

Influence tactics and leader  
effectiveness:  
How effective, contemporary leaders  
influence subordinates

Sue Sampson

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## Abstract

Defining the difference between successful and mediocre leaders is a quest that has attracted many renowned scholars, drawing vast amounts of research effort. Yet while there are excellent theoretical explanations of what leaders should do: exhibit transformational behaviours, demonstrate authenticity, build productive relationships with followers and so on; there is still a scarcity of empirically-based research advising practicing leaders how to do these things. This study seeks to provide guidance about the fine-grained processes that effective leaders use on a daily basis to undertake the core process of all leadership activity; influencing followers. Using a grounded research approach, this study employs qualitative methods to capture the detail of effective leader behaviour and the micro-level influence processes that leaders use to create effective follower outcomes. Conducted in the health services industry with medical and allied health leaders, the study sought to answer the question: What influence methods might effective, contemporary leaders be using? The study builds on existing influence research, seeking to extend and update the typology of 11 influence tactics originally developed by Yukl and others, and which has been static since the late 1990s. Eight new influence tactics were identified, offering practicing leaders a powerful suite of potential strategies and representing a significant contribution to the field. Further research is recommended to confirm the identified influence constructs and test the generalisability of these findings to broader leader populations in health organisations and other knowledge-based organisations.

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## **Statement of Original Authorship**

The work contained in this thesis has not previously been submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where reference is made.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# 1 Introduction and Overview

## 1.1 Rationale and significance

The difference between effective and ineffective leaders has long fascinated scholars and the business world alike. What makes one person able to engage the loyalty and commitment of followers to achieve extraordinary outcomes while another's efforts are received with apathy and disinterest, and sometimes outright hostility? Endeavouring to understand this disparity, the leadership research field has generated an incredible array of theories, most attempting to define those key factors – behaviours, processes, situational aspects and so on – that describe the difference between effective leadership outcomes and ineffective leadership outcomes. With this profusion of research has come new realisation that leadership studies need to move away from considering only the leader using simple bivariate correlations (Lord & Hall, 1992), to analysing a much broader context, including followers, peers, supervisors, work setting, and culture (Avolio et al., 2009), attempting to capture the leadership dynamic operating in contemporary knowledge-driven organisations (Lichtenstein et al., 2007), and taking a relational perspective with attention to the interaction between leaders and followers (Avolio et al., 2009).

Much of the research to date has been quantitative. A recent content analysis of leadership articles appearing in four leading journals (Academy of Management Journal, Administrative Science Quarterly, Organisation Science and The Leadership Quarterly) over the past 50 years (1957–2007) indicated that only 12% of published articles employed qualitative methodology (Glynn & Raffaelli, 2010). Research objectives have primarily been focused on describing what it is that leaders do; the key features that differentiate good leaders from bad. The varied contemporary theories present a range of factors: transformational leadership identifies four transformational behaviours, idealised leadership, inspirational motivation, intellectual stimulation and individualised consideration (Avolio & Bass, 2002); authentic leadership distinguishes leader

behaviour that is self aware and self-regulated and that fosters a positive psychological response in followers (Luthans & Avolio, 2003); and servant leadership is focused on empowering and helping people (Greenleaf, 1991).

While leadership theory, such as those mentioned above, can be extremely useful to practitioners, it mostly stops short of offering practical guidance about how a leader might enact a particular theory. As Yukl (1994) counsels, *“it is important for academics to think more about how their theories and research can be used to improve the practice of management”*. Leadership theory is often excellent at providing advice about what to do. For example, Warren Bennis (2006), in writing about his four competencies of new leadership, advocates that leaders keep reminding people of what’s important. But how does one do this in a way that is effective (let alone inspirational, transformational or authentic)? In fact mightn’t some leaders, upon taking this advice to heart, just be downright annoying? This is not to single Bennis out; the vast majority of leadership theory provides similar exhortations. Writing about charismatic and transformational leadership, Yukl (1994) advises the leader to influence followers to be more optimistic, self-confident, and committed. Taking a servant leader theory perspective, van Dierendonck (2011) advocates creating opportunities to help followers grow. Authentic leadership theory is somewhat more helpful in its advice to leaders noting that *“when individuals come to know and accept themselves, including their strengths and weaknesses”, they are able to display authentic behavior that reflects consistency between their values, beliefs, and actions”* (Walumbwa et al., 2008). This at least suggests a path a leader might take to develop his/her leadership capability.

For leadership research to be more useful to practising leaders, it must provide guidance not just about what an effective leader does but also about how he or she does it. This study’s proposition is that to address this question, research must look at leadership behaviour at a much more detailed level, employing qualitative methods to capture the finer aspects of effective leader behaviour. It must seek to elicit and describe for others the micro-level processes that leaders use to create effective follower outcomes, the specific ways in which they create

follower trust, develop follower capabilities and keep followers focused on what is important. The study adopts the proposition that leadership is primarily a process of influence (Bass, 1990; Burns, 1978; Kotter, 1985; Yukl, 1989) and asks exactly how do effective, contemporary leaders influence their followers? The study draws on the research field of influence tactics (Yukl et al., 2005b; Yukl et al., 1991), seeking to assess how these previously identified influence methods might be in use by contemporary leaders. However, the theory of influence tactics has been largely static since the late 1990s and leadership theory over the past two decades has increasingly explored the mediating processes between leadership and follower performance, seeking to better understand the unconscious, affective and charismatic aspects of leader-follower interactions (Gardner et al., 2010). Therefore, as well as the field of influence tactics, relevant contemporary leadership theory has been reviewed to ascertain possible indications about influence processes that may be in use by effective leaders.

## **1.2 Research questions**

The study's objectives are to investigate how contemporary effective leaders influence their subordinates, identify any new forms of influence and, if warranted, develop an extended typology of influence tactics, with the aim of offering practical, fine-grained information about effective leader processes. The primary research question for this study is: What influence methods might effective, contemporary leaders be using? Secondary and tertiary questions are:

1. Are contemporary effective leaders using any of Yukl's previously identified eleven identified influence tactics?
  - a. If so, which of the 11 existing influence tactics are being used and in what context/s are they effective?
2. What new influence tactics are being used by contemporary, effective leaders?
  - a. Do the new influence tactics align with those posited from authentic leadership theory or organisational change theory?

- b. How might any new influence tactics relate to the four transformational leadership behaviours?

### **1.3 Research context**

The research was conducted in a large health organisation, in which clinical leadership is an emerging issue. Research in the health context in Australia and overseas has indicated that involving clinician leaders in key reforms is critical for the success of those reforms (Ham et al., 2003, Castro, Dorgan & Richardson, 2008, Mountford & Web, 2009). However, anecdotal data gathered from clinical leaders, before the research phase, indicated that the ability to influence staff is a critical issue for clinicians. As an example, quotes from medical doctors included:

*“They have no reason to do what I want, if it doesn’t suit them – they can go elsewhere”*

*“I’m not the best clinician, I’m not the best researcher and it doesn’t help if I challenge them on that ground. I’m just the appointed leader.”*

### **1.4 Research design and methodology**

The research study was designed with regard to four key issues. Firstly, primary focus was on generating (or elaborating) new theory to answer the question: What new influence tactics are being used? Secondly, it was important to observe the leader and his/her influence tactics upon his/her subordinates in context, especially given the study’s proposition that new influence tactics may be in use by leaders, but not yet described. Thirdly, the goal of the study was not generalisability: this research did not seek to generalise the most common occurrence nor to predict other leaders’ actions. Rather it sought to identify new, previously undescribed influence tactics. Fourthly, because some of the influence tactics in question are “undescribed”, the choice of data collection method was crucial. The method needed to allow leaders and subordinates to tell their stories about how they influence, and are influenced, in their own words.

The study used the methodological approach of grounded theory originally developed by Glaser and Strauss (1967) and which Strauss and Corbin (1998) describe as systematically gathering, analysing and comparing data to identify concepts and develop theory. The methodology was dyadic to enable the process under study, a leader's influence tactics, to be observed within the context of a leader's subordinate group. Additionally, the dyadic method also provided for multiple sources of evidence. This was regarded as important because it enabled the study to gather the leader's perspective (through semi-structured interview) and the subordinates' perspective (through qualitative surveys).

Theoretical sampling, defined by Flick (1998) as selecting cases according to concrete criteria concerning their content, was used to choose participants for the study. The study sought to access only those leaders who could be described as effective and contemporary. Input from various sources was used to assess participants' leadership effectiveness. This included subjective input from a leadership development program facilitator, objective input from 360 degree feedback processes, qualitative assessment during interview through questions aimed at eliciting the participant's implicit leadership theories, and administration of items from the Multi-factor Leadership Questionnaire (Bass & Avolio, 2007). A semi-structured leader interview process was used to collect anecdotes or narratives about participant experiences with influence, using a range of open questions. Participants were then asked a series of probing and quantifying questions about the experience they described. Participants from the first phase of the study were offered the opportunity to participate in the dyadic phase, providing the researcher with access to their subordinates, so they could be asked to complete a qualitative survey.

## **1.5 Delimitations and Assumptions**

The study is bounded by some key assumptions and delimitations. These include:

1. That the participants included in the study did represent an exemplar model. The researcher believes that the various selection and confirmation processes were sufficient to confidently make this claim.
2. That the processes and practices used by the leaders interviewed could potentially be implemented by other leaders in similar contexts.
3. That participants would be able to accurately describe their experience of attempting to influence their staff and their perceived outcomes from that influence interaction.

The study is delimited by the context within which it was undertaken, that is, a large Australian health organisation. However, it is expected that findings might be relevant to clinical leadership settings in other countries and to non-health leadership contexts. It is also delimited by its focus on the fine-grained process of influence. The study did not seek to answer the big questions of leadership but rather to shine a light on the micro-level influence processes that are used by effective leaders.

## **1.6 Outline**

This research thesis will be presented as follows: Chapter 2 reviews the literature associated with influence and key contemporary leadership theory, Chapter 3 describes the research design and methodology, Chapter 4 presents key findings and relevant detailed descriptions, Chapter 5 provides an outline of key conclusions, practical applications, limitations and suggestions for future research.



## 2 Literature review

### 2.1 Effective leadership: identifying the difference

Leadership is a field that has attracted intense research interest with many studies attempting to define the features that differentiate between mediocre leadership and great leadership. Research has primarily focused on identifying the characteristics of effective leaders and/or the behaviours effective leaders employ. The dominant example of this is transformational leadership (Antonakis & House, 2002; Avolio & Yammarino, 2002; Gardner et al., 2010; Hiller et al., 2011), which has been positively correlated with increased leader effectiveness in repeated empirical studies (Dumdum et al., 2002; Lowe et al., 1996). A recent major meta-analytic study, reviewing 113 primary studies, confirmed a positive relationship between transformational leadership and performance across several individual performance criteria, including task, contextual and creative performance (Gang et al., 2011). Transformational leadership lists four leadership behaviours: idealised leadership, inspirational motivation, intellectual stimulation and individualised consideration (Avolio & Bass, 2002).

However, while theories like transformational leadership provide guidance to practicing leaders about what to do, they do not provide a great deal of assistance in helping leaders determine how to do it. For example Avolio and Bass (2002) explain one of their four leadership behaviours, inspirational motivation, as occurring when leaders motivate followers by envisioning attractive futures. But how does a leader do this and what is the difference between a leader who can get subordinates excited about the future and a leader who leaves them yawning or confused?

This study posits that the difference may lie in the way a leader communicates or influences. The concept is supported by a small number of empirical studies. Research by Hunt and Laing (1997, p. 38) found that the *“way a leader behaves as a transmitter was the only significant difference between the most effective*

*managers and the least effective managers*". Another study of military companies which were identical in size, follower demographics, position power and resources, yet achieved different results identified the sole difference as the Commanders "*personal leadership, namely their distinctly personal ability to influence*" (Popper, 2002, p. 4). A third study found that the types of influence tactics used by managers may have a significant impact on the type of workforce attracted and retained (Cable & Judge, 2003). A fourth study, which aimed to ascertain how leaders could most effectively overcome resistance to organisational change, found that employees responded differently to managerial behaviours depending on how they interpreted their manager's intent (Furst & Cable, 2008). So it is not only what a leader does or what behaviours he or she exhibits, but how they exhibit those behaviours. Consequently, it may be suggested that leadership behaviour should be investigated at a much more molecular level, shifting the focus from high level constructs about general behaviours, to investigating the specific processes and practices that leaders use to communicate and influence on a daily basis.

### **2.1.1 The role of leader influence**

This study is based on the proposition, argued above, that how a leader communicates or influences may have a significant impact on their effectiveness. Other leadership literature also supports the notion that effective leadership is underpinned by, and reliant on, influence. Much of the seminal research has defined leadership as primarily a process of influence (Bass, 1990; Burns, 1978; Kotter, 1985; Yukl, 1989), with some authors maintaining that leadership is first and foremost a process of influence (Ansari, 1990; Hollander, 1978; Popper, 2002).

If the ability to influence is a critical foundation for leadership effectiveness, the next logical question is: What is known about how leaders influence and which methods of influence are more effective? Research identifying the underlying traits, styles or behavioural choices that promote effective influence can be drawn from several bodies of literature. The primary theoretical domain is the field of influence tactics, which has identified 11 distinct influence tactics:

apprising, inspirational appeals, consultation, collaboration, ingratiation, personal appeals, exchange, coalition tactics, legitimating tactics, and pressure (Yukl et al., 2005; Yukl et al., 1991). These tactics do not specifically describe leader communication with direct reports but have been identified as occurring in upwards, sideways and downwards communication (Yukl & Tracey, 1992).

#### **2.1.1.1 Current empirical findings re effectiveness of influence tactics**

Significant empirical research has been undertaken in examining the relative effectiveness of the 11 identified influence tactics to determine whether the tactics result in commitment, compliance or resistance to the request (Brennan et al., 1993; Falbe & Yukl, 1992; Fu & Yukl, 2000; Yukl et al., 2005a; Yukl et al., 1996). Findings are varied: in one key study, inspirational appeal and consultation were rated as most effective, and pressure, legitimating, and coalition tactics as least effective (Yukl & Tracey, 1992). A second study found that the tactics of upward appeal and bargaining were negatively correlated with perceived manager effectiveness (Brennan et al., 1993), while a third identified rational persuasion, consultation, coalition, and inspirational appeals as more effective in gaining subordinates' commitment to safety-related tasks or initiatives (Clarke & Ward, 2006).

However, a problem with these studies has been their transactional and experimental nature; the studies have generally been conducted in a laboratory-type environment using scenarios, detached from the real-life leadership context and in isolation from other factors such as the leader subordinate relationship and the organisational context. A meta-analysis of 23 studies investigating the effect of influence tactics on work outcomes found that ingratiation and rationality had positive effects on work outcomes. Importantly, the meta-analysis authors, Higgins et al. (2003, p. 101) identified some key limitations with the research to date, particularly relating to the methodology of using laboratory settings to investigate responses to influence tactics. They found some key differences in results that appeared to be due to the methodology used; noting "*ingratiation has a much stronger effect on work outcomes in the laboratory than in the field*".

The research into subordinate responses to various influence tactics, outlined above, has been augmented by another area of research endeavour, evaluating the impact of the quality of leader subordinate relationships on the effectiveness of influence tactics and transformational behaviours. Drawing on the Leader Member Exchange (LMX) theory, these studies found that employees use the quality of their relationship with managers to interpret their manager's communication behaviour, moderating their response to specific influence tactics (Furst & Cable, 2008; Sparrowe et al., 2006) and to transformational leadership behaviours (Wang et al., 2005). For example, the studies found that the ingratiation tactic achieved positive outcomes for leaders with high quality relationships and negative outcomes for those with low quality relationships (Furst & Cable, 2008), and that inspirational appeal and exchange tactics were ineffective for leaders with low quality relationships (Sparrowe et al., 2006). Similarly Wang et al. (2005) found that the effect of a leader's transformational leadership behaviours was fully mediated by the quality of the leader subordinate relationship. Consequently, they advocate:

*“Effective leaders express their transformational behaviors within a personal, dynamic relational exchange context. They fulfill the psychological contract implicit in their social exchange relationships with followers. They are sensitive to follower contributions to the exchanges and reciprocate in ways that build follower self-worth and/or self-concept” (Wang, et al., 2005).*

The question pertinent to this study is: how do effective leaders do this; how do they accomplish *relational exchange* and satisfy the *psychological contract* while also achieving high follower performance?

### **2.1.2 So why more work on influence?**

Generally, influence research has focused on the immediate outcome of an influence request and has not ventured into broader questions about how a leader's use of influence tactics impact on his or her effectiveness. Further, the primary work to identify influence tactics was undertaken in the 1980s and 90s and research exploring the suite of influence tactics appears to have been static since the tactics of apprising and collaboration were added in the late 1990s

(Yukl & Chavez, 2002). In the meantime, considerable work has been undertaken in the leadership field, particularly in the neo-charismatic leadership paradigm which includes charismatic leadership (Conger, 1999; House, 1977; House & Aditya, 1997) and transformational leadership (Bass, 1985; Burns, 1978), and in emerging leadership theory areas such as authentic leadership (Avolio & Gardner, 2005; Avolio, Gardner, et al., 2004; Gardner et al., 2011; Walumbwa, et al., 2008).

However, despite this large body of work, embodied in a 25-year review of 1161 empirical studies by Hiller et al. (2011), there are still significant unanswered questions. These questions concern the specific processes by which effective leaders generate superior outcomes with, for, and through followers. Bass (1995) called for more research into this question in 1995 and Lowe and Gardner (2000, p. 502) concurred, noting that: *“we have made little progress in matching the intentionality behind leader behaviour with follower responses”*. Hiller et al.’s (2011) review suggested more work was needed to ascertain the impact of leaders on emotional constructs, motivational states, social identification and cognitive constructions of meaning. The authors concluded that: *“focus on such variables may also allow us to better understand the complex ways in which leadership is related to more “ultimate” tangible outcomes of performance or effectiveness”* (p. 1171).

Additionally, existing research into the interaction between the leader-subordinate relationship quality and influence tactics (Furst & Cable, 2008; Sparrowe, et al., 2006) suggests that there is much more at play than just choosing and deploying the right influence tactic. Similarly, a leader can exhibit transformational behaviours such as intellectual stimulation but the impact on follower outcomes will be mediated by the quality of his or her relationship with those followers (Wang et al., 2005). To develop these high quality relationships, Graen and Uhl-Bien (1991, p. 32) advise that leaders should cultivate high quality exchanges with subordinates and look for ways develop *“trust, respect, loyalty, and understanding”*. In other words, the way a leader communicates with his or her subordinates; the way he or she seeks to

influence them; the day-to-day communication interactions; these are the fundamentals that mediate leader relationships and therefore, leader effectiveness.

If we accept that influence is a primary process by which leaders impact on followers (as outlined in section 2.1.1), it then follows that by better understanding the influence process and identifying and describing the specific practices used by effective contemporary leaders, we can better understand how leadership impacts on follower performance. Therefore, the aim of this study is to investigate what influence processes may be in use by effective contemporary leaders, considering both the existing set of 11 influence tactics classified by Yukl and others, and also new, as yet, unidentified influence tactics.

## **2.2 Theoretical framework: possible influence tactics**

Leadership is a complex process and the field of leadership theory development has sought in recent years to attend to the unconscious, affective and charismatic aspects of leader-follower interactions (Gardner, et al., 2010). This work has included investigation into the mediating processes between leadership and follower performance and, as such, may offer useful indicators about possible new influence tactics. Four fields of leadership theory: transformational, authentic, servant-leader and leader member exchange; have been reviewed to ascertain possible indications about effective influence processes that may be in use by effective leaders. These theories were chosen for the following key reasons. Firstly, these theories have commanded significant research attention over the past two decades (Gardner, et al., 2010; Hiller et al., 2011), secondly, they represent significant areas of conceptual growth, offering a wealth of new ideas and concepts about leadership and influence, and thirdly, they are concerned with the fine-grained processes of leadership; the intricacies of interaction that occur within the leader subordinate dyad. Additionally, existing theory on influence, originally developed in the 1980s and 90s by Yukl, Lepsinger and Lucia (1991), Falbe & Yukl (1992), Yukl & Chavez, 2002), also provides an important foundation.

### **2.2.1 Transformational leadership**

In the area of transformational leadership, significant work has been carried out to determine how transformational leaders affect follower outcomes with some uniformity of findings. An early study by Kirkpatrick and Locke (1996) investigated how charismatic vision influenced followers' attitudes and performance. Their study found that the effect was indirect and that it occurred through the intervening variables of self-efficacy and the setting of specific goals by followers. Kark and Shamir (2002) have also examined the way transformational leaders influence followers, suggesting that they achieve transformational influence by activating followers' relational and collective levels of the self. They suggest that transformational leaders firstly activate followers' relational sense of self to achieve personal identification with the leader and secondly, activate follower's collective sense of self to achieve social identification with the group. Identification with the leader and with the group were assessed in a 2011 study by Hobman et al. which investigated the effect of leader behaviour that enhances follower identification with the leader and with the group. It only found support for leader identification as a mediator. However, other studies have suggested support for follower identification with the work unit, as a mediating factor in the relationship between transformational leadership and performance (Kark et al., 2003; Walumbwa et al., 2008). The above two studies also identified self-efficacy as a mediating factor. Further, the Walumbwa et al. study identified means efficacy (defined as the perceptions of one's work conditions) as a moderating influence between self-efficacy and performance.

Reviewing these studies, the following indicators about potential influence tactics can be gleaned: encouraging and supporting followers' self-efficacy; leader behaviours that enhance follower identification with the leader, and leader behaviours that encourage identification with the group. However, the actual processes by which a leader might activate these variables are still unclear in the empirical research and further work is necessary to reveal the specific leader processes in use.

### 2.2.2 Authentic leadership

A relatively new dimension of leadership theory, authentic leadership, has emerged in the last decade, with articles appearing in quality peer-reviewed journals from 2003. A range of definitions of authentic leadership have been offered with the following one of the more commonly used (according to a review of definitions by (Gardner et al., 2011):

*“A process that draws from both positive psychological capacities and a highly developed organizational context, which results in both greater self-awareness and self-regulated positive behavior on the part of leaders and employees, fostering positive self-development”(Luthans & Avolio, 2003, p. 243).*

The theory, although not fully delineated in terms of its foundational constructs (Gardner et al., 2011) is supported by a growing number of empirical studies showing links between authentic leadership and follower engagement, empowerment and well-being (Macik-Frey et al., 2009; Walumbwa et al., 2010; Wong & Cummings, 2009), and follower satisfaction and performance (Walumbwa et al., 2008). So, if it has been established that authentic leadership behaviours contribute to enhanced follower performance, the next question to ask is: what guidance does authentic leadership theory offer about the possible influence mechanisms being used by effective, contemporary leaders?

As of yet, there is limited empirical research that seeks to understand the mediating factors between authentic leadership and follower performance. However, one empirical study of relevance found that the relationship between authentic leadership behaviour and followers' job performance was partially mediated through followers' positive emotions and fully mediated through leaders' influence on followers' psychological capital (Peterson et al., 2012 (in press)). Consequently, for additional guidance about possible influence tactics, it is necessary to turn to a review of the theoretical constructs posited in the description of authentic leadership. In particular, Avolio et al. (2004, p. 802) outline a theoretical framework on the “underlying mechanisms which enable authentic leaders to *“exert their influence on followers’ attitudes, behaviours and*



*performance*. This framework builds on the personal identification and social identification aspects posited by Kark and Shamir (2002) and adds the positive psychology concepts of developing hope, creating trust, encouraging positive emotions, and raising optimism. Other papers have further clarified the influence processes in the authentic leadership development model by identifying positive modeling, positive emotions contagion, positive social exchange, personal and organisation identification, and supporting self determination of followers (Avolio & Gardner, 2005; Ilies et al., 2005). The leader behaviour process of positive modeling was empirically identified prior to authentic leadership theory: A study by Hunt and Laing (1997) found that a key point of difference between effective and ineffective leaders was their role modeling of their espoused values. Additionally one study by Zhu et al., which considered the effect of authentic transformational leadership (Bass & Steidlmeier, 1999) on follower ethics, identified a large number of possible influence mechanisms including role modeling, coaching, providing constructive moral feedback and establishing standards (Zhu et al., 2011).

### **2.2.3 Servant leadership**

Servant leadership theory has been included in this review because of its close focus on the relationship between leaders and subordinates. Originally developed by Greenleaf (1991), servant leadership can be defined as follows:

*Servant leadership is demonstrated by empowering and developing people; by expressing humility, authenticity, interpersonal acceptance, and stewardship; and by providing direction. A high-quality dyadic relationship, trust, and fairness are expected to be the most important mediating processes to encourage self-actualization, positive job attitudes, performance, and a stronger organizational focus on sustainability and corporate social responsibility (van Dierendonck, 2011).*

Advocates of servant leader theory differentiate it from other leadership styles due to its foremost focus on the well-being of followers, rather than the well-being of the organisation. Van Dierendonck (2011) claims this person-oriented attitude creates safe and strong relationships, which in turn creates

organisational success. For potential insight about possible influence tactics, it is constructive to review a servant leadership model recently developed by van Dierendonck (2011) that identifies six key characteristics of a servant leader. These characteristics are empowering and developing people, defined as recognizing and realizing each person's abilities; humility, defined as being modest with respect to one's own ability and being willing to access the ability of others; authenticity which is about expressing one's true self and exhibiting behaviour that is congruent with one's internal thoughts and feelings; interpersonal acceptance, which is the ability to understand and have empathy for other people's perspectives; providing direction, which is about providing clear expectations and accountability for followers; and stewardship, defined as a willingness to take responsibility for the greater good.

#### **2.2.4 Leader Member Exchange Theory**

Leader member exchange theory has its primary focus on the quality of the social exchange relationship between leaders and subordinates (Gerstner & Day, 1997; Graen & Uhl-Bien, 1995). This endorses the importance of the leader follower relationship and the influence practices which occur within that relationship, with research findings (outlined in more detail in 2.1.1.1) that effective leaders use quality relational exchanges to satisfy the psychological contract and achieve enhanced follower performance (Wang et al., 2005). LMX theory contends that a leader's influence is born out of trust, respect and mutual obligation between the leader and the subordinate. Further, LMX research indicates that the process is cyclical: a leader's behaviours create the relationships (high LMX or otherwise) and the quality of these relationships determines the leader's relative levels of influence, impacting on his/her behaviour (Graen & Uhl-Bien, 1995). LMX research offers elucidation for possible influence tactics. One study found that the extent to which goals are similar or mutually-reinforcing, positively impacts on the quality of leader member relationships (Uhl-Bien et al., 2000). Another study reported that the quality of the leader member relationship moderated the effect of downward-influence tactics on helping behaviours (Sparrowe et al., 2006).

### **2.2.5 Organisational change field**

Work has also been undertaken on influence methods in the field of organisational change. This includes research by Poole, Gioia and Gray (1989, p. 5) who suggest that the real challenge to the success of organisational transformation is in altering organisation members' *"meaning systems and frameworks of understanding – their schemas"*. Changes in schemas represent a shift in the way individuals think, perceive and eventually act. In their study of a large banking organisation, Poole et al. identified four influence styles. They were enforcement, including legitimate disciplinary measures and organisational rewards; instruction, which involved clarifying the desired changes in behaviour and modeling those changes wherever possible; manipulation, which was controlling resources to align followers with the desired change process; and proclamation, which involved specifying behavioural and stylistic changes in writing, memos, policies and so on. Surprisingly, Poole et al. found that the enforcement mode was the most effective in initially changing schemas. This work is broadly in accord with Dunphy and Stace's work on influence strategies for organisational change (1988) that identifies the three main strategies as collaboration or participation, authoritative direction and coercion.

### **2.2.6 Influence tactics**

A primary contribution to thinking about leader's influence behaviour has been research on influence tactics. Initially, nine influence tactics were identified and confirmed through work by Yukl and Falbe (1990), Yukl, Lepsinger and Lucia (1991), Yukl & Tracey, 1992). These tactics comprised: legitimating which is behaviour intended to establish the legitimacy of a request such as calling upon a higher authority or organisation policies and rules; rational persuasion which involves presenting logical arguments and factual evidence; inspirational appeal which utilises an emotional appeal and attempts to link the request to the target's values, hopes or ideals; consultation which allows the target to be involved in the decision with the aim of increasing their motivation to implement the decision; exchange tactics which involves the explicit or implicit

offer of a reward; personal appeals which draws upon the target's loyalty or friendship by requesting a favour; ingratiation tactics which is behaviour such as offering compliments or doing a favour that makes the target feel favorably towards you; pressure tactics including threats and assertive behaviour such as repeated demands or frequent checking; and coalition tactics which involve the use of multiple agents acting together to influence another person. A further two tactics were added in the late 1990s (Yukl & Chavez, 2002). These were apprising which involves explaining how carrying out a request will benefit the target personally; and collaboration which involves offering to provide relevant assistance if the target will comply with the request. While significant empirical research has established the 11 influence tactics as valid constructs, there are some limitations which impact on the usefulness of the existing tactics. Firstly, the primary work has been undertaken in laboratory settings divorced from real-life leadership contexts (Higgins 2003), secondly, findings about the effectiveness of the 11 tactics in various situations have been inconsistent (see section 2.1.1.1) thirdly, other aspects of the leadership process such as relationship with subordinates appear to vary the efficacy of influence tactics (see section 2.1.1.1), and fourthly, the question of which influence tactics contribute to leader effectiveness has not been adequately assessed.

### **2.2.7 Summary of indicators for possible influence tactics**

Indicators about possible influence tactics have been drawn from transformational, authentic, servant and LMX leadership theory and research, as well as the organisational change field. Additionally, the influence tactics sourced from existing influence literature (Yukl, et al., 2005a; Yukl, et al., 1991), will be considered. This suite of possible tactics and leader behaviours (see Figure 1) will be used as a reference point in the research to ensure that a wide nomological net is cast to ensure optimum opportunity to distinguish possible new influence tactics in use by contemporary leaders. Moreover, it is important to note that only the tactics from the influence literature have been empirically tested to determine if they are in fact tactics used by leaders to influence subordinates. The tactics drawn from the other literature sources have merely been posited as possible means by which leaders use communication to bring

about desired results, so further empirical work is necessary to determine their validity.

**Figure 1: Indicators from literature about possible influence tactics of effective leaders**

<p>Tactics from influence literature</p> <ul style="list-style-type: none"> <li>• Rational persuasion</li> <li>• Apprising</li> <li>• Inspirational appeals</li> <li>• Consultation</li> <li>• Collaboration</li> <li>• Ingratiation</li> <li>• Personal appeals</li> <li>• Exchange</li> <li>• Coalition tactics</li> <li>• Legitimizing tactics</li> <li>• Pressure</li> </ul>	<p>Indicators re influence tactics from transformational leadership research</p> <ul style="list-style-type: none"> <li>• Encouraging and supporting follower's self efficacy</li> <li>• Leader behaviours that enhance follower identification with the leader</li> <li>• Leader behaviour that encourages identification with the group.</li> </ul>
<p>Indicators re influence tactics from authentic leadership literature</p> <ul style="list-style-type: none"> <li>• Encouraging and supporting follower's self efficacy</li> <li>• Positive modeling of espoused values</li> <li>• Positive emotions contagion,</li> <li>• Positive social exchange,</li> <li>• Personal and organisation identification and</li> <li>• Supporting follower self determination</li> </ul>	<p>Indicators re influence tactics from servant leadership theory</p> <ul style="list-style-type: none"> <li>• Empowering and developing people</li> <li>• Humility</li> <li>• Authenticity</li> <li>• Interpersonal acceptance</li> <li>• Providing direction and stewardship.</li> </ul>
<p>Indicators re influence tactics from LMX theory</p> <ul style="list-style-type: none"> <li>• Quality of Leader Member Relationship</li> <li>• Similar or mutually reinforcing goals.</li> </ul>	<p>Influence tactics from organisational change theory</p> <ul style="list-style-type: none"> <li>• Proclamation</li> <li>• Manipulation</li> <li>• Enforcement or coercion</li> <li>• Collaboration or participation</li> <li>• Instruction or authoritative direction</li> </ul>

## 2.3 Research gap and research question

### 2.3.1 Rationale for study – understanding more about leader influence processes

The research gap in which this study aims to contribute is to determine which influence tactics (previously identified, hypothesised from other literature or entirely new) are being used by contemporary, effective leaders. Existing literature establishes that influence is a critical factor in moderating leadership effectiveness. Many authors have identified influence as the primary component of leadership (Bass, 1990; Burns, 1978; Kotter, 1985; Yukl, 1989). Additionally, Cable and Judge point out,

*“An organization where most managers use pressure and persistence to get things done may attract and retain a very different type of workforce than an organization where managers gain support through rational persuasion and fact-based logic” (2003, p. 197).*

While this study does not seek to assess the impact of influence tactic choice on leader effectiveness, it will help identify the strategies used by effective leaders, providing insight into the link between influence and leader effectiveness.

