LEADerShip at a Glance

CHLNet's "Top Ten" Suggested LEADS Readings[1]

Asumeng, M. (2013). The effect of employee feedback-seeking on job performance: An empirical study. *International Journal of Management*, **(30)1: 373-388.**

Abstract

Using Multi-System-Multi-Rater and upward feedback analytic survey techniques on 142 managers and 426 manager-matched subordinate staff, the study examined the association between feedback and job performance, and how the concept of self-awareness could be used to explain feedback seeking. Feedback seeking did not have significant impact on performance. Self - awareness mediated the relationship between feedback perception and feedback-seeking. Feedback perception appears to be a fundamental construct in feedback seeking and could have implication for organizations and job performance, and the conceptualization of employee feedback seeking.

> **Focus: Self-awareness and responses to feedback.**

Implications

- The study looked at dynamics of using feedback for personal change. Feedback seeking did not have significant impact on performance. The manager's self awareness mediated the relationship between feedback perception and feedback-seeking.

- In other words, a manager might have sought feedback but their level of self-awareness (and therefore receptivity to the feedback and ability to see it objectively) was a major factor in determining whether or not feedback resulted in personal growth and change.

- Feedback perception could have implication for organizations and job performance, and the conceptualization of employee feedback seeking.

Link to LEADS and CHLNet's Mission

- Relates directly to the **Lead Self** domain of the LEADS framework and, in particular, the capability of "Are Self-Aware"; specifically, behaviour of "actively seeks and acts on feedback".

- CHLNet supports the use of LEADS (and similar frameworks) for leadership development, and this article assists in understanding how self-awareness and feedback methods are related.

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[1] As recommended by Dr. Graham Dickson (CHLNet Academic Advisor) and Bill Tholl (CHLNet Executive Director).

Dries, N., and Pepermans, R. (2012). How to identify leadership potential: Development and testing of a consensus model. *Human Resource Management*, May-June, 51(3): 361-385.

Abstract

Building on two studies, the current article responds to urgent calls in the literature for more empirical research on how to identify leadership potential. Based on an extensive review of the 1986-2010 literature, and applying a combination of qualitative and quantitative techniques, we developed a model of leadership potential consisting of four quadrants: Analytical skills (containing the factors Intellectual curiosity, Strategic insight, Decision making, and Problem solving); Learning agility (containing the factors Willingness to learn, Emotional intelligence, and Adaptability); Drive (containing the factors Results orientation, Perseverance, and Dedication); and Emergent leadership (containing the factors Motivation to lead, Self-promotion, and Stakeholder sensitivity). Notably, the developed model steers clear from some of the typical issues that tend to hinder valid assessments of leadership potential (i.e. the confound between performance and potential, as well as that between leadership potential and successful, mature leadership). Furthermore, high consensus was found between top managers, line managers, and HR managers about the practical relevance of the proposed model. The article concludes with some specific future avenues for research and practice.

> **Focus: Selection of aspiring leaders who shows signs of resilience.**

Implications

- Not everyone who is able to be a leader is willing to make the sacrifices that come with leadership. Being a leader means working long hours, making personal sacrifices (especially in terms of work-life balance), and carrying much personal responsibility.

- Perseverance—that is, displaying high levels of energy showing drive, and moving forward under adverse conditions is a requirement of effective leadership.

- Proposes a model of leadership potential that can be used for selection purposes.

Link to LEADS and CHLNet's Mission

- This article is relevant to the "Demonstrates Character" capability of **Lead Self**; in particular, the ability to show perseverance and resilience in working towards goals.

- Resilience is an attribute mentioned by many leaders in the CIHR national research project, co-sponsored by CHLNet and Royal Roads University.

Weinberg, B. D., Avgar, A. C., Sugrue, N. M., and Cooney-Miner, D. (2013). The Importance of a High-Performance Work Environment in Hospitals. *HSR: Health Services Research*, 48(1): 319-332.

