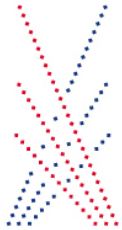

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Limited Tenure: Implications for Enacting Distributed Leadership

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Abstract

Healthcare leaders are accountable for managing the complex health care setting as well as building an effective executive team. The rapid turnover of incumbents in these senior leadership roles affects both proximal and distal relationships and functions. Limited tenure might be expected of senor staff and desirable for those in leadership roles where varied experience helps promotion. On the other hand, there may be unintended consequences for developing appropriate leadership styles required by complex tertiary healthcare facilities. This qualitative study provides evidence of the effect of limited tenure among healthcare executive managers. Findings suggest that though limited tenure could be an important part of the transition of an executive's career journey, frequent turnover potentially has both positive and negative implications for hospitals and staff. Emerging from our study into distributed leadership, communication and the social networks the emergence of limited tenure represented an unexpected finding. This paper highlights the benefits and disadvantages of limited tenure and its effect on leadership, the way in which executives communicate and how their social integration may be significantly affected by this phenomenon. We present brief results of both qualitative and quantitative analyses to provide a fuller overview of the outcomes of the research along with suggestions for future enquiry.

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Introduction

Job tenure relates specifically to the length of time of continuous employment of a staff member (OECD 2001). We propose limited tenure can refer to two different constructs. Limited tenure can be the time the organisation requires of an individual for a specified role such as projects or a strategic intention of refreshing the knowledge base and networks of the organisation through staff turnover. Limited tenure can also be a more subjective, possibly normative understanding of an individuals' anticipated time within a role. This could be the time required to make an impact within the role, or the accepted norm or timeframe within an industry where rotation of senior staff is viewed as an important part of career progression. Role tenure, when based on self-progression, may influence the behaviour of senior managers; in particular, influencing the style of leadership they employ. Arguably, some leadership styles such as distributed or collective leadership take more time to implement (Hartley & Benington 2010) as they are based on establishing relationships and trust with others. More formal, top-down, singular styles of leadership may be enacted without establishing such relationships and therefore require less commitment to time from senior staff (Harris & Mayo 2018). Distributed leadership styles may be less appealing to those senior health managers whose commitment to career progression and success outweighs their long-term commitment to any place of employment.

The purpose of this paper is to examine the concerns of senior staff in a major public hospital where limited tenure significantly affected their leadership functions. That is, the length of tenure and the strategies they employ to fulfil work commitments, develop functional relationships and achieve success and recognition within their position. This type of limited tenure fits within the perceived expectation of industry norms where rotation through increasingly senior or complex roles contributes towards career progression and professional kudos. We report a subset of the findings of a main study on communication where limited tenure emerged as a important influence on communications, trust and relationships among senior health service executives.

Internal conditions of organisation can interact with the type of leadership which senior staff employ. The characteristics of healthcare managers vary widely due to their professional identity, role and goal ambiguities; notwithstanding the responsibility for administration of healthcare. This variation is crucial to encourage staff engagement and matching management styles to follower preferences (Blanco-Oliver, Veronesi & Kirkpatrick 2018). Adopting diverse management style to suit the situation, does not guarantee positive organisational performance which may require homogeneity between senior managers (Gunzel-Jensen, Hansen Jakobsen & Wulff 2018). Low uniformity in leadership style may influence hospitals' performance due to inconsistent enabling and constraining mechanisms between senior staff and their employees. Senior hospital staff likely demonstrate several styles of leadership as they manage the "multilingualism, multi-ethnicity, multi-diversity and multi-complexity" (Joshi 2019, p. 151) of healthcare organisations.

Alternatively, managerial styles are influenced by workplace attitudes (e.g. their satisfaction and engagement); as each person has different attitudinal profile, there will be

behavioral heterogeneity among mangers (Blanco-Oliver, Veronesi & Kirkpatrick 2018). Typically, heterogeneity of senior staff contributes to positive organisational performance by inducing a more open climate which invites participation among staff (Blanco-Oliver, Veronesi & Kirkpatrick 2018). The focus hospital under study is indicative of tertiary healthcare centres in Australia where senior managers come from diverse backgrounds and display diverse leadership styles. A brief review leadership in healthcare, particularly distributed follows.

Literature Review

Distributed forms of leadership are congruent with the dispersed and team-based hierarchies found in contemporary hospital structures in Australia. The current governance structures of hospitals are streamlined and arranged in clinical directorates or business service units (Braithwaite 2006). Opportunities to divest or share responsibilities of leadership in this structure arise from the presence of geographically distinct sub-centres which form part of the hospital service and the team- based approach of the structure which is inherent in the design.

We review literature on distributed leadership using diverse industry sectors as examples. To begin, limited tenure is briefly examined as a paradox to enacting leadership style and professional achievement. Distributed leadership is then discussed from several perspectives with a view to identifying constructs which are agreed upon by contemporary scholars; this discussion includes the role of limited tenure on leadership. Limited tenure is then examined from the structural influence perspective (where structure affects tenure), and from the alternate view; where tenure affects structure is considered.

Leadership and limited tenure

The paradox

For individuals, limited tenure and time to achieve is paradoxical; and has important implications on the way in which individuals undertake their work. Demonstrating a wide variety of experience when seeking promotion is considered favorable to prospective employers (Cox, Grimshaw, Carroll & McBride 2008). Limited tenure however also imposes time restrictions on how work is undertaken and may draw the individual towards a particular leadership style. Executives must balance or manage meaningful relationships in order to perform well, within the perceived short time frame. The paradox arises from aspirations of executive staff to make an impact on organisational success during their incumbency; and, to satisfy their own needs to achieve, and to progress to the next stage of their career. Voluntary turnover restricts performance and my result in enacting a leadership style which may not be aligned to personal choice but guided by necessity for career advancement.

