



Leadership

The Practice of Leadership in the Messy World of Organizations

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Abstract This article examines the practice of leadership in organizations characterized by ambiguous authority relationships. Drawing on three empirical case studies illustrative of a long-term research program on change in health care organizations, we examine leadership as a practical activity focusing particularly on its dynamic, collective, situated, and dialectical nature. We invite researchers on leadership to look carefully at the embeddedness of leadership roles in context and at the type and consequences of practices that leaders develop in such contexts. Implications of these ideas for further research and for would-be leaders are discussed.

Introduction

Leadership studies have a long history in the administrative sciences and the field has accumulated an impressive body of knowledge (Parry & Bryman, 2006). Leadership research has focused for example on individual leadership traits (Judge et al., 2002; Stogdill, 1948), on transformational and transactional forms of leadership (Bass & Avolio, 1994; Bennis & Nanus, 1985; Judge & Piccolo, 2004; Tichy & Devanna, 1986), on leadership styles and behaviours appropriate to various contexts (Fiedler, 1967; House & Aditya, 1997), on the role of demographic and cognitive diversity in top management team decision making and performance (Carpenter et al., 2004; Hambrick & Mason, 1984), and on the psychodynamic dimensions that drive individual leaders (Kets de Vries, 2001). Each wave of studies has enriched understanding of the phenomenon. Yet much of this research still does not fully capture the experience of *doing* leadership as a practical activity in complex organizations.

Nevertheless, there have been several calls to focus more intensively on the activities of leaders and to inject greater dynamism into leadership studies. For example, Pettigrew (1992) argued for a more ‘processual’ and ‘contextualist’ view of leadership that pays greater attention to how leadership emerges and evolves in concrete social or organizational settings and to interactions between organizational contexts





and leaders' capabilities. In their review of leadership theories, Parry & Bryman (2006) refer to a number of emerging alternative conceptions of leadership including the 'processual' view. They also use the term 'distributed leadership' (see also Gronn, 2002) to describe a perspective in which leadership is considered less as the result of single individuals but more as a collective process where individuals negotiate their position with respect to others in more unpredictable ways than a rational view of organizations would suggest.

In a related trend, some researchers have proposed taking what is called in social sciences the 'practice turn' (Schatzki et al., 2001) for studying leadership (Alvesson & Sveningsson, 2003a, 2003b; Carroll et al., 2008; Knights & Wilmott, 1992) grounded in social theories of practice. A practice perspective focuses on human action and praxis in order to understand how people participate in the production and reproduction of organization and society and in this case of leadership. It is in this sense that Alvesson & Sveningsson (2003a, 2003b) have suggested looking at leadership as the 'extraordinarization' of mundane activities, emphasizing for example, the importance of listening and chatting as foundational practices of leadership exercised in the daily activities of managers. Another study in this vein by Samra-Fredericks (2003) focuses on conversations among strategists enabling the identification of certain rhetorical moves by which leadership becomes manifest. A practice theory view thus tends to focus on micro-level activities, examining in a very fine-grained manner how they achieve their effects. To date however, there have been relatively few empirical studies that explicitly adopt a practice perspective on leadership, and most of these studies have remained focused on relatively narrowly defined situations.

In this article, we revisit data from three case studies of leadership experiences in the context of change in the health care field, attempting to combine a focus on micro-level practices (Carroll et al., 2008) with an understanding of the broader overall processes (Pettigrew, 1992) within which they are embedded. We use this analysis to illustrate the *dynamic, collective, situated* and *dialectical* nature of leadership practices, suggesting a need to more strongly incorporate these dimensions into leadership research and training and to encourage an awareness of them among practitioners.

The health care setting that forms the backdrop for this analysis is somewhat extreme in terms of the ambiguity of its authority relationships – it is a particularly 'messy' world in which multiple groups with different values, interests and expertise compete for influence (Mintzberg, 1997). Yet, to the extent that leadership in any organization is considered as an interpersonal phenomenon that builds on informal sources of influence as well as formal hierarchical position, we argue that the research ideas derived from these studies may hold useful lessons for leaders and for the study of leadership practices. The attributes of pluralism and complexity particularly associated with health care are found in other sectors as exemplified by contemporary work on knowledge-based organizations (Alvesson & Sveningsson, 2003a). Moreover, some might claim that almost all large organizations are at least to some extent pluralistic in the sense of incorporating multiple foci of power, and diverse interests, values and expertise (Denis et al., 2005, 2007).

We begin by briefly presenting the three case studies that form the basis of our analysis, and then review how each study illustrates the four dimensions mentioned





above. Finally we consider the implications of this analysis for research and practice.

Three illustrative case studies

The three case studies considered here were originally developed as part of a long-term program of research on organizational change in health care organizations that has given rise to several previous publications (Denis et al., 1996, 2000, 2001, 2006, 2009). The research is based on qualitative and longitudinal research methods including multiple data sources: meeting observations, extensive hand-written field-notes, taped and transcribed interviews with managers, board members, professionals and employees, extensive internal documents and a voluminous database of press reports and editorials. Our interest in the leadership phenomenon initially developed around a preoccupation for understanding why some organizations seem able to initiate and implement deliberate change while others are characterized by more inertia.

In order to develop the practice view of leadership presented here, we will draw on three particular case studies from this larger corpus. The first study (Denis et al., 1996) focused on the cyclical nature of organizational change processes in contexts characterized by ambiguity. The second study (Denis et al., 2000) examined the process of integration of a new leader into a health care organization. The third study (Denis et al., 2006) focused on the role of management tools – and in particular on how a system of numerical indicators was used in implementing a major strategic decision, that is, the closure of nine short-term care hospitals. The present article integrates common insights across the three studies, while deepening the analysis of the leadership practices in these cases. The Appendix summarizes the original case studies and the data sources for each one.