Abstract

The purpose of this study was to examine the benefits of a high-performance work environment (HPWE) for employees, patients, and hospitals. Forty-five adult, medical-surgical units in nine hospitals in upstate New York were involved in the study. This was a cross-sectional study. Surveys were collected from 1,527 unit-based hospital providers (68.5 percent response rate). Hospitals provided unit turnover and patient data (16,459 discharge records and 2,920 patient surveys). Principal findings were that HPWE, as perceived by multiple occupational groups on a unit, is significantly associated with desirable work processes, retention indicators, and care quality. The findings underscore the potential benefits for providers, patients, and health care organizations of designing work environments that value and support a broad range of employees as having essential contributions to make to the care process and their organizations.

> **Focus: Creating a high-performance work environment for employees, patients, and hospitals, and its benefits.**

Implications

- A high performance work environment is defined as one associated with desirable work processes, retention indicators, and care quality.

- The findings underscore the potential benefits for providers, patients, and health care organizations of designing work environments that value and support a broad range of employees as having essential contributions to make to the care process and their organizations.

Link to LEADS and CHLNet's Mission

- This study relates to the LEADS domain of **Engage Others** and, in particular, the capability of "Contribute to the creation of healthy organizations".

- CHLNet's vision is Better Leadership, Better Health—Together. This provides a specific example of how good leadership creates better health through efforts of many employees in an organization.

West, M. and Dawson, J. (2012). *Employee engagement and NHS performance*. **London: The King's Fund.**

It has long been recognized that engagement of employees with their work and organization is a factor in their job performance, but the research evidence for this has been steadily increasing over recent years. In this article we summarize this evidence along with the theories underlying it, paying special attention to research from the health sector. In particular, we examine recent evidence from the national NHS Staff Survey, which has collected data on employee engagement since 2009. We highlight how this is linked to a variety of individual and organizational outcome measures, including staff absenteeism and turnover, patient satisfaction and mortality, and safety measures, including infection rates.

> **Focus: The importance and value of employee engagement.**

Implications

- Engagement is a term that refers to "…a psychological state (e.g. involvement, commitment, attachment, mood), a performance construct (e.g. either effort or observable behaviour, including pro-social and organizational citizenship behaviour), a disposition (e.g. positive affect), or some combination of these", that enhances employee performance.

- The authors review engagement scores in the UK, and conclude that the more engaged staff members are, the better the outcomes for patients and the organization generally. Engagement has many significant associations with patient satisfaction, patient mortality, infection rates, Annual Health Check scores, as well as staff absenteeism and turnover.

Link to LEADS and CHLNet's Mission

- This study relates to the LEADS domain of **Engage Others** and, in particular, the capability of "Contribute to the creation of healthy organizations".

- CHLNet's vision is Better Leadership, Better Health—Together. This provides a summary of the research that shows how employees, who are engaged, can create better results.

Singer, S. J., Friedberg, M.W., Kian, M. V., Dunn, R., and Kuhn, D. M. (2012). Development and Preliminary Validation of the Patient Perceptions of Integrated Care Survey. *Medical Care Research and Review*, **70(2): 143-164.**

Abstract

Valid measures of the integration of patient care could provide rapid and accurate feedback on the successfulness of current efforts to improve health care delivery systems. This article describes the development and pilot testing of a new survey, based on a novel conceptual

model, which measures the integration of patient care as experienced by patients. We administered the survey to 1,289 patients with multiple chronic conditions from one health system and received responses from 527 patients (43%). Psychometric analysis of responses supported a six-dimension model of integration with satisfactory internal consistency, discriminant validity, and goodness of fit. The Patient Perceptions of Integrated Care survey can be used to measure the integration of care received by chronically ill patients for two main purposes: as a research tool to compare interventions intended to improve the integration of care and as a quality improvement tool intended to guide the refinement of delivery system innovations.

> **Focus: Survey to determine degree of integration of care for chronically ill patients.**

Implications

- Valid measures of the integration of patient care could provide rapid and accurate feedback on the successfulness of current efforts to improve health care delivery systems. This article describes the development and pilot testing of a new survey which measures the integration of patient care as experienced by patients.