Leadership style which is perceived to be more democratic and empowering gives employees more confidence and autonomy to perform across boundaries. This is crucial in the multi-disciplinary context of hospitals (Gunzel-Jensen, Jain & Kjeldsen 2018). This reduction in follower dependency (Currie & Lockett 2011) translates to better work outcomes for managers

through the sharing of workload, skills and knowledge. A greater knowledge and skill base also respond to the complexities and ambiguities of healthcare through the development of wider networks of invested individuals (D'Innocenzo, Mathieu & Kukenberger 2016). Divesting or distributing leadership responsibilities has both immediate and long -term benefits for managers. Distributed leadership is not a naturally occurring phenomenon within healthcare therefore healthcare managers must commit to undertaking this style of management. This commitment may not fit within their timeframes.

Perspectives of distributed leadership

Distributed leadership is suited to the governance structure of healthcare facilities given their diverse and dispersed organizational forms. This structure is markedly different from the hospital governance structures of the 20th century and to some extent has resulted in a change in a division of labour (Iedema & Degeling 2001). Dispersing leadership across levels and functions represents a change in dependencies and reporting systems from earlier hierarchical structures (Braithwaite & Westbrook 2004; Dedman, Nowak & Klass 2011). Distributed leadership accommodates "changes in the division of labor in the workplace, especially, new patterns of interdependence and coordination which have given rise to distributed practice" (Gronn 2002, p. 423). Here, Gronn captures the shift in operational paradigms which distinguish the clinical directorate structure from the previous governance structure and acknowledges the opportunity for the concomitant changes to leadership style. Gronn accounts for the style of structure employed by many Australian healthcare facilities and other public organisations such as schools (Fitzgerald, Ferlie, McGivern & Buchanan 2013).

The framework which comprises distributed leadership has scholarly support (Bolden 2011; Fitzsimons, Turnbull James & Denyer, 2011; Gronn 2002; Hargreaves & Fink 2008; Ho & Ng 2017). There are however, a number of differences in how such models of leadership apply and work in practices. Hargreaves and Fink (2008) discussed distributed leadership as a lateral approach to change in schools. They align communities such as school to "living systems" (p. 229) and posit the ecosystems of schools comprise networks and communities of practice which are connected by mutual influence. This mutual alignment of leaders and staff they posit, contributes to cohesiveness through self organisation and a genuine desire to preserve the species. By comparison, the application of distributed leadership within the healthcare context is disrupted by the autonomy and regimentation of the major disciplines (Currie & Lockett 2011). According to Currie and Lockett (2011) accountability within healthcare means leadership is unlikely to be shared with leaders unwilling to relinquish responsibilities to others, "and others unlikely to take on leadership" (p.294). This statement reflects extant research into how distributed leadership is enacted in the healthcare context. Distributed leadership relies on established relationships (Fitzgerald et al.2013), and "is continuously collectively enacted and becomes a consequence of actors' relations"(White, Currie & Lockett 2016,p. 280).The scholarship reflects a great deal of contextual discussion and postulation about the benefits and the application of this leadership style to the healthcare context (Bolden 2011;Currie & Lockett

2011;Fitzsimons, Turnbull James & Denyer 2011;Gronn 2002;Hargreaves & Fink 2008;Thorpe, Gold & Lawler 2011) however little empirical research is available to support its worthiness in this realm (Boak, Dickens, Newson & Brown 2015).

The view from Gronn (2002) takes distributed leadership to the practicalities of modern-day enterprise. He distinguishes the deeds of individual leaders which are attributed to the actions of others in a holistic manner. Further, as concertive action through collaboration or intuitive action between individuals who work closely together are supported by "institutional arrangements (which) constitute attempts to regularise distributive actions" (p. 429). This concertive action is bounded by spontaneous collaboration, intuitive working relationships and institutionalised practices. Modern enterprise is compounded by overlapping activities which require interdependence among staff with work design requiring staff skills to be complementary; and thus shared. In Gronn's view, these complex workplaces require leadership to be "less the property of the individual and more as the contextualised outcome of interactive rather than unidirectional causal processes" (p.444).

While the contribution from Bolden (2011) on distributed leadership is based on how the theory has established, his work presents a descriptive account of what is and what is not distributed leadership. The rise in popularity of distributed leadership is viewed as more of a perspective of leadership rather than a theoretical stance. Bolden identified three; distributed leadership is either the "property of a group or network of interacting individuals" (p.257), the boundaries of leadership are fluid in nature and expertise is a necessary element which is "distributed across the many and not the few" (p. 257). Bolden questions the validity of distributed leadership suggesting the notion brackets the constructs of sharing leader responsibilities and is possibly neither inclusive nor democratic. He contributed the notion of distributed leadership from a package of many ideas and accounts to form a systematic formula through which to consider leadership styles.

The multi-faceted view of distributed leadership is also expressed by Ho and Ng (2017) who presented a socio-theoretical view in which system tensions and structures are used to illustrate how leaders enact distributing mechanisms within their leadership. Ho and Ng (2017) identify Activity theory to underpin their case study on the implementation of an information and telecommunications (ICT) project within a school. With a focus on interacting activities within bounded communities, the authors studied the tensions within such a community and the implications of distributing leadership during the implementation phase. These authors recognised several descriptors of distributed leadership; however, their arguments were grounded in the "potential constraints on interactions in a collectively performed activity" (p.226). The authors identify boundary-spanning as a behaviour which they proposed created disturbances within leadership activities which has similar properties to those found in the healthcare context. Boundary spanning activities induced tensions over conflicting priorities and the shifting of organisational norms. The challenges to organisational norms was due in part to agentive behaviours by leaders and subordinate staff. Challenges to the command of staff who received

distributed responsibilities was apparent, and without interjection by hierarchically senior staff, this distributed power was ignored by many. While the case study provided an interesting lens through which to view distributed leadership properties, it also allowed some insight into the challenges of implementing such a design within complex organisations such as healthcare. In sum, these authors proposed that distributed leadership is attributable to Activity theory; where the complexity of cross boundary interaction and responsibilities requires leaders to distribute responsibility to achieve organizational goals. This action also requires other leaders to recognise the divested individual. Distributed style leadership therefore is situated within a socio-relational model of organisational behaviour.

