Pluralism: the art and science of making (practical) choices about change and improvement methods

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Abstract

The urgent need for ongoing change and improvement within health services is widely accepted. How to go about doing so is far more contentious. There are multiple approaches on offer drawing on improvement science, change theory, individual and organisational psychology. Evidence of some success can be cited for most approaches, in some contexts, but there are widely different underpinning ontologies, epistemologies and methodologies. Choosing which approach to use at any one time is therefore difficult as is the possibility of working with a multiplicity of approaches when there are different assumptions about what counts as evidence and proof of success. We argue that this creates a dilemma for leaders within the health system – how to choose which method from the fragmented and contradictory smorgasbord of offerings? We ask whether choosing has become more of an art than a science. It also poses a dilemma for those such as ourselves, charged with developing the capability to lead change and improvement. How do we know what to teach and do we advocate some approaches over others? In this paper, we illustrate the difficulty of such choices by highlighting the different underpinning assumptions behind three different approaches to change and

improvement: Lean, Appreciative Inquiry and Complexity theory. We propose that a potential route out of the dilemma is to embrace the art of pluralism. We explore current definitions of pluralism and note its use in philosophy and as a research paradigm and its absence in the leadership literature. We then introduce a framework we have developed, along with six potential responses to pluralism. Action research, with its focus on usefulness , has been used to explore the validity of the framework with senior leaders in health. We conclude with some questions for theory and practice and offer this paper to the wider community as an act of third person inquiry .

Introduction

The need for healthcare organizations and systems to improve quality and to ensure that improvements are sustained is uncontentious. In most developed economies projected health spend is outstripping GDP growth as a result of significantly changing demographics , advances in surgical techniques and patient expectations. Politicians, the media, professionals and patients all have views as to how the quality of patient care can be improved whilst spending is reduced. Whatever the latest government white paper, and whether framed as moderninzation (Freeman et al, 2010), culture change (Braithewaite et al, 2010) or quality improvement (Berwick, 2009) , leaders are needed who have the skills and capability to translate those visions into reality on the wards, in the GP surgery, in the recovery college. Leading the improvement of quality in healthcare is arguably, therefore, one of the most challenging areas of modern leadership (Gregory et al., 2012).

The array of approaches to organisational change and improvement is vast (Langley et al., 2009; Myers, et al, 2012). Leaders may draw on the extensive body of knowledge around

what has been termed the ‘improvement sciences’. This ranges from early work by Walter Shewhart with his statistical control and PDSA cycle (ibid. 1931) through Edwards Deming (1986) and his system of profound knowledge to Eli Goldratt and the Theory of Constraints (Goldratt et al, 2004) and to The Toyota Production System and Lean (Womack et al, 2003). In the field of leadership and change, leaders are offered linear change approaches (Kotter 1995), through the identification of adaptive challenges (Heifetz, 2002), to the emergent change of Stacey (2010, 2012) and Shaw (2002). These different approaches are underpinned by a range of different ontologies from modernism to post-positivism, through systems thinking and into complexity which makes it difficult to answer questions about which is best for any given situation .

For change to be sustainable, leaders arguably need to think about people, paying attention to the implications for staff as well as patients and carers. To understand how best to relate to people and intervene in team and group dynamics, there is a considerable array of theories including from the world of psychology, such as Transaction Analysis and Gestalt (see for example Lapworth and Sills , 2011), and from the world of organisational development such as dialogue (Isaacs, 1999) and Appreciative Inquiry (Cooperrider and Whitney, 2005) to name just a few.

Faced with such overwhelming choice of approaches to change and improvement, the practitioner may well feel daunted and resonate with Grey’s statement that ‘Change is like a totem before which we must prostrate ourselves and in the face of which we are powerless’ (2005, p90). There may be a desire for a simple solution, for the perceived certainties offered by traditional science. However, as the philosopher MacIntyre argues a striking feature about the social sciences ‘is the absence of any law-like generalisations whatsoever’ (1981, p 88). Sorge and van Witteloostuijn suggest that ‘the challenge is to deal with the paradox that much scholarly knowledge is framed in universal terms, whereas practical problem- solving

requires specific solutions' (2004, p 1223). Confronted with this and the vast array of collective knowledge, learning and wisdom, there are thus a number of dilemmas.