- The *Patient Perceptions of Integrated Care* survey can be used to measure the integration of care received by chronically ill patients for two main purposes: as a research tool to compare interventions intended to improve the integration of care and as a quality improvement tool to guide the refinement of delivery system innovations.

Link to LEADS and CHLNet's Mission

- Directly applicable to the understanding of, and operationalization of, the **Achieve Results** domain of *LEADS in a Caring Environment*; in particular, "Assess and evaluate".

- Shows how leaders who use measurement can improve patient care; a goal of CHLNet.

O'Connell, D., Hickerson, K., and Pillutla, A. (2011). Organizational Visioning: An Integrative Review. *Group & Organization Management*, 36(1): 103-125.

Abstract

Building on empirical, theoretical, and normative literatures, we develop an integrated discussion of organizational vision, including a range of factors, from the reasons for visioning to the impacts of vision on individuals, groups, and organizations. The goal is to help integrate the field and to provide direction for both future research and leadership practice. Building on prior reviews, we update the literature and contrast group visioning processes with leader-driven vision development. The article offers a comprehensive look at vision development, implementation, and the impact of visioning and suggests a number of propositions for future research.

> **Focus: The power of vision and how do develop it.**

Implications

- The authors discuss organizational vision, including a range of factors, from the reasons for visioning to the impacts of vision on individuals, groups, and organizations.

- The goal is to provide direction for both future research and leadership practice. They contrast group visioning processes with leader driven vision development. The article offers a comprehensive look at vision development, implementation, and the impact of visioning.

Link to LEADS and CHLNet's Mission

- Provides guidance as it relates to the "Set Directions" capability of the **Achieve Results** domain of the *LEADS in a Caring Environment* framework.

- Shows the importance of CHLNet's vision and the importance of the process to develop it.

The Council of the Federation. (2012). *From Innovation to Action: The First Report of the Health Care Innovation Working Group.* **Accessed on April 22 @** www.councilofthefederation.ca/pdfs/Health%20Innovation%20Report-E-WEB.pdf

Abstract

In January of 2012, Premiers met as the Council of the Federation to discuss a range of health care issues facing Canadians. At that meeting, Premiers agreed on the necessity of embracing innovation in order to improve care. The Health Care Innovation Working Group was a coalition of all provinces and territories, who contributed to the work, as well as the Canadian Medical Association, the Canadian Nurses Association, the Health Action Lobby, and others. It made a number of recommendations for implementation in health systems across the country, specific to three inter-related areas: clinical practice guidelines, that promote greater consistency in the delivery of evidence-based care; team-based health care delivery models, that encourage all health professionals to work to their full professional capacity to meet patient and population needs; and health human resource management initiatives that allow for a more cooperative, needs-based approach to human resource planning reducing competition among jurisdictions for resources.

> **Focus: A model of coalition building to generate coordinated action in innovation across the Canadian health system.**

Implications

- "Modeling the way" is an important leadership attribute—and the provincial and territorial Premiers modeled coalition building in the field of innovation and health reform.

- A "test case" for the ability of the provinces and territories to coalesce energy re health reform.

Link to LEADS and CHLNet's Mission

- Supports the importance of, and informs the practice of, the **Develop Coalitions** domain of the *LEADS in a Caring Environment* capabilities framework.

- Emphasizes the importance of developing a national approach to health reform to realize the *Better Leadership, Better Health—Together* vision of CHLNet.

Kollberg, B., and Mattias, E. (2011). The practice of the Balanced Scorecard in health care services*. International Journal of Productivity and Performance Management*, 60(5): 427-445.

Abstract

The purpose of this paper is to identify the main characteristics of the Balanced Scorecard (BSC) practice in health care services. The paper uses a case study approach focusing on three health care organizations in Sweden using the BSC. The focus is upon different management levels in a hierarchical branch in each organization. The paper concludes that the BSC is used as a tool for improving internal capabilities and supporting organizational development. More specifically, the BSC is used as a tool by management and employees in discussions, information dissemination, knowledge creation, follow-up and reporting processes. Instead of using the BSC as a tool to implement and communicate strategy formulated by management, it is used as a tool for opening up the organization and providing a foundation for an improvement dialogue, which consequently increases the demands on management. The paper contributes to changing the focus in existing research away from the design and construction of the BSC towards its use in managerial work.