The views of Fitzsimons, Turnbull James and Denyer (2011) take a pragmatic approach to distributed leadership. They identify four key constructs to describe the way in which leader relationships can be defined. These constructs concerning relations (entity, structural, processual and systemic) describe differing ontological views of leader relations; the relational-structural view is of key interest to the current study. The relational-structural view is embedded in the social relationships of leaders. This view leads to inquiry about how the leader is situated, how they establish and maintain their relationships and how through these relationships they can extract social capital from peers and other leaders (Fitzsimons, Turnbull James and Denyer 2011). Importantly, their ontological (how they see their world) well-being is contingent on their interactions with others while maintaining a sense of evenness and predictability within their own lives. Contemplating limited tenure within this construct highlights the difficulties executives can encounter in their professional lives. Executives are bounded by the need to produce results, adhere to timelines, provide advice (which is often supported by the advice of others), and attain standards set by their organisation. They are also required to establish relationships with others who will support them in their roles as leaders.

Where structure affects tenure

Tenure in work is a foundational consideration for staff in career opportunities and pathways (Maden 2014). Employment, while contingent on many aspects, must be of a duration to have the opportunity to contribute to organisational success and, produce results which are personally attributable. Reasons for employment turnover are well documented within the literature (Boeker & Goodstein 1991; Maden 2014; Mainiero & Sullivan 2005). Examples of where structure can affect tenure are found when changes in tenure of management and ownership are cited within the context of organisational inertia (the extent to which strategic change can be introduced) (Boeker & Goodstein 1991). The concomitant changes during strategic redirection demands reflection on employees' skills and may lead them to reconsider their commitment to their jobs. Social expectations of balancing work and life is also a structural influence. Mainiero and Sullivan (2005) cited the generational differences in expectations of job impacts on life itself. They suggested that the older workforce (Gen X 1961- 1982), watched their parents work long hours "only to be downsized out of their jobs" (2005, p. 108), and now

eschew the financial benefits of work in favor of work- life balance. For this generation, tenure appears to be of little consequence.

Structural influences on tenure for staff is also referenced within the literature from a global perspective. Salancik and Pfeffer (1980) argued extensively on the topic (1977; 1978; 1980) citing firm ownership as a powerful mediator of tenure of employment. The evidence from externally managed profitable organizations indicated an extended tenure time for successful executives. Moreover, where firms are owner-managed, a relationship between executive performance and length of their tenure was not found. Salancik and Pfeffer proposed that structure and tenure was related for hospital administrators. Competition and funding within the healthcare sector arguably implies shorter tenure for these levels of staff when supply is scarce, demand high and opportunities for talented executives are increased (1980, p. 654).

Replacing senior executives where the tenure of one finishes and new staff are employed was studied by Williams, Chen and Agarwal (2016) on strategic renewal. The purpose of the latter is advancement of the firm through staff changes to increase the success of new strategic directions. Their study results found that top management teams with established shared experience can survive the disruption of such changes (p. 1391). Where the structure is undermined through loss of senior staff, resources may be temporarily compromised or may never be recovered. This situation has implications for the remaining staff and the organisation. Loss of senior staff may also open opportunities to refresh knowledge bases and networks through the strategic employment of new staff. These results of the work of Williams, Chen and Agarwal (2016) contribute to understanding the structural effect of executive staff turnover in healthcare and the subsequent disadvantages and possible improvements to work processes and work relationships

Where limited tenure affects structure

The opposing view is that of the effects of length of tenure on firm performance and/or senior staff performance. The limited tenure of staff and the effects on organizational structures has minimal research attention. Zampetakis, Beldekos and Moustakis (2009) propose tenure as a potential moderator of job performance, intraorganisational relationships and organizational culture. They proposed organizational success was related to entrepreneurial behaviour and high levels of perceived organisational support (POS), where the organisation played an active role in the employee's well-being and openly valued their contributions. Second, their study that staff with limited tenure were less likely to display entrepreneurial behaviour which they posit, is to the detriment of the organisation. This positive link between POS and shorter tenured staff suggested that shorter tenured staff performed better than longer tenured staff when POS is high (Zampetakis, Beldekos & Moustakis 2009).

A further example of the effects of limited tenure on organisational structure is the work by Parkes, Bochner and Schneider (2001) where values of individualism and collectivism in staff were used to understand tenure, among other variables, in the healthcare industry. This study of

Person-Culture fit describes the "congruence between individual and organisational goals; individual preferences and needs and organisational systems or structures" (Parkes, Bochner & Schneider 2001, p. 82) This large study compared both healthcare and the management consultancy sector, and Asian and Australian cultures and found collectivism in staff was associated with longer tenure and better loyalty and organisational citizenship behaviours (commitment, manager relationships and job satisfaction) than those of the individualist. The authors suggest such behaviours can significantly influence organizational effectiveness and customer satisfaction. These results can be considered alongside the results of the current project where the executive actively seeks limited tenure to further his/her own career goals first and then organisational goals. Parkes, Bochner and Schneider (2001) found organisational structure is positively affected by longer tenured staff.

Brief description of the focus organisation

The organisation is located in the northern sector of Melbourne. Operations consist of a central hospital and four satellite centres. This organisation is the "major provider of acute, sub-acute and ambulatory specialist services" (Annual Report, x organisation 2017). Since relocation from Melbourne's inner north, this hospital has undergone unprecedented growth in terms of patient presentations including inpatient and emergency department admissions and outpatient presentations. It is expected the population of the service corridor will grow by 58% between the years 2016-2031. Patronage of the hospital's services reflect this population boom. The work undertaken by the hospitals' staff is complex. The catchment area consists of more than 185 different nationalities, speak over 106 different languages and follow over 90 different religions or beliefs (Annual Report, x organisation 2017). The hospital employs over 4400 staff and over 300 volunteers. These staff are overseen by the Chief Executive Officer (CEO), Chief Operations Officer (COO) and a team of executive directors who manage the various directorates within the organisation. This project is focused on the senior staff who led both clinical and non-clinical service departments.

