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Weaving leadership longitudinally: a qualitative study on faculty development

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Abstract

Purpose
The purpose of this study was to explore if faculty who undertake teacher preparation, which has a leadership intervention across each module, are better prepared to take on educational leadership roles.

Methods
A cross sectional qualitative approach was used as part of a longitudinal evaluation of a program. The aim was to explore the perceptions of a purposive sample across three cohorts of students. Data was collected via semi-structured interviews and were analyzed by thematic analysis.

Results
Data from ten semi-structured interviews suggested that perceived leadership development included confidence to change day-to-day practice, see the bigger picture, and manage colleague's expectations as a result of undertaking the program. Although profiles and experience varied across the sample all participants suggest that they are more strategic in how they interact with colleagues and plan innovations in practice as a result of the program.

Conclusion
Assumptions about leadership and leaders shaped the way that faculty perceived how prepared they were to take on educational leadership roles, as a result of the program. The leadership model underpinning a faculty development program can strongly shape the preparedness of the participants to take on educational leadership roles and thus requires more attention by program developers.

Practice Points:
- There are increasing demands on teachers in the health professions.
- Assumptions about leadership and leaders can shape how faculty perceive their preparedness for leadership roles.
- The leadership module underpinning a faculty development program can have a strong influence.
- Curriculum developers are in a strong position to influence future educators.
- Developing the person first as the leader before providing leadership to other is key.

Article

Introduction

Research has shown that there is an increase in faculty development activities designed to enhance leadership in health professions education (Korschum et al. 2007; Dannels et al., 2009). In the past faculty entered academic positions without any teaching preparation, with an expectation that they take on academic leadership positions. This has come about as a result of an increase in managerial control, market competition, organizational restructuring, and government scrutiny. Academics are expected to incorporate core academic functions of teaching and learning, research and scholarship, together with showing innovative qualities to meet the need of the new learner, who is now influenced by social media and other online activities. The need to develop leadership potential in individuals as educators themselves before they can provide leadership to others seems to be of keen interest to educators designing programs for medical and other health professionals (Morahan et al., 2008; Leslie et al. 2013). Key findings from Burgoyne et al's (2009) research of UK higher education institutions (HEI's) suggest that while 78% believe their investment in leadership development gives value for money many are uncertain if this investment has had an impact. Yet, universities continue to support their faculty to undertake courses, which show promise in supporting their career development as teachers. In addition accreditation committees and medical councils now expect faculty to demonstrate excellence in curriculum design, instruction, assessment and evaluation.

A variety of programs are on offer, from one-day instruction courses, 'teaching on the run' train the trainer type courses, Massive Open Online Courses (MOOCS), to postgraduate diplomas and masters. The latter has become popular over the past decade as they can provide the depth and breadth of knowledge and skills and are seen to certify that the health professional has completed a number of course or modules to qualify them to hold an appropriate educational leadership position (Tekian and Harris (2012).
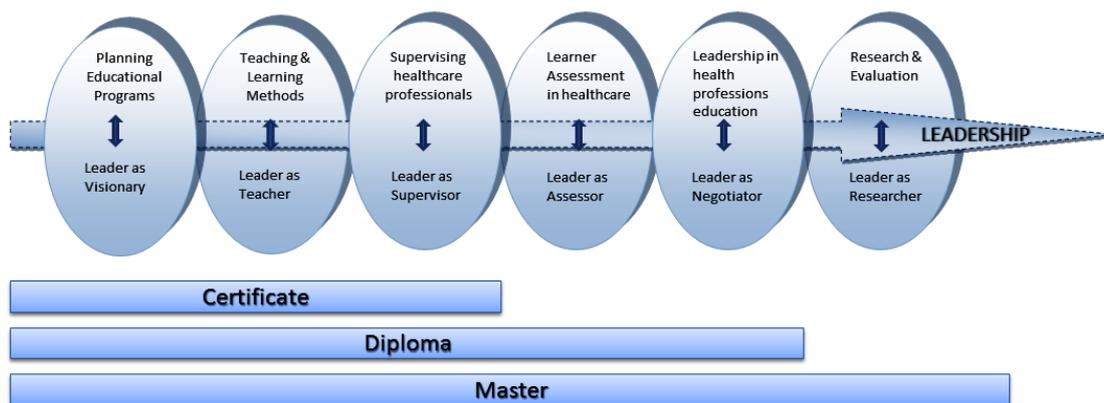
The scene for the health professional as educator in the 21st century is one characterized by rapid change in teaching and learning. Not only is the instruction, assessment and evaluation methods highly influenced by technology, such as e-learning, blended learning and MOOCS but the learner is a new generation with new needs and demands. The program at the center of this study was developed to assist faculty in their diverse tasks with a particular focus on developing them as leaders in educating healthcare professionals. As such the program had a focus on educational leadership using the full range leadership development framework by Avolio (2011) to underpin its teaching. Based on extensive empirical research by Bass in the 1980s, Avolio's Full Range Leadership Development (FRLD) model combines laissez-faire, transactional, and transformational leadership to explain how leadership is practiced across the hierarchical levels in an organization. Fundamental to this model is that every leader displays each style to some degree. Authentic transformational leaders will develop followers into leaders but it is the combination of the two leadership orientations (transactional and transformational) that optimize the full range of performance and development. Further down this range, transactional leadership can be an active or passive engagement in terms of being a corrective exchange or transaction. This exchange will involve a desired change in behavior, cooperation, or maybe compliance to avoid negative feedback or disciplinary action.