For those who are **leaders** within the health system, the dilemmas are*:* how do I choose what change or improvement approach to use in a particular situation? Is there a silver bullet? If not, can I pick and mix? Will that just confuse me and the people I am supposed to be leading? Do I just choose one approach and stick to it?

For **leadership developers,** the dilemmas are*:* what depth of knowledge of which methods are required to lead change within the health system? How do those in the leadership development field make this choice? Should they advocate one method over another or is their role to illustrate the breath of options that exist? Do they leave it to those they teach to make sense of the differences or should they offer a view?

Our interest in these dilemmas

This paper, and the thinking behind it, emerged from a leadership development programme at Ashridge Business School designed and delivered by the authors. This programme, marketed as GenerationQ, but known academically as the Ashridge Masters in Leadership (Quality Improvement) is designed for senior clinical, managerial and policy leaders in healthcare in England, Scotland, Wales and Northern Ireland. It seeks to equip them to lead the improvement of healthcare delivery in their highly challenging context. We are recruiting for the 6th cohort in the Autumn, 2015.

This masters level programme has, from the beginning, been informed by different perspectives about how to effect change in healthcare organisations, embracing as it does,

both technical quality improvement disciplines such as Lean, Theory of Constraints and Six Sigma as well as more relational and philosophical approaches from the world of Organisational Development. Initially we held the different approaches to improvement and change at some distance from each other. We have not begun by questioning the nature of reality, nor whether there are many ways of being. Nor have we wondered (at least initially) if holding a single worldview is necessarily limiting. Rather we have approached the question of pluralism from a very pragmatic starting point. After teaching and critiquing these theories with five cohorts of demanding and intellectually challenging participants, who really want to make a practical difference to the quality of patient care, we have now come to believe more fully that there is no one ontology, ideology, or methodology which exclusively meets the needs of this leadership group and the challenges they face

In endeavouring to make sense of the different theories approaches available and the participants' responses to them, we have been exploring the notion of pluralism as a potentially useful framing of some apparent clashes in ontology and methodology. We present our ideas as emerging and as work in progress. We are working closely with participants to test out whether this thinking is practically beneficial for them in their leadership interventions. We present these ideas in that same spirit to the wider community through this paper, offering them for test and input.

Defining pluralism

The concept of pluralism has enjoyed some academic attention in recent years. The metaphysical aspects of pluralism and whether or not a pluralist ontology is tenable have been explored and staunchly defended in philosophical circles (see for example McDaniel, 2009 and Turner, 2010). In this area of philosophy, thinkers have been concerned with being

able to speak in "[a] way of describing (reality) that makes plain its ultimate structure" (Turner, 2010, p.8). He argues that only a pluralist view of the nature of reality can reflect the complexity of reality, offering a "metaphysically perspicuous" approach.

In the field of organisational research, some writers have sought to find a route between modernist and post-modern research and inquiry methods. Recognising that "a single paradigm is necessarily limiting" (Lewis and Kelemen, 2002, p.252), researchers have explored the notion that multi-paradigm inquiry offers a way of recognising the strengths of both modern and postmodern ontologies. Modernism embraces beliefs about reason and progress, and from this network of beliefs chooses (either consciously or otherwise) to focus on and privilege certain voices and views while playing down others, such as those which reflect ambiguity and uncertainty. Postmodern research on the other hand seeks to emphasise the uncertainty of organisational life and to find an approach which is congruent with this by stressing fragmented pieces of information and offering a patchwork quilt of impressions of the subject matter.