In 2015-16 there was a significant change to the executive team after the organisation failed to fulfil its obligations to meet key performance indicators set by the government and health agencies. Many executives resigned their positions during this time leaving the structure of today with a group of leaders who have experienced limited tenure within their positions. Of the participants interviewed, tenure ranged from six weeks to four years.

Methodology

We take a constructivist perspective for the study by capturing executive leaders' views of how communication is experienced in their roles and team interactions. Limited tenure restricts the amount of time an executive has make his or her mark on their role; that is to make significant achievements towards personal and organisational success. Limited tenure may be self-imposed, a discipline expectation, or the terms in which a person is employed. Our

methodology was tailored to capture the participant's cognitive understanding of limited tenure. This cognition was anticipated to vary considerably because of the lack of definitive industry timeframes and the perception of limited tenure as a positive career progression tactic.

The main research question asked in this project was "In what ways do the communication pathways of the clinical directorate structure of hospitals support effective diffusion of information between executive and senior staff?" The study was a mixed method approach of interviews and social network analysis of hospital executive staff and was undertaken over a four-month period in 2018. Ten participants agreed to take part in the study representing 55.5% of the total executive pool. Of the many issues that participants discussed in relation to their communications with others, limited tenure appeared to present significant barriers to establishing communication in terms of trust, knowledge transfers, team building and cross discipline relationships.

The study was underpinned by theories of organisational behaviour which were applied to produce multiple levels of understanding through their associated constructs. The research team specifically sought to apply theory precisely rather than a one- fits- all approach. The benefits of this precision translated to understanding behaviour from individual, team and leader perspectives. Each theory (Structuration theory, Activity theory and Distributed Leadership theory) not only provided parameters in which to analyse behaviour but were used in concert together to produce a higher abstraction of understanding of executive communication issues. An example of the use of this concert of theories is the agentive behaviour by leaders in overlapping team responsibilities.

Data were obtained from interviews and quantitative analysis of social networks. Statements made by participants in interview were supported in the social network data. One of the most outstanding of these was the tendency for staff of the same disciplines to have better communication relationships together than with those outside of their discipline. This tendency may suggest that the negative effects of limited tenure may be circumvented when staff have a common enterprise such as discipline membership.

Data Analysis

We adopted an inductive approach to the qualitative data analysis (Saldana 2018). The specific focus was to align the participant's responses to the research questions; faithfully reproducing meaning to their own words in analysis. Coding tensions were tested in view of this goal with the team deciding on two methods with which to perform the analyses. A content-based approach using structural coding (McQueen & Guest 2008) and a verbatim based strategy (In Vivo coding) was employed (Saldana 2018). Constructs to be analysed were detailed within a code book (Saldana 2018) to guide the research multi-authored analysis. Each research question guided the analysis for the structural coding phase; A priori constructs of communication practice had been identified to develop interview questions, these were further applied to the In Vivo analysis (Table 1).

Table 1 *Communication constructs*

Research questions guiding structural coding:
1. In what ways do the communication pathways of the clinical directorate structure of hospitals support effective diffusion of information between executive and senior staff? a) How do various agents, stakeholders and actors in the directorate define effective, diffusion of information between executive and senior staff i.e. what does it look like when it is working well? b) How are communication pathways for clinical directorate decision making currently implemented in the clinical directorate of the case study hospital? c) In what ways does the clinical directorate structure affects effective operation of these systems from the perspective of staff using them? d) What aspects of structural arrangements specifically influence effective communication and in what ways does staff overcome these barriers?
A Prioiri constructs guiding In Vivo analysis:
1. Ease of communication 2. Opportunities to communicate 3. Barriers to communication 4. Distributed leadership 5. Challenges 6. Workarounds and variation to practice 7. Clinical directorate structure 8. Cross discipline communication

The results of this initial round of coding were condensed as analytic memos. These memos provided a comprehensive analysis of each of the interview transcripts and aligned the data with both research questions and constructs identified from an earlier literature review. The intention was to package this data as a workable source for the deductive process of theoretical analysis. This was achieved through combining the memos in to one manuscript; a metasynthesis (Saldana 2018).

The theoretical analysis is the second round of data examination and is deductively undertaken. Each theory (Table 2) was extensively analysed through literature review to establish a series of constructs which were integral to each theory. These constructs were then further extended to identify elements (codes) which contribute toward the main constructs and with which to perform the analysis of participant's responses.

Table 2: *Coding for multi-theory approach*

Structuration theory (Giddens, 1984)

Primary code	**Code 2**	**Code 3**
a. Structural properties of the social system	-Rules	- normative elements (tacit use) -Codes of signification
	-Resources	-Authoritative use of resources -Allocative use of resources
b. Power contexts	-Intrinsic to individual(displayed) -Accepted by individual -Routine -Rules -Resources	-Dialectic (Action) -Authoritative use of resources -Allocative use of resources -position based (Structure) -Influence - Historical -Shifting contexts (over time)
c. Knowledgeability/Social conduct	-Unconscious (unacknowledged) -Conscious (bounded acknowledgement) -Routine -Consequences of actions	-Implicitly understood -Explicitly stated -Practical consciousness (what agents already know) -Intended/unintended
d. Context of interaction	-Boundaries around interactions (Disciplines) -Co-presence of others -Routine -Consequences of actions	-Signals of interactions (Facial expressions, Body gestures, Linguistics) -awareness and use of these to control the flow of interaction (I.e. closed-door policy) -Intended/unintended -Ontological security-predictability
e. Social Identities/Position-practice relations	-Normative rights -Obligations -Sanctions -Roles -Medical -Allied Health -Nursing -Non-clinical -Hybrid	-Friendships -Hierarchy -Co-presence/accessibility - Large discipline base - Singular representative

Activity theory (Engestrom 1987)

Primary code	**Code 2**	**Code 3**
a. Boundaries of work	-defined -cross over -integration with other disciplines	Clear demarcation of work -Complexity in some work -Relies on other disciplines for some work decisions
b. Responsibilities	-Defined -Combined with like discipline -combined with other disciplines	

c. Daily activities	-Overlapping systems -Processes	-Acknowledges needs of others -Reorganisation of praxis, innovation to work with others
d. Multi-disciplinary team	-Collective relationships	-Perspective taking -Perspective making -Perspective shaping

