ASERT* resources (Jones et al., 2012) a further resource was developed. This tool aimed to provide an evaluative process (through benchmarking) of distributed leadership across universities. The distributed leadership benchmarking tool developed by Jones, Hadgraft, Harvey, Lefoe and Ryland (2014) outlines benchmarks which are designed to evaluate distributed leadership against previously determined reference points.

Benchmarking is undertaken as a common process in a range of areas across Australian universities. It is a process by which Australian higher education institutions can measure and evaluate their current practices against previously determined standards. This enables comparison within and across universities.

The intention of the distributed leadership tool was for it to be used to enable 'good practice benchmarking' as the comparator selected is believed to be the best in the area to be benchmarked (Jones et al., 2014).

The criteria are established as definitions of the attributes of perceived good practice in distributed leadership. They were identified by working with Australian higher education institutions which had been using a distributed leadership approach to achieve change to improve learning and teaching.

The benchmarks articulated in Table 5 have been designed to be used as a collaborative benchmarking tool. It is focused on processes as a tool to support collaborative learning and self-improvement as part of a continuous action learning and/or action research cycle. At the time of this review the benchmarking tool had not been validated for use within research. However the distributed leadership benchmarking tool was adopted by the *ACH Group Leadership Team* as a tool for use within the organisational process of leadership development within *ViTA South*.

Table 5 ***Benchmarks for Distributed Leadership (Jones et al, 2014)***

DOMAIN	SCOPE	ELEMENTS	GOOD PRACTICE DESCRIPTOR
ENGAGE	Distributed leadership engages a broad range of participants from all relevant functions, disciplines, groups and levels. This includes formal leaders, informal leaders and experts	Formal leaders (academic and professional)	Formal leaders proactively support initiatives through attendance at meetings, publication of activities and other sponsorship activities.
		Informal leaders	Staff participate in learning and teaching enhancement and are recognised for their expertise through good practice
		Discipline experts	Academics from relevant disciplines contribute their discipline expertise to initiatives either through self-nomination or peer nomination.
		Functional experts	Professional staff contribute their relevant functional expertise to initiatives either through self-nomination or peer nomination.
ENABLE	Distributed leadership is enabled through a context of trust and a culture of respect coupled with effecting change through collaborative relationships	Context of trust.	Decisions made in initiatives are based on respect for and confidence in the knowledge, skills and expertise of academics and professional staff in addition to the relevant rules and regulations.
		Culture of respect	Decisions made in initiatives are shared between all participants based on their expertise and strengths.
		Acceptance of need for change	Initiatives combine formal leadership authority, relevant rules and regulations and the expertise of staff in an integrated top-down, bottom- and middle-up approach.
		Collaborative relationships	Participants in initiatives are provided with professional development opportunities as well as experienced facilitators and mentors to encourage collaborative decision making.
ENACT	Distributed leadership is enacted by involvement of people, the design of processes, the provision of support and the implementation of systems	Involvement of people	Initiatives identify and encourage the participation of experts from among all relevant academic and professional staff.
		Design of participative processes	Communities of practice and other networking opportunities are encouraged and supported.
		Provision of support	Space, time and finance for collaborative initiatives are provided.
		Integration and alignment of systems	Systems are aligned to ensure that decisions arising from initiatives are integrated into formal policy and processes.
ASSESS	Distributed leadership is best evaluated drawing on multiple sources of evidence of increased engagement collaboration and growth in leadership capacity	Increased engagement	Performance review processes acknowledge individual engagement in initiatives.
		Increased collaboration	Data (such as university cultural surveys; collaborative grant applications related to learning and teaching enhancement; and collaborative publications) identify evidence of increased collaborative activity between staff.
		Growth in leadership capacity	Participation in initiatives is recognised and rewarded.
EMERGENT	Distributed leadership is emergent and sustained through cycles of action research built on a Participative Action Research methodology	Participative action research process	An action research process that encourages participation through cycles of activity underpins the initiative.
		Reflective practice	Reflective practice is built into initiatives as a formal practice and stage of the initiative.
		Continuous improvement	Output from each stage of the initiative will be sustained.

This first two sections of the literature review have discussed the relevant professional and academic literature. The next section provides the practical link between methods of action research and the goal of creating distributed leadership.

2.3 Practical link between methods of action research approach and the goal of creating distributed leadership

During the literature review a practical link between methods of action research and the goal of creating distributed leadership was identified. This practical link is now presented in terms of five organisational development theoretical constructs. The justification for the choice of action research is then expanded within the presentation on research design in chapter 3.

2.3.1 Dynamics of leading strategic organisational development initiatives

Five organisational development theoretical constructs were adopted for use within this research. These constructs help to explain the dynamics of leading strategic organisational development. These theoretical constructs are:

1. Complex adaptive systems
2. Theory of action
3. Logic modelling
4. Action research (discussed in Chapter 3)
5. Single and double loop learning

The theoretical constructs influenced the choice of how and why the organisational strategies were chosen and were intended to work in practice at *ViTA South*. A discussion of the academic literature relevant to these theoretical constructs is now presented.

Together these theoretical constructs enabled a ‘diagnosis and a design’ approach to developing distributed leadership which is recommended by Spillane and Coldren (2011). A diagnosis and design approach involves scoping barriers to

distributed leadership which can then inform system design by allowing for the tailoring of strategies to overcome the identified barriers (Spillane et al, 2011).

2.3.2 Complex adaptive systems

Health systems are some of the most complex social organisations that exist (Philippon, 2011). Many theorists describe health and aged care services as complex adaptive systems (Anderson et al., 2003; Best, Greenhalgh, Lewis, Saul, Carroll & Bitz, 2012; Dickson & Tholl, 2014; Plsek & Greenhalgh, 2001). *ViTA South* was recognised is described by the researcher as being a complex adaptive system as it shares the characteristics of a complex adaptive systems which Rouse (2008) describes as follows:

- They are non-linear and change dynamically. They do not inherently reach fixed equilibrium points. As a result of system behaviours they may appear to be random or chaotic
- They are composed of independent agents whose behaviour is based on physical, psychological, or social rules rather than the demands of system dynamics
- Because agents' needs or desires (reflected in their rules) are not homogeneous, their goals and behaviours are likely to conflict
- In response to these conflicts or competitions, agents tend to adapt to each other's behaviours
- Agents are intelligent. As they experiment and gain experience, agents learn and change their behaviours accordingly. Thus, overall system behaviour inherently changes over time
- Adaption and learning tend to result in self organisation. Behaviour patterns emerge rather than being designed into the systems. The nature of emergent behaviours may range from valuable innovations to unfortunate accidents
- There is no single point(s) of control. System behaviours are often unpredictable and uncontrollable, and no-one is in charge. Consequently the behaviours of complex adaptive systems can usually be more easily influenced than controlled.

Understanding these characteristics of complex adaptive systems influenced the perspective of change management adopted for this research. That is, while change cannot be 'managed' it can be understood (Mintzberg & Westley, 1992). It is recommended within complex adaptive systems that leadership has a focus on influence rather than power and control through hierarchy (Rouse, 2008). The recognition that aged care services operate as complex adaptive systems reinforces the importance of distributed leadership. As an alternate approach to traditional hierarchical leadership distributed leadership has a focus on influence rather than power (Jones, 2014). A significant consideration for this research as it relates to *ViTA South* was the need to understand how to create change within complex adaptive systems. To support system change within a complex adaptive system, leaders must create the conditions for the emergence of the change sought (Gilson, Elloker, Olckers, & Lehmann, 2014). This can be undertaken through enabling cycles of action, feedback and learning that empower operational staff to think and work differently (Gilson et al., 2014).

2.3.3 Theory of action

A theory of action explains the underlying assumptions behind how a strategy is expected to work (Newcomer, Hatry, & Wholey, 2015). It has been incorporated into the research design as it recognises distributed leadership as the action of a group. In order to create the conditions for staff to exercise distributed leadership an understanding of the underlying theories of action which inform individual and group thinking and action is required. Logic modelling is a process and a format to identify and articulate theories of action to explain how chosen strategies are expected to work in practice.

2.3.4 Logic modelling

The process of logic modelling was chosen as an approach to shape new shared understandings in how to create the conditions for staff to exercise distributed leadership. The process of developing a logic model helps develop a shared understanding and expectations (Newcomer et al., 2015). This fits well with distributed leadership which requires development of shared understandings (Gronn, 2002; Jones, 2014; Spillane, Halverson, & Diamond, 2004).

Logic modelling has proven to be a useful process to conceptualise, plan and communicate concepts and strategies to others (Knowlton & Phillips, 2012 & Newcomer et al., 2015). The process involves making explicit the explanation or logic around how an intervention can contribute to either an intended or actual outcome (Knowlton et al, 2012). Logic modelling can help to identify and create an intentional transformation of specific resources toward developing processes to achieve certain organisational outputs. There is no set structure for a logic model and they vary quite considerably. Some may be in a narrative form and others in a table form (Knowlton et al. & Newcomer et al., 2015).

The process of logic modelling was used to capture information gained through understanding and then communicate strategies and interventions designed for *ViTA South*. The logic models developed within this research aim to articulate the thinking behind the strategies developed and the expected results from implementing the strategies. For the benefit of the wider research audience the logic models also enabled a clear presentation of the logic behind how and why the strategies developed for *ViTA South* were intended to work in practice. They allow for a comparison between the 'theory of action', which is the theory behind how a strategy is expected to work and the 'theory in-use' which is the theory behind how the strategy appeared to actually work, or not work. The difference between the anticipated theory in action and actual theory in use helped further refine strategies and develop new strategies.

2.3.5 Single and double loop learning to facilitate change

The process of logic modelling was identified by the researcher as an explicit framework which would contribute to enabling the organisational learning process known as double loop learning. With the value of double loop learning being that it contributes to facilitating organisational development (Argyris, 2002).

Single loop learning is recognised as the process of recognising a problem and identifying a solution or correcting errors (Argyris, 2002). If something goes wrong a first

step is to identify a strategy that will address and work within specific governing variables (Argyris, 2002). It is often the case that specifically chosen goals, values, plans and rules are implemented and rarely questioned (Argyris & Schön, 1974). Single-loop learning can happen when goals, values, frameworks and, strategies are implicit (Usher & Bryant, 1989).

Double loop learning is presented as an additional response which involves questioning governing variables themselves and critically appraising them (Argyris & Schön, 1974). Double loop learning may then lead to an adjustment in the governing variables and a shift in the underlying thinking and assumptions underpinning strategies and their linked consequences (Argyris & Schön, 1974).

In enabling double loop learning an understanding is required of how the choice of strategy is intended to work in practice. This intention can then be compared with the actual outcome. For a strategy to be successful there must be a match between intention and outcome. Where consequences are unintended then a review of how the strategy was intended to work in practice enables organisational learning (Argyris & Schön, 1974).

Argyris and Schön use two models known as Model I to and Model II that describe features that either inhibit or enhance double-loop learning (Argyris & Schön, 1974). In Model I, orientation and practice work to control environment and task unilaterally, together with protecting self and others unilaterally. Strategies are usually implemented by making covert attributions and evaluations. With consequences of creating defensive relationships, low freedom of choice and minimal public testing of ideas. Model I can lead to deeply entrenched defensive routines and these can operate at individual, group and organisational levels.

In Argyris and Schön's (1974) Model II orientation and practice share control and encourage participation in design and implementation of action. This is enabled through evaluation with relatively directly observable data (Argyris & Schön, 1974). In the case of *ViTA South* it was planned that logic modelling would contribute to enabling the features

associated with Model II, enabling double loop learning at *ViTA South*. The orientation and practice in Model II welcomes conflicting view as a point of dialogue and discussion toward improvement (Argyris & Schön, 1974).

In acknowledging the potential value of the process of double loop learning working through and facilitated by both logic modelling and the action research methodology adopted for this research. Similar to double loop learning, action research contributes to facilitating change. Therefore an assumption was made that as action research would provide a mechanism to stimulate a transition from one way of practicing leadership to the distributed leadership approach. It would do so because action research as a methodology embraces many of the principles of effective organisational development.

During the 18-month planning and commissioning stage for *ViTA South* action research and logic modelling were chosen by the researcher to enable double loop learning processes. It was determined that the process of logic modelling would be developed to become an embedded business process within the *ViTA South* operational model. This would enable the processes of double loop learning to be sustained beyond the life of this action research study.

2.4 Conceptual framework – guide to leadership development for ViTA South

The literature review discussed distributed leadership and organisational development and identified five key theoretical constructs to explain an action research approach as a methodology to create change. When combined they created the conceptual framework which was used to guide this research study.

The theoretical constructs influenced the choice of how and why the organisational strategies chosen were intended to work in practice at *ViTA South*. Firstly it provided the framework for understanding the business problem and <u>what</u> the research and organisational development aimed to achieve. This framework is presented on the left hand side of Figure 4. Secondly, it conceptualised an approach to <u>how</u> leadership

development would be planned and undertaken at *ViTA South*. This provided the theoretical foundation for the use of action research as a methodology which would both document and inform organisational development. This approach incorporated a series of organisational development tools and concepts which would be applied within leadership development for *ViTA South*. This included the use of logic models which described what distributed leadership looked like in practice. This approach is presented on the right hand side of Figure 4.

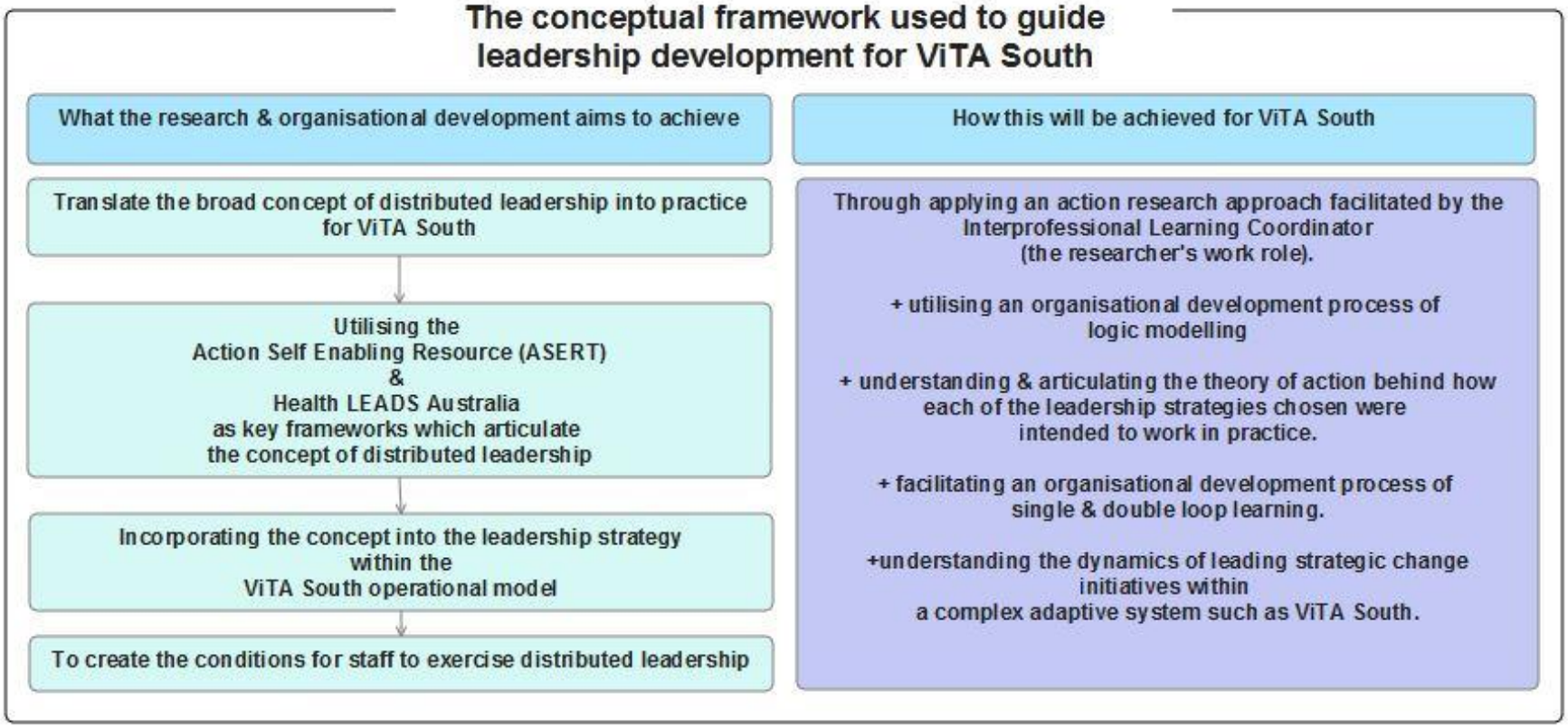

Figure 4 ***Visual overview of the conceptual framework for this research***

The conditions and behaviours which this research study aimed to create were drawn from *Health LEADS Australia*, the *ASERT* and based on the situational needs of *ViTA South*. Table 6 presents the attributes of distributed leadership expected of staff which were incorporated within the leadership strategy for *ViTA South*.

Table 6 ***Attributes of distributed leadership expected of staff which will guide the creation of an operational model for ViTA South***

Criteria for Distributed Leadership (i.e., enabling conditions from the ASERT)	**Desired Collaborative Behaviours (based on *Health LEADS Australia*)**
People are Involved	• Staff seek to establish positive working relationships with other team members • Staff show willingness to engage constructively and respectfully in difficult conversations and keep communication channels open • Staff feel they are listened to and involved in decision making • Staff feel their expertise is respected
Processes are supportive	• Staff are able to make suggestions for improvement • Staff agree that decisions that are made are made collegially when their professionalism and knowledge is required in making the decision • Individuals step forward to solve problems rather than waiting for others to do so
Professional development is provided	• Individuals participate in training that is offered • Staff take advantage of mentoring opportunities • Show enthusiasm for new ideas and learning • Seek out opportunities to learn from colleagues
Resources are available	• Utilise time provided to engage with colleagues to develop and maintain health work practices • Take advantage of supports available to create effective interprofessional teams • Actively engage residents, family members, colleagues and staff in service improvement

The operational model developed for *ViTA South* aimed to develop and embed actions that would create the enabling conditions which are presented on the left hand side of Table 6. The intent of these conditions which associated with distributed leadership criteria are ‘drivers’ for collaborative practice. The collaborative behaviours are consistent

with *Health LEADS Australia* framework and the concept of distributed leadership presented on the right hand side of Table 6.

The research design was tailored to use action research as a methodology to both document and inform organisational development consistent with the conceptual framework outlined in this chapter. The justification and overview of the research design will now be discussed in Chapter 3.

Chapter 3: The Research Design

This chapter discusses the action research study design, based on the conceptual framework outlined at the end of Chapter 2. The chapter outlines the methods and techniques which were adopted and applied. It discusses the data collection instruments and provides an outline of how the data were analysed.

Central to this research is the inclusion of a three cycle action research study within the strategic planning process for *ViTA South*. The action research process facilitated the development of logic models which guided the development of the distributed leadership strategy for *ViTA South*. A logic model provides a visual picture of how an organisation does its work. It makes explicit the theory and assumptions underlying a program or strategy (Newcomer et al., 2015).

The inclusion of action research within the organisational development process is particularly significant at *ViTA South,* which aims to be a best practice example of a teaching, research aged care service. Embedding research into practice is a key point of difference between a teaching, research aged care service and a traditional aged care service.

3.1 Research method and design

Action research was chosen for this research study as it enabled experiential learning and reflective practice within the unfolding series of actions at *ViTA South*. Qualitative methods such as action research are suited to research which study events undertaken in a naturalistic setting (Punch, 2013).

Kurt Lewin is regularly acknowledged as the person who labelled the methodological approach “action research” (Adelman, 1993). There are a variety of definitions available for action research but the underpinning themes are that it is a methodology which is systematic in nature, collective, collaborative, involves self-reflection and is undertaken by participants in the enquiry (Adelman, 1993, Reason & Bradbury, 2008; Stringer, 1996; Zuber-Skerritt, 2002). There are many models that have been developed to guide an action research process describing a series of steps which are often represented by spiral or cyclical diagrams (Adelman, 1993, Reason & Bradbury, 2008; Stringer, 1996; Zuber-Skerritt, 2002). The series of steps are broadly described as planning action, undertaking action, observing action and then undertaking reflection on the action (Adelman, 1993).

In designing the model of action research for this study it was recognised that this research lends itself to qualitative methods as it aims to study the organisational process of developing leadership strategy within the practical or natural setting of *ViTA South*. As a qualitative method, action research recognises the importance of individual people's interpretation of reality as they see and experience it (Lincoln & Guba, 1985). This is particularly useful when members wish to study their own actions in order to change or improve the working of some aspects of a system and study the process in order to learn from it (Coghlan & Brannick, 2010).

This research approach is designed to inform and influence practice with a view, ultimately, to improving practice (Koshy, 2005; Reason & Bradbury, 2008). The enquiry nature of action research provided insights that a traditional scientific study would not have been able to achieve (Lincoln & Guba, 1985; Reason & Bradbury, 2006; Stringer, 1996). This research sought to understand how distributed leadership could be conceptualised and practiced at *ViTA South* over an 18 month period. It was an approach that enabled research to be embedded within practice (French, 2009).

French (2009) identified a number of distinguishing features of action research presented in the left hand column of Table 7. It shows how these features of an action research study are consistent with *Health LEADS Australia* framework and the concept of distributed leadership which have been re-presented on the right hand side of Table 7.

Table 7 ***Synergies between features of action research and attributes of distributed leadership expected of staff***

Features of action research (i.e., enabling conditions for action research)	**Desired Collaborative Behaviours (based on *Health LEADS Australia*)**
Empowerment of participants and collaboration through participation.	• Staff seek to establish positive working relationships with other team members • Staff show willingness to engage constructively and respectfully in difficult conversations and keep communication channels open • Staff feel they are listened to and involved in decision making • Staff feel their expertise is respected
Facilitate a multidisciplinary approach and enable work across technical, cultural, and functional boundaries.	• Staff are able to make suggestions for improvement • Staff agree that decisions that are made are made collegially when their professionalism and knowledge is required in making the decision • Individuals step forward to solve problems rather than waiting for others to do so
Supportive processes which include reflective practice	• Individuals participate in training that is offered • Staff take advantage of mentoring opportunities • Show enthusiasm for new ideas and learning • Seek out opportunities to learn from colleagues
Resources are available	• Utilise time provided to engage with colleagues to develop and maintain health work practices • Take advantage of supports available to create effective interprofessional teams • Actively engage residents, family members, colleagues and staff in service improvement

Action research is an appropriate research methodology for improving practice and professional and organisational learning (Reason & Bradbury, 2008; Stringer, 1996; Zuber-Skerritt, 2002). Like leadership, the action research process creates change (Dickson & Tholl, 2014; Jones, 2014).

Action research as a methodology adapts to the unique context in which the research is being conducted. This enables leadership strategy to adapt simultaneously. It is also a method that in its design requires the demonstration of the collaborative leadership behaviour desired of distributed leaders.

3.2 Role of the Researcher

During the period over which the research was conducted the researcher held dual roles. Firstly, as an appointed member of the *ViTA South* formal leadership team and secondly, as a researcher using action research to inform and investigate the *ACH Group* experience in planning toward distributed leadership modelling within *ViTA South.* This means the researcher is an insider action researcher (Coghlan, 2007).

The dual nature of the researcher's role is significant as it has enabled this research to explore the establishment of distributed leadership within a real world setting. It has provided the opportunity for research participants including the researcher to draw on their own experience and describe their own reality (Orlikowski, 2002).

Such an approach emphasises applied research and its application to a real world setting which in this case is *ViTA South*. From this interaction new knowledge will be developed to understand strategy and planning in distributed leadership modelling in a particular setting.

3.3 Research method

The ontology of the researcher is that leadership development is dependent upon contextual factors and this is aligned with a realist perspective (Pawson, 2006). The epistemological perspective of a realist researcher recognises that the world we live in is made up of social interactions. In realist terms reality constructs and constrains interpretation (Pawson, 2006). This perspective reinforces the qualitative nature of this research which was an inquiry process designed to help understand and explain social phenomena (Reason & Bradbury, 2006).

Lincoln and Guba (2009), Cohen, Manion, and Morrison (2000) and many others identify two epistemological paradigms for making sense of the world: normative and interpretive. The normative paradigm suggests that human behaviour is rule-bound and best tested by methods of natural science. This approach lends itself to much research done in clinical dimensions of the health system. In comparison, the interpretive paradigm seeks to understand the subjective nature of human experience through understanding people's points of view (Thornton, 2009). The interpretative paradigm fits well within the context of this study which recognises the leader – follower dynamic as inherently subjective.