Multi-paradigm inquiry potentially offers a new look at this modern vs postmodern duality. Whereas use of a single paradigm can produce a valuable but narrow view, multi-paradigm inquiry may foster 'more comprehensive portraits of complex organisational phenomena' (Gioia and Pitre, 1990, p.587). Lewis and Keleman (2002, p.258) explain this further:

> "Multi-paradigm researchers apply an *accommodating* ideology, valuing paradigm perspectives for their potential to inform each other toward more encompassing theories"

It is in this area of multiple perspectives, of "both…and" that our recent work in leadership development has focused. We are becoming increasingly convinced that a pluralist approach to change and improvement holds exciting new ways of approaching some of today's

toughest leadership challenges and provides a potential answer to the dilemmas for health leaders and leadership developers posed earlier in this paper.

Revealing underpinning assumptions in three change approaches

For the purposes of this paper, we select three approaches, each of which claims to offer solutions to change in complex systems and reveal their underpinning and sometimes contradictory assumptions. Lean, Appreciative Inquiry, and Complex Social Processes may seem unlikely bedfellows but it is precisely because of their fundamental differences that they serve as a good illustration of our central proposition. We summarize each approach briefly, recognising that in doing so, we necessarily ignore many of the subtleties and nuances.

Lean

Originating with figures such as Walter Shewhart and Edwards Deming, Lean came to fruition in the Toyota Production System. Womack and Jones (2003) identify five core principles of Lean Thinking:

I) Specify the value as desired and judged by the customer or end user
II) Identify the "value stream" (the process from end to end) for each product or service providing that value and identify and systematically remove any waste
III) Make the product or service flow continuously
IV) Introduce pull between all steps where continuous flow is impossible

V) Strive for perfection through continuous improvement for each value stream

Here we are asked to see organisations as existing to satisfy and exceed customer demands; organisations are collections of "value streams". If we are able to ensure that those value streams do nothing but add value, and eliminate waste, we have a long term prescription for sustainable high quality organisations.

Appreciative Inquiry

Appreciative Inquiry (AI) originated in Case Western University in Cleveland in the work of David Cooperrider (Cooperrider & Whitney, 2005; Barrett & Fry, 2005). The underlying philosophy of AI is relatively explicit, relying on both social constructionism and the "heliotropic hypothesis".

Social constructionism (Weick, 1995) suggests that social reality is a construction agreed upon by the members of that society. Thus organisational reality is only bounded by our collective imaginations and by our ability to envision a different future. Creating new and better ideas and using new and different language is therefore a powerful way of changing organisations. The heliotropic hypothesis suggests that organisations and social systems evolve towards the most positive image they hold of themselves. Both these underpinning theories therefore suggest that if we find a way of helping people to think and dream together in more positive ways, there will be a natural movement toward that improved state.

At a methodological level, AI is a highly choreographed process, beginning with identifying what it is you want to change, gathering positive stories for thematic analysis, dreaming together about the future in a large group event, and then identifying projects which will lead towards that brighter future. Participants are encouraged to self-organise around projects that energise and excite them, thus encouraging change from the bottom up.

Complex Social (or Responsive) Processes

Based on the work of Ralph Stacey at the University of Hertfordshire (Stacey, 2010, 2012), this theory postulates that our ways of thinking about organisations as spatial entities which somehow have an existence above or below the people who populate them is unhelpful. Instead Stacey (2010) suggests that organising is a constantly iterated process of gesture and response between people and that meaning arises in those interactions in every moment. As organising is a complex (in the sense of the Complexity Sciences) process, no-one (including the leaders) can predict or control the direction that the organisation will take – even though they may be given ostensible responsibility by others. They may be in charge, but not in control (Stacey, 2001, p233).

In terms of organisational change, this theory emphasizes the following:

i) Change takes place in conversation and everyday interactions not in the grand announcement or change programme
ii) Emergence as the key form in which change arises – as people interact together

iii) The leader's role is to judge when to hold a conversation open and to notice and amplify emerging patterns.