In line with best practice (Steinert et al. 2012) the research question for the study is to investigate what are the effects of interventions, designed to improve leadership via faculty development programs. Are faculty who undertake teacher preparation which has a leadership intervention better prepared to take on educational leadership roles? Our aims were to determine how current students and recent graduates perceive (i) if the leadership component of the program is sufficient to meet their diverse needs as educators; and (ii) if their roles developed following/during the program from a leadership perspective. Rather than explore the perceptions of one group this study takes a broader perspective across three cohorts, at different stages of the program.

Method

This is a cross sectional study of an inter-professional program on teaching and learning for health professionals, which is designed as a spiral curriculum with leadership at its core (Figure 1). Data was collected via semi-structured interviews, which were analyzed by thematic analysis. Ethical approval was obtained and interviews were carried out by an independent research assistant across three cohorts i.e. four with graduates, four with year 2 students and two with year 1 students. An interview guide was used to ensure consistency of questions during the interview process (Table 1). While the study followed a phenomenological design, to explore the experiences of the participants on the program, Kirkpatrick's (2006) model was used as an interpretive framework to make sense of the perceptions of participants across three cohorts (Table 2).

Figure 1   Leadership Thread

Table 1   Interview Guide

Interview Guide For Graduates
- Now that you have completed the program can you tell me your experience of the leadership component of the program?   - Has this leadership component had any influence on your career during or since the time of the masters?   - Do you have any recommendations now, in hindsight, as to what particular leadership components could be further developed for students undertaking this masters?   - Would you like to share any insights on your self-development as a leader during or since the masters?
Interview Guide For Current Students
- As a student in year (1*or* 2) of the program can you tell me your experience of the leadership component to date?   - Has this leadership component had any influence on your career since you commenced the program?   - Do you have any recommendations as to what particular leadership components could be further developed for new students undertaking this masters?   - Would you like to share any insights on your self-development as a leader during the masters to date?

Table 2   Model of Evaluation (Adapted from Kirkpatrick 2006)

Level	Detail
1. Reaction	Learner's views of the learning experience (To what degree do participants react favourably to the teaching/learning)
2. Learning	The acquisition of attitudes, skills & knowledge (To what degree do participants acquire the knowledge, skills and attitudes, based on their participation in the learning event)
3.Behavioural Change	Identifies the individual's transfer of learning to their practice setting (To what degree do participants acquire what they have learned, when they are back on the job)
4. Results	These are related to the programme learning outcomes e.g. wider changes in the quality of the organisation and delivery of care (To what degree pre-determined targeted outcomes occur, as a result of the learning, and subsequent re-enforcement)

Participants in this study were faculty across different organizations. While some were in full time teaching roles, others were teaching part-time in addition to their clinical load and others still were preparing for a role in education. All participants were invited to take part in interviews by an administrator who was not attached to the program. Participant information, the interview guide, and consent forms were sent via email. Ten participants agreed to be interviewed from a total of 30 potential candidates.