It is the realist interpretative paradigm that acknowledges this research as context driven in the unique setting of *ViTA South*. The contextual factors for this research include *ViTA South* as an aged care organisation, based in Adelaide, with a unique set of social relationships. This ontology and epistemology influenced the perspective that strategies employed toward leadership development will play out differently within different organisations dependent upon the context in which they are undertaken (Avery, 2004; Dickson & Tholl, 2014). Spillane et al. (2004) state that there is not a 'one size fits all' approach to creating the conditions for staff to exercise distributed leadership. Strategies adopted by one person or organisation may not work for another or in another organisation. The interpretative paradigm will increase the understanding of phenomena in natural settings and allow research participants to draw on their own experiences and describe their own reality (Lincoln & Guba, 1985). The interpretive paradigm fits well with applied research and application to real-world settings rather than a normative paradigm.

There are many qualitative research methods which could be employed to operationalise the interpretive paradigm; those explored included ethnography (Robson, 2002), appreciative enquiry (Egan & Lancaster, 2005), case study (Zucker, 2009) and action research. The methodology for this qualitative research study is governed by the objective to translate research into practice. Action research was identified as the most appropriate for initiatives such as the current proposed study which is designed to inform and influence practice with a view, ultimately, to improving practice (Koshy, 2005). Like

leadership, the action research process creates change (Dickson & Tholl, 2014; Jones, 2014). This is recognised as adopting a realist approach which can be used as an approach to inform understandings as to “what works for whom and in what circumstances” (Pawson, 2013, p. 15).

The realist approach recognises the real starting point of research lies in ‘theory’ in the form of our ideas on the nature of the problem – and on the nature of its solution (Pawson, 2013). Therefore, to present the required perspective, the action research method chosen to answer the research questions incorporated a realist approach, which involved using logic modelling as a tool to guide implementation of the three action research cycles. Theory alone has little power to create change and there is a need for more complex interplay between theory and practice (Reason & Bradbury, 2008). In this research study action research facilitates this interplay.

In adopting a realist approach the starting point for planning the research design drew from the theory relating to distributed leadership presented in Chapter 2. It identified three ideas required to understand the nature of the business problem associated with developing distributed leadership within an organisation:

1. Traditional leadership development approaches focus on individual skill development rather than organisational development.
2. There is not a one-size fits-all approach to its development.
3. There is little guidance in the literature as to how to implement distributed leadership in context.

This understanding of the nature of the problem encouraged a realist perspective to understand and identify the nature of potential solutions. These following three ideas inform the nature of the solutions factored into this research design:

1. **Utilising action research as a process** – This recognises that action research contributes to developing leadership as an action of a group which aligns with the

recommended organisational development approach for distributed leadership development.

2. **Enabling an approach to learning from other organisations' experiences in developing distributed leadership** – This research did not seek to identify a specific approach to developing distributed leadership that could be directly replicated for *ViTA South*. Rather, it reviewed other organisations' strategies for developing distributed leadership to learn from their experience, by gaining an understanding of the theories of action behind how each strategy was understood to work in practice. The learnings from understanding how a strategy was intended to work then influenced the design of tailored strategies suitable for the context of *ViTA South*.
3. **Presenting the research findings from this study** – The research design recognised that the research would not develop specific implementation strategies that could be replicated within other organisations. Rather, the output from the action research design would provide one case example with a level of detail behind what strategies were adopted for *ViTA South* and why. It was anticipated this output would have value in informing future evaluations. This would include evaluations of strategies in action to inform an understanding of what works, for whom and in what context. It was anticipated that this output would contribute to a deeper understanding of the application of distributed leadership in practice and how strategies could be developed to create it.

As a result of the objective of this research a single site action research methodology was chosen. It provided an investigative methodology to explore how distributed leadership can be embedded within a new operational model as a driver for sustained collaborative practice. The participatory approach was necessary because the researcher was an organisational member of the *ViTA South* formal leadership team. This role involved leading the organisational development required to develop the operational model guiding service delivery toward achieving the vision established for *ViTA South*.

3.4 The action research study process

The action research design facilitated a process for improving practice and professional and organisational learning by addressing the business need of developing a leadership strategy to create the conditions for staff to exercise distributed leadership within *ViTA South* (Reason & Bradbury, 2008; Stringer, 1996; Zuber-Skerritt, 2002). Similar to the capacity of leadership to contribute to change, action research can also be designed to contribute to enabling change (Bolden et al., 2015; Dickson & Tholl, 2014).

The planning and decisions associated with designing and implementing the operational model for *ViTA South* were split into three distinct planning phases. Each planning phase was driven by an action research cycle which involved three steps referred to as ‘discover’, ‘take action’ and ‘reflection’. All three phases and steps within the action research cycles were completed sequentially.

During the ‘discover’ stage literature was reviewed to inform development and proposed application of organisational strategies. During the ‘take action’ stage these strategies were executed. Then during the ‘reflection’ stage a comparison was undertaken of the strategies to compare the theory of action with the theory-in-use.

3.5 The use of logic models throughout the research

To correspond to the realist approach, the process of developing diagrammatic logic models was incorporated into this action research study. As part of this study, three logic models were developed, one during each planning phase. These logic models are presented in Chapter 4. The process enabled the identification and articulation of the underlying theories and assumptions which guided the action undertaken within this research. Research demonstrates that the process of developing a logic model also helps develop a shared understanding and shared expectations (Newcomer et al., 2015). Developing shared understandings should also contribute to creating the conditions for distributed leadership.

Once developed, the logic models were seen to have potential benefit to the broader research and practitioner community. This is because the logic models provided a framework to present a logical argument for how and why the strategies developed for *ViTA South* were intended to work in practice. In essence, the logic models articulate the theory of action behind strategies which were chosen for *ViTA South*.

An outcome evaluation was not incorporated into the scope of this research study. This research was not designed to test the theories of action behind strategies chosen by *ViTA South* and articulated in the logic models. This would need to be part of a future research study. However it was anticipated that the logic models developed within this research would be useful in informing any future outcomes evaluation developed to measure the effectiveness of strategies employed to embed and encourage distributed leadership.

This research study formed a significant component of the strategic planning process for *ViTA South*. It was planned that the action research process in its design would inform the development of a leadership strategy. The *ViTA South* leadership strategy aimed to influence the development of organisational routines and tools which would create the conditions for staff to exercise distributed leadership. So in essence this research sought to understand how distributed leadership could be conceptualised and put into practice at *ViTA South*.

To implement this research design, *ACH Group* was required to develop a longer term view of the development of leadership strategy. To use the words of the realist Pawson (2013); *ViTA South* strategies needed to construct ‘runways’ rather than ‘springboards for change’. This meant that in the context of *ViTA South* time was needed to develop preparatory and anticipatory linkages. It is for this reason this research has not attempted to develop and test strategies within the same research study timeframe. The focus of this research was dedicated to the initial six month planning and 12 month early commissioning and operationalising stages which informed the design of strategies aimed at creating the conditions for staff to exercise distributed leadership at *ViTA South.* To apply Pawson’s (2013) analogy, this research and the model developed

through this research provides ‘the runway for change’ in leadership with an ongoing long term vision.

The process of developing a logic model for this research involved an iterative process incorporated within the action research design. The discovery stage of each of the three action research cycles had a focus on the identification of problems to be solved, proposed strategies and expected outcomes. In identifying the problem relevant information from a range of sources (research literature, document analysis and interviews) was analysed to define the major causes of the identified problem. The process ensured strategies identified were grounded in an understanding of the problem that the participants were trying to solve. The next step aimed to define and describe the strategies and the logic underpinning each strategy in a table format. The table format helped to guide and distill thinking. Due to space constraints the use of a table also encouraged clear and concise articulation of how the strategies were intended to work. Following the testing of action, the reflection stage of the action research process contributed to the refinement and further development of the content of the logic model. The logic model continuously evolved throughout the research process as understanding about distributed leadership in *ViTA South* matured.

The researcher facilitated the process of developing logic models as part of the *ViTA South Formal Leadership Team* meetings. This process involved working with the members of the formal leadership to articulate and explain how the strategies they selected to create the condition for staff to exercise distributed leadership were expected to work in practice. This explanation behind how a strategy is intended to work is what is referred to in realist research terms as the ‘theory of action’ behind a strategy. At the conclusion of this research it was planned that the development of the logic models would be an ongoing embedded tool and process used with *ViTA South Formal Leadership Team* meetings.

3.6 The process of thesis writing and how it fits within the research design

The objective of the organisational action research was to answer the research questions for the benefit of *ViTA South*. The thesis research design and thesis writing utilised the core action research project as fieldwork to answer the research questions for *ACH Group* and analyse the practical experience to expand on the limited research literature about distributed leadership in practice.

The lead researcher held a dual role, as facilitator of the organisational action research project at *ViTA South* and also undertaking the associated thesis research and associated thesis writing. Figure 5 has been developed to show the relationship between the thesis research and the organisational action research.

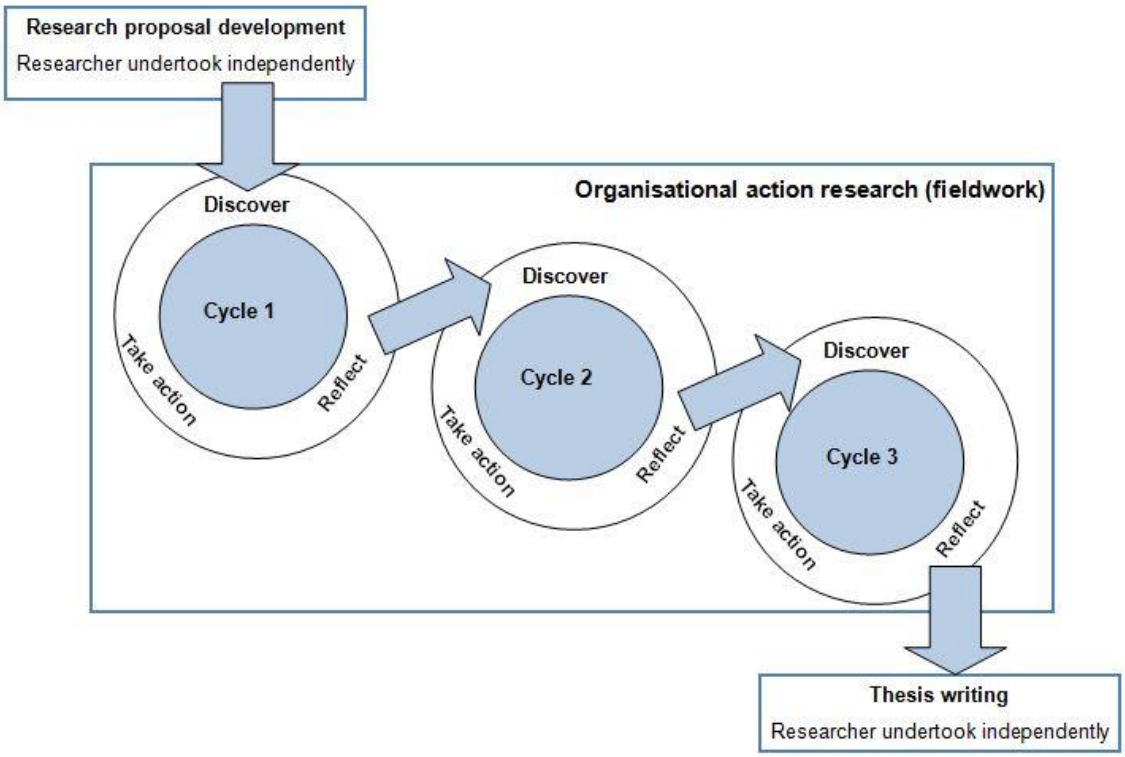

Figure 5 ***The relationship between the organisational action research and thesis research***

The diagram aims to show that the thesis writing was distinct from the organisational action research. The thesis research took a step back from an

organisational focus to answer the thesis research questions for the benefit of the broader research community. Specifically the action research is for the benefit of the *ViTA South* community and the thesis research aims to share the learnings and experience beyond the *ViTA South* community.

3.7 The systematic review design and protocol

An important part of this research was a systematic review. The objective of the systematic review was to bring together meaningful perceptions of health and aged care professionals regarding future utilisation of distributed leadership in health and aged care. The outcomes from this systematic review were applied to guide the utilisation of distributed leadership at *ViTA South*.

The systematic review featured as part of the discovery stage within the second action research cycle. The systematic review questions were:

> What factors need to be considered when deciding how to utilise distributed leadership in practice in health and aged care?
>
> What are the barriers and facilitators to utilisation of distributed leadership in health and aged care?

The answers provided insights into and directions for planning organisational development to create the conditions for staff to enact distributed leadership within the context of health and aged care. The systematic review was undertaken according to Joanna Briggs Institute (JBI) systematic review methodology (Joanna Briggs Institute, 2011). The systematic review protocol reviewed and approved by JBI which was used to guide the review is presented below.

3.7.1 Phenomena of interest

The systematic review considered studies that investigated the experiences of health and aged care professionals, including health managers, who had utilised distributed leadership modelling in the health and aged care sector.

The review also aimed to identify the barriers and facilitators to utilisation of distributed leadership. Research studies that have investigated leadership broadly and not distributed leadership specifically were excluded.

3.7.2 Inclusion criteria

The systematic review considered studies that included healthcare professionals, health service planners and/or managers who have experienced utilisation of distributed leadership. The healthcare professionals included health managers who have been working in the acute, aged care and/or community sectors. To be included, participants must have been actively engaged in distributed leadership.

3.7.3 Context

An international perspective was considered regardless of relationship, age, sex, ethnic origin and socioeconomic status. A comprehensive coverage of all representations in health and aged care was required to distinguish between differences in experience and support systems as per the varied contexts of health and aged care professionals, that is, relationships, age, ethnic origin/language, sex and socio-economic status, and workplace. There were no limitations to country of residence.

3.7.4 Types of studies

The review included all qualitative studies published in English that have examined the phenomena of interest including, but not limited to, research designs such as phenomenology, grounded theory, ethnography, action research and feminist research.

3.7.5 Search strategy

The search strategy aimed to find both published and unpublished studies. A three-step search strategy was utilised in this review. An initial limited search of the CINAHL was undertaken. Subsequent searches of E-Journals, Health Source Academic Edition and the Psychology and Behavioural Science Collection were then undertaken, followed by an analysis of the text words contained in the title and abstract and of the index terms used to describe the article. A second search followed using all identified keywords and index terms across all included databases. Thirdly, the reference lists of all identified reports and articles were searched for additional studies. Studies only published in English were considered for inclusion in this review. International studies published between 2000 and 2015 were considered for inclusion in this review. These years were chosen because publications related to distributed leadership in healthcare began to appear in the literature during this time period.

The databases searched were CINAHL, Embase, ProQues and, PsycINFO. The search for unpublished studies included ProQuest Dissertations and Theses, OpenGrey, Mednar and Index to Theses. Hand searching was not undertaken.

Initial keywords used were as follows: distributed leadership, aged care, health, shared leadership, collaborative leadership, strategies, designing, planning, building, utilisation.

3.7.6 Method of the review

Papers selected for retrieval were assessed by the lead researcher and second independent reviewer for methodological validity prior to inclusion in the review using standardised critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QARI) (Appendix A). A third reviewer was used to assess and discuss one paper where there was a disagreement between the first two reviewers which could not be resolved through discussion.

3.7.7 Data extraction

Data were extracted from papers included in the review using the standardised data extraction tool from JBI-QARI (Appendix A). The data extracted included specific details about the phenomena of interest, populations, study methods and outcomes of significance to the review question and specific objectives. There were no instances which required researchers to contact the authors of primary studies for missing information, or to clarify unclear data.

3.7.8 Data synthesis

Findings were collated using JBI-QARI Software. Findings were then assembled and assessed for their quality, and categorised on the basis of similarity in meaning. These categories were then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesised findings.

The studies identified from the systematic review which were critically appraised are discussed in Section 2 of Chapter 2. The findings from the systematic review and how they were applied are discussed as part of the discovery stage of the second cycle in Chapter 4.

3.8 Data Collection Instruments and Techniques

The iterative approach associated with action research influenced the design of the data collection for this research. Lines of inquiry were developed to answer specific business questions relevant at different stages within the three action research cycles. A final analysis of all the data that were collected (data corpus) answered the overall research questions. Braun and Clarke (2006) suggest that the choice of methods including approach to data collection and analysis should align with what the researcher wants to know (Braun & Clarke, 2006). For example, in the initial discovery stage of the first action research cycle, the line of inquiry aimed to ascertain what advice other existing site managers at *ACH Group* could provide to assist in planning to create the conditions for staff to exercise distributed leadership within the *ACH Group* context. Therefore the line of inquiry and method adopted was semi-structured interviews designed to draw on the existing *ACH Group* site managers' experiences.

The presentation of the data and associated findings has been incorporated into the development of the logic model presentations within Chapter 4. This provides an audit trail to show how data were used to determine new strategies which aimed to create the conditions for staff to exercise distributed leadership. The theory of action behind each of the strategies is presented to justify the application of evidence used to inform action. The presentation of this audit trail provides evidence of the rigor applied in answering the research questions.

The data collection methods chosen were interviews, document analysis, reflective journaling and a systematic review. These methods aimed to capture data as part of the real world process for *ViTA South*.

3.8.1 Interviews

There were two sets of semi-structured interviews undertaken during the research study. Participation in the interviews was voluntary with each participant providing written consent.

The first set of semi-structured interviews was undertaken with existing *ACH Group* site managers before designing the operational model as part of the discovery stage of the first action research cycle. These semi-structured interview questions aimed to develop a line of inquiry to draw on the existing *ACH Group* site managers' experiences. The interviews were designed to identify potential barriers and enablers to create the conditions for staff to exercise distributed leadership within the *ACH Group* context. There were four site managers who were available to be interviewed.

The guiding interview questions are provided in Appendix B. The interview technique included a prompt in the form of a written definition for distributed leadership provided to each interviewee (Appendix C). This written definition was provided following their answer to the question *"what is your understanding of distributed leadership as an approach to leadership?"* The written definition on an A4 piece of paper provided a common point of reference to refer to in answering the interview questions. In applying a semi-structured interview technique at times it was necessary to stimulate further discussion to explore the themes the interviewees were raising to draw out the necessary data to answer the interview questions. The interview allowed for follow up questions to enable in-depth descriptions of experiences (Robson, 2002; Weiss, 1995).

The process of categorising themes from the data collected through the interviews with the existing *ACH Group* site managers took place within the week after the interview transcriptions were confirmed as complete and accurate. This time frame ensured the interview was still fresh in the researcher's mind and the insight gained from the interviews could be applied in real time within the design process being undertaken for the *ViTA South* operational model.

The second set of semi-structured interviews with the three members of the *ViTA South* formal leadership team members were undertaken as part of the reflection stage of the third action research cycle. The guiding interview questions are provided in Appendix D. These semi-structured interview questions aimed to develop a line of inquiry to draw on the members of the *ViTA South* formal leadership team's firsthand experience in trying to create the conditions for staff to exercise distributed leadership at

ViTA South. The interviews were designed to identify what the actual perceived barriers and enablers to creating the conditions for staff to exercise distributed leadership were within the *ViTA South* context and experience. The process of categorising themes from the data collected through these interviews did not take place until after all of the interviews were complete.

The process adopted for both sets of semi-structured interviews was designed to ensure accuracy and rigor. Notes were taken during the interview process to assist with extrapolating further information relating to key points raised. The benefit of including interviews was that they enabled a flexible and adaptable way of seeking out the required information. The semi-structured approach enabled a process to follow up on interesting responses and investigate them further (Robson, 2002). Times for the interviews were planned in advance and the interviews were undertaken at the participant's place of work at a time that suited them. Each interview was audio-recorded to aid with transcription. Notes were taken during the interview process to assist with extrapolating further information relating to key points raised.

Orthographic transcriptions whereby every word is recorded and transcribed were completed to ensure it stayed true to its original nature and to assist with the thematic analysis process. It is recognised that while time consuming the process of transcribing the verbal recordings enhances the researcher's familiarity with the data (Riessman, 1993). Transcripts were provided to the participants to confirm the transcriptions were complete and accurate. The process of developing an orthographical transcription also enabled the researcher to start an initial analysis. Lapadat and Lindsay (1999) state that the process of transcription can facilitate the attentive reading and interpretative skills needed to analyse data. Once transcribed the audio recording was listened to in its entirety and compared against the written transcription to confirm accuracy.

3.8.2 Meeting documentation

ViTA South formal leadership team meetings were held monthly throughout the life of the research study. All four members of the *ViTA South* formal leadership team participated in all of the scheduled meetings throughout the research study. It was during the *ViTA South* formal leadership team meetings that the theory guiding strategies aimed at creating the conditions for staff to exercise distributed leadership was designed and refined as an ongoing organisational process.

3.8.3 Document analysis

Document analysis featured as an ongoing process throughout each of the three action research cycles. The type of documents analysed included written policies and procedures across the organisation of *ACH Group* including those specific to *ViTA South.* The document analysis process sought to identify whether certain policies and procedures would have a potential to impact on enabling or inhibiting the creation of conditions for staff to exercise distributed leadership for *ViTA South*. The document analysis process involved using the dimensions, values and criteria outlined in the ASERT Enabling Resource framed as questions, for example: “does the policy/procedure enable expertise of individuals to inform decisions?” and “does the policy/procedure recognise informal leadership?” Details pertaining to what documents were analysed, why they were analysed and how the findings from each document analysed influenced action are included within the detailed account of each of the action research cycles presented in Chapter 5.

3.8.4 Reflective diary

The researcher kept a reflective diary throughout the life of the research study. This was particularly important as she was a part of the *ViTA South* formal leadership team which positions her as an insider action researcher. Coghlan and Brannick (2010) support this as a useful approach to acknowledge the fact that in using an action research approach the researcher is not completely neutral. The reflective diary recorded and reflected thoughts, observations and beliefs as they related to the research process.

Unlike other research methods, data in action research comes through engagement with others in the action research cycles. As a result it is important to note that this engagement which is intended to collect data is itself an intervention. Coghlan and Brannick (2010) explain that asking people questions or observing them at work is not simply collecting data but is also an act of learning for both the researcher and the person answering the question. The researcher in an action research study is never neutral (Coghlan, 2007).

Adopting action research means that the researcher is in a position to generate data. This is not only through their participation in and observation of teams and individuals at work, problems being solved and decisions being made.. Data were also generated through the interventions developed as part of the researcher's work role of facilitating the development of the new operational model for *ViTA South*. As the researcher was embedded in the culture the significance and meaning of the data could be better understood than by an impartial outsider (Lincoln & Guba, 1985).

The reflective diary was useful as observations within this action research study did not only take place in interview settings. The observations and interventions were happening as part of business operations and during informal interactions such as those undertaken over lunch or during down time. The researcher could pick up the reflective diary and make relevant entries relating to distributed leadership in real time. This enabled a rich patchwork of experiences to be captured and documented to contribute to capturing the learnings from the overall experience. Coghlan and Brannick (2010) supports that in adopting an action research approach formal and informal interactions can be considered in their entirety as part of data.

3.9 Data Organisation Technique

There were four key data sets within the data corpus. Each data set was analysed individually. The first data set was collated from the interviews with existing *ACH Group* site managers. This data were collected and analysed as part of the

discovery stage of the first action research cycle. The second data set was collated from the interviews with members of the *Formal ViTA South* formal leadership team. This was undertaken and analysed as part of the reflection stage of the third action research cycle. The third data set was the recordings of *ViTA South* formal leadership team meetings undertaken monthly throughout the life of the research and analysed as part of the reflection stage of the third action research cycle. The final data set was collated from the written information from within the researcher's reflective diary. This data set included the data from the document analysis which were documented within the researcher's reflective diary. This data set was analysed as part of the reflection stage of the third action research cycle.

Qualitative research software *NVIVO 10* was used to organise the collected data. *NVIVO* has been shown to be useful in managing, shaping and making sense of unstructured information. In this research it assisted with sorting and categorising for identifying themes. Table 8 outlines the intended purpose for each data collection method.

Table 8 ***How the data collection tools contributed to answering the research questions***

Research Questions	**Interviews with site managers**	**Meeting documentation & interviews with ViTA South Formal Leadership Team**	**The Lead Researcher's reflective diary**
How can distributed leadership be incorporated within a new operational model (which includes system design for service delivery, workforce plan and governance structures) as a driver to maximise collaborative practice in service delivery?	Provided practical insight from experienced *ACH Group* site managers into factors which may impact on enabling distributed leadership and collaboration within operational models.	Captured the practical steps involved in planning to provide insight into where decisions in planning the operational model were made and why.	Captured the incidental learning and reflection that will happen throughout the course of the research project.
What existing and new workplace structures and processes within *ViTA South* need to be changed to support the operationalisation of distributed leadership as a means of maximising collaborative practice*?*	Provided practical insights into existing *ACH Group* site operations as an opportunity to identify existing structures and processes which needed to be reviewed in the process of designing the operational model for *ViTA South.*	As the *ViTA South Formal Leadership Team* were experienced in *ACH Group* site operations they regularly drew on their experience during the course of planning and decision making.	