Of the three approaches considered here, a Complex Responsive Process (CRP) view of organising has the least to say as a method of organisational change, precisely because it seeks to shed light on organising rather than offering a prescription for change. However, Rodgers (2006) and Shaw (2002) both offer the possibility of generative change through taking a CRP view.

Our Emerging Proposition

Our contention is that a leader in healthcare, attempting to improve quality and patient outcomes, faces what can best be categorised as wicked (Grint,2008) and complex (McCandless, 2008) problems. They will thus need to employ a range of improvement and change methods such as the three given in Figure 1 but their dilemma will be which to choose. This is problematic as these approaches clash at different levels, as shown in figure 1 below. This either requires a "numbing " thought process, by finding ways to reconcile, integrate or conflate them, or alternatively, a multi-level pluralism. Our proposition is that the latter is not only possible, but may also help unlock the full power of each approach. By pluralism we mean adopting an approach in which two or more states, groups or principles can co-exist. We suggest that this can be at a number of levels including ontology, ideology and methodology, hence multi-level.

Figure 1	**Lean**	**Appreciative Inquiry**	**Complex Responsive Processes**
Ontology	Modernist Knowable reality Positivism	Post-Modernist Reality is socially constructed	
Epistemology	Empirical data is knowledge	Meaning constantly shifts – eclectic approaches to knowing	
Ideology (of change)	Change must be structured Consistent leadership to encourage widespread use	Organisations grow naturally toward the sun	Change is always happening – no-one can be said to be in control
Methodology	Measurement, analysis, improvement, control to eliminate waste	Choreographed appreciative story-telling, amplified to encourage change	Conversations of all types as the building blocks of change

To fully utilise these approaches, the leader is knowingly or unknowingly embracing a linked set of attendant assumptions and views. So, for example, a leader advocating improvement through the use of a Lean methodology, is (perhaps

unwittingly) also acting from a positivist, empirically-based world view. A leader advocating AI is acting from a social constructionist ontology.

So, how can an individual who believes wholeheartedly in the efficacy of the Lean approach, with its emphasis on control and elimination of variation, see the merit in Complex Social Processes where the Leader cannot be said to be in control, and where variation is seen as a rich source of newness and innovation? How can someone who believes that positive psychology and appreciative thinking naturally encourages organisational movement feel comfortable with a Lean approach which seeks above all else to surface problems and deficits? If operating from one paradigm or world view, it can be hard to see merits in another, as Kuhn (2012) describes in his history of scientific revolutions.

Potential Responses

In our work as leadership developers, working alongside clinical, managerial and policy leaders, we have seen a range of ways of dealing with the conflict between different change and improvement approaches. We summarise this range of responses into six ways of thinking about the issue:

i) Singularism

ii) Conflation

iii) Integration

iv) Reconciliation

v) Unaware Pluralism

vi) Multi-level Pluralism

We explore these different responses below, recognising that our typology is an analytically convenient way of categorizing different responses to embedded pluralistic assumptions. We also note that in our work with participants, it seems possible for an individual to be ontologically flirtatious and flit between any combination of these different responses at different times.

i) Singularism

This seems to be the default position for our participants on entering the leadership development programme. Despite knowing that their context is complex and political, and that change involves somehow connecting to other human beings, they frequently begin with the assumption (or hope) that there will be a single methodology which will be the silver bullet for all of their organisational change needs. Often trained in traditional scientific methods, they hope that research in organizational change and improvement methods will provide them with the right answer, whatever the specifics of their context. Early excitement and short term gains often leads to disillusionment or challenges in sustaining or embedding a specific approach. Yet despite this, a singularist approach is still very popular in change initiatives, perhaps because pluralism is under-practiced and at odds with some of the more certain, visionary, heroic styles of leadership frequently found in healthcare settings (Binney et al, 2005). Perhaps too singularism suits the market need for sellers and buyers of management ideas (Abrahamson, 1996). Here the religious overtones of the word singularism is particularly apt – often practitioners of a single approach advocate their position

with an almost religious fervour.