In order to enrich understanding of the key points developed in the body of the paper, we begin by providing a short narrative vignette for each case placed in parallel with illustrative quotations from interviews showing perceptions of the particular practices and approaches of a key leader playing an important role in the case history. We focus more particularly here on three specific individuals who were at the centre of the action: John for Case 1, Ivor for Case 2 and Martin for Case 3 (fictitious names).

Case 1 vignette: change leadership under ambiguity

The first case study focused on the leadership of major change in a hospital characterized by diffuse authority and power relationships. Several people played leadership roles in this context, but perhaps the most interesting figure in the process was John, a public health physician who at the start of the study did not hold a particularly central position in the organization. However, when the CEO ran into difficulties with a planning process, he called on John to help out. From this point on, John began to play an increasingly important role, promoting the designation of the

John as a leader:

*'He was a guy who shook up a lot of things'.
(Doctor-manager)*

'He's a guy who's very dynamic, he assembles people, he's a doer, he can find the glue to stick rubber to plastic'. (MD)



hospital as a teaching institution and mobilizing colleagues from the medical staff and the board around his ideas. His approach was very entrepreneurial and hands-on. When he felt something needed doing, he tended to go for it, becoming successively involved in managing financial downsizing, and negotiating with the ministry of health and with the university. He was extremely effective in most of these enterprises, producing impressive substantive results in terms of fiscal equilibrium and the teaching affiliation, but his activities were not always appreciated by people who felt pushed aside or ignored in his unrelenting drive to move things forward. Eventually, he and his main collaborators lost the support of key members of the medical staff who felt that the organization was moving too quickly. John left the hospital and moved on to other things, while the change process he had initiated slowed down.

Case 2 vignette: the process of integration of a new leader

The second case study focused on the process by which a new leader – called here Ivor – integrated into the CEO position in a large and prestigious teaching hospital. Ivor had acquired a reputation for excellent communication skills in his former post as CEO of a smaller hospital and this was one reason why the medical establishment was particularly keen to hire him – they felt that their hospital needed to develop a higher profile. However, they were also hiring someone who had a strong taste for innovation – something that members of this more conservative organization were not quite ready for.

The case shows how difficult it may be for a new leader, even a CEO, to impose his way of thinking on an organization with strong incumbent stakeholders. While his integration was ultimately successful, Ivor found himself forced to adopt many of the perspectives preferred by the powerful medical staff and he went through numerous difficult trial and error negotiations with his administrative team concerning quality management practices. Ivor's 'open-door' style and practices, his skill in communications and his informality in relations with others were popular with physicians. They enabled him to rapidly assimilate the perspectives that the medical staff favoured. He became adept at finding ways to develop initiatives

'He was a catalyst, he seeded ideas'. (MD)

'Things were done in a cavalier fashion . . . people were profoundly upset by the way things were done'. (Manager)

'People need to slow down. You cannot keep on breaking the china all the time'. (Manager)

Ivor as a leader:

'A man of imagination, of creativity of projects, of considerable ambition, of unbounded energy'. (Manager)

'He has an open-door policy and receives all sorts of people in his office. But sometimes, it looks like interference.' (Manager)

'I think he is gradually becoming imbued with our culture. Like an angel cake – when you add the syrup, it seeps in'. (MD)

'He took the culture, adopted it and adapted it'. (Manager)

'I've learned some fascinating things. You have power by remaining distant here. If you are too



that met their concerns and interests but that also contributed positively to organizational performance. On the other hand, the same practices caused difficulties with the administrative team who sometimes found themselves shut out. Moreover, Ivor gradually came to realize that his ‘open-door’ policy might undermine other managers and leave him with little recourse when a change of direction was required.

involved from the beginning, you lose your impartiality'. (Ivor)

Case 3 vignette: the role of tools in leadership

The third case study focused on the orchestration of a major downsizing decision in a health region. Again many people played leadership roles, but the new CEO of the regional board (Martin) was a key player. Martin saw his task as creating consensus around a difficult decision that involved closing down nine acute care hospitals and transferring resources to the community. For him, this was a noble objective, contributing to the sustainability of the health care system.

The approach used to achieve the objective involved two sets of public hearings in which stakeholders were asked to comment on a preliminary plan. The first set of hearings was organized to achieve consensus around the need for closures rather than cutting across the board, while the second set involved naming specific institutions. Throughout the hearings, Martin and his team adopted an apolitical and rational stance, presenting themselves as sincerely searching for the best solution, while showing sensitivity to participants’ concerns. In order to determine which hospitals were to be closed, a numerical scoring system was used and publicly defended. The skillful design of the system, its apparent objectivity, and its embedding in a process that demonstrated competence and transparency, combined with the compatibility of the decision and the values and interests of a dominant coalition, enabled the project to pass. However, the ‘objectivity’ of the numerical system made changes to the list of closures difficult even though this might have been desirable. Moreover, some observers found the process manipulative. Finally, the plan was complex to implement and required management skills different from those that had been required to produce it.

Martin as a leader:

‘He had a very clear vision’. (Manager)

‘Martin dared. The CEO sets the tone’. (Manager)

‘[They] are doing this with a surprising degree of energy, transparency and determination . . . to the point where one wonders: who are these people, Martin X, for example’. (media report)

‘It takes courage to face decisions like that . . . to be able to stand up in public to explain things, and to be rational’. (MD)

‘I think that most people realized that the dice were loaded’. (Manager)

‘They prepare wonderful files. I admire that. But how many of them really know how to manage?’ (Manager)



The stories provided here are intended to offer some of the flavour of the cases and of the particular leadership activities and events within them. As can be seen, each of the leaders was successful, and yet certain aspects of their action had less positive consequences. We will draw on these basic stories and on other complementary data in the following discussion to illuminate four features that we argue to be important in developing a deeper understanding of *doing* leadership.