The literature review demonstrates that the primary research into influence tactics was undertaken over two decades ago (for e.g., Ansari, 1990; Yukl, et al., 2005a; Yukl & Falbe, 1990). Yet since that time, leadership theory and practice has evolved considerably with the advent of transformational leadership (Bryman, 1992; Avolio & Bass, 2002; Antonakis & House, 2002) and authentic leadership (Avolio et al., 2004, (Gardner, et al., 2011; Walumbwa, et al., 2008). Work in the servant leader and LMX theory fields has also contributed new concepts about how leaders impact positively on follower outcomes. These contemporary leadership theories have implications for a leader’s influence tactics because they describe leadership behaviours such as inspirational motivation (Avolio & Bass, 2002), positive modeling, positive emotions contagion, positive social exchange, personal and organisation identification, and supporting self determination of followers (Avolio & Gardner, 2005; Ilies, et

al., 2005), empowering and developing people, and interpersonal acceptance (van Dierendonck, 2011). These newly described leadership behaviours suggest that the initial typology of influence tactics may now be outdated and that modern day leaders operating at a high level of effectiveness may access a greater range of influence tactics. The concept of theories becoming outdated is supported by Strauss and Corbin (1998, p. 171) who state that *“as conditions change, the legitimacy of theories is affected and they become outdated”*.

### **2.3.2 Research Questions**

The primary research question for this study is:

What influence methods might effective, contemporary leaders be using?

Secondary and tertiary questions are:

1. Are contemporary effective leaders using any of Yukl's previously identified 11 identified influence tactics?
  - a. If so, which of the 11 existing influence tactics are being used and in what context are they effective?
2. What new influence tactics are being used by contemporary, effective leaders?
  - a. Do the new influence tactics align with those posited from authentic leadership theory or organisational change theory?
  - b. How might any new influence tactics relate to the four transformational leadership behaviours?

## **2.4 Significance**

### **2.4.1 Assessing the original 11 influence tactics**

Influence research has investigated the 11 identified tactics in terms of how frequently they were used (Yukl & Falbe, 1990) and whether the tactics resulted in commitment, compliance or resistance to the request (Falbe & Yukl, 1992; Yukl, et al., 2005a; Yukl, et al., 1996). Few studies have ventured beyond this transactional level. However, two that have gone further are a study by Ansari (1990) which investigated what influence tactics managers chose to use with subordinates and how this was affected by variables such as organisational culture, and research by Yukl and Tracey (1992) which correlated managers' choices of influence tactic with managerial effectiveness. These studies provide a useful departure point, however, unfortunately Ansari's study looked only at frequency of tactic use and not at effectiveness, and Yukl and Tracey's study assessed leader effectiveness only as rated by the leader's immediate manager. So while research into influence tactics may have made significant progress in terms of identifying influence tactics and assessing their relative effectiveness in obtaining target commitment or compliance to a request, much less work has been undertaken in assessing how the choice and use of influence mechanisms contributes to a leader's overall effectiveness (Cable & Judge, 2003).

### **2.4.2 Assessing possible new influence tactics**

This study posits that contemporary leaders operating at a high level of effectiveness may access a greater range of influence tactics than those identified in the initial influence research, as they embody modern theories such as transformational and authentic leadership. The study aims to elaborate and build upon the current influence theory, potentially developing an extended typology of influence tactics. In conclusion, this study's significance rests upon three key potential benefits: the potential to understand which of the original 11 influence tactics are in use by effective leaders today, the potential to identify what new influence tactics may be in use, and the potential to understand more about how choice of influence tactics moderate leader effectiveness.



## 3 Methodology

### 3.1 Research design

#### 3.1.1 Key considerations

In determining the research design, there were several issues to consider. Firstly, although there is existing theory about the 11 current influence tactics to support the study (Yukl et al., 1991), a primary focus of the current research is the generation (or elaborating) of new findings to answer the question: What influence methods might effective, contemporary leaders be using? The goal of the study is not generalisability; as this research does not seek to generalise the most common occurrence nor to predict other leaders' actions. Rather it seeks to identify whether new and undescribed influence tactics are being employed by leaders in addition to the tactics previously identified in the literature. Secondly, the goal of the study is to understand what influence tactics effective leaders are using. Therefore is it appropriate to purposively sample only those leaders who appear to be particularly effective in terms of their ability to influence their subordinates. Thirdly, it will be important to observe the leader and his/her influence tactics upon his/her subordinates in context, especially given the study's proposition that new influence tactics may be in use by leaders, but not yet described. Fourthly, because some of the influence tactics in question are "undescribed", the choice of data collection method is crucial. Relying on leaders to identify influence tactics poses difficulties given that the participants will have no common descriptors for the influence tactics they are trying to describe. Given this lack of commonly known descriptors, it is suggested that methodological triangulation will be important to provide different lenses or perspectives to develop a more holistic view (Morse, 1994) and to explore different parts of the process (Mason, 2002).

### 3.1.2 Methodological Approach

The study has both deductive and inductive components. The deductive element relates to the assessment of the 11 previously identified influence tactics (Yukl et al., 1991), while the inductive element relates to the aim of developing additional findings about possible new influence tactics. In designing the research, it was decided to give priority to the study's inductive requirements and focus on generating and/or elaborating new theory rather than testing the current theory.

Therefore, the qualitative methodology of grounded theory originally developed by Glaser and Strauss (1967) was adopted. Strauss and Corbin (1998, p. 158-159) describe grounded theory as systematically gathering, analysing and comparing data to identify concepts and develop theory. They explain: "Theory evolves during actual research and it does this through a *continuous interplay between analysis and data collection*" via a *general method of constant comparative analysis*". Glaser (2001) says the emphasis of grounded theory is on conceptualisation and it is different from other qualitative data methods that try to describe the data and are aimed at producing description. He elaborates: "*GT (sic) does not generate findings: it generates hypotheses about explaining the behaviour from which it was generated*" (Glaser, 2001, p. 5).

A rudimentary theoretical framework for this study was outlined in Figure 1. Therefore, it is important to address the suitability of utilising a grounded theory approach, when there is some existing theory. Indeed, this is an issue upon which even the experts in the grounded theory field disagree. While Glaser (2001) suggests that the researcher should begin only with the area of interest and wait for the research problem to emerge from the data, Strauss and Corbin (1998) explain there is a continuum within which the researcher can position him/herself : the researcher may start with a completely open approach and allow the theory to be generated from data or he/she may use existing literature and theories as a starting place and allow the data to elaborate or modify them. This study chose a midpoint between the two perspectives, using the existing influence tactic theory (Yukl et al., 1991), and constructs from contemporary

leadership literature, as a beginning point only. However, it is important to clarify that this “beginning point” was not a hypothesis to be proved or disproved. Rather, by referencing constructs from so many different fields, it provides a means of opening the analysis process to consider the broadest possible range of influence strategies.

### **3.1.3 Methodology**

A dyadic methodology was chosen to enable the process under study, a leader’s influence tactics, to be observed within the context of a leader’s subordinate group. This approach is supported by Mason (2003, p. 3) who argues that qualitative researchers should undertake data generation using methods, which are *“flexible and sensitive to the social context in which the data is produced”*.

Additionally, the dyadic method also provided for multiple sources of evidence. This was regarded as important because it enabled the study to gather the leader’s perspective (through semi-structured interview) and the subordinate’s perspective (through qualitative surveys). The subordinate survey also provided quantitative data about the leader’s effectiveness through the use of selected questions from Avolio and Bass’s Multi-factor Leadership Questionnaire (2007), an instrument designed to measure transformational leadership. Combined with review of other available data about each of the leaders, the 360 degree feedback reports and a personal leadership reflection, this ensured multiple sources of data providing what Yin (2003, p. 98) describe as *“development of converging lines of enquiry”* and achieving data source triangulation as recommended by Denzin (1989).

### 3.2 Research context and population

Medical and allied health leaders within a large Australian health organisation were chosen as the population for this study, with regard to Mason's (2002, p. 124) advice that a researcher should have a "*strategic purpose in selecting a relevant range of the wider population under study*". The chosen organisation fulfilled several strategic purposes. Firstly, it is a large organisation in which clinical leadership is an emerging issue. Research in Australia and overseas has identified that the importance of engaging in clinical leadership as a "*social process*" (Dowton, 2004). Research also indicates that involving clinician leaders in key reforms is critical for the success of those reforms (Ham et al., 2003, Castro et al., 2008, Mountford & Web, 2009).

Secondly, preliminary work prior to the research commencing, identified that the ability to influence the people in their teams (including both subordinates and peers) is a critical issue for clinicians. Medical and allied health organisational structures are relatively flat and individuals in leadership positions are often in the position of leading others who are peers or even senior to them (in terms of expertise or experience). Additionally, clinical leaders must also provide leadership and development to subordinates: junior and student doctors, and junior allied health staff. To help describe the leadership challenge faced in this context, the following anecdotal data - gathered during informal interviews- is offered. Medical leaders, asked about their challenges in providing leadership to the people in their teams, said:

*"They hold all the cards- they are equal and senior to me"*

*"They have no reason to do what I want, if it doesn't suit them – they can go elsewhere"*

*"Doctors choose to work with (the organisation); they don't work for (the organisation).*

*"I'm not the best clinician, I'm not the best researcher and it doesn't help if I challenge them on that ground. I'm just the appointed leader."*

Thirdly, the chosen organisation offered a small population of leaders who had undertaken a relatively comprehensive leadership development program. Due to emerging understanding of the importance of clinical leadership (as outlined above), in recent years, the organisation has begun to invest in leadership development. At the time of data collection (2011), the organisation was investing in two rigorous leadership programs offering longitudinal, experiential development that fits broadly within the context of authentic leadership theory and transformational leadership theory. Utilising past participants of these two leadership programs as the primary population for this research offered two key advantages. The first advantage was that leaders' who have undertaken these programs have successfully learnt the skill of reflecting upon their own leadership practices and, in many cases, are able to reflect upon and describe their influence and communication processes in a relatively unbiased way. The second advantage was that utilising this population provided a means of accessing leaders who could be regarded as effective, enabling the study to address its primary research question: What influence methods might effective, contemporary leaders be using?

### **3.2.1 Theoretical sampling and choosing research populations**

Within the grounded theory methodology, research focus should be directed by theoretical sampling which is defined by Flick (1998, p. 65) as selecting cases according to concrete criteria concerning their content: *"individuals, groups etc are selected according to their expected level of new insights for the developing theory"*. In considering how best to sample from the chosen population, it is critical to review the aim of the study, which is to determine how effective leaders influence their subordinates and peers. Therefore, data collection will focus on those leaders who are judged to be effective, in terms of their ability to communicate and influence others. This approach is supported by Stake (1998, p. 101) who notes: *"potential for learning is a different and sometimes superior criterion to representativeness...my choice would be to take that case from which one feels one can learn the most"*. It is important to note that the study does not seek to determine whether a leader is effective in terms of setting direction or meeting organisational goals or other broader measures of success. Rather, it is

concerned entirely with the leader's effectiveness in influencing and communicating. As outlined in section 3.1.3, the study was dyadic with two key phases. The first phase involved semi-structured interviews with a carefully selected population of leaders who had been assessed as being effective influencers and communicators. The second phase involved a qualitative survey of direct reports who reported to leaders in the phase one population.

### **3.2.2 Phase One population**

Identifying the phase one population, medical and allied health leaders who are effective communicators and influencers, was undertaken using three criteria:

1. Leaders who regard influence and communication as important capability areas. The initial population is comprised of leaders who have volunteered for one of the two leadership development programs mentioned above. The leadership programs feature a longitudinal design (six and 12 months) and include individual objective setting, workshops, executive coaching, learning partnerships, feedback and work-based learning. Given the demanding nature of the programs, it is a reasonable assumption that leaders who have invested the effort to complete the programs are individuals who see leadership, communication and influence as important capability areas. Additionally, it is a reasonable assumption that individuals from this population will only volunteer their time to the study if they regard communication and influence as important.
2. Leaders who demonstrate at least two aspects of transformational leadership, as observed by the leadership development program facilitators during the duration of the program. While this was a subjective process and subject to interpretation on the part of the program facilitators, it was judged as justifiable because the facilitators had no additional links or reasons for bias in their relationships with the participants and there was no advantage to them (or the participants) in including or not including individuals in the pool. Due to the nature of

the program, the facilitators were very familiar with participant's leadership challenges and strengths and were able to provide useful guidance as to which participants were most likely to be effective communicators and influencers.

3. Assessment of those leaders who chose to be involved in the interview phase of the study, using multiple leadership effectiveness assessment tools. These tools included:
  - a. Review of the leader's 360 degree feedback reports (completed as a core component of the leadership development programs) to review ratings achieved in the *Delivering the Service* section of the 360 degree feedback report. A mean average rating of 75% or more in this section was considered indicative of a leader's effectiveness in communicating and influencing others. The 360 degree feedback reports were produced by the Hay Group, with the intellectual property rights owned by the research site.
  - b. Review of the leader's end-program personal leadership report which offered an insight into the leader's perspective of their leadership learnings.
  - c. Review of the leader's comments about their own leadership style, as made during the interview process.
  - d. Inclusion of selected questions from Avolio and Bass's Multi-factor Leadership Questionnaire (2007), an instrument designed to measure transformational leadership in the survey of direct reports. Although, the primary purpose of this survey was to seek a follower perspective on their leader's influence and communication strategies, the MLQ questions also provided quantitative data about the leader effectiveness (as judged via a transformational leadership lens).

In phase one of the research, 22 leader interviews were undertaken. Twelve of these were with medical leaders and ten were with allied health leaders. Twenty of the 22 had attended one of the two afore-mentioned leadership development programs, one of which was open to medical, allied health and nursing leaders, and the other which was open only to medical leaders. Two leaders interviewed had not attended either of the leadership development programs. These leaders were included in the interview process in an effort to assess whether leaders who had not experienced the intensive leadership development process were using comparable influence mechanisms. Assessing the effectiveness of these additional leaders was less rigorous, with a modified version of criteria one and two utilised. With respect to criterion one, the researcher observed that the leaders paid conscious attention to investing in their own leadership development through executive coaching processes. With respect to criterion two, demonstrated transformational leadership behaviours were assessed by the researcher only. Extending the population to include the two additional leaders is in agreement with the principles of theoretical sampling. As Glaser (2001, p. 130) explains: *“The GT researcher must be prepared to go where theoretical sampling takes him....(he/she) asks where best to go next based on the theoretical sampling for the emerging theory.* Flick (1998, p. 65) concurs with this approach noting the primary question for directing sampling is: *“What groups or subgroups does one turn to next in data collection? And for what theoretical purpose”.*

### **3.2.3 Phase Two population**

The phase two population comprised staff reporting to the leaders who had been interviewed in phase one. The secondary population was targeted where there were indications (from the leader interviews) that additional perspectives on the leader's influence tactic would be instructive for the research. The secondary population was accessed only with the leader's express permission (and usual consent processes). Eight leaders, five doctors and three allied health, participated in the second phase of the study.



Together, these eight leaders provided a total of 97 staff for inclusion in phase two of the study. Of these 97 potential respondents, 76 individuals completed the survey giving a response rate of 78%. The survey included both qualitative and quantitative items in respect to communication, influence and transformational leadership.

### **3.3 Ethical considerations**

#### **3.3.1 Mitigation of ethical issues**

Three primary ethical considerations were assessed and mitigated in this study. The first was the relatively close relationship between the researcher and many of the participants. The researcher had personally coached (over a previous longitudinal period) five of the 22 interviewees and had co-facilitated one of the leadership development programs involving another eight of the interviewees. A further two interviewees (the leaders who had not been selected via either of the leadership programs) had a close consulting relationship with the researcher, primarily through utilising her skills either for workshop facilitation or for coaching. The final seven participants did not have a direct relationship with the researcher and had been recruited for the study indirectly, via another leadership program facilitator.

The leadership development-orientated relationship between the researcher and the participants had two key advantages: firstly, it enabled the interviews to quickly progress to in-depth, reflective and honest discussion of the leader's influence processes; secondly, it provided the means through which the participants were recruited. It is less likely that the very senior and very busy leaders who participated in the study would have agreed to do so had they not had a high level of trust in the researcher (directly or indirectly). However, this relationship meant that clear ethical boundaries had to be established at two key stages. Firstly, during the recruitment process, in both the invitation email and the consent form, it was made very clear that participation was completely

voluntary and that the project was separate from the leadership development program. Adding to this, leaders were only ever asked once if they would like to participate in phase one of the study. A non-response was taken to be a “no” with no follow-up undertaken.

The second ethical issue was that participants could be exposed to slight discomfort, if the interview process prompted them to reflect on negative experiences with influence. Additionally, for those leaders who participated in phase two of the study, agreeing to the direct report survey which provided data about the leaders influencing effectiveness, there was the risk that the survey report would provide information about any weaknesses, once again leading to discomfort. Considering these risks, and the fact that the study’s focus was on choosing only effective leaders to participate, it was judged that the potential risk was outweighed by potential benefits. The potential benefits included participants developing greater insight into their own personal influence practices. In relation to this, many interviewees commented at the end of the interview, that the interviewing process itself had been a useful personal reflection activity.

The third ethics consideration was a potential risk for the broader participant community in being identified through published narratives, especially if there is a negative connotation within the narrative, if there are references that may enable identification of the parties involved. This risk was mitigated through careful screening of all collected narratives to remove any information which could potentially identify an individual, and careful selection of narratives for inclusion in reports and publications.

### **3.3.2 Ethical approvals**

Ethical approval for this study was sought and obtained from both the organisation which provided the site for the research and QUT. The research organisation’s ethics approval notification is attached at section 7.9. The QUT ethics approval is attached at section 7.10.

### **3.3.3 Accessing participants and ensuring consent**

All phase one participants were approached via a personal email from the researcher. This email (attached at section 7.3) outlined the purpose of the study, what would be involved for research participants and outlined ethical considerations. It included a link to the consent form (appended at section 7.4), which the leaders were asked to read before deciding whether or not to participate. It is interesting to note that two different forms of the email were used with varying results. The first email used only Yukl et al.'s (1991) influence tactic of rational persuasion relying on information about the significance and benefits of the study. The email was sent to 10 people with only one positive response received. The second email incorporated a personal appeal, another Yukl et al., (1991) influence tactic, as well as rational persuasion. This email achieved a much better response rate of about 70%. Participant consent for access to and use of their personal leadership program information (360 degree feedback reports, end-program reflections, web journal entries) was also sought, as part of the interview process (see permission form appended at 7.5).

Once phase one interviews had been conducted and initial analysis of data undertaken, a draft qualitative survey (appended at 7.2) for direct reports was developed. Selected interviewed leaders were approached by email (see attachment 6) and invited to participate in phase two. To participate in phase two, leaders were asked to:

- a. review the draft survey to ensure they were comfortable with it and felt that it would offer them useful data for their own leadership development;
- b. read and agree to the consent form for this phase of the research (attached at section 7.6);
- c. if they were in agreement with the above elements, to provide a list of their direct reports to participate in the phase two survey.

Informed consent of the direct reports nominated by their leaders for the phase two survey was achieved via a Participant Information and Consent Form (appended at 7.2) which was incorporated into the beginning of the survey. Additionally, participants were able to opt out of the on-line survey tool, at any time, prior to pressing the “submit” button.

### **3.4 Data collection**

#### **3.4.1 Overview**

Grounded theory methodology is to undertake data collection simultaneously with data coding and analysing to ensure optimum data relevance (Glaser, 2001). He advises: *“Start coding and analyzing data, generating categories and properties, then theoretically sampling the data and saturating concepts and delimiting”* (2001, p. 55). In this study, initial analysis was undertaken after the first four interviews, confirming that useful data was being collected and that potential categories were emerging. Collecting and coding continued for the next 16 interviews, with an emphasis on checking for theoretical saturation, defined by Seale as occurring when there are no longer new categories emerging (1999). As outlined in 3.2.2, theoretical sampling principles were applied to extend the population to include two additional leaders who had not experienced either of the intensive leadership development programs. This enabled the research to assess whether the emerging theory had potential relevance to a broader subset of leaders, beyond those who had attended the programs. In alignment with Flick’s (1998) advice to consider what new sub-groups should be included to support the emerging theory, the researcher was concerned to ask: might all effective leaders access at least some of the emerging new influence tactics, or is the use of these tactics an outcome of the leadership development programs.

### 3.4.2 Data Collection – Phase one – Interview process

#### 3.4.2.1 Interview design

As outlined in 3.1.1, a key consideration for this study's design was to understand the leader and his/her influence tactics upon his/her subordinates in context. Similarly, Mason (2002, p. 68) says that effective qualitative interviewing should generate situated knowledge and that the interview process needs to ensure that the appropriate context is brought into play. To achieve this, she advises asking questions which focus: "*more on lived experiences rather than hypothetical scenarios or abstract concepts*". Therefore, for the study, a semi-structure interview questionnaire was designed utilising a critical incident technique with a focus on understanding the context for each influence process and then detecting the tactics the leader had used to achieve success.

The core component of the interview questionnaire (appended at section 7.1) comprised five key questions, each focusing on asking for cases, for specific examples, in which the leader had achieved good success in influencing a staff member to behave differently. The questions were designed to collect experience from two perspectives: recall of their own influence interactions on others (three questions) and recall of effective/satisfying influence interactions that they had experienced as the target (two questions). An example of a question from the first category was:

*Most leaders use a variety of methods to influence direct reports: tell about an experience when you feel you had good success influencing a staff member .... To do something differently or think about something differently?*

In the second category, one of the questions simply asked about a time when their leaders had influenced them in a very effective way. However, the second question was designed to elicit experiences that had not only been effective but that had made a significant difference to their life. This question asked:

*Can you recall a time when you were either inspired or motivated by the way your leader communicated with you?*

Quantitative data was collected about each experience to assist the researcher to assess the cases shared by the leaders, in terms of their perceived influence effectiveness. To achieve this once the interviewee had recalled a specific example, recounted the context and described the tactics or processes they used to influence the target, they were then asked a series of quantitative questions about the influencing interaction. The aim of the quantitative questions was to create a rating that described the leader's perspective about how effective the influencing interaction had been. These quantitative questions were slightly different for the two categories of questions. When interviewees were recalling their own influence interaction on others, they were asked to rate the shift in the staff member's engagement in the work discussed using a 0-9 likert-type scale rating from non-compliant to fully engaged in the work discussed. When interviewees were recalling experiences in which they had been the target of another's influence efforts, they were asked to use a 0-9 likert-type scale to indicate whether they felt the influence interaction was a fulfilling or a demotivating experience, and whether its impact on their work life was profound or life changing, or minimal. These metadata questions enabled the interviewer to provide an assessment of the impact or effectiveness of the influence interaction. A final metadata question prompted participants to give an indicative gauge of the team culture, with the aim of better situating the influence interaction within a cultural context. Qualitative comments made by participants in response to the question were included in the qualitative analysis, however, the quantitative data was not analysed, because of concerns about validity.

The primary focus of interview questions was on influence interactions between leaders and their staff or team members. However, due to the relatively flat management structures in the research organisation, leaders were sometimes trying to influence members of their broader team who would be better described as peers rather than direct reports. Effective influence of peers within a leader's broader team is critical within the health environment (see section 3.2 for more information about this). Therefore, these influence examples were included in the data, utilising a coding process to identify them

as distinct from direct report influence interactions. A few cases about upward influence were also described in the leader interviewees and these were excluded from the study as being outside of scope.

#### **3.4.2.2 Amendments to interview design**

The interview process was reviewed and amended throughout the data collection process as initial coding and analysis indicated which aspects were proving most relevant. After coding of the first four interviews, two key changes were made. The first change was prompted by the researcher's observation that one of the first four interviewees had articulated his leadership philosophy as part of the interview and that this provided a useful insight into leader effectiveness and general leadership approach. Consequently, it was decided to incorporate a specific question asking interviewees to articulate what they felt was most important about their personal leadership approach. The second change was the incorporation of an anti-model question:

*Can you recall a time when a leader or peer has attempted to influence you with negative outcomes....?*

The purpose of this question was to elicit influence tactics used in negative settings so that data from negative context could be compared with data from positive contexts. Additionally, changes were made to the design of the quantitative interview questions as data collection and coding progressed to improve the usefulness of this data. For example one quantitative question:

*Overall, I would regard the subordinates in this example as:*

- *Focused on what they have to do 9 8 7 6 5 4 3 2 1 Needing constant direction*

was discarded because of limited value of the data collected. Another quantitative question was amended to more clearly ask about engagement in the work discussed before the influence interaction as well as after.

#### **3.4.2.3 Interview process**

Interviews were conducted both in person and by teleconference and generally lasted between 50 minutes and 70 minutes. The interviewer had prior relationships, directly or indirectly via another facilitator of the leadership

programs, with all of the interviewees and due to this, rapport and trust was established very quickly. Additionally, all of the interviewees had previously been in long-term coaching relationships (some with the interviewer and many with the interviewer's peers) so they were comfortable and experienced at engaging in these reflective-style conversations. Therefore, the interviews generally progressed quickly to in-depth discussion of the interviewee's leadership and influence processes.

A single researcher interviewed all 22 leaders, gathering about five key influence examples or cases from each leader. Some leaders offered fewer relevant influence cases (narratives which did not involve downward or peer influence were not included) and a couple offered 6 cases, giving a total of 99 influence cases. While the seven primary questions – five about specific influence examples, one about an anti-model example and one eliciting the interviewee's reflection about their personal leadership philosophy – were used in a virtually unchanged format throughout the data collection process, it is important to note that probing questions were also used extensively. Generally, several follow-up probing questions were used to investigate each influence example, to ensure full explanation of the both the context and the tactics used. Often the researcher needed to ask an interviewee to explain more specifically how and what to prompt description of the specific tactics used. Some examples of the researcher's probe questions below.

- In relation to eliciting a full range of tactics

*Okay. So the rational argument worked somewhat, but what else did you do with registrars to get them to make that shift?*

- In relation to eliciting a more detailed description of the tactics:

*And when you're doing that reframing to help her see the situation differently and to understand the other person's point of view a little more, how are you doing that, what kind of questions are you asking or what kind of suggestions are you making?*

- In relation to determining the outcomes of the influence interaction:

*And has she got a task to do in relation to sorting that out with that colleague or will she go back to talk to that colleague in a different way?*



### **3.4.3 Data Collection – Phase two – Survey for direct reports**

#### **3.4.3.1 Survey design**

Survey design was informed by the themes emerging from the initial coding and analysis of the interview data, as recommended by Glaser and Strauss:

*...the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. (1967, p. 45).*

The survey used both quantitative questions and qualitative questions. However, in alignment with the broader methodological approach of this research, the focus was on gathering rich, descriptive qualitative data from participants where possible. Therefore design priority was given to asking broad questions, designed to elicit rich qualitative responses. The questionnaire used questions from the transformational leadership tool, the Multifactor Leadership Questionnaire (Bass & Avolio, 2007) (adapted to encourage qualitative responses) as well as questions designed to investigate the key influence themes, identified from the interview data. There were 16 questions in total, nine of which included a qualitative component. Nine of the 16 questions mapped to the MLQ and 12 mapped to influence behaviours, with some questions serving both purposes. The questionnaire used two forced choice quantitative scales – a five-point likert scale similar to that used in the MLQ and a multiple choice scale, and included 9 opportunities for qualitative responses. See section 7.2 for a copy of the direct report survey. Please note, however, that due to copyright requirements, those questions sourced from the Multifactor Leadership Questionnaire have not been included in full.

#### **3.4.3.2 Process for selecting and adapting MLQ questions**

The decision to use selected MLQ items was made so that survey results could provide an indication of whether a leader was perceived by his/her direct reports as exhibiting transformational leadership. Given this, it is pertinent to review more closely how the MLQ questions have been selected and adapted. The MLQ includes 20 questions about the four transformational leadership

behaviours – four each about intellectual stimulation, inspirational motivation and individualised consideration; and 8 questions about idealised influence. The Leaders and Influence survey, developed for this study, included 13 of these items incorporated into 7 questions. For example, the four MLQ Inspirational Motivation items:

*Talks optimistically about the future*

*Talks enthusiastically about what needs to be accomplished*

*Articulates a compelling vision of the future*

*Expresses confidence that goals will be achieved*

were incorporated into two questions in the Leaders and Influence Survey:

*My leader talks optimistically about the future and about what needs to be accomplished.*

*My leader articulates a compelling vision of the future and expresses confidence that goals will be achieved.*

The MLQ also includes items aimed at assessing the subordinates' view of his/her leader's general effectiveness, the subordinate's level of satisfaction with his/her leader, and the subordinate's willingness to apply extra effort. The extra effort questions were also adapted and included in the Leaders and Influence Survey. Finally, it should be noted that the MLQ also includes questions about transactional leadership behaviours (16 questions) and these were not used in the Leaders and Influence Survey. Permission to use aspects of the MLQ as part of a broader survey was requested from the MLQ copyright owners, Mindgarden, and approval was given (appended in section 7.7 and 7.8).

#### **3.4.3.3 Development of questions to investigate key influence themes**

Initial coding and analysis of the interview data identified a number of key influence themes worthy of further investigation at the direct report level. These themes related to seven potential influence tactics: challenging assumptions, listening openly, coaching, giving constructive feedback with support, participation and sharing responsibility, using evidence or data to influence; and inspirational vision. The questions were developed to inquire about specific leadership and influence behaviours and to elicit qualitative

responses as well as quantitative responses where possible. The questionnaire is attached at section 7.2.

#### **3.4.3.4 Survey administration**

As outlined in 3.2.4, survey respondents were sought by inviting selected leader interviewees from the first phase to participate in phase two. Eight leader interviewees agreed and nominated a total of 97 direct reports, of whom 76 completed the survey within the timeframe. This gives a response rate of approximately 78%. The survey was administered using Key Survey software, utilising QUT logos and standard QUT formatting. The Participant Information and Consent Form was incorporated into the survey so that participants had to give consent before proceeding to answer survey questions.

### **3.5 Data analysis**

#### **3.5.1 Methodological approach to data analysis**

A key issue to be determined before embarking upon the data analysis for this study was the question of how much credence to give to the rudimentary theoretical framework developed through review of the relevant literature (see section 2.2.2). As discussed in 3.1.2, grounded theory experts offer differing views in relation to this issue with Glaser (2001) arguing that the research should allow the theory to generate solely from the data, Mason (2002, p. 24) claiming that there should not be "*a priori*" design decisions at the beginning but rather the process should remain "*characteristically exploratory, fluid and flexible, data-driven and context-sensitive*" and Seale (1999) encouraging an emphasis on theory generation rather than theory verification. However, others such as Strauss and Corbin (1998) allow for the use of existing literature and theories as a beginning point, suggesting using the data analysis process to modify and elaborate them. The decision for this study was to choose a mid-point between the two perspectives, using the existing constructs from contemporary leadership literature and influence tactic theory, as a beginning point and a way of opening the data collection and analysis process to consider the broadest possible range of influence strategies. In actuality, the initial

constructs served their purpose of opening and stretching the analysis in a fairly short period of time and quickly became subservient to the emerging data. As Glaser had promised: *“Once the GT (grounded theory) starts to emerge and becomes rich with grab, the previous problem, hypotheses and literature is soon forgotten in favour of the GT”* (2001, p. 134).

## **3.6 Process for data analysis**

### **3.6.1 Overview**

Data analysis was undertaken in alignment with approaches recommended by grounded theory experts, with a focus on conceptualization and pattern naming. As Glaser (2001) advises, the concept discovering process (or pattern naming) must be independent of individuals and describe the behaviours, not the person. Both Glaser and Seale (1999, p. 8) write about the constant comparative method as a core analysis strategy for making a study *“genuinely relevant at a theoretical level”*. Seale (1999, p. 98) describes the constant comparative method as a *“systematic tool for developing and refining categories and their properties”* and for producing *“thoroughly saturated theoretical accounts”*, whereby no new categories appear. Seale’s (1999) constant comparative method involves the following key steps: a) code data into categories; b) integrate the categories and their properties; c) check for new categories or for theoretical saturation.