ii) Conflation, Integration, Reconciliation

In our experience, perhaps equally as frequent (and potentially dangerous) is the tendency to **conflate** the different approaches, reducing them to their lowest denominators. Phrases such as "Really this is just a matter of common sense", or "Implementing Lean is bound to be complex" seek to reconcile different approaches to organisational change into some kind of homogenous whole. However, in order to achieve some form of harmonious reconciliation, the sharp edges of each approach must be removed; their differences apparently lost.

To illustrate why this is simply unsound and a dumbing down of the theory, consider the contrast in thinking in figure 2 between AI and Lean:

Figure 2

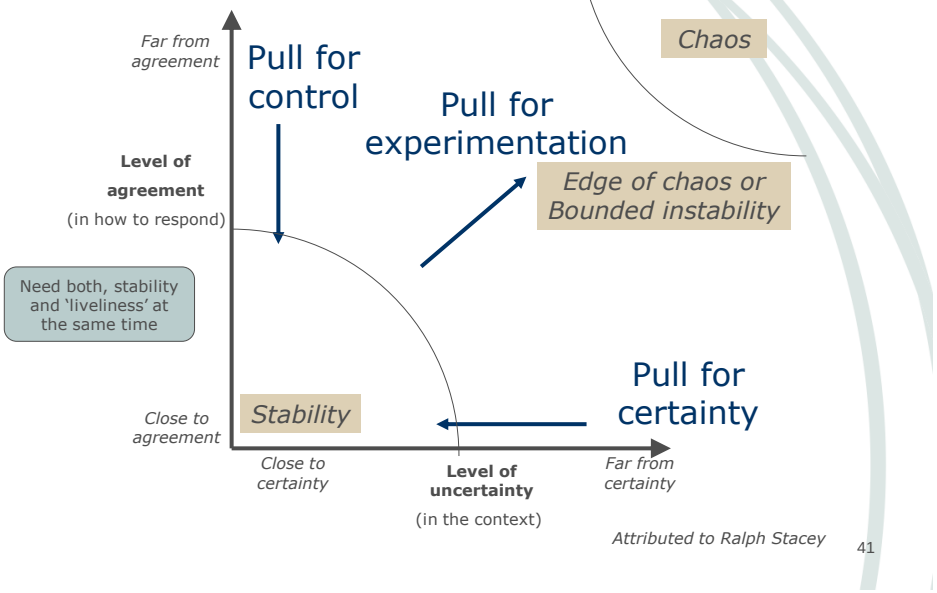
LEAN	APPRECIATIVE INQUIRY
It's possible (and desirable) to reduce variation and thus create greater efficiency	**Differences in perspectives and ways of doing things are inevitable and welcome. Variation leads to positive change**
No problem is a problem – only by	**Focus on what's already working, the**

surfacing what's going wrong can we fix it	**best of what is. Deficit-based thinking does not take us forward**

These differences in thinking will lead to fundamentally different ways of approaching organisational issues; amplifying or dampening difference, for example, or searching for problems versus paying attention to strengths. Conflating the two approaches into one is simply not possible without losing the internal integrity of each approach.

An alternative temptation is some form of **integration**. This is perhaps more logically sound than conflation but presents the risk of raising or lowering the adjudged worth of the theoretical approaches. For example, it may be tempting to see organisational issues exclusively through the lens of Complex Social Processes, using the grid which originated with Ralph Stacey but was later rejected by him (2010, 2012). (See figure 3).

Figure 3



This grid suggests that organisations need both stability and bounded instability, depending on the complexity of the organisational issue being faced. The temptation here may be to try to 'locate' other theories within the grid. Perhaps Lean fits more in the bottom left hand corner with AI more in the emergent space further out? Such hypotheses may or may not be sound but we advocate caution here because of the hierarchy which this kind of thinking suggests.