Distributed Leadership Theory (Gronn 2002)

Primary code	**Code 2**	**Code 3**
a. Constructs of Distributed leadership	-Relations	-Trust -Empowerment -Commitment
	-Structure	-Authoritative -Values -Interest -Networks
	-Behaviour	-Self concept -Influence -Power -Democratic Collaboration
	-Skills	- Working jointly -Works in silo -Task expertise -Communication -Cross boundary exchange
b. Processes	-Distribution of tasks	-Hierarchy specific (mandated) -Trust basis -Succession planning -Friendship
c. Outcomes	-Cross boundary collaboration	-Multi-discipline alliances -Multi-discipline communication
	-Absent leader groups	-Multi-Geographic capabilities

The third and final round of analysis was to establish a social network perspective based on a questionnaire offered to participants. The questionnaire was developed to prompt participants to think about their leadership, to whom they divest leadership responsibilities and with whom they prefer to communicate. Mapping social networks is an exercise designed to make sense of hierarchical features of a network (Buch-Hansen 2013). The focus is not of the formal hierarchy of the organisation but are "representations of the relational data specific to certain types of interactions" (Edwards 2010, p.2). Social network analysis results may also characterise structural features of the organisation through highlighting the interactions and relations between staff (Dang-Pham, Pittayachawan & Bruno 2017).The conventions of social network analysis demand at least one metric (Dunn & Westbrook 2011) is employed to analyse social relations; for the purpose of this project we have employed both *network density* and *network centrality* metrics to understand the relations between participants. *Network Density "*describes the overall level of interaction of various kinds reported by network members" (Sparrowe, Liden, Wayne & Kraimer 2001, p. 317). *Network centrality* describes where interactions occur; between small groups "or distributed equally among all members" (Sparrowe, Liden, Wayne & Kraimer 2001, p. 317). The metrics used within this project and their descriptors are listed in table 3.

Table 3: *Description of social network analysis metrics*

Network Metric	Description	Citation
Network Centrality		
-Centrality	The sum of direct connections coming towards (in-degree) and away (out-degree) from a node	Dang-Pham et al. 2017
-Structural holes	The lack of connections (or presence of holes in an egos network, implies the necessity of a broker to support a relationship with others where holes exist	Burt 2005
-Brokerage	The connections one ego has with another, potential for ego to act as go-between for other egos not connected. Has implications for power, influence and dependency	Hanneman & Riddle 2005
Network density		
-Cliques	A network that is built onto a pre-existing structure, members are fully linked, while maintaining ties with other non-clique members	Rubi-Barceló 2017, p. 1
-K-cores	Illustrates sub-structures where egos have membership within a group without having any participation in that group	Hanneman & Riddle 2005

The final step in the analysis phase is to align the qualitative and quantitative data with the theoretical analysis. Braun and Clarke (2006) suggest the layering of results in this way allows the nuanced results of the inductive process to expand and provide more detail to the deductively produced theoretical analysis. The layering occurs as an iterative process where participant's words are illustrated through social network mapping and supported through theoretical themes as an explanation. These findings are produced here as a discussion and conclusions in the following paragraphs.

Social Network Analysis

The social network analysis (SNA) yielded unsurprising results considering the interview analyses. SNA results corroborated much of the participant's dialogue from interviews. The SNA illustrated the relations between executive staff bringing this data to life in the form of a social network map (figure 1).

Operational Executive Administrative Executive

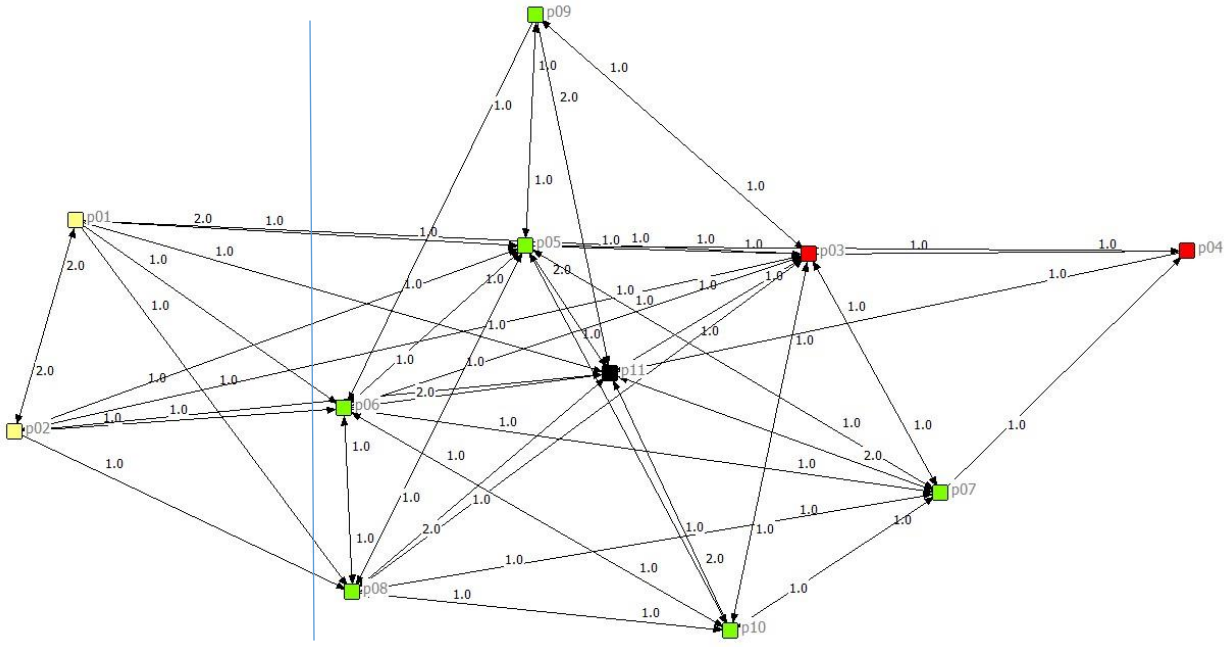

Figure 1: Weighted relationships between executive staff (1-2)

This result represents a division between clinical (operational) and non-clinical (Administrative) executive groups and a geographic divide in office locations (illustrated by the blue line). Table 4 is a summary, but not exhaustive of our broader findings.