3.10 Data Analysis

The data analysis for this research was designed to analyse the data sets to answer the business questions within each of the action research cycles which would then also contribute to answering the overall research questions. Braun and Clarke (2006) suggest that the choice of methods including approach to data analysis should align with what the researcher wants to know. For example, in the initial discovery stage of the first action research cycle the business question was: what advice can the other existing site managers at *ACH Group* provide to assist in planning to create the conditions for staff to exercise distributed leadership?

A decision was made to choose a theoretical thematic analysis approach to identifying themes. A theoretical thematic analysis provides a detailed analysis of certain aspects of the data rather than a rich description of the data overall (Braun & Clarke, 2006). This was a good fit with the research study as the questions were already predefined. The alternative, which is interpretative thematic analysis approach, is more suited when research questions evolve through the coding process (Braun & Clarke, 2006). Thematic analysis is recognised for offering a flexible approach to data analysis (Braun & Clarke, 2006) which can be useful in answering real world business questions.

Thematic analysis is a data analysis method which identifies, analyses and reports on emerging themes with data (Braun & Clarke, 2006). The design of a thematic analysis aims to organise and describe data in detail (Braun & Clarke, 2006; Punch, 2013). The thematic analysis approach aims to interpret data toward answering the research questions (Punch, 2013) and in this case also the business questions which form part of this real world research study.

This requirement to answer business questions meant that a realist approach to thematic analysis was an appropriate fit. The realist approach reports experiences, meanings and the reality of participants (Braun & Clarke, 2006) and that was what is required to answer the business and research questions for this research. In undertaking the data analysis the realist epistemology of the researcher has meant that the

researcher has assumed that language enables people to articulate meaning and experience. This simple perspective applies the realist thinking that there is mainly a one directional relationship between meaning, experience and language (Pawson, 2006).

In planning for data analysis the researcher adopted the *Action Self Evaluating Resource (ASERT)* as a tool to guide data analysis. The *ASERT* was discussed in Chapter 2 as part of the literature review. The reason for this was that the researcher was mindful of potential biases and assumptions that may stem from the researcher having only previously worked in hierarchical leadership structures. To distribute leadership beyond a formal leadership team requires a shift in thinking about how groups function (Bolden et al., 2015). The central organising concept within the theoretical map was the sociological process of distributed leadership which aligned with the dimensions and values of distributed leadership articulated in the *ASERT*. A central organising concept captures the essence of a theme and ensures coherence (Braun & Clarke, 2006). The theoretical map framed the coding for the data analysis. A theoretical approach requires a familiarity with the research literature prior to data analysis (Braun & Clarke, 2006) so it was appropriate that the theoretical constructs were pre-identified before the data were analysed.

A further decision was made for themes to be identified at a semantic level. In applying the semantic approach the themes were identified by looking for meaning in what the person said at a surface level (Braun & Clarke, 2006). The semantic approach does not look beyond the surface meanings and the researcher is not looking beyond what the participants said (Braun & Clarke, 2006). This is appropriate for this research study as a latent approach to support the theorising of broader meanings, underlying ideas or significance of patterns is not required to answer the research questions for this study (Braun & Clarke, 2006). The use of the *ASERT* as a thematic map was an appropriate fit within the semantic approach adopted for analysis.

Based on these decisions a thematic analysis process for this research study was pre-designed to ensure it would facilitate a theoretically and methodologically sound approach to data analysis. Braun and Clarke (2006) recommend that good research

presents the thematic analysis process so that the choices which guided the design of the thematic analysis are made explicit. The reflexive dialogue which guided the design and execution of the thematic analysis was seen to contribute to the academic rigor of this research study. A thorough overview of the thematic analysis process and the decision making behind the design is outlined below.

The researcher printed the data sets and read over each one first. The first review identified some initial interests and thoughts. The researcher then undertook the second review electronically with *NViVO* open. The categorisation began during the second review and continued with subsequent repeated readings. This iterative and systematic approach to repeated reading promoted ongoing active engagement with the data in the search for patterns and meanings.

The process of categorising data involved an ongoing iterative process moving back and forward across each data set. The researcher identified elements of the data which captured something of importance to either the business questions for each cycle and/or the overall research questions. The elements identified were then coded as they related or contributed to the themes associated with the theoretical sociological process of distributed leadership by mapping them against the *ASERT*. *NViVO* was used to assist the sorting and categorising of data. Each of the dimensions and values of distributed leadership articulated in the *ASERT* were allocated a node to aid the coding process.

Each data set was coded individually and analysed to answer the research question it related to. An overview of how each of the data sets contributed to answering the research questions was provided in Table 8 presented in Section 3.9. A final review of themes for each data set was then undertaken to refine and review them. This was supported by a further overall analysis of the data corpus which was undertaken as part of the reflection for action research cycle 3 which identified the overarching themes necessary to answer the research questions.

The analysis and themes are discussed in Chapter 4 in the context of reporting on each of the action research cycles. A further discussion of the themes as they related to the research questions is provided in the presentation of the findings which is also part of Chapter 4.

3.11 Reliability and Validity

In qualitative research quality and rigor is measured in terms of credibility which also relates to internal and external validity and transferability (Joanna Briggs Institute, 2011). Transferability within this research recognises that specific strategies may not be directly transferable from one setting to the next but the learnings may.

Assessment of credibility is multi-dimensional, including goodness of fit and representativeness (Joanna Briggs Institute, 2011). All research must be judged according to appropriateness of methodology, methods and implementation of methods regardless of paradigm (Robson, 2002).

To provide transparency around interpretation and audibility of research findings data analysis was undertaken simultaneously with data collection throughout each iterative cycle. Subjective perspective auditability is critical – rather than telling, the audit trail and analysis show how the data were interpreted.

3.12 Assumptions, Limitations, and Delimitations

3.12.1 Assumptions

There is an underpinning assumption that drawing on the principles within *Health LEADS* and *ASERT* as drivers to create the conditions for staff to exercise distributed leadership will positively influence collaborative practice. This is the assumption held by the *ViTA South* formal leadership team. This research does not seek to test this assumption.

3.12.2 Limitations

This research provided a first step toward filling the deficit in research around distributed leadership in practice in the health and aged care setting. Given the range of different strategies developed for *ViTA South* and the time frame within which they were implemented it was impractical to be able to draw a direct correlation between distributed leadership and collaborative practice. Consequently, this research study did not measure the effectiveness of collaborative practice within the operational model for *ViTA South*. The research did, however, identify good examples of distributed leadership and collaboration in practice at *ViTA South*.

The use of qualitative methods must recognise the importance of individuals' interpretations of reality as they see and experience it (Lincoln & Guba, 1985). Consequently, in this research study it was recognised that when people are the subject, the data collected was not value-free. The lead researcher was conscious of possible biases, particularly as an insider action researcher. However given the lead researcher was engaged with the real business problem to be solved it made the researcher an agent of change within the organisation.

As an agent of change and an insider action researcher it is recognised that the researcher's unique perspective, personality, commitment and skills, together with the interpersonal relationships held within *ACH Group* and *ViTA South* were contributing factors influencing this research. These factors cannot be identically replicated to other contexts. In line with realist philosophy the researcher believes it is impossible for researchers to avoid discretionary judgement when conducting scientific research (Patton, 2002).

In choosing which data to include and analyse it is recognised that it is often difficult to replicate qualitative research and to generalise beyond the context studied. The detailed insights available from using a qualitative methodology brings its own trade-offs because it also limits the analysis possible. These concerns were acknowledged and were taken into account but, ultimately, the appropriateness of data collection

strategies was considered to be of paramount importance in designing the methodology (Lincoln & Guba, 1985).

This research study was framed around solving a real business problem specifically for *ViTA South*. It is anticipated that through examining the *ViTA South* experience in close detail the learnings gained through the process will be of value to other researchers and health and aged care practitioners. That value must be determined by the reader based on his or her assessment of the similarity of their site's context to the context of *ViTA South.*

It should be noted that this research was not designed to test the theory of action behind the strategies chosen to create the conditions for staff to exercise distributed leadership at *ViTA South*. In this research the purpose of articulating the theory of action behind strategies was to capture and articulate the organisational process of designing and refining organisational strategies aimed at creating the conditions for staff to exercise distributed leadership. From the realist researchers' perspective strategies set out how people actually use available organisational resources such as top management support, financial resources, or training to make the changes happen and to sustain them (Astbury & Leeuw, 2010). Realist research recognises that strategies need to be considered as working wholly or largely through perceptions, reasoning, and actions of people (Astbury & Leeuw, 2010). Therefore it is not the strategy that is of value to understanding how to shape understanding of how to implement distributed leadership, but the theory of action behind how that strategy is intended to work in practice toward implementing distributed leadership.

Similarly this research was not designed to justify or endorse the organisational decision to use *Health LEADS Australia* in practice to promote sustained collaborative practice.

3.12.3 Delimitations

This research was associated with the service model for permanent residential aged care places at *ViTA South*. As discussed in detail in the context section of Chapter 1 of this research thesis, within *ViTA South* there are three distinct service models each of which have their own business plans:

1. 60 permanent residential aged care places
2. 40 transition places (short term stay – not part of this research study)
3. 20 rehabilitation places (run by SA Health and not part of this research study).

It is recognised that the organisational development process of refining the leadership strategy for *ViTA South* is ongoing and will continue beyond the three action research cycles of this doctoral research study. However for the purposes of this research study the boundary was set to examine the development and refinement of the leadership strategy on the lead up and during the first 12 months that the 60 permanent residential aged care places at *ViTA South* were in operation.

3.13 Ethical Considerations

The research study received two ethics approvals: through *Human Research Ethic Committee* of *The University of Notre Dame Australia* ethics procedures (014124F) and *ACH Group*. Regular reports were submitted to the respective ethics committees to meet the requirements of the ethics approvals.

All interviews undertaken as part of the research study were voluntary. Only one of the existing site managers from *ACH Group* declined to be involved in the site manager interviews undertaken as part of the first action research cycle. This meant instead of five site managers to be interviewed only four were available. The omission of this single interview did not affect the overall research study as the interviews were not dependent upon numbers. The only time the study may have been affected would have been if all existing site managers had declined to be interviewed. All participants who did provide their consent to be interviewed signed consent forms. (See Appendix E and F for

copies of plain language statements used and Appendix G for a copy of the consent form used.)

The research study posed no more discomfort than inconvenience to participants in the time required to complete/participate in data collection. The inconvenience in participating in data collection was minimised through incorporating reflection as part of the existing business process associated with the *ViTA South* formal leadership team meetings. This was considered an efficient and effective process which was respectful of business considerations, for when the research was undertaken *ViTA South* was being commissioned and there was limited time for staff to contribute to activities outside of core business. This process still enabled the rigor needed to meet ethical considerations associated with undertaking research.

Chapter 4: The 18-month ViTA South experience

The fourth chapter provides answers to the sub-questions from this research which solved the business problem for *ViTA South*. It is presented as a chronological narrative which outlines the organisational development work which was undertaken within each of the three action research cycles over the 18-month period. The detail in the chapter provides an audit-trail to show how distributed leadership was embedded in the workplace setting of *ViTA South*. This high level data were used to answer the major research question and these findings are presented in Chapter 5.

The sub-questions were:

1. What existing workplace structures and processes within *ViTA South* need to be changed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice in *ViTA South*?

2. What new workplace structures and processes within *ViTA South* need to be developed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice within *ViTA South*?

The presentation of each of the three action research cycles provided follows the following format:

1. Background – provides a contextual overview of what was happening in the organisation during the period when the action research cycle was operating.

2. Logic Model – provides a visual overview for each of the *'discover', 'take action* and *'reflection'* stages of the three action research cycles.

3. Discussion of the *'Discovery'* stage – provides a detailed account of the process of collecting and analysing data used to develop and justify the organisational development plans being developed to guide ongoing leadership development for *ViTA South*.

4. Discussion of the *'Take Action'* stage – provides a detailed account of the organisational development action undertaken as part of leadership development for *ViTA South***.**

5. Discussion of the *'Reflection'* stage – provides a reflection of the organisational development action undertaken toward creating the conditions for staff to exercise distributed leadership. The reflection became a data source which were used within the subsequent '*discovery'* stage undertaken within the next action research cycle.

This five step format has been used to guide, develop and account for the application of distributed leadership at *ViTA South* over an 18-month period. This included the commissioning and first 12 months of operation.

4.1 Cycle one: Background

The first action research cycle set out in Figure 6 operated in the first six months leading up to the opening of *ViTA South* in June 2014. During cycle one members of the *ViTA South Formal Leadership* were yet to be appointed. Therefore the Interprofessional Learning Coordinator (the researcher) worked with the *General Manager of Residential Services* to develop the initial draft of the operational model and the leadership strategy for *ViTA South*. The first draft of the operational model including the leadership strategy was handed over to the *ViTA South* formal leadership team once they were appointed. The team then took ownership of the operational model and developed it further.

The development of the leadership strategy, the focus of this research, was also a key element in the organisational development process associated with developing a new operational model for *ViTA South.* This model includes workforce and governance structures which are specifically designed to maximise collaborative practice which was a key objective for *ViTA South*.

The construction and fit out of the *ViTA South* building, and workforce recruitment occurred during this cycle. The recruitment process included the key positions of Site Manager, Clinical Nurse Consultant and Quality Manager positions. They, together with the Interprofessional Learning Coordinator (the researcher), made the *ViTA South Formal Leadership Team*.

As part of the national recruitment process applicants were informed that the positions they were applying for would require them to think and work differently. As part of the application and interview process applicants were required to demonstrate that they were open to innovation and change as these attributes were critical to achieving the goals of *ViTA South*.

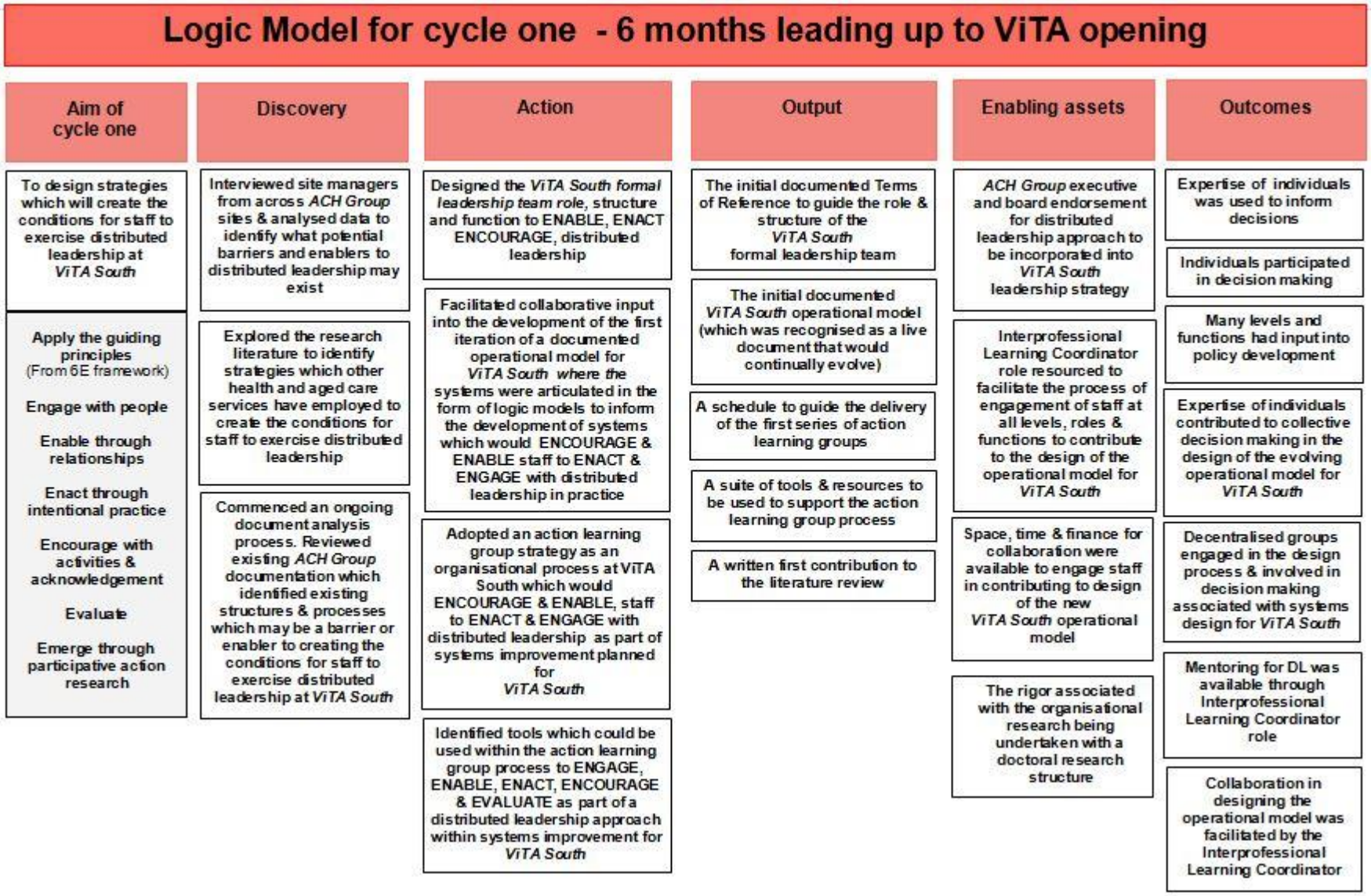

Figure 6 ***Cycle one logic model***

4.2 Cycle one: Discovery

The investigation undertaken within the 'discovery' stage for cycle one utilised data collected from numerous sources. These included semi-structured interviews with existing site managers of ACH Group services, a literature review and document analysis of existing ACH Group policy and processes. The data collected were analysed as part of a process which informed the thinking around how to create the conditions for managers to exercise distributed leadership at ViTA South. The yellow highlights within Figure 7 outline the multiple data collection methods which were employed in the discovery stage of the first cycle. This figure is an excerpt from the complete logic model (Figure 6) developed for cycle one.

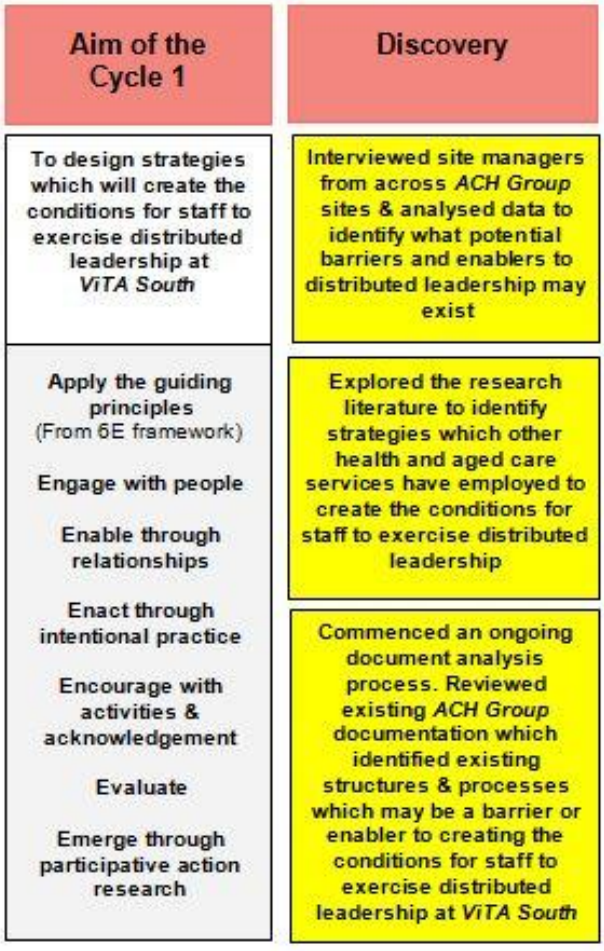

Figure 7 ***Excerpt from logic model relevant to discovery within cycle one***

The discovery process explored and documented current practice across *ACH Group's* existing residential aged care services. This involved semi-structured interviews with existing *ACH Group* site managers who operated existing *ACH Group* residential aged care services. A thematic analysis of data collected from the interviews was carried out by the researcher. The analysis identified potential barriers and enablers to creating the conditions for staff to exercise distributed leadership. The findings informed decision making around new workplace structures and/or processes needed to be developed to create the conditions for staff to exercise distributed leadership at *ViTA South*.

4.2.1 Site Manager interview findings

There were three findings identified from the thematic analysis from the site manager interviews:

1. All site managers interviewed had an intuitive understanding of distributed leadership.
2. None of the site managers had a frame of reference to draw on to inform their thinking around the concept of distributed leadership as it applied to practice.
3. The process of self-reflection was shown to have potential in shaping thinking around developing distributed leadership.

Finding one from site manager interviews: An intuitive understanding of distributed leadership

When specifically asked for their understanding of distributed leadership all four site managers interviewed indicated that they were unsure. However they all tried to describe what they understood it could mean. Their responses indicated that they intuitively understood the concept of distributed leadership without necessarily being able to define it. Evidence from each of the four site manager interviews which informed this finding are provided below:

Interview response 1: *"I know nothing about distributed leadership but I feel that there must be an aspect of it through (pause) you know (pause) the way we operate at the moment there are bits of it (pause) and because you know as I mentioned we have the shared approach, we have got layers of management, we rely heavily on people further down the chain and the systems so you know in my mind we are distributing it's not me doing something to people but it's like a… almost symbiotic it's…does that make sense? That's my interpretation."*

Interview response 2: *"I don't really know but I think distributed leadership is having (pause) having people within those different departments with leadership skills to take on those responsibilities and it just not up to higher levels of management…or hierarchical structure for want of a better word."*

Interview response 3: *"obviously distributed leadership is, when you think about it, various people just rolling into the leadership of the site, is that what you mean by that?"*

Interview response 4: *"… My understanding of distributed leadership? If someone said to me that, like you have, I guess it's what we have got here in a way like I have got the Lifestyle Coordinator running lifestyle, I have got my second in charge running the place, I say she runs the place I just flit here and there. I have got my housekeeper that runs the kitchen. I have got my maintenance men doing their thing, especially now it's managed by an external team…. So I guess it's just sharing the load, each knowing their role and my job is to oversee the lot, just to make sure that it's all on track."*

All of the attempted descriptions for distributed leadership provided by the site managers reflected the concept of distributed leadership to some extent. This finding supports existing research evidence presented in the literature review within Chapter 2

which suggested that distributed leadership may be intuitively understood (Chreim et al., 2010; Dearmon et al., 2015; Jones et al., 2012).

Finding 2 from site manager interviews: No frame of reference to conceptualise distributed leadership in practice

There was no evidence that the intuitive understanding of distributed leadership extended to practical application. When asked to provide examples of barriers or enablers which may exist in relation to creating distributed leadership the site managers were uncertain. In their responses they clearly indicated that they were guessing what could be the potential barriers or enablers. Evidence from each of the four site manager interviews which informed this finding are provided below:

> ***Interview response 1:*** *"I am really not too sure but…I suppose…. I would ensure that you have a good stock and the right stock of mentors, mentoring is so important for, for, for developing that culture of what you want to achieve you can't, you can't just set up a set of this I what needs to be done the culture is what drives having the right culture is important, so achieve culture you need, you need a team of people, you need a team of people to drive to infiltrate or create that culture…."*

> **Interview response 2:** *"I guess it would be about structure…. I could talk a little bit about the structure that we have developed because I guess I have been thinking about enablers in the past and how do we structure things…..we have a shared, shared roles. Strong systems are really important. I don't see that I am a leader that… does, leads does something to people but actually (pause) and I don't know whether this is distributed leadership or not, but you know I can say there is definitely shared leadership in that we share management or leadership functions but the systems are really important, strong systems that the staff can follow and in addition to that the people further down the chain that actually keep the systems up to hold the systems up."*

Interview response 3: *"I would imagine they would need very clear reporting mechanisms who they report to, having opportunities to liaise with their peers. Quite open lines of communication…"*

Interview response 4: *"Well you would have very good procedure manuals for a start, (laughter) you would have to really understand the systems that you need and make sure they were in place… you need to have the right people doing the right job and you would have to have the guts to change it if it wasn't the right person doing the right job…..So you have got the right person doing the right job, you have got the procedures, you have got the policies, you have got to have your staff knowing the procedures and the work instructions. I think for a while you would have to have more regular meetings to make sure they were all on the same page and getting their feedback. It would be damn hard work for a long while, but I think you would have to have a lot of visibility as a manager… and if you were really dedicated, get in there and do the job with them."*

This second finding which followed on from the first finding demonstrated that although the site managers intuitively understood the concept of distributed leadership to some extent, they did not have a specific frame of reference to develop it in practice. This finding supports existing research evidence presented in the literature review within Chapter 2 which suggested that the concept of distributed leadership as applied in practice can be ambiguous (Chreim et al., 2010; Dearmon et al., 2015; Martin et al., 2015).

