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Organisational and leadership competencies for successful service integration

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**Abstract:**

**Purpose**

The purpose of this paper is to describe a two-part study that has explored the organisational and leadership competencies required for successful service integration within a health consortia in Australia. Preliminary organisational and leadership competency frameworks were developed to serve as reference points as the consortia it expanded to cater for increased service demand in the midst of significant health reform.

**Design/methodology/approach**

The study design is outlined, which involved literature reviews and semi-structured interviews with key stakeholders to ascertain the key determinants of successful service integration at both organisational and leadership levels.

**Findings**

The literature reviews revealed little existing research specifically focused on the organisational and leadership competencies that underpin successful service integration. The themes from the literature reviews and semi-structured interviews informed the preliminary organisational and leadership competency frameworks. Both frameworks are outlined in the paper. Key determinants of successful service integration – at both an organisational and individual leadership level – are also presented.
Research limitations/implications

– This is a one-organisation case study and the competency frameworks presented are preliminary. However, the study findings provide a foundation for further research focusing on the longer-term success of service integration.

Originality/value

– Service integration in health is a new and emerging area, and there is little extant research exploring the organisational and leadership competencies underpinning its success. The competency frameworks presented in the paper may be of interest to other consortia and organisations engaged in service integration and other forms of merger and collaboration.

Background and context

Health reform is on the agenda in Australia, and attempts at service integration have become increasingly prevalent as a means to facilitate collaboration and address improvements within the health sector (McGorry et al., 2008). When facilitating service integration, a critical task for health service managers is to balance the task of improving the provision of quality services at the same time as improving efficiency (Allen and Stevens, 2007; Prahalad and Hamel, 1990).

Management of service integration can be challenging and requires capable organisations and leaders to facilitate success. However, the organisational and leadership competencies required in consortia service integration in this new and emerging area have been inadequately researched.

This paper describes a research project that sought to identify the key organisational and leadership competencies required to ensure successful service integration within a coalition framework. The intention was to provide a practical list of organisational and leadership competencies to assist an Australian-based health consortia progress organisational development initiatives.

Service integration

Service integration is one common method that organisations have used to create better organisational efficiencies while at the same time improving or maintaining service quality for consumers (Allen and Stevens, 2007; Prahalad and Hamel, 1990). Service integration reflects the degree to which organisations that were previously distinct amalgamate their functions and activities, with the aim of optimising the utility of their resources (King and Meyer, 2006). As defined by Park and Turnbull (2003) service integration in health involves “a systematic effort to provide appropriate and harmonized services, [including] collaborative partnerships between families and professionals, among professionals, and among agencies” (p. 50).

Approaches to service integration are as varied as the organisations that undertake it. Lewis et al. (2010) describe the “varying degrees of formality” with which organisations integrate services, “ranging from loose organisational ties, or ‘linkages’, to those that have become ‘fully integrated’ organisations” (p. 11). Fulop et al. (2005) distinguish service integration from organisational
Service integration has also been conceptualised as one pole of an underlying continuum (Glendinning, 2003; King and Meyer, 2006; Konrad, 1996). When agencies achieve service integration, they share numerous key operations and strategies, such as vision, communication processes, and management systems (Callaly et al., 2011). Full service integration occurs when the degree of collaboration among parties is so seamless that the different agencies no longer see their separate identities as being distinct, and individuals primarily identify with the overarching entity instead of their original organisation (Glendinning, 2003).

Service integration aims to reduce the fragmentation of service provision by addressing service gaps and facilitating the movement of clients between services. Effective service integration reduces the costs of services by decreasing repetition (i.e. multiple assessments), reducing the amount of inappropriate service usage by clients and increasing overall service efficiency (King and Meyer, 2006; Weiner et al., 2008). It is therefore unsurprising that service integration is on the national health reform agenda of Australia and other western countries (National Health and Hospitals Reform Commission (2009)). Subsequently, attempts at service integration within health sectors across Australia have become more prevalent (McGorry et al., 2008; Staiger et al., 2003).

The ethos and change management methodologies associated with service integration have their origins in those employed during joint ventures, mergers and acquisitions (Appelbaum et al., 2007; Bert et al., 2003; Bijlsma-Frankema, 2001; Callaly et al., 2010). However, integration of services between agencies is often more fluid and susceptible to multiple interpretations, as agencies with different cultures, professional affiliations, client bases, organisational structures and service delivery models integrate some – or all – of their services (Lewis et al., 2010). The scope and possibilities associated with service integration are often not as clear-cut as in a typical commercial arrangement.

Given the complexity of the service integration task, many organisations achieve only partial implementation (Alexander et al., 2006; Callaly et al., 2011), or are unsuccessful with their endeavours (Beer and Nohria, 2000; Nag et al., 2007; Sastry, 1997). Further, implementation failure is probably more common than publically reported (Snyder-Halpern, 2002; Tannenbaum, 2006). The reasons for service integration failures appear to centre upon the degree of effectiveness of organisational change management strategies, including people engagement and leadership (Glendinning, 2003).

**Determinants of service integration success**

Research examining the determinants of service integration success has identified four requisite clusters of conditions and practices, which are consistent with collaborative practices associated with other forms of organisational merger and partnership:
1. **Joint goals and shared vision.** A commitment to a shared vision and philosophy for integrated services is identified as a critical component of successful service integration (Callaly et al., 2011; Graetz et al., 2006; Hill et al., 2005), together with leaders and managers who champion and support the vision. This commitment greatly aids the implementation of strategies that ensure all employees of the various providers are aligned with, and inspired by, the same vision and values (Currolton et al., 1994; Doll et al., 2000).

2. **Clarity regarding the roles and capabilities of all individuals and teams,** together with avenues of communication that reinforce this understanding and collaboration (Callaly et al., 2011). While a common vision is critical, it is important that each contributing party – be they an agency, team or professional – clearly understands their specific responsibilities, accountabilities and deliverables associated with the service integration (Doll et al., 2000; Glendinning, 2003; Hodges and Hardiman, 2006; Park and Turnbull, 2003).

3. **Formal change management processes to facilitate the service integration** (Amaro et al., 2004; Bijlsma-Frankema, 2001; Summers et al., 2001). Such processes need to be tightly scripted, and include logistics and resources, funding models, and how staff are to be physically accommodated (e.g. Freeman and Peck, 2006; Glendinning, 2003; King et al., 2006).