### **3.6.2 Interview data analysis**

#### **3.6.2.1 Qualitative data**

Data analysis for this study was undertaken using the software tool NVivo. Initial analysis produced 26 separate index codes of possible new influence tactics, some with subset codes. Seven of the index codes were from posited research and 19 of which were, at the time of coding, thought to be new. Conceivable links between these developing 19 categories and the influence constructs previously identified in the literature could be perceived. However, with the exception of data that clearly fitted existing Yukl et al. (1991) tactics (only two categories – rationale persuasion and consultation), the links were

judged to be tenuous enough to be temporarily disregarded (at this early stage of data analysis) in favour of continually reviewing the data and allowing themes to emerge. The researcher was attentive to ensuring data exhaustion, the process whereby no new theoretical codes are identified, and it was noted that the majority of codes were developed during the first half to two-thirds of the interviews with no new codes identified at all during coding of the last five interviews.

An intensive process of re-reading and re-coding was undertaken with a focus on identifying and addressing coding faults, revising index codes to remove duplication and improve delineation, and checking for any new categories. Review and comparison of the initial codes (via the constant comparative method) created significant integration with the 20 index codes collapsing to 12 revised groupings and then just eight key categories. These eight key categories, some with subsets, were judged to be distinct from each other and theoretically saturated (that is no new categories or properties of categories appeared).

### **3.6.2.2 *Quantitative metadata***

As outlined in 3.3.2.1, metadata was collected for each of the 99 influencing cases, providing a quantitative, albeit subjective, assessment of the outcomes and, through extension, the effectiveness of the influencing tactics used in each case. The metadata was used to good effect in the analysis process as it enabled the research to place more focus on those cases with better perceived outcomes. Using the features available in the NVivo software, each case was coded to an outcome (such as achieving strong engagement or achieving moderate engagement). Key influencing tactics utilized within each case were also coded to the eight finalised categories. When these two pieces of analysed data were integrated, a picture of which influence tactics are used in which situations for which outcomes emerged, allowing in-depth analysis of how and when the new categories of influence tactics are utilised.

### **3.6.3 Survey data analysis**

The survey data was analysed in three main ways. Firstly, the qualitative data collected was analysed in NVivo using the finalised influence categories, while also checking for any new emerging categories. Secondly, there was a small amount of qualitative data relevant to leadership style and effectiveness and this was analysed through previously established leadership effectiveness codes. Thirdly, quantitative data was analysed using basic spreadsheet tools (Excel software) to determine percentage responses against each category. Given the small amount of data, this method was judged sufficient for the study's purposes. The quantitative data was in two distinct, although sometimes intersecting, categories: one related to assessing transformational leadership through the MLQ-sourced questions, and the other relating to quantitatively assessing direct report's perceptions of the influence tactics used by their leaders.

### **3.7 A note about nomenclature**

Nomenclature conventions in this study include the following:

- Case: used in this study to describe an influencing example or anecdote described by a leader interviewee. The case will have a context, one or more influencing tactics, an influence target and an influencer.
- Target: describes the person (direct report or peer) upon whom the influence tactic is being used.
- Follower, subordinate and direct report: used interchangeably to describe people working within a leader's team.
- Influencer: describes the leader who is deploying the influence tactic.
- Influence to staff: used in graphs and figures to signify that these cases are about a leader attempting to influence a staff member or a group of staff.
- Influence from leader: used in graphs and figures to signify that these cases are about an influence experienced recalled by the leader, where he or she was influenced by their leader.
- Peer influence: Influence between staff at peer level.

## 4 Results and Discussion

### 4.1 Overview of results

#### 4.1.1 Newly identified Influence tactics

In-depth analysis of interview data and careful coding and comparative analysis of the 99 separate influence interactions described within the 22 leader interviewees has identified a possible eight new influence tactics. The newly identified influence processes are discrete and separate from Yukl et al.'s (1991) suite of 11 influence tactics, although there are some key linkages and interactions, as investigated in section 4.4. The eight newly identified influence tactics are:

- Challenging assumptions or broadening perspective
- Coaching
- Listening openly, eliciting and acknowledging views and concerns
- Sharing responsibility (through participation and delegation)
- Constructive feedback with support
- Modeling through behaviour
- Inspirational vision and holding out an attractive future state
- Advocating or facilitating for (going out of way for or giving active support).

These eight newly identified tactics are described in detail in section 4.2. A brief summary is offered in Figure 2. Data analysis also found that effective leaders leaned heavily on two key Yukl et al. (1991) tactics, rational persuasion and consultation. However, other posited Yukl tactics, apprising, collaborating, legitimating and pressure did not feature significantly in interviewees' recounts of effective influence interactions.

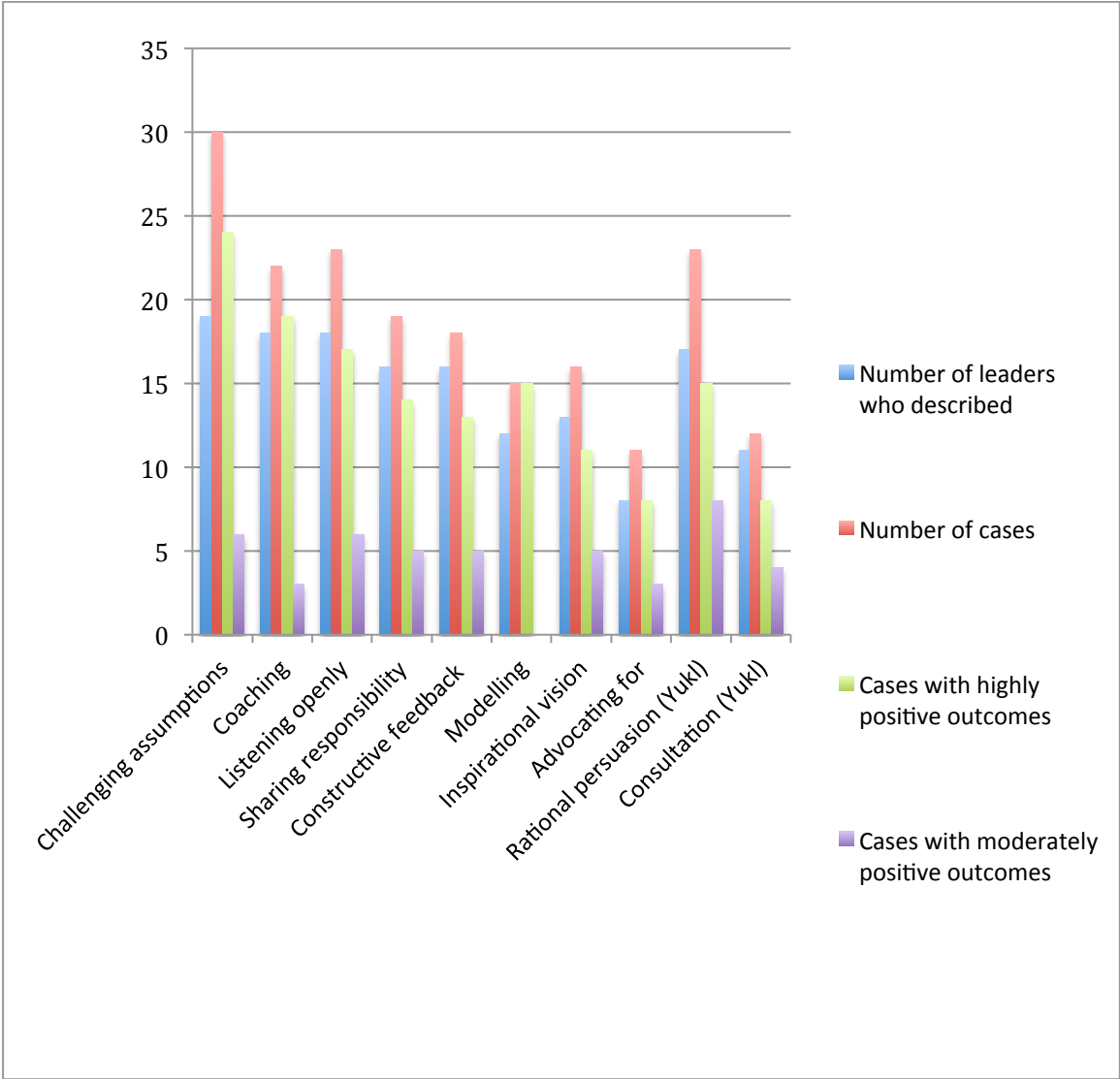


**Figure 2: Newly identified influence tactics**

Challenging assumptions or broadening perspective	<p>Offering a statement or question designed to challenge a target's underlying assumptions or broaden their perspective about a situation.</p> <p>Includes a subset, reality check. Here the leader clarifies what is and is not negotiable, the reality of the situation, as a way of challenging the target's mindset.</p>
Coaching	<p>Asking a set of questions in a supportive way, to prompt a target to think about a situation differently, and to come to their own conclusions.</p>
Listening openly and eliciting and acknowledging views	<p>Paying close attention to what the target is saying (both through verbal and non-verbal means); being careful not to argue or defend and instead to focus on understanding.</p> <p>Includes a subset, dealing with objections. Here, leaders focused on genuinely listening to objections (generally about a change or new initiative) and then working with the target to determine how the issue could be best dealt with.</p>
Sharing responsibility (through participation and delegation)	<p>The tactic of sharing or delegating responsibility and enabling high participation involves handing over responsibility for decision-making or initiative development to an accountable group in some way.</p>
Constructive feedback with support	<p>Giving clear feedback about behaviour in a supportive environment that includes assistance from the leader to identify and plan for future improvement. A key aspect of this tactic is ensuring that the staff member receiving the feedback understands that the leader is giving the feedback with positive intent, in an effort to be helpful.</p> <p>Includes a subset, clarifying expectations. Here, leaders consciously used conversation with their staff to clarify behaviour expectations</p>
Modeling through behaviour	<p>Influencing staff or peers through one's personal model. This tactic is usually implemented through a series of conversations and interactions and it is usually dependent on contextual factors such as the leader subordinate relationship. Modeling is most effectively used when leaders demonstrate self-reflection, and transparency about their behaviour, so that followers can observe critical aspects of their leader's thinking process.</p>
Inspirational vision	<p>Describing an attractive future state and demonstrating personal conviction and motivation towards the vision, showing that the future state is both worthy and achievable.</p> <p>Includes a subset, current state to future state. Here, leaders described the current state and the future state in such a way that the targets were motivated to begin to work on ways of moving from the current state to the future state.</p>
Advocating or facilitating for	<p>Providing active and transparent support to a staff member on an important issue. By doing this, leaders are able to communicate both the importance of the task and his/her support for the person being asked to undertake it.</p>

As well as eliciting the influence tactics used by the leaders in successful situations, the interview process also sought to quantify the outcomes of the influence process, as perceived by the leader. Data about the number of leaders who described a particular tactic, the number of cases in which the tactic was identified, and the outcomes (as perceived by the leaders) of each of those cases was collected and analysed. This data is described in more detail in section 4.2 and an overview is presented below in Figure 3.

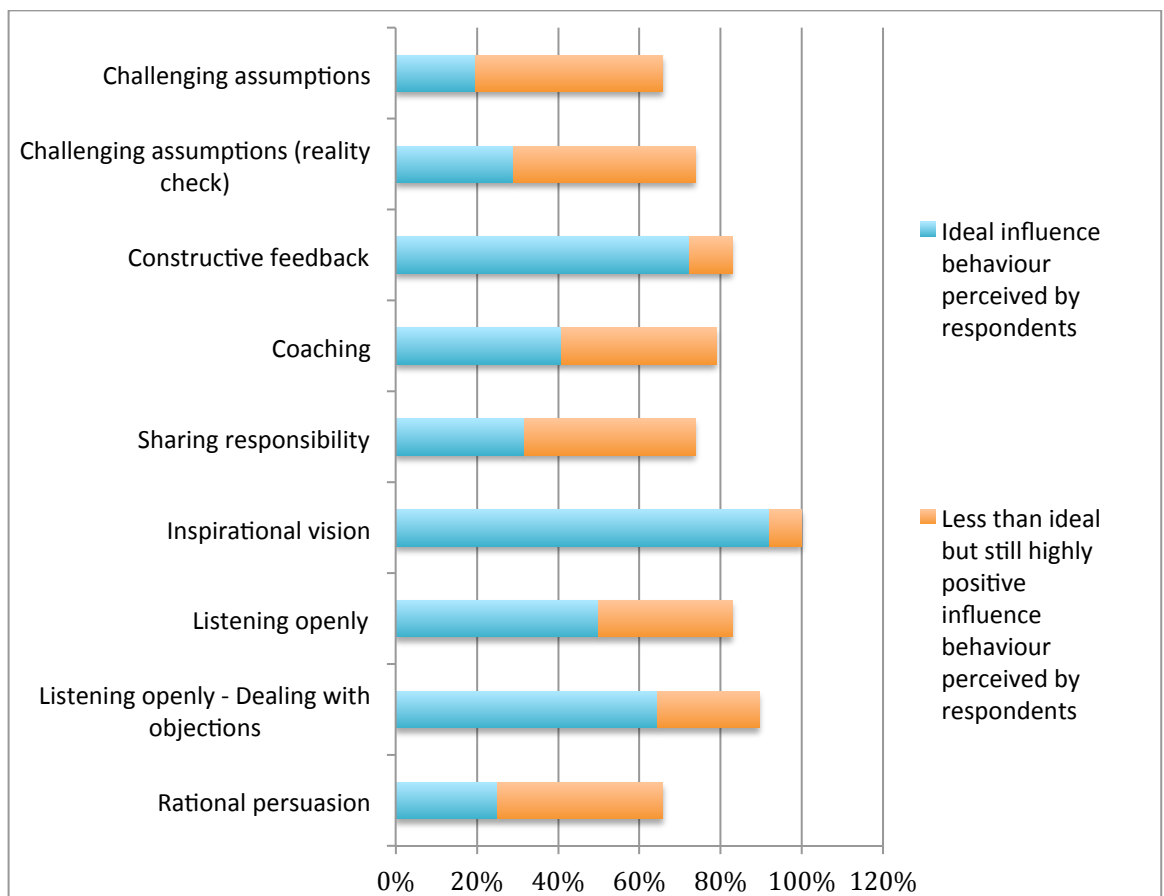
**Figure 3. Overview of outcome data for influence tactic**



### 4.1.2 Dyadic survey findings

The dyadic survey was used to assess subordinate perspectives for seven of the eight newly identified tactics, and one of the Yukl et al. (1991) tactics, collecting both quantitative and qualitative data. The chart below in Figure 4 indicates high levels of quantitative subordinate agreement with respect to the eight tactics assessed: challenging assumptions or broadening perspective (two questions, one focusing on a subset category, using a reality check), coaching, constructive feedback, shared responsibility, listening openly (two questions, one focusing on a subset category, dealing with objections), inspirational vision, and rational persuasion. Qualitative responses were also analysed and found to support the leaders' use of the tactics, with primarily positive responses. See section 4.3 for further information.

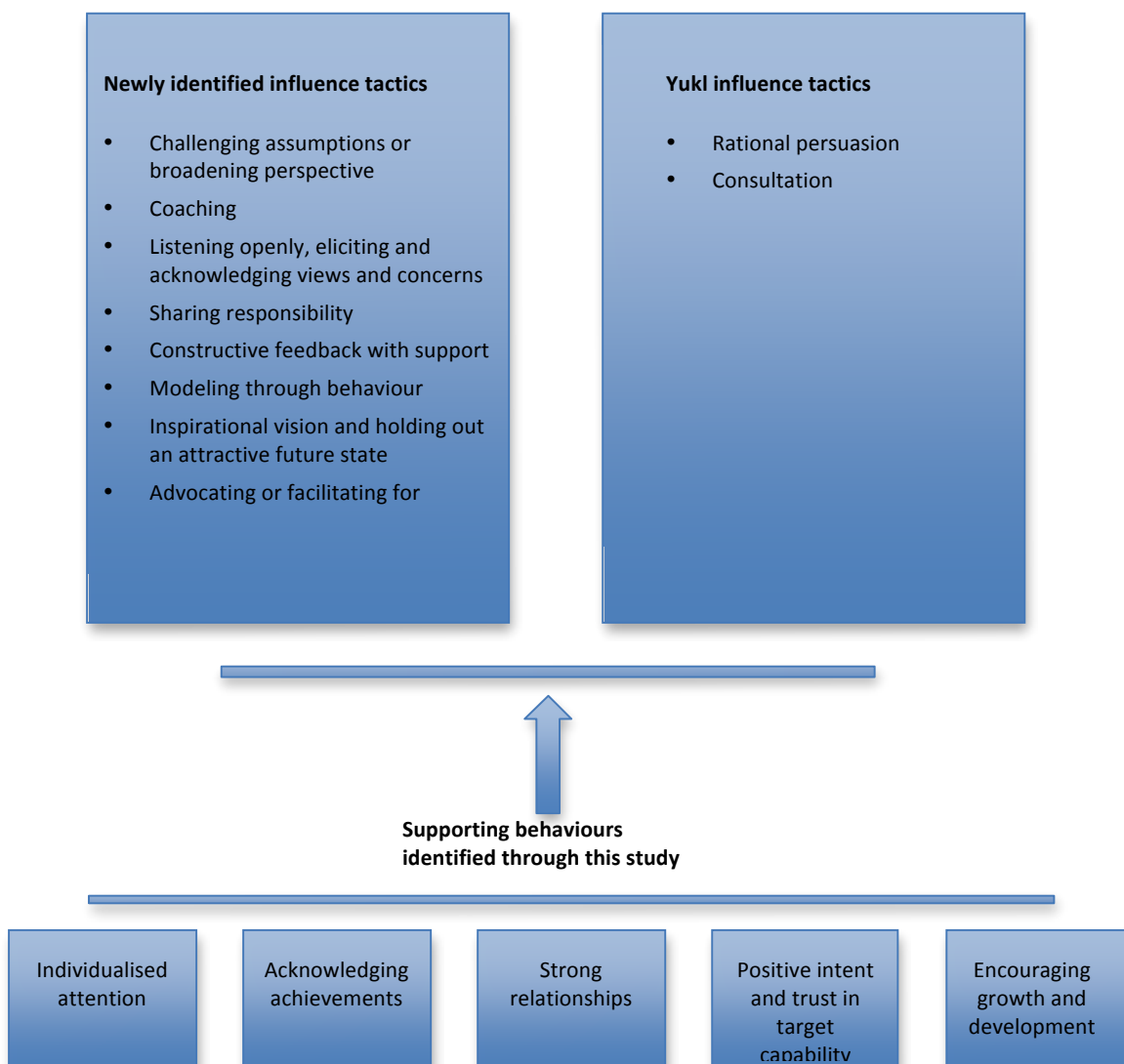
Figure 4. Overview of dyadic data for influence tactics



### 4.1.3 Leader supporting behaviours

Data analysis also identified some key supporting behaviours used by the leaders to facilitate and support their influence processes. These supporting behaviours were individualised attention, acknowledging achievements, building and utilising strong relationships, demonstrating positive intent and trust in target capability and encouraging growth and development. These supporting behaviours are consistent with contemporary leadership theory. Utilising findings from the study, the following model is offered. See section 4.6.2 for further information about leader supporting behaviours and how they may link to existing contemporary leadership theory.

Figure 5. Model representing findings about effective leader's influence processes



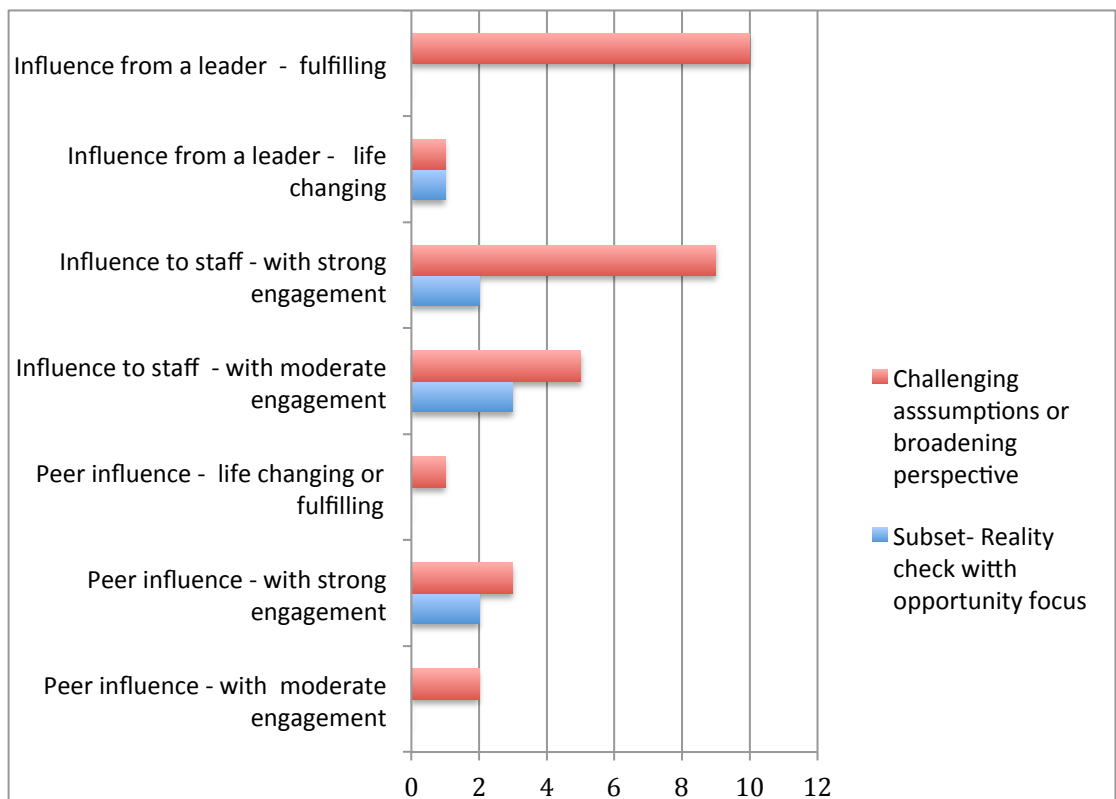
## 4.2 Results (in detail) and discussion

### 4.2.1 Newly identified Influence tactics

#### 4.2.1.1 *Challenging assumptions or broadening perspective*

The influence process, of offering a statement or question designed to challenge a target's underlying assumptions or broaden their perspective about a situation, was described by 19 leaders. Leaders reported using the tactic with staff or team members (14) and also recalled it being used with them by their leaders (11). Six leaders also described using, or being the target of, the tactic in peer interactions. When the tactic was used with direct reports, the interviewees more often than not rated it as achieving strong engagement. When they experienced the tactic, interviewees most often rated it as being a fulfilling experience. See Figure 6 for specific data about how interviewees rated the outcomes of the influence situations they described.

Figure 6: Outcome data for Challenging Assumptions tactic



Some examples of using an approach of challenging assumptions or broadening perspectives with direct reports are offered below. An allied health leader described a conversation with a non-performing staff member where she gently challenged the target about her rationale and motivations for undertaking her role:

*So trying to find out from her why, "Why do you want to be with us? Why do you want to work here, and why do you want to work in the hospital itself? Or is this really where you want to be?" And the things that she identified was that she did like the community team feel and the actual feeling that you could be a part of something and be a person that grows and develops. Because she, she thought she was there for the money. She wasn't... And the reason her performance had diminished was that she was no longer feeling challenged... she was going through the motions of turning up to work and was actually ... not actually performing at her standard level. And it'd been something that we'd noticed, but she hadn't ... she couldn't recognise it at the time, but she has recognised it since.*

A doctor described using the approach of challenging a nurse's assumptions about their patients:

*What I noticed is one of the issues about nurses is that they're often come from sort of white middle class backgrounds and often there's a bit of gossip about, you know, kids who come in who are grubby and all the rest of it. I think the underlying assumption ... is that if people have dirty kids it means they're not looking after them. But that's often quite a false presupposition. Most mothers try to do the best for their kids.*

*So what I suggested to them at one of our nurses' meetings was that they really needed to try and take the attitude of "There but by the grace of God go I". And that it was inappropriate for them to sort of gossip about this...A few weeks later one of the nurses said, she was actually in tears... there was an indigenous woman who was in hospital with her baby and she ...had followed what I'd said and ... the indigenous woman had said to her, "Can you teach me how to look after my baby better?" So I think what this nurse learnt...she said it really hit home to her how important it was, you know, to be very gracious with people.*

An allied health leader described challenging a staff member's assumptions about their proposed management of a patient:

*I had supervision with a staff member this week and she was wanting to discharge a particularly difficult client (who had) been through several therapists... This particular client had some behavioural issues and personality issues ... the OT's found it difficult to work with them. So when it came time to discharge other staff had said to her, "Send her a letter that's she's discharged."*

*And I explored with her, "Okay what would happen if you did that?" "What do you think is a good thing about doing that?" "What do you think is a bad thing about that?" "How do you think this person will respond?" "Is there another way that we can do that?" And we then went through and went, "Okay if you actually talked to this client about what discharge means do you think you might get a better outcome?" and we rehearsed what that discussion might be. So yeah that was an example that I used this week actually.*

Leaders also described the tactic of challenging assumptions or seeking to broaden perspective when recounting experiences of being the target of effective influence from others. The following examples were rated by the leaders' interviewees as a fulfilling experience. A doctor described how his leader had challenged the management team to think and act more optimistically about what could be achieved:

*I think he's challenging the negative assumptions that because it's public, it's never going to be the best so I think he's sort of challenging that. And also just changing the focus from this being a near-metropolitan to being a major-metropolitan hospital that's going to have massive investment. So he challenges in what is currently a very terrible physical environment and chaotic to go, "Well, we can actually change this".*

Another doctor described how his senior leader challenged him to think differently about the way he was interacting with other key people in a system:

*Because I had been thinking that this meeting was, you know, being called to the principal's office and it was all going to be a bit doom and gloom and get told off..., but actually, he sort of turned it around and said, "Listen what do you see ...?" He put it back; he made me reflect on what it was I thought the role of the network was in trying to sort out a departmental issue in the broader context of a corporate and a district environment. ....*

*So it was really the way in which he got me to reflect on the role of the network and then the importance of maintaining the relationships in order to not poison future attempts to do things.*

An allied health leader described how her leader challenged her about her perspective on a staff member:

*Like, for example, there's a staff member who was, you know, dead keen to act up as the educator when the educator went on leave. And my reaction was, "Oh look, this particular person isn't ... has never ever shown any major leadership tendencies. She's a backburner person, she hasn't driven any change. I've got all these things that have to be driven in the educator position and I don't think she's got the wherewithal." You know, and I just thought to myself, "No, she's not going to do the job perfectly."*

*And my boss sort of said, "Well, you know, think about it. She may not now, but if you give her this opportunity she might be able to, based on this learning experience, come back better next time."*

Mostly, leaders described the challenging process as fairly gentle, utilising a gradual questioning process to help the target re-think their position. However, one allied health leader described a much more confrontational style:

*If she thinks I haven't been broadminded.... she usually will then challenge me quite openly and directly. And if she completely disagrees, she doesn't pussyfoot with me....she'll say, "What were you thinking with this? This is quite one-sided."*

The interviewing process discriminated a subset within the challenging assumptions tactic, which utilised a "reality check" conversation to help targets understand what was and was not negotiable. This approach was described by six leaders (see Figure 6 for more information about the direction and outcomes for the subset). The reality check subset can be differentiated from the parent tactic by a focus on the reality of the situation as a way of challenging the target's mindset. For example, below a doctor describes using a reality check approach to shake up assumptions about (and resistance to) a proposed change.

*We struggled in this hospital, for example, because, lots of people were saying, "Why do we want to open a paediatric department? You know, it would be much better if we didn't", "Well I'm sorry, but the government is building it and they*



*expect us to open it”, so the vision is we’ve got to make it as good as possible. So if we’ve got to do something, let’s at least put our effort into it, develop it so that we can do the best possible job.*

*So it’s that sort of thing. It’s often just a reality check. You know, oftentimes people object because they just can’t face further change. But when you say, “Well, it really isn’t an option, it is going to change, we are going to have it imposed on it, so let’s be in control of that”. They go, “Well, actually you’re right”. And that often helps to engage people.*

While most cases utilising a “reality check” approach related to helping a target understand that a change was necessary, one related to a target’s career decision. An allied health leader, the target was considering options for moving into a leadership role and was assisted to think differently by a conversation with a senior leader:

*She said, “Honestly, it took me forever to get into management because there wasn’t ... the courses and the skills around, you had to just learn it on the job.” ... I’m like, “Oh, right. Okay. I don’t want that. ”So she sort of gave me a positive about why she wanted to, and she gave me the negative of, “If you just go through the motions, you’re going to wait forever.” It was a dose of reality with a dose of inspiration to say, “If you really want it, what’s stopping you?”*

#### **4.2.2 Coaching**

Eighteen of the leaders interviewed described using a coaching process – asking a set of questions in a supportive way - to prompt a target to think about a situation differently. Leaders usually used the coaching approach quite consciously:

*I wanted her to think that when something, a certain approach doesn’t work with the patient, it’s not necessary that they, the patient is resistant or that they don’t want to engage, it might just be that they don’t actually, that’s it’s not the right approach for the patient.*

Additionally, some of the leaders interviewed described the importance of ensuring that the emotions of a situation were considered as well as rational

aspects. A doctor, using a questioning process to help a staff member gain a broader perspective about a role conflict with another staff member, said:

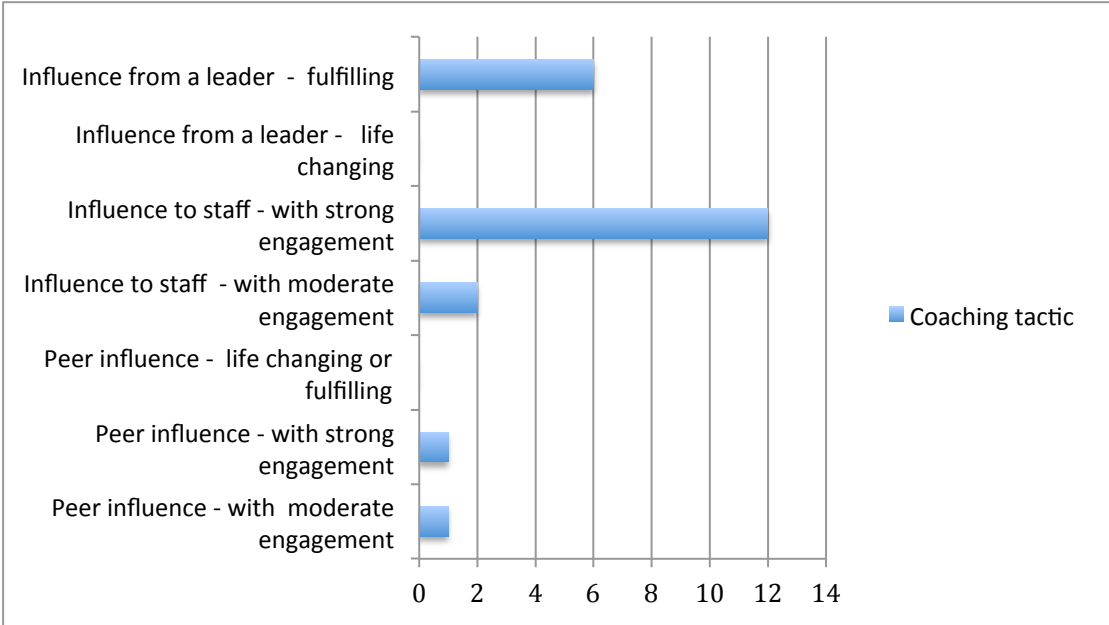
*And then we basically started reframing in terms of, so that's the emotional content, but what's the reality, what's the real structure here, what's really going on, what are the facts about it. So we've just spent some time about what is actually best for the department, what therefore we need to aim for, and what her component in that process is.*

*So it is, "So what is it that might have motivated your colleague to react in this way?" "What is it that you might have said that could have triggered this?"*

*So it's those sorts of things and then obviously... I can escalate it if she doesn't see those things and I can start to make suggestions about, "Well, you know, how concrete are you in your thinking? What about this person?" ... .. and, you know, "What are your levels of emotional intelligence? What is this person's ...? You know, is there a difference there, could this explain why?"*

Fourteen leaders reported using coaching as a method of influence with staff, with 10 of those achieving strong engagement (see Figure 7).