Doing leadership

The perspective presented in this article emphasizes the importance of looking at the micro-practices through which leadership is constituted. Specifically, drawing on the three cases sketched earlier, we highlight successively the *dynamic*, *collective*, *situated* and *dialectical* character of *doing* leadership as a practical activity. Table 1 summarizes how these basic dimensions apply to the three representative studies of health care organizational change.

Leadership as *dynamic*

Leadership studies that reduce leadership and its consequences to inter-related sets of variables are clearly very limited in their capacity to grasp the temporally rich experience of what it means to be a leader visible even in the very short vignettes provided earlier. Our research program and the three cases in particular reveal the nature of leadership as a *dynamic* phenomenon – a process that evolves over time in context. Indeed, a longitudinal research perspective seems essential to better understand how context and leadership interact through time and how changes take place. Leadership emerges, shifts, changes and flows around organizations as leaders and others engage in everyday activities, interpret the meaning and consequences of prior actions and engage in further actions.

At the centre of the dynamics of leadership is the recursive relationship between leadership practices and their consequences. One way of looking at these consequences is to consider them in three categories: substantive, symbolic and political (see also Denis et al., 2001). Substantive consequences are those that concern concrete structural change. Symbolic consequences concern the evolution of meaning among relevant stakeholders. Political consequences refer to the evolution in leadership roles themselves. Political consequences such as increased or decreased credibility and changes in formal position are particularly important for determining leaders' future scope for action. The *dynamics* of leadership are strongly related to these political issues in the first two cases.

For example, in Case 1, John's ascension to a key leadership role and eventual withdrawal constitute a dynamic process that can only be understood by looking at his activities and their consequences over time. His initial interventions were rather popular. He took over the strategic planning process, succeeded in generating consensus among his medical colleagues (something that the CEO had not achieved), and piloted a report that demonstrated that the hospital was underfinanced. The result of these initiatives was to create a web of support across the organization that encouraged him to pursue these proposals further and gained him a promotion to an administrative position. In pursuing the teaching hospital affiliation, his role widened



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Table 1 Illustrations of four features of the practice of leadership in the three case studies

	John: change leadership	Ivor: becoming a leader	Martin: the role of numbers in leadership
Leadership as Dynamic: <i>Leadership actions at one time can change the potential for effective leadership later</i>	John's initial successes led to increased power, but as his actions threatened other interests, they made it impossible to continue.	Ivor's earlier assimilation to the values of the medical staff enabled him to convince them to change later.	Martin's initial work in building a coalition and obtaining consensuses on the need for closures made the subsequent naming of targeted hospitals easier.
Leadership as Collective: <i>Leadership depends critically on a constellation of co-leaders who play complementary roles</i>	John built effective alliances with the medical council chairman Chris and Board member Mitch, each playing complementary roles in promoting change.	Ivor had to negotiate his position with respect to the very powerful medical staff and board as he entered the organization.	Martin's initial moves involved building a team internally and with Russell on the Board, then widening the coalition to other board members and outsiders.
Leadership as Situated: <i>Leadership is manifest in the micro-activities of leaders in interaction with others in specific contexts</i>	John's leadership was manifest in the way he was able to persuade a team to adopt a contrary orientation to the one they had in mind previously using energetic and inspiring arguments linked to desirable strategic goals.	Ivor's leadership was manifest in the way he connected warmly, and naturally with other people in interactions, acquiring both visibility externally and recognition internally.	Martin's leadership was manifest in the way he was able to present himself in public and defend the hospital closures using rational arguments and demonstrations of competence and transparency.
Leadership as Dialectic: <i>Practices that seem to be effective often have a downside. The strengths of leaders can become weaknesses</i>	In opposing a variety of organization members using practices such as those in the box above, John stepped on a lot of toes. He succeeded in the moment, but created opposition that would later have its day.	Ivor's open and accessible style described in the box above enabled him to gain credibility, but sometimes meant decisions were taken too quickly and he was left without a final recourse in case of problems.	Martin's rational approach described in the box above was successful in achieving the closure decision, but the number system limited discretion and the public hearings process made the project very complex.

further. His negotiations with the government led him to propose a retrenchment plan, something that previously had been considered inconceivable. As one board member noted, 'It was a curious thing to see. The Board tipped completely from one side to the other. Suddenly sentences that before made everyone jump – we need a balanced budget – were uttered. Because now we were told that a balanced budget was needed to get the university affiliation'. This constituted the height of John's influence in the organization, but also a turning point as certain people began to see his contribution in less positive terms. Concerns became more and more evident as certain key members of the medical staff began to see other potentially negative consequences of the university affiliation. As opposition to the proposal grew, John's store of credibility as a leader diminished and it became urgent to move on.



The dynamic processes described here were also inherent to Ivor's integration as a new leader described in Case 2. Ivor successfully succeeded his predecessor but had to go through an integration process that took considerable time (27 months) and was differently achieved throughout the organization. During this time, he used several mechanisms to build his leadership. As illustrated in the vignette, with the medical staff, he found himself obliged to shift his perspective to meet their expectations before being able to convince them to consider moves in new directions. In parallel with these processes, he engaged in a long period of trial and error with the administrative team around the implementation of a quality-improvement project. The extensive support he had acquired from the medical staff early in the process of integration was however helpful in protecting him in his struggles with the administrative team. His credibility with physicians made it easier to survive these conflicts and adjustments. A new leader entering in an organization needs to be aware that leadership is a dynamic process in the sense that one action or one form of integration may be a precursor of another. The interactive and dynamic integration process between leader and organization was summed up by one observer as follows: 'Each side compromised in their approach and now we see that there is harmony'.

In Case 3, there are several dynamic phenomena, but a particularly interesting one turns around the way in which Martin and his leadership team orchestrated the decision to close hospitals in two distinct phases. The number system they used to choose hospitals for closure was not put on the table immediately. Rather, prior public consultations had already established the benefits of closing down some hospital structures instead of spreading budgetary cutbacks across the system. Martin's leadership in this early phase, manifested in strong solidarity among regional board members and support in the press enabled the board to claim consensus around the initial decision – a symbolic triumph that clearly influenced the acceptability of subsequent discussions around the choice of sites for closure. At the same time, the dynamics of the hearings generated other consequences that might be more problematic for future leadership actions. For example, the team's attentiveness to participants in the earlier hearings created increased complexity in the final proposal, rendering future management and leadership tasks more challenging.