Finding 3 from site manager interviews: Potential value of Self reflection

Evidence from their responses demonstrated the site managers reflected on their own leadership style when answering questions related to identifying what barriers and enablers existed for distributed leadership to be practiced. This was of significance given

that none of the questions posed specifically asked the site managers to reflect on their own leadership. The following evidence from the interviews demonstrates this self-reflection process:

> **Interview response 1:** *"This interview has made me think about my leadership style….I hadn't thought about it this way before….. but maybe this is where we get the outcomes for the nursing staff because they are accountable to us and they are provided the feedback for the risks or the things that are significant on their shift, we are able to feedback regularly to them and say well maybe what you did wasn't exactly 100% although the outcome was fine for the resident, have you considered doing it this way?"*
>
> **Researcher:** *"Is there anything else you would like to add before we wrap the interview up?"* **Interview response 2:** *"..(Laughter) I think I have said enough, I think there is enough there (pause) this has really encouraged me to reflect on my leadership here."*
>
> **Interview response 3:** "*this is making me think…. The way we have got it going at the moment, and I am not just saying because this is the way we have chosen to do it, that it is functioning well. It is functioning really well, it doesn't mean we can't improve it. I think we have talked about a lot of the key things we have got that structure, we are not, we have aspects of top down, but we are not all about top down. We have got the peer stuff going on, and the support processes, we have got the communication happening which is really vital through our meetings and our shift reports. I am sure I will think a lot more about this concept as I drive away…"*

This third finding identified that the site managers were drawing on their own history and experience within a process of self-reflection to develop answers to the interview questions. The self-reflection was a process which they engaged in to question their underlying assumptions associated with their own leadership styles.

Interpretation of findings: Sensemaking as a key concept

In reflecting on these three findings in the context of the literature associated with organisation development, 'sensemaking' was identified as a key concept. Sensemaking is a process through which people work to understand concepts which are ambiguous (Maitlis & Christianson, 2014). An understanding of sensemaking helped the researcher to recognise the steps people undertake to make sense of new concepts.

By questioning their own underlying assumptions through self-reflection during the interviews the site managers were undertaking a 'sense-breaking' process which was recognised as one key step within a sensemaking process. Sense-breaking involves reflecting and reconceptualising new realities (Maitlis & Christianson, 2014).

The interpretation of this finding informed an organisational decision to incorporate self-reflection as a strategy to contribute to facilitating the ongoing sensemaking process required to conceptualise and introduce distributed leadership in practice at *ViTA South*. A decision was made to incorporate coaching questions to elicit self-reflection within the running format of the *ViTA South* formal leadership team meetings. The coaching questions were designed to encourage the members of the formal leadership team to undertake a process of self-reflection to identify and test their underlying assumptions. This self-reflection process was seen as critical to facilitating a sense-breaking process. The sensemaking literature determines sense-breaking to be a necessary step within a sensemaking process. This step was needed to conceptualise and introduce distributed leadership in practice for *ViTA South*.

The literature on sensemaking also made reference to 'sensegiving tools' which are described as tools and frameworks which are used to help develop and distribute shared understandings (Gioia & Chittipeddi, 1991). Maitlis and Christianson (2014) suggest that sensegiving tools can be helpful in shaping thinking and guiding action within change processes.

A useful tool for shaping thinking around distributed leadership in the practice of the field of higher education was the *ASERT* which was presented in Chapter 2 (Jones et al., 2010). While *ASERT* had not been used specifically in health or aged care it was reviewed as having potential applicability within the setting of *ViTA South*. Consequently an organisational decision was made to use the *ASERT* as a 'sensegiving' tool to help shape thinking and guide actions to be undertaken at *ViTA South*. It was anticipated that the members of the *ViTA South Formal Leadership Team* could use the *ASERT*, as a 'sensegiving tool' to guide their thinking in relation to the process of creating the conditions for staff to exercise distributed leadership at *ViTA South*. Ironically, the sense-giving tools were seen as a means of *distributing* shared understandings about the concept of 'distributed leadership'.

4.2.2 Sub-themes for the site manager interview findings

Trust, regulation, respect and workload were identified as further sub-themes from the site manager interviews:

1. Context of trust and the potential impact of rules, regulation and risk as they relate to aged care.
2. Culture of respect relating to formal leaders feeling they are not treated as professionals by regulators.
3. Resourcing availability – workload as a potential perceived barrier.

Sub-theme 1 from site manager interviews: The potential impacts of rules, regulation and risk as they relate to aged care

During the interviews the site managers pointed out the requirements to adhere to numerous rules and regulations. The aged care industry is highly regulated and this was identified as a potential risk to enabling distributed leadership at *ViTA South*. The sites are frequently audited through unannounced visits by regulators which has created a climate of risk aversion and has influenced how aged care services are delivered.

All of the site managers also come from a nursing background where hierarchical leadership has traditionally been the norm (Acree, 2006; Moen & Core, 2012;

Swearingen, 2004). Therefore hierarchical leadership is considered tried and tested based on their experiences. As a result there is an emphasis on the key function of formal leadership involving a process of allocating and closely monitoring tasks. Evidence from two of the site manager interviews which informed this finding are provided below:

> **Interview response 1:** *"…..aged care is so complicated you know the regulations (pause) the rules and regulations that go on it's incredibly challenging and full of risk (pause) just because of the dependency on one hand of the clients, on the other hand the expectations of their families and of the public with limited resources. So you know I digress it's that culture over a long period of time and the complexity that's got us following the traditional structures because I think if you try to move too quickly away from the known then you open yourself up to risk just because of the complexities of aged care and the numbers of rules and regulations and systems and processes you have in place just to function on a day to day basis can be quite overwhelming…but that's what we have got."*

> **Interview response 2:** In relation to complexity and regulation the interviewee stated - *"…Can I maybe give you an example? In the acute setting (i.e. hospital) if an elderly person absconds it's not a reportable thing it's just something you manage (in-house). You might call the police if they are missing for a long period of time that's it the police may bring them back. In aged care it's reportable the Department of Health is now involved it's a reportable incident we have multiple agencies involved because someone with dementia has walked around the block. So we have got that…that expectation it's just so complicated."*

The significance of this finding is that although regulation cannot be removed, as it exists for a legitimate purpose to safeguard residents, it needs to be acknowledged as a challenge to introducing change. It was acknowledged that this would be an

influencing factor which the *ViTA South* formal leadership team would consider as part of their sensemaking process to develop strategies aimed at creating the conditions for staff to exercise distributed leadership in practice.

Sub-theme 2: Culture of respect – formal leaders feeling they are not being treated as "Professionals" by regulators

Building on the first sub-theme, the site managers stated that in their view leaders in aged care are not treated as professionals by regulators. They feel this is demonstrated through constant monitoring including audits, accreditation and spot visits from multiple agencies. This was seen as contributing to creating an environment of fear, with a lack of trust cascading down to operational staff.

Interview response 1: In relation to a response related to a comparison to the acute sector – regarding being treated as "professionals":

> *"….we are accredited, we have to provide evidence, copious amounts of records, for every conceivable risk whether it's catheter management, wandering or risk of falling. I just found in acute there is an assumption made that we are professionals….in aged care we do the best thing however in aged care it's so much more what do you call them?... a lot more record keeping a lot…… a lot of duplication sometimes two or three things are recorded just to be sure because we know from experience we will be asked for those records when the accreditation team come. I just feel we are not given the same assumption that we can provide aged care professionally without that continual oversight."*

Although all formal leaders at *ACH Group* are clinically qualified, the high level of regulation is interpreted by the site managers as a lack of trust in the formal leaders. This has the knock on effect of formal leaders' capacity to make decisions, as the decisions are being driven by the need and associated fear at failing to comply with regulation.

As organisational day to day decisions are being driven by the need to comply with regulations, people begin to lose initiative, and this creates a difficulty in introducing distributed leadership in practice. Once again it was acknowledged that this would be an influencing factor which the *ViTA South* formal leadership team would consider as part of their sensemaking process.

Sub-theme 3: Resourcing availability with workload identified as a potential perceived barrier

A further sub-theme identified was that a heavy workload experienced by staff working in aged care is perceived as a barrier to developing and trialling new approaches. Evidence from the interviews which informed this theme is provided below:

> **Interview response 1:** related to response about staff workload as a barrier to distributed leadership *"I have worked as a carer as well (before I was a manager) now we still have similar staffing numbers from when I was a carer 15 years ago. But now we have more highly dependent residents compared to many, many years ago…(however) the extra money is not there for more staffing. You know we are an organisation that spends all the money that we make (i.e. not for profit) do you know what I mean? …I really admire ACH Group for that philosophy we spend it on the residents but even still you could definitely do with a lot more. It would be great to be staffed like an acute hospital because you are looking after highly dependent people when you see the people we are looking after you see them in acute wards it's just that they have been stabilised they need that ongoing monitoring and ongoing level of care and the risks they bring are being managed, it's tough going for the staff."*

> **Interview response 2:** *"Probably at senior level just not having enough people to share that workload that's probably a big issue. You know like my management team is (name) 2IC and myself. Yep that's it. You know then you go down and you have got your clinical nurses.*

But they have all got their own workloads but not all of them understand at a really senior level what is involved. I think most of them struggle and when they get the opportunity to come and relieve at this level, or you know relieve (name) 2IC or myself they are really surprised and for those girls they really struggle with the amount of work that needs to be done."

The impact of a heavy workload as a perceived barrier in change efforts is common in research literature (Chreim et al., 2010; Schell & Kuntz, 2013; Yun-Hee, Simpson, Chenoweth, Cunich, & Kendig, 2013). This sub-theme highlights the importance of ensuring all strategies being developed would minimise additional workload and fit within an overall model of service delivery, rather than happening alongside or offline as an extra additional workload.

4.2.3 The literature reviewed as part of cycle one

Within the 'discovery' stage for cycle one new literature was reviewed for two key purposes. Firstly, it helped with interpreting the findings from the site manager interviews. This literature has been presented within the findings from the site manager interviews (sections 4.2.1, 4.2.2 and 4.2.3).

Secondly, literature helped inform the choice of organisational development strategies chosen to create the conditions for staff to exercise distributed leadership at *ViTA South*. This approach ensured an evidence-based approach to development strategies for *ViTA South*. This literature used is presented in context below to evidence the underlying thinking which represents the 'theory of action' for the organisational development strategies chosen for *ViTA South*.

The researcher brought the key findings from the literature review to the members of the *ViTA South* formal leadership team. This information then contributed to sensemaking undertaken by the members of the *ViTA South* formal leadership team. Specifically the literature reviewed in cycle one sought to help answer the following

questions: what type of leadership development is required to develop both formal and informal leaders at *ViTA South*? What type of leadership development is required to develop leadership as the action of a group?

In reviewing the literature it was recognised that leadership development needed to focus on developing collective capability. This approach is different to a traditional approach to leadership development work which has typically focused on developing individual capability (West et al., 2014). *ViTA South* required a step beyond the simplistic leader/follower framework that has been typical of traditional approaches to leadership development (Bolden, 2011; Jones et al., 2012). The *Kings Fund* in their research into developing collective leadership recommends that:

> *Leadership strategy must ensure every member of staff has the potential to lead at many points in time, particularly when their expertise is relevant to the task in hand. It is also important to ensure all staff are focused on good followership, regardless of their seniority in the organisation.* (West et al., 2014, p. 8)

The literature highlighted the need to consider and clarify the roles of those who held formal leadership positions within a distributed leadership model. Bolden (2011) and Jones (2014) suggest that to conceptualise distributed leadership will require a shift from the traditional thinking about the allocation of responsibility, resources, power and influence.

For *ViTA South* it was agreed that the intention wasn't to replace formal leaders. Rather, it involved providing opportunities for the broader workforce at *ViTA South* to lead when their expertise was relevant. It was decided that this would require formal leaders to 'step back' and consciously exercise followership when others' expertise was relevant. This process of 'stepping back' is described by Youngs (2009) as a leadership responsibility of a formal leader which would allow individual and group leadership to emerge. This would ensure organisational structures supported distributed leadership happening in parallel with formal leadership (Youngs, 2014).

Insight from the site managers' interviews influenced the ongoing review of literature to explore self-reflection and its potential in contributing to developing distributed leadership. Self-reflection was identified in a number of research studies as a positive process to encourage development of distributed leadership (Dickson & Tholl, 2014; Jones et al., 2012; Spillane & Coldren, 2011). Specifically West (2014, p. 14) stated:

> *In collective leadership cultures, responsibility and accountability function simultaneously at both individual and collective levels. They breed regular reflective practice focused on failure, exploratory learning and making continuous improvement an organisational habit. By contrast, command-and-control leadership cultures invite the displacement of responsibility and accountability onto single individuals…*

These learnings above shaped thinking toward the design of systems and processes for *ViTA South* based on the concept of distributed leadership. Systems would need to enable all staff to participate in systems improvement which would also facilitate continuous organisational learning. These iterative processes would be designed to enable high levels of dialogue, debate and discussion to achieve shared understanding about identifying the nature of problems and proposed solutions.

It was identified that the *ViTA South Operational Model* would need to include processes which enabled staff to adopt leadership roles within their work roles. This would promote staff to take individual and collective responsibility for delivering high-quality services which are safe and effective. The *Kings Fund* recommended that to achieve this requires purposeful, careful planning, persistent commitment and a constant focus on nurturing leadership and culture (West et al., 2014).

A consultative approach was adopted to develop the systems and processes for *ViTA South.* This approach was deemed most appropriate as it would enable key stakeholders to contribute to and shape the systems they would be working within. The

strategies chosen would also facilitate collective learning (West et al., 2014). Therefore a decision was made to consider enabling action learning through a consultative process.

In considering these needs a document analysis of the current process at *ACH Group* was carried out. The document analysis sought to identify how *ACH Group* staff developed operational processes at existing residential care sites. This process identified a significant finding that *ACH Group* staff referred to research literature to develop and improve clinical processes such as wound care management. However staff did not regularly refer to research literature to develop business operational processes and would depend on historical experience. In both instances this development and review work was undertaken by formal leaders.

The literature influenced the re-conceptualisation of thinking concerning the responsibilities of the members of the *ViTA South* formal leadership team. A need was identified to move beyond the traditional responsibilities held by formal leaders in a hierarchical leadership structure, toward a structure which contributed to creating the conditions for staff to exercise distributed leadership. The types of new responsibilities needed were recognised as being aligned with Youngs' research on distributed leadership in high schools:

- Distributed through organisational structures often in parallel
- Stepping up either cognitively with organisational wide thinking or in behaviour leading by example
- Stepping in to orchestrate leadership amongst others
- Stepping back to allow individual and group leadership to emerge
- Boundary-spanning leadership of groups.

(Youngs, 2014)

4.2.4 Findings from the document analysis undertaken as part of cycle one

A document analysis process also featured part of the 'discovery' stage on cycle one. The document analysis reviewed any *ACH Group* documents on the organisational intranet which referred to 'leadership strategy'. The review analysis identified there were

no documented leadership strategies identified for any of the existing *ACH Group* residential aged care sites. Similarly there were no identified terms of reference to guide a formal leadership team role or function. The structure of a formal leadership team or 'management team' meeting usually involved an agenda which was driven by solving problems.

Each of the sites had a strategic plan and a business plan. But there were no documented operational models to mobilise the strategic or business plans. There was a wide range of documented policies and procedures. However how systems and services were intended to operate were not documented and therefore not explicit. Further enquiry identified that the site managers understood how the systems worked and would communicate or delegate specific isolated 'tasks' or functions to members of their team.

Within internal *ACH Group* documents it was stated that collaborative practice occurs sporadically within the existing services. It was stated that often collaborative practice was largely dependent upon individuals. The *ACH Group's* experience is supported by findings in the research literature which acknowledge that at times existing systems inhibit collaborative practice (Royeen et al., 2011).

4.2.5 Conclusion of discovery undertaken as part of cycle one and summary of decisions for planned action

An overall review of the findings and learnings gained from the discovery process for cycle one informed the development of a plan of action. The actions within the plan aligned with the principles from the *6E Conceptual Framework*. A summary of the decisions is now presented. This is supported by Table 9 presented to show how the strategies map against the principles from the *6E Conceptual Framework*.

1. Employ the *ASERT* and *6E Conceptual Framework* as sensegiving tools for use by the *ViTA South Formal Leadership Team* to help guide shared understandings.

2. Develop a *Terms of Reference* for the *ViTA South Formal Leadership Team.* The *Terms of Reference* would explicitly describe the role and function of the *ViTA South*

Formal Leadership Team required to create the conditions for staff to exercise distributed leadership.

3. Develop a visual presentation using interconnected logic models to provide detail of the systems within the *ViTA South* operational model. A consultative process would facilitate the development of the logic models. This approach would access the experience and knowledge of many people working in *ACH Group* to provide input into shaping the future systems being developed from interconnected logic models for *ViTA South*. The documented operational model would be used as a road map in guiding systems development. The process of developing the documented operational model would provide a mechanism toward developing shared understandings. The documented operational model would also mean that the underlying thinking and assumptions were accessible to all staff. It was deemed that this would contribute toward developing shared understandings toward creating the conditions for staff to exercise distributed leadership.

4. Enable action learning as a consultative process to drive systems design and improvement.

Table 9 ***Chosen organisational development strategies for cycle one mapped against the 6E principles***

6 E Principles	Organisational development strategies adopted for cycle one
Engage with people – a broad range of leaders in positions of institutional authority (termed formal leaders), employees respected for their leadership but not in positions of institutional authority (termed informal leaders), experts in clinical care and formal and informal leaders and experts from various functions, disciplines, groups and levels across the institution who contribute to clinical care.	Strategy adopted: document an operational model to guide systems development so it is out of the formal leaders heads and accessible by all staff.
Enable through relationships – development of context and culture of respect for and trust in individual contributions to effect change through the nurturing of collaborative relationships.	Strategy adopted: adopt a consultative approach involving action learning to guide the development of the operational model being for *ViTA South*.
Enact via intentional practice – design a holistic process in which processes, support and systems encourage the involvement of people.	Strategies adopted: 1. Develop and document a terms of reference for the ViTA South formal leadership team. 2. The new processes and systems articulated within the new operational model being developed would be designed to encourage the involvement of people. 3. The process of facilitating an ongoing review toward improving the operational model will be purposely designed to encourage the involvement of people.
Encourages with activities and acknowledgement – a plethora of activities to raise awareness and scaffold learning through professional development, mentoring, facilitation of networks, communities of practice, time, space and finance for collaboration, and recognition of, and reward for contribution.	Strategy adopted: 1. This would be considered and factored in when developing the *ViTA South* operational model. 2. Enable action learning as a forum to engage staff in systems development.
Emergent through participative action research (PAR) – a sustainable ongoing process of cycles of action through PAR.	Strategy adopted: Action learning approach to establishing and reviewing key business processes: "Smooth Transitions" Admissions Process, Early Intervention Program, Primary Care Model.
Evaluate for learning and development – benchmarks against good practice examples that evidence increased engagement in learning and teaching, collaboration , and growth in leadership capacity.	Strategy adopted: consider evaluation when designing above strategies.

4.3 Cycle one: Action

The action undertaken during cycle one involved developing four strategies which were conceptualised through the discovery stage. The four strategies are highlighted in yellow in Figure 8 below. This development work took place before the members of the *ViTA South Formal Leadership Team* were appointed. A discussion of the actions is provided following the diagram.

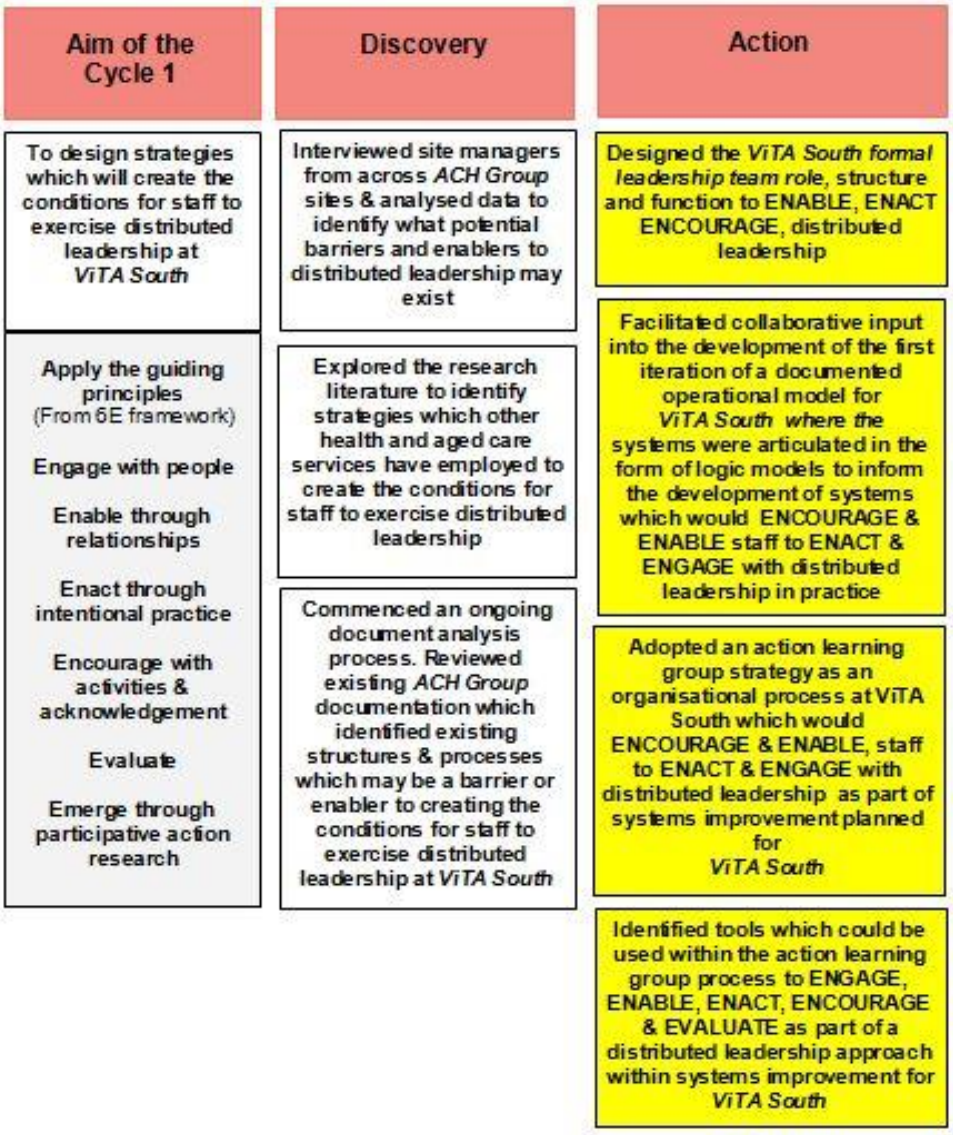

Figure 8 ***Excerpt from logic model relevant to action undertaken within cycle one***

4.3.1 The action undertaken to define ViTA South formal leadership team role and function

In defining the *ViTA South* formal leadership team role and function the *ASERT* and *Health LEADS Australia* were used as a point of reference. These two frameworks were specifically referred to within the terms of reference developed for *ViTA South*.

The following extract from the *ViTA South Formal Leadership Terms of Reference* demonstrates the intended application of the *ASERT* is as follows: *"ASERT will be used within reflection to guide thinking toward ensuring the systems and processes being developed to support the creation of the conditions for staff to exercise distributed leadership."*

These two frameworks were used as sensegiving tools to guide the sensemaking process which identified organisational development to develop the new structures and processes for *ViTA South*. These sensegiving tools contributed to re-shaping underlying thinking to create the significant change required to create the conditions for staff to exercise distributed leadership at *ViTA South*.

A conscious decision was made for the *Interprofessional Learning Facilitator* (the researcher) to use the *ASERT* as a coaching tool to assist the members of the *ViTA South Formal Leadership Team.* This facilitated a process which encouraged members of the formal leadership team to reflect on their own thinking and actions to ensure they were promoting distributed leadership on an ongoing basis.