**Figure 7: Outcome data for Coaching**



A doctor described the following example:

*So this particular registrar was deciding whether to go out to a country hospital or whether to go down to the bigger hospital. So we spent about half an hour just going over the different options that were there for them, and at the end of it they sort of came to a decision that they seemed comfortable with...*

*So one of the things, you know, that we talked about is, "Okay, so say you go down to the Royal Brisbane Hospital, one of the big hospitals, you know, what sort of role do you think you might have there?". And so we just sort of teased out the kind of role that they might have at the bigger hospital and, you know, the advantages are you get to mingle a bit more with the pre-eminent people in those bigger hospitals, but then as the conversation went on, you kind of realise that he'd be doing a little bit more of a resident role. And then I said, "You know, imagine you go to one of these smaller country hospitals where there's some good people there, what sort of jobs you might be doing there", and then he kind of realised that, "Oh, well, actually, I'll get a lot more hands-on stuff and I'll get lots of experience", and that led on to a discussion about a number of us who have worked in the country for a couple of years and come back to the city. So there was a little bit of sort of, you know, just exploring where these different options might lead and ... what the advantages might be.*

Coaching tactics were also reported by 6 interviewees when recounting experiences of being the target of effective influence from others. An allied health leader described the following:

*I'll say, "Oh, this person, grrr" and she'll just say, "Okay, well just take a step back and what's the real issue, and why is that happening? And at the end of the day" ... that is her favourite phrase, "at the end of the day, what's important?" And that's really powerful. And it's allowed me sometimes not to be so quick to react to things.... and so one of the big things that I've done now is just, you know, "Just keep your mouth shut for a minute. Don't react; don't let out any sort of emotional reaction. Just stay calm and cool. Sort it out, rationalise it, think about it." And sometimes even just time itself puts the resolution in there and you don't have to do anything. So she's taught me that. Take a step back, think it about it, at the end of the day what's the most important issue?*

Many of the leaders interviewed noted that coaching was a relatively new skill for them, learned through formal leadership development and/or on-the job experiences. As one doctor noted:

*I've learnt how to be less directive because when you first start doing these things, you tend to just want to tell people what to do.*

The leaders who had been through the leadership development programs (20 out of the 22 interviewed) were generally more able to talk confidently about their coaching processes, as demonstrated by this comment from an allied health leader:

*I guess often people will bring issues to me that they're not particularly happy about the way they dealt with, the intervention they provided or the outcome. So we'll often look at a particular scenario and how they could have dealt with things differently and really I take on pretty much a coaching type role. So it's all about well, what would you have done differently, how could the outcomes have been changed, what would that have looked like, what steps would you have had to have taken to have achieved that, those kind of things.*

However, the two interviewees who had not undertaken either of these programs also described instances where they had utilised coaching to influence a target. One of these leaders said:

*I try not to just give them the answer unless I think it's kind of.... So I'll judge that but it's not the default that I give them the answer and we do actually have a chat around, "What could you have done differently, could you" ... sit down and actually allow them to work through to find the answer prompted with the right questions.*

While the other said:

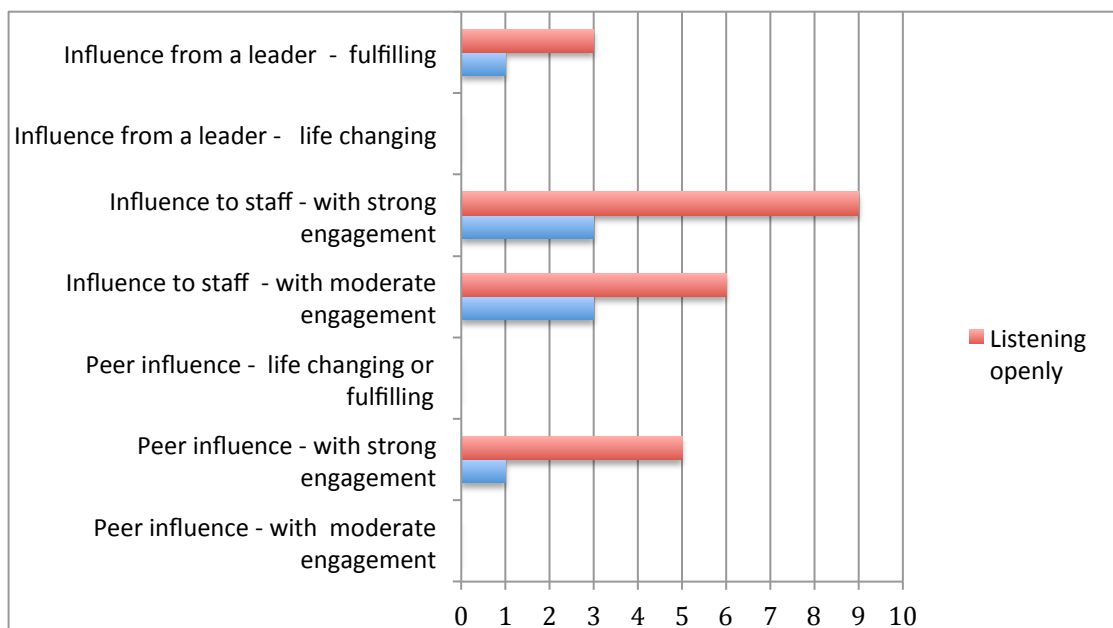
*Yeah. I think, again, it was just the scaffolding of ... .. allowing them to actually (think through) the questions to be asking themselves.*

### 4.2.3 Listening openly, eliciting and acknowledging views

This influence tactic, of listening openly and eliciting and acknowledging views and concerns (without judging or criticising), was described by 18 leaders. It is about really paying attention to what the target is saying (both through verbal and non-verbal means); being careful not to argue or defend and instead to focus on understanding. Some leaders used this listening phase as a foundation for a coaching style conversation where they would move into asking more targeted questions to help the participants think through a response, while others also took the opportunity to present their perspective.

Within the listening openly influence tactic, a key subset can be delineated. This subset relates specifically to dealing with objections raised by influence targets. Leaders who used this subset influence tactic focused on genuinely listening to objections (generally about a change or new initiative), and then working with the target to determine how the issue could be best dealt with. Leaders using this approach were conscious of not denying the objections or trying to push them away but rather on understanding what the objections were and how they could be best dealt with. This listening openly tactic was most often reported as a method of influence with staff (15 cases with 9 achieving strong engagement). See Figure 8 for more detail.

**Figure 8: Outcome data for Listening openly tactic**



Comments from four leaders (two allied health and two medical) about how they used this tactic with staff are below:

*The incident that we had this morning, I guess the staff member that I had in the meeting was venting quite strongly about how it just goes against her values and that perhaps she just needs to be quiet to work within the system and it's like, "Well no you don't need to be quiet, we need to communicate this appropriately and if you are frustrated we need to explore that not ignore it."*

*And what I did in that situation was to first understand, try and understand the reason for their strong reaction ..... and then actually tried asking a lot of questions in terms of getting the facts ..... of the issue as to why, you know, what was the usage of the room, you know, why was this one particularly important, what would be needed if a change was made.*

*Just speaking to this particular staff member, first of all I guess it's just to listen. Listen to what happened. First of all, at an emotional level.*

*So I just listened and let her vent and speak about it and said to her that we needed to discuss this further.*

Some leaders also used this tactic vicariously, asking their staff to use open listening strategies with key peer or stakeholder groups prior to implementing change. Two separate allied health leaders are quoted below:

*I've asked them to go around and talk to the troops and get the, you know, get the ear to the ground and find out what the major problems will be.*

*So, yeah, once they work out who the big naysayers will be I ask them to personally talk to them, if they've agreed to take it on. And have a talk with them first, find out what the objections are, might be, if this were to happen or be implemented, and, and then I get them to come back and talk to me.*

As outlined above, a subset tactic relating to how objections (generally about change) are dealt with has also been identified. Leaders using this subset tactic reported listening openly to understand objections and working cooperatively with the target to resolve them. Two examples are below, the first from an allied health leader and the second from a medical leader.

*Acknowledging their objections and concerns, "Yes, you're right, it is very frustrating, it is very stressful with these changes". Then exploring how can we manage some of your frustrations ... is there more information that you need, how can you then explain that to patients that you're dealing with and rehearsing some of those..... Acknowledging that (the objections) are valid and not ignoring it as, "This is just the way it is and suck it up Princess." Acknowledging it, "Yes it is and this is the way forward and how do we work within this?"*

*Then you need to come back, re-address what the objections are, so I might get them to come back to a second meeting, ... sit and talk with them about what I see as the big picture vision ... .. and ask them to sort of come up with some different strategies to make it work.*

Four leaders used the tactic of listening openly when trying to influence peers, with all four reporting strong engagement outcomes. One medical leader recounted a particularly successful outcome in the following anecdote:

*What I would have traditionally done is I would have (said) well this is what we need to do, now let's have a debate about it. But, and it was sort of through the course and my coach that I realised that "Well, the other way of going about this ..." And so I did that and I just sort of kept talking to people. And then I did something that I often don't do, I actually had a couple of informal conversations with XXX (a peer who was seen as a significant objector).*

*And we had a few of those and then it was really just very informal conversations. And so, you know, that's sort of over a period, I suppose six to eight weeks, went through this process as we sort of built up to the meeting that was going to decide which way we went. I wasn't arguing a point; I was putting over my point but also listening to the issues that she was raising. And the reasons why. And probably, and I don't even think I necessarily debated those. I just listened.*

*And anyway and then it came to the meeting in which we're going to have the discussion about XXXX and whether we needed a change. And it's one of those meetings that I'll probably not forget because ... when we got to the agenda item and the acting executive director said, "Okay, we'll have a discussion about this". He/she said, "Do you want to talk to this?" And I said, "no actually, look I, I mean I got some fairly definite views and I think most people here know what those views, I'd like to hear from other people".*

*And I sort of fell out of my seat when XXX (the peer) basically said, "Yeah, okay well look I think we should set up XXXX". And it was like "Okay, good." And I sort of, you know, reflected on that and I thought ... "Okay, if I'd gone about it the way I might normally have gone about it, which was to actually steer clear of those conversations because they're not necessarily going to be good conversations, then we would have had a big argy-bargy at the meeting." We probably wouldn't ... have got anywhere. So from my perspective it was a real eye opener ....., if you just listen to people and talk to them, ....., they can just come to your way of thinking and bingo it's their idea.*

While there is no doubt that the four peer influence scenarios described by leaders involved two way communication, it is the focus on active and open listening that distinguishes this from other less effective conversations. An allied health leader described this interplay between presenting one's view and listening as follows:

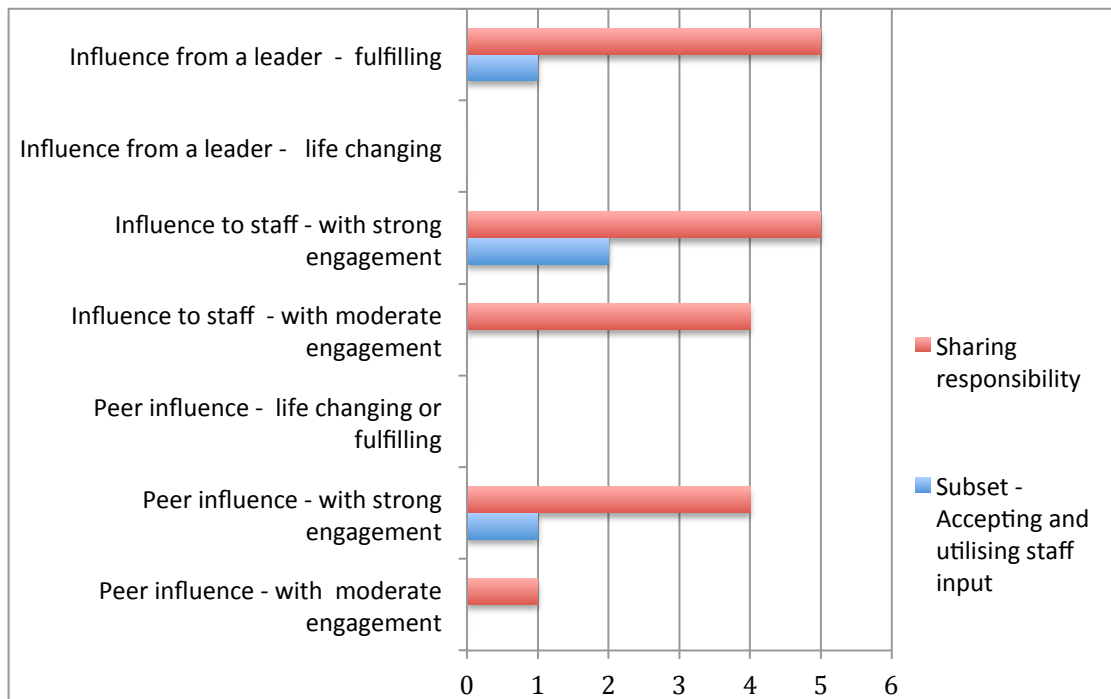
*Then I actually made individual appointments with all of those care managers and went out to see every single one of them, so it was about 15 in total across the district and met with them all individually and really sold, tried to sell it to them. I saw it very much as needing to sell the concept to them and outlining the advantages. So I think it was a combination of that personalisation, because I spent around about an hour and a half at each facility talking to them, and I guess the other thing was about listening to what their needs were, what would make it easier for you as a facility to fill your beds, what are the things that we as a hospital could be doing better, those kind of things. I just think it was that personal stuff, not even just ringing people, it was about going out and spending ... having a cup of coffee with them and really focusing on what their needs were.*

#### **4.2.4 Sharing responsibility**

The tactic of sharing or delegating responsibility and enabling high participation by the influence targets was narrated by 16 participants – 14 of whom described processes that handed over responsibility for decision-making or initiative development to an accountable group in some way. See Figure 9 for data about outcomes for this tactic.



**Figure 9: Outcome data for Sharing Responsibility tactic**



An allied health leader described the process of sharing responsibility and decision-making as follows:

*The simplest example I can give at the moment is we had some (contract) staff who weren't performing with us, and so I...asked the staff who are permanent staff members what they would prefer. Would they prefer to go to understaffed and under pressure, or have a body on the ground. And that was two weeks ago, and we chose to go with understaffed. So it meant a change... we're down two staff in each of the wards, which is high pressure. Staff are now actually saying, "No, we chose this."... staff have now actually taken that on board and said, "Well, no, we all agreed." ... It was about them being quite empowered with the decision and .... I did actually challenge a staff member and said, "I could get the other people back next week if you want them." And she said, "No, no. You're right. We did choose it."*

A medical leader also used sharing responsibility as a way of addressing the issue of no one wanting to undertake the less exciting, more tedious work:

*It was about sort of engaging them in, "Well, what are you doing now and what would you like to be doing?" on an individual level and "What are the things that none of us might particularly want to do but need to be done?". So we sort of had*

*those three things and so I think then everyone went away with stuff that they were doing, that they wanted to expand upon ... but there was also a clear understanding and I guess a commitment from the group that there were the reports and the result checking and sort of the boring stuff...there was a sort of a, there was really a shared responsibility for, for that stuff getting done really.*

*...And so then the next roster comes out and ... it's about 90% okay but there are some lumps in it, there's some lean days and some silly days in terms of rostering. And actually one of them has come up to me and said, "Actually, I really don't like this and I worked a shift that was terrible, so I'm going to just take that on myself to sit down with XXX and actually go over it with her and help her." And then XXXX, who kind of was the one who was responsible, has come running in and saying, "No, no, no actually that's my responsibility, I should be doing that," and so the two of them, together, have come to a shared understanding. So in a way they just ...they sort of just sorted it out themselves.*

Perhaps not surprisingly, interviewees also reported the tactic of sharing responsibility as being quite fulfilling, when one is on the receiving end. A medical leader summed it up when he commented about his leader:

*No, I think the other thing is he does is let people, so we're liberated to make our own choices in the whole planning process and that sort of thing.*

While an allied health leader described the following scenario:

*I struggled with giving that portfolio over. And sort of justified that I thought it really needed to sit still with my position and we would liaise and do this together but it still remained as my portfolio. What my Manager did is she didn't challenge me at all when we were talking about it. She would say, "Look if you think that it's working well and it remains with you that's fine and we won't change that situation," and I actually came to the conclusion about a year down the track that it didn't really sit with my portfolio, it fitted better with this new position and I went to her with this revelation as I called it that it did need to change and we would still operate and liaise together but the primary responsibility would sit with this other position. And she said, "Thank God you've come to that conclusion" and I said, "Well why didn't you tell me to do that?" and she said, "You needed to come to that conclusion in your own time."*

A subset category can also be delineated with four interviewees describing a process of utilising staff input, views, and perspectives about key issues to drive or initiate change. This is regarded as distinct from the consultation process described elsewhere in this paper and originally identified by Yukl et al. (1991) because it involves the manager utilising staff input as a key catalyst for change – rather than simply consulting about an issue. A medical leader describes how he capitalised on staff input and perspective about a key issue.

*So there was sort of a bit of momentum that came from the XXX (specialist nursing staff) who realised that we were actually gaining. By putting extra effort in at the clinic visits there was gain occurring to them already, which they hadn't sort of anticipated. So basically, that gained us momentum to get the other medical staff on board ....And I think the fact I had support from the XXX was a crucial factor because it was not just that it was a good idea and that I thought that it was a good idea. But, in fact, we had feedback from other professionals that it was really helping the whole service work better.*

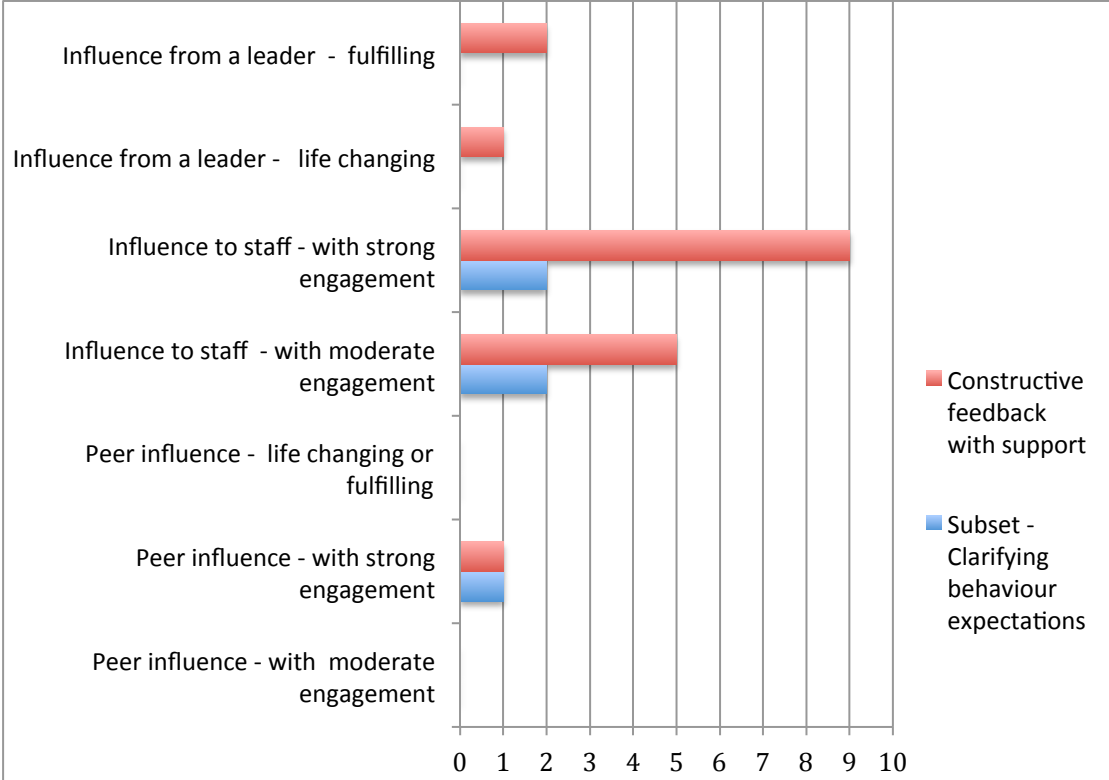
#### **4.2.5 Constructive feedback with support**

The process of giving clear feedback or setting clear expectations about behaviour in a supportive environment, that includes assistance from the leader to identify and plan for future improvement, was described by 16 participants. To strengthen the impact of the feedback, some leaders not only described the undesirable behaviours but also discussed the consequences of the behaviour, describing, for example, the impact on others. A common theme was that the feedback was offered within a framework of offering support to make a plan for new behaviour or to implement different strategies. Uniformly, leaders reported that, in their opinion, the staff member receiving the feedback would have understood that the leader was giving the feedback in an effort to be helpful.

Within the constructive feedback tactic, a subset was delineated to take account of communication situations in which leaders consciously used conversation with their staff to clarify behaviour expectations. While this represents only a small number of cases (5), it may be seen as an important component of constructive feedback (or ideally, perhaps, a critical precursor to feedback).

This constructive feedback tactic was mostly reported as being used with staff (14 cases), with only a few leaders describing instances where they had experienced it from their leader (3 cases). The tactic was only used in one peer relationship (see Figure 10 for further data).

**Figure 10: Outcome data for Constructive feedback tactic**



One doctor described very positive outcomes from his initiative to give feedback to a junior doctor.

*I've waited for a quiet moment and ... just sort of had one of those frank discussions which was along the lines of, "Now, you've really got to put in a bit of effort to get through this, otherwise you're just really wasting everybody's time." And I didn't think much of it until about six months later where he came back to me, he got through his exams. And he said it was the first time somebody had actually taken the time to have a chat and give him some frank, honest feedback, and he said in retrospect it was the best thing that I could have done for him.*

Similarly, another doctor described intervening successfully with a staff member about their clinical practice.

*Well I think I was trying to kind of acknowledge that she's concerned about risk and everybody's concerned about risk ... but that actually, we can't predict what everybody will do. We can't take responsibility. It's about positive risk taking ... that that's in the patient's best interest and that I'm happy to support her with that.*

*And it was about supporting her I think with managing her feelings around risk. So that she could be more effective with the patients. And I think maybe before the leadership stuff (the leadership program), I think I might have noted that and got a bit angry with her, but not necessarily tried to talk to her about it.*

And an allied health leader used constructive feedback with support and coaching over several conversations to help a staff member make changes.

*I asked her to reflect on the feedback that had been given and she knew about it so it wasn't brand new. She said, "Yeah, I know that sometimes I scare people..." I said, "Okay, well let's look back and ..." and I asked her to think about what she would do differently in order to get a different outcome, because I said, "You've already identified that that's often your default strategy, and it's not working. So if you keep doing what you are doing then you'll keep getting the results that you're getting."*

*In the past her reaction has been, "Well, this is the way I am, they've got to get used to it." And, I helped her see that that's not gonna work because the whole goal here was to in fact grow and develop others, particularly novice practitioners and those that are just beginning, otherwise we'll be chasing them out of the workforce.*

*So she said, "Okay, I'm gonna try and think what can I do." And she came up with little tiny things that she could do. And ... and we had this ongoing conversation. And so I came back to her later on and I said, "Okay, have you had a chance to try a few things? What worked, what didn't work?" etcetera. So I felt as though I was modeling what I wanted her to do with the students. And over a period of time she's definitely improving, and she actually comes up to me now and she says, you know, "So and so really, really enjoyed the couple of shifts we spent together because I was real gentle with them and I did this and I did that and ..."*

Leaders, who used the subset tactic of clarifying behaviour expectations (outlined above), tended to do this early in the conversation, as described in the

two examples below; the first of which is an allied health leader talking with an under-performing staff member and the second of which is a medical leader working through a complex change process with peers.

*I'd sort of set her some homework to say, "Okay, what sort of leader do you want to be at this level?" And I gave her, I gave her the work expectation levels, like in terms of that level, you are expected to perform this. Well, what are the actual skills that you think you need to do to do that? And she identified some people she felt had those skills, and had ... went and had a talk with them. She then identified some of the courses that Queensland Health runs for free that she felt would be useful to her, and I agreed with most of them and then I challenged her on a couple of the other ones that I don't, didn't feel that she was ready for.*

*We had a process we worked through where we go through the ultimate aim, the aim is to end up with an effective team at the XXX and what the sort of qualities we expect, and values we expect of each organisation and the personal behaviours that we expect of individuals undertaking this process: Being respectful and open and transparent and honest.*

#### **4.2.6 Modeling through behaviour**

Influencing staff or peers through one's model is potentially a very powerful process, as indicated by the high number of leaders reporting an influence interaction as life changing (5 cases). However, modeling may be more aptly be described as a process because it is only rarely implemented in one interaction or conversation, and it is usually dependent on a context that involves either a very positive relationship between the leader and the target and/or high levels of leader credibility. A key aspect of effective modeling is leader transparency about their behaviour, and the demonstration of self-reflection, as evident in the case below, given by a doctor, describing his experiences as a junior, being influenced by the model of one of his seniors.

*He was clearly a wonderful paediatrician and inspirational and very good at his job and a great communicator and great with the kids but his ability to also, while exhibiting all those characteristics, be genuinely humble and teach you that nobody's perfect and everybody makes mistakes and you've got to be willing to*

*accept that; that's just a fact of life. And not be sort of too proud to admit that you're ever wrong.... I found (him) inspirational because he was so genuine, he was prepared to share his day to day thoughts on those issues with his junior staff in a very motivating sort of way. He'd stand up in a clinical meeting and say you know "I made a mistake there and I would have done it differently for these reasons.".... He certainly left an impact on me.*

The aspect of demonstrating self-reflection also manifests in peer interactions, as in the case below where a doctor reflects on his experiences visiting international peers and being shown a new clinical initiative.

*Well, when I visited a group in the States some 15 years ago now, and I saw two groups of people implementing the XXX model for kids with high needs, sort of educational needs and mental health needs, and saw that these kids were, these professionals were able to take it on board, do thorough assessments and then, in their system, implement strategies to get great outcomes. So I found that really pretty inspiring, and they did it in a very much bread and butter with, "Well, this is just what we do, we get great outcomes.... They didn't really encourage me to look at trying to do it myself. They just actually demonstrated what they did. They just modeled what they did and just showed us, warts and all.*

While the above influence outcomes were most likely not purposeful on the part of the influencers, the modeling tactic can be used purposively by leaders. Six leaders reported instances where they proactively used their model to influence staff. Below is an example from an allied health leader.

*His changed his approach to that person, he was going to try some different things, he was going to try to reflect back, so he used the same sort of approach to this employee as I was using with him... It was both getting him to think about how he approached the employee plus modeling an approach that he could use.*

And two examples from medical leaders.

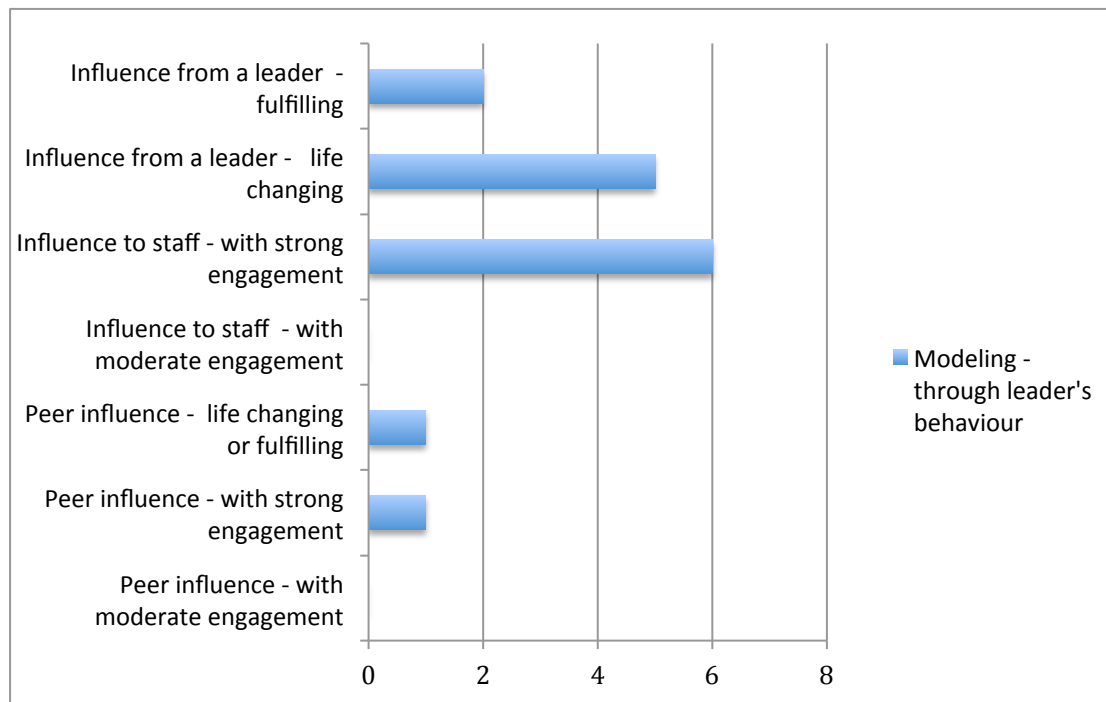
*And I think partly too, I had done the spade work, like of our 100 kids at that time, I'd probably typed up all of the first care plans for them at clinic visits. So that when they came, if they saw a different doctor at a different clinic or a clinic when I wasn't there, the doctors could just pull up the old care plan and just adjust it. So they didn't have to do as much work. So, you know, I sort of pioneered it, but*

*then other people came on board and I think that momentum really helped people, you know, basically come on board and say, "Okay, we'll do it".*

*You like to think your behaviour is such that you are a bit of a role model and you're teaching people by example in terms of how they conduct themselves (when) they watch you talk to patients and interact with other doctors on the phone or face to face. So, I think that, that hopefully results in the fact that they're respectful and that he, in this individual case, was appreciative and respectful of my experience and the way I sort of go about my daily work.*

See Figure 11 for data about reported outcomes from the modeling tactic.

**Figure 11: Outcome data for Modeling tactic**



Purposeful use of the modeling influence tactic usually occurs throughout the leader-target relationship rather than as a one-off event. However, leaders can occasionally have strong purposeful influence through single events, as described below by a doctor who experienced powerful (and purposeful) influence from an allied health peer. The allied health peer spoke out about negative culture within a work unit in a public setting:



*One day she came and presented data to us on XXX and how people can re-enact that and actually how organisations can become unwell ...And I think, her naming it and also her being brave enough to come and describe... that naming helped me a lot to see the patterns of behaviour that were going on. Because I think there's a lot of analogies in our service at the moment.*

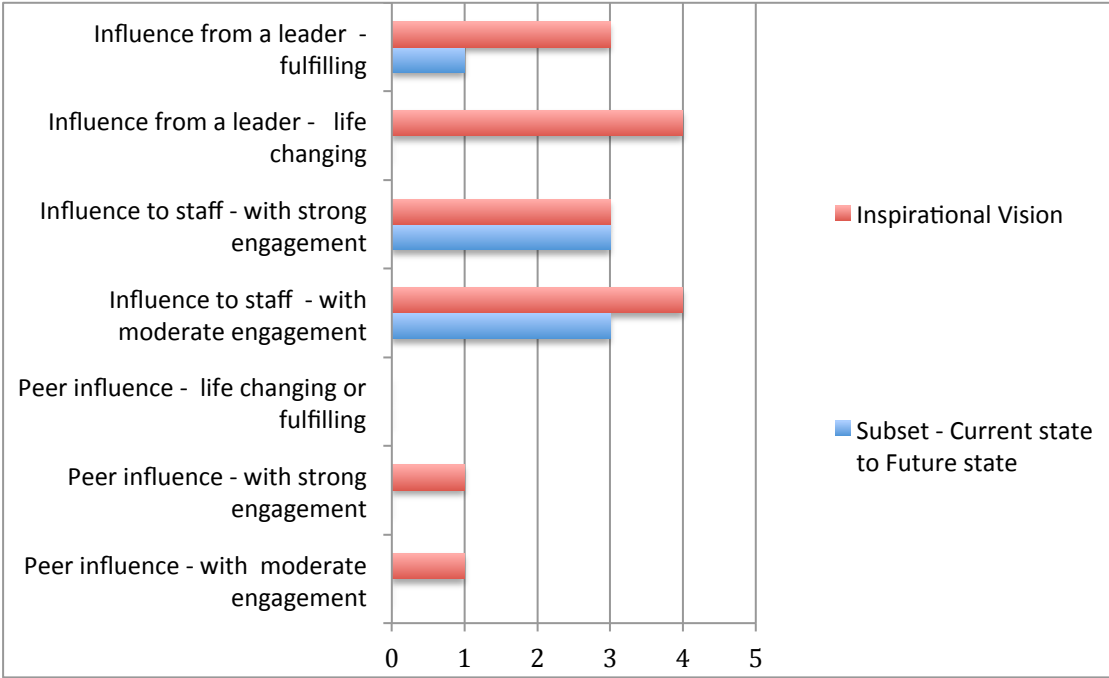
*And also this (the peer's behaviour) was modeling the fact that, yeah just recognition that there is dysfunction going on ...And there are some attempts to change it. Even by starting to name it and getting people to think about it. I found that very powerful, and very helpful.*

#### **4.2.7 Inspirational vision**

Influencing by offering an inspirational vision, or by describing an attractive future state, was described by 13 leaders. The leader anecdotes indicated that as well as describing the vision or future state, the leaders also demonstrated personal conviction about and motivation towards the vision. In short they showed that the future state was both worthy and achievable. A subset of this tactic has been delineated to identify those influence interactions where the leaders (7 cases) specifically used the strategy of describing the current state and the future state in such a way that the targets were motivated to begin to work on ways of moving from the current state to the future state. This approach involves conversations about the current state (and the reasons why it can't be sustained) and the future more desirable state, combined with giving staff encouragement to help determine how best to move from current to future state.