Overall, our point here is that leadership is something that evolves and manifests itself over time, interacting with its context. As circumstances change, leaders may easily gain or lose influence. Moreover, leaders may contribute either wittingly or unwittingly to their own leadership gains and losses through their activities and practices at any particular point in time and the consequences these may bring. As Case 1 illustrates, and as we shall develop further in a later point, activities that seem to be effective in achieving substantive impact may sometimes become problematic later. This emphasis on the dynamic nature of leadership strongly recalls Pettigrew's (1992) call for a processual perspective on the emergence, development and evolution of leadership roles.

Leadership as *collective*

Our research program also drew attention to the *collective* nature of leadership. We argue with others (e.g. Gronn, 2002) that there is value, even within more hierarchical organizational forms to considering leadership not simply as an individual



attribute but as a coalitional phenomenon both throughout the organization and among leaders at the top. While the ‘upper echelons’ approach proposed by Hambrick (2007) and others has moved the focus away from CEOs towards their top management teams, more could be done to open up our understanding of how team members interact and coalesce dynamically in the context of practical activity. In the vignettes shown earlier, we emphasized the roles of three key individuals. However, in each case, the activities that are central to their practices would have been impossible if these individuals had not succeeded in aligning themselves with others in leadership positions with whom they then coordinated their actions. Indeed, part of the dynamics of leadership described earlier involves the construction and evolution of what we call ‘leadership constellations’ following Hodgson et al. (1965). We now briefly illustrate the importance of these constellations to the three cases.

John’s leadership activities in Case 1 would have been impossible if he had not constructed strong alliances with a number of people who played co-leadership roles. Central among these was Chris, a physician who had been elected to the hospital’s medical council and who had extensive political connections as well as a desire to see the organization develop, and Mitch, a proactive board member rather tired of what he saw as the defeatist tone dominating board meetings. The CEO also contributed to the constellation by maintaining his support despite the somewhat invasive initiatives of John and Chris. Various respondents described the relationships among these protagonists: ‘Chris had been looking for some time for a Director of Professional Services he could work with’ (John); ‘John’s arrival was a precipitating factor for Chris. This is the guy we need’ (Manager); ‘Chris was a good politician . . . there was an alchemy between John and Chris . . . They had good relations with Mitch on the board which helped move things along’ (Manager). The group created a powerful constellation of people who mutually coordinated their actions, playing differentiated but complementary roles (see also Denis et al., 1996, 2001). Without this circle of collaborators, constructed over time, none of the protagonists would have been able to achieve much in an organization where power and influence were widely distributed.

Case 2 also clearly shows the collective nature of leadership. As a new CEO, Ivor had to take into account the configuration of coalitions in place, and in particular the three key poles of influence in this organization: the Board, the Medical Council Executive and the administrative team. Indeed, his task as a new leader involved inserting himself into an existing constellation, and gradually finding a way to inflect its evolution over time. In this case, the prestigious medical staff exercised enormous influence requiring Ivor to develop linkages with them before he could begin to attempt moves in new directions. The process of leader integration seen in this case study contrasts quite strongly with a more traditional perspective on leader integration as ‘taking charge’ (Gabarro, 1987). Instead, the process can be viewed as one of mutual accommodation and interdependence, in which the capacity to lead collectively emerged gradually over time. As one doctor put it towards the end of the study, ‘It is impossible that the medical council executive and the CEO not have the same information on the institution. We have a common front’.

In the case of the decision concerning the hospital closures (Case 3), we also observed the collective character of leadership. It would not have been possible for Martin to put forward this extraordinary proposal without having built up a strong



constellation with his own staff and Board members. The internal cohesiveness of the team was palpable and noted by several observers: 'There's a lot of cohesiveness in the team'. Martin's collaborative relationship with Russell, the Chairman of the Board was particularly strong: 'The Board Chair and the CEO form a team . . . exactly on the same wavelength and they have articulated their roles in a complementary way that is extremely mutually supportive'. This was particularly critical when the time came to defend the closures in public as the consistency with which members of the team were able to articulate the reasons behind the decision added to their credibility (Denis et al., 2006). At the same time, the coalition for change had to extend outside the organization to be successful. Thus Martin and other members of the team built alliances with other key health care leaders to ensure support of their project.

Overall, building on the original work of Hodgson et al. (1965), we suggest that a constellation of leaders will be more effective if it presents three characteristics: *specialization*, *differentiation* and *complementarity*. Specialization refers to what each member of the constellation brings in term of expertise and legitimacy (e.g. clinical expertise, expertise in managing professionals, in setting up decision-making processes). Differentiation refers to the division of labour among the coalition in order to avoid excessive overlap and possible competition among leaders – a non-negligible risk in contexts where individuals may have forceful personalities and strong ambitions. Complementarity refers to the scope of the resources (expertise, legitimacy, relationships) that a constellation has in regard to the challenges faced by the organization. The idea here is that the more a constellation is aligned with the issues faced by an organization, the more its leaders will be in a position to have an impact.

Leadership as situated

Leadership is also contextually *situated* and practically enacted. Such a view implies a need to look simultaneously at the properties of context and at the micro-level detail of leadership practices *in situ* to understand how they achieve their results as suggested by Alvesson & Sveningsson (2003a, 2003b) and Carroll et al. (2008). To illustrate this idea, we zoom in on some particular episodes in the three cases, illustrating activities of the three leaders that appeared characteristic of how they actually *did* leadership in the here and now. An optimal source of data for capturing the micro-practices of leadership is the observations of leaders in action, something that we were able to capture at least partly in Case 3 and will use for our illustration here. Another source that offers a useful perspective on practice is leader's own accounts or narratives of their practice (Rouleau, 2009). Although these accounts may be less detailed and comprise elements of impression management, they provide deeper insight into the thinking behind individual leaders' behaviours, and the knowledge driving their practices. This is the source of data we use in our illustrations for Cases 1 and 2.