If I believe that Lean fits within an overall framework of Complex Social Processes, I am relegating Lean to having a limited view of the world – one which only applies in certain circumstances and similarly with AI. However, in thinking this way, I have promoted Complex Social Processes to the top slot, to being the single unifying framework which encapsulates the other two. Effectively I have not taken a pluralistic approach; I have chosen one over the other two.

A similar form of integration is to accept the worldview of one approach while reducing others to "methodologies" or "tools and techniques". This is another common solution. We often hear people suggesting that Lean "works in environments where there are clear processes" , implying that it cannot work where things are more sophisticated or less well defined. A problem with this form of attempted reconciliation is the tendency to misunderstand the thinking that underpins the improvement approach, to introduce a Lean-style communications board for example without understanding why such a board is directly relevant to the improvement effort. Alternatively, a leader may talk to people in "an appreciative way", believing that by doing so she is fully engaging in the approach of Appreciative Inquiry.

All these forms of integration may help in broadening horizons and ensuring individuals have more choices whenever they find themselves trying to improve organisational life. However, it may also be that traditional patterns of thinking and the need to polarise, conflate, or integrate may prevent people from ***fully utilising the depth*** of each of these powerful approaches.

iii) Unaware pluralism

We know from our work with leaders in healthcare that they prefer pragmatic solutions, often manifesting an in-built caution around anything that sounds too theoretical and impractical. We do not believe that all leaders need to have a strong desire to fully explore the rarefied aspects of ontology and epistemology but we do believe some exploration of these areas brings benefit. If unaware of the underlying fundamentals of change methodologies there is a risk of leaders being surprised: surprised when their organisations reject an approach to which they are wedded as the

'truth'; surprised that the method is not as powerful as anticipated; surprised that change is hard to sustained and that things often return to the way they always were.

All of this is not to say that every leader in healthcare or elsewhere must have explored in-depth the ontology and epistemology of every piece of applied theory she uses. It is perfectly possible, and sometimes effective, to have an eclectic approach, a sort of bricolage, a kind of unaware pluralism which enables flexibility and context-appropriate approaches without ever unearthing the theoretical underpinnings . However, our current theorizing is that a key difference between integration and unaware pluralism lies in the role accorded to reflexivity. A leader needs to be reflective and reflexive – to be able to notice and question 'is this working' 'if not, why not - rather than simply trying harder and assuming it is not working because we are not 'executing it right'.

iv) Multi-level pluralism

Instead of the forms of integration explored in previous sections, we advocate multi-level pluralism in response to the challenges faced by leaders in health.. We are suggesting that we have the capacity as human beings to hold a pluralist view when it comes to matters as complex as organisational change – that is, that we are capable of believing that each of these approaches is valid as one perspective on how organisations work and how change may come about, and that only by holding and using **all** of them do we get the fullest possible range of understanding and action to

cope with the complexity and challenge of modern organisational life, especially in healthcare.

This differs from an ecumenical or simply tolerant view, in that at any one time we may fully and wholeheartedly subscribe to the worldview which underpins each of these theories. We authentically believe that an organisation can be a set of value adding processes or streams (Lean), and that organising is a constantly iterated dance of gesture and response (CRP).

When these views collide, as we believe they will, we are suggesting that what is required is to live with the dilemmas, paradoxes and ambiguities that emerge. This has parallels with the debate in quantum physics about whether light consists of particles or waves. Is this duality paradoxical or do wave-particle aspects always co-exist (the de Broglie Bohm theory)? Niels Bohr regarded the "duality paradox" as a fundamental or metaphysical fact of nature. Others have refuted such thinking, insisting that light is made of particles which sometimes behave like waves. We, however, are drawn to Albert Einstein's words on this subject:

"*It seems as though we must use sometimes the one theory and sometimes the other, while at times we may use either. We are faced with a new kind of difficulty. We have two contradictory pictures of reality; separately neither of them fully explains the phenomena of light, but together they do"* (quoted in Harrison, 2002)

Similarly, we believe that to understand organisation improvement, contradictory "pictures of reality" must be embraced. Leaders faced with the dilemma of which improvement approach to adopt, and leadership developers faced with the dilemma of which methods to teach, need to hold multiple perspectives on how organisations are

and how they change, even if these perspectives present fundamentally different ontologies. In short, they need to be pluralist.