The influence tactic of offering an inspirational vision was both experienced and purposely used by the leaders interviewed in roughly equivalent numbers of cases, 8 cases experienced from a leader, and 7 cases used with staff. Like the modeling influence tactic, the impact of experiencing an inspirational vision-style process can be very powerful. Of the 23 influence cases given by leaders, four (the second highest amount after modeling) were rated as being life changing. See Figure12 for more information.

**Figure 12: Outcome data for Inspirational Vision tactic**



Inspirational vision influence interactions described as life changing include the following two examples; the first described by an allied health leader and the second by a doctor:

*She’s been in OT for a very long time. And she actually was giving an example of why she had stayed in management and why she stayed as an OT and why she’d been there so long and chosen XXX... and one of the phrases that really stuck with me is was, “Anyone can be a therapist, not everyone can lead therapy in the right direction”. It really stuck with me, because I had an experience with a few managers that ... were going through the motions. It was at that point I decided, okay, well, I do like change and I do like forward motion and I do have that energy. Am I doing myself a disservice, because I was at the point of deciding ... whether to specialise in clinical work or head into management.... And it was just at the point where the XXX leadership program had just been initiated, but I wasn’t going to put an application in. I put one in; that was on the final day of closing on the first round.*

*The then President of the College of XXX got up ... he was talking about the College of XXX and he said, “Everybody moans about the college, they should do this and the college should do that,” and he sort of paused and looked around the room with sort of a presence and he said, “I’m telling you, the college is you,” and he had*

*this sort of presence which you felt like he was speaking, you know, to you directly, and I remember thinking that was the time that I stopped complaining about the College of XXX being this bureaucratic sort of thing that just dictated my life, and realising that it was actually a bunch of people who were prepared to give up their time and do things on a sort of a pro bono basis, and if you fast forward five years, I'm now nominally in charge of the College of XXX for Queensland, so that was a profound sort of influence on me.*

Experiencing inspirational vision from one's leader doesn't always lead to life changing outcomes. Interviewees also described the tactic as inspiring them to proceed with difficult change. Below, a medical leader recounts how his CEO encouraged him and his peers to take on a challenging change:

*So one thing I remember clearly was when the government decided that XXX hospital was going to have an XXX Department but there wasn't actually much of a hospital behind it, so a lot of people were going, "Ooh, this will be a real problem to run this place", but he said, "Well, it's an opportunity.... and those other things they'll come later on. They'll have to come. ... he was able to clearly focus us on the positives, which a lot of people weren't seeing.... he is very articulate, so he's able to, as you say, paint a picture of what he could see could happen and that sort of thing.... just simple stuff like we know our business and our population's growing and our demands are growing all the time, so that's something that's going to potentially take the pressure off the current facility.*

Leaders interviewed described 7 cases of using inspirational vision themselves with their staff, achieving both strong and moderate engagement outcomes. The majority of these examples using the current state to future state approach. An example from an allied health leader who achieved strong engagement outcomes using the current state to future state approach is recounted below:

*All the protocols I found... very old. So I just said, "I find protocols hard to wade through 'cause they go from the beginning to the end, including treatment, and dosimetry." So I've got this idea of just getting cheat sheets that are one A4 page, giving basic practice for XXX only, and just getting a library of them (on a webpage). And I said, "What do you guys reckon about that?" They thought it was a good idea. And XXXX – she's the charge that was rotated ahead of me – she got back to me and she said, "It's absolutely incredible what you've got going."*

*She said, "Firstly, I don't know how you've organised it." She said, "Four of us" – she named them – "four of us before you, were in XXX complaining about the lack of current information." And she said, "You just went in there and got it all done."*

A doctor described his use of inspirational vision in an example that he rated as achieving moderate engagement.

*We plant the seed around ... I see that maybe we need to think about doing something differently ... How? Some of this is scary for them... and certainly in this scenario I felt I did have to table it gently and introduce the idea and then come back to it and just be consistent about it. So it's not just a "fly in the pants" idea and if they ignore it maybe it will go away but it's actually "No, this isn't going away, it is actually there and we can't ignore it". So just table it gently, keep tabling it, you know, get a little bit more conversation about it, get a little bit more engagement.*

As well as using the current state to future state approach, leaders also commented on other types of strategies they found useful when attempting to provide an inspirational vision. As one doctor said upon reflecting about his own strategies:

*Now I realise, getting back to what we were talking about before, that a personal story or a story of your experience will actually – will stay in people's memory longer than quoting some paper about a randomised controlled study.*

And as another noticed about his leader's strategies:

*I guess ... the main lessons I would have taken away from XXX would be the ability to sort of look forward beyond the immediate obstacle or problem or issue and keep focused on the sort of medium or in many cases the longer term goal.....Often he recounts sort of experiences and anecdotes of his previous experience.... examples that might mirror the current situation that's proving challenging ...(either) a similar example with a good outcome or a much bigger problem than what we're facing that puts the current problem into perspective.*

#### **4.2.8 Advocating or facilitating for**

Eight leaders described using this tactic as a way to motivate staff to take on new challenges. By providing active and transparent support, the leader was

able to communicate both the importance of the task and his/her support for the person being asked to undertake it. One leader described a situation where she was trying to improve the usefulness of, and the participation in, case conferences. Understanding that staff were fearful about the process, she implemented some basic rules and training to support staff to present cases.

*So when they come in they sort of know what to expect and what's needed and how we go about doing things and don't have to think about it. (They don't have to be concerned) that other people would critique their work, or not just critique their work but be negative about what they've done.*

Another leader spoke about being very transparent in the way she offered resources and time to a staff member to achieve a project.

*So I did, I took her offline for a little while to say, "Look, right, this is how much I value this project. I'm giving you time away so that you can think and plan and do all those things that you need to do to make this happen." And she really loved that because she loves feeling special. So once again I did ... gave her the resources, gave her the time and, and she knew she would get the kudos from it. So when it happened I made sure that she got all the acknowledgement.*

However the tactic can also be used to increase a target's overall job engagement, especially where the leader's advocacy or facilitation is reasonably significant. In one example, rated as life changing by the interviewee, a doctor needed organisational support at very short notice to achieve Australian medical registration (at consultant level) through a new system being piloted.

*So I phoned our Acting Clinical Director and said this is the situation, would they be willing to pay for it, and he said he would make it happen because it would be very good for the service and for me... And so within... two hours they gave me a yes... And they've pulled out all the stops to make it happen.*

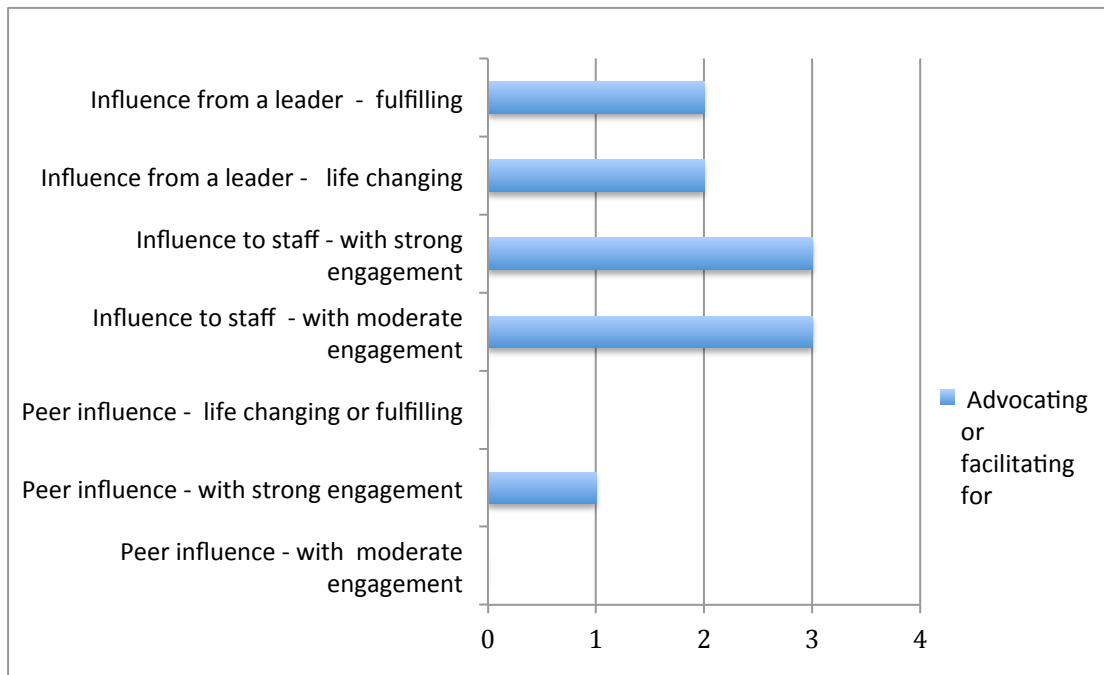
In another example, also rated as life changing by the leader interviewed, an allied health leader gave active encouragement to the interviewee, motivating her to continue with a challenging project.

*And she also gave me, like, physical support for the work, and got the whole grant facilitated for me. But it was more the vision. She had ... vision when I'd run out of*

*it. But she didn't make it about herself at all..... She made it all about me and where this needed to go, and how it needed to be engaged. And I just found ... I found it very empowering, and it has powered me on since that time.*

See Figure 13 for data about reported outcomes from this tactic.

**Figure 13: Outcome data for Advocating for tactic**



Advocating or facilitating for was also used effectively by a doctor with an allied health peer. He had the task of convincing a peer to implement an initiative that was politically imperative but that was not valued by the peer. The leader used a combination of “The reality is, this is not an option” messages (part of the challenging assumptions and broadening perspective tactic) and providing tangible support.

*I actually went up there and spent the day with her and, you know, she sort of showed me what she was doing and so I sort of provided that sort of hands-on support. Which I think was probably pretty important. ... visibility of support and I'm here with you and, you know, “Yes, I know this is a waste of time but just let's do it.”*

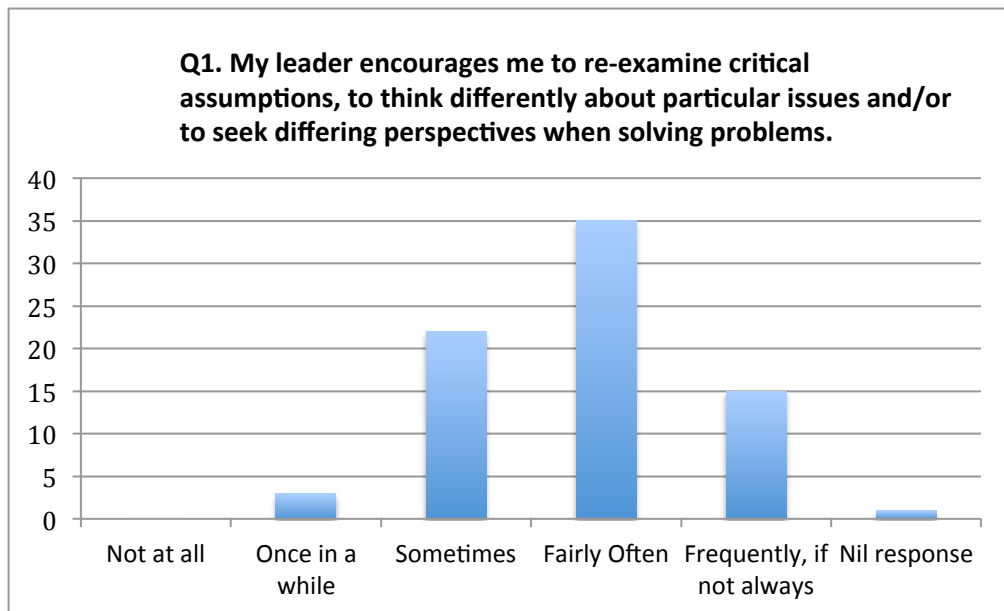
### 4.3 Survey data re Influence tactics

The survey was designed to collect qualitative and quantitative data about six of the eight newly identified influence tactics: challenging assumptions, listening openly, coaching, constructive feedback, inspirational vision, and sharing responsibility. The tactics of modeling and advocating for were not asked about directly. The survey also collected data to assess transformational leadership behaviours, as part of a suite of tools to assess the leadership effectiveness of the leaders interviewed. See section 4.7.4 for these findings.

#### 4.3.1 Challenging assumptions or broadening perspective

Challenging assumptions was assessed through one question with approximately 66% of respondents answering this question positively, choosing the “Frequently” or “Fairly Often” options. A further 29% percent said their leader sometimes demonstrated this behaviour. See Figure 14 for more detail.

Figure 14: Dyadic input re challenging assumptions tactic



Staff comments about the impact of their leader's challenging assumptions were generally very positive with comments including:

- *In the end my knowledge of the particular subject is more diversified and I understand the topic better.*
- *Makes me more responsible for the decisions I make in my role.*
- *Fostering creativity and flexibility in a considered approach; greater confidence to use the approach automatically myself.*
- *This has given me a perspective on problem solving that does not follow a standard guideline, but helps me look for solutions that are outside the box and look at issues from all aspects – always keeping the patient as the central focus for best health outcomes and quality of life.*
- *This has influenced me in my approach to be reflective in my practice and also to expand my knowledge in particular areas of XXX.*

Against 24 positive comments about this influencing tactic, there were two negatives comments. An example was:

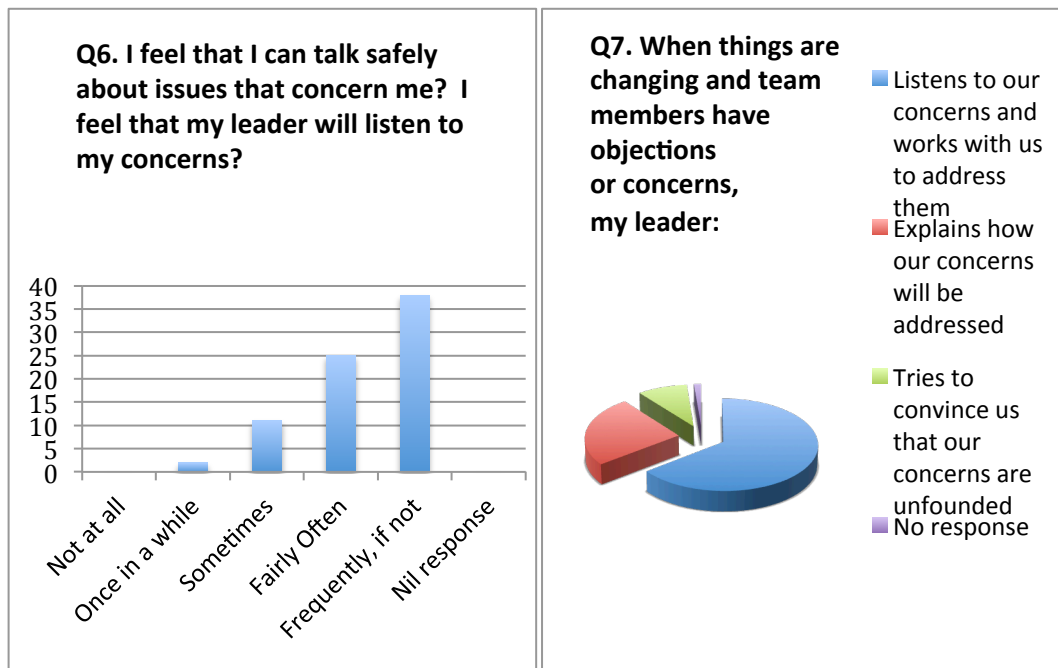
- *Sometimes I just want the final decision made for me, rather than ongoing reflection and perspectives.*

### **4.3.2 Listening Openly**

Listening openly was assessed through two questions with 83% and 89% of respondents replying positively. This can be regarded as a very strong response. See Figure 15 for more data.



Figure 15: Dyadic input re listening openly tactic



Staff offered a variety of positive comments (30) describing various aspects of leader listening that they valued. Typical examples of comments included:

- *Is open to opinions and ideas to improve the service and shares his/her research and resources.*
- *XX always listens to team's concerns and works to address these or advocate on behalf of team. Because of this, I believe team feels well supported and not as powerless in situations.*
- *I find that generally XXX is an open listener and will most often acknowledge my concerns. On most occasions, he/she is very approachable.*
- *Is receptive to listening to group input and adjusting as necessary. One of XXX's strengths.*

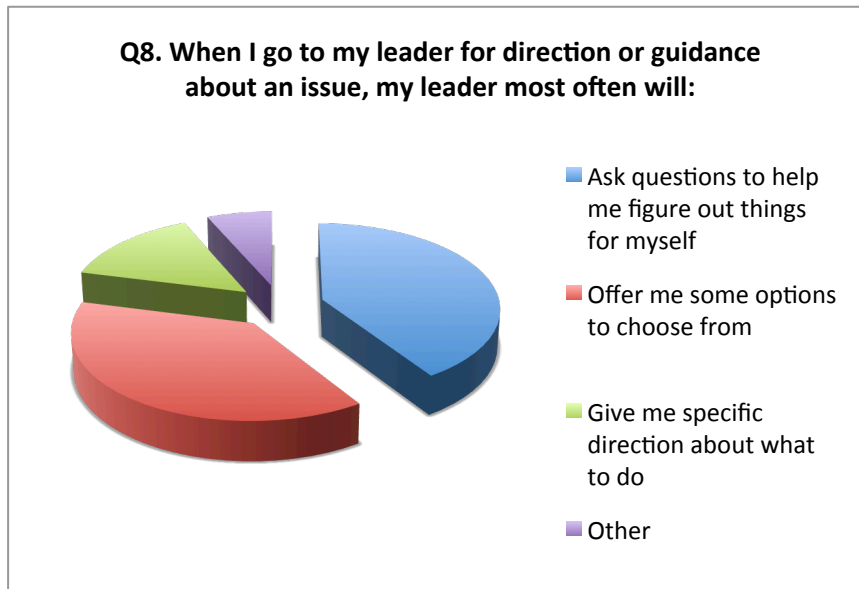
However there were some (6) less favourable comments about their leader's listening ability. Examples are:

- *Is often too busy to hear our concerns, which sometimes increases frustrations.*
- *XXX needs to actively listen to people and staff. He will ask or acknowledge a question but will not follow it though.*

### 4.3.3 Coaching

Responses to the question assessing leaders' coaching behaviour were also quite strong with 79% of leaders answering positively (see Figure 16).

Figure 16: Dyadic input re coaching tactic



Staff were generally positive about the impact of their leader's coaching upon their own efficacy. There were 22 positive comments in total:

- *Does not tell me what to do, helps me work things out for myself. Great sense of personal accomplishment.*
- *Leader very strongly encourages reflection to assist me in drawing out a solution etc. Impact on me is developing faith in my own resourcefulness, resilience.*
- *Although this at times can be a little frustrating when I am being lazy and just want the answer, it does make me a better XX as it encourages me to think outside the box and troubleshoot myself. XX will offer advice and guide me in the right direction if needed.*

Indeed, some staff had developed their own processes to take full advantage of coaching provided by leaders:

- *I usually approach XX with a problem and have thought through a couple of solutions prior. I tend to utilise XXX as a sounding board, I find she will ask me*

*questions and through that process, I will arrive at my decision and reasons to support the decision.*

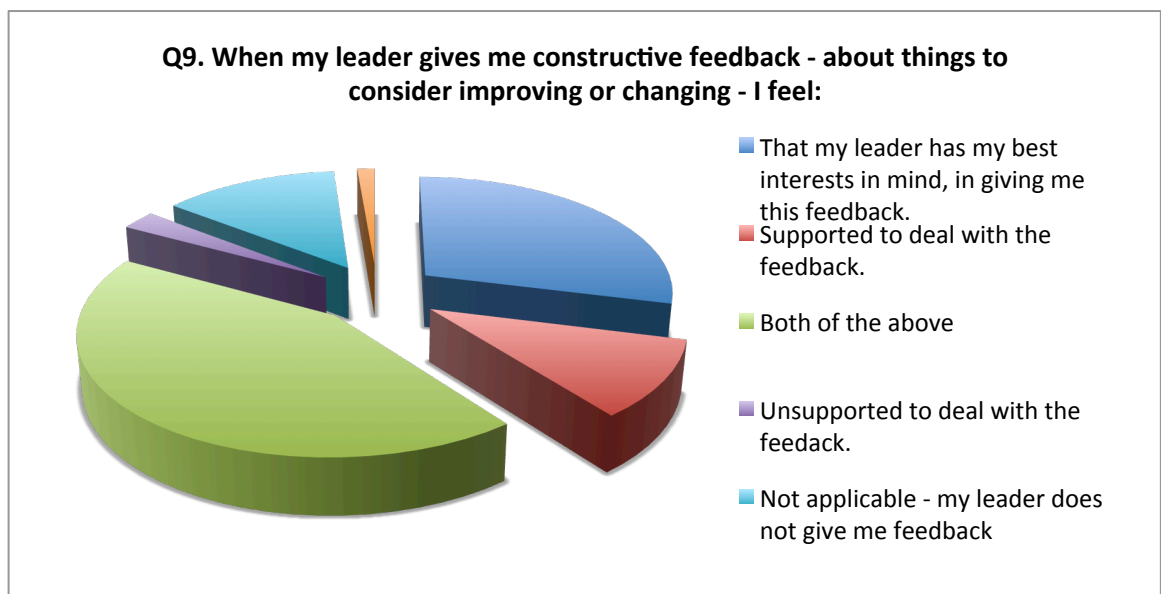
However one comment indicated frustration with a lack of direct answers:

*Somewhat annoying and seldom helpful.*

#### 4.3.4 Constructive feedback with support

Responses to the question about how respondents felt about constructive feedback from their leader were illuminating with very strong responses. Some 84% said they felt that their leader had their best interests in mind in giving the feedback and/or that they were supported to deal with the feedback. Only 2 respondents said they felt unsupported in dealing with feedback, while 10 respondents said they didn't get feedback. See Figure 17.

Figure 17: Dyadic input re constructive feedback tactic



Surveyed staff offered high praise for the way their leaders provided constructive feedback with 22 positive comments. Examples were:

- *I have learnt to enjoy receiving all feedback and learning from it – it's not an occasion to fear – more to seize an opportunity to grow.*

- *These conversations are always fair. I always feel that he/she is making these suggestions to improve me professionally. He/she never makes me feel judged or belittled.*
- *Very good at this – doesn't make you feel insecure, inspired to do better.*

Some staff identified that “positive intent” towards them by their leaders was an important element:

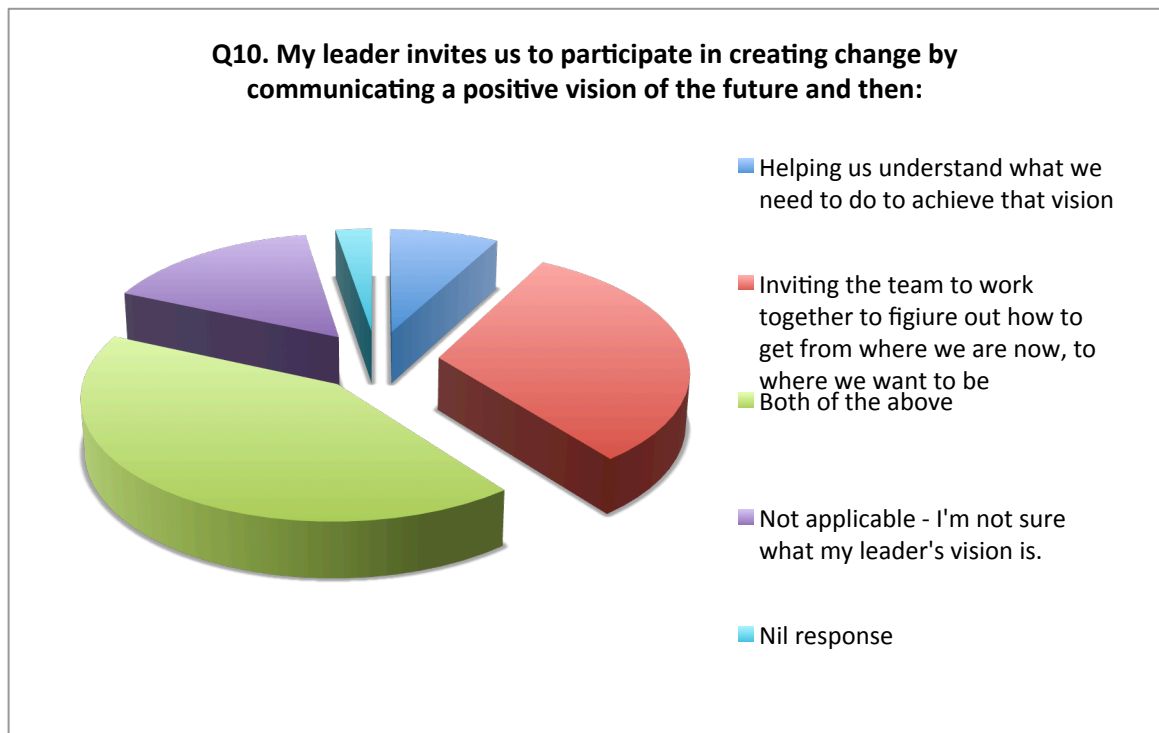
- *When discussing progress or issues, it never feels harsh or unwarranted so there is no need to be “supported” to deal with the feedback”. I have a firm belief that XXX has my best interests at heart, in terms of my role and development.*

There were only two comments that could be interpreted as neutral or negative, including the following: *Difficult to answer as I have had no recent experiences of receiving (constructive) feedback.*

#### **4.3.5 Inspirational vision**

Inspirational vision was assessed through a question which primarily asked about how leaders helped staff move from current state to future. The interview process indicated that there were other methods of developing an inspiration vision with staff, however, this sub-tactic was chosen for dyadic assessment. Results were significant with a 73% positive response (see Figure 18).

Figure 18: Dyadic input re inspirational vision tactic



There were only a few comments about the way that leaders set vision and inspired staff towards that vision. Comments were more mixed (7 positive comments; 4 negative or neutral comments) with some leaders lauded for their ability to create an inspiring vision:

- *XXX has a great way of communicating his/her vision and enthusing everyone to come on board and participate in creating change. Always a positive “can do” attitude.*
- *Gives direction, understanding and support to activate change for the future*
- *He/she has a great vision for the future and sets out practical strategies that assist the team in working towards the goal.*

Other staff, however, expressed their disappointment with their leader's vision.

- *I don't feel that we as a team know what the future vision is and it often differs from that of management...*

Several staff expressed a desire for their leader to take a stronger role in vision setting:

- *My sense is XXX's style is to seek participation and agreement from the team, which is critical, and something I value as a team member. In addition to this though, I think the team would benefit from a stronger sense of what XXX wants encouraged in terms of the team's values and direction.*

#### **4.3.6 Participation and sharing responsibility**

While this influence tactic was not directly investigated through the survey, responses to question 10 did prove illuminating for this tactic as well as for the inspiration vision tactic. Some 32% of staff indicated that their leader “*invited the team to work together to figure out how to get from where we are now, to where we want to be*” while a 43% chose a response that included the above response as well as another option. This suggests that 77% respondents felt their leader shared responsibility with his/her team. Qualitative comments supported the above extrapolation and many staff commented about how their leader empowered their team to take action about work issues and/or engaged with the team so they felt involved in key decisions (16 comments). Positive comments included:

- *He/she implemented valuable new practices in areas of our work, which we did together as a group, with the positive vision of improving practice.*
- *Makes me feel part of a team approach – my views are heard and discussed.*
- *Very clearly, I find her manner inclusive of the group, such that we choose to work as a team rather than being forced. For me, that is strength in leadership.*

Two comments (from staff of the same leader) expressed a desire for increased participation in direction setting:

- *There could be greater involvement of the team and discussion about future visions. It would mean a sense of a greater plan we are working towards.*

On the other hand, staff of another leader (2 comments) wished to be given direction:

- *But sometimes it needs to be a directive, not a collective.*

### 4.3.7 Providing evidence or data

Providing evidence or data, an element of the Yukl et al. (1991) tactic of rational persuasion, was also assessed, prompting a positive response rate of 66% (see Figure 19).

Figure 19: Dyadic input re challenging assumptions tactic



There were few qualitative responses about the influence tactic of rational persuasion.

## 4.4 Multiple tactics used simultaneously

A finding of this study is that effective leaders may use influence tactics singularly or jointly. In many of the anecdotes that leaders shared, multiple tactics were used. A good example of this is a doctor's recount of how she was influenced, by a senior doctor when still a junior, to choose her specialty. The influence process included a modeling component:

*So I was beside myself and I thought ... and then XXX was a consultant at our hospital ....said, "Look, no problems Karin, I'll come in. I don't know a lot about this but I'll come and help you. Obviously you've tried four other people." And it was about the week after that that I went to the talk that she gave. And I thought, "Oh, this is what I want to do."*

Additionally there was a component involving the leader's ability to inspire and communicate (inspirational vision):

*She also was just a very fantastic speaker who spoke so that you could understand absolutely everything ... and made it, made complex, complex, uncommon situations very ..... understandable and very interesting... made it attractive, and you could see that she enjoyed her job. So, I did obstetric medicine because of her.*

## **4.5 Review of interview data against posited tactics**

### **4.5.1 Indications about existing tactics, posited from the literature**

Initial data analysis identified several of the posited tactics, specifically the Yukl et al. (1991) tactics of rational persuasion, consultation, apprising, collaborating, legitimating and pressure, and one tactic from organisational change theory, proclamation. However, of these, only rational persuasion, consultation and proclamation were significant within the data. This finding begs the question of: Why? There is strong empirical evidence for the existing suite of 11 influence tactics. Why were leaders not found to be using nine of those 11 tactics? Review of the data indicates that key factors may be the exemplar nature of the study, and perhaps just as significantly, the study's focus on the influence tactics used by effective leaders, in contexts where they had achieved particularly effective outcomes. Leaders interviewed generally offered five cases; describing situations requiring influence and the tactics that they had used. Reflecting on the nature of the interview process, it is considered likely that interview participants chose to describe their more challenging influence contexts, involving key relationships or difficult influence tasks. Therefore, it is considered quite possible that the leaders interviewed may use other tactics such as personal appeal for regular, everyday, perhaps lower-order, influence tasks. However, when the stakes are high, and the context more difficult, findings from this study suggest that leaders choose what might be seen as high order, more relational tactics to achieve the necessary outcomes.

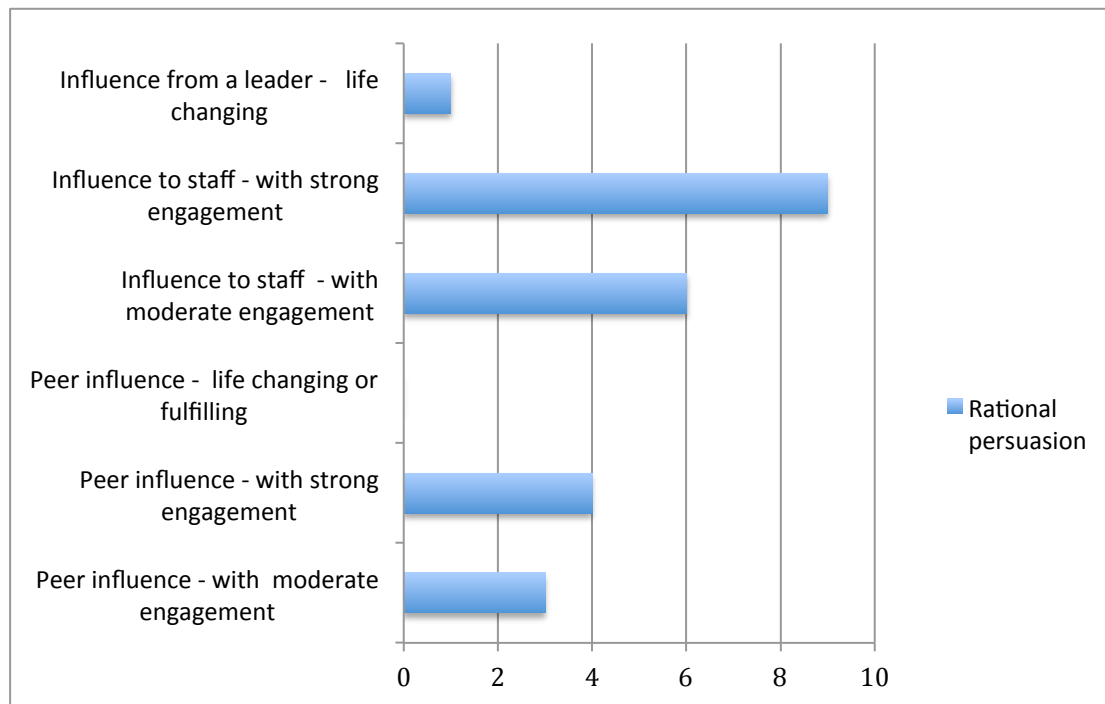


#### **4.5.1.1 Rational persuasion**

Rational persuasion is defined by Yukl et al. (1991) as the influencer using *“logical arguments and factual evidence to show that a request or proposal is feasible and relevant for important task objectives”*. Rational persuasion provided the foundation for most of the conversations described by the leaders interviewed. The conversations described by the leaders interviewed almost always had a strong sense of a rationale, generally connected to patient outcomes, in relation to the issue they were influencing a target about. The way the rationale was used depended on the influencing process being used: for example a leader using coaching, would ask questions aimed at helping the target see and understand the rationale. A leader used challenging assumptions would ask questions or make statements that offered a broader perspective about the issue at hand.