Focus: The value and use of the Balanced Scorecard in health care organizations.

Implications

- The paper emphasizes important aspects in using the BSC in a health care context that will help managers in improving performance measurements.

- The paper shows that the use of the BSC includes several aspects, such as the purpose of the system, implementation process, actions taken and the expected contribution.

Link to LEADS and CHLNet's Mission

- Study reinforces some of the capabilities of the **Achieve Results** domain of the LEADS framework, especially the "Set Direction" and "Assess and Evaluate" capabilities.

- Strategic tools such as the Balanced Scorecard lead to better health outcomes: this study reinforces the fundamental premise of the CHLNet mission.

Best, A., Greenhalgh, T., Lewis, S., Saul, J, Carroll, S., and Bitz, J. (2012). Large-System Transformation in Health Care: A Realist Review. *The Milbank Quarterly*, **90(3): 421-456.**

Abstract

An evidence base that addresses issues of complexity and context is urgently needed for large-system transformation (LST) and health care reform. Fundamental conceptual and methodological challenges also must be addressed. The Saskatchewan Ministry of Health in Canada requested a six-month synthesis project to guide four major policy development and strategy initiatives focused on patient- and family-centered care, primary health care renewal, quality improvement, and surgical wait lists. The aims of the review were to analyze examples of successful and less successful transformation initiatives, to synthesize knowledge of the underlying mechanisms, to clarify the role of government, and to outline options for evaluation. Our rapid realist review identified five "simple rules" of LST that were likely to enhance the success of the target initiatives: (1) blend designated leadership with distributed leadership; (2) establish feedback loops; (3) attend to history; (4) engage physicians; and (5) include patients and families. These principles play out differently in different contexts affecting human behaviour (and thereby contributing to change) through a wide range of different mechanisms. A collaborative process engaging both research producers and research users contributes to local applications of universal principles and mid-range theories, as well as to a more robust knowledge base for applied research.

> **Focus: Creating change in complex health systems through the use of "simple rules".**

Implications

- Deals with large scale change initiatives in the province of Saskatchewan.

- Emphasizes the importance of empowering leaders through the use of simple rules to employ in their individual and collective contexts (i.e. different situations and environments).

Link to LEADS and CHLNet's Mission

- Many member organizations of CHLNet are interested in the dynamics of and tools required to create large scale change.

- Simple rules are "complexity" approaches that can be used to "champion and orchestrate change"—a LEADS **Systems Transformation** capability. However, the other domains of LEADS are necessary for it to be successful.

Briggs, D., Cruickshank, M., and Paliadeus, P. (2012). Health managers and health reform. *Journal of Management and Organization*, **18(5): 641-658.**

Abstract

This qualitative study was undertaken with a diverse sample of Australian health managers to examine their perceptions regarding the health system and to understand how they learned to become health managers. The findings showed that they viewed the health system as one of constant change, mostly non-adaptive, and a system of parts controlled by bureaucrats and political interests. While the respondents enjoyed their managerial role, they see it as contested between the professions. This study concluded that greater emphasis on the education and training of health managers and their continuing professional development is required if they are to manage increasingly complex, dynamic and changing health systems. In Australia, the health debate continues with the recently announced national health reform agenda. The perceptions of health managers in health reform and change management are important given that they are said to be central to the implementation of health reform and the management of change.

> **Focus: Demonstrates the importance for leaders to "see the whole system" and the tendency of most managers to see it as fractured and as parts.**

Implications

- Most managers experience health reform not as a systemic enterprise done in a collaborative manner, but as a fragmented experience, in which professions are often battling over control.

- Professional development of leaders if they are to be effective in leading reform.

Link to LEADS and CHLNet's Mission

- Relates directly to the **Systems Transformation** domain of the LEADS framework and, in particular, the capability of "demonstrates systems/critical thinking."

- CHLNet network partners are involved in health system reform, and the article outlines challenges and solutions to that reform.