CHLNet
Canadian Health Leadership Network | Le Réseau canadien pour le leadership en santé

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LEADerShip at a Glance
CHLNet's TOP TEN SUGGESTED READINGS

Blackler, Frank. (2006). Chief Executives and the Modernization of the English National Health Service. *Leadership*. Vol. 2, No.5. pp. 5-30. Accessed on May 25, 2011 at http://lea.sagepub.com/content/2/1/5

The popular image of an empowered, proactive leader fails to reflect the reality of senior managers' roles in public sector organizations in the UK at the present time. This point is developed through a study of senior chief executives in the English National Health Service (NHS) between 2000 and 2002 when, in response to perceptions that the Service was in crisis, the New Labour government introduced a ten-year modernization program backed by substantial increases in public funding. In previous years considerable interest had been shown in the importance of leadership within public sector organizations.

However, by the time of this study senior politicians in the UK had become suspicious about the abilities of public sector managers in general, and those within the NHS in particular, to deliver the reforms that they had deemed essential. A series of interviews with NHS chief executives over the 2000-2002 period recorded the pressures that they were subjected to: rather than being given the scope to help lead the reform of the NHS, chief executives were treated as little more than conduits for the policies of the centre. The interviews illustrate how undermined and demoralized many of them came to feel. Relating the episode to the broader literature on leaderships it is suggested that the study of leadership in the public sector cannot be divorced from broader study of the institutions of the state and, in this case, from the centralized performance audit regime that government developed to drive forward its modernization policy. In the light of such issues, the article draws attention to the importance of "bureaucratic discretion" to the theory of public sector leadership.

Practical implications: For senior executives who are pursuing major change in the health system, the article points out the fundamental challenges they will experience both personally (Lead self) and strategically (Systems transformation) in championing change. In particular, the challenges of dealing with government and its demands are highlighted.

Denis, J-L., Langely, A. and Rouleau, L. (2010). The Practice of Leadership in the Messy World of Organizations. *Leadership*. Vol. 6, No. 67. Accessed on May 25, 2011 at http://lea.sagepub.com/content/6/1/67

This article examines the practice of leadership in organizations characterized by ambiguous authority relationships. Drawing on three empirical case studies illustrative of a long-term research program on change in health care organizations, leadership is examined as a practical activity focusing particularly on its dynamic, collective, situated, and dialectical nature. Researchers on leadership are invited to look carefully at the embeddedness of leadership roles

in context and at the type and consequences of practices that leaders develop in such contexts. Implications of these ideas for further research and for would-be leaders are discussed.

Practical implications: Four "dialectic" challenges of leadership are identified as reflective of the practical challenges facing leaders who seek to create change in modern, complex health organizations (Systems transformation). These dialectics emphasize the importance of the "mindful" nature of leadership, and the need for leaders to prepare themselves mentally for the challenges they will face during change (Lead self).

Fulop, I. and Campbell, S. (2010). The Brilliance Project: trying to understand great performance in the health service. *Asia-Pacific Journal of Health Management.* Volume 6 Issue 1 – 2011. pp. 8-14.

This article profiles efforts of The Health Management Research Alliance (HMRA) in Australia to marry researchers and health care managers in a project aimed at finding "pockets of excellence" or "brilliance in the system" as exemplars for others and as levers for change. The project emphasizes appreciative inquiry methods and how important it is to look at the right brain and the sociology, aesthetics and the organization of improvement (organization, culture, language and cognition, politics, value systems, identity, leadership, structure, strategy, citizenship etc). Original dialogues have focused on identifying the motivation behind having brilliance as a focus for a project in healthcare, trying to understand it, and from that, trying to find ways of spreading such understanding widely so that brilliance is more pervasive in health services.

Hugh B MacLeod of the Canadian Patient Safety Institute CPSI) has been pivotal in inspiring this work, and some of his input is outlined. This paper describes more of the background and motivation behind the project as well as some of the potential ways in which the Health Management Research Alliance (HMRA) is investigating and going about this project.

Practical implications: This article speaks to the concept of using systems and critical thinking (Systems transformation)—with an emphasis on right brain skills—to identify and celebrate brilliance in leadership of change. The project is being conducted amongst a formal coalition of managers and researchers in Australia. Emphasizing the power of appreciative inquiry, it speaks to the potential value of using this approach to leadership of change in health care in Canada. Given that the inspiration for this work came from the efforts of Hugh MacLeod, there may be synergies between the work of this group and the work of CHLNet.

Geisler, B.P., Widerberg, K.F., Berghofer, A and Willich, S.N. (2010). Leadership in health care: Developing a post-merger strategy for Europe's largest university hospital. *Journal of Health Organization and Management.* Vol. 24 No. 3, pp. 258-276.