Table 4: *Summary of broader SNA findings*

Color code	Status	Clique inclusion/reason
Yellow	Clinical (Operational) executive	P01, p02- shared discipline
Red	Clinical (Administrative) executive	P03, P04- Shared discipline
Green	Non- clinical (Administrative) executive	P05, P06, P07, P08 & P10- Offices in proximity P07, p08, P10 & P11- Previous working relationships
Black	Most senior staff member (declined interview)	P11-Power position supported by role and information from participants

The analysis also revealed several cliques within the executive group, representing divisions between clinical and non-clinical staff, staff who had previous working relationships with other staff and staff whose offices were in proximity. Further, the SNA illustrated which staff held powerful positions within the executive group. This result became apparent with the use of the *brokerage* metric (Hanneman & Riddle 2005). Networks for some individuals were incomplete in terms of having direct communication networks with others. These missing links were bridged by other executives whose networks appeared more complete (Dunn & Westbrook 2011); these staff with wider networks brokered relationships acting as *consultants, gatekeepers* and *liaison* staff (Hanneman & Riddle 2005). These roles afford the brokering staff greater power when they could choose to assist others or not, depending on their own needs or the needs of the organization. The SNA also illustrated positions of staff who, for various reasons, suggested they worked on the periphery of the executive group. Their exclusion from the main group was often expressed as poor communication relationships either because their tenure to date was short or, that they were undertaking projects that were yet to receive funding and could not stimulate the interest of their busy counterparts. Those staff who had previous working relationships were also closely tied within the SNA. This supports our discussion on the imposition of limited tenure, the importance of time to become familiar with others and in turn, develop effective communication relationships.

Discussion

Study results show communication tensions have a significant impact on the daily routines of the executive staff participants. Situating these tensions within the act of leadership

and limited tenure suggests the climate of communication within the organisation is under duress. Efficient and effective communications based on trust and formed through establishing long term relationships is absent within the group. There is an absence of healthy attitudes towards communication relationships. Healthy attitudes towards communication stimulates staff to meet organisational goals through empowerment and support (Downs & Hazen 1977). Downs and Hazen suggest healthy attitudes reflect organisational climate, relationships between peers, and the extent to which horizontal and informal communication is "accurate and free-flowing" (1977, p. 67). Individuals nominated limited tenure among other factors as a barrier to establishing free-flowing communication relations with other executive staff. Participants suggested it was one of many factors which constrained the development of the important requisite of trust. "Interprofessional communication and collaboration… [are] fundamental building blocks for improving patient safety and meeting the demands of increasingly complex care" (Rice, Zwarenstein, Conn, Kenaszchuk, Russell & Reeves 2010, p. 350). The perceived difficulty in developing established relationships because of lack time appears to affect personally where staff are uncomfortable about trusting others and, professionally, where a lack of effective communication relationships contributes to complexity in their work.

Our study surfaced three main constructs regarding limited tenure, the development of good communication relationships and the choice of enacted leadership.

- Professional- Expectations to continually seek new roles demonstrating growth and achievement. This restricts the time the executive can establish trusting relationships, become familiar with other work colleagues and establish their own standing within the organisation. This notion challenges extant literature by eliminating the concertive and conjoint (Currie & Lockett 2011; Gronn 2002) context of distributed leadership action where managers maintain tight control over their leadership responsibilities rather than encouraging collaboration and agency of non-managers.

- Organizational-Extended and limited tenure hold both benefits and disadvantages for organisational growth and success. Prior discussion highlights both the benefits of growth and development for staff where tenure is extended and the disadvantages to organisations where constant turnover of staff lessens organisational resilience through lack of loyalty and poor organisational citizenship (goal congruence, commitment and job satisfaction) (Parkes, Bochner & Schneider 2001). These qualities were present though only a few staff recognised the need to open conversations and be inclusive of others. Participants suggested the prior issues experienced by the organization, together with their perception of anticipated tenure affected their choice of leadership style.

- Personal-Executives nominate the benefit of limited tenure contributing to experience; they understood how relationships were affected within their current employment. Executives were unfamiliar with their peers and had concern regarding the competency of

their peers. These concerns were linked to a lack of working time or social interactions with others and the subsequent underdeveloped trust relationships that occur from this lack of exposure. They predominately shared lower trust with colleagues outside their own disciplines.

These findings represent more than impediments to good communication. These are a combination of exogenous and endogenous factors providing two different tangents from which to view limited tenure and communication relationships. We propose the current study speaks to both exogenous and endogenous issues. The work of Waldeck, Durante, Helmuth and Marcia (2012) is focused more on the endogenous or personal ability of individuals to communicate. Communication competency is "not just a soft skill" (Waldeck et al. 2012, p. 231), but transcends every social interaction. Waldeck et al. suggested that communication competency is the basis for "many other behaviours important to a successful career, including teamwork, leadership, planning organising and more" (Waldeck et al. 2012, p. 230). The observations made regarding limited tenure represent contemporary considerations for executives who contemplate their leadership and developing effective communication with their teams and others. Communication competency is therefore vital if the terms of developing trusting relationships to support communication pathways are devoid of natural progression. Where it is anticipated that tenure time is limited, executives may need to 'fast track' relationship development, which may compromise personal endeavors such as leadership, alliance building, trust and job satisfaction.

The results suggest though executives are consciously aware their tenure is limited, the most efficient route to attaining the organizational objectives is to maintain a tight control over their leadership duties. The approach contrasts with notion of distributed leadership. Actions curtail the leader's ability to develop and maintain effective working relationships and affect their already tenuous hold on controlling their world. Fragmentation of networks occurs when leaders are not invested in the staff they lead, nor motivated by their own needs. The process may be insidious and lead to leaders developing reported methods of controlling subordinates and securing resources required to carry out their roles.