To illustrate further how this pluralism operates at multiple levels, the examples summarised in Figure 1 all differ at a methodological level. While Lean differs from both Appreciative Inquiry and Complex Responsive Processes at an ontological level, Appreciative Inquiry and Complex Responsive Processes share a post-modern ontology. However when considering what we have termed their ideology of change, by which we mean what is valued in effecting organisational change, the two theories diverge. Appreciative Inquiry holds that focusing on positive conversations is the route to success whilst Complex Responsive Processes suggests this is unhealthy and unrealistic. Thus the pluralist leader may have to embrace differences and paradoxes at different levels.

Testing out with health leaders

Our thinking about multi-level pluralism arose from working with leaders in health who were also participants on a leadership development programme. It was therefore with them that we tested our emerging proposition, drawing on the principles of Action Research. Reason and Bradbury state that, 'A primary purpose of action research is to produce practical knowledge that is useful to people in the everyday conduct of their lives'(2001, p2). The intent is that through 'systematic self-reflective inquiry by practitioners into a given area' improvements will be made to both ' practice and personal understanding' (McKernan, 1996, p5). Whilst recognising that Action Research is an orientation to research rather than a specific methodology (Ladkin, 2007), this emphasis on what is useful felt appropriate given our interest in the

practical dilemmas faced by leaders, and ourselves as leadership developers. We are therefore engaging in cycles of first and second person inquiry with current and previous participants, as individuals and in group sessions. In this sense the participants are now also co-researchers. It could be argued that as the authors of this paper, are also faculty with a role as markers on a masters programme, power dynamics may encourage a more positive reception to our ideas than they merit. We trust that this is not the case and note that some of the action research has been with previous rather than current participants but it is for this reason we are keen to share our thinking with a broader audience for further comment and critique.

A recurring question for action researchers is finding ways of 'presenting their inquiries which somehow capture the 'messiness' of the process, and the fact that it was ongoing rather than 'complete' whilst being understandable and of value to those outside the process' (Ladkin, 2007, p 487). In this section we therefore lightly draw attention to some of the emerging themes from this inquiry which both validate the usefulness of the idea of multi-level pluralism and raise further questions for research and practice.

There was, in general, a sense of relief and delight expressed by participants (current and previous) with the idea of multi-level pluralism in that it helped them make sense of and validate their own personal responses to the differences between improvement and change approaches to which they had been exposed. *'It frames what I feel'; 'It is incredibly helpful '. 'It makes sense of what it is we have been learning and the differences I see in my organisation'* were typical comments. An A and E consultant described his emerging pluralism in this way: *'I have gone from wearing one hat all the time to having many different hats and choosing which one which is the most*

appropriate in the context in which I find myself….I still make the odd fashion faux pas but thankfully less often.' Such comments offer initial validation of the usefulness of multi-level pluralism as a means to make sense of, and work, with different change and improvement approaches.

The proposed typology of six different responses to pluralism was also seen as helpful. Some drew attention to the dangers of a singularist approach noticing ' *It has the potential to cause elitism within organisations and can result in at least some staff marginalising the 'zealots with their strange language', resulting in counterproductive behaviours amongst staff'(QI senior manager).*

Others found that explicitly identifying integration as a potential response helped them recognise a pattern in their own behaviour. '*A learning point for me has been how to avoid the temptation of plucking the best bits from the theories and creating a Frankenstein monster of QI techniques'(Senior leader in TDA).*

Through the action research, questions of a practical nature were raised.

i) How and when could multi-level pluralism be usefully introduced to leaders?