To illustrate episodes of leadership practice for Case 1, we present two short narratives or verbatim stories from an in-depth interview with John. These are shown in Table 2.

These stories describe two micro-episodes that have striking similarities despite their very different context. They both reveal John's influence as a leader. In both



Table 2 Two micro-narratives of John's leadership practice

Story 1: the big COUP	Story 2: tediirecting the fund-raising campaign
<p>People were saying we were underfinanced. So the Finance director proposed a process for demonstrating this with an accounting firm . . . And I came right in and said, 'No – we'll take a different route and do a financial analysis in the context of the current situation and for our future strategy'. And we called it the 'Big COUP' because jokingly I said we needed to give a big kick ['coup de pied' in French] and create the Committee for the Organization, Unification and Promotion of the hospital. And so we agreed to that, so it was a very participative strategy that created a wide movement to recognize the financial difficulties of the hospital . . . It enabled consideration of the implications of our strategy that we hadn't done yet. I profited from this to do that. This wasn't necessarily appreciated by the Finance Director who had his consulting firm lined up and they lost a contract. But the CEO and the Board approved it.</p>	<p>In the summer, the CEO with the foundation decided to undertake a fund-raising drive [for the anaesthesia department]. That isn't easy to sell but it had been accepted by the Board of the hospital and the foundation. They asked me to come and talk to the Board of the Foundation and to tell them about anaesthesia . . . I went to the meeting, the Board Chair was there, and I started talking about traumatology. I said I thought that anaesthesia was a terrible theme to sell to the community, that the hospital couldn't really identify with that, but with a more strategic choice which was traumatology. In the end, the Board decided to convene a couple of days later and from one thing to the next, they converged around traumatology. And the only person who changed that was me because the anaesthetists were very happy to go ahead with anaesthesia but the rest of the hospital wanted traumatology. So we had a fundraising campaign around that and I was the spokesperson for the hospital.</p>

cases he enters a situation arguing in opposition to plans promoted by people who have apparent organizational authority and legitimacy, and he succeeds in driving things in a completely different direction. His persuasiveness clearly reposes at least in part on the strength of his arguments but also on the excitement and enthusiasm he manages to create around his ideas. In each case, he moves people away from a short-term operational choice that he presents as dull and bureaucratic towards a more strategic and even glamorous decision compatible with the strategic plan he has previously been involved in developing. His ideas are all driven by an articulate and integrated vision that no one else seems to be providing, and moreover, it is one that looks to the future optimistically. In the first story, the symbolic language and wide participation of the 'big COUP' is able to generate enthusiasm across the hospital around the potential for development. In the second story, the idea of encouraging investment in a prestigious traumatology program is clearly far more attractive and strategic than the CEO's original plan to orient the campaign around anaesthesia. John's success in moving people around to his views is also related to his obvious entrepreneurial drive and willingness to place his own energy in the service of these initiatives. He became the coordinator of the 'big COUP' and the spokesperson for the traumatology fundraising drive. Thus the highly concrete and situated nature of leadership practice is evident in these specific incidents. It is through such episodes that leadership is enacted.

At the same time, these micro-level manifestations of leadership do not occur in



a vacuum. It is here that the *dynamic* and *collective* dimensions of leadership as processes are important to consider as a backdrop to *situated* practices. For example, in order to fully appreciate John's success in persuading others in the above cases, it is important to understand what had happened before these incidents that might make his message particularly credible. John's success with the prior strategic planning exercise as well as his recent very skilful handling of a local environmental crisis in which the hospital's performance was seen as exemplary were elements that almost certainly made him a person worth listening to. In addition, the strong collaborative relationship he had already developed with Chris ensured that when he spoke, other members of the leadership *collective* were already with him. Thus situated practice is embedded in and indeed partly constructed by these underlying dynamics.

To illustrate Ivor's situated practices in Case 2, we look briefly at an account from a middle manager towards the end of the integration period describing her reactions to the new leader:

He has created breakfasts with the staff and two of my employees were part of these breakfast talks. So . . . for them, I think what came out was that he was someone who is accessible. Contrary to the image of a Director General that everyone has – you know a big man who walks around with a briefcase (laughter . . .) who is just not accessible . . . He has demystified that image that people had . . . You know, in meetings, he will say, 'We met with people from the ministry, or we're going to Quebec next week, and we will discuss this and this'. Before we had information, but it was always very general . . . When Ivor X arrived, all of a sudden I realized the Director General exists (laughter) and he sees us, he meets with us.

In this quotation, the very existence of a leader within the organization is literally made manifest by his practices of accessibility. At the same time, accessibility to his own employees also acquires value because of his visibility and prestige in the local scene: 'He has wide visibility outside the hospital in the media and everything . . . and at some point, people say – that's our Director General'. At this point, it is clear that Ivor has been successfully integrated into a leadership role, he has been appropriated as such by his 'followers') and that the practices described in the two quotations appear to have contributed to that. Once again however, it would be simplistic to consider the effects of these practices in isolation without also examining the *dynamic* process of adjustment that led to this point, or without considering the strong alliance that he had developed with the medical staff (i.e. the *collective* dimension of leadership) that gave him the credibility to appear in public and with employees as a leader.