The document analysis undertaken for cycle one had shown that a traditional format adopted by *ACH Group* to guide a monthly management meeting would involve an agenda which has a focus on problem solving. This supported the traditional approach where 'managers' at *ACH Group* designed new systems or amended existing systems in isolation within the context of a 'management meeting'. In adopting a distributed leadership approach an innovative running format was adopted to guide the

role and function of the *ViTA South* formal leadership team meetings. This process was purposefully designed to facilitate and enable double loop learning which involves questioning governing variables themselves and critically appraising them to support organisational learning (Argyris & Schön, 1974). The running format comprised two key agenda items:

1. Dedicated time to facilitate an action learning approach to develop and refine logic models to guide organisational development undertaken for *ViTA South*. These became the logic models which have presented within this thesis research.
2. A review of relevant information/data gained from resident feedback, staff feedback and reported system issues. This information/data would be reviewed to inform topic selection for 'action learning groups'.

This revised running format moved the systems design function outside of the scope of the formal leadership team meetings. Instead, systems design was undertaken through a collaborative process involving four newly established action learning groups. Each group engaged a range of staff across *ViTA South* who applied an action learning approach to solve problems and improve systems. The four action learning groups which were established aligned with four key systems within *ViTA South*:

1. The admissions process,
2. The primary care model,
3. The early intervention program and
4. The leisure and lifestyle program.

A discussion of how the action learning groups were designed to operate is provided in section 4.3.3.

4.3.2 The action undertaken to document the operational model in the form of logic models

The development of the first draft of a documented operational model for *ViTA South* was informed primarily by data collected through document analysis. This analysis identified existing *ACH Group* documents and resources that could be either adapted or used to inform the development of the operational model for *ViTA South*. The document search identified business plans for all eight of the existing *ACH Group* sites. However, only one site had a documented operational model.

An analysis of this operational model identified that it was broad and theory based. It provided a high level overview of key theories relating to healthy ageing which were used to underpin the service delivery for the site. It did not provide the detail needed to apply these theories within the design and delivery of services.

An analysis of the eight business plans indicated that they also did not contain sufficient detail to guide the design and delivery of services. Instead they referred broadly to organisational policies and procedures available on the organisational intranet. A review of the organisational intranet identified over 258 documented policies and procedures. There were no clear organisational development approaches available to translate the business plans into action. The underlying thinking and assumptions associated with how these plans were translated into practice were not accessible and potentially were contained within each site manager's head.

Therefore the decision was made to develop and include a level of detail within the *ViTA South* operational model to inform its practical application. This detail informed how high level theories aligned with strategic goals and translated into the practical design and delivery of services for *ViTA South*. It was decided at this point that the operational model would be made accessible to all staff. This was so staff could see how their roles contribute to business strategic goals. They were also encouraged to refer to the operational model when contributing to systems design and improvement.

At this point a decision was made to develop and document the operational model in the form of logic models. This approach established the relationships between systems at *ViTA South.* It also enabled the articulation of underlying thinking and assumptions behind how the systems were intended to work in practice.

The logic modelling process also contributed toward developing shared understandings of how 'tasks' undertaken within each of the systems contributed to organisational outcomes. It was anticipated that this would contribute to developing shared understandings of how the tasks which staff were engaged to undertake fitted within the complex system of *ViTA South*. The process of breaking each of the systems into a logic model aimed not to oversimplify a complex system. Rather, it was to facilitate an approach to engaging the people working within that system through developing shared understandings necessary to enable them to contribute to shaping that system. The process of developing shared understandings is a process of sensemaking.

The process adopted to develop the first iteration of logic models for inclusion in the operational model for *ViTA South* was facilitated by the Interprofessional Learning Coordinator (the researcher). The workforce for *ViTA South* had not yet been appointed so the process engaged existing staff working across other *ACH Group* sites. This included managers (formal leaders) but also engaged with employees across the organisation who were respected for their specialist expertise but who were not in positions of institutional authority (informal leaders). This approach is in line with the principle of "engage with people" as articulated in the *6E Conceptual Framework for Distributed Leadership* (Jones et al., 2012). This consultative approach supported concepts of distributed leadership.

The facilitation of the logic modelling process within the operational model provides an example of a "planful alignment" approach to the distribution of leadership within the systems being developed for *ViTA South*. Spillane and Coldren (2011) suggest that planful alignment is necessary when creating the conditions for staff to exercise distributed leadership. The resulting operational model was designed to be a

continually evolving document. This is particularly important as it is recognised that complex adaptive systems do not inherently reach fixed equilibrium (Rouse, 2008).

During this cycle the approaches within the *ViTA South* operational model were presented to the board and executive of *ACH Group* which resulted in their endorsement. *ViTA South* represented a significant financial investment for *ACH Group.* It was recognised that to achieve the aspirational goals of *ViTA South* would require innovation, and with innovation came risk. Therefore governance structures required board endorsement for the approaches adopted.

An oral presentation was delivered to the board and executive presenting details of the organisational development strategies adopted. The presentation was delivered by the Interprofessional Learning Coordinator (the researcher) and the *General Manager of Residential Services* as the *ViTA South* formal leadership had not been appointed at this stage. The specific details presented were designed to guide the board through a sensemaking process to outline how the organisational development strategies chosen, including the decision to incorporate distributed leadership would contribute to achieving the goals for *ViTA South*.

4.3.3 The action undertaken to plan the establishment of action learning groups

A distributed leadership structure evolved from designing the role and function of the *ViTA South* formal leadership team, as discussed in section 4.3.1 of this chapter. This distributed leadership structure included the establishment of four action learning groups. This structure provided what Gronn (2009) describes as ‘an investment of authoritative capital to a group’. In essence this means that it devolves decision making power from the formal leadership team to the action learning groups. It gave them permission to inform the design and redesign of the systems which they were working within.

The *Institute of Health Innovation 90 Day Methodology* which involves a plan-do-study-act, which is similar to the participatory process Jones et al. (2012) recommend in their research on distributed leadership modelling, was adopted for *ViTA South*. This

action learning process involved a four-stage continuous learning cycle. Practice-based experiences were used as a basis for observation and reflection. Anticipated implications associated with future action were then explored and discussed. These actions were then actively tested, reviewed and reflected upon. This approach facilitated double loop learning.

The action learning group membership was designed to vary and engage a variety of staff dependent upon the area being developed. This approach would leverage and harness the skills and expertise that exist within the whole workforce that ordinarily may not have been utilised. It was anticipated that the members of each action learning group would become change agents as they would have contributed to the system design and would have insight into the theory of action behind what the change was intended to do.

The action learning group process was not only chosen for its capacity to facilitate the development of something new but the process would build capacity for doing things in a new way. Senge (1999) in his research into organisational learning states that to be effective in creating change within systems, the thinking that produced the change and informed the solutions also needs to change. In a hierarchical leadership structure it would be common for the leader to develop a change and consequently a limited few would know the thinking behind the change. In the new distributed leadership structure, facilitated through action learning at *ViTA South,* a group of people would contribute to the thinking to create change. This thinking would include an understanding of why the change is required and how it is expected to work in practice.

The action learning groups are an example of what Gronn (2009) describes as distributed leadership in parallel. This means that the *ViTA South* Formal Leadership have intentionally designed the opportunity to create the space for distributed leadership to emerge.

4.4 Cycle one: Reflection

The reflection process for cycle one utilised the *ASERT* and the *6E Conceptual Framework* as reference tools to review the actions which were undertaken. This process identified enabling assets and outcomes. The learnings gained were then applied to inform the process of discovery which was undertaken as part of the subsequent action research cycle. The reflection process identified outputs, enabling assets and outcomes which have been summarised in Figure 9 and discussed below.

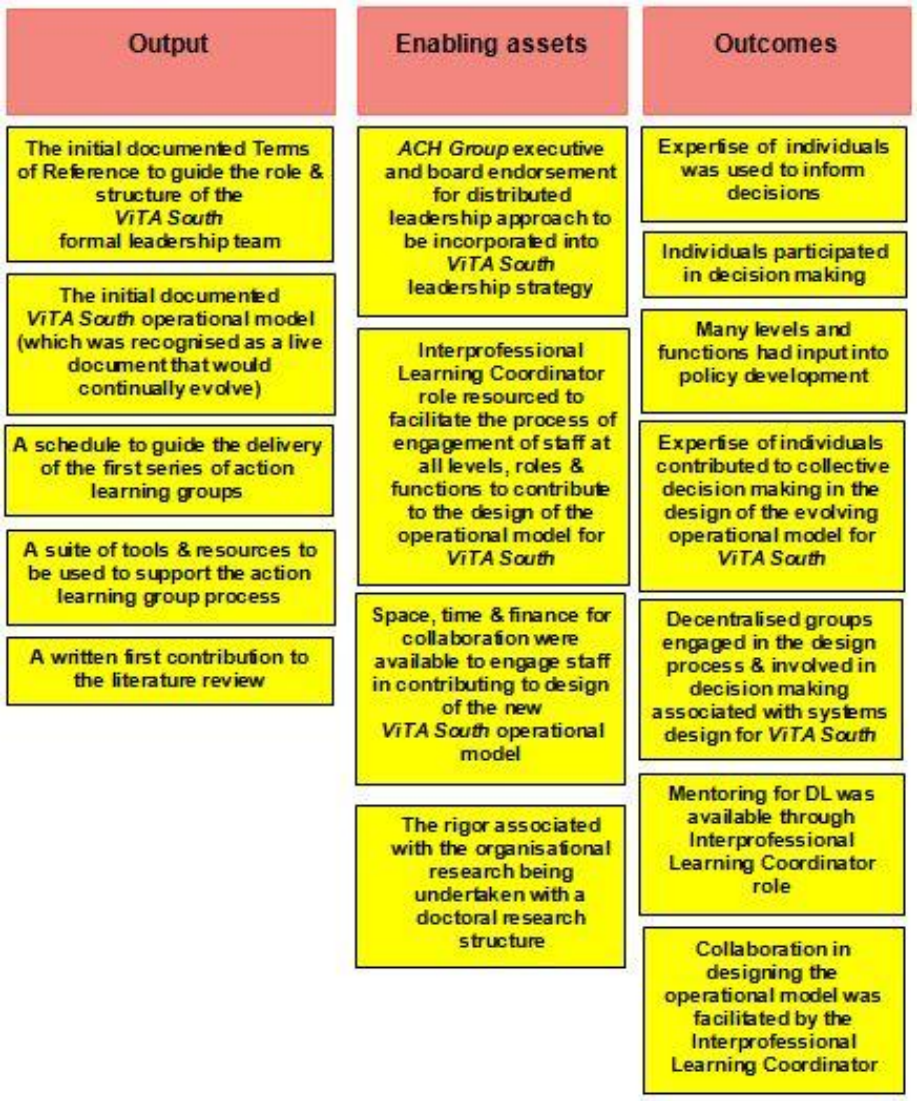

Figure 9 ***Excerpt from logic model relevant to reflection undertaken within cycle one***

There were four key enabling assets identified from reviewing the action and outputs from cycle one which contributed toward distributed leadership practices at *ViTA South*. The first enabling asset was the endorsement *ACH Group* executive and board gave to the distributed leadership approach to be incorporated into the *ViTA South* leadership strategy.

The second enabling asset was the resourcing available through the researcher's work role of Interprofessional Learning Coordinator. This provided a resource of time required to facilitate staff engagement into the design of the logic models used to inform the systems established for *ViTA South*. The third enabling asset was in the form of space, time and finance for collaboration which were available to engage staff to contribute to the design of the new operational model being developed for *ViTA South.* The final enabling asset was the rigor associated with the doctoral research structure which enabled a rigorous research approach to solve the real business problem.

A review of the action undertaken, the outputs and the enabling assets demonstrated that the principles associated with distributed leadership were applied throughout the design process. These outcomes are summarised as follows:

- Expertise and participation of individuals informed all design decisions
- Many levels and functions provided input into policy development
- Expertise of individuals contributed to collective decision making and the design of the evolving model for *ViTA South*
- Decentralised groups engaged in the design process and involved in decision making associated with systems design for *ViTA South*
- Mentoring for distributed leadership was available through the Interprofessional Learning Coordinator role
- Collaboration in designing the operational model was facilitated by the Interprofessional Learning Coordinator.

4.5 Cycle two: Background

The second cycle set out in Figure 10 operated during the first six months that *ViTA South* became fully operational. The members of the *ViTA South* formal leadership team were appointed in the weeks leading up to *ViTA South* opening. This cycle ran from June to December 2014. It was an intense period as new residents were being admitted together with the commissioning of the building. New systems had to be implemented during this phase.

The aim of cycle two was to operationalise the strategies which were developed in cycle one. These were:

1. Establish *ViTA South* formal leadership team structure to enable and enact distributed leadership.
2. Establish action learning groups to engage, enable, enact, encourage and evaluate systems implementation and improvement for *ViTA South.*
3. Review and update the logic models within the *ViTA South* operational model to implement and develop systems designed to enact, engage and evaluate distributed leadership in practice at *ViTA South.*

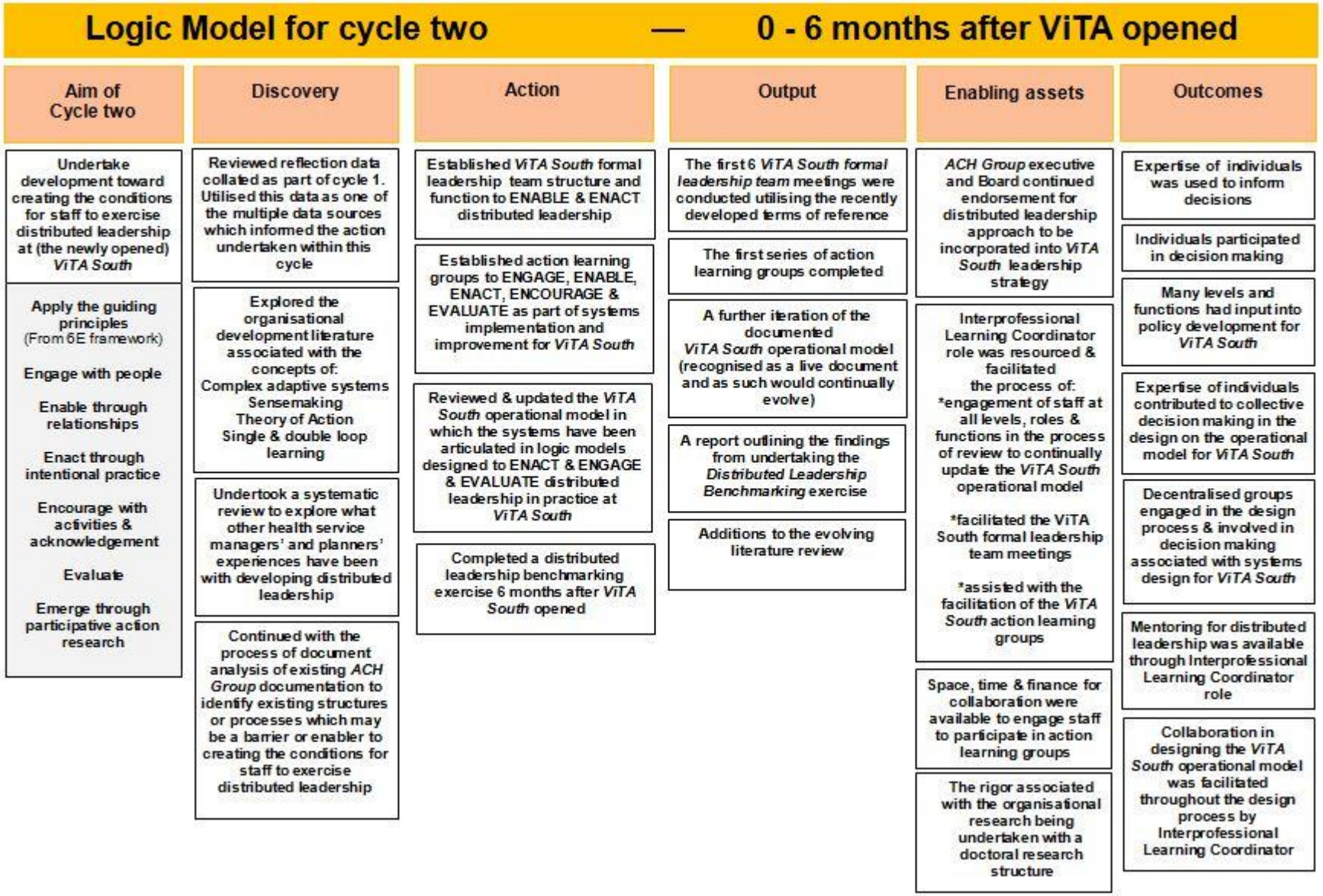

Figure 10 ***Cycle two logic model***

4.6 Cycle two: Discovery

The investigation undertaken within the ‘discovery’ stage for the cycle two aimed to identify the organisational development required to operationalise the strategies developed during cycle one. The investigation utilised data collected from a number of sources which included reflections undertaken during cycle one (presented in section 4.4), a literature review focused on organisational development, a systematic review and the ongoing document analysis of existing *ACH Group* documentation.

The investigation was part of a sensemaking process involved with informing thinking around what was required to operationalise strategies to create the conditions for staff to exercise distributed leadership at *ViTA South.* The yellow highlights within Figure 11 outline the multiple data collection methods which were employed in the discovery stage of cycle two.

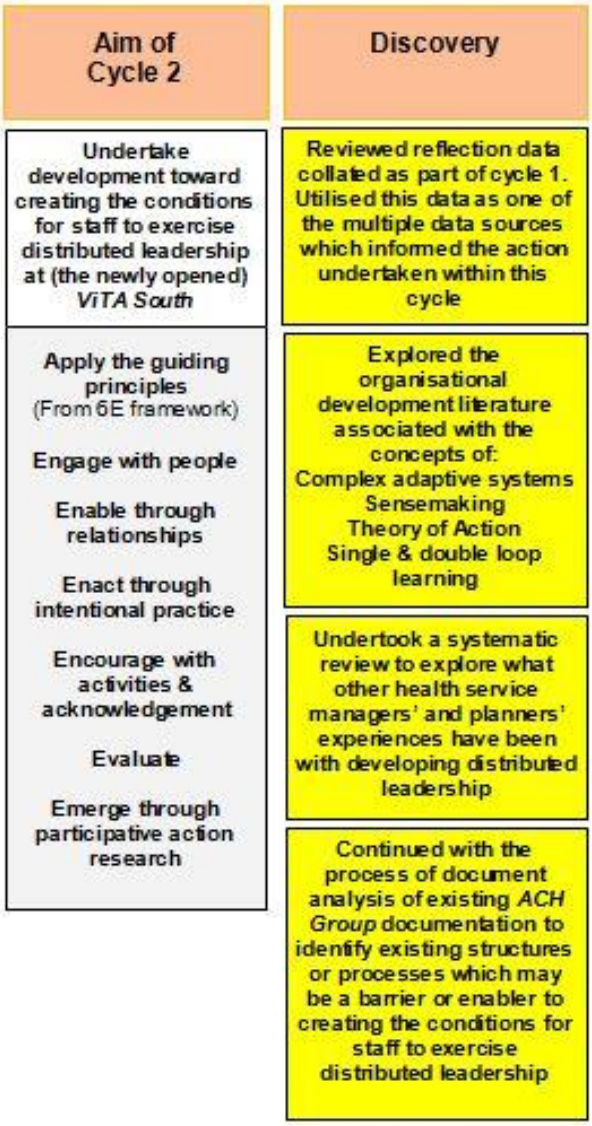

Figure 11 ***Excerpt from cycle two logic model relevant to discovery within cycle two***

4.6.1 Findings from the systematic review

The systematic review undertaken as part of the discovery stage within cycle two critically appraised six studies. An in-depth discussion of the six studies and the findings has been presented as part of the literature review within Chapter 2 (section 2.7) of this thesis.

The systematic review process identified four key considerations when deciding how to utilise distributed leadership theory in practice in health and aged care. These were:

5. Mobilise agents of change toward developing distributed leadership.
6. Tailor leadership governance structures.
7. Ensure visibility and accessibility of the organisational strategic plan and make explicit how operations align with and contribute toward achieving strategic goals.
8. Understand the importance of understanding the characteristics of team dynamics needed to enact distributed leadership.

4.7 Cycle two: Action

The investigation undertaken within the ‘discovery’ stage for the second action research cycle informed the identification of strategies to create the conditions for staff to exercise distributed leadership at *ViTA South.* The operationalisation of these strategies formed the ‘action’ undertaken within cycle two. An overview of the action undertaken within the second cycle is highlighted in yellow in Figure 12 below. A discussion of the actions is provided following the diagram.

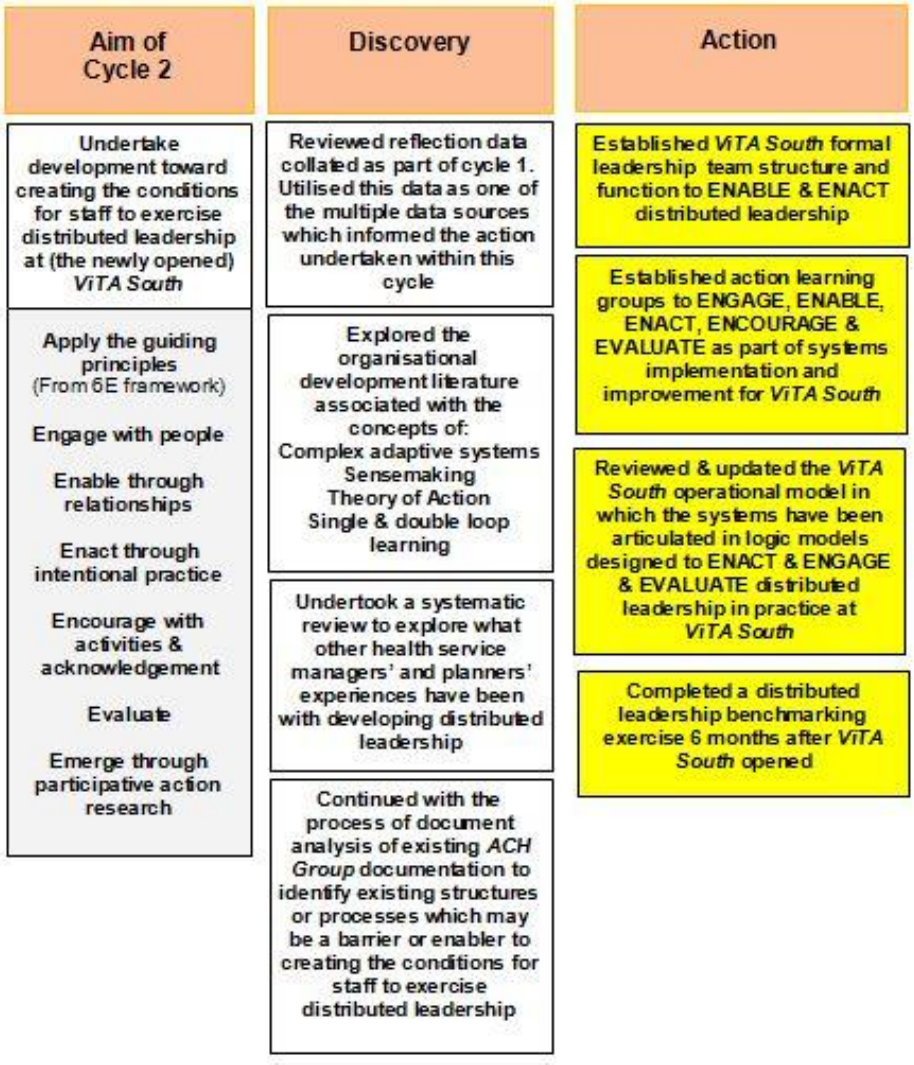

Figure 12 ***Excerpt from logic model relevant to action undertaken within cycle two***

The action undertaken within the second action research cycle included establishing the *Formal Leadership Team* meetings, establishing the *action learning group process* as a mechanism to develop the key organisational systems: *Smooth Transitions Admissions Process* and the *Early Intervention Program.*

During this action cycle the Interprofessional Learning Coordinator (the researcher) introduced the *Distributed Leadership Benchmarking Tool* which was being trialled for use in the higher education sector. A discussion of this tool is provided in the

literature review section of this research in section 2.5.3. The researcher in the role of Interprofessional Learning Coordinator introduced this tool at a meeting of the *ViTA South Formal Leadership Team.* The team decided to complete the benchmarking tool for *ViTA South*. The process of completing the tool provided a forum for discussion and reflection concerning how distributed leadership was being incorporated within a new operational model for *ViTA South*. The process also identified areas that needed further development.