Additionally, 17 interviewees described a case in which the tactic of rational persuasion was a primary influence mechanism, with most focusing on providing the evidence in a formal or direct way, sometimes finding a way of physically demonstrating the consequences of the issue being discussed. However, leaders also talked about using this strategy informally through casual conversation, providing evidence or data whenever opportunities arose. This strategy was primarily described as one that the leaders utilised with staff (15 cases) rather than experienced from others (only 2 cases). The tactic was also used with peers in 7 cases (see Figure 20 for more information).

**Figure 20: Outcome data for Rational persuasion tactic**



A doctor described using data, collected via an audit of medical practices in the unit, as a very structured way of influencing staff to improve practices:

*I brought the results of those audits into the clinical governance meeting and I said, "Look, this is dangerous, really." Doing that audit brought us a team (to start looking at issues such as) how many patients have had their bloods done, or results faxed from the GP to us. And so that made people realise the importance, as well as the need for it. And then we're ... repeating that audit next week now.*

Another doctor used this influence tactic as a way of helping a staff member improve her clinical practice, by actually demonstrating via the patient why a particular technique was not effective:

*One of the team members tended to use one sort of therapeutic strategy for everybody that they saw and could get quite stuck on it; she would start with using relaxation techniques on everybody; that was her program. And when that didn't work, it's sort of, "There's something wrong with the patient".*

*It started with a patient that we saw together ... in the session when I was seeing the patient she was going, "Oh but you know it's really difficult to do therapy because we can't ..." and then I asked the patient whether it's difficult. And they*

*weren't actually able to verbalise some of the stuff, why it's difficult, so it was really prompting the patient to tell (the therapist) why it's difficult for them.*

*And then after the session having a debrief and then doing that informal teaching with her... So it was working through with her that... not all patients actually deal well with relaxation techniques. And helping her to think about our other strategies and just being able to be a little bit more eclectic in her approach.*

An allied health leader used written communication about a staff member's performance to prompt a useful discussion with that staff member.

*Because I did have a written complaint. So I was actually in the beginning able to say, "Look, this is what I've got in writing, here's an email that I've received from a staff member, this is what I've also seen." And I did, I put it all together and just said, "These are the facts. It's not my opinion. It's not someone else's personal grudge. It's just sort of a consistency." And she didn't deny it at all. She had enough awareness to see that, "Yeah, that is the way I am."*

#### **4.5.1.2 Consultation**

Yukl et al. (1991) defined consultation as "*asking the target to suggest improvement or to help plan a proposed activity or change, for which the target's support is desired*". Consultation, as defined by Yukl, was used by 11 of the leaders interviewed. However, it is important to note that in most cases, the leaders were genuinely interested in accessing input from staff to improve the decision, rather than asking for input purely for the purposes of eliciting support.

In fact, the Yukl tactic of consultation was often used in conjunction with the newly identified tactic of Sharing Responsibility, generally in the early stages of the influencing process. Below is an example of using consultation, offered by an allied health leader.

*At the moment we're trying to, trying to prioritise services across the campus, which means that some people might get more, some people might get less. So I've involved the service director.... from the hospital as well as the directors of Allied Health; had everyone in the room, presented what it is that we were proposing; asked them to provide feedback on what we were proposing. So we*

*collated all the proposed prioritisations, gave them out to the service directors and then actively canvassed them for their thoughts on what this would mean for them and their services. .... Involving them in the decision making and then actively involving them in the communication of that change.*

However, even though the two tactics often intersect, they can be differentiated. With the tactic of sharing responsibility, the focus is on giving a problem or issue to a staff member or group of staff to solve, delegating both the responsibility as well as the authority and resources to take action. Although the process of consultation may be used as a “first step” element, it is only a minor part of the process, as indicated in the examples below, both from allied health leaders.

*And as it went on, I started reviewing them all because I was trying to get uniform format and terminologies ... And then I started to feel overwhelmed myself. Went home one night and thought about it and thought, “You know, they’re all smart people.” So I came in and said, “You’re going to have to start reviewing each other’s, ‘cause I physically can’t get through them all.” .... And they were all motivated to do it..... And I don’t know... I’ve had feedback that they enjoy the fact that I share the jobs, you know, that I give it all out.*

*I just said, “Here’s an opportunity for someone to step up and say, ‘I’d like to do this.’” And I just nominated what the thing was...And I see what comes in naturally. At the same time I go around to individuals that I think would absolutely be very good at driving the change; pick out the key players who I think would be passionate about this because if there’s no passion it’s not gonna happen.*

In other cases, consultation and sharing responsibility were used together with the consultation process used as a way of sharing decision-making. In this case the consultation process is a key enabling process but the element that makes the major difference is giving over the decision-making. This is demonstrated in the examples below, from an allied health leader.

*We went through a workshop around how we can best manage patient flow through our team and by asking those really inquisitive, open ended questions, and asking people why they do things but not in a threatening way, people were actually able to realise well like there’s no real need for me to do this ... And so*

*they had all the information they needed to put the solution in place ....So it was just I suppose giving them space and giving them time to actually reflect back on their practice. And you know, as a result they streamlined the handover sheet which meant ....And I think the best thing that happened was it didn't involve a huge project, people actually changed practice then and there.*

Review of the data statistics indicates that 11 leaders used consultation with 13 separate cases described. However, it was used without sharing responsibility in only 5 cases and it was used with sharing responsibility in 8 cases. The other notable intersection of the consultation tactic was with listening openly.

In summary, the influence tactic of consultation, originally identified by Yukl et al. (1991), is still an important influence process. However, it is often used in conjunction with other tactics. Qualitative review of the relevant cases indicates the most significant influencing outcomes occur when consultation is used as part of a larger influencing process involving sharing responsibility.

#### **4.5.1.3 Proclamation**

Proclamation was an influence tactic posited by the literature, specifically the change management literature. Some leaders reported using proclamation whereby they simply went ahead and implemented the changed process or new initiative with only minor levels of communication, achieving varying outcomes. Two medical leaders describe their use of proclamation below, undertaking only minimal communication before proclaiming and implementing a change:

*So we talked to them, wrote an email about it, put the structures in place in their rosters, organised the consultants to work in separate areas as well, so the consultants started to take on responsibility of the separate areas, told the nursing staff we were doing it, so they were on board. So I guess it's all those things. It's communication, education and then the structure of a system is necessary to support it.*

*So what I've actually now got is I've got, courtesy of my chief medical registrar, I've got a really robust roster system for the registrars. And for the residents. And we just basically implemented that.... I think the registrars are reasonably happy.*

*I think the consultants, no, I don't think, they're terribly fussed about it but I think the message it's given to them is "Well, he's actually serious about putting some structure around this."*

In both the above cases, the rationale for the change appeared to be well accepted: the first case was rated as achieving strong engagement and the second case was rated as achieving moderate engagement. However, in other cases proclamation has been less successful, as reported by a medical doctor below:

*One of the other interesting things (was) we thought the electronic ordering system would make a dramatic difference, and for various reasons it got introduced three or four weeks before we did a proper education program on pathology testing, and the system by itself didn't do anything. People ordered as normal, no impact. ....we actually did a proper randomised trial which was controlled and, again, technology alone -- the biggest gain was in the education -- and technology added only a little, a small percentage.*

## **4.6 Other links between new tactics and literature**

### **4.6.1 Posited influence tactics**

The literature and the theoretical framework developed in section 2.0 provided a valuable way of stretching the researcher's worldview about the influence tactics that could be at play. This enhanced her capability to ask appropriate probing questions and listen for influencing processes with the broadest possible perspective. While only the three tactics outlined in the preceding section, rational persuasion, consultation and proclamation, were found in their entirety, key links and alignment can be seen between the hypothesised influence model (Figure 1) and the newly identified tactics. Key areas of alignment are outlined below.

#### **4.6.1.1 Advocating or facilitating for**

The newly identified tactic of advocating or facilitating for another person, as described in section 4.1.9, can be seen to have some similarity with Yukl et al.'s (1991) tactic of collaboration. Yukl described collaboration as occurring when

the influencer offers to provide relevant resources or assistance if the target will carry out a request or support a proposal. Possibility the most significant difference between Yukl's tactic and the newly identified tactic is the transactional nature of the Yukl tactic. Collaboration, as Yukl described it, involved giving assistance in return for support or agreement from the target. In contrast, while leaders consciously used the newly identified tactic of advocating or facilitating for as a way of creating motivation and increasing staff engagement, there was not generally a "quid pro quo" aspect to the communication. Indeed, perhaps advocating or facilitating for can be seen as the transformational (as opposed to transactional) version of collaboration. This tactic can also be seen as aligned with the *stewardship* element of servant-leader theory.

#### **4.6.1.2 Coaching**

The tactic of coaching, as described in section 4.1.3, is closely aligned with an influence process posited from authentic leadership theory, described as *encouraging and supporting follower's self efficacy* and with a leader characteristic drawn from servant-leader theory, *empowering and developing people*. Coaching, as described by the leaders interviewed, is about offering stimulus, through questions, provocations and the like, to assist the target to think through a situation for him/herself and come to his/her own conclusions. This aligns well with the theoretical concept of encouraging and supporting a follower's self-efficacy.

#### **4.6.1.3 Modeling**

The tactic of modeling, as described in section 4.1.7, is similar to an influence process posited from authentic leadership theory, *positive modeling of espoused values*. However, the newly identified tactic of modeling is perhaps somewhat broader, describing modeling of not only leader values but also of leader behaviours.

#### **4.6.1.4 Listening openly**

The tactic of listening openly aligns with the advice from servant leader theory that leaders should offer *interpersonal acceptance* to their subordinates.

Describing the characteristics of a servant leader, Spears (1998, p. 5) advocates a “*deep commitment to listening intently to others*” and “*striving to understand and empathise with others*”. This is in alignment with the processes described by leaders in this study.

#### **4.6.2 Links with leadership theory**

The newly identified influence tactics have been considered in terms of their alignment with contemporary leadership theory, particularly transformational leadership, because of its status as a predominating theory (Hiller et al., 2011), and authentic leadership, because of its significant growth since 2003 when it first appeared in academic literature and its potential for practical application.

Congruent with the premise posited in this study’s research questions (see section 2.0), there is a strong theoretical fit between the newly identified tactics and the leadership theories of transformational leadership and authentic leadership. The following table (Figure 21) identifies links between the new tactics and constructs with transformational and authentic leadership.

Additional review of the data provides indications about additional strategies being utilised by the leaders to support their influence process. While this was not the primary focus of this study, it is worthwhile assessing the types of general leadership behaviours that the leaders used, because it is pertinent both to an assessment of leader effectiveness (see section 4.7) and also to understanding how the newly identified influence tactics interact with contemporary leadership theory. The following key leadership behaviours were identified in the data.



**Figure 21: Links between new influence tactics and leadership theory**

New influence tactics	Transformational Leadership behaviours				Authentic leadership behaviours
	Idealised leadership	Inspirational motivation	Intellectual stimulation	Individualised consideration	Personal and social identification Positive social exchange Supporting self determination of followers
Challenging assumptions			X		XX (supporting self determination)
Coaching		X		XX	XX (supporting self determination)
Listening openly				X	XX (positive social exchange)
Participating and sharing responsibility		X	XX		XX (supporting self determination)
Constructive feedback with support		X		XX	X(supporting self determination)
Modelling	X				X Personal and social identification
Inspirational vision		X			
Advocating or facilitating for		X			X positive social exchange

X Moderate link

XX Strong link

#### **4.6.2.1 Individualised attention**

Participants all described situations in which they paid individualised attention to target staff when they were trying to influence them. Some, such as the doctor in the example below, used individualised attention alongside a strategy of giving positive feedback:

*I kind of validated what she'd done and I said to her I thought that that was a very important thing that she'd done, that she'd managed to give that feedback and that that can't have been easy for her but it was very important for these people in these positions to hear that that's the kind of impact that they were having.*

There were also examples of leaders consciously giving individualised attention when using the influence tactic, constructive feedback with support. The following example is from a medical leader.

*So even though it was kind of one of those tricky things to do, it was the first time where I realised that being honest enough for people, to give them – in a private environment-frank feedback... that was one of the first times I realised that you're not doing people favours by avoiding those potentially difficult conversations.... It's interesting in looking back, it was quite stressful at the time, I was kind of dreading it, but I thought, well, if I'm going to, you know, talk the talk with other people, I actually have to take responsibility to have these conversations.*

Other leaders used individualised attention while challenging a target's assumption and utilising coaching questions to help them think through an issue. The following example is from an allied health leader.

*I recall a manager I had who, when I was trying to make a career decision, (said), "I've seen you practising this way and ... I admire what you do in this particular area and I think you have great skills in this area...if you went into this other area... the benefit wouldn't be as extreme." So I think it was, it was probably holding up the mirror stuff and praising that, "This is what you do really well, this is what you need to work on but is that what you want to do as your next career progression?"*

Individualised attention was also described by some leaders as having a significant impact on staff engagement in terms of rational commitment:

*Well, what's really interesting, XX, is that we've had kind of a system where we do look after the residents that come through here and they get a little bit of feedback, and interesting now, and this has got nothing to do with the specialty, but we've actually got a line of people wanting to come to the department to work and also a line of people to be, to come as a trainee.*

And in terms of non-rational commitment:

*...really what inspired me was his approach when I first arrived and his kindness and the lovely way in which he treated my kids as well. He would ... if my kids came in to visit ... he would usher them into the office, feed them sweets, talk to them, get down on his knees..... So he won my heart).*

*But any time that I made, that we had an appointment or we sat down, the focus was very much on the moment and there was not ... and I really felt that I, when I*

*spoke with that person it was very, I was very important at that time. And that was really a good reflection on how you need to be present in the moment I suppose.*

*And while I kept rushing and rushing and rushing thinking I had to get, I had all this information I needed to get through to her, what she actually wanted to do is just have a conversation with me. (She was) giving me, just allowing me the space and the time to actually talk to her rather than getting bogged down in all the details.*

#### **4.6.2.2 Acknowledging achievements**

Another key behaviour underlying leaders' influence approaches was acknowledging achievements. This behaviour aligns with the authentic leadership construct of positive social exchange and appears to be an important aspect of maintaining the relationship. Well-crafted positive feedback could have a significant impact on individuals as described by this allied health leader:

*She just read through it and immediately identified the quality of the work, and she verbalised it to me. She was able to identify all the skills that this work demonstrated in me, what skills I had ... shown through the work, and how it filled a gap in the profession. And she was very empowering and encouraging, and I found it very generous just how open she was about what she saw in me by looking at my work.*

Some leaders articulated how they consciously used a strategy of acknowledgment to support their influence effort:

*When people give their opinion, it's not a 'you're wrong, I'm right' type of thing, but it's a different way of looking at cases. So I often bring that up and when people bring a particularly different viewpoint and I try to acknowledge that as well as you know this is really good because I can see that from, say from being an occupational therapist, your viewpoint in that is really valuable because I don't think in that way.*

*I intervened and said, "Look, isn't that great that you've been able to help that mother". "She has offered you the opportunity so that she can learn new skills, so*

*that perhaps, at a future time, she may not need us.” So it was that issue of her role was not a nurse to look after, but actually to promote health.*

While this doctor neatly described the link between the specific influencing tactics and the supporting strategies: When asked: *So he used acknowledgement as well as the challenge?*, the interviewee said:

*Yes, I mean, it probably helps complete the cycle, doesn't it? You get challenged and you go and do something and the outcome's good and somebody sort of says, "That was good." Or you get some acknowledgement from it ... .. and you think, "Okay, right. Next time when it happens, I'll do the same."*

#### **4.6.2.3 Building or utilising strong relationships (7)**

Many leaders consciously created and utilised positive relationships with their influence targets. In line with the findings from LMX theory-based research (Furst & Cable, 2008; Sparrowe, et al., 2006; Uhl-Bien et al., 2000), review of the interview data does support the notion that a strong relationship is not only useful but also perhaps necessary for effective influence to occur. Leaders' comments, the first two from allied health leaders and the third from a doctor, depict the importance leaders placed upon positive relationships with their staff:

*We've built positive relationships and they're pretty strong and I'm, you know, I'm glad that they are and it works both ways. But it now it lets me actually ... if I need to say something more directly ... I can. I think that's been really important... If it's explained why and all that sort of thing people understand and go "Yeah, okay I understand that, we can work with that."*

*I've spent a lot of time talking to individuals so that kind of relationship building stuff has been very important, and I've spent a lot of months doing that, and then getting to the point where I've then spent a lot of time discussing with people the gaps we have in our service, demonstrating the need we have for improved resourcing and I guess I've done that in a variety of ways....*

*I suppose it was because we had a pre-existing relationship and he was one of the people that helped me out considerably here ... I had a pre-existing level of trust*

*with him.... And so there was that sort of pre-existing sort of trust that was there from before.*

#### **4.6.2.4 Assuming positive intent and demonstrating trust in target's capability**

Another theme providing a foundation to the newly identified influence tactics was an approach of assuming that their staff and peers had “positive intent” towards the organisation and towards their work. As one doctor said:

*I mean, it's just, you know, courtesy, it's about looking after people, they're treated like, you know, adults. We say to them, "If you're up all night, you know, we don't expect you to come in the next day. You don't have to ring us. We're going to treat you like adults and there's a feeling that you're part of our little community and we'll look after you,"*

Underlying many of the stories of influence interaction was a sense of trusting the target to figure it out; to determine an effective approach. This sense of trust is described aptly below by an allied health interviewee, describing his interaction with his executive director during a period of very difficult change:

*He basically said "You're right, I'm glad you've come to me and it's, you know... you're a step down the pathway of at least acknowledging that you are where you are and so we can have the discussion." And he was.... very supportive.... He said "It's all legitimate and you'll probably just need a little bit of time to adjust to that shift in sand and shift in the goalposts but I'm confident that you'll do it..."*

A senior doctor involved in a major change process said this about his CEO:

*... the other sort of tactic I think he uses is, is (he) gives you a bit more rope and he obviously sends you the message if he can't be at a meeting or has to leave early, you know you'll be right.*

#### **4.6.2.5 Encouraging growth and development**

Another theme colouring the leader's description was that of encouraging the growth and development of those around them. While this theme was not presented across large numbers of cases, in terms of being directly articulated, it was an underlying theme, especially as leaders described using the coaching and constructive feedback tactics. As one allied health leader said:

*And if you have to choose between an.... important relationship or someone's professional development, then maybe you need to be a bit more flexible if the end result is that that person's going to develop professionally.*

Interestingly, this theme was particularly evident in the data collected about leaders own experiences of positive influence interactions, as per the examples below:

*I think because ... I also felt quite confident with my clinical capabilities, but I didn't have a lot of management skills .... So he sent me for that, and that was to kind of encourage me ... to take a kind of bigger role and see the bigger picture.... I did see that as ... him generally trying to pay attention to my development and career.*

*How bothered was she with my development? Well, she actually took the time to actually teach... she gave me feedback, she gave responsibility and visibility.*

*I think I felt a little more liberated about that. I think it really got down to, you know, you can actually do better. And it's actually not that difficult for you to do better. But you can do better and, you know, life's not as difficult as maybe you're making out.*

### 4.6.3 Links between supporting behaviours and leadership theories

While identifying leadership behaviours associated with influence tactics was not a primary purpose of this study, the analysis that had been undertaken in this area does shine light upon the links between the newly identified influence tactics and the relevant leadership theories. The supporting behaviours identified were individualised attention, acknowledging achievements, building or utilising strong relationships, assuming positive intent and demonstrating trust in target's capability. The following table (Figure22) identifies links between the supporting behaviours and constructs within transformational leadership and authentic leadership theories.

**Figure 22: Links between Supporting behaviours and Leadership theory**

Supporting behaviours	Transformational Leadership behaviours				Authentic Leadership behaviours
	Idealised leadership	Inspirational motivation	Intellectual stimulation	Individualised consideration	
					Personal and social identification Positive social exchange Supporting self determination of followers
Individualised attention				X	X (positive social exchange)
Acknowledging achievements		X		X	X (supporting self determination)
Building or utilising strong relationships				X	X (positive social exchange)
Assuming positive intent and trusting target capability		X			X(supporting self determination)

## 4.7 Considering Leader effectiveness

This study has been designed as an exemplar study to answer the question, What influence methods might effective, contemporary leaders be using? Therefore, the study is predicated upon positive confirmation of the interviewed leaders' effectiveness. Assessing the effectiveness of the 22 leaders interviewed has been undertaken in several key ways:

- a. Initial identification of participants likely to be effective leaders by leadership development program facilitators (who had close knowledge of participant's leadership strengths and weaknesses)
- b. Review of participant's pre-existing 360 degree feedback reports (completed as a core component of the leadership development programs);
- c. Review of the leader's end-program personal leadership report (also completed as part of the leadership development programs);
- d. Review of the leader's comments about their own leadership style, as made during the interview process;
- e. Inclusion of selected questions from Avolio and Bass's Multi-factor Leadership Questionnaire (2007), an instrument designed to measure transformational leadership in the survey of direct reports.

The overall outcome from the above investigations was that 21 of the 22 leaders interviewed were judged to meet the criteria for effective, contemporary leaders. As a cohort, they could also be regarded as using at least some of the four transformational leadership behaviours. As well, they demonstrated relatively high levels of self-awareness and self-regulation (attributes of authentic leaders). An overview of key findings is provided below.



#### **4.7.1 Review of the leader's 360 degree feedback reports**

Pre-existing 360-degree feedback reports were able to be accessed for 15 of the 22 interviewees (5 allied health and 10 medical leaders). The *Delivering the Service* section of the report, which comprised elements relating to leading change through people, holding to account, empowering others, effective and strategic influencing and collaborative working, was reviewed for each of the 15 leaders. All 15 leaders achieved an average score of 75% or above in the section which scores ranging from 75% to 98%.

#### **4.7.2 Review of the leader's end-program personal leadership report**

A total of 17 end-program personal leadership reports were accessed (three unable to be accessed due to corporate database issues). Reviewing these 17 reports indicated that the leaders in this study generally possessed strong ability to self-reflect on their leadership. One leader wrote: *"Leadership requires a conscious awareness of behaviours and of what is going on, of altering communication styles, seizing opportunities, giving positive and negative feedback, being aware of different personality types and their impact on others"* while another said: *"My most significant learning has been increased self awareness. While gaining greater insight into my strengths, the greatest benefit has come from acknowledging areas of weakness and gaining strategies to develop them"*. The end reports all indicated, without exception, high levels of commitment to the work of leadership. As one leader wrote: *"Relationships are vital. I now have a deep appreciation for the fact that goals are achieved because we have positive relationships with others. Developing relationships takes time and effort"*. And another said: *"My most valuable learning has been that leadership is all about relationships. With only 20% effort (setting aside time for staff discussions, being "present" in the moment, giving tangible praise, investing in the "soft/fluffy stuff") has produced 80% of desired outcomes"*. In summary, reviewing the end-program reports offered a useful insight into the leaders' perspective of their leadership learnings and assisted in confirming that the leaders interviewed were indeed effective leaders, who displayed aspects of transformational and authentic leadership.

### 4.7.3 Review of leaders' comments about their leadership style

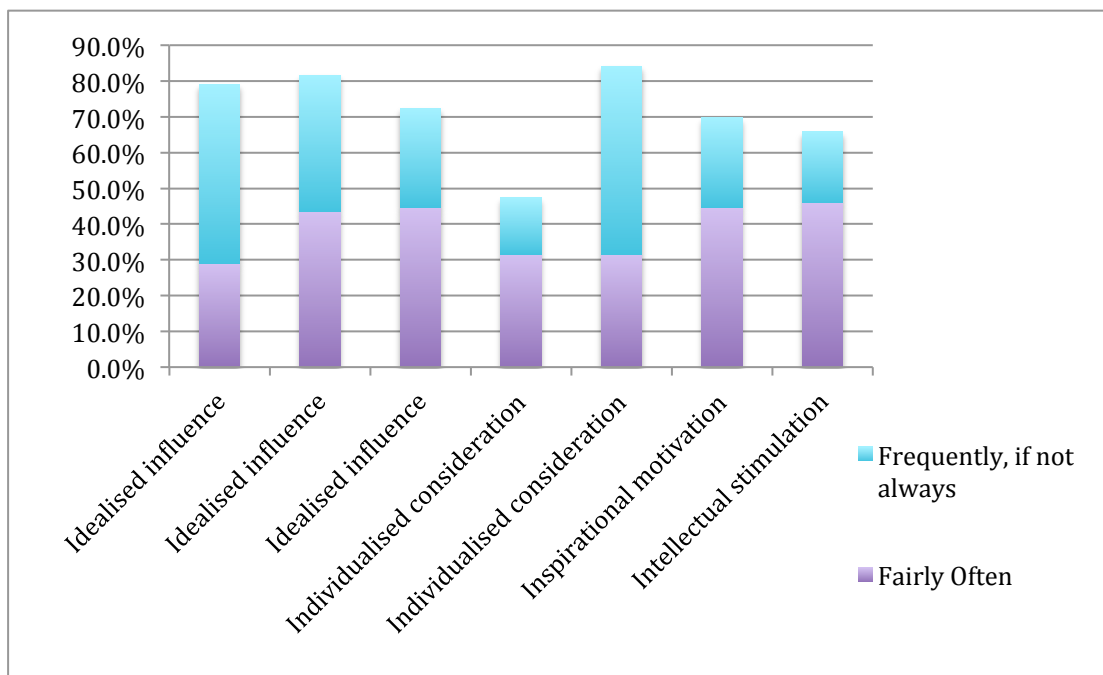
Review of leader's responses to a question about what they saw as important in their own personal leadership philosophy revealed a strong focus on working in a very relational way with staff, leading by example, enabling staff achievement (including getting out of the way to do so) and offering staff individualised attention (including adapting their approach to fit the needs of different staff). These themes show strong alignment with both transformational leadership theory and with authentic leadership theory.

### 4.7.4 Assessment of Leader effectiveness using the dyadic survey

#### 4.7.4.1 Transformational leadership items

Eight of the 22 leaders participated in phase two of the research, which involved a survey of direct reports. This survey included selected questions from Avolio and Bass's Multi-factor Leadership Questionnaire (2007), an instrument designed to measure transformational leadership. Figure 23 overviews quantitative responses for seven questions assessing the four transformational behaviours.

Figure 23: Transformational Leadership behaviours - results for interviewed leaders

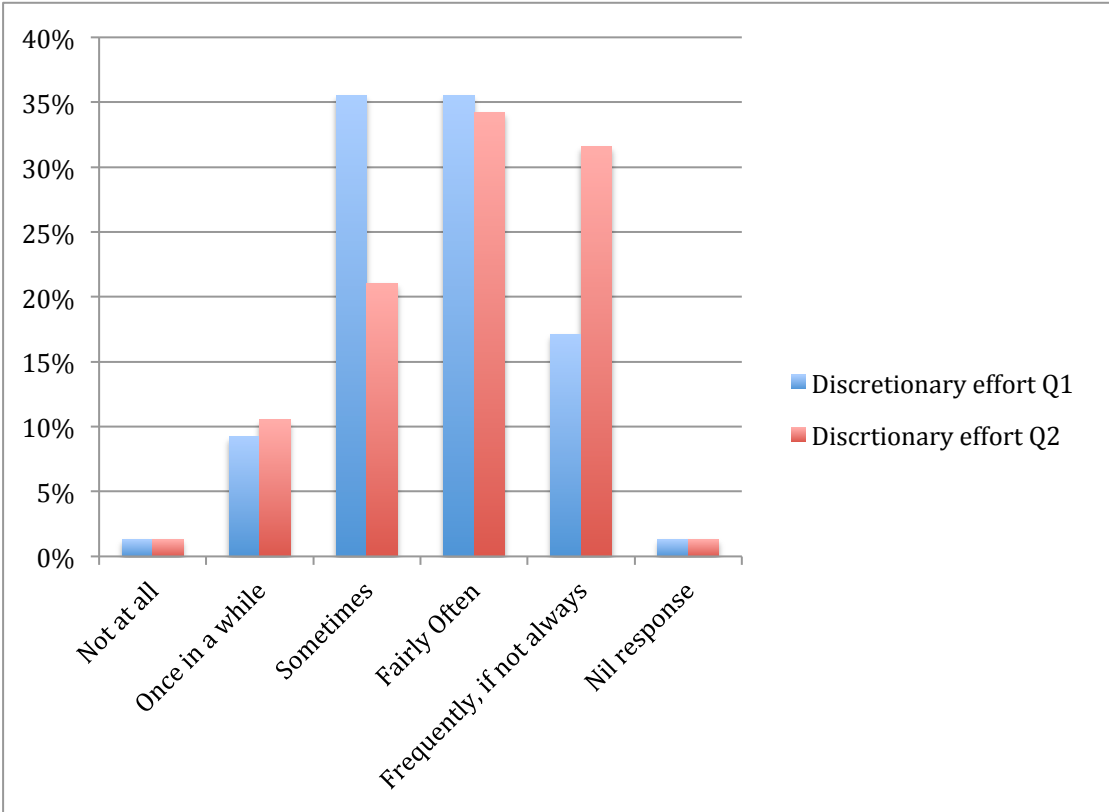


The survey assessed leaders' idealised influence behaviours, finding that across the three questions, an average of 78% of respondents chose the "frequently" or "fairly often" options. This can be regarded as indicating high levels of idealised influence behaviours. Individualised consideration was assessed via two questions with results indicating that an average of 66% of respondents chose the "frequently" or "fairly often" options. Single questions were used to assess inspirational motivation and intellectual stimulation. Results indicated that for inspiration motivation, 70% of respondents were positive (choosing the "frequently" or "fairly often" options) while for intellectual stimulation, 66% were positive. In summary, results about leaders' transformational leadership behaviours were: idealised influence: 78%, inspirational motivation: 70%, intellectual stimulation: 66% and Individualised consideration: 66%. These results can be judged as indicating relatively high levels of transformational leadership behaviours. As well as reviewing the data at a cohort level, individual leader results were also assessed. Comparing individual leader results to the cohort benchmark indicated that seven of the eight leaders were employing relatively high levels of transformational leadership behaviours, with the eighth leader showing lower levels, especially in relation to inspirational motivation.

#### ***4.7.4.2 Leadership effectiveness items***

Two MLQ sourced questions about leader effectiveness were also asked. These questions centered on a leader's ability to elicit discretionary effort. Approximately 59% of staff responded positively (choosing frequently or fairly often) when asked about their leader's ability to evoke extra effort from staff (see Figure 24).