Conclusion

The study uncovered a new understanding of the effects of limited tenure among contemporary executives in healthcare. Limited tenure appears to be an expectation both professionally within healthcare, and personally for healthcare executives. The consequences of limited tenure can be both beneficial and disadvantageous for organisations and individuals. Organisations benefit from longer term employees because they become adept to the nuances of the business. Organisations can also benefit from shorter tenured staff when they are actively supported by within the organisation. Shorter tenured staff (frequent staff turnover) also refreshes the organisational knowledge base and widens the network in which the organization operates. However, despite reducing the negative consequences of team turnover (Sellgren,

Ekvall, & Tomson 2007), implementing distributed leadership is unlikely to be effective in such a context.

The benefits for individuals are less clear; the literature focuses predominately on CEO's tenure providing little insight into the role of limited tenure and less senior employees. However, the participants of this project suggest limited tenure is an expectation within their disciplines and positively influences their future employment potential and self-growth. The participants also acknowledged the impact of limited tenure on their opportunities to establish trusting, fruitful relationships with their peers and subordinates. Importantly, our study found limited tenure has both acknowledged and unacknowledged ramifications for leadership styles. Our study has illustrated behaviours by executive staff to make the most of the time they have available to achieve the greatest impact. Such pressures limit the expression and implementation of distributed leadership and the potential individual and organizational benefits such leadership can accrue.

The formal hierarchy however is embedded in the heroic leader form (White, Currie & Lockett 2016); this remains the dominant form of leadership style in the focus hospital. Our discussions with executives reveal a hospital which has performed poorly in recent years. Our analysis suggests these executives employ both enabling and constraining styles of leadership to encourage innovation and change, but also to carefully guide the organisation back to better performance. This suggests a scaling of managerial behaviour against current needs of the organisation. Mixed leadership styles may also suggest a responsive manager who moves with his/her own needs. The study is based on data collected from senior executives who shared their views of communicating with each other. The discussion and results offered here focus on the original study undertaken and suggest that limited tenure influences how leadership is enacted, including cross discipline communication and activity, and relationships with other executives.

Further study on limited tenure, distributed leadership and job satisfaction and career achievement would be helpful for both research and practice. Whether executives consider or understand the risks of frequent job change on individual and organizational development is unknown. Further studies which address the implications of the short tenure executives on subordinate are needed to explore implications for and responses of staff who face changes of leaders in crucial roles along with the lack of continuity of leadership approaches.

References

Blanco-Oliver, A Veronesi, G & Kirkpatrick, I 2018, Board heterogeneity and organisational performance: The mediating effects of line managers and staff satisfaction, *Journal of Business Ethics*, vol.152, p. 393-407

Bolden, R 2011, Distributed leadership in organisations: A review of theory and research, *International Journal of Management Reviews*, vol.13, p. 251-269.

Boeker, W & Goodstein, J 1991, Performance and successor choice: The moderating effects of governance and ownership, *Academy of Management Journal*, vol.36, no. 1, p.172-186.

Braithwaite, J 2006, An empirical assessment of social structural and cultural change in clinical directorates, *Health Care Analysis*, vol. 14, no. 25 pp. 185-193.

Braithwaite, J & Westbrook, MT 2004, A survey of staff attitudes and comparative managerial and non-managerial views in a clinical directorate, *Health Services Management Research.* Vol.17, pp. 141-166.

Braun, V & Clarke, V 2006, Using thematic analysis in psychology, *Qualitative Research in Psychology*, vol. 3, no. 2, pp. 77-101.

Buch-Hansen, H. 2013, Social network analysis and critical realism, *Journal for the Theory of Social Behavior*, vol.44, no.3, pp. 306-325.

Burt, RS 2005, *Brokerage and closure: An introduction to social capital*, Oxford: Oxford University Press

Cox, A Grimshaw, D Carroll, M & McBride, A 2008, Reshaping internal labour markets in the national health service: New prospects for pay and training for lower skilled service workers? *Human Resource Management Journal*, vol.18, no. 4, p.347-365

Currie, G & Lockett, A 2011, Distributing leadership in health and social care: Concertive, conjoint or collective? *International Journal of Management reviews*, vol. 13, p. 286-300.

Dang-Pham, D Pittayachawan, S & Bruno, V 2017, Applications of social network analysis in behavioural information security research: concepts and empirical analysis, *Computers and Security*, vol. 68, p. 1-15

Dedman, GL Nowak, MJ & Klass, DJ 2011, The dimensions of efficiency and effectiveness of clinical directors: perceptions of clinical directors and senior management in western Australian public teaching hospitals, *International Journal of Clinical Leadership*, vol. 17, pp. 61-71.

D'Innocenzo, L Mathieu, JE & Kukenberger, MR 2016, A meta-analysis of different forms of shared leadership-Team performance relations, *Journal of Management*, vol. 42, no. 7, p. 1964-1991.

Downs CW & Hazen, MD 1977, A factor analytic study of communication satisfaction, *The Journal of Business Communication*, vol.14, no.3, p. 63-73.

Dunn, AG & Westbrook, JI, 2011, Interpreting social network metrics in healthcare organisations: A review and guide to validating small networks, *Social Science & Medicine*, vol 72, pp. 1064-1068.

Edwards, G 2010, Mixed-method approaches to social network analysis. ESRC National Centre for Research Methods Review paper, National centre for research methods, p. 1-30.

Engestrom, Y 1987, *Learning by expanding: An activity-theoretical approach to developmental research* (Helsinki: Orienta-Konsultit)

Engestrom, Y 2000, Activity theory as a framework for analysing and redesigning work, *Ergonomics*, vol 43, no.7 p. 960-974.

Fitzsimons, D Turnbull James, K & Denyer, D 2011, Alternative approaches for studying shared and distributed leadership, *International Journal of Management Reviews*, vol. 13, p. 313-328.