Case 3 again illustrates the importance of situated practices, and in this particular case of practices associated with managerial tools. In our study of closing hospitals, we saw that the number system Martin and his colleagues used to orchestrate the decision needed to be continually sustained along the way by the leaders in place. Thus different members of the leadership team had to discursively support the value of using rationality incarnated by numbers. Throughout the public hearings, they had to constantly reaffirm the objectivity of their scoring system and to discredit any counter propositions that would weaken their approach: 'In terms of criteria, those



that we used, the five of them, are the most objective criteria that exist'. In order to sustain this claim of rationality and objectivity, they relied only on numbers derived from the hospitals themselves and propagated a uniform discourse that explained the rationale behind the scoring system and its relative advantages compared to others systems. They also demonstrated an attitude of transparency in using the numbers in public, attempting to show that they were at the service of the people at large rather than of particular interests: 'We wanted to be seen as an objective organizer who defends the population's interests'. The reaction of the media to their efforts were remarkably favourable (see Vignette 3), suggesting that they had positioned themselves well as disinterested advocates for the collective good. In addition, through the public consultation process, Martin and his colleagues symbolically disempowered their adversaries by making it very difficult to offer counterarguments, since any questioning of the number system automatically redirected the threat of closure to sister institutions (Denis et al., 2006).

It was through these situated practices during the hearings themselves that the tools used by Martin and his team became relatively powerful and facilitated their leadership in solving the problem of budgetary cutbacks. Yet once again these practices were embedded in a dynamic process that contributed to their success. Without the carefully managed sequential process described earlier that built up to the hearings and without the solidarity among the *collective* leadership team (and particular between Martin and Russell), these leaders could not have sustained the integrity of these processes.

In summary, the three leaders studied showed different patterns in their situated practices as revealed in these illustrations. John's entrepreneurial moves succeeded in deviating colleagues from preconceived paths by offering attractive alternatives embedded in an overall strategic vision. Ivor's skilful communication practices brought him appreciation from the people who looked to him for leadership and enabled him to become integrated. Martin's rigorously rational and objective approach accompanied with openness and transparency enabled him to achieve consensus around a very difficult decision. In all three cases however, the micro-level effects of their situated practices could not be understood without knowledge of the context in which they occurred (i.e. the broader *dynamics* of the process, and the relationships developed with key co-leaders – the *collective dimension*). It is important to realize also that all of these situated practices embed contradictions. Their effects are not so simple or one-sided as we may have implied in this section. This brings us to the fourth dimension we wish to emphasize in this article.

Leadership as *dialectic*

Throughout the research program described here, we encountered contradictions in the exercise of leadership in situations of change. Collinson (2005) recently drew attention to three dialectic dimensions of leadership practices that he labels control/resistance, consent/dissent and men/women. He suggests for example that apparently successful leadership practices inherently generate their own resistance, that consent may be manufactured and hide overt or passive practices of dissent among followers and that gender relations may be embedded in these tensions. He notes that,



a dialectical approach suggests that studies need to acknowledge the deep-seated asymmetrical power relations of leadership dynamics. It recognizes that leaders exercise considerable control and that their power can also have contradictory outcomes which leaders either do not always understand or of which they are unaware. (p. 1435)

The three cases we studied reveal that leadership has dialectic qualities based on the equivocal nature of many leadership actions and practices. Indeed each of the vignettes suggests a cyclical process in which each leader's practices had a 'dark side' that ultimately came to the surface and that we now explore in more depth.

If we consider Case 1, a second look at the two practice narratives in Table 2 suggests that John's practices of entrepreneurial leadership were not without risk. For example, in the Grand COUP story, we see that the Finance Director has been largely undermined by John's proposed solutions. In the fund-raising story, there are also losers, starting with the anaesthetists who had expected to be the main beneficiaries of the hospital's campaign. One might also surmise that the CEO who had initially supported the anaesthetists might find the situation somewhat uncomfortable. Through practices like these in which he aggressively promoted his strategic ideas, John created pockets of dissatisfaction and tension surrounding himself even as he achieved immense strides in developing the hospital and in improving its performance in collaboration with Chris, Mitch and others. Ultimately, as one observer put it, 'You cannot keep on breaking the china'. After some time in their positions, John and Chris had created too many enemies and it was time to move on. It is perhaps no accident that the person who replaced Chris as the new President of the Medical Council was the chief anaesthetist.

Ivor's situated practices as described earlier also had contradictory effects. While his 'open-door' policy and accessibility were appreciated by the medical staff and employees, they became a bone of contention for his executive team who felt that this practice tended to bypass their authority. Indeed, one manager offers a somewhat different perspective on this practice from that indicated earlier:

He says I will go and eat with you in the cafeteria, and we are there at the table at lunchtime with the employees of the hospital and the Director General in shirtsleeves who says, 'Let's talk'. Well, people who have never seen that in their lives think that at last they have access to the pipeline. They take anything that is said for a decision. Participation is opened up – everyone wants to participate, but should it be around the Board table or at the proper level and then it goes up through the organization? . . . So now he risks having everyone's problems in his office.

Ivor himself also gradually came to see the risks of excessive openness and found himself modulating his approach as illustrated in the following narrative:

I'm going up the stairs . . . and I meet a doctor, a service head, coming down. He says, 'Hi, look, I have a great idea for my service . . . we need to do things this and this way'. I say, 'That's very interesting, we should think about it'. Two days later, I have a department head come into my office and say, 'You authorized \$300,000 for the complete reorganization of the service'. You have to be very



careful in an organization like that to create an environment and structures that allow formal, democratic and open decision making.

For Case 3, we also see a dialectical effect in the use of the number system fabricated by Martin and his team at the regional board. Part of the reason the number system was successful was because of its constructed objectivity. This enabled the team in some sense to distance themselves from a difficult decision – the numbers, not they, were responsible for the choice of hospitals to be closed. And yet, by implicitly assigning agency to numbers, they actually diluted their own discretion as leaders. In fact, among the nine hospitals targeted for closure, there was one organization among them that was probably more effective and efficient than the others and that had managed to mobilize considerable community support. Some Board's members were conscious of this situation but there was no way of making adjustments to the decision without jeopardizing the legitimacy of the whole process. Had the Board taken seriously any of the arguments put forward contesting individual closure decisions, it would have thrown the whole project up in the air. Once the number system was implemented, the regional Board and the targeted hospitals appeared to be locked into the decision.