The operational model for *ViTA South* was presented to the staff in the form of a series of interrelated logic models. This process facilitated the development of shared understandings amongst operational staff. It provided a format to surface and share underlying thinking and concepts that underpin the processes currently within the systems they employ at work. These activities provided them with a forum to influence the ongoing change required to meet changing expectations and drive innovation. During this cycle the staff contributed to the iterative process of refining the logic models. It was a process of ongoing discovery of how a program is intended to work and learning from action as to how it actually does work in practice; and then moving on to adjust the strategy, develop new strategy or adjust the logic behind how a strategy is intended to work.

4.8 Cycle two: Reflection

Once again the reflection process for cycle two utilised the *ASERT* and the *6E Conceptual Framework* as reference tools to review the actions which were undertaken. This process identified enabling assets and outcomes. The learnings gained were then applied to inform the process of discovery which was undertaken as part of the subsequent action research cycle. The reflection process identified outputs, enabling assets and outcomes which have been summarised in Figure 13 and discussed below.

Figure 13 ***Excerpt from logic model relevant to reflection undertaken within cycle two***

The reflection process identified four key enabling assets which contributed toward creating the conditions for staff to exercise distributed leadership at *ViTA South* during cycle two. These enabling assets shared similarities with those identified in cycle one. This included ongoing endorsement from *ACH Group* executive and board for a distributed leadership approach to be incorporated into the *ViTA South* leadership strategy.

During this cycle the researcher in the work role of Interprofessional Learning Coordinator was resourced to continue facilitating the ongoing process of engagement of staff at all levels to provide input in contributing to the design of the logic models within the *ViTA South* operational model. The Interprofessional Learning Coordinator also facilitated the newly established *ViTA South* formal leadership team meetings. The Interprofessional Learning Coordinator had been involved from the inception of planning for *ViTA South* so membership within the *ViTA South* formal leadership team was important as it ensured continuity of the adopted organisational development approach.

The availability of space, time and finance for collaboration continued to enable staff to contribute to the design of the new operational model being developed for *ViTA South.* The rigor associated with the doctoral research structure remained in place to enable the continuation of a rigorous research approach in solving the ongoing business problems associated with creating the conditions for staff to exercise distributed leadership at *ViTA South*.

During cycle two the action learning groups were established as a forum for staff to actively contribute to the development and ongoing improvement of the systems they were working within. The staff participating in the *ViTA South* action learning groups worked either at *ViTA South* or across *ACH Group*. The membership of the action learning cycles conducted during cycle two of this research was determined by the *ViTA South Formal Leadership* team. Membership was based upon the topic area and included staff with experience to provide insight into the topic being addressed. It was anticipated that as the process matured and staff better understood the function of action learning groups they would be encouraged to self-nominate to be involved in the action learning groups that they were interested in. It was anticipated that as the model evolved that staff beyond just the members of the *ViTA South* formal leadership team would also be enlisted to facilitate future action learning group processes.

During this six-month period the Interprofessional Learning Coordinator (the researcher) facilitated all of the action learning groups. It was the original intention for the facilitation role to be shared across key staff from across *ViTA South*. However in

this early stage, staff expressed that they lacked experience and did not feel confident to facilitate an action learning group process. Therefore a decision was made for the Interprofessional Learning Coordinator to facilitate each of the action learning groups. It was anticipated this would role model the process involved with facilitation of an action learning approach to problem solving. It was recognised that it may be beneficial for the key staff to engage with formal training to develop skills in facilitating an action learning group process to problem solving. However the learning and development budget for the first 12 months was directed to up-skilling trainee care workers to support them in their new operational roles.

Youngs (2009) argues that one of the responsibilities of a formal leader in embedding distributed leadership is in orchestrating leadership amongst others. With the Interprofessional Learning Coordinator facilitating the action learning groups at *ViTA South* an opportunity was provided for a formal leader to orchestrate leadership amongst others. The overarching goal remained to continue to coach and mentor additional staff to take on the facilitation role for action learning groups. It was always anticipated that when the skills and confidence of key staff matured then the Interprofessional Learning Coordinator would step back. Youngs (2009) also describes stepping back to allow individual and group leadership to emerge.

The members of the *ViTA South* formal leadership team found that completing the benchmarking tool provided a useful means of evaluating progress toward creating the conditions for staff to exercise distributed leadership at *ViTA South*. The benchmarking tool highlighted good practice examples and areas that required further development.

4.9 Cycle three: Background

The third cycle set out in Figure 14 operated during the 6-12 month period after *ViTA South* became fully operational. This time frame coincided with the lead up to the first accreditation assessment for *ViTA South* by the *Aged Care Accreditation Agency* which took place in March 2014. This was an intense time because each of the new systems was under close scrutiny as part of an audit. *ViTA South* was successful in receiving accreditation for five years. It was one of the first facilities in Australia to receive five years' accreditation which is usually only awarded for three years.

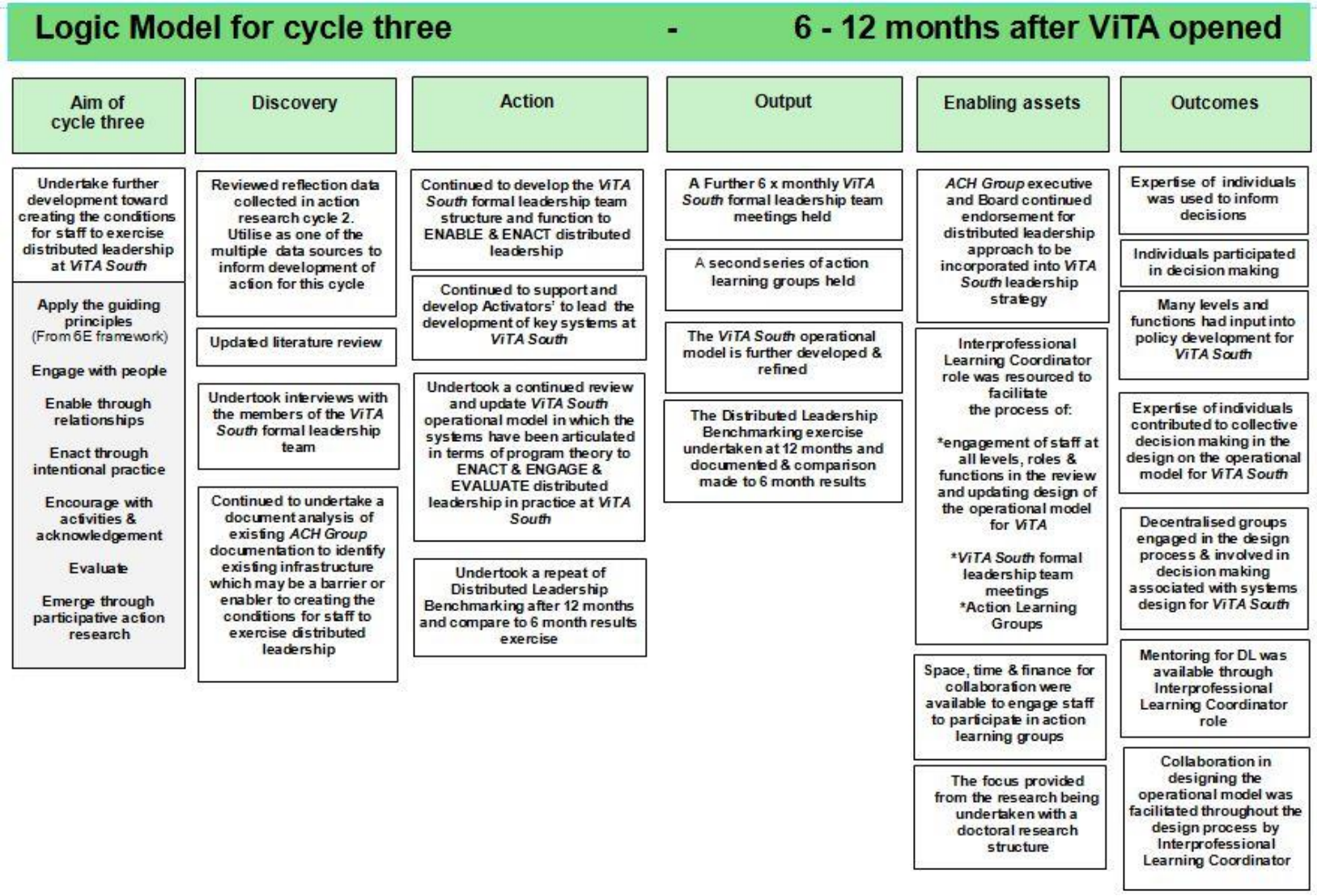

Figure 14 ***Cycle three logic model***

4.10 Cycle three: Discovery

The investigation undertaken within the 'discovery' stage for cycle three utilised data collected from a number of sources. These included reflections undertaken during cycle two (presented in section 4.8), updates to the literature review, semi-structured interviews with the members of the *ViTA South* formal leadership team and ongoing document analysis of existing *ACH Group* documentation. The yellow highlights within Figure 15 outline the multiple data collection methods which were employed in the discovery stage of the second cycle.

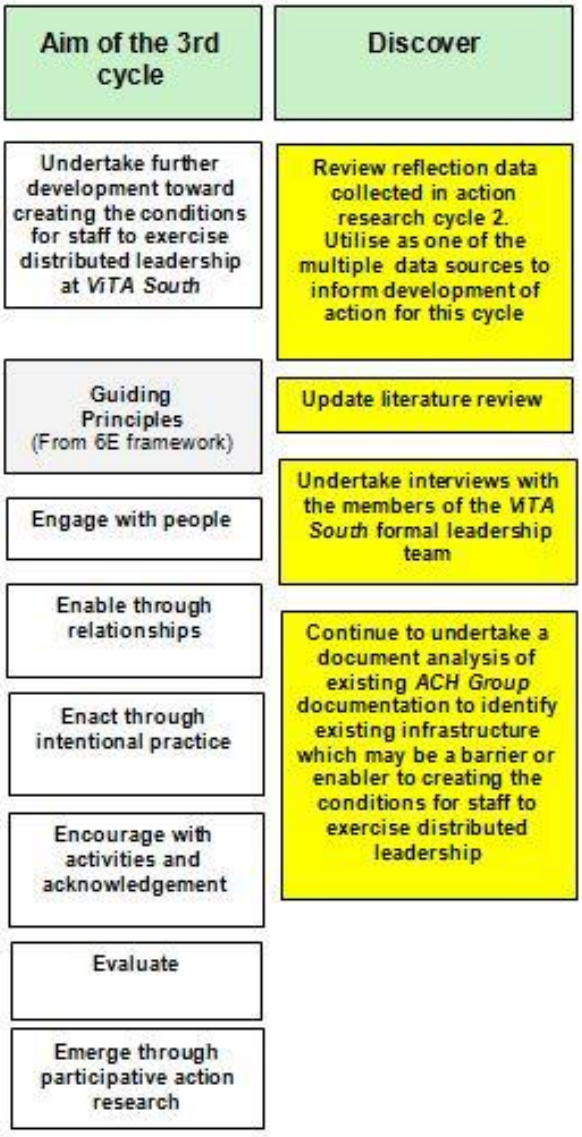

Figure 15 ***Excerpt from cycle three logic model relevant to discovery within cycle three***

4.10.1 Findings from ViTA South formal leadership team member interviews

There were two findings identified within the thematic analysis of site manager interviews.

1. Insight into the revised roles required of the formal leaders within *ViTA South* compared to leadership roles the formal leaders have held previously in other aged care facilities.
2. Ongoing reference that the formal leaders needed to "change their own thinking". This included reference to the effort required to change thinking – that it does not come naturally or easily.

In relation to the above findings members of the *ViTA South* formal leadership team all acknowledged a change in the nature of their role as formal leaders. Each member reflected and made comparisons to how their roles were now different to what they had experienced in the past. When asked about their experience they provided the following responses:

> **Interview response 1:** *"…this is just the way things are done now, it's happening regularly, daily, people come with a problem and have already have some ideas on how to fix it – rather than depending on me to fix everything."*

> **Interview response 2:** *"Don't get me wrong, sometimes it has been challenging, it has been more time consuming thinking about a different way which is not hierarchical, sometimes you have to invest time up front, to get a longer term outcome – coach a staff member rather than quick jump in and do it for them."*

> **Interview response 3:** *"I have never run one like the way I run this one, and I have never had a recipe book* <operational model> *like this one either (laughter). I have never, it has probably*

changed my whole way of thinking, if I am honest a little bit hard as I am very much a doer, I suppose it has made me reflect a lot on what I do and why I do it. I used to think delegation was palming off things you didn't want to do, I used to be reluctant to delegate. I don't think I have stopped being a doer, but I think what this experience has done has made me realise that distributed leadership has allowed me to do is step back and reflect and go right person doing the right job, am I motivating the staff so they feel empowered so they are not thinking <name> *is going to do that, and that kind of thing, they feel that they can do that particular role without feeling squashed I suppose like you would 20 years ago."*

Interview response 4: *"The action learning groups just give time and a focus on particular area, but through that process it is creating a culture of continuous improvement and learning in our everyday work. People are not waiting for someone else to solve their problems they are coming up with potential solutions and that is not something I have seen in previous services I have worked in."*

These quotes demonstrate that the members of the *ViTA South* formal leadership team recognise that their role and responsibility as a formal leader was changing. The changing nature of the formal leadership team roles and responsibilities are described by Youngs (2014, p. 94):

- *Distributed through organisational structures often in parallel*
- *Stepping up either cognitively with organisational wide thinking or in behaviour leading by example*
- *Stepping in to orchestrate leadership amongst others*
- *Stepping back to allow individual and group leadership to emerge*
- *Boundary-spanning leadership of groups.*

4.11 Cycle three: Action

The investigation undertaken within the 'discovery' stage for the third action research cycle sought to identify how to further develop and improve strategies required at *ViTA South* for staff to exercise distributed leadership. The further development of these strategies formed the 'action' undertaken within cycle three. An overview of the action undertaken within the third cycle is highlighted in yellow in Figure 16 below. A discussion of the actions is provided following the diagram.

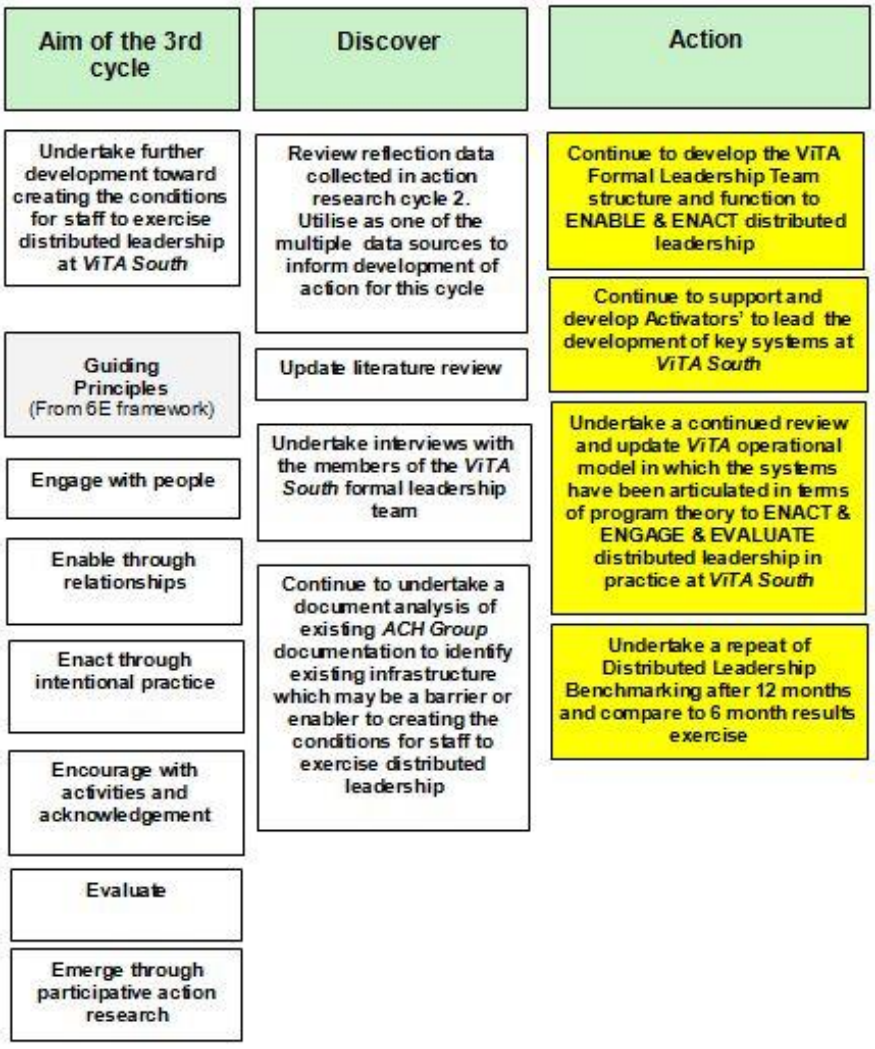

Figure 16 ***Excerpt from logic model relevant to action undertaken within third cycle***

During this cycle, five *ViTA South* formal leadership team meetings were held. These meetings were complemented by an action learning cycle for each of the four key systems which were also held during this time frame. The Interprofessional Learning Coordinator continued in the role of facilitator for each of the leadership meetings and the action learning groups held during this time.

The ongoing review of the *ViTA South* operational model identified that there would be benefit in storing it in a location that was more accessible by all staff. It was decided to make it available in an electronic format and have a hard copy available that people could readily access.

As the *ViTA South* formal leadership team had found the process of completing the *Distributed Leadership Benchmarking Tool* worthwhile they chose to complete it again during this cycle. Once again, the process of completing the tool provided a forum for discussion and reflection concerning how distributed leadership was being incorporated within a new operational model for *ViTA South*. The process also identified areas that needed further development.

4.12 Cycle three: Reflection

The same approach to reflection undertaken in cycles one and two was adopted for cycle three. The *6E Conceptual Framework* was used to guide reflection of the action undertaken as part of cycle three. The reflection process identified outputs, enabling assets and outcomes which have been summarised in Figure 17 and discussed below.

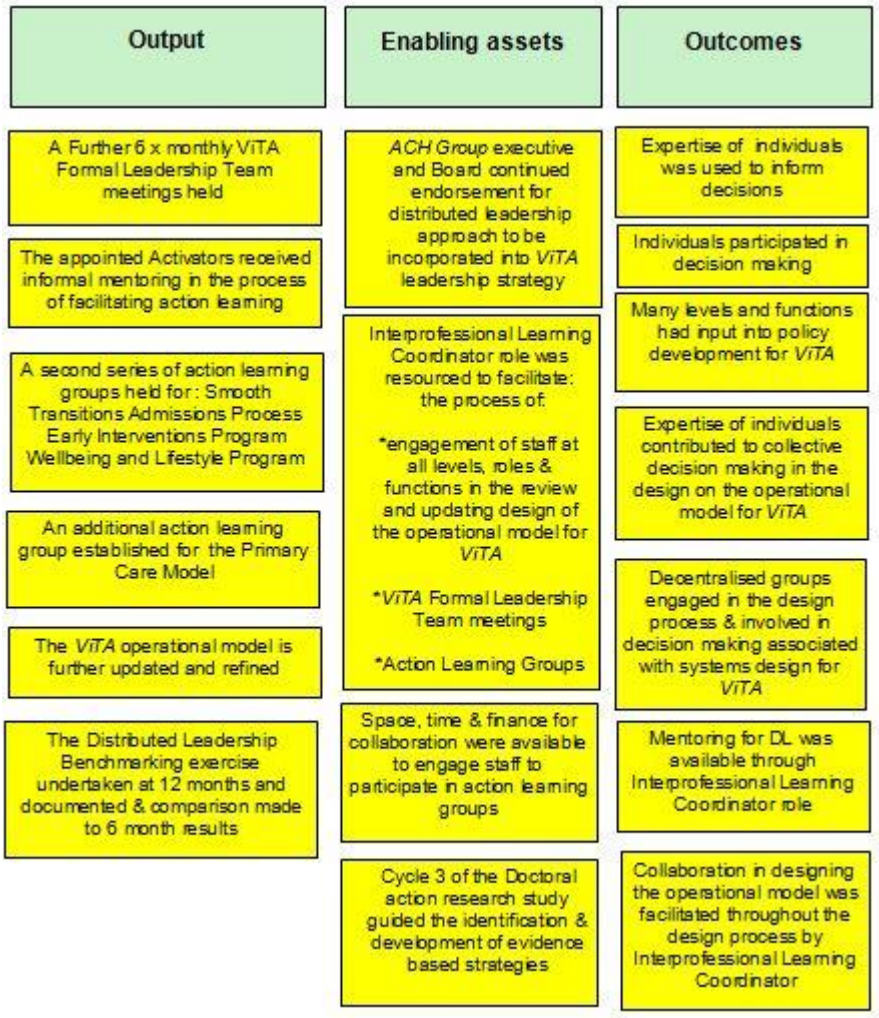

Figure 17 ***Excerpt from logic model relevant to reflection undertaken within third cycle***

The reflection process determined that the same four key enabling assets identified from cycle two remained in place for staff to exercise distributed leadership at *ViTA South* during cycle three.

There were two outputs developed from the reflection undertaken within this cycle. Firstly, Table 10 was developed to summarise the new and revamped workplace structures which have been developed/changed to support staff exercising distributed leadership at *ViTA South*. Secondly, a series of three good practice examples were extracted from the researcher's reflective diary presented in section 4.13.

Table 10 ***Development of new workplace structures and processes for ViTA South***

Workplace structures	**Existing structure or process**	**New structure or process**
Role and function of the formal leadership team	Role and function of the formal leadership team: • Develop and update policies and procedures • Create job descriptions for all staff to follow that align with organisational requirements • Identify and repair broken systems • Problem solve solutions that better address business needs	Terms of Reference have been developed using *ASERT* to guide the new role and function of the formal leadership team. These include: • Undertake strategic planning • Plan for systems design and improvement including identifying how and who should be involved • Ensure that all learnings are embedded in the development of new structures and processes • Lead the development of evidence-based policy rather than rely on local solutions • Recognise and develop relationships across the organisation as a core focus of leadership • Develop staff capacity to contribute to systems design and development • Facilitate reflection and forward planning recognising that this requires: o Reflective practice o Being conscious of not doing – but delegating to the best person to make a decision o Ongoing review of the progress of systems improvement o Enable adequate resourcing where possible to enable people to do their jobs to the best of their ability
Systems design and systems improvement	• Usually part of a single staff member's role (e.g. Quality Manager) • Involves adhoc consultation with other team members, but does not consistently feature	• Stretched across all staff members roles enabled through the establishment of action learning groups which have a focus on systems design and improvement • Access external expertise to be part of the action learning group

	collaboration • Does not usually involve care staff • Change management seen as a linear process which can be managed	• Enable a culture of change through ongoing inquiry and learning, specifically learning by doing – rather than trying to manage or control change
Strategic plans	• Strategic plans not readily accessible to all staff. Limited to the site manager or members of the formal leadership team • Limited detail explaining the reasoning behind goals and strategies and how these will be achieved • Provides broad detail only	• Strategic plans are widely accessible to all staff • Comprehensive detailed and documented operational modelling available to all staff • Each system within the operational model developed and documented using a logic model to show the reasoning behind goals and strategies and how these will be achieved • Demonstrates interdependencies between the different systems • Used as a working document including as a communication tool • Facilitates staff engagement in systems development and improvement
Systems establishment and improvement	• Usually led, facilitated and monitored by the site manager	• A shared approach to facilitating systems development which can be undertaken by different staff beyond the site manager
Leadership development	• Usually only available to formal leadership team • Usually a course or workshop format	• Available to all staff through applying a coaching and mentoring approach • Embedded as part of business as usual
Care worker role in leadership within the organisation	• Care Worker role not represented on key groups such as Early Intervention Working Party – usually only health professionals (e.g. nurse, physio, OT)	• Care workers are resourced to attend and participate in action learning groups and working groups
Recognition and reward	• Employee of the month programs usually recognises individual achievement	• Employee of the month nominations developed using criteria aligned with the *Health LEADS Australia* capabilities. Nomination articulates how a staff member has role modelled collaboration and leadership

4.13 Outcomes experienced for *ViTA South*

As part of the reflection process the researcher also undertook a review of data collected in the researcher's reflective diary to identify examples which showed distributed leadership was developing at *ViTA South.* Three good practice examples are now presented to demonstrate the exercise of distributed leadership by staff at *ViTA South*.

4.13.1 Care worker involvement in care plan reviews

Each resident within an aged care facility has a care plan which is a working document which all staff use to guide the delivery of care tailored to the individual's assessed specific needs. These plans are used by all staff to inform the delivery of care on a daily basis. These plans are reviewed at least every six months. A *Registered Nurse (RN)* leads the review and collaborates with other members of the health team involved in the care for the resident to collate their input.