**Figure 24: Ability to evoke discretionary effort - results for interviewed leaders**



**4.7.4.3 Qualitative responses**

Qualitative responses about leadership effectiveness supported the finding that seven of the eight leaders surveyed in phase two were employing transformational behaviours at a high level. Review of survey comments indicates that the eighth leader was challenged by a very difficult context, with unsupportive management above and very high work demands. Examples of general comments about leaders were:

- *XXX has some exceptional leadership qualities because of his integrity. He is full of positivity and human warmth.*
- *A good communicator and listener. Keen to instill good qualities in his team and to consider other good examples of teamwork and use these as role models. A good role model himself as a leader.*
- *XXX has been a great leader to work under and leads by example. He/she is always pushing the staff in her team to strive for their best and go beyond the*

*normal expectations for level. This encourages staff to achieve and feel a sense of worth within the team and the whole department.*

Review of comments against the four transformational leadership behaviours indicates evidence of key behaviours. Example comments are offered below:

- *Idealised influence: I am proud to be part of (our team) even though hard at times. Way team behaves is greatly influenced by attitude of leader making less desirable behaviours out-of-place and marginalised.*
- *Inspirational motivation: He/She makes staff feel that they are appreciated. This means that he/she gets the most out of staff as they don't mind going the extra mile for her, as our efforts are always recognised.*
- *Intellectual stimulation: The group as a whole is encouraged to debate and discuss best management on a frequent basis. The manner/tone in which this occurs is one of encouragement:*
- *I have not worked in an environment where praise, encouragement and support is so often shown and demonstrated to all staff members.*

#### **4.7.5 Non-leadership program participants**

As outlined in section 3.0, twenty of the interviewed leaders were past participants of intensive leadership development programs. However, purposive sampling led to the selection of two additional leaders who had not undertaken either of the leadership programs. The purpose of this was to allow the researcher to check that the interviewees were not merely reporting tactics that they had learnt in the leadership programs and to ensure that the tactics were also in use by effective leaders who had not had the benefit of intensive leadership development. The findings of this purposive sampling exercise were that the two additional participants demonstrated a reasonable proportion of the influence tactics, describing five of the eight influence tactics.

## 4.8 Indications about tactic effectiveness and utilisation

### 4.8.1 Intentional influence vs non-intentional influence

When assessing various influence tactics and relative influence outcomes, it is important to understand that effective influence is not always intended. Due to the nature of the interview questions, leaders’ answers to the first three questions described influence they had intended, the tactics they had used (purposively or intuitively) and their perspective of the outcome achieved – strong engagement, moderate engagement. However, in the later two questions, leader interviewees were asked to recount instances where they felt they had been effectively influenced by their leader. Influence examples related here included situations where the influencer had intentionally influenced a target as well as situations where the influence was not intended and simply a happy occurrence. Examples given in response to the later two questions (where interviewees were relating influencing situations they had experienced from others) were analysed to ascertain the influencer's probable intent (see Figure 25). It should be noted that this data has been inferred by the researcher, through analysis of the anecdotes.

**Figure 25: Leader’s probable intent with influence process**

	<b>Directly intended</b>	<b>Broadly intended</b>	<b>Indirectly intended</b>	<b>Total no of influence cases</b>
	<b>The leader used an influence process to encourage a target to respond in a specific way</b>	<b>The leader's aim was for the target to repond positively to them and to their work.</b>	<b>Intended but not specifically directed at eliciting behaviour from a specific person.</b>	
Medical	45	3	6	54
AH	40	3	2	45
<b>Total</b>	<b>85</b>	<b>6</b>	<b>8</b>	<b>99</b>

This analysis identified that 8 examples (approximately eight percent) described influence situations in which a leader's influence process

(conversations, presentations and/or behaviour) was intentional but where the leader did not specifically seek to influence a specific person in a specific way. The influence strategies might have been directed at a wide audience or, if directed towards an individual, there may not have been a specific intent to elicit specific behaviour from that person. Some examples from medical leaders are below:

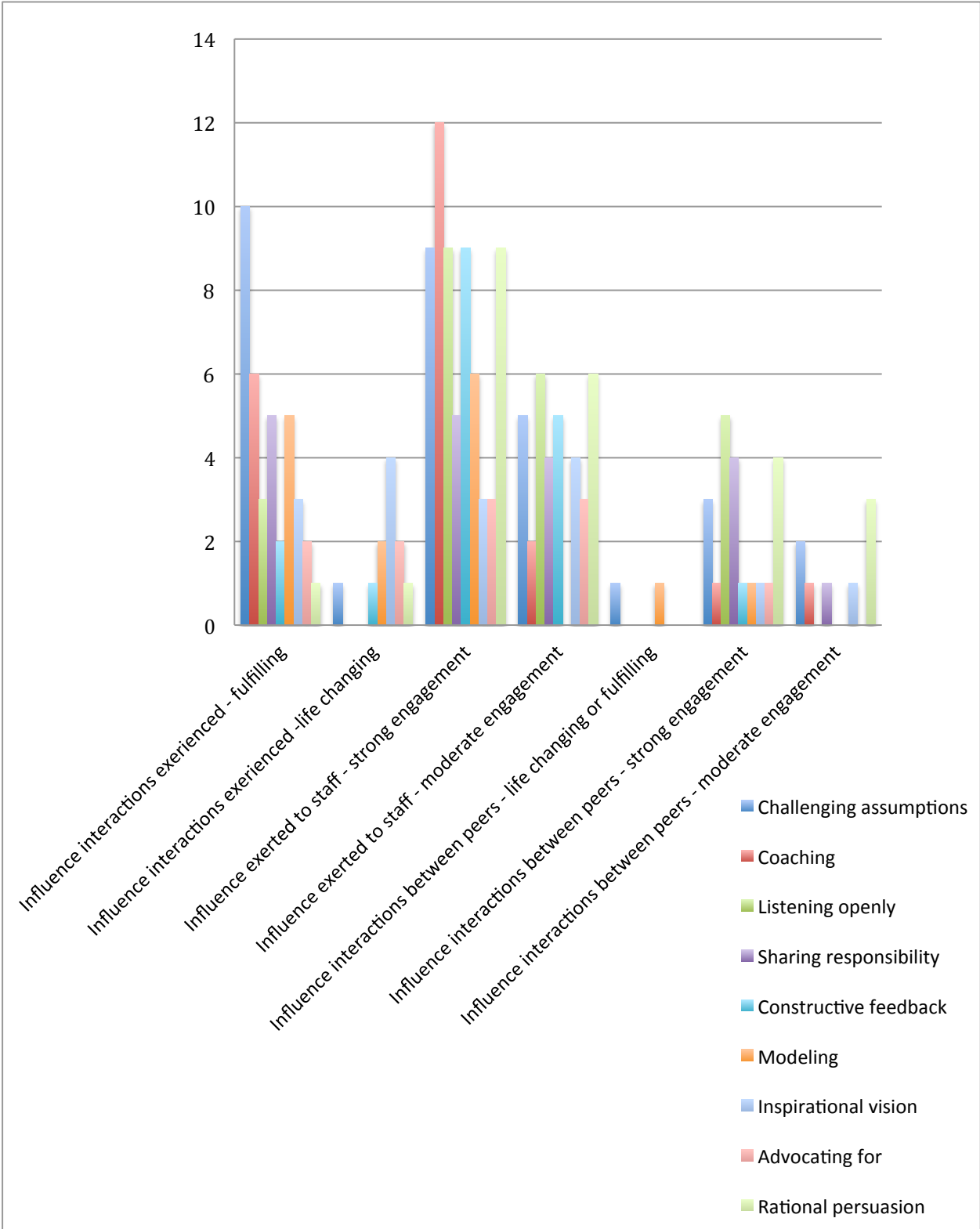
*Well, they didn't really encourage me to look at trying to do it myself. They just actually demonstrated what they did. They just modeled what they did and just went through and just showed us, to us warts and all.*

*Anyway, XXX came and spent some time at the XXXX when I was a Senior Registrar there, and we were certainly stimulated and influenced enough that I then went and spent some time with him in Canada, for about six months. I was, I guess, very much taken by what he had to say and what they were doing, which then sort of prompted me to, I guess, follow it up and, and then go and spend the time with his unit in Canada..... So that was a very positive influence, in terms of influencing me to do something that I hadn't really thought I was going to do or wanting to do.*

*She gave some case discussions and she also was just a very fantastic speaker who spoke so that you could understand absolutely everything ... and made it, made complex, complex, uncommon situations very ... .. understandable and very interesting... made it attractive, and you could see that she enjoyed her job. So, I did obstetric medicine because of her.*

Six influence examples (six percent) were categorised as broadly intentional: in that the leader's influence behaviour was not specifically aimed at eliciting a specific behaviour from the target but rather was directed towards encouraging positive feelings and responses from the target towards the leader and their work. Eliciting this state within followers provided a foundation for effective influence later in the relationship. An allied health leader provided the following example:

Figure 26: Tactic utilisation and perceived tactic effectiveness





*She actively spent a lot of time following up with people, going and meeting, actively going to all the Allied Health meetings so that she could meet the clinicians on the ground, spending time out in the ... going out to the rural facilities and meeting with the people out there. She was very much a hands-on meet people and she spoke really, really well so she'd ... every time I heard her speak to groups of clinicians you could almost see tears in their eyes because she was talking about how they needed to look after each other and care for each other and care for their patients and, you know, all that sort of thing which is not, none of it is about money or service provision—you know, I guess a bit about service provision but it was, it was all very much on a personal level and about caring and nurturing and looking after each other.*

#### **4.8.2 Which tactics might be most effective in which situations**

Analysis was undertaken to discover indications from the data about which of the eight newly identified tactics might be most effective, in terms of their ability to create strong engagement and/or profound outcomes for the target. In terms of engagement with a change, a piece of work or a new way of thinking, coaching, constructive feedback, open listening, and rational persuasion were most often used by leaders to create strong staff engagement. Viewed from a target's perspective (via the interview questions that asked interviewees to reflect upon effective influence efforts from others), the tactics of challenging assumptions, coaching, and sharing responsibility were described as creating a fulfilling experience. When asked to rate influence interactions in terms of whether they had created profound or life changing outcomes for the target, interviewees most often described modeling behaviour and inspirational vision tactics from others.

Many of the interviewees also shared examples of peer influence processes, with data analysis indicating that the most effective peer influence tactics were openly listening, sharing responsibility, rational persuasion, and challenging assumptions. See Figure 26 for more detail.

## **5 Conclusion**

### **5.1 Key findings**

#### **5.1.1 Effective leaders**

The objectives of this research were to investigate how contemporary, effective leaders influence their subordinates, with the aim of offering practical fine-grained information about effective leader processes. Devised as an exemplar study, with the goal of expanding existing theory about leader influence processes, this study's contribution is contingent on confirmation that the participants in the study are actually effective leaders. As outlined in section 4.6, a combination of five measures (both pre and post-selection) were used to confirm that the leaders who took part in the study could be described as effective, contemporary leaders. Consequently, it can be confidently stated that 21 of the 22 leaders who formed population one of the study can be judged to be highly effective leaders. The one leader whose effectiveness was not confirmed through the research process was excluded from the study.

#### **5.1.2 Influence processes uncovered**

An in-depth interview process enabled leaders to describe the influence tactics they used and the outcomes they perceived from those influence interactions. Leaders also reflected on influence interactions they had experienced from their leaders that they had found particularly effective. Through this interview process, an adaptation of the critical incident technique, ten key influence tactics were identified. Two of these were aligned to Yukl's (1991) tactics (rational persuasion and consultation) and eight were new, being considered discrete and independent from the existing suite of influence tactics. The influence tactics are outlined below along with an assessment of how existing leadership literature supports the newly identified tactics.

### **5.1.2.1 Challenging assumptions or broadening perspective**

This tactic involves the leader offering a statement or question designed to challenge a target's underlying assumptions or broaden their perspective about a situation. Leaders using this tactic seek to expand a target's paradigms or schemas about a particular issue, through asking questions, making suggestions or offering provocations that help the target see additional points of view or consider the issue from new perspectives. Leaders described doing this consciously: *"I think the underlying assumption is... But that's often quite a false presupposition... So I suggested that they try and take the attitude of..."*. Leaders often used quite gentle challenge to help a target shift their perspective: *"And I explored with her, "Okay what would happen if you did that."* A key component of the challenging assumptions tactic is offering targets time to reflect. As one leader said, *"So it was really the way in which he got me to reflect on the role of the network and then the importance of maintaining the relationships"*.

This tactic includes a subset, reality check. Here the leader clarifies what is and is not negotiable, the reality of the situation, as a way of challenging the target's mindset. The reality check subset can be differentiated from the parent tactic by the emphasis on the reality of the situation as a way of challenging the target's mindset. As one leader described, *"But when you say, "Well, it really isn't an option, it is going to change, we are going to have it imposed on us, so let's be in control of that". They go, "Well, actually you're right". And that often helps to engage people. "*

The concept of challenging assumptions to help people make better decisions, or develop increased personal capability has received support in literature previously. The technique of challenging assumptions was originally proposed by Tichy and Devanna (1986), who advocated encouraging dissenting opinions and objective critiques as a way of increasing people's sensitivity to environmental changes and threats. The concept of challenging assumptions builds on the construct of cognitive schemas, defined as an organising framework that helps individuals make sense of contexts or experiences within their world (Augoustinos & Innes, 1990; Wofford et al., 1998). By helping a

target broaden or extend their schemas, a leader enables the individual to use their revised schemas to interpret events differently and, where needed, make different choices about their behaviors/actions. Senge advocates that a key leader role is to work with staff to surface and test mental models (schemas), so that where necessary, these schemas may be modified and resultant behaviours changed (1990).

#### **5.1.2.2 Coaching**

Coaching was used as an influence tactic by leaders seeking to prompt a target to think about a situation differently, and to come to their own conclusions. Questions are asked in a supporting way and are usually part of a structured dialogue, featuring elicitation and utilisation. That is, the leader asks some broad questions to establish the target's initial position and then utilises the initial responses to ask additional questions that help the target take the next steps in thinking about an issue. Benefits are increased self-efficacy for the target: *"helps me work things out for myself. Great sense of personal accomplishment"* and increased individual capability: *"makes me a better XX as it encourages me to think outside the box and troubleshoot myself"*. Leaders noted that coaching was a skill to be learned: *"when you first start doing these things, you tend to just want to tell people what to do"* and many of the leaders interviewed demonstrated a significant level of skill, able to articulate the kinds of questions they used with relative ease: *"So it's all about what would you have done differently, how could the outcomes have been changed, what would that have looked like, what steps would you have had to have taken to have achieved that, those kind of things."*

Coaching is not a new concept in the literature, with authors such as Levinson (1962), Bass (1990) and Yukl (1994) offering advice about how managers may best coach their followers. However, coaching has not previously been observed as an influence processes, being seen primarily as a development tool. As Hicks and McCracken (2010) describe, coaching is a *"collaborative process designed to alter an individual's perceptions and behavioral patterns in a way that increases their effectiveness and personal fulfillment"*. Consequently, this study offers a key

theoretical adjunct to the potential uses for coaching. Existing advice includes that the leader coach should use questioning and suggestions to assist the subordinate think about the situation with more depth and clarity so that they can use their own self-discovery process to arrive at their own conclusions (Hicks & McCracken, 2010). This advice is supported by findings from this research. Additionally, a recent study found that the quality of the exchange relationship between leaders and followers influenced the effectiveness of the coaching process, via the follower's attributions about their leader's motives. When followers perceived that leaders had their best interests at heart, they were more engaged with the coaching process (Sue-Chan et al., 2011). This notion is also supported by findings in this study.

### **5.1.2.3 Listening openly**

The influence tactic of listening openly and eliciting and acknowledging views and concerns (without judging or criticising) describes a type of listening that is quite different to that which most of us practice on a day-to-day basis. It is about intently attending to what the target is saying (both through verbal and non-verbal means), and being careful not to argue or defend and instead to focus on understanding. Some leaders used this listening phase as a foundation for a coaching style conversation where they would move into asking more targeted questions to help the participants think through a response, while others also took the opportunity to present their perspective. Leaders using this tactic actively encouraged their followers to share their frustrations or concerns with one leader reporting her conversation with a staff member: *"Well no you don't need to be quiet... if you are frustrated we need to explore that, not ignore it."* There was also a strong focus on first seeking to understand, as advocated by Covey (1990), with one leader explaining: *"What I did in that situation was to first understand, try and understand the reason for their strong reaction"*.

This tactic included a subset, dealing with objections. Here, leaders focused on genuinely listening to objections (generally about a change or new initiative) and then working with the target to determine how the issue could be best dealt

with. As one survey respondent said, *“XX always listens to team's concerns and works to address these or advocate on behalf of team. Because of this, I believe the team feels well supported and not as powerless in situations.”*

A review of key literature reveals a range of references to the importance of deep listening by leaders. Taking a servant-leader perspective, Spears (1998, p. 5) advocates a *“deep commitment to listening intently to others”*, advising that leaders should listen both to what is said, and not said, and that they should seek to comprehend and clarify the *“will of the group”*. Schultz (1994) describes six levels of listening, ranging from denying that communication is being attempted to ignoring to rebutting to fully understanding both what is being said and one's own internal representations and responses to what is being said. Recent studies have expanded on the emotional aspects of listening with findings that effective leaders are able to display appropriate emotions to provide a supportive context (Berson & Avolio, 2004) and that the emotions displayed need to be authentic to avoid follower feelings of dissonance and dissatisfaction (Glasø et al., 2006).

#### **5.1.2.4 Sharing responsibility**

The tactic of sharing or delegating responsibility and enabling high participation involves handing over responsibility for decision-making or initiative development to an accountable group in some way. Leaders' experiences suggested that the sharing responsibility tactic can lead to high levels of ownership and commitment. As one leader commented, *“They just ...they sort of just sorted it out themselves”* and as a staff respondent said, *“I find her manner inclusive of the group, such that we choose to work as a team rather than being forced. For me, that is strength in leadership”*. This tactic includes a subset, a process of utilising staff input, views, and perspectives about key issues to drive or initiate change. This is regarded as distinct from the consultation process described in section 4.5.1.2 and originally identified by Yukl et al. (1991) as it involves the manager utilising staff input as a key catalyst for change, rather than simply consulting about an issue.

Leadership literature offers strong support for the tactic of sharing responsibility, and indeed, it is a key tenet of participative leadership theory, defined as *“efforts by a manager to encourage and facilitate participation by others in making decisions that would otherwise be made by a manager alone”* ( Yukl, 1994). Participative leadership has been the subject of significant research during the past 40 years. Reviewing this research, Yukl (1994) concludes that findings about the effectiveness of participative leadership are mixed with some studies indicating positive results in the areas of higher satisfaction, effort and performance, and other studies failing to replicate these findings.

It is possible that the empirical inconclusiveness about participative leadership is due to the way that participative leadership is implemented, that the problem might not be about the what, but the how. This study offers clues for the how, finding that the micro-level influence process of genuinely and sincerely sharing responsibility for specific initiatives has high potential to yield positive outcomes. This view is supported by leadership practitioner and writer, Max de Pree (1989, p. 24) who argues that participative leadership *“begins with a belief in the potential of people”* and by key leadership theorist, Warren Bennis (2006, p. 134) who states: *“I’m saying that exemplary leadership and organisational change are impossible without the full inclusion, initiatives and cooperation of followers”*.

#### **5.1.2.5 Constructive feedback with support**

This tactic involves the leader giving clear feedback about behaviour in a supportive environment. A key aspect is that the feedback is given with transparent positive intent; in other words, the follower clearly understands that the leader is giving the feedback, in an effort to be helpful and with the follower’s interests at heart. As one leader reported about a feedback discussion, *“So even though it was kind of one of those tricky things to do, it was the first time where I realised that being honest enough for people, to give them – in a private environment-frank feedback... that was one of the first times I realised that you’re not doing people favours by avoiding those potentially difficult*

*conversations*". Additionally, leaders who used this tactic successfully often offered assistance to identify and plan for future improvement: *"And it was about supporting her I think with managing her feelings around risk. So that she could be more effective with the patients"*. The tactic includes a subset, clarifying expectations. This involves leaders consciously using conversation with their staff to clarify behaviour expectations.

Drawing on early research about contingent reward (Podsakoff et al., 1982), the concept of leaders using constructive feedback with staff has received increasing attention in recent years. Research has also assessed the link between constructive feedback and performance, with findings that feedback improves performance even when that feedback involves negative or corrective comments (Hinkin & Schriesheim, 2004) and that feedback leads to more rapid learning, decreased errors during training, and improved performance (Goodman et al., 2004). Significantly, the Hinkin and Schriesheim study (2004) found omitting to give any positive feedback had a direct negative effect on worker effectiveness. Expanding on this, an LMX-based study found that leaders provide more feedback to subordinates with whom they have high quality relationships, and moreover, these subordinates are more receptive to their leader's feedback (Bezuijen et al., 2010). This aligns with findings from this study that indicate that transparent positive intent and a supportive context are important factors in the successful execution of the constructive feedback tactic.

#### **5.1.2.6 Modeling through behaviour**

Modeling through one's personal behaviour is potentially a very powerful influence process. It is perhaps more aptly described as a process because it is only rarely implemented in one interaction, and it is usually heavily dependent on contextual factors such as the leader subordinate relationship. The study's findings indicate that modeling is most effectively used when leaders demonstrate self-reflection, and transparency about their behaviour, so that followers can observe critical aspects of their leader's thinking process. The influencing process of modeling through behaviour can occur without a leader's intention. Several of the cases where leaders were describing how they had



experienced influence involved this kind of unintentional influence (see section 4.7.1 for an analysis). However, leaders also reported deploying this influence tactic intentionally, with good outcomes: *“You like to think your behaviour is such that you are a bit of a role model and you’re teaching people by example in terms of how they conduct themselves when they watch you talk to patients and interact with other doctors.”*

There is support in the literature for modeling through behaviour with Kouzes and Posner (2006, p. 23) noting that: *“People become the leaders they observe. If we want good leaders we have to see good leaders”*. Additionally a study by Walumbwa et al. (2008) found that a transformational leader might enhance follower self-efficacy through vicarious experience (role modeling) and verbal persuasion. The concept of using leader modeling to achieve leadership outcomes is also represented in both transformational leadership (Avolio et al., 2004; Berson & Avolio, 2004) and authentic leadership theory (Gardner, 2005).

#### **5.1.2.7 Inspirational vision**

The term, inspirational vision, has been used in this study to describe the leader processes of describing an attractive future state, and demonstrating personal conviction and motivation towards the vision, showing that the future state is both worthy and achievable. Communication of achievability appears to be key, as described by this leader: *“He said, Well, it’s an opportunity... and those other things they’ll come later on. They’ll have to come. ...He was able to clearly focus us on the positives, which a lot of people weren’t seeing... and paint a picture of what he could see could happen”*. Many leaders described a subset tactic which involved conversations about the current state (and the reasons why it can't be sustained), and the future more desirable state, combined with giving staff encouragement to cooperate to determine how best to move from current to future state.

As one might expect, there is much written in the literature about leader visioning. For example, Yukl recommends articulating a vision “ simple enough to be understood, appealing enough to evoke commitment, and credible enough

to be accepted as realistic and attainable” (Yukl, 1994). Kouzes and Posner (2006) also offer advice noting that a leader should be proactive and encourage others to be proactive in taking charge of the change. The leader should infuse the challenge with meaning, invoking shared values or other key drivers. They suggest the leader should build commitment by demonstrating that the change is within the team’s abilities, and appeal to their personal pride in delivering excellence. This advice fits well with the findings of this study, confirming that leaders need to find a way to connect themselves and their followers to a vision for change, and they need to help followers understand how the change is achievable. As one respondent said, *“XXX has a great way of communicating his/her vision and enthusing everyone to come on board and participate in creating change. Always a positive “can do” attitude”*.

The subset category, current state to future state, offers a very tangible tactic that leaders can use to create inspirational vision. This approach of discussing the current state and agreeing the reasons why it can't be sustained, and then identifying a future state that is desirable is supported by leadership expert Peter Senge (1990). Senge suggests that the very act of cooperatively identifying the two states, current and future, creates a forward momentum and enthusiasm for change, an assertion that is supported by the findings of this study.

#### **5.1.2.8 Advocating or facilitating for**

This tactic describes a way to motivate a follower through providing active and transparent support to him or her on an important issue. Offering this extra-role support might be compared to putting pennies in the jar, building an emotional bank balance that can be drawn upon later. As one leader recalled, *“And so within... two hours they gave me a yes...And they’ve pulled out all the stops to make it happen.”* When leaders surprise followers by going out of their way for them, they build social capital (Gupta et al., 2011) within the relationship. Additionally, if the support is related to a specific task, the leader advocacy and facilitation clearly communicates both the importance of the task and the leader’s support for the person being asked to undertake it. While not explicitly

discussed in the literature, this tactic fits broadly within the framework of LMX theory as it contributes to building mutual trust, respect, obligation and reciprocity and could potentially be categorized as preferential treatment, said to occur in high LMX relationships (Northouse, 2010).

### **5.1.3 Existing influence processes**

Two Yukl (1991) tactics, rational persuasion and consultation, were identified as being used by the leader cohort, achieving effective outcomes. Rational persuasion was highly prevalent, being used in conjunction with other tactics and on its own. Consultation was most often used in conjunction with other tactics. Other Yukl influence tactics were not significant in the data. Analysing why other tactics were not reported by effective leaders offers a key insight into the leader influence process. Review of the data indicates that key factors may be the exemplar nature of the study, and perhaps just as significantly, the study's focus on the influence tactics used in contexts where leaders felt they had achieved particularly effective outcomes. It is considered likely that the leaders interviewed may use other tactics such as personal appeal but that when the stakes are high, they choose what might be seen as higher order, more relational tactics to achieve the necessary outcomes. This is a tentative finding and requires more research but the implication is that the new influence tactics contributed by this study may represent not only an extension to the existing suite of influence tactics but also, along with rational persuasion and consultation, a delineation of those tactics which are most useful for demanding or difficult influence contexts.

#### **5.1.4 Broader leadership behaviours**

Analysis of study data also found that leaders deployed their chosen influence tactic within a context of broader leadership behaviours, which supported the execution of the tactic. These supporting behaviours were individualised attention, acknowledging achievements, building and utilising strong relationships, demonstrating positive intent and trust in target capability, and encouraging growth and development. These supporting behaviours are consistent with contemporary leadership theory.

### **5.2 Key contributions**

*“What leaders do is important but how they do it is of equal concern.”*

*(Rosenbach & Taylor, 2006)*

As the quote from Rosenbach and Taylor encapsulates, this study’s objective has been to elucidate the fine-grained processes that leaders use everyday, to transform those around them, to build strong relationships with their followers, and to empower and grow the people in their teams. Contemporary leadership theory has much to offer in advising the present-day leader about what he or she should seek to do: The gap that this study has sought to address is to explain the how, the micro-level practices that support a leader’s effectiveness. The study began with questions such as: If intellectual stimulation is a recommended behaviour within transformational leadership theory, how does one actually provide intellectual stimulation to one’s followers? This study has helped to answer that question. The newly identified tactic of challenging assumptions describes how a leader can use gentle challenge, through a statement or a question, to help a target become aware of underlying, perhaps erroneous, assumptions and develop a new perspective on an issue. Thus the tactic provides a process by which the leader can provide intellectual stimulation to a follower.

### **5.2.1 Contribution to influence theory**

Considered together, the suite of newly identified influence tactics represent a powerful selection of strategies with which the developing leader can experiment. Some tactics are more suitable for some contexts, some will fit better with a leader's personal style than others, but all offer the leader a chance to broaden his/her leadership prowess and develop new ways of achieving the primary task of leadership which is to influence followers. The new tactics provide a useful adjunct to Yukl's (1991) existing group of influence tactics, updating them to take account of contemporary leadership theory and practice. As Bennis (2006) argues, recent leadership research "*points the way to a new, far more subtle and indirect form of influence for leaders to be effective*". The new influence tactics provide practicing leaders with detailed guidance on how they might begin to exert these more subtle forms of influence.

### **5.2.2 Contribution to leadership theory**

The study's findings also provide valuable, albeit small, offerings to contemporary leadership theory, specifically LMX theory, transformational leadership theory and authentic leadership theory.

#### **5.2.2.1 LMX theory**

A key criticism of LMX theory, which focuses on the importance of communication and high quality exchange, is that the theory fails to explain how high quality leader member exchanges are created. Existing LMX theory advocates developing negotiated roles, reciprocal influence, trust, respect and obligation, but it does not describe how (Northouse, 2010) . This study with its focus on fine-grained influence processes offers more concrete suggestions about how such leader member relationships might be created.

#### **5.2.2.2 Transformational Leadership theory**

Criticisms of transformational leadership include that the theory views transformational leaders as having "*special qualities that transform others*" (Northouse, 2010) and that this perspective does not enable leadership

development. By drilling down to assess the micro-level influence processes that effective leaders use, this study offers practical guidance to practicing leaders about processes and practices that they may adapt for themselves. It offers a way for leaders to begin using influence processes, which with effort, practice and reflection, might assist them to become more transformational in their leadership.

### ***5.2.2.3 Authentic leadership theory***

Authentic leadership already offers practical guidelines for individuals who want to become authentic leaders. By developing their own self-awareness and practicing self regulation, they can learn to become more transparent and more relational and employee-directed and more future orientated (Avolio & Gardner, 2005; Avolio & Luthans, 2006). This study provides a useful addition, offering practical advice about influencing tactics that can be used, perhaps enabling a developing authentic leader to expand and augment the processes that he or she uses naturally.

## **5.3 Practical applications**

### ***5.3.1.1 For leader practice***

Findings from this study delineate a suite of eight additional influence tactics that leaders may use in their daily leadership practice. To build capability and develop as a leader, it is suggested that leaders experiment with each of the new influence tactics, trying them in various situations with various followers. In keeping with advice from both authentic leadership and LMX theory research, leaders should aim to be transparent with their followers about the new influence tactics they are trialing.

### ***5.3.1.2 For leader development***

Anecdotal evidence suggests that immature leaders rely on just one or two basic influence mechanisms, using them regardless of whether they are suited to the context or not. Mature leaders, on the other hand, can access a wide range of influencing mechanisms, using different tactics, and combinations of tactics,

in different situations. To develop as a leader, it is suggested to begin with one or two new influence tactics at a time, experimenting with them, adapting them to fit one's individual style and becoming comfortable and authentic in using them. Once the new influence tactics are inculcated into one's communication style and congruency is achieved (it feels natural to use the tactic), further tactics can be explored.

## **5.4 Limitations**

Limitations of this study are outlined in accordance with guidance from Brutus and Duniewicz (2011) who recommend that study short-comings should be communicated clearly, with due heed given to the impact of the short-comings for the research at hand. A limitation of this study relates to its use of the critical incident method which relies on research participants being able to accurately report the behaviours or processes that are relevant to leader effectiveness, and introduces the risk of data adulteration with the participants' stereotypes of a good leader (Yukl, 1994). The issue was partly mitigated by using qualitative interviewing to collect the incidents or cases. This allowed the researcher to ask comprehensive probing questions that went to the detail of the leader's process (which would have been very difficult for participants to fabricate or embellish). Another mitigating factor was the use of contextualised questions. This approach is supported by Mason (2002) who contends that the interview processes is intended to generate "situated knowledge" and that it is important to ensure the appropriate context is considered.

Another limitation was the study's assumption that the leaders interviewed in the study could genuinely be regarded as effective leaders. While a number of measures were applied to assess the effectiveness of leaders in the study – incorporating both activity indicators such as the leader's voluntary engagement in comprehensive, longitudinal leadership development and outcome indicators such as their performance in 360 degree feedback assessments and the direct report survey (for a subset of the leaders), leader effectiveness must still be considered an assumption rather than an established fact. Furthermore, the inclusion of the two additional leaders who had not

participated in the leadership development programs provides another limitation. While the inclusion of these two leaders offered advantages in terms of theoretical sampling, it was not possible to fully establish their credentials as effective leaders with only two of the five leader effectiveness assessments (outlined in section 4.7) able to be used.

A third limitation is that the generalisability of these findings may be limited due to the size and nature of the sample used. The sample size - 22 leaders and 76 subordinates - was small because of the qualitative and intensive nature of the research. Mitigating factors were that the sample was purposively selected to represent an exemplar population, providing optimum data about influence tactics in use by effective leaders, and that data exhaustion was actively sought. Implications for the research findings are that the newly identified tactics cannot be categorically established and require additional research to confirm constructs. A third limitation relates to the study's confirmability (Marshall & Rossman, 1999). The study used a single researcher allowing for the possibility of bias. This limitation was mitigated through the constant comparative data analysis method, which involved an intensive process of re-reading and re-coding with a focus on identifying and addressing coding errors, revising index codes to remove duplication and improve delineation and checking for any new categories. Additionally, the researcher remained attentive to the possibility of personal bias and used the multi-stage data analysis process to counter any inherent biases.

A potential short-coming of the study relates to the concept of construct proliferation and construct redundancy, whereby new constructs are simply existing constructs re-named (Colquitt & Zapata-Phelan, 2007). Clearly this study has identified some existing concepts as new influence tactics; for example, coaching has existed as a concept since the 1960s. However, the inclusion of these pre-existing concepts has not represented an attempt to position these processes as entirely new constructs but rather to identify them as influence processes and to explain in more detail how effective leaders use them to achieve influence outcomes. To help mitigate the issue of construct



proliferation/redundancy, a literature review was carried out in relation to the newly identified influence tactics and an attempt has been made to situate the tactics within the existing literature (see section 5.1.2).