- '*It would have been incomprehensible to me a year ago'*, said a psychiatrist who is half way through the programme.
- A non-clinical leader who has finished the programme asked, *'How could I help others adopt a multi-level pluralist approach when they haven't been through an intense learning experience like GenQ. Would it create the potential for confusion and elitism?'*

- Others thought reflecting on experience, as part of the learning encouraged on the programme, had helped make them a pluralist,. '*Experience has slapped me down enough that I have had to become more pluralist in my problem solving which I think is a good thing'* A and E consultant and ex-participant.

ii) What is the impact on followers, and indeed the bosses, of a leader who embraces pluralism? This was an area we had not hitherto considered . Would a pluralist be seen by others as being inauthentic, indecisive or 'flip flopping', at worst duplicitous? Would providing a 'voice over' to explain the different choices being made mitigate this?

- '*I can (just) inhabit both aspects of leadership but can others live with (accept my) pluralism*?' said an Assistant Medical Director.

iii) Is multi-level pluralism of most use for sense-making rather than as a decision making tool?

- *' Is it easier to understand rather than intervene using a pluralist standpoint?*' (A surgeon and Clinical Director).

iv) We ourselves had questions about the psychological or cognitive challenge of holding a multi-level pluralist approach. One current participant, a GP originally from India, also questioned the possibility of embracing pluralism but did so with specific reference to Western societies. He drew attention to the way that both medical practice and

religion in India draw on potentially competing philosophies without this troubling people or causing existential angst.

Conclusion and further considerations

We began this paper by suggesting that leaders and leadership developers face a number of dilemmas when confronted by the vast array of change and improvement methods. Emerging from our work with senior leaders in health, we propose that multi-level pluralism may be a route for making sense of the approaches by drawing attention to the underpinning ontological, epistemological, ideological and methodological differences. Initial validation with leaders suggests this is the case. Six different potential responses to multi-level pluralism are also proposed and the face validity of these has also been endorsed. However, further questions remain and are offered to the broader community in the spirit of third person action research.

Further exploration is required into the practical use of such a framework to help leaders intervene in organizational settings as well as to understand and make sense of what is happening. The implications of leaders adopting multi-level pluralism for followers, and indeed those further up the hirearchy, also requires further exploration and theorizing. For leadership developers, this work raises questions about how best to expose leaders to multi-level pluralism and to what depth leadership programme should go into the academic theoretical underpinnings of any approach. What level of depth is most useful?

The link between reflexivity and the ability to adopt a multi-level pluralist approach to improving quality has also emerged as an area for more inquiry. We believe that reflexivity helps leaders inquire deeply into their personal mental models of organisations and change in organisations but pluralism also fosters reflexivity; the more participants are encouraged to fully embrace approaches which they can find contradictory, the more they are pushed towards looking inwards and noticing their own assumptions, beliefs and psychological processes. Further work is required to examine how the development of such capabilities supports leaders' ability to adopt a multi-level pluralist stance and be comfortable with the ambiguity and uncertainty that accompanies such a stance.

In summary, we have presented our thoughts on change and improvement methods multi-level pluralism in this paper as emerging and still somewhat tentative. We are working with current and previous participants on the GenerationQ programme to understand exactly what the real-life impact of this way of thinking may be and remain curious as to whether holding a multi-level pluralist view allows leaders in healthcare to be more effective in the long term. However we know that, in the short term equipping them in this way gives both an increased repertoire and increased confidence that they will be able to deal with the challenges they face in their work, and be less susceptible to the guile of quick fixes or the certainty of a promised right way. Given the importance of improving patient care and delivering a high level of service at an affordable cost, we can think of few other areas where the stakes and potential rewards are so high – not just for healthcare leaders but for all of us.

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