4. **Informal practices that foster cooperation.** Informal practices must complement the formal processes of service integration (Narine and Persaud, 2003). For example, no one agency or profession should be granted supreme authority (Callaly et al., 2010), and all agencies should participate in the planning of the integration (c.f. Amiot et al., 2007; Fischer et al., 2007; Terry and O'Brien, 2001). In some examples of successful service integration, mergers, acquisitions and joint ventures, the integration has evolved from agencies' prior history of cooperation and collaboration (Callaly et al., 2011; Glendinning, 2003); see also Epstein (2005) and Lodorfos and Boateng (2006).

**Health consortia involved in research**

The consortia involved in this research project is focused on developing and delivering health services for a specific client group in Australia. The consortia focuses its efforts on: service delivery; enhancing community awareness of the needs of its client group; education and training of service providers; and knowledge generation, collation, dissemination and implementation.

At the time this study was undertaken, the consortia included over 25 service centres across Australia, located in each state and territory, covering metropolitan, regional and rural locations. The number of centres was expected to increase in subsequent years.

The model of service delivery developed by the consortia is considered an innovative and important development that will improve the delivery of services to its client base. Other health providers – nationally and abroad – have sought to replicate this model. The success of the model relies largely upon successful service integration, which is underpinned by the management of the service
integration process itself. In order to understand and therefore manage service integration, it is important to understand the desired competencies at an organisational and leadership level that will enable the next generation of healthcare managers to meet these challenges adroitly.

The aim of the current research project was to identify the key organisational and leadership competencies required to ensure successful service integration within a coalition framework. At the time this project was undertaken, key consortia members were developing frameworks to assist with the selection of organisations responding to service integration tenders; the competency lists were to serve as a reference point for those selection frameworks.

The project consisted of multiple phases under the auspices of two studies: study 1, focused on defining organisational competencies, was undertaken first as the organisation was about to undertake the examination of written tenders from agencies wishing to join the consortia; study 2, focused on leadership competencies, was commissioned after discussions about the importance of those personnel leading consortium formation.

**Competencies and service integration**

**The importance of organisational competency in service integration**

Identifying organisational competencies is crucial to the success of organisations (Bryson et al., 2007) and competencies are gaining prominence in health as a means to increase both the quality and efficiency of health care services (Lin et al., 2009).

Garman and Johnson (2006, p. 14) define core competencies as “competencies thought to be associated with the success of an organisation”. Hamel and Prahalad (cited in Lindgren et al., 2004, p. 436) describe core competencies as “[…] the collective knowledge and capabilities that are embedded in the organisation, they are central determinants of the organisation's competitiveness due to their centrality to customer value, their resistance to imitation and their ability to extend to new business applications”.

At the organisational level, core competency frameworks allow for the identification of skills and knowledge necessary to achieve an organisation's strategic agenda (Lin et al., 2009). Competency frameworks can help articulate the behavioural implications of a strategic vision to integrate services (Garman and Johnson, 2006). Consequently, competencies can also be identified and used to assist in the ongoing processes of service integration.

**The importance of leadership competency in service integration**

When used to define the requirements of leadership roles within an organisation, competency models (also known as frameworks) provide clarity about the behaviours and characteristics leaders must demonstrate to help their organisation achieve its vision and goals (MacKay, 1997). As with other types of competencies, leadership competencies are frequently described as the building blocks upon which best-practice leadership selection, development and performance management are constructed (Calhoun et al., 2008; New, 1996; Prahalad and Hamel, 1990). The development of leadership
competencies has also been strongly linked to better performance and more successful healthcare organisations (Cunningham and Mackenzie, 2005, cited in Edmonstone, 2011; Guo, 2009; Mizrahi and Rosenthal, 2001).

Definitions of leadership and related competencies are abundant. As Middlehurst (1993) (cited in Beinecke, 2009a) commented, “The idea of leadership is complex, difficult to capture and open to numerous definitions and interpretations” (p. 6). MacKay (1997) (cited in Beinecke, 2009a) defines leadership competencies as “individual characteristics that must be demonstrated to provide evidence of superior or effective performance in a job […] the complete competency set or model for an individual role identifies all the knowledge, skills, experiences and attributes a person should display in their behaviour when they are doing the job well” (p. 15).

Alimo-Metcalfe et al. (2007) describe leadership competencies as “necessary in order that staff can undertake both strategic and day-to-day planning, and in this way help to turn the vision of an organisation, department or team into a reality” (p. iii). Because a leader's performance is inextricably linked to the success of his or her organisation (Alimo-Metcalfe and Alban-Metcalfe, 2008; New, 1996), leadership competencies are typically closely aligned to – and often a subset of – the core organisational competencies (Lahti, 1999).

Much of the recent literature focused on leadership in health emphasises the complexities and challenges associated with the healthcare environment and systems and the need for exceptional leaders (Fręczkiewicz-Wronka et al., 2010; Guo, 2009; Public Health Agency of Canada, 2007; Drucker, 2002, cited in Stefl, 2008). Beinecke (2009b, p. 2) asserts that developing the next generation of healthcare leaders is “a critical challenge”. Competencies are viewed by many as the cornerstone of leadership development (Boyatzis, 1982, 2008; Hogan and Kaiser, 2005; McClelland, 1973; Sashkin and Sashkin, 2003).

**Methodology**

**Part 1: organisational-level competencies for successful service integration**

**Literature review: organisational competencies for service integration**

The first phase of part 1 of the project involved a search for organisational competency literature related specifically to service integration. A literature search was conducted using the key terms competency, organisational competency, core competency, and service integration in the search engines Academic Search Complete, Business Source Complete, Emerald Full Text, ERIC, Google Scholar, Health Business Fulltext Elite, Health Reference Centre Academic, Health Source Nursing/Academic Ed., JSTOR, PsycARTICLES, PsycBOOKS, Psychology and Behavioural Sciences Collection, PsycINFO, Web of Science. Following the databases search, a purposive search for books and book chapters was completed. The reference lists of key articles were also mined for additional papers.

The literature review was limited by the few such studies conducted in this new and emerging area – in fact, no articles were found that made specific reference to both organisational competency and service integration. However, the available literature regarding service integration (32 articles) yielded
some key themes regarding the critical factors that underpin its success, which are summarised in Appendix 1.

The literature highlighted the importance of organisational leaders who demonstrate full and visible support for service integration, skilled and influential “change agents”, organisational leaders possessing a thorough understanding of and commitment to the service integration model and the changes it requires, effective organisational systems and processes, organisational readiness (including a willingness to adapt organisational systems and processes to accommodate the service integration) and staff engagement.