## **5.5 Suggestions for future research**

With its advice that leaders should seek to develop high quality exchanges with all subordinates (Northouse, 2010), LMX theory provides a useful departure point from which to consider further research into leaders' influence processes. Strengthening the theory's relevance are existing studies that suggest that the effectiveness of a leader's influence processes is mediated by the quality of leader member relationships (see section 2.1.1.1). Graen and Uhl-Bien describe three relationships phases – the stranger phase, the acquaintance phase and the mature relationships phase (1991). It would be instructive for further research to determine which influence tactics are most useful at these three phases and which serve most effectively to move the relationship towards the more mature phase. Additionally, further research using a larger population is recommended to confirm the identified influence constructs and to test the generalisability of these findings to broader leader populations in health organisations and in other knowledge-based organisations. Research could also be undertaken to better understand the outcomes of various leader influence processes, investigating follower outcomes at multiple levels: engagement with the task at hand, identification with the leader, and engagement with organisation as a whole. Additionally, this study's tentative finding (see section 5.1.3) that leaders may choose more relational, high-order tactics for demanding or difficult influence contexts should be explored.

## 6 References

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# 7 Appendices

## 7.1 Semi-structured interview questionnaire

### Overview of survey design

The survey was designed to collect three classes of data:

- Qualitative data (about participants' experiences of influence), via very open, unstructured questions which allow the research participants to tell what is important to them (see section 1.0).
- Quantitative metadata about the reported experience: To provide information about the context of the experience, exploring themes such as the leader subordinate relationship, the culture of the organisation, the way the leader is perceived by the subordinate (see section 2.0).
- Information to assist the research to determine which categories the described influence tactic might fit (see section 3.0).

### Qualitative Questions

*Leaders influencing others:*

1. **Most leaders use a variety of methods to influence direct reports: tell about an experience when you feel you had good success influencing a staff member?**
2. **Getting those around us to engage in key change initiatives can be one of the more difficult aspects of the job of a clinician leader. Tell about an approach that you have used that has been effective?**
3. **Are there other instances where you've used different approaches to influencing a subordinate or peer? Are there other tactics or strategies that you use that you haven't already described?**

*Being influenced:*

4. **Difference leaders communicate and influence in different ways. Tell about how your leader influences/communicates with you.**
5. **Now for the anti-model, can you recall a time when a leader or a peer has attempted to influence you with negative outcomes – it's hurt the working**

**relationship or you've become demotivated or disengaged. Can you please tell me what strategies or tactics they used with you?**

**6. Can you recall a time when you were either inspired or motivated by the way your leader or a peer communicated with you?**

**7. Can you please describe your personal leadership theory; the things that you feel are important in providing leadership to those around you?**

Follow-up prompting and probing questions were used extensively in conjunction with questions 1,2,3,4,6 and 7. Follow-up questions included the following.

- Prompting questions to elicit strategies/ tactics. Prompting questions will ask the interviewee to describe what he/she did that created the positive influence outcome?
- Prompting questions to determine the exact nature of the tactic being used and to elicit relevant detail about the processes the leader used.
- Prompting questions using a visual handout to elicit metadata about the experience (see section 2.0).

### **Quantitative data**

#### **Metadata for Question 1,2 and 3.**

Perceived subordinate initial orientation

Before the influence interaction, I would regard the subordinates approach (in respect to the influence issue discussed) as:

- Engaged and motivated 9 8 7 6 5 4 3 2 1 Only here because they have to be

Impact on person's behaviour

As a result of the influence interaction, my subordinate was:

- Fully engaged in the work discussed 9 8 7 6 5 4 3 2 1 Non compliant

#### **Metadata for Questions 4 and 5**

**Question 4: Difference leaders communicate and influence in different ways. Tell about how your leader influences/communicates with you.**

Impact on individual's motivation

Overall the interaction with the person was

- A fulfilling experience 9 8 7 6 5 4 3 2 1 a de-motivating experience

Impact on participant's feeling about organization

The impact of the experience on my work life was:

- Profound or Life changing 9 8 7 6 5 4 3 2 1 Minimal

### **Metadata for Question 7.**

Overall our organisational culture is

- Focused on learning 9 8 7 6 5 4 3 2 1 Blame orientated

People are here because:

- They want to be 9 8 7 6 5 4 3 2 1 The have to be.

### **Demographic data**

**Please answer the following questions for demographic analysis purposes.**

**(All data will be de-identified before analysis stage).**

1. Gender?

- a. Female
- b. Male

2. Age-group?

- a. 29 years or less
- b. 30 to 39 years
- c. 40 to 49 years
- d. 50 to 59 years
- e. 60 to 69 years
- f. 70 years or more

3. Leadership program?

- a. Medical Leadership in Action (MLIA)
- b. Emerging Clinical Leaders Program (ECLP)

- 4.** Current professional area:
  - a.** Medical
  - b.** Allied health
  - c.** Other
  
- 5.** Length of time involved in clinical leadership roles?
  - a.** Not involved in clinical leadership
  - b.** Held a clinical leadership role for less than two years
  - c.** Held a clinical leadership role for two to five years
  - d.** Held a clinical leadership role for more than five years
  - e.** Used to have a clinical leadership role but not any more
  - f.**
  
- 6.** No of staff directly managed/led?
  
  
- 7.** No of staff indirectly managed/led?
  
  
- 8.** In which country did you undertake the majority of your clinical training
  - a.** Australia
  - b.** UK
  - c.** New Zealand
  - d.** South Africa
  - e.** US and Canada
  - f.** Europe
  - g.** Asia
  - h.** Other

## **7.2 Phase 2 dyadic survey – includes consent form**

### **Leaders and Influence: A survey about your leader**

Leader Name has nominated you as a participant in this survey about his/her communication and influence approach. The survey has two purposes: firstly, it will be used to provide Leader Name with de-identified feedback about his/her communication and influence approach. Your responses are anonymous and will only be provided in a collated form. Secondly, de-identified survey responses will be used to contribute to a research project investigating the communication and influence strategies used by effective clinical leaders.

The questionnaire has 16 questions. Most of the questions use a five-point response scale ranging from "Not at all" to "Frequently, if not always" while questions 7 to 10 use a forced-choice format where you need to choose from one of the options provided. Many of the questions allow for a free-text response. Please provide as much free text response as you wish; it will be very helpful. However, please feel free to skip over a free text response area, if you do not wish to make a comment.

This research project has been approved through both Queensland Health and QUT ethics and will contribute to the body of knowledge about good clinical leadership. Please read the participant information form, which appears on the next screen. If you consent to take part in the study, please click NEXT at the bottom of the form and you will be transferred to the questionnaire.

## Participant Information and Consent Form

### Research Team Contacts

**Name:** Amanda Gudmundsson **Position:** Assistant Dean (Teaching & Learning)

**Email:** [a.gudmundsson@qut.edu.au](mailto:a.gudmundsson@qut.edu.au)

**Name:** Sue Sampson **Position:** Research student, School of Management, QUT

**Email:** [sue.sampson@me.com](mailto:sue.sampson@me.com)

### Description

This study will investigate how modern day, effective leaders influence their subordinates and peers. It will ask you about your actual experiences in relation to being influenced by your leader. The aim of the study is to assess whether modern-day effective leaders are using new types of influence and to describe what those new types of influence might be. The study draws upon the research fields of influence, transformational, charismatic and authentic leadership, and organisational change. Using a qualitative, grounded research approach, the study will analyse your survey responses to undertake in-depth investigation of the leader influence process. This project is being undertaken as part of a Masters project for Sue Sampson. The research team requests your assistance because we need to know how modern day effective leaders are influencing their staff and their peers. Just as importantly, we need to know how staff are experiencing their leader's influence.

### Participation

Your participation in this project is voluntary. You are being sent this survey because your leader/manager has agreed to further investigation of his/her influencing style. We want to know how you perceive your manager's/leader's influence style and effectiveness. Your responses are confidential and will not be shared with your leader, except in a summary, de-identified form. Your decision to participate will in no way impact upon your current or future relationship with Queensland Health or with QUT. The project involves an on-line survey. The survey will ask you a range of questions about the way your leader communicates with you at work. It should take about 15 minutes to complete the survey. You can withdraw from the survey, without comment or penalty, at any time, up until you click the "submit" button.

### Expected Benefits

The potential benefits of the research are an increased understanding of the influence methods being used by modern-day leaders within Queensland Health. Findings from the research will be shared with you and incorporated into future leadership development programs for Queensland Health staff. Findings are also expected to have application to influence theory and practice in other health settings and other industries.



## **Risks**

Your leader / manager will be given feedback about your perceptions of his/her influence style. To protect your confidentiality, this feedback will be summarised and de-identified. Therefore, a potential risk is that you may experience discomfort commenting upon the influence style of your manager / leader, knowing that they will receive summarised feedback. Mitigating factors are: (a) This risk is no greater than would be experienced by participants undertaking a standard 360 degree feedback process; (b) Participants can choose to opt out of the survey at any time.

## **Confidentiality**

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

## **Consent to Participate**

If you consent to take part in the study, please click the link at the bottom of the form and you will be transferred to the questionnaire.

## **Questions/Further information about the project**

Please contact the researcher team members named above to have any questions answered, or if you require further information about the project.

## **Concerns/Complaints regarding the conduct of the project**

QUT is committed to researcher integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the QUT Research Ethics Unit by phone: +61 7 3138 5123 or by email: [ethicscontact@qut.edu.au](mailto:ethicscontact@qut.edu.au). The Research Ethics Unit is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

## Body of Survey – Questions

You are completing this survey about "Leader Name".

**Q1.** My leader encourages me to re-examine critical assumptions, and/or to seek differing perspectives when solving problems.

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

**Q2.** Question re transformational leadership - Idealised Influence -Attributed

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

A comment I would make re this is...

**Q3.** Question re transformational leadership - Idealised Influence -Attributed

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

**Q4.** Question re transformational leadership - Individualised consideration

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

**Q5.** Question re transformational leadership - Individualised consideration

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

**Q6.** I feel that I can talk safely about issues that concern me? I feel that my leader will listen to my concerns?

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

**Q7.** When things are changing and team members have objections or concerns, my leader:

- a) listens to our concerns and works with us to address them
- b) explains how our concerns will be addressed
- c) tries to convince us that our concerns are unfounded.
- d) other.

Please comment about which approaches your leader most often uses and how this impacts on you...

**Q8.** When I go to my leader for direction or guidance about an issue, my leader most often will:

- a) ask questions to help me figure things out for myself
- b) offer me some options to choose from
- c) give me specific direction about what to do
- d) other.

Please comment about which approaches your leader most often uses and how this impacts on you...

**Q9.** When my leader gives me constructive feedback - about things to consider improving or changing- I feel:

- a) that the leader has my best interests in mind, in giving me this feedback
- b) supported to deal with the feedback
- c) both a and b.
- d) unsupported
- d) not applicable – my leader does not give me constructive feedback.

Please comment about which approaches your leader most often uses and how this impacts on you...

**Q10.** My leader invites us to participate in creating change by communicating a positive vision of the future and:

- a) helping us understand what we need to do to achieve that vision;
- b) inviting the team to work together to figure out how to get from where we are now, to where we want to be?
- c) both a and b
- d) not applicable – I'm not sure what my leader's vision is.

Please comment about which approaches your leader most often uses and how this impacts on you...

**Q11.** When my leader wants to influence me, or the team about a particular issue, he/she communicates key facts or evidence about the issue, so that I can consider the data and come to my own viewpoint.

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

The impact of this approach on me is...

**Q12.** My leader is good at explaining the current situation and working with the team to maximise the opportunities in that situation.

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

A comment I would make re this is...

**Q13.** Question re transformational leadership - Idealised Influence -Behaviour

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

My feeling about our team's purpose is...

**Q14.** Question re transformational leadership - Inspirational Motivation

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

**Q15.** Question re discretionary effort

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

**Q16.** Question re discretionary effort

Not at all    Once in a while    Sometimes    Fairly often    Frequently, if not always

Please make any other comments about your leader's communication and influencing style....

If you have any queries, please contact Sue Sampson on 0412 024561.

### 7.3 Email inviting participation – phase 1

Subject – Invitation to take part in research study about leaders and influence in the XXXX environment

Dear \_\_\_\_\_

Influencing subordinates and peers is a key issue for medical and allied health leaders. Our work with clinical leaders has taught us that, in your culture, positional power and autocratic leadership styles are often not effective in gaining another's engagement, commitment or even compliance.

As well as my leadership work (including XXX through which we met), I also have a focus on leadership research. I am currently conducting research into influence as part of a Masters research study at QUT. This research has been granted approval through the XXXX ethics approval process.

Through your participation in the XXX leadership development program, you have looked at ways of influencing more effectively. And you may have experienced either highly effective or ineffective influence from your managers or peers.

In both cases, we hope you will share your experiences with us through participating in this research project.

The project involves an interview, undertaken by the researcher, Sue Sampson. During the interview, Sue will ask you to describe your experience with influencing others and with being influenced by others. She will also ask some ancillary questions to judge how effective the influence process was and to get a sense of the factors that impact upon the influence process. The interview should take about one hour and can be undertaken in person or by telephone.

The potential benefits of the research are increased understanding of the influence methods being used by modern-day leaders within XXXX. Findings from the research will be shared with you and incorporated into future leadership development programs for XXXX staff.

If you are willing to be involved in this research and can spare personal time for this, please reply by email or phone me on 0412 024561. Attached is a Participant Information form, which provides more information about the study.

Regards

Sue Sampson

## 7.4 Phase 1 Participant Information form

### PARTICIPANT INFORMATION for QUT RESEARCH PROJECT

#### Influence Tactics and Leader Effectiveness:

How modern day effective leaders influence subordinates and peers.

#### Research Team Contacts

Sue Sampson,  
Research Student  
School of Management, QUT  
0412 024561  
Email: [sue.sampson@me.com](mailto:sue.sampson@me.com)

Amanda Gudmundsson,  
Director Graduate Studies,  
Faculty of Business  
QUT 3138 1126  
Email [a.gudmundsson@qut.edu.au](mailto:a.gudmundsson@qut.edu.au)

#### Description

This study will investigate how modern day, effective leaders influence their subordinates and peers. It will ask you about your actual experiences with influencing others, or being influenced by others. The aim of the study is to assess whether modern-day effective leaders are using new types of influence and to describe what those new types of influence might be.

The study draws upon the research fields of influence, transformational, charismatic and authentic leadership, and organisational change. Using a qualitative, grounded research approach, the study involves semi-structured qualitative interviews. The interview will be recorded and your responses will be analysed to identify what kinds of influence processes you currently use to create change in others.

This project is being undertaken as part of a Masters project for Sue Sampson. The research team requests your assistance because we need to know how modern day effective leaders are influencing their staff and their peers.

#### Participation

Your participation in this project is voluntary. Your decision to participate will in no way impact upon your current or future relationship with Queensland Health, with QUT, or your participation in the Medical Leadership in Action or Emerging Clinical Leaders leadership programs.

The project involves a semi-structured interview, which will take 1 to 1.5 hours. The interviewer will ask you a range of questions about your leadership practices with particular focus on the way you communicate with the people in your team. You will be asked to describe your experience with influencing others, and being influenced by others. You can withdraw from the interview process, without comment or penalty, at any time.

#### Expected benefits

The potential benefits of the research are increased understanding of the influence methods being used by modern-day leaders within Queensland Health. Findings from the research will be shared with you and incorporated into future leadership development programs for Queensland Health staff. Findings are also expected to have application to influence theory and practice in other health settings and in other industries.

## Risks

The only risk identified for participants in this part of the project is that other parties may be inadvertently identified through participant's description of their experiences with influence. There are two main safeguards against this risk:

1. the large size of the population, from which participants will be drawn. The large population ensures that identifying the individuals referred to in any specific narratives will be unlikely.
2. A de-identification process to screen all collected narratives to remove any information which could potentially identify an individual.

## Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses. All interview data will be de-identified.

## Questions / further information about the project

Please contact the researcher team members named above to have any questions answered, or if you require further information about the project.

## Concerns / complaints regarding the conduct of the project

QUT is committed to researcher integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the QUT Research Ethics Unit on +61 7 3138 5123 or email [ethicscontact@qut.edu.au](mailto:ethicscontact@qut.edu.au). The Research Ethics Unit is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

## Consent to Participate

Please choose one of the following options

- **I do not consent to be part of this study.**
- **I consent to take part in this study. Please contact me to organise an interview time.**

### Contact details:

**Sue Sampson**

**Email:** [sue.sampson@me.com](mailto:sue.sampson@me.com)

**Phone:** 0412 024561.

***Thank you for helping with this research project. Please keep this email for your information.***

**7.5 Phase 1 Leadership Information consent form**

**Consent to access my Leadership program information  
for QUT Research Project**

<p>Influence Tactics and Leader Effectiveness: How modern day effective leaders influence subordinates and peers.</p>	
<p><b>Research Team Contacts</b></p>	
<p>Sue Sampson, Research Student School of Management, QUT 0412 024561 Email <a href="mailto:sue.sampson@me.com">sue.sampson@me.com</a></p>	<p>Amanda Gudmundsson, Director Graduate Studies, Faculty of Business, QUT 3138 1126 Email <a href="mailto:a.gudmundsson@qut.edu.au">a.gudmundsson@qut.edu.au</a></p>

I, \_\_\_\_\_, give consent for the researcher Sue Sampson to access information about my leadership from the Qld Health Medical Leadership in Action Program or the Qld Health Emerging Clinical Leaders Action Program (whichever is relevant): specifically:

- My 360 degree feedback report
- My end evaluation learning report
- My postings on the web journal

For use in this research study only.

Any data accessed will be de-identified before analysis. Any reporting of research findings will use de-identified data only.

Signed \_\_\_\_\_

Date \_\_\_\_\_



## 7.6 Consent form for leaders to take part in phase 2

### PARTICIPANT INFORMATION for QUT RESEARCH PROJECT

#### Influence Tactics and Leader Effectiveness:

How modern day effective leaders influence subordinates and peers.

#### Research Team Contacts

Sue Sampson,  
Research Student  
School of Management, QUT  
0412 024561  
Email: [sue.sampson@me.com](mailto:sue.sampson@me.com)

Amanda Gudmundsson,  
Director Graduate Studies,  
Faculty of Business  
QUT 3138 1126  
Email [a.gudmundsson@qut.edu.au](mailto:a.gudmundsson@qut.edu.au)

#### Description

This study will investigate how modern day, effective leaders influence their subordinates and peers. The aim of the study is to assess whether modern-day effective leaders are using new types of influence and to describe what those new types of influence might be.

The study draws upon the research fields of influence, transformational, charismatic and authentic leadership, and organisational change. Using a qualitative, grounded research approach, the study will analyse your narratives (your brief, informal descriptions of your experience) to undertake in-depth investigation of the leader influence process

This project is being undertaken as part of a Masters project for Sue Sampson. The research team requests your assistance because we need to know how modern day effective leaders are influencing their staff and their peers. Just as importantly, we need to know how staff are experiencing their leader's influence.

#### Participation

Your participation in this project is voluntary. You have already participated in stage 1 of the project (which involved a qualitative interview with you). You are now invited to participate in stage 2 of the project, which would involve you nominating a group of staff (7 to 15 staff) to be surveyed about how they experience your leadership and influence style. If you decide to take part in this stage of the research, your staff will be sent an on-line short response survey, which will ask questions about how they perceive your influence style and influence effectiveness. It should take about 15 minutes for staff to complete the survey. A copy of the staff survey is attached.

The staff you select for participation in the study will also have the opportunity to consent (or not) to be involved in the study. The responses from your staff are confidential and will only be shared with you in a summary, de-identified form.

Your decision to participate will in no way impact upon your current or future relationship with Queensland Health, with QUT or your participation in the Medical Leadership in Action or Emerging Clinical Leaders leadership programs. Even though you have already participated in stage 1 – being involved in a qualitative interview – you are in no way obliged to be involved in stage two. Your participation in this stage of the project is voluntary.

### Expected benefits

The potential benefits of the research are an increased understanding of the influence methods being used by modern-day leaders within Queensland Health. Findings from the research will be shared with you and incorporated into future leadership development programs for Queensland Health staff. Findings are also expected to have application to influence theory and practice in other health settings and in other industries.

### Risks

The risk identified for participants in this part of the project is that you may receive feedback about your influence style/effectiveness that is uncomfortable. There is also a risk that staff may experience discomfort commenting upon your influence style, knowing that you will receive summarised feedback. To protect staff confidentially, feedback will be summarised and de-identified. Mitigating factors are:

- (a) This risk is no greater than would be experienced by participants undertaking a standard 360 degree feedback process;
- (b) Staff participants can choose to opt out of the survey at any time, up until they click the submit button.

### Confidentiality

All comments and responses are anonymous and will be treated confidentially. The names of individual persons are not required in any of the responses.

### Questions / further information about the project

Please contact the researcher team members named above to have any questions answered, or if you require further information about the project.

### Concerns / complaints regarding the conduct of the project

QUT is committed to researcher integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the QUT Research Ethics Unit on +61 7 3138 5123 or email [ethicscontact@qut.edu.au](mailto:ethicscontact@qut.edu.au). The Research Ethics Unit is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

### Consent to Participate

Please choose one of the following options

- **I do not consent to be part of this study.**
- **I consent to take part in this study. I will provide you with email contact details for a selected group of my subordinates.**

***Thank you for helping with this research project. Please keep this email for your information.***

## 7.7 Permission for use of Multi-factor Leadership Questionnaire

For use by Sue Sampson only. Received from Mind Garden, Inc. on October 19, 2011

**Permission for Sue Sampson to reproduce 50 copies  
within one year of October 19, 2011**

<p><b>Multifactor Leadership Questionnaire</b> <b>Instrument (Leader and Rater Form)</b> <b>and Scoring Guide</b> <b>(Form 5X-Short)</b></p>
--

**by Bruce Avolio and Bernard Bass**

Published by Mind Garden, Inc.

info@mindgarden.com  
www.mindgarden.com

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[www.mindgarden.com](http://www.mindgarden.com)

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material;

Instrument: *Multifactor Leadership Questionnaire*

Authors: *Bruce Avolio and Bernard Bass*

Copyright: *1995 by Bruce Avolio and Bernard Bass*

for his/her thesis research.

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

Robert Most  
Mind Garden, Inc.  
[www.mindgarden.com](http://www.mindgarden.com)

## 7.8 Permission from Mindgarden for use of selected MLQ questions only

**From:** info@mindgarden.com  
**Date:** 22 October 2011 7:44:28 AM AEST  
**To:** pssampson@me.com  
**Subject: Re: MGWeb: Comment from Susan Sampson (Product Question)**

Hi Susan,  
Thanks for contacting Mind Garden about this.  
Your proposal is approved.  
Best,  
Valorie Keller  
Mind Garden, Inc.

Quoting pssampson@me.com:

Name: Susan Sampson  
Email address: pssampson@me.com  
Phone number: 07 33883624  
Company/Institution: QUT  
Country: Australia  
Order/Invoice number: Order 18773  
Purchase Order number:  
Topic of comment: Product Question

Comment:

I am doing primarily qualitative, theory building research with clinical leaders aimed at investigating influence and communication strategies in Australia and have purchased your MLQ Reproduction License (Licenses: 50). My proposed methodology is to ask primarily qualitative questions and to use just nine items from the MLQ as part of a broader survey. I'll be asking respondent to provide qualitative comments as well as use the likert scale. I will clearly state that I have not administered the full MLQ. Please advise if you have any concerns with this approach.

How did you hear about us? Through research reading

## 7.9 Research site ethics approval

Queensland Health Central Office Human Research Ethics Committee

17 November 2010

Ms Susan Sampson  
34 Kinloch Rd  
Daisy Hill Qld 4127



Enquiries to:  
Phone: 07 323 59452  
Fax: 07 3405 6131  
E-mail: [regu@health.qld.gov.au](mailto:regu@health.qld.gov.au)

Dear Ms Sampson

**HREC Reference number: HREC/10/QHC/43**

**Project title:** Influence tactics and leader effectiveness: how modern day effective leaders influence subordinates and peers.

Thank you for submitting the above project for ethical and scientific review. This project was considered by the QldHealth Central Office Human Research Ethics Committee (HREC) on 15 November 2010.

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)*, *NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007)* and the *CPMP/ICH Note for Guidance on Good Clinical Practice*. Attached is the HREC Composition with specialty and Hospital affiliation.

I am pleased to advise that the Committee has granted approval of this research project. **HREC approval is valid to 31 December 2013.** Please complete the Commencement Form and return to the Office of the Human Research Ethics Committee.

Please note the following conditions of approval:

1. The Principal Investigator will immediately report anything which might warrant review of ethical approval of the project in the specified format, including:
  - a. Unforeseen events that might affect continued ethical acceptability of the project.
  - b. Serious Adverse Events must be notified to the Committee as soon as possible.

In addition the Investigator must provide a summary of the adverse events, in the specified format, including a comment as to suspected causality and whether changes are required to the Patient Information and Consent Form. In the case of Serious Adverse Events occurring at the local site, a full report is required from the Principal Investigator, including duration of treatment and outcome of event.

2. Amendments to the research project which may affect the ongoing ethical acceptability of a project must be submitted to the HREC for review. Major amendments should be reflected in a revised online NEAF (accompanied by all relevant updated documentation and a cover letter from the principal investigator, providing a brief description of the changes, the rationale for the changes, and



their implications for the ongoing conduct of the study). Hard copies of the revised NEAF, the cover letter and all relevant updated documents with tracked changes must also be submitted to the HREC coordinator as per standard HREC SOP. Further advice on submitting amendments is available from [http://www.health.qld.gov.au/ohmr/html/regu/regu\\_home.asp](http://www.health.qld.gov.au/ohmr/html/regu/regu_home.asp)

3. Amendments to the research project which only affect the ongoing site acceptability of the project are not required to be submitted to the HREC for review. These amendment requests should be submitted directly to the Research Governance Office/r (by-passing the HREC).
4. Proposed amendments to the research project which may affect both the ethical acceptability and site suitability of the project must be submitted firstly to the HREC for review and, once HREC approval has been granted, then submitted to the RGO.
5. Amendments which do not affect either the ethical acceptability or site acceptability of the project (e.g. typographical errors) should be submitted in hard copy to the HREC coordinator. These should include a cover letter from the principal investigator providing a brief description of the changes and the rationale for the changes, and accompanied by all relevant updated documents with tracked changes.
6. The HREC will be notified, giving reasons, if the project is discontinued at a site before the expected date of completion.
7. The Principal Investigator will provide an annual report to the HREC and at completion of the study in the specified format.
8. The District administration and the Human Research Ethics Committee may inquire into the conduct of any research or purported research, whether approved or not and regardless of the source of funding, being conducted on hospital premises or claiming any association with the Hospital; or which the Committee has approved

Should you have any queries about the consideration of your project please contact the Research Ethics and Governance Unit. The HREC terms of Reference, Standard Operating Procedures, membership and standard forms are available from [http://www.health.qld.gov.au/ohmr/html/regu/regu\\_home.asp](http://www.health.qld.gov.au/ohmr/html/regu/regu_home.asp)

The HREC wishes you every success in your research.

Yours faithfully



for  
Professor Mervyn Eadie  
**CHAIR HUMAN RESEARCH ETHICS COMMITTEE**  
**CENTRES FOR HEALTHCARE IMPROVEMENT**

Office of the Human Research Ethics Committee



Phone: 07 323 40134  
Fax: 07 3405 6131  
E-mail: REGU@health.qld.gov.au

### Composition of HREC

The following is the current composition of the Committee. It is advised that the Committee abides by the guidelines of the National Health and Medical Research Council's *National Statement on Ethical Conduct in Human Research (2007)*. It is also advised that the investigator(s) for this study was/were not involved in the deliberations regarding HREC approval of this study.

<b>COMPOSITION OF HREC as per National Statement 5.1.30</b>	<b>MALE OR FEMALE</b>	<b>HOSPITAL AFFILIATION (Y/N)</b>
Expert in research areas	F	
Expert in research areas	M	N
Layperson	F	N
Lawyer	F	
Religious representative		N
Expert in research areas	M	
Expert in research areas	M	
Expert in professional care	F	
Layperson	M	N
Expert in research areas	M	N
Expert in research areas	F	Y

Should you require any additional information, please do not hesitate to contact me on the telephone number listed above. Attendance at the Committee meeting was in accordance with Guidance of the National Statement Section 5.2.30.

**A/Coordinator**  
**Human Research Ethics Committee**



## 7.10QUT ethics approval – low risk

**From:** Research Ethics <ethicscontact@qut.edu.au>  
**Subject:** Ethics Application Approval -- 110000697  
**Date:** 9 June 2011 3:29:52 PM AEST  
**To:** Ms Susan Jane Sampson <s.kehl@student.qut.edu.au>, Dr Amanda Jayne Gudmundsson <a.gudmundsson@qut.edu.au>  
**Cc:** Ms Janette Lamb <j.d.lamb@qut.edu.au>

---

Dear Ms Susan Sampson

Project Title:  
Influence tactics and leader effectiveness: how modern day effective  
leaders influence subordinates and peers

Approval Number: 110000697  
Clearance Until: 31/12/2012  
Ethics Category: Human

As you are aware, your low risk application has been reviewed by your Faculty Research Ethics Advisor and confirmed as meeting the requirements of the National Statement on Ethical Conduct in Human Research. We note you have approval from Queensland Health.

Before data collection commences please ensure you attend to any changes requested by your Faculty Research Ethics Advisor.

Whilst the data collection of your project has received ethical clearance, the decision to commence and authority to commence may be dependent on factors beyond the remit of the ethics committee (eg ethics clearance / permission from another institute / organisation) and you should not commence the proposed work until you have satisfied these requirements.

If you require a formal approval certificate, please respond via reply email and one will be issued.

Decisions related to low risk ethical review are subject to ratification at the next available Committee meeting. You will only be contacted again in relation to this matter if the Committee raises any additional questions or concerns.

This project has been awarded ethical clearance until 31/12/2012 and a progress report must be submitted for an active ethical clearance at least once every twelve months. Researchers who fail to submit an appropriate progress report when asked to do so may have their ethical clearance revoked and/or the ethical clearances of other projects suspended. When your project has been completed please advise us by email at your earliest convenience.

For variations, please complete and submit an online variation form:  
<http://www.research.qut.edu.au/ethics/forms/hum/var/variation.jsp>

Please do not hesitate to contact the unit if you have any queries.

Regards

Janette Lamb on behalf of the Faculty Research Ethics Advisor  
Research Ethics Unit | Office of Research  
Level 4 | 88 Musk Avenue | Kelvin Grove  
p: +61 7 3138 5123  
e: [ethicscontact@qut.edu.au](mailto:ethicscontact@qut.edu.au)  
w: <http://www.research.qut.edu.au/ethics/>

## 7.11 QUT Ethics variation approval

**From:** Marilyn Healy  
**Subject:** Ethics variation 110000697  
**Date:** 25 October 2011 2:28:52 PM AEST  
**To:** n0608629-forward <sue.sampson@me.com>  
**Cc:** QUT Research Ethics Unit, Business Ethics <businessethics@qut.edu.au>

[Hide](#)

Hi Sue

This email is to advise that the variation to the ethics approval number as above, has been reviewed within the QUT Business School Low Risk Ethics Application Review processes.

As the Faculty Research Ethics Adviser, I have reviewed the variation and any subsequent correspondence, and confirm that the application can be considered Low Risk and as meeting the requirements of the National Statement on Ethical Conduct of Research Involving Humans.

Whilst this email confirms ethical review, the decision to commence and authority to commence may be dependent on factors beyond the remit of the ethics review process. For example, your research may need permissions from other organisations to access their staff, or ethics clearance from other organisations. So this ethics clearance is not an authority to immediately commence, but is one of the items you can 'tick off' your list.

PLEASE NOTE:

RESEARCH SAFETY -- Ensure any health and safety risks relating to this variation have been appropriately considered, particularly if your project required a Health and Safety Risk Assessment.

CONFLICTS OF INTEREST -- If this variation will introduce any additional perceived or actual conflicts of interest please advise the Research Ethics Unit by return email.

Please do not hesitate to contact me if you have any queries.

Warm wishes  
Marilyn

**Dr Marilyn Healy** | Faculty Research Ethics Advisor | Business School | Room Z711 | Queensland University of Technology | [www.bus.qut.com](http://www.bus.qut.com)  
Phone: +61 7 3138 7651 | Email: [m.healy@qut.edu.au](mailto:m.healy@qut.edu.au) | CRICOS No. 00213J