The design of the program is such that the faculty member is required to engage in personal development as a leader prior to learning how to lead others. The blended learning structure of the program allows participants to engage in psychometric measures in advance of attending the face-to-face component. Generally, the focus of leadership development starts with the individual and then moves to the organizational context. However, this integration of leadership development with organizational performance is not an automatic follow through (Joyce and O'Boyle, 2013). In addition to supporting faculty who are in a teaching role, a leadership focus, which promoted initiatives around educating healthcare professionals for the future, was core to the program with the capstone dissertation dedicated to an organization development project.

Results
In seeking to answer the research question: Are faculty who undertake teacher preparation which has a leadership intervention better prepared to take on educational leadership roles? - interview data were analyzed under themes. Three themes were identified which captured the essence of the data: Weaving leadership across modules; Confidence to lead; and Changes in leadership behavior.

Ten out of thirty participants agreed to be interviewed. Reasons for non-participation were mainly logistical, due to graduates not on site and the part-time nature of attendance on the program. Interviews took place in

person, were tape-recorded, and transcribed. The ten interviewees had backgrounds in nursing, medicine, dentistry, allied health, and administration. There was a mix of male (n=3) and female (n=7) participants. While the program is evaluated using end of module surveys and program team meetings this was the first opportunity for the participants to reflect back on the impact of the program on their personal and professional development via semi-structured interviews. The interview findings are interpreted across levels 2 to 4 on Kirkpatrick's model (Table 2) and discussed under the relevant themes. These themes can be further mapped into the domains (Barnett and Coate, 2005) of knowing (learning as knowledge), acting (learning as doing) and self (learning as personal and professional skills) substituting 'learning' with 'leadership development' (Figure 1). All three domains seem to be equally important for the participant's development as a leader.

Weaving leadership across modules

The institute within which the program is offered has a central focus on leadership development at postgraduate level. All groups are inter-professional and from healthcare settings. The program was initially designed with a discrete leadership module rather than an explicit thread of leadership across all modules. However, following accreditation of the program overseas the lack of a leadership thread throughout the program was noted as an area for improvement. Graduates interviewed for this study did not have the benefit of leadership content being organized as a spiral through the program, across modules as verbalized by these candidates in particular:

> It very much came in those sessions about developing your curriculum and how important leadership was when you wanted to introduce changes. So it was definitely there to start with in module one and then less so in others (modules). I would say it wasn't integrated throughout the whole program. (G3)

> I did really enjoy the leadership module and found the use of film particularly interesting, but I did feel particularly afterwards when I found myself in situations requiring leadership, that it might have been better if there had been more direct instruction, as to how you lead in certain given situations, as opposed to looking at the overall leadership concept. We did look at leadership styles and we certainly had lectures on the styles of leadership and plenty of articles to read. (G4)

In response to the accreditation team's recommendation, leadership was included in each module. Thus, leadership was central in stages of planning a program right through to program evaluation (Figure 1). It was therefore expected that responses from current students would reflect a more even spread of leadership across the modules.

> Looking back on the program leadership was emphasized from the very beginning. Although the focus was on education X reminded us that we would be going back to our organizations as leaders so every time we met with X leadership was brought back into it. We talked about it too in different modules as we went along but I suppose the first specific emphasis on leadership was when Y came in for a module in year 1 and gave us a session on leadership. (S5)

> Definitely leadership was mentioned throughout the program in the context of the modules and the assessments had a focus on leadership challenges, for example, when introducing new teaching and learning methods. (S1)

Other comments included the mix of education and leadership sessions, practicing microteaching, role-play, coaching, and interaction with other professionals, in particular, leadership videos and role-play specific to education.

Confidence to lead

All three cohorts suggest that their learning experience encouraged them to value perspectives other than their own and helped them develop their confidence to investigate new ideas, apply principles to new situations and stimulated their enthusiasm for further learning. While the students were in years one and two, the graduates had recently finished the program and were able to reflect back on their leadership development.