In order to develop a comprehensive organisational competency framework for the consortia, the literature search and review of research was broadened to encompass organisational competencies as they related to change management, mergers, acquisitions and the health sectors, using the key terms competency, organisational competency, core competency, mergers and acquisitions, and organisational change. Because of the dearth of literature obtained in the first data search, it was decided to set reasonably broad parameters for the inclusion criteria for material found: literature was considered and reviewed if it referenced organisational competency in the context of organisational change (including mergers and acquisitions). Particular attention was given to literature that was set within healthcare environments. Background material regarding health care in Australia – including organisational documentation from the consortia – was also obtained. A total of 45 documents were reviewed.

A number of competency models were considered to have relevance for the consortia and provided reference points for the preliminary organisational competency framework, including:

- competencies for public health in New Zealand, developed by The Public Health Association of New Zealand (2007);

- core competencies for public health in Canada, developed by The Public Health Agency of Canada (2007);

- the UK's National Health Service's (n.d.) Competency Framework for (General) Practice Management (retrieved online October 2010); and

- the competency model for remote and rural senior allied health professionals in Western Australia, developed by Lin et al. (2009).
**Semi-structured interviews regarding organisational competency**

Given that the consortia had already set up many consortium service centres, it was seen as important to capture staff perceptions of the competencies required for service integration via semi-structured interviews.

**Methodology**

Six key stakeholders from the consortia's National Office were interviewed. They were deliberately selected by the consortia senior manager who commissioned the research, on the basis that they had a sound overview of the various consortium centres that had integrated services, and had insights into those that had done so successfully. The semi-structured interview schedule, included in Appendix 2, was developed by the researchers and informed by the literature review.

**Procedure**

The semi-structured interviews were conducted by one of the Deakin University research team; each interview was between one to one-and-a-half hours in duration. Each interviewer adhered closely to the interview schedule to ensure consistency. Interviews were recorded and transcribed into Microsoft Word. The qualitative data were analysed by two university researchers using thematic analyses, where the researchers independently reviewed the interview transcripts (Boyatzis, 1998) to determine themes for organisational competency, and converged on the key themes.

**Part 2: leadership competencies for successful service integration**

**Literature review: leadership competencies for service integration**

The first phase of part 2 of the project involved a search for leadership competency literature related specifically to service integration. A literature search was conducted, with the same search engines used in study 1, applying the key terms leadership competency, service integration, mergers and acquisitions, organisational change, and leadership. As with study 1, a purposive search for books and book chapters was completed and the reference lists of key articles were mined for additional papers. A total of 70 documents were reviewed, with focus given to those that comprehensively described leadership competency frameworks (33 documents). Particular attention was given to competency frameworks set within healthcare environments (20 documents).

While much has been written about the field of leadership (Bass et al., 2008; Sashkin and Sashkin, 2003; Stogdill, 1974; Thomas, 2006), the literature search on leadership competency in service integration was limited. However, studies examining the factors associated with effective change management and successful mergers and acquisitions – organisational practices considered relevant to service integration – reinforced the significance of skilled leaders (Appelbaum et al., 2007; Covin et al., 1997; Kotter, 1996; Parry, 1999). Additionally, much of the literature focused on leadership in the health sector highlighted the importance of effective leadership in guiding organisations and sectors through complex health reforms and constant change (Battilana et al., 2010; Cikaliuk, 2011; Mizrahi and Rosenthal, 2001; Stefl, 2008).
Beinecke's (2009a) “Leadership and management skillset” was drawn on as a comparative framework for the preliminary leadership competency framework. In collaboration with the International Initiative for Mental Health Leadership, Beinecke (2009b, p. 2) reviewed the leadership competencies and leadership development and training practices of mental health organisations in seven developed countries and conducted a comprehensive literature review of leadership in mental health. He concluded that many core competencies are universal. His “Leadership and management skillset” cites five leadership competency areas that the majority of the health, mental health and public administration models and programmes included: personal skills and knowledge; interpersonal skills; transactional (execution, management) skills; transformational (leadership) skills; and policy and programme knowledge (including knowledge of and experience in mental health, clinical knowledge, understanding of policies and political knowledge). The full-range leadership model (Avolio and Bass, 1991) also served as a reference for the preliminary leadership competency framework.

The available literature yielded the following themes regarding the key leadership factors underpinning successful service integration: organisational leaders who demonstrate full and visible support for service integration; ability to champion and manage change; a thorough understanding of, and commitment to, the service integration model and the changes it requires; ability to foster organisational readiness (including a willingness to adapt organisational systems and processes to accommodate the service integration); leadership skills and characteristics; relationship management and communication skills (including teamwork and professional liaison); ability to manage people and organisational systems and processes; policy and programme knowledge (as it relates to relevant field or specialty); and the personal skills and characteristics the leader brings to the role. These themes are summarised in Appendix 3.

The preliminary organisational competency model developed in part 1 of this study also reflected the critical priority National Office staff and stakeholders placed on the competence of the leaders and managers facilitating effective service integration.

**Semi-structured interviews regarding leadership competency**

The second phase of part 2 of the project focused on capturing consortium managers' perceptions of the leadership competencies required for successful service integration. Managers currently operating within consortia centres were interviewed as they were thought to have a valuable view of leadership and management based on their personal experiences during centre integrations.

**Methodology**

Seven key managers from the consortia were interviewed. Five were interviewed face-to-face and two were interviewed via telephone. The semi-structured interview schedule was informed by the literature review (see Appendix 4).
Saville Consulting Wave Job Profiler Card Sort

For those interviews that were conducted face-to-face (i.e. with five of the seven managers), the Saville Consulting Wave Job Profiler Card Sort (2008) was used to elicit further information about the leadership and management competencies required for successful service integration.

The Card Sort is a job analysis technique that elicits information about respondents' perceptions of the importance of key work-related capabilities. The card sort enables rating scores to be obtained by asking respondents to review and rate a series of cards describing 36 dimensions of effective work behaviour and six dimensions of work-related ability. Respondents were asked to rate the series of cards using a seven-point rating scale of importance (from 1=not important to 7=critical).

While it was anticipated that the managers interviewed would be thorough in their responses to the semi-structured interview questions, the Card Sort was used as an additional prompt to ensure that they considered a comprehensive range of knowledge-sets, behaviours and abilities required by leaders and managers during service integration, beyond what was “top of mind” during the interview.

Procedure

The semi-structured interviews were conducted by one of the Deakin University research team; each interviewer adhering closely to the interview schedule to ensure consistency. The face-to-face interviews took up to two hours in duration; the telephone interviews were up to one hour in duration. Interviews were recorded and transcribed into Microsoft Word. As per part 1, the qualitative data were analysed by two university researchers using thematic analyses to determine themes for leadership competency.