It is a time-consuming process for the *RN* to collaborate with all of the staff who are directly involved with a resident's care as part of the care plan review. In embracing the concept of distributed leadership the *ViTA South Formal Leadership Team* invited the *Care Workers* and *Registered Nurses* to facilitate a re-design process. The resulting outcome was a tailored process which enabled a systematic approach to *Care Workers* being involved in the ongoing care plan review process without it being an extra workload burden. The redesign process enabled the care workers and registered nurses to have a direct influence on shaping the systems with which they work.

The resulting output from the re-design process was an update to work routines to include a review of a care plan by a *Care Worker* on a daily basis. This enables *Care Workers* to provide their input and suggestions to the *RN* on an ongoing basis. (It should be noted that in this redesigned process the *Registered Nurse* remains responsible and accountable for making changes to care plans to meet legislative requirements.) At the end of each month *Care Workers* and *Registered Nurses* at *ViTA South* have collaborated in the review of the care plan for each resident.

The redesign process required the removal of systemic barriers, changes to daily work routines, resources to be developed, training for both *Care Workers* and *Registered Nurses* in the new process. Traditionally where a *Care Worker* has been advised of a new process, rather than being involved in the development of a new process often they don't have the background or context and there is the risk of the change being viewed one dimensionally as 'an extra workload' which has the potential to create resistance to the change being implemented.

The resulting outcome from this update showcases an example of sustainable collaborative practice. The re-designed process facilitated joint planning and joint decision making in relation to care plan reviews which is embedded within the daily work routine. This has also created efficiencies in collaborating to review care plans and this means staff have more time to spend with residents.

4.13.2 Coaching as intentional strategy for staff development

An issue was identified where a number of the new inexperienced trainee *Care Workers* were not completing certain tasks within the time frame of their shift. The incomplete tasks fell to the *Registered Nurse in Charge* to complete which created an extra workload. This meant that the Clinical Nurse Consultant who the *Registered Nurses* report to was being called upon to support the *Registered Nurses* in completing this additional workload.

The ongoing issue was explored and it was identified that the *Registered Nurses* felt more comfortable picking up and doing the task missed by the *Care Worker* than providing leadership in engaging the *Care Worker* to complete the task. As the issue was unpacked, it was clear the traditional hierarchical leadership approach was being deferred to and it was determined that an intentional effort needed to be undertaken to support a distributed leadership approach to addressing the ongoing challenges. To address these types of issues usually audits or competency assessments would be undertaken. However, in recognising the need to move away from the top down hierarchical approach an alternate approach was explored.

The intentional strategy was to schedule individual coaching sessions with each of the *Registered Nurses* during their shift. It was acknowledged that undertaking an audit or competency assessment would be easier and far less time consuming (the tools were pre-developed and it was an approach the Clinical Nurse Consultant and Quality Manager were familiar with). However it was recognised that the audit/competency assessment approach would not contribute to developing distributed leadership behaviours. Time impact was not the only potential impact; there was a relative risk in applying an untested coaching strategy which had not previously been applied in this setting. However the potential long term benefits toward creating the conditions for staff to exercise distributed leadership behaviours was determined worthy of taking the risk.

The audit and competency assessment criteria were used to inform the content of the planned coaching sessions. Utilising the coaching approach the plan was for the Clinical Nurse Consultant and Quality Manager to work alongside each Registered Nurse for one shift. But in supporting a genuine coaching approach the Clinical Nurse Consultant and Quality Manager would adopt a ‘hands off’ approach. Through harnessing the action learning opportunities during a shift the goal was to support the Registered Nurses in refining their leadership skills. The Clinical Nurse Consultant and Quality Manager recognised they would need to be conscious of their approach, as after many years working in a hierarchical system they were accustomed to being the heroic leader and jumping in to solve problems and ‘doing for’. This coaching exercise was also designed to role model good distributed leadership behaviour. In this case an example of distributed leadership is being used to develop leadership capacity.

As noted by several authors, the transition to coach and staff mentor while giving up comfortable authority patterns can be difficult. Managers often have the steepest learning curve in the new process (Dunbar, Park, Berger-Wesley, Cameron, Lorenz, Mayes & Ashby, 2007; Force, 2004; Frith & Montgomery, 2006;).

4.13.3 Workload allocation system improvement

Nine months after *ViTA South* opened a care worker who had been a trainee approached the Interprofessional Learning Coordinator (the researcher) with a suggestion on how the workload allocation process could be improved. The care worker suggested assessing resident need and giving workload a 'weighting' – so rather than allocating by residents (i.e., each care worker is responsible for x number of residents) to allocate according to the workload involved and the time needed. A discussion ensued and the Interprofessional Learning Coordinator explored this idea for improvement with him.

Traditionally this idea would have been referred to the *Quality Manager* to review and consider implementing. However in the spirit of distributed leadership, the care worker was invited to lead the development and trialling of this improvement. He was resourced and supported to participate in the *"Primary Care Model Action learning Group"* and the suggestion became the focus for the 90 day improvement cycle. The care worker led the development of the associated tools for this new process, including engagement of fellow care workers in testing and refining the tool.

The care worker drew from previous skills and experience gained from working in a different industry and applied these skills within the role of care worker at *ViTA South.* This demonstrates that the care worker has an active role in shaping the systems in operation at *ViTA South*.

The outcome from this suggestion has resulted in significant improvements across many linked systems. The workload allocation is now linked to the *Early Interventions* organisational routine, whereby identified changes (early signs of decline) are referred for case discussion about what collaborative interventions can be implemented and evaluated. This is now the point where the 'weighting' of a resident is adjusted/reviewed – either short term, while interventions are being trialled, or as a part of an updated care plan. The care worker involved in this improvement is potentially now more engaged and has buy-in to the *ViTA South* operational plan.

At the time of this research this improved workload allocation process is being evaluated. Early indications are that staff have increased the amount of time they have available to support residents undertaking activities of daily living. This care worker's experience encouraged the initiation of further suggestions for improvement.

The Interprofessional Learning Coordinator explored with the care worker where the idea had stemmed from. As mentioned, the care worker had been a part of the *ViTA South Traineeship Program* and had been a *Quality Assurance Manager* in the automotive industry before being made redundant and had been re-trained through participation in the traineeship program at *ViTA South* to be a care worker. The suggested weighting process has been a part of the workload allocation process in his former workplace. The care worker expressed that he believed that by applying the process at *ViTA South* it could impact on improving the resident experience. This example shows where a care worker has been able to draw on his previous skills and experience from another industry, into the role of care worker at *ViTA South,* to actively contribute to shaping the systems in operation at *ViTA South*.

In conclusion, the answers to the sub-questions from the *ViTA South* experience have been presented in this chapter. This high level data were used to answer the major research question which is now presented in Chapter 5.

Chapter 5: Presentation and discussion of the research findings

This final chapter presents and discusses the four findings from this research study, which together answer the major research question: *How can distributed leadership be incorporated within a new operational model for ViTA South as a driver to maximise sustained collaborative practice in service delivery?* Conclusions and implications for future research are then discussed. The thesis concludes with a further fictional scenario involving 'Molly' which is presented to demonstrate how distributed leadership in practice can contribute to a positive resident experience.

The major research question was answered as a result of a deliberate and systematic process of action research which involved logic modelling. This systematic approach facilitated sensemaking required to answer the research question. The sensemaking process revealed that no one strategy or approach can create the conditions for staff to exercise distributed leadership, but there are factors to consider in creating those conditions. The key concepts from each of the findings are drawn together into the design of a framework, presented as a final finding, which other organisations may use – if their context is similar to *ViTA South's* context – to guide the design of their own tailored organisational development to translate the concept of distributed leadership into practice in their organisation.

5.1 First finding – A disciplined, systematic and deliberate approach

The first finding is that a disciplined, systematic, and deliberate approach, sustained over time can generate internalisation of the practices of distributed leadership. For *ViTA South* the organisational development action research approach, utilising frameworks that define expectations of distributed leadership skills (e.g., *Health LEADS Australia*) contributed to improving distributed leadership capacity.

5.1.1 The importance of the diagnosis and design approach

The systematic approach identified through this research, and adopted by the *ViTA South* formal leadership team, shares similarities with the 'diagnosis and design' process recommended by Spillane and Coldren (2011). This process involved scoping

barriers to distributed leadership which then informed systems design by allowing for the tailoring of strategies to overcome the identified barriers.

An example presented in Chapter 4 demonstrates this ongoing process in action. During the diagnosis process at *ViTA South* it was identified that a perceived barrier related to heavy workload. As part of the exploration undertaken within the diagnosis process to assess the potential impacts of this barrier it was suggested that in a busy environment such as *ViTA South*, there was little time for engaging staff to develop systems and processes which guide how they work. Data from the site manager interviews showed that formal leaders would often take it upon themselves to design systems and processes in isolation from the broader team. The new systems would require staff to operate within these systems despite the staff having limited input or contribution into the design of those systems.

The diagnosis process led to a new design process which involved identifying a proposed solution to be tested to overcome the identified barrier. In this example the solution designed for *ViTA South* was to establish a range of ongoing forums which facilitated staff engagement in helping shape the systems they were expected to work within. These forums were factored into workload allocation and were designed to be embedded within role descriptions. One such forum was the *ViTA South Action Learning Groups.* Key outcomes from these action learning groups were that they:

a. advanced the opportunity for the *ViTA South* workforce to engage with others in systems design to enable achievement of organisational goals, and
b. created an emerging community of ‘change agents’ within the *ViTA South* workforce who do not accept the status quo but rather look for opportunities to improve and drive innovation and have the forum and permission to lead change.

Furthermore, it was diagnosed that *ACH Group* strategic goals and operational models were detached from day to day practice. There were limited connections or measurements of how day to day practice was contributing to achieving the strategic

goals. These goals and models were developed and maintained by managers and documented in a place only they could access.

Once again, the diagnosis process led to a design process which involved identifying a proposed solution to be tested to overcome the identified barrier. In this example the solution designed for *ViTA South* was to develop an accessible operational model. The operational model linked strategic goals to day to day practices and was presented in the form of logic models. This has contributed to the following evidenced outcomes from the action learning groups which were highlighted in Chapter 4. The action learning groups:

a. Provided a framework for the *ViTA South* workforce that they could engage with to gain an insight and understanding of strategic goals and understand how their day to day work contributes to overall strategic goals.
b. Advanced the capacity of the *ViTA South* workforce to engage in systems design and improvement by making the systems they are working in explicit rather than implicit.
c. Reduced risk of systems being person dependent and affected by staff turnover.
d. Provided a mechanism to develop and drive innovation.

The deliberate and systematic diagnosis and design process was a critical approach to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice. It identified the existing workplace structures and processes within *ViTA South* that needed to be changed. The diagnosis and design approach also informed the ongoing changes to workplace structures required for staff to exercise distributed leadership at *ViTA South*. Mintzberg and Westley (1992) advocate that this type of approach is an appropriate way to manage change. They suggest letting it happen and then to acknowledge and address the challenges it creates along the way, through applying a diagnosis and design mindset. The diagnosis and design process was established at *ViTA South* to develop distributed leadership as a social process to lead change rather than depending on the actions of an individual to drive change.

Whereas diagnosis is critical to how problems are defined, prognosis is critical for how solutions to these problems are articulated. Together they are the basis for design work, or realising those solutions in practice (Spillane & Coldren, 2011). The deliberate and systematic process of logic modelling operationalised this concept and contributed to developing and enhancing shared understandings. The logic model format helped in communicating the underlying assumptions associated with planned action.

5.1.2 The power of logic modelling

The application of logic modelling served a dual purpose within the organisational development approach adopted for *ViTA South*. Initially logic modelling was adopted as a process to facilitate the development of shared understandings amongst the *ViTA South* formal leadership team. This was to develop shared understandings associated with the strategies being developed for distributed leadership at *ViTA South*.

The logic modelling process has been documented and presented as a series of visual logic models. These logic models were incorporated into the discussion of the three action research cycles outlined in Chapter 4. The inclusion of visual logic models has also been used to provide a frame of reference for the reader. The logic models present underlying thinking associated with the theory of action behind strategies chosen and subsequently developed for *ViTA South*.

The use of logic modelling has provided an approach suitable for the complex adaptive system of *ViTA South*. It has not only contributed to the identification of strategies to be tested at *ViTA South* but has also provided the underpinning explanation associated with the dynamics of how the *ViTA South Formal Leadership Team* expected the proposed solutions to work in practice.

In understanding complex adaptive systems it is recognised that attention needs to be drawn to action within an organisation (Uhl-Bien et al., 2007). Similarly, a realist perspective seeks to investigate and think about particular mechanisms associated with theories of action within the context (Pawson, 2013). Applying this understanding to the organisational development undertaken for *ViTA South* participants in the research

recognised the need to avoid a prescriptive approach involving checklists or specific instructions for change. This required a shift in thinking from having a task focus to having a broader focus on the action and consequences of the action on the broader complex adaptive system. Logic modelling operationalised both concepts.

Individuals from organisations whose context is similar to that of *ViTA South* are encouraged to adopt logic modelling within their organisational development design process. This research has found that logic modelling not only documents strategies, but also outlines how these strategies will contribute to distributed leadership.

Logic modelling may also be applied to future comparative research studies, designed to examine different organisational development approaches toward creating distributed leadership opportunities. However, it is recognised that context specific comparisons of the outcomes in different contexts may not be possible. This research has also found value in understanding the theory of action behind organisational development aimed at creating the conditions for staff to exercise distributed leadership.

5.1.3 The value of action research to create a culture of change

This research utilised action research as a mechanism to translate the theory that is written about distributed leadership into useable strategies. The action research process enabled collective problem solving which was deemed necessary to create a culture of change and innovation to achieve outcomes (Fullan, 2001; Senge, 1999). According to Fullan (2001), leading in a culture of change means creating a culture of change, not just developing a structure of change.

The role of the *ViTA South* formal leadership team in supporting the creation of a culture of change and innovation to support distributed leadership involved creating an exciting vision, which engaged and motivated staff. This involved inspiring and role modelling a leadership approach to question and recognise where change is required. It also canvassed possibilities which supported fresh thinking, taking risks and facilitated collaboration for improvement.

Fullan (2001) recommends that to build innovation into the culture of an organisation requires developing collective capacity and commitment to solving complex problems. The action research approach enabled a distributed leadership approach to link the vision with operational processes within the logic models developed within the *ViTA South* operational model. Collective capacity to solving complex problems was enabled through action learning groups which provided a forum for staff to contribute to and influence the evolution *of ViTA South* toward achieving the vision. The diagnosis and design approach provided opportunities and encouraged all staff to influence and participate in the change process.

Creating a culture of innovation does not mean adopting one innovation after another (Fullan, 2001). Creating distributed leadership opportunities has involved developing an organisational capacity at *ViTA South* to seek, critically assess, and selectively incorporate innovation involving new ideas and practices as part of systems improvement. It influences informal discussion on issues, encourages diverse voices and consumer involvement and advocates for better outcomes (Health Workforce Australia, 2012a).

To support system change complex systems theory notes that leaders must create the conditions for the emergence of such change – in particular, by encouraging the cycles of action, feedback and learning that empower system actors to think and work differently (Ramalingam, Jones, Reba, & Young, 2008). These systematic and deliberate processes facilitated sensemaking required to understand how distributed leadership could be incorporated within a new operational model for *ViTA South* as a driver to maximise sustained collaborative practice in service delivery.

5.2 Second finding – Importance of sensemaking

The second finding was that there was a much larger gap between existing practices of leadership in *ViTA South* and the expectations of distributed leadership than originally anticipated. The primary reason for this gap appears to be the need for personal behaviour change, which does not happen without 'sensemaking' capability that ultimately translates, over time, if reinforced, into desired behaviour change. In this research, behaviour change has been led through applying the diagnosis and design mindset associated with sensemaking.

Analysis of the interview data and action research cycle data demonstrates that distributed leadership is a complex concept to define, let alone apply, in practice. The literature review found that much of the research on the topic tends to be conceptual and fails to adequately provide practical guidance on how to apply distributed leadership in a practical setting. There is much written about distributed leadership as outlined in the literature review, but as a practitioner it can be overwhelming and difficult to attempt to navigate and utilise in practice. The existing research literature focuses on the concept and its potential but does not inform organisational development required to develop it in practice.

Ongoing sensemaking was key to identifying how distributed leadership could be incorporated within the new operational model for *ViTA South,* as a driver to maximise sustained collaborative practice in service delivery. There was no known model or framework that could be drawn on. The application of distributed leadership in practice was identified as a problem requiring a local contextual solution for *ViTA South.* Therefore in understanding how this was to be undertaken the researcher, in conjunction with the members of the *ViTA South* formal leadership team, needed to make sense of the existing research literature, make sense of existing cognitive frameworks which existed which needed to change, and define what they were trying to achieve.

The process of sensemaking recognises how an individual's previous experience informs future actions (Weick, 1995). In the context of policy implementation research,

sociological theories of sensemaking contend that local interpretation shapes the direction of policy implementation. It suggests that staff at *ViTA South* would construct their own interpretation of distributed leadership by interpreting it through the lens of their pre-existing assumptions and historical practices. How they construct such understandings shapes their decisions and actions as they practice distributed leadership.

Sensemaking theorists suggest that action is created as a result of how people notice or interpret information from the environment, then make meaning of that information. They then act on these interpretations, which influences the development of culture and associated social structure and routines over time (Maitlis & Christianson, 2014).

From the site manager interviews it was evident that distributed leadership would not normally happen organically. A manager who aspires to create distributed leadership really needs to understand what distributed leadership means and confirm they are applying a sociological perspective when designing their leadership strategy. *ViTA South* staff worked together to construct their understanding of distributed leadership. They used *ASERT, 6E and Health LEADS* as sensemaking tools to create cognitive frameworks to inform the development of new thinking and meaning to encourage distributed leadership. The tools that the *ViTA South* formal leadership team found most useful to help guide the development of the program theory articulated in the program logic models were the *ASERT* and the 6E Conceptual model. These tools, together with adopting a sociological perspective help, explain what a distributed leadership perspective of leadership means in practice.

Also in applying a sociological perspective, sensemaking fits well in developing distributed leadership as sensemaking is recognised as not being an individual process (Maitlis & Christianson, 2014; Thomas, Sussman, & Henderson, 2001; Weick, 1995). It shares similarities to distributed leadership and collaborative practice which are recognised as social processes (Jones, 2014; Spillane, 2012; Youngs, 2009). Therefore of paramount importance has been the sensemaking process to recognise the ways in

which existing structures impact on the social process associated with distributed leadership.

Action research has been used at *ViTA South* as a social process to facilitate the sensemaking process required to create the conditions for staff to exercise distributed leadership. The design of action research has enabled a social approach to learning and development which has informed the design of organisational development. This interaction involved sensemaking by the *ViTA South* formal leadership team in interpreting the evidence gathered throughout the action research process. Then sensemaking again enabled the translation of evidence into the design of logic models which were then used to guide organisational development.

Consequently, and based on this study, it appears that groups need to identify their own sensemaking tools to be able to interpret and shape their thinking around distributed leadership as it applies to their own practical setting. This research does not endorse *ASERT* or *6E* or *Health LEADS Australia* as the only sensemaking tools but rather that these were found to be of relevance to the setting of *ViTA South.* However practitioners may undertake a review process which includes *ASERT* and *6E* to determine sensemaking tools which are appropriate for their own setting or they may choose or design their own sensemaking tools.

5.2.1 Understanding sensemaking as it applies to behaviour change

Within this research sensemaking has been applied as an interpretative concept for developing ‘understanding’. Sensemaking was shown to provide an interpretive framework to understand the underlying assumptions which staff draw on to inform thinking and subsequent actions (Maitlis & Christianson, 2014). A construct within sensemaking utilised by this research is the notion of sensegiving. Sensegiving is the process of attempting to facilitate the reconstruction and development of meaning of reality toward a redefinition of organisational reality (Gioia & Chittipeddi, 1991). This interpretive concept was used within this research to contribute to a deeper understanding of the underlying thinking and assumptions which influenced the choice of

strategies chosen for *ViTA South*. These strategies were then reflected in the logic models.

The evidence from the site manager interviews showed that it was unlikely that distributed leadership would happen organically. Despite the fact that the site managers intuitively understood distributed leadership no known organisational development approaches yet existed to help guide distributed leadership development – from a behavioural perspective – for *ViTA South*.

The members of the *ViTA South* formal leadership were not able to draw on any previous experience working within models of distributed leadership to inform future actions required to enact distributed leadership. Earlier it was stated that a sociological perspective was adopted within the sensemaking process at *ViTA South*. The researcher's thinking recognised collaborative practice as a social process. The researcher recognises traditional leadership as promoting processes and systems which are individualistic in nature. The resulting individualistic focused systems conflict with and do not promote the social process of collaborative practice. Therefore a sensemaking process involving sensebreaking was necessary to unpack underlying thinking and assumptions gained from working in hierarchical models of leadership. This process involved re-conceptualising new assumptions based on the concept of distributed leadership to guide the development of their future actions. In applying a sociological perspective an identified synergy is apparent between distributed leadership and collaborative practice as they both act to promote collective behaviour.

While distributed leadership is regarded as important in health and social care, particularly when change and improvement are required, the earlier literature review showed that there have been few studies exploring how distributed leadership is enacted in the practical setting (Currie & Lockett, 2011; Lemieux-Charles & McGuire, 2006; San Martín-Rodríguez et al., 2005). This study helps to bring depth and substance to the challenges of transitioning from traditional leadership models to distributed ones, and helps in understanding why that transition is likely to be a difficult one.

5.2.2 Tools used within sensemaking for ViTA South

There were three key tools identified and adopted to guide sensemaking throughout the organisational development process undertaken for *ViTA South*. These three sensegiving tools are:

1. *Health LEADS Australia, the Australian Health Leadership framework.*
2. *Action Self Enabling Resource (ASERT).*
3. *6E Conceptual Framework.*

The capabilities and descriptors outlined within *Health LEADS Australia* proved useful as a part of the *ViTA South* organisational development process. The framework was used by the *ViTA South* leadership team to shape thinking about the capabilities needed to be developed to enact distributed leadership. These capabilities were factored into the organisational development for distributed leadership. Evidence from the *ViTA South* formal leadership interviews (presented in Chapter 4) confirmed that *ViTA South* leadership team found that this was useful in shaping shared understandings. It provided staff with a reference that they could understand and relate to and as such it provided a common language.

The leadership development undertaken at *ViTA South* aimed to create leaders who had the ability to self-reflect and improve, engage others and communicate a vision enabling decisions to align with organisational goals. It was identified that to achieve these goals required embracing and driving innovation and aligning complex systems at *ViTA South*.

The *ASERT* proved useful as another sensegiving tool to guide and shape thinking required to develop strategies for staff to exercise distributed leadership in practice for *ViTA South*. It was used within a process of diagnosis and design discussed earlier. The *ASERT* directly contributed to the development of tailored organisational specific sensegiving tools which were required to develop shared understandings. This included the development of a documented leadership governance structure which integrated the concept of distributed leadership. This governance structure translated the nebulous concept of distributed leadership into something concrete for *ViTA South*. This

helped contribute to developing a shared understanding of what is meant by distributed leadership and how it complements formal leadership structures as well as guides organisational development.

Together the *ASERT* framework, the *6E Conceptual Framework* and *Health LEADS Australia* Framework provided 'on the ground' diagnostic tools which could identify potential barriers which impact on the ability of staff to exercise distributed leadership associated with hierarchical leadership structures. A design process developed solutions to address the identified barriers and create the conditions for staff to exercise distributed leadership. This ongoing, iterative diagnosis and design process outlined in Chapter 4 and discussed earlier in this chapter underpinned the organisational development approach for *ViTA South*.

5.3 Third finding – no one strategy or approach will create the conditions needed to close the gap between the concepts of distributed leadership and its practice

The third finding is that no one strategy or approach will create the conditions needed to close the gap between the concepts of distributed leadership and how they were enacted in practice in *ViTA South*. An array of theoretical constructs and actions is required. In particular, such strategies or approaches which embrace a long term vision of change and embrace the following factors or conditions are needed.

Firstly, a clear governance structure completed by executive and board buy in and support is needed. This factor, together with a reference point created by an operational model which all staff at *ViTA South* could refer to was an important condition. Sustained change of this type requires time and needs to be done in 'baby-steps'.

Secondly, a dedicated change agent is required to keep the focus of developing distributed leadership on an ongoing basis. In the case of this research this change agent role was take on by the Interprofessional Learning Coordinator.