One of the graduates focused on 'not having a license to do what I was doing' before the program but now feeling 'much more comfortable in my role' (G1). Another graduate believes they have now more resilience in dealing with change in their environment:

> So what to expect has made me more resilient and more pragmatic and to take the personal out of it. (G2)

In addition to confidence some students believed that the program gave them the courage to make some changes in current education practices:

> …the course itself has had a very positive effect on my career, in the sense that, through my project and what I learned from the modules I have changed…it has given me the courage to change my teaching methodologies and it has given me the confidence to work more closely with other faculty, which I wouldn't have done up until now… (S3)

The following quotes could suggest that leadership as a competency (Level 2 Kirkpatrick – Table 3) was achieved in this program because students believed that they now had the courage to manage people and their expectations (Level 4 Kirkpartick –Table 2):

> …it has helped me, and in particular in managing people's expectations… people may have expectations of you that they may not have communicated to you in the first place. (S4)

> …it also gave me confidence in looking at the whole picture in how you manage people. (S2)

The development of self-awareness and insight, due to participation on the program, was highlighted by a number of students e.g.

> I think I have more self-awareness. I feel I have always been self-conscious but as I said in my previous example, I try to use it, build on what I have and take the positives out of it and use them. I think I have more insight… (S5)

> …focus on my personal development…more assertive, more self-awareness (S6)

This program also helped participants develop practical skills required such as their ability to communicate effectively with each other and within the context of their subject area. Such developments were reflected in their discussions around their self-perceived changes in behavior.

Changes in leadership behavior

Because of the nature of the dissertation required in this programme all students and graduates referred to their positive interactions with people outside of their own profession, which they would not usually engage in. The graduates referred to talking to key people in the organisation outside of formal meetings in order to move

decisions on. G2 suggests that:

> …you don't always need to be at the top to bring in change…what we can do…who to talk to…key players… I'm even able to help other people now. People were delivering at a conference and they showed me their lecture and I was able to tell them they had nothing about the type of program they were delivering and nothing about how they were going to assess it. And they would say 'Oh my God, I am so glad I spoke to you'. I do fell I am bringing value where I didn't before. (G2)

Where healthcare professionals need to be leaders in education then topics such as strategy and knowing the landscape are key topics, which were included on this program. Many of the participants referred to 'getting buy-in' for their projects, 'seeing the bigger picture', 'getting a bird's eye view', looking at it 'from a different perspective' and being aware of what was really going on.

> But now, at the end of the programme I can see it as a continuum. I know the team can see the whole picture and I know now, having done the project I have grasped the strategy concept and the concept of change… (S2)

Viewing the bigger picture is also reflected in the following quote:

> …opening up your eyes, as to what's going on, e.g. leadership, power, politics, all the things that are happening in organizations, and to be aware that these things are going on. (S1)

As a result he now realizes that his leadership behavior has changed so as to take account of the situation because

> …things can arise where people get frustrated and annoyed about things but the course has opened my eyes that there can be a lot more going on here so to be aware of what you are asking of people or what you are expecting of them, encroaching on their area, or expertise and not recognizing that opportunity. So to some degree I would make suggestions that we do things differently or pull back a bit. (S1)
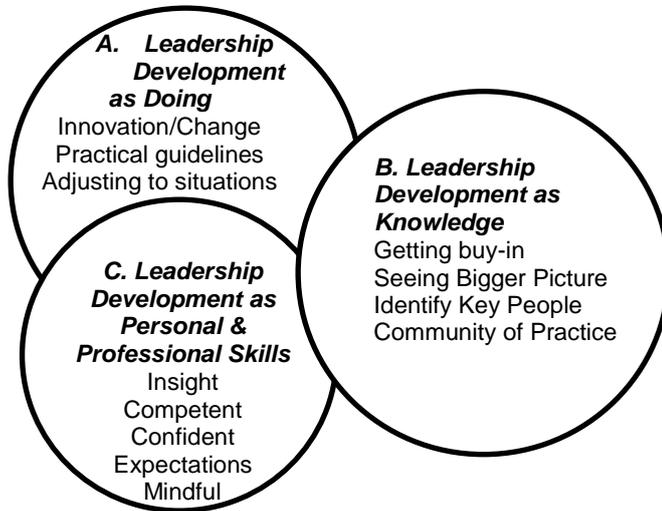
Discussion

The major findings in answer to the research question were that the impact of some particpants' learning could be interpreted as reaching level 4 of Kirkpatrick's model (Table 2) and seemed to embrace all three domains of learning (Figure 2). The main contribution of this study is that the findings suggest this impact of learning up to Kirkpatrick's level 4 and that this could have been aided by the program's organization of leadership as a spiral across the modules, with emphasis on developing the person first as a leader before they can provide leadership to others.