The Saville Consulting Wave Job Profiler Card Sort ratings obtained were entered into a Microsoft Excel spread sheet to obtain average ratings of importance.

Results

Part 1: research findings from the semi-structured interviews regarding organisational competency

Information from the semi-structured interviews regarding organisational competency was collated and analysed, and the themes are summarised in Appendix 1.

The interviews revealed that clinical competence (experience, commitment, shared history, strong networks and governance), administrative knowledge, flexibility, philosophical alignment, management and organisational climate and culture, as well as leadership were all important organisational competencies. The competencies prioritised by interviewees placed a strong emphasis on organisational readiness to integrate.
Key organisational competencies that differentiate highly effective organisations/agencies within consortia

During the semi-structured interviews, stakeholders were asked specific questions to determine their perceptions of the key factors that differentiate highly effective organisations/agencies from those that have found it more challenging to integrate into the consortia. The key features of highly effective organisations/agencies included high levels of understanding of, and commitment to, the consortia's vision and objectives; a supportive, cohesive and effective consortium; clinical competency and experience; a strategic perspective; openness to change and different ways of working; effective relationship management and communication; effective leadership and management capability; effective financial management; good planning and project management skills and problem-solving capability.

The factors that negatively affected organisations/agencies' ability to integrate seamlessly into their consortium and the consortia included an absence of the success factors outlined above, with the addition of factors such as the organisation's own structure and internal governance processes (which affected their ability to adapt their systems and processes to accommodate the changes the service integration model required and impeded their speed of decision-making) and the organisation/agencies' geographic location (where it was perceived that rural and remote agencies found it more challenging to obtain access to support and resources than those in metropolitan areas).

The preliminary organisational competency framework

The data gathered from the literature review and the qualitative research were combined into a preliminary organisational competency framework for service integration for the consortia. The approach adopted for the competency modelling process – where themes from relevant competency literature are combined with qualitative information from the participating organisation (via interviews and/or focus groups with stakeholders) – is consistent with the approach taken in many competency studies (Lahti, 1999; Lin et al., 2009; Sashkin and Sashkin, 2003; Stefl, 2008; Wright et al., 2000), thematic analyses (Boyatzis, 1998; McShane and Cunningham, 2012) and also reflects current organisational practice.

The framework consists of 14 competencies within three competency domains, which are presented in Figure 1 and summarised below.

Organisational management and governance

1. **Organisational management.** Full, visible and sustained support for service integration is apparent from the consortium's leaders; the consortium possesses enthusiastic local “change agents”.

2. **Clarity of shared vision.** Consortium senior personnel understand and are committed to the underlying purpose for the consortium formation and service integration; consortium members are prepared to co-contribute, in order to achieve shared ownership of client outcomes.
3. **Organisational systems and processes.** Consortium members possess effective organisational systems and processes associated with governance, strategic planning, finance, human resource management, communication and information technology.

4. **Planning, evaluation and service improvement.** The consortium's key personnel: describe how their plans fit with the consortia and wider [client] health priorities; demonstrate capability in assessment and analysis; make effective evidence-based decisions; and demonstrate an ability to make recommendations for service improvement (e.g. policy and programme development and refinement).

5. **Continuous professional development opportunities.** Consortium members possess effective professional development programmes and opportunities for staff, as well as effective policies, procedures and programmes to facilitate and support staff health and wellbeing.

### Effective service integration

6. **Organisational readiness.** The consortium's leadership team is committed to collaborative planning at regular intervals during and subsequent to consortium formation, and are willing to adapt organisational, structural and team processes to facilitate successful service integration. Additionally, the organisational changes required by consortium members to achieve successful service integration are perceived as achievable.

7. **Staff engagement.** Consortium staff demonstrate positive attitudes towards the consortium formation and service integration, and are open to making the personal changes required to ensure successful service integration. Ideally, staff have prior experience of coping effectively with organisational change.

8. **Leadership.** The consortium's key personnel demonstrate the potential to effectively communicate the consortia's shared vision, mission and values to staff, stakeholders and the community. Additionally, they display effective leadership skills and behaviours that develop the capability of others, enhance performance, and foster a positive working environment.

9. **Multi-disciplinary teamwork and collaboration:** Multi-disciplinary teamwork. The consortium's key personnel display effective team behaviours that promote group cohesion and achieve desired team, agency and/or consortium outcomes. They also possess effective team development practices that positively influence the way teams work together. Collaborating with partners. The consortium's key personnel possess strong pre-existing networks in the local health sector, the [client] sector and community. They possess a well-developed ability to establish and maintain effective professional relationships to improve health and wellbeing outcomes for the [client group]. Additionally, they are able to navigate through complex and sensitive political issues (at the organisational, community, State and Federal levels).

10. **Communication.** Consortium members demonstrate a range of effective communication skills, including an ability to listen and consult, adapt their communication style to suit the needs of the situation and audience, and interact effectively with the [client group].
Practice knowledge

11. Knowledge of Australian health systems, structures and standards. The consortium's key personnel demonstrate knowledge of, and experience in, Australian health systems, structures and standards as they relate to the consortia's key service areas. Ideally, they possess experience in applying these to [client] issues.

12. Understanding of health [as it relates to the needs of client group]. The consortium's key personnel possess knowledge of what constitutes health [as it relates to the needs of client group] and how it relates to health practice [for this client group] in specific contexts. They also demonstrate an understanding of the health issues and challenges that are particular to [the client group] in Australia.

13. [Client group] advocacy and community development. The consortium's key personnel demonstrate a strong commitment, and ability to advocate and negotiate, to achieve positive health and wellbeing outcomes for [the client group]. They also demonstrate knowledge of community development in the [client group] health context.

14. Cultural capability and experience. The consortium's key personnel demonstrate knowledge of cultural issues and practices, including cultural safety. They also interact effectively with diverse individuals, groups and communities, demonstrate inclusive behaviours and practices, and participate with Indigenous Australians to improve health and wellbeing outcomes for their [client group].

The preliminary organisational competency framework was designed to describe a comprehensive range of competencies for the consortia to reference, in conjunction with the evaluation frameworks developed within the consortia, when selecting organisations seeking to join the consortia. The framework is defined further by competency statements and corresponding performance requirements, which are described in specific behavioural terms.