Fitzgerald, L Ferlie, E McGivern, G & Buchanan, D 2013, Distributed leadership patterns and service improvement: Evidence and argument from English healthcare, *The Leadership Quarterly*, vol.24, p. 227-239.

Giddens, A 1984, *The Constitution of Society: outline of a theory of structuration*, Berkley: University of California press.

Gronn, P 2002, Distributed leadership as a unit of analysis, *The Leadership Quarterly*, vol. 13, p. 423-451.

Gunzel-Jensen, F Hansen, JR Felsager, ML & Wulff, J 2018, A two-pronged approach? Combined leadership styles and innovative behavior, *International Journal of Public Administration*, vol. 41, no. 12, p. 957-970.

Gunzel-Jensen, F Jain, AK & Kjeldsen, AM 2018, Distributed leadership in health care: The role of formal leadership styles and organisational efficacy, *Leadership*, vol 14, no. 1 p. 110-133.

Hanneman, RA & Riddle, M 2005, Introduction to Social network methods. Riverside, CA (published in digital form at http://faculty.ucr.edu/~hannerman), viewed 15 November 2018.

Hargreaves, A & Fink, D 2008, Distributed leadership: Democracy or delivery? *Journal of Educational Administration*, vol. 46, no. 2, p. 229-240.

Harris, J & Mayo, P 2018, Taking a case study approach to assessing alternative leadership models in health care, British Journal of Nursing, vol.27, no. 11, p. 608-613.

Hartley, J & Benington, J 2010, *Leadership for Healthcare*, Bristol: Policy Press

Hertzberg, F Mausner, D & Snyderman, BB 1959, The motivation to work, New York: Wiley In Greenhalgh, L & Rosenblatt, Z 1984, Job insecurity: Toward conceptual clarity,

Academy of Management Review, vol.9, no. 3, p. 438-448. *Journal of Education Administration*, vol. 46, no. 2, p. 141-158.

Ho, J & Ng, D 2017, Tensions in distributed leadership, *Education Administrative Quarterly*, vol 53, no.2, p. 223-254.

Iedema, R & Degeling, P 2001, Quality of care: clinical governance and pathways, *Australian Health Review*, vol. 24, no. 3, pp. 12-15.

Joshi, BS 2019, Leadership style paradigm shift in hospital industry: Need of the day, in comparison with hospitality industry, *Journal of Health Management*, vol. 21, no. 1 p. 141-153.

Maden, C 2014, Impact of fit, involvement and tenure on job satisfaction and turnover intention, *The Services Industry Journal*, vol. 34, no. 14, p. 1113-1133

Mainiero, LA & Sullivan, E 2005, Kaleidoscope careers: An alternate explanation for the "opt out" revolution, *Academy of Management Executive*, vol.19, no. 1 p. 106-123

Maslow, AH 1954, Motivation and personality. New York: Harper In Greenhalgh, L & Rosenblatt, Z 1984, Job insecurity: Toward conceptual clarity, Academy of Management Review, vol.9, no. 3, p. 438-448. *Journal of Education Administration*, vol. 46, no. 2, p. 141-158.

McQueen, KM & Guest, G 2008, *An introduction to team-based qualitative research*. In G Guest, & KM McQueen (Eds.), Handbook for team-based qualitative research. P. 3-19, Lanham, MD: AltaMira Press

OECD (Organisation for Economic Co-operation and Development), Glossary of Statistical terms Employment Outlook, 2001, Chapter 3, page 93, viewed 15 November 2018, https//: stats.oecd.org/glossary/download.asp

Parkes, LP Bochner, S & Schneider, SK 2001, Person-organisation fit across cultures: An empirical investigation of individualism and collectivism, *Applied Psychology: An International Review*, vol.50, no. 1, p. 81-108.

Rice, K Zwarenstein, M Gotlib Conn, L Kenaszchuk, C Russell, A & Reeves, S 2010, An intervention to improve interprofessional collaboration and communications: A comparative qualitative study, *Journal of Interprofessional Care*, vol, 24, no. 4, p. 350-361.

Rubi-Barcelo, A 2017, Structural holes in social networks with exogenous cliques, Games, vol.8, no. 32, p. 1-32, Available at http://dx.doi.org/10.390/g803002, viewed 22nd November 2018.

Sellgren, S., Ekvall, G., & Tomson, G. (2007). Nursing staff turnover: does leadership matter? *Leadership in Health Services*, Vol. 20 Issue: 3, pp.169-183, https://doi.org/10.1108/17511870710764023

Salancik, GR & Pfeffer, J 1977, Organisational context and the characteristics and tenure of hospital administrators, *The Academy of Management Journal*, vol. 20, no. 1, p. 74-88

Salancik, GR & Pfeffer, J 1978, A social information processing approach to job attitudes and task design, *Administrative Science Quarterly*, vol. 23, no.2, p. 224-253.

Salancik, GR & Pfeffer, J 1980, Effects of ownership and performance on executive tenure in U.S corporations, *Academy of Management Journal*, vol.23, no. 4, p. 653-664

Saldana, J 2018, *The coding manual for qualitative researchers*, 3rd edition, sage publications

Sparrowe, RT Liden, RG Wayne, SJ & Kraimer, ML 2001, Social network and the performance of individuals and groups. *The Academy of Management Journal*, vol 44, pp.316-325.

Thorpe, R Gold, J & Lawler, J 2011, Locating distributed leadership, *International Journal of Management Reviews*, vol. 13, p. 239-250.

Waldeck, J Durante, C Helmuth, B & Marcia, B 2012, Communication in a changing world: Contemporary perspectives on business communication competence, *Journal of Education for Business*, vol. 87, p. 230-240.

Williams, C Chen, P-L & Agarwal, R 2017, Rookies and seasoned recruits: How experience in different levels, firms and industries shapes strategic renewal in top management, *Strategic Management Journal*, Vol. 38, p. 1391-1415.

Zampetakis, LA Beldekos, P & Moustakis, VS 2009, "Day-to-day" entrepreneurship within organisations: The role of trait emotional intelligence and perceived organisational support, *European Management Journal*, vol.27, no. 3, p. 165-175