In summary, as shown in this section, the *situated practices* of leaders rarely have unequivocally positive effects. Even apparently successful practices embed within themselves contradictory effects – a dark side – that may and often does come back to haunt leaders.

Indeed, leadership roles are by nature transient, and leaders are subject to unexpected forces for change including the consequences of their actions, practices, and decisions. They evolve in complex systems of interactions including patterns of power and interests that they cannot fully control. Nor can they perfectly anticipate the context and the outcomes of their decisions. This brings us full circle to the *dynamic* nature of leadership processes. Indeed, we would argue that the dialectic nature of leadership practices is a major force behind the dynamics of leadership (see also Denis et al., 2001). Specifically, John's practices in Case 1 were often substantively effective, but as time went on politically problematic. Ivor learned to adapt his practices over time to avoid their more problematic political effects and use them increasingly to his advantage. And Martin was successful in the short term, but had to deal with some of the unanticipated consequences of his practices once he had achieved consensus around the hospital closure decision.

Implications for future research

We hope that the adoption by researchers of a *dynamic, collective, situated* and *dialectic* approach to the study of leadership practices in a diversity of settings will increase our grasp of the context and process of leadership and the dilemmas of achieving influence beyond the myth of absolute power. Re-acknowledging these attributes of leadership has implications for future work. There is clearly room for more research that documents in much richer detail the actual doing of leadership in complex settings (Alvesson & Svenningsson, 2003a, 2003b; Carroll et al., 2008; Pettigrew, 1992). In the light of the ideas and findings presented earlier, we will now discuss four distinct directions in which we believe this line of research could develop



under the following theme headings: contextualizing micro-leadership practices; collective leadership practices and dynamics; the role of practical knowledge in leadership; and the materiality of leadership.

Contextualizing micro-leadership practices

As we indicated at the beginning of this article, proponents of research on the doing of leadership have taken two rather different approaches to this topic. On the one hand, Pettigrew (1992) and other process scholars have emphasized the need to look at the evolution of leadership roles over time. On the other hand, scholars adopting a social practice lens (Alvesson & Sveningsson, 2003ab; Carroll et al., 2008; Samra-Fredericks, 2003) have urged a more micro-level focus on *situated* activities and interactions and their consequences in the here and now. The observations presented in the current article suggest that neither of these views is entirely complete. The broad process perspective neglects the highly specific skills and practices through which leaders enact their roles and influence others as illustrated in the examples above. However, an exclusive focus on situated micro-level activity ignores what is brought into the situation from previous activities and interactions (i.e. the *dynamic* and *collective* dimensions). In other words, John's persuasive interventions in meetings, Ivor's skilful 'listening and chatting' with employees (Alvesson & Sveningsson, 2003a), and Martin's brave performance in public hearings depend in part for their success on everything that has gone before as well as the collaborators and allies that are brought onto the scene to support them either physically or virtually.

In addition, micro-level studies of leadership in action, such as for example Samra-Fredericks' (2003) impressive analysis of the rhetorical devices used by six strategists in a management meeting, tend to look at the consequences of these practices within a very short interval surrounding the events – the emphasis is often on what the practices appear to accomplish in the present. Yet, as we showed when we discussed the *dialectic* dimension, the long-term consequences may be somewhat different, but nevertheless important. Researchers (as well as leaders) need to consider the potential benefits and costs incurred by leaders in the future while achieving influence in the present.

In sum, while we advocate a research agenda that takes a practice perspective on leadership, we believe that it will be most productive if accompanied by a focus on all four of the dimensions that we have delineated in this article, embedding an emphasis on micro-level detail within a broader processual and contextual analysis.

Collective leadership practices and dynamics

We found the notion of the 'leadership constellation' derived from Hodgson et al. (1965) to be useful to understand the dynamic and collective dimensions of leadership. The three properties of a leadership constellation (differentiation, specialization and complementarity) can be a starting point to further study empirically how leadership capacity develops in organizations. We need to open the black box of these properties in order to reveal how they are enacted and performed by individual leaders in everyday practices. More specifically, how do leaders come to define their



roles within a constellation and adapt them to the behaviours of others members in action and interaction? In addition, the process by which a constellation comes to incorporate new leaders to respond to emerging challenges while maintaining its functionality appears to be fundamental, and potentially problematic. We also have relatively limited knowledge of the process and practice that may favour the emergence of new leaders in organizations and ensure more deliberate transitions in leadership constellations.

Studies should also pay more attention to the evolving dynamics and tensions within leadership constellations. In our research, we saw that constellations may evolve through periods of momentum gain and momentum loss in the process of change (Denis et al., 1996, 2001) evidenced very much in Case 1 (John). Relationships among the members of a constellation contribute to enabling or limiting change, but change in turn places stress on leadership constellations (Denis et al., 2001). It is important to understand the type of practices used by leaders to deal with such contradictions.

Overall, the study of the enactment, emergence, formation and dissolution of leadership constellations from a practice perspective is a potentially rich research opportunity, although one that poses significant challenges in terms of the degree of access and intimacy that may be required to capture these dynamics.

The role of practical knowledge in leadership

Looking at the three cases, it can be seen that John, Ivor and Martin rely on a set of relational capabilities and competences deployed in their day-to-day activities to achieve their leadership positions, although they each do this in very different ways. Among other things, their capacity to practically learn from and deal with others is at the centre of their organizational integration. We would argue that part of the ‘power’ of aspiring leaders to successfully act resides in their capacity to put to work their practical knowledge of the context in positioning themselves with respect to others. More research is needed to understand the practical knowledge that underlies this positioning.