Priority organisational competencies for service integration

Based on the key themes from the literature review, and the researchers' desire to provide a comprehensive list of organisational competencies for the organisation's reference, 14 competencies were incorporated into the preliminary framework. However, thematic analysis of the interviews with key stakeholders highlighted that seven of the 14 organisational competencies from the preliminary framework were considered critical for effective service integration: organisational management; clarity of shared vision; organisational readiness; staff engagement; leadership; multi-disciplinary teamwork and collaboration; and communication. These service integration competencies are outlined in Figure 2.

Part 2: research findings from the semi-structured interviews regarding leadership

Information from the semi-structured interviews was collated, and the following themes emerged from the interviews. The themes presented in Appendix 3 informed the preliminary leadership competency framework for service integration.
The results of the interviews revealed that personal characteristics the leader brings to the role, clinical knowledge and skills, leadership characteristics and skills (specifically strategic leadership, people leadership and intellectual leadership), interpersonal skills (specifically communication, relationship management and teamwork), change management skills and experience and management skills and experience were all important competencies.

The Saville Consulting Wave Card Sort ratings of 5 and above on the seven-point scale of importance (5=very important; 6=extremely important; and 7=critical) are also reported in Appendix 3. The most important behaviours for leadership were identified as: giving support, adjusting to change, driving success, structuring tasks, providing leadership, creating innovation, building relationships and showing resilience.

**Key leadership competencies that differentiate highly effective leaders**

During the semi-structured interviews, participants were asked specific questions to determine their perceptions of the key factors that differentiate highly effective leaders from those that have found it more challenging to integrate into the consortia.

The key features of highly effective leaders and managers mentioned include: high levels of understanding of and commitment to the consortia's vision and objectives; a strategic perspective; leadership skills and attributes; a supportive, open and accessible management style; relationship management skills; ability to challenge the status quo and willingness to engage in robust and honest debate; personal attributes, including a sense of humour and high levels of energy; self-management skills; professional experience and expertise and outcome focus.

The factors that negatively affected leaders and managers' ability to integrate seamlessly into their consortium and the broader consortia included an absence of the success factors outlined above, with the addition of factors such as insufficient support (i.e. managers not having access to supportive managers themselves; not seeking adequate support from their managers when in difficulty), not possessing an appropriate level of seniority or influence (i.e. not having the mandate from their own organisation to make decisions at meetings resulting in delayed decisions; not considering themselves as peers of other senior managers, which affected their ability to put forth their ideas and influence outcomes); demands of their own organisation/agency impacting on their ability to deliver for the consortia and experiencing difficulties fostering trust among consortium members.

**The preliminary leadership competency framework**

The leadership competency themes collated from the semi-structured interviews were then combined with the competency themes obtained from the literature review. These themes were summarised and used to inform the preliminary leadership competency framework.

The framework consists of 13 competencies within five competency domains, which are presented in Figure 3 and summarised below.
Leadership and governance in service integration

(1) **Organisational management.** The leader demonstrates full, visible and sustained support for service integration and is an enthusiastic local “change agent”.

(2) **Clarity of shared vision.** The leader understands and is committed to the underlying purpose for the consortium formation and service integration; strong potential for a shared philosophy exists between the consortia and the leader.

(3) **Fostering organisational readiness.** The leader is committed to collaborative planning at regular intervals during and subsequent to consortium formation and is willing to adapt organisational, structural and team processes to facilitate successful service integration.

(4) **Leadership.** The leader is able to effectively communicate the consortia's shared vision, mission and values to staff, stakeholders and the community. The leader possesses effective leadership behaviours that develop the capability of others, enhance performance, and foster a positive working environment including: providing strategic and intellectual leadership; employing a multi-faceted approach to leadership; motivating and inspiring others; and effectively traversing difficult situations and issues.

**Relationship management and communication skills**

(5) **Collaborating with partners.** The leader possesses strong pre-existing networks in the local health sector, the [client] sector and community and a well-developed ability to establish and maintain effective professional relationships to improve health and wellbeing outcomes for [client base]. Additionally, the leader is able to navigate through complex and sensitive political issues (at the organisational, community, State and Federal levels).

(6) **Communication.** The leader possesses a repertoire of communication skills, including an ability to listen and consult, adapt their communication style to suit the needs of the situation and audience, read “what is not being said” in an interaction and interact effectively with the [client]. Possesses well-developed written communication skills, including an ability to write cogent reports under time pressure.

(7) **Multi-disciplinary teamwork.** The leader is experienced at leading effective teams, including promoting group cohesion and achieving desired team, agency and/or consortium outcomes.

**Management of people, organisational systems and processes**

(8) **Management of people.** The leader effectively manages team and individual performance, employing a supportive and collegiate management style. Possesses a sound understanding of, and experience with, people management frameworks systems and processes. Deals effectively with performance management issues and challenges, and is an effective coach.

(9) **Management of organisational systems and processes.** The leader possesses relevant experience in overseeing and/or managing: clinical governance frameworks and practices; workgroup structures and systems; financial structures and systems (including managing funding cycles); communication systems; and information technology systems and procedures.
Planning, evaluation and service improvement. The leader is experienced at developing and implementing plans in accordance with priorities agreed by key stakeholders, and evaluates and updates plans regularly and systematically to ensure they meet current needs and priorities. The leader possesses a service improvement orientation.

Practice knowledge

Program and practice knowledge. The leader demonstrates knowledge of, and experience in, Australian health systems, structures and standards as they relate to the consortia's key service areas. Ideally, the leader possesses experience in applying these to issues [as they relate to the client group]. Additionally, the leader possesses knowledge of what constitutes health [as it relates to client group] and how it relates to health practice in specific contexts. They also demonstrate an understanding of the health issues and challenges that are particular to [the client group] in Australia.

Client group advocacy and community development. The leader demonstrates a strong commitment, and ability to advocate and negotiate, to achieve positive health and wellbeing outcomes for [client group]; interacts effectively with diverse individuals, groups and communities.

Personal characteristics and capabilities

Personal integrity, achievement focus and self-management. The leader operates with integrity and professionalism; demonstrates achievement focus and drive; is self-confident; demonstrates tenacity and resilience; is flexible and adaptable; remains calm and composed in pressured situations; possesses a sense of humour; possesses highly-developed critical thinking and decision-making skills; and undertakes appropriate professional development practices, together with activities to facilitate and support his or her own health and wellbeing.

The preliminary leadership competency framework was intended to describe a comprehensive range of competencies, and to be used as a reference by the consortia when evaluating potential leaders and managers (i.e. of potential agencies) wishing to join the consortia. Draft performance requirements were written for each competency, described in specific behavioural terms.