Thirdly, strategies must emphasise the leadership of a group as collective action, as opposed to focusing on the leadership traits of individuals. This factor is particularly relevant when considering leadership development training requirements. The choice made for *ViTA South* was to include coaching and mentoring within leadership training as part of the running of the *ViTA South* formal leadership team meetings. This choice anticipated that the role of leaders as coaches would help people develop and invest in their capacity to be effective leaders (Goleman, Boyatzis, & McKee, 2001).

Fourthly, it was found that the action learning groups provided an opportunity for leadership development to incorporate the concept of distributed leadership. This approach involved experiential learning gained through staff participating in action learning groups.

The factors and conditions above need to be considered when developing strategies to create the conditions in any organisation moving to a distributed leadership approach. The reason is because no one strategy or approach alone will close the gap between concepts of distributed leadership and its practice.

5.4 Fourth finding – Framework to guide planning and design of organisational development

The fourth finding is while it is not possible to develop a prescriptive approach which is directly transferrable to other organisations, the core concepts which were used to guide the planning and design of distributed leadership at *ViTA South* are potentially transferrable and have been integrated into a framework shown as Figure 18. It is anticipated that organisations, with a similar culture and context, may use this new framework to analyse their own organisational development requirements for introducing distributed leadership. This framework can guide the design of their own tailored organisational development necessary to translate the concept of distributed leadership into practice in their organisation.

This framework is an evolution of the conceptual framework which was developed for this research and presented in Chapter 2. It has evolved to incorporate the learnings gained from the experience of this research. The left hand side of the framework outlines five key concepts as options for organisations to consider. The right hand side describes what was used at *ViTA South.*

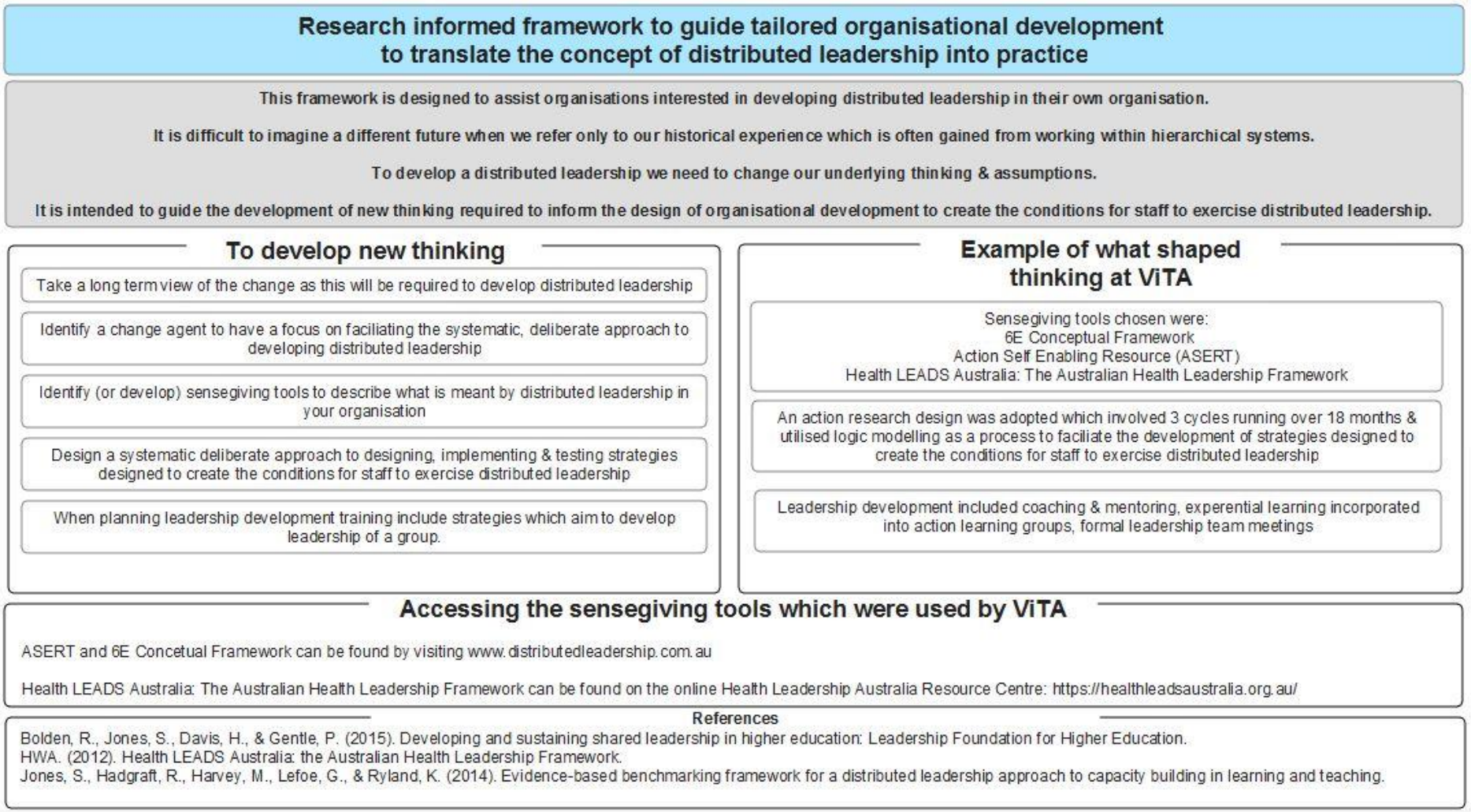

Figure 18 ***Framework to guide choice and design of organisational development to create the conditions for staff to exercise distributed leadership***

5.5 Applications to professional practice

While the primary contribution for this research has been the organisational development within *ViTA South* there are three primary applications for professional practice informed by this research. Firstly it has described a substantive and deliberate process that led participants in the study toward developing distributed leadership in practice. Secondly it provides an important contribution to the broader research community by presenting a case study that addresses the gap that exists in the literature in understanding how distributed leadership is enacted on the ground. Third it provides a valuable insight for people to reflect, anticipate and understand the barriers and enablers to enacting distributed leadership in practice. One of the key lessons learnt has been the critical value of logic models to help organisations interested in understanding how they may go about creating the conditions for staff to exercise distributed leadership in their own organisations. Practitioners may be able to draw from insight gained from reviewing the *ViTA South* experience to influence their own sensemaking process needed to develop distributed leadership within their own setting.

This research reflects Spillane and Coldren's (2011) recommendation for overcoming the barriers to collaborative practice. That includes moving beyond hierarchical leadership to redesign aspects of organisational infrastructure, such as routines and tools, to introduce distributed leadership. In so doing, this research may assist health and aged care service planners identify what existing workplace structures and processes within their services may need to be changed to support the distribution of leadership. Similarly they may identify what new workplace structures and processes their services need to develop to support the distribution of leadership. In addition the findings from this research may also help other health and aged care service planners who may be interested in utilising the *Health LEADS Australia* framework to incorporate the concept of distributed leadership within their services.

Although it was not within the scope of this research to measure impact of distributed leadership on generating sustained collaborative practice at *ViTA South* the case examples do indicate that progress has been made toward developing sustained

collaborative practice. The new workforce structures and processes have been established and appear to be operating toward supporting sustained collaborative practice.

The findings – at least in the context of the *ViTA South* case – demonstrate the importance of the sensemaking process. It shows how organisations interested in undertaking organisational development can create the conditions for staff to exercise distributed leadership within their own context. It also highlights the benefits of using logic models such as outlined in Chapter 4. The use of logic modelling frames the problems and solutions/strategies to be tested in order to create the conditions for staff to exercise distributed leadership in their own settings. For practitioners it provides an example of how they can note and select information from the environment, make meaning of that information, and then act on these interpretations, developing their own culture, social structure and routines over time.

This research may assist business practitioners to conceptualise an alternate approach to leadership development, which looks beyond developing individuals to viewing leadership as an activity. This research has provided a practical example of what is meant by this alternate approach to leadership development. It has also demonstrated how sensemaking, action research and logic modelling in concert have been valuable within the leadership development approach adopted for *ViTA South*.

This research has drawn on existing research from the higher education sector in developing and sustaining distributed leadership. It is hoped that these researchers in higher education may also be able to use this research to further advance their own work in the field of distributed leadership.

Internally within *ACH Group* plans are underway to replicate the *ViTA South* model in other states of Australia and also overseas. This research has been integral to informing the operational models for all future *ViTA* developments.

5.6 Outputs from this research

In addition to the findings there have been three outputs from this research:

1. An operational model designed specifically for the context of *ViTA South* which will guide the ongoing leadership development to create the conditions for staff to exercise distributed leadership at *ViTA South*.
2. A research thesis which contains a practical demonstration of one organisational development approach undertaken toward creating the conditions required for staff to exercise the concept of distributed leadership in the setting of *ViTA South*.
    a. The design of the action research and structure of this thesis have enabled the presentation of unique insights into the organisational development process undertaken by *ViTA South* to create the conditions for staff to exercise the concept of distributed leadership.
    b. The documented logic models presented in Chapter 4 demonstrate the springboard for advancing the long term vision for *ViTA South*. The logic models documented and guided the work undertaken toward creating the conditions for staff to exercise distributed leadership. These also provide a framework to inform a future realist evaluation to test the strategies in action at *ViTA South*.
3. A conceptual framework to shape and inform the design of context-specific organisational development required to create the conditions for staff to exercise the concept of distributed leadership.

5.7 Recommendations for further research

This research has identified four key areas which would benefit from further research. The first area is informed by the limitations of this study. This research was a part of a formative process for developing strategies to create the conditions for staff to exercise distributed leadership. This study was not designed to measure the impacts of distributed leadership on improving service delivery or health outcomes. A future outcomes evaluation of distributed leadership in action at *ViTA South* could be valuable**.**

One approach to an outcomes evaluation would involve designing a realist evaluation of the strategies in action at *ViTA South*. Realist evaluation seeks to examine program theory to identify what works and for whom (Pawson, 2006). This could help in further refining and improving the logic models informing strategies to create the conditions for staff to exercise distributed leadership at *ViTA South*.

A further potential area of future research is the format of leadership development training that is required to support distributed leadership. Future research could identify specific approaches within formal training requirements which help people facilitate the development of distributed leadership. This future research could be used to inform the future structure, content and delivery of training requirements for both formal and informal leaders. The research would seek to identify what skills and knowledge formal leaders need to be able to undertake diagnosis and design to develop health and aged care services which enable staff to exercise distributed leadership. The research would also seek to identify leadership training needs for front line operational staff to enable them to succeed in working in an environment that supports distributed leadership.

A further opportunity for future research relates to validating the tools used within this research for use in health and aged care. The *ViTA South* formal leadership team found the *ASERT* and *6E* valuable within their sensemaking process of what distributed leadership in practice means. The *ASERT* and *6E* were designed for use within the higher education sector and at the time of this research had not been validated for the use in health or aged care.

Finally a further area for future research was identified through the site manager interviews undertaken as part of this research study. There was an emphasis made in all the interviews of the potential negative impacts which the *Australian Aged Care Accreditation Standards* may have on distributed leadership. Therefore it would be of interest to study the impacts of regulation on the conditions for distributed leadership.

5.8 Summary and Study Conclusions

The research facilitated the process of interpreting current health leadership theory for use and application in the practice-based setting of *ViTA South*. The research design was tailored to change practice and to further advance our understanding on what is known about how to develop distributed leadership.

This research has demonstrated an organisational development approach undertaken by *ACH Group* to generate sustained collaborative practice. This has involved the interpretation and application of contemporary leadership theory within the new operational model developed for *ViTA South*. The process of designing a new operational model for *ViTA South* involved a process of designing, implementing and testing that took place during three action research cycles over an 18 month period. It was identified at the outset that the research literature was deficient in this area.

This research has facilitated a process within the operational model for *ViTA South* to operationalise the concept of distributed leadership. The research employed long term thinking to invest time in developing preparatory and anticipatory linkages required to create the conditions for staff to exercise distributed leadership at *ViTA South*. To apply Pawson's (2006) analogy, this research and the model developed through this research 'provides the runway for change' in leadership with an ongoing long term vision.

The literature review demonstrated that there was no evidence-based organisational development approach identified that could be used to create the conditions necessary for staff to exercise distributed leadership. This research has contributed to addressing this gap by providing a practical example of an evidence-based organisational development approach designed to introduce distributed leadership.

The research methodology integrated action research methods into existing operational practices of *ViTA South*. It was structured to provide a guide to an evidence-

based organisational development approach to create the conditions necessary for staff to exercise distributed leadership.

The future plan for *ViTA South* is to continue to refine and improve the operational model as a guide to continue to advance distributed leadership. A future step will be to undertake a summative evaluation to measure the strategies and their mechanisms in action at *ViTA South.* This evaluation, by adopting a realist approach, would aim to test what works, for whom and in what context. This could provide real benefits beyond *ViTA South*. In developing an understanding of what works, for whom, and in what context, the potential exists to provide a further step toward filling the gap which exists in evidenced approaches which may be transferrable to other collaborative healthcare contexts.

5.9 Further fictional scenario involving Molly

This thesis concludes with a further narrative about the fictional character named 'Molly'. The scenario has been revised to show the differences this research would make in the case of Molly.

Molly is a 95 year old retired seamstress whose health has been slowly declining to the point where she can no longer live independently. In recognition that she needed full time support she shopped around to choose a nursing home to move into. She opted to move into ViTA South which is a new state of the art teaching research aged care facility. She chose ViTA South as it has a gym and a healthy ageing approach to service delivery. This approach appeals to Molly as she wants to keep mobile and prevent unnecessary deconditioning so she can keep doing the things she loves like volunteering and learning new things. Molly also liked the idea that as a resident of ViTA South she could contribute to shaping the future health workforce through influencing the students who have their clinical placements at ViTA South. Molly has a range of chronic conditions including type 2 diabetes and she wants to shape the students' thinking about how these impact her life. She is really keen to make sure these students don't see only

her chronic diseases but see her as a person, as a grandmother, as a person who wants to continue to maximise the most of life through her volunteering and other activities.

The day Molly moved into ViTA South she found it enjoyable meeting an array of different health professionals all interested in knowing about her as a person. During the day she shared different aspects of her story with health professionals. She was glad to not have to repeat her story and case history again and again like she did when she was in hospital recently. While all well-intentioned and passionate about what they were doing these health professionals were pushed for time however in her words 'the admission process felt seamless'.

Behind the scenes at ViTA South all the health professionals who had visited Molly on her first day were working collaboratively toward developing a plan to support Molly to achieve her goals of staying mobile and engaged. The plans they were preparing are enhanced by the flexible, responsive systems at ViTA South. Through participation in the various forums including the 'ViTA South Action Learning Groups' the health professionals had contributed to the original design of the systems for ViTA South. They continue to remain actively involved in the review and constant improvement of the systems to ensure they remain responsive to the resident's needs. The health professionals have an understanding of how the practical day to day operations of service delivery at the frontline with residents are also contributing to achieving the visible strategic goals. The health professionals appreciate the culture that has been developed which supports and maximises collaboration. They believe that this will contribute to their capacity to enable optimal outcomes for Molly.

The work they have undertaken within the 'ViTA South Action Learning Groups' has enabled creative approaches to enable them to undertake joint planning, joint decision making as they work alongside other health professionals from disciplines different to their own.

The recent health care graduates employed at ViTA South are experiencing firsthand what it means to work 'interprofessionally'. They value the opportunity to work

with two or more professions to undertake joint decision making and planning and in doing so learn from, with and about one another. In their opinion interprofessional collaborative practice is not something just talked about at university they actually participate in interprofessional collaborative practice at ViTA South.

The health care professionals are encouraged by the opportunities the systems at ViTA South provide which enable them to lead themselves, engage with others toward achieving outcomes and ultimately shape the systems they were working in including driving innovation. The formal leaders want the systems, structures and processes to enable the healthcare professionals to continue to do all of this….but they recognise it is not easy and it will require ongoing consistent effort but the systems and structures designed through this research study provides them with a foundation to keep trying.

This is where this fictional scenario ends and this research thesis ends. However the ongoing commitment to improving the lives of older people at *ViTA South* continues.

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Appendices

Appendix A: JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research

Reviewer _____ Date _____

Author _____ Year _____ Record Number _____

	Yes	No	Unclear
1. Is there congruity between the stated philosophical perspective and the research methodology?	☐	☐	☐
2. Is there congruity between the research methodology and the research question or objectives?	☐	☐	☐
3. Is there congruity between the research methodology and the methods used to collect data?	☐	☐	☐
4. Is there congruity between the research methodology and the representation and analysis of data?	☐	☐	☐
5. Is there congruity between the research methodology and the interpretation of results?	☐	☐	☐
6. Is there a statement locating the researcher culturally or theoretically?	☐	☐	☐
7. Is the influence of the researcher on the research, and vice-versa, addressed?	☐	☐	☐
8. Are participants, and their voices, adequately represented?	☐	☐	☐
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	☐	☐	☐
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	☐	☐	☐

Overall appraisal: Include ☐ Exclude ☐ Seek further info. ☐

Comments (Including reasons for exclusion)

Appendix B: Site Manager Guide for semi-structured interview questions

Interviews with *ACH Group* Site Managers *(beyond ViTA South)*

Undertaken as part of action research cycle 1

ACH Group has 4 facility managers. While the vision and services delivered are not the same as the services planned for *ViTA South*, they do share some similarity.

These interviews aim to gain insight into leadership and collaboration within existing *ACH Group* facilities.

Could you please provide examples of collaborative practice happening on a regular basis within your facility?

(Enquire to ascertain if collaborative practice or cooperation – look for regular occurrences rather than one offs).

What do you see are the barriers to maximising collaborative practice within your facility?

What would you suggest are enablers to maximising collaborative practice?

Are there any other enablers which could be implemented to maximise collaborative practice?

What is the leadership model within your facility?

What is your understanding of distributed leadership as an approach to leadership?

(If they don't know the definition – give the definition and ask if there is any level of distributed leadership happening within their facility?)

Appendix C: Definition provided to site managers as part of interviews

Distributed leadership Definition

Distributed leadership is a broad concept where the role formal leaders is less about leading from the front but rather is focused on enabling others to lead.

Empowers a range of individuals within a system to contribute ideas and expand knowledge of the group and organisation, not just those in positions of authority.

For the purposes of this research distributed leadership is considered the same as collaborative leadership and shared leadership.

Appendix D: *ViTA South Formal Leadership Team* guide for semi-structured interview

Interviews with *ACH Group ViTA South Formal Leadership Team* members

Undertaken as part of action research cycle 3.

The *ACH Group ViTA South Formal Leadership Team* is comprised of 3 members (additional to the Lead Researcher)who are responsible for leading the development and implementation of the operational model for *ViTA South.* These are:

- *ViTA South* Site Manager
- *ViTA South* Quality Manager
- *ViTA South* Clinical Nurse Consultant

These interviews were undertaken in July 2015

The guiding questions used were:

What is your understanding of distributed leadership?

Can you describe how the operational model has promoted distributed leadership within service deliver, if it has at all?

Can you give any examples of where distributed leadership has positively impacted on collaborative practice within *ViTA South*?

What have been the barriers if any to fully realising the benefits of distributed leadership within *ViTA South*?

Can you identify and enablers to further embed distributed leadership within *ViTA South* to maximise collaborative practice?

Appendix E: Plain language statement for site manager interviews

Distributed Leadership: Building capacity to maximise collaborative practice in a new Teaching Research Aged Care Service.

A research project through the Business School of University of Notre Dame.

Chief Investigator: Dr Peter Gall, University of Notre Dame peter.gall@nd.edu.au or (08) 9433 0915

Student: Kirsty Marles, University of Notre Dame 20121987@my.nd.edu.au

Co-investigator: Professor Carole Steketee Carole.Steketee@nd.edu.au

Co-investigator Professor Graham Dickson graham.dickson@royalroads.ca

Purpose of Research

This doctoral research study aims to examine the process of strategising and planning toward distributed leadership modelling within *ViTA South*. This study will examine the intentionally chosen strategies intended to create the conditions for staff to exercise the leadership capabilities articulated in *Health LEADS Australia*.

This doctoral research study will specifically draw on contemporary theory to explore and explain why the strategies chosen were adopted and how these strategies are intended to work in practice toward maximising sustained collaborative practice.

The broad research question is:

How can distributed leadership be incorporated within a new operational model for *ViTA South* as a driver to maximise sustained collaborative practice in service delivery?

Further sub-questions to include:

1. What existing workplace structures and processes within *ViTA South* need to be changed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice*?*

2. What new workplace structures and processes need to be developed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice within *ViTA South?*

As an ACH Group Residential Site Manager you are asked to consider participating in an interview as part of the research study.

The purpose of the interview is to capture your insight and understanding into why decisions in planning the operational model were made. The interview is expected to run for 1 hour and will be recorded to assist with transcription.

This is a low risk research project and as such no risks to participants have been identified.

This project has received ethics approval from University of Notre Dame Human Ethics Research Committee and ACH Group ethics process.

Due to the sample size there may be a possibility of your identity being revealed if you have concerns regarding this please speak with the Chief Investigator.

Participation in this project is voluntary and you are free to withdraw your consent at any stage by contacting the Chief Investigator.

If you have any concerns about the conduct of this research please contact the Research of the University of Notre Dame: (08) 9433 0964 or research@nd.edu.au

Appendix F: Plain language statement for ViTA South FLT interviews

Distributed Leadership: Building capacity to maximise collaborative practice in a new Teaching Research Aged Care Service.

A research project through the Business School of University of Notre Dame.

Chief Investigator: Dr Peter Gall, University of Notre Dame peter.gall@nd.edu.au or (08) 9433 0915
Student: Kirsty Marles, University of Notre Dame 20121987@my.nd.edu.au
Co-investigator: Professor Carole Steketee Carole.Steketee@nd.edu.au
Co-investigator Professor Graham Dickson graham.dickson@royalroads.ca

Purpose of Research

This doctoral research study aims to examine the process of strategising and planning toward distributed leadership modelling within *ViTA South*. This study will examine the intentionally chosen strategies intended to create the conditions for staff to exercise the leadership capabilities articulated in *Health LEADS Australia*.

This doctoral research study will specifically draw on contemporary theory to explore and explain why the strategies chosen were adopted and how these strategies are intended to work in practice toward maximising sustained collaborative practice.

The broad research question is:

How can distributed leadership be incorporated within a new operational model for *ViTA South* as a driver to maximise sustained collaborative practice in service delivery?

Further sub-questions to include:

3. What existing workplace structures and processes within *ViTA South* need to be changed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice*?*
4. What new workplace structures and processes need to be developed to support the operationalisation of distributed leadership as a means of maximising sustained collaborative practice within *ViTA South?*

As a participant in the *ACH Group* team leading the development of the new Operational Model for *ViTA South* you are asked to consider participating in an interview as part of the research study.

The purpose of the interview is to capture your insight and understanding into why decisions in planning the operational model were made. The interview is expected to run for 1 hour and will be recorded to assist with transcription.

This is a low risk research project and as such no risks to participants have been identified.

This project has received ethics approval from University of Notre Dame Human Ethics Research Committee and ACH Group ethics process.

Due to the sample size there may be a possibility of your identity being revealed if you have concerns regarding this please speak with the Chief Investigator.

Participation in this project is voluntary and you are free to withdraw your consent at any stage by contacting the Chief Investigator.

If you have any concerns about the conduct of this research please contact the Research of the University of Notre Dame: (08) 9433 0964 or research@nd.edu.au

Appendix G: Consent form

Distributed Leadership: Building capacity to maximise collaborative practice in a new Teaching Research Aged Care Service

INFORMED CONSENT FORM

I, *(participant's name)* _____hereby agree to being a participant in the above research project.

- I have read and understood the Information Sheet about this project and any questions have been answered to my satisfaction.
- I understand that I may withdraw from participating in the project at any time without prejudice.
- I understand that all information gathered by the researcher will be treated as strictly confidential, except in instances of legal requirements such as court subpoenas, freedom of information requests, or mandated reporting by some professionals.
- I understand that the protocol adopted by the University Of Notre Dame Australia Human Research Ethics Committee for the protection of privacy will be adhered to and relevant sections of the *Privacy Act* are available at http://www.nhmrc.gov.au/
- I agree that any research data gathered for the study may be published provided my name or other identifying information is not disclosed.

PARTICIPANT'S SIGNATURE:		**DATE:**	

RESEARCHER'S FULL NAME:			
RESEARCHER'S SIGNATURE:		**DATE:**	

If participants have any complaint regarding the manner in which a research project is conducted, it should be directed to the Executive Officer of the Human Research Ethics Committee, Research Office, The University of Notre Dame Australia, PO Box 1225 Fremantle WA 6959, phone (08) 9433 0943, email research@nd.edu.au