Moreover, effective leaders need to be able to move easily through a variety of settings. We need to know more about the strategies used by leaders to acquire practical knowledge of a diversity of settings and to routinely manoeuvre among multiple *foci* of decision making. Much of this knowledge is tacit, gained through conversations and observations acquired even as leaders pursue their efforts to shape their context of action. However, by detailed observation and analysis of conversations and interactions, it may be possible to capture elements of this knowledge in action as leaders intervene in the day to day. Rouleau & Balogun’s (2007) recent work on the knowledge resources of individual leaders begins to move in this direction.

Taking this view one step further, we would argue that for a relationally skilled leader, appropriate emotions need to be rationally bounded and politically conveyed through the materiality of the leader’s body (Neumann, 2008). For example, an ‘open-door policy’ means nothing if the body seen does not show multiple signs of openness. In the interview quotations offered above for Case 2, references to ‘eating in the cafeteria in shirtsleeves’ as opposed to ‘big men who walk around with briefcases’ provide hints of the embodied nature of this practice. To be inspiring and to



be convincing, a leader has also to give sense through the signs that his or her body conveys when entering in relationships with others. This dimension has rarely been explored in the literature but is an important hidden side of its situated and practical nature.

The materiality of leadership

All leaders use tools of various kinds in their efforts to influence others. Case 3 in particular invites leadership researchers to look more specifically at managerial tools such as models, techniques, rules, standards, numbers systems, control system, documents, or contractual techniques that might be used to drive the organization towards success. These tools are not just powerful devices for action. In following the controversies surrounding them, we suggest that it is possible to better understand how they contribute or not to helping leaders secure compromises among multiple interests often brought to bear in critical situations.

In this view, leadership is not just a matter of traits, or of personal, discursive and symbolic characteristics; there is a materiality to leadership that intervenes in the web of relationships that leaders develop within and around their organizations. Instead of looking at leadership only through individual action, the collective and situated character of leadership might also be revealed and understood by following the set of managerial tools they successfully use to achieve their goals and to make relevant decisions. Here we are suggesting that leadership can be studied through procedures and tools rather than only focusing on intentions or on visible effects of power. Such a position could allow researchers and practitioners to better understand the various ways the organizational knowledge embedded in these tools is deployed and appropriated by multiple actors, potentially linking them together in a network as suggested by Latour (1989).

Managerial tools are not only rational and technical. According to Latour (1989), they convey an ostensive and a performative view of action. As institutionalists argue, managerial tools are in some ways rational myths (Meyer & Rowan, 1977). In order to be used by leaders in complex multiparty situations, their objectivity must be socially constructed. However, leaders should never forget that behind their technical rationality, managerial tools hide metaphorical dimensions that convey a simplified version of organizational relations that they have participated in constructing and in which they could become trapped as they use them to achieve their goals. The study of the role of tools in leadership offers another fruitful avenue for research.

Lessons for leaders

The implications of seeing leadership as *dynamic, collective, situated* and *dialectical* for practitioners are numerous. An image of leadership as a collective enterprise draws attention to the importance of creating a functional group of leaders. Leadership cannot be competently exercised in large, complex and 'messy' organizations without taking into account the multiple, dynamic and more or less fragile coalitions that constitute them. Thus, leadership should not be viewed as an external authority or symbol influencing others from outside. Rather, leaders need to see themselves as embedded in networks that they do not fully control.



This perspective also demands more humility from people in leadership positions. Leaders are transient in the sense that challenges and dilemmas change and a given leader may not be the best person to contribute to organizational development in a changing context. Individuals in a position of leadership need to accept the need to leave space for others in an existing constellation – something that seems hard to do in many cases.

In addition, leaders need to pay attention to the fact that it is also through their day-to-day interactions and actions that they are shaping their leadership capacity. The knowledge they gain of the in-depth functioning of their organization through daily interactions is an invaluable resource of learning. Leaders must also attempt to practically tap into the value systems that reflect key aspects of organizational identity and practices. This suggests, for example, that a leader able to incarnate highly significant organizational values may have a better chance of gaining support from others.

Finally, pressures are very high in organizations today to develop and implement more sophisticated systems of management (information system, performance management systems) and to rely more on formal agreements such as contracts and management tools especially in the public sector. While, managerial tools are an asset in the hands of aspiring leaders, their utilization is not without risk as we observed. Such tools may increase the influence of leaders while constraining their agency at the same time. Leaders need to pay attention to the positive and negative consequences of these tools for their roles in decision-making processes. Indeed, as this article suggested, almost any successful leadership intervention could have a potential downside. As Collinson (2005) indicated, power does not come free: leaders need to understand that their activities create waves of substantive, symbolic and political consequences that may not all be fully evident in the passing moment.

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Appendix: original case studies and data sources used

The current article draws on the data from three previously published case studies. Here we analyse these data transversally and at an individual-leader level of analysis to illustrate four analytical dimensions of leadership practice.

Case 1: leadership of change in a context of ambiguity (Denis et al., 1996)

This study examined the evolution of leadership roles during a period of radical change in which a general hospital acquires a university affiliation and implemented a more integrated form of management. It traces the tactics used by leaders to implement change and how these tactics enhance or decrease leader's credibility and the progress of change itself.

Data sources: Minutes of meetings, correspondence over 14 years, 17 in-depth retrospective interviews.

Case 2: the process of integration of a new leader (Denis et al., 2000)

The study examined the processes of entering and establishing a position of leadership in a complex health care organization. The study shows how accommodation between the leader and the organization was differently achieved with medical staff and administrative team.

Data sources: Minutes of meetings, documents, 29 in-depth interviews (4 with CEO at regular intervals).

Case 3: the role of numerical tools in leadership (Denis et al., 2006)

The study traced how a new leadership team orchestrated a very difficult decision involving the closure of nine hospitals. In particular, the role of a number system in



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legitimizing the decision was examined. The study shows how the team built consensus around the decision despite its difficult nature.

Data sources: Minutes of meetings, public hearings transcripts and video tapes, 25 in-depth interviews, observation of 61 local board meetings within hospitals and regional agency.

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