Linking the leadership competency framework to the organisational competency framework

When developing the preliminary leadership competency framework, the researchers were cognisant of crafting a framework that drew together all relevant information on leadership in service integration, reflected best practice in leadership competencies, clearly reflected relevant themes from the consortia's organisational competency framework developed in part 1 of this study, and was straightforward to implement as a leadership selection tool.
Figure 4 outlines the relationship between the preliminary organisational and leadership competency frameworks. It illustrates how relevant information from the organisational competency framework informed the development of the leadership competency framework.

**The preliminary competency frameworks: next steps**

The organisational and leadership competency frameworks resulting from this study were presented as preliminary frameworks, requiring further refinement by the consortia. Both the organisational and leadership competency frameworks were oriented towards selection and, once tailored and finalised, were intended to serve as reference points in the consortia's evaluation of potential agencies and leaders wishing to form consortiums under the auspices of the consortia.

Given the comprehensive range of competencies provided in both frameworks, it was suggested that the consortia might choose to utilise a subset of competencies rather than each framework in its entirety. The study aimed to provide a clear picture of the priority competencies for service integration, based on available research and the perceptions of stakeholders and leaders of key organisational priorities at the time of the study.

Once tailored and finalised, the frameworks could serve as the basis of competency-based selection practices and tools. They could also be adapted for other purposes within the consortia, such as strategic workforce planning, performance management, training and development, and career development (Marrelli et al., 2005).

**Future research**

Whilst informative, further validation of the competency frameworks is required. One limitation of this research is its basis on the working assumption that the consortiums and leaders cited as “successful” by those interviewed, have translated their perceived success into effective service integration. A recommended avenue for future research is further examination of how the behaviours described in the preliminary competency frameworks translate into successful service integration outcomes, through the use of performance metrics. It would also be useful to interview stakeholders and leaders from organisations that were less successful in their attempts at service integration, to learn from their insights and experiences.

It is also recommended that, because the current study was focused on competencies required for agencies commencing service integration, with a strong focus on factors that contribute to organisational and leader readiness for integration, further research be conducted into the competencies required to effectively integrate services in the longer term. There may also be further opportunities to incorporate more nuanced competency definitions that reflect the complexities of the Australian health system and the unique needs of the client group the consortia is serving.

Additionally, future research could also extend beyond the definition of competency frameworks for successful service integration, to the development of competency-based tools and practices. A number of the consortia leaders interviewed indicated that they would be very receptive to validated tools and
methodologies to assist them to successfully integrate services. Such tools are likely to be generalizable to other organisations collaborating to integrate or merge services.

Finally and importantly, the consortia – as reflective of the Australian health sector – continues to undergo rapid and complex reform that requires organisations and agencies to continually flex and change. Consequently, the preliminary competency frameworks presented should be viewed not as static, but as organic frameworks that are expected to evolve with the consortia's changing priorities.

Summary

Organisational competency in service integration

The literature review revealed very few studies that have specifically examined the organisational competencies required for successful service integration. The available literature emphasised leadership and governance (incorporating organisational leadership, clarity of shared vision, and organisational systems and processes), organisational readiness and staff engagement as important for service integration. On examination, these competencies place emphasis on the philosophical alignment of the organisations and agencies (and their key personnel) wishing to join the consortia, alignment of organisational systems and processes, and change management capacity. They do not relate specifically to, or reflect the complexity of, the health system and the unique needs of particular client groups.

The semi-structured interviews with consortia stakeholders yielded more comprehensive and context-specific information about the organisational competencies required for service integration within the consortia. In particular, the values, skills and experience, and personal qualities of those leading the service integration within consortia were considered critical for success.

In order to develop a comprehensive organisational competency framework for the consortia, the researchers also drew on literature describing organisational competency related to change management, mergers and acquisitions and various health sectors. Several competency frameworks served as reference points, particularly in checking the consortia organisational competency framework for “completeness”. These frameworks were intended to provide the consortia with ideas and options for how their competency frameworks could be further crafted, and were considered important to reference given much of the information obtained from the stakeholder interviews focused on the personal characteristics of the leaders/managers.

Leadership competency in service integration

While the required leadership competencies in consortia mergers have not been adequately researched, the literature on leadership competencies deemed important for service integration highlighted five key competency areas: leadership and governance capability; relationship management and communication skills; management of people, organisational systems and processes; practice knowledge; and the leader's personal skills and characteristics. The literature afforded a
number of comprehensive leadership competency frameworks that were used as reference points in this study.

The results of the interviews revealed strikingly similar themes to the literature review, giving weight to Beinecke's (2009a, b) claim about the universality of core competencies. The personal characteristics the leader brings to the role; clinical knowledge and skills; leadership characteristics and skills (specifically strategic leadership, people leadership and intellectual leadership); interpersonal skills (specifically communication, relationship management and teamwork); change management skills and experience; and management skills and experience were considered important competencies by current consortia managers. In addition, the interviews provided valuable context-specific information and terminology that informed the preliminary leadership competency framework.

Of particular note is the frequency with which a leader's personal characteristics – specifically their personal integrity, achievement focus and drive, and self-management (including their resilience, composure in pressured situations, ability to deal with ambiguity and sense of humour) were mentioned during the interviews. Such characteristics were seen by those interviewed to serve as useful “touchstones” for staff during complex organisational change, service integration and reform.

**Conclusion**

Ideally, efficient health service management will lead to seamless and appropriate service delivery to consumers of health services. The required organisational and leadership competencies for consortia integration have been inadequately researched. However, delivering the right style and type of teams and leadership in order to manage service integration is both challenging and crucial. In both preliminary competency frameworks, there was a high concordance between the themes derived from the literature reviews, and the research interviews. This study also suggests that, with the exception of industry-specific and technical competencies, the organisational and leadership competencies required in service integration are comparable to those required to effectively facilitate other types of organisational collaboration and partnership, further reinforcing the generalisability of many competencies.