While the limitations of this study include its small sample size and investigation in one location, it does present a broader perspective across a sample of three cohorts of students.
Rather than one discreet module on leadership the development of a leadership thread through the program seemed to improve the impact of level up to level 4 of Kirkpatrick's model. The key findings of the study included a high satisfaction with the content of the program, having both a personal and professional benefit. There was increased knowledge and skills of leadership and education, which supported competence and confidence in their current roles. This feeling of being more confident, and self-aware, following faculty development programs, has been reported elsewhere (Sloma-Williams et al. 2009) using the term self-efficacy to encapsulate confidence, self-assurance, ability and taking on new responsibilities.

Figure 2   Domains of Leadership Development

A.   Leadership Development as Doing
Innovation/Change
Practical guidelines
Adjusting to situations

B. Leadership Development as Knowledge
Getting buy-in
Seeing Bigger Picture
Identify Key People
Community of Practice

C. Leadership Development as Personal & Professional Skills
Insight
Competent
Confident
Expectations
Mindful

Participants in this study reported self-perceived changes in leadership behavior and discussed positive changes in attitudes towards their organizations as well as their own leadership capabilities. Confidence and competence, is supported by others (Burdick et al. 2010) whose participants reported application of new leadership-related concepts to the workplace, following their faculty development program. This finding is also supported by outcomes of other research on faculty development (Peters et al. 2002; Muller and Irby 2006; Srinivasan et al. 2007). In addition the competency framework developed by Srinivasan et al. (2001) highlight leadership as a core competency for teaching and in particular the emphasis on creating team systems where team members can grow and succeed. Part of this competency involves progressively increasing goals, responsibilities, and authority of capable individuals.

As our findings suggest a competent teacher should be competent and confident in their own skills[18]. They should also be able to grow and develop new skills and take positions in leadership, which will benefit the overall institution. Duda (2008) found that leadership development programs motivated staff to seek leadership roles as they provide them with the knowledge of leadership opportunities and skills to take on such roles. It also encouraged them to pursue a leadership position in the future.

There is a suggestion in the findings of this study that some graduates felt they now had legitimacy for their role as educators, which enabled them to innovate more easily[20] so that they were now viewed as educational leaders in their own departments (Peters et al. 2002). This focus on identity was explored by O'Sullivan & Irby (2014) who suggest that, in addition to a focus on teaching, faculty development programs need to focus on career development and mentoring, so that graduates of these programs have a community of other peers who will give them feedback and support log after the completion of the program. The need to include topics such as learning about one's own leadership styles, how to influence others, and appropriate use of power, to help individuals lead change initiatives which will impact on the larger context and systems of healthcare (Blumenthal et al. 2012).

The focus of leadership development in the program clearly influenced the participants' evaluation of their learning and development. Rather than viewing this as a bias it can be suggested that curriculum developers are in a strong position to influence future educators of healthcare professionals. Students on this program

clearly like the practical skills of trying out microteaching and role-play as was documented in the end of module surveys. Perceived leadership development included confidence to change day-to-day practice, see the bigger picture and manage colleague's expectations. Impact on organizations e.g. organization development projects, such as the introduction of peer observation of teaching, implemented during the program and sustained at this point in time, two years on.

If leadership potential is to flourish, we must embed a stronger focus on leadership throughout the program, including making the expectations of participants and teachers more explicit from day one. Assumptions about leadership and leaders can shape the way that staff perceive and evaluate leadership. Impact of the programme on personal and career development needs to be verified by employers and colleagues. Future challenges in moving faculty development programs forward must balance time spent delivering curricula on leadership with a commitment to transforming the training environment culture (Dhaliwal et al. 2014).

Notes on Contributor:
Pauline is a senior lecturer and the Director of Academic Affairs at the RCSI Institute of Leadership and Program Director for an MSc in Leadership in Health Professions' Education. Her research and teaching interests include team-working and educational leadership and she has experience in supervising research using action learning.

Declaration of Interest:
The author reports no conflict of interest. The author alone is responsible for the content and writing of the paper.

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