These findings help to fill our knowledge gaps and contribute to the current literature by providing insight into the capabilities required by organisations and their leaders to effectively integrate services, and defining these capabilities in behavioural terms that could be applied directly to organisational practice. The competency frameworks, once tailored and finalised, could serve as useful reference points for a range of organisations collaborating to integrate or merge services. However, whilst informative, the study findings are not conclusive and due to the importance of this research field, further validation of these findings is required.
Figure 4

Leadership Competency Framework

- Leadership and governance in service integration
  1. Organisation management
  2. Clarity of shared vision
  3. Fostering organisational readiness
  4. Leadership
- Relationship management and communication skills
  5. Collaborating with partners
  6. Communication
  7. Multi-disciplinary teamwork
- Management of people, organisational systems and processes
  8. Management of people
  9. Management of organisational systems and processes
  10. Planning, evaluation and service improvement
- Practice knowledge
  11. Program and practice knowledge
  12. Client group/advocacy and community development
- Personal characteristics and capabilities
  13. Personal integrity, achievement focus and self management

How Organisational Competencies link to the preliminary Leadership Competency Framework:

- Organisational management and governance
  1. Organisation management
  2. Clarity of shared vision
- Effective service integration
  1. Organisational readiness
  2. Staff engagement
  3. Leadership
- Effective service integration
  9. Multi-disciplinary teamwork and collaboration
  10. Communication
- Organisational management and governance
  3. Organisational systems and processes
  4. Planning, evaluation and service improvement
- Practice knowledge
  11. Knowledge of Australian health systems & structures
  12. Understanding of trauma (as it relates to client group)
  13. Client group/advocacy and community development
  14. Cultural capability and engagement
- Organisational management and governance
  5. Continuous professional development opportunities
References


56.


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Appendix 1. Literature review themes

Leadership and governance

Organisational leadership:
- Full, visible and sustained support for service integration from organisation's leaders.
- Organisation possesses enthusiastic local “change agent” leaders and/or champions.

Clarity of shared vision:
- Understanding of the service integration model, and commitment to the underlying purpose for the service integration.

Organisational systems and processes:
- Effective organisational systems and processes associated with governance, strategic planning, finance, human resource management, communication and information technology.

Organisational readiness:
- Organisation's leadership team demonstrates commitment to collaborative planning and willingness to adapt to facilitate service integration.

Staff engagement:
- Staff demonstrate engagement in the service integration process.

Semi-structured interview themes

Clinical:
- Previous experience in [client group] and/or health services (service delivery), of a similar size service.
- Commitment to the vision of integrated services and therefore change.
- Shared positive history between consortium members.
- Strong networks, engaged with other service providers.
- Clear clinical governance processes.

Administrative:
- Clinical practice knowledge, including the ability to manage funds.
- Knowledge in business planning.

Flexibility:
- Conceptual approach, lateral thinking and responsiveness.

Philosophical alignment:
- Shared ownership of the successful service integration management.
- Holistic (multifaceted) approach by the consortium.
- Community orientation.
Management, climate and culture:

- Choice of centre manager critical.
- Understanding of the integrated service model.
- Collectivist versus individualist mindset.
- Resilience in the face of organisational change.
- Strong ability to manage skills, networks and partners.
- Communication strategies both internally (e.g. staff, board, National Office) and externally (e.g. community, service providers).
- Good management processes in place for when issues of conflict arise.

Leadership:

- Lead agency is engaged, well-resourced and prepared to bring the services together.
- Ability to negotiate and influence other service providers, government, community, etc.
- Understanding and promotion of the consortia brand.
- Ability to foster a vision that promotes a culture that is responsive and [client] friendly.
- Ability to create goodwill in the community.

**Preliminary organisational competency framework**

Organisational management and governance:

- Organisational management.
- Clarity of shared vision.
- Organisational systems and processes.
- Planning, evaluation and service improvement.
- Continuous professional development opportunities.

Effective service integration:

- Organisational readiness.
- Staff engagement.
- Leadership.
- Multi-disciplinary teamwork and collaboration.
- Communication.

Practice knowledge:

- Knowledge of Australian health systems, structures and standards (as they relate to general health, mental health, drug and alcohol rehabilitation and vocational guidance).
- Understanding of health [as it relates to client group].
- [Client group] advocacy and community development.
- Cultural capability and experience
Appendix 2. Organisational competency interview

Aim

To identify the key organisational determinants and competencies required to ensure successful service integration within a coalition framework.

Introduction

Thank you for taking the time to meet with us today. As a key stakeholder of the consortia we are interested in obtaining your perspectives on the key organisational determinants and competencies required for successful service integration into the consortia.

We would appreciate your insights into the key organisational determinants and competencies, based on your observations and experience of service integration within the consortia thus far.

Your responses will be incorporated, along with the responses of other key stakeholders and a review of organisational documentation and academic literature, into a paper describing the key organisational determinants and competencies required for successful service integration. These organisational competencies will assist with the selection of coalition partners for new centres, as well as inform the creation of organisational development processes for the consortia.

Questions

(1) How would you define successful service integration?
(2) If you reflect on the organisations/agencies that have joined the consortia to date:
  • What abilities have enabled them to integrate successfully into the consortia? [Interviewer: If not apparent from initial responses, ask the stakeholder to specify the knowledge, skills, abilities and attitudes of the successful agencies].
  • What organisational components do you consider it essential for potential agencies to possess prior to joining the consortia, versus those organisational components that are desirable (i.e. those you are willing to assist the agency to develop once they are part of the consortia)?
(1) If you reflect on the organisations/agencies have integrated less successfully (or taken longer/required more support to integrate) into the consortia:
  • What factors have impacted on their ability to integrate seamlessly and quickly? [Interviewer: If not apparent from initial responses, ask the stakeholder to specify the knowledge, skills, abilities and attitudes that have been lacking in these agencies].
(1) Within the consortia, think about the organisation/agency you consider to be the highest performing (or has made the most significant contribution to the consortia)? Note: The stakeholder does not need to name/identify the agency in the interview, just reflect on its characteristics.
  • What differentiates this organisation/agency from others?
(1) What do you think are the important leadership and management knowledge, skills, abilities and attitudes required for successful service integration?
(2) [Interviewer: Summarise/list the key components provided by the stakeholder in the interview and feed back to the stakeholder, then ask:]

- If I was to ask you to prioritise the top three to five organisational components required for successful service integration, what order would you place them in?
- (1) If time allows, ask: When you are evaluating the potential of new organisations/agencies to successfully join the consortia, what factors do you typically look for?
- (2) If time allows, ask: Are there any organisational factors that would serve as “warning bells” when considering an organisation/agency's ability to successfully integrate into the consortia?
- (3) Is there anything else you would like to add?

Thank the stakeholder for their time

**Appendix 3. Literature review themes**

**Leadership and governance**

Organisational management:

- Full, visible and sustained support for service integration.
- Enthusiastic local “change agent”.

Clarity of shared vision:

- Understands the service integration model and is committed to the underlying purpose of service integration.

Fostering organisational readiness:

- Willing to adapt organisational, structural and team processes to facilitate successful service integration.

Leadership skills and characteristics:

- Effectively communicates a shared vision, mission and values.
- Possesses a range of effective leadership behaviours.

Relationship management and communication skills:

(1) Professional liaison and communication possesses:

- Relationship management skills.
- Highly developed communication skills.

(1) Teamwork:

- Experienced at leading effective teams, including promoting group cohesion.

Management of people, organisational systems and processes:

(1) Management of people:

- Supportive, collegiate management style.
- Sound understanding of, and experience with, people management frameworks.

(1) Organisational systems and processes possesses:

- Experience in overseeing and/or managing organisational systems and processes.
- Planning skills and experience.
Policy and programme knowledge:

- Clinical knowledge: experience with relevant health systems, structures and standards.

Personal characteristics, skills and knowledge:

- Integrity and professionalism.
- Demonstrates: achievement focus and drive; self-confidence; tenacity and resilience; flexibility and adaptability.
- Remains calm and composed in pressured situations.
- Possesses highly developed critical thinking and decision-making skills.
- Committed to own professional development.

*Semi-structured interview themes*

Personal characteristics the leader brings to the role:

- Integrity and professionalism.
- A value set that reflects consortia's vision and values (including a strong affinity with [client group]).
- Achievement focus and drive.
- Flexibility and adaptability.
- Ability to deal with ambiguity.
- Self-management skills.
- Cognitive capacity, critical thinking skills.
- Decision-making and judgement.
- Self-confidence.
- Resilience.
- Self-improvement focus.

Clinical knowledge and skills:

- Professional background and expertise in one of the four key service areas (ideally at a senior level).
- Credibility in field (with strong linkages to profession and community).
- Experience of managing in the health system (both people and services).
- Experience in [client group] health (desirable).

Leadership characteristics and skills:

- Strategic leadership.
- People leadership.
- Intellectual leadership.
Interpersonal skills

Communication:
- Highly effective communication skills, both oral and written.

Relationship management:
- Strong prior relationships in community and sector.
- Stakeholder engagement and management skills.
- Political acumen.
- Negotiation skills.
- Conflict management skills.

Teamwork:
- Team player – looks to collaborate rather than compete with others.
- Ability to effectively lead and manage multidisciplinary teams.

Change management:
- Possesses sound understanding of change management frameworks.
- Experienced at guiding organisations through complex organisational change.

Management skills and experience:
- Management capability and experience.
- Clinical governance capability and experience.
- Possesses mandate to make decisions “at the consortia table”
- Financial management skills.
- Planning/project management skills.

Saville Consulting wave card sort themes

Giving support:
- Understanding people, team working, valuing individuals.

Adjusting to change:
- Thinking positively, embracing change, inviting feedback.

Driving success:
- Taking action, seizing opportunities, pursuing goals.

Structuring tasks:
- Managing tasks, upholding standards, producing output.

Providing leadership:
- Making decisions, directing people, empowering individuals.
Creating innovation:

- Generating ideas, exploring possibilities, developing strategies.

Building relationships:

- Interacting with people, establishing rapport, impressing people.

Showing resilience:

- Conveying self-confidence, showing composure, resolving conflict.

Preliminary leadership competency framework

Leadership and governance in service integration:

- Organisational management.
- Clarity of shared vision.
- Fostering organisational readiness.
- Leadership.

Relationship management and communication skills:

- Collaborating with partners.
- Communication.
- Multi-disciplinary teamwork.

Management of people, organisational systems and processes:

- Management of people.
- Management of organisational systems and processes.
- Planning, evaluation and service improvement.

Practice knowledge:

- Program and practice knowledge.
- [Client group] advocacy and community development.

Personal characteristics and capabilities:

- Personal integrity, achievement focus and self-management.

Appendix 4. Leadership competency interview

Aim

To identify the key leadership and management determinants and competencies required to ensure successful service integration within a coalition framework.
**Introduction**

Thank you for taking the time to meet with me today. As a key stakeholder of the consortia I am interested in obtaining your perspectives on the key leadership and management determinants and competencies required for successful service integration into the consortia.

I would appreciate your insights into the key leadership and management determinants and competencies, based on your observations and experience of service integration within the consortia thus far.

Your responses will be incorporated, along with the responses of other key stakeholders and a review of organisational documentation and academic literature, into a paper describing the key leadership and management determinants and competencies required for successful service integration. These leadership and management competencies will assist with the selection of coalition partners for new centres, as well as inform the creation of organisational development processes for the consortia.

**Questions**

(1) How long have you been in your current role?
(2) How would you define successful leadership?
(3) Thinking broadly, what do you consider to be the important leadership and management knowledge, skills, abilities and attitudes required for successful service integration?
(4) If you reflect on the leaders and managers of organisations/agencies that have joined the consortia to date:
   - What abilities have enabled them to integrate successfully into the consortia?
   - What leadership and management components do you consider it essential for potential leaders to possess prior to joining the consortia, versus those leadership components that are desirable (i.e. those they could develop once they are part of the consortia)?
(1) What are the specific challenges facing leaders and managers within the consortia?
   - What knowledge, skills, abilities and attitudes enable them to deal effectively with these challenges?
(1) At times, I imagine not everything runs to plan and factors can slow progress towards service integration. If you reflect on the leaders that have taken longer/required more support to integrate into the consortia:
   - What factors have impacted on their ability to integrate seamlessly and quickly?
(1) Within the consortia, can you identify a leader or manager you consider to be highly effective? Note: The stakeholder does not need to name/identify the individual in the interview, just reflect on their characteristics.
   - What differentiates this leader/manager from others?
(1) Is there anything about you, and what you do, that has assisted with (or facilitated) successful service integration? Note: If the interviewee has difficulty answering this, reframe the question by asking “If I were to ask your managers about the things that you do that have assisted with (or facilitated) successful service integration, what would they say?”
(2) [Interviewer: Summarise/list the key characteristics provided by the stakeholder in the interview and feed back to the stakeholder, then ask:]
• If I was to ask you to prioritise the top three to five leadership characteristics required for successful service integration, what order would you place them in?
  (1) Is there anything else you would like to add before we move on to the next phase of the interview (i.e. the card sort exercise)?

**Interviewer to explain the card sort process**

You are now going to look through a series of cards that describe effective work behaviours and abilities, with a view to answering the question: “How important are these areas in the work role?”

For the purposes of this exercise the “work role” is defined as key leadership and management roles that are focused on service integration within the consortia.

As you evaluate the behavioural and ability dimensions on each of the cards, you are asked to rate them using a seven-point rating scale:

1. Not important.
2. Marginally important.
3. Fairly important.
4. Important.
5. Very important.
6. Extremely important.
7. Critical.

**About the authors**

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