This paper's aim is to identify existing and developing new concepts of organization, management, and leadership at a large European university hospital; and to evaluate whether mixed qualitative-quantitative methods with both internal and external input can provide helpful views of the possible future of large health care providers. Using the Delphi method in semi-

structured, semi-quantitative interviews, with managers and employees as experts, the authors performed a vertical and a horizontal internal analysis. In addition, input from innovative faculties in other countries was obtained through structured power questions. These two sources were used to create three final scenarios, which evaluated using traditional strategic planning methods.

There is found a collaboration scenario in which faculty and hospital are separated; a split scenario which divides the organization into three independent hospitals; and a corporation scenario in which corporate activities are bundled in three separate entities.

Practical implications: In complex mergers of knowledge-driven organizations, this study shows how the employees of one's own organization (in addition to external consultants) might be tapped as a knowledge resource to create successful future business models. The paper uses a real world consulting case to present a new set of methods for strategic planning in large health care provider organizations. The study represents the "strategically oriented to the future" capability of the Systems transformation domain of LEADS; and also the Develops coalitions domain.

Hutchens, David and Webber, P.G. (2011). Leadership Beyond the Baseline: New Thinking about Leadership for a New World of Business. Accessed on May 25 @ http://www.davidhutchens.com/Biz%20Writing/articles/leadershipinthen.html

These authors contend that the vast majority of today's middle or junior managers have little or no exposure to the types of learning experiences that would nurture transformative leadership. The new focus needs to be on the personal development of the leader since it is from that place of "self leadership" that she or he will be able to begin to understand how to create the types of new understanding that lead to successful action.

Modern health leaders need learning initiatives that focus on deeper competency development by modeling complex, real-world contexts in which learners can experiment, reflect, and take new courses of actions based on increasingly deeper awareness. This is the approach of action learning. Action learning provides the depth of development that can only come with rich experience, time for experimentation, and support of coaches and mentors. If your goal truly is transformation, action learning is a path that promises rich rewards.

Practical Implications: This paper is a concept piece, not informed by empirical research. It provides the opportunity for reflection by those developing and delivering effective leadership development programs on how to grow leadership of self (Lead self).

Isaac, Carol (2011). Women leaders: the social world of health care. *Journal of Health Organization and Management* Vol. 25 No. 2, pp. 159-175.

The purpose of this paper is to illustrate a microcosm of the complexities that women face in a masculine environment. Ten women administrators were selected from one Southeastern University in the USA, using criterion sampling. The interviews of five women from male-dominated colleges (greater than 50 percent male faculty-MD) and five from female-dominated

fields (FD) were analyzed. For further study, the texts of the four women from healthcare colleges were compared with the six from non-healthcare fields. Interviewees were asked questions about their background, leadership and power. Confidentiality was adhered to according to the university's IRB guidelines and policies. This small study suggests that in this specific context, the social world of the healthcare Deans was evident and was shaped around a "rigid hierarchy of authority and power" that goes beyond gender and is stratified among health-related professions. Transferability of the study to other contexts is dependent on the reader's sense of fit between this context and their own.

Practical Implications: This examination of the hierarchical discourse of power within the social world of healthcare gives insight into the challenges women face when negotiating through change. It speaks to some of the challenges of the domains of Lead self and Engages others.

Kantabutra, S. and Avery, G.C. (2010). The power of vision: statements that resonate. *Journal of Business Strategy.* Vol. 31, No. 1. pp. 37-45.

This study—done in the field of business—looks at the characteristics of effective visions. Appropriate realization factors should also be put in place. For example, the vision should be aligned with the organization's strategy, and the people empowered. A leader should espouse a vision that:

- is brief (so that it can be remembered and repeated easily);
- contains a prime goal to be achieved;
- can encompass all organizational interests;
- offers a long-term perspective for the organization and indicates the future environment in which it will function;
- is unlikely to be changed by market or technology changes; and
- is viewed as desirable by employees.

Visions containing these characteristics are expected to bring about higher performance outcomes, initially through employee and customer satisfaction, than those without. As for employees, the research suggests that they too benefit when managers are able to create and shape a vision meeting the attributes described here. This enables followers to work more effectively, and leads to higher job satisfaction. Therefore, managers who work effectively with a "powerful" vision could benefit from being aware of these characteristics and realization factors.

Practical Implications: The study speaks to the "setting direction" capability of the Achieve results domain of the LEADS framework. It suggests that visions that are concise, clear, future-oriented, stable, challenging, abstract and inspiring are likely to bring about better performance outcomes than visions without these characteristics. Simply having a vision that meets the above criteria is not enough. To maximize performance outcomes, managers should also communicate the vision, motivate and empower employees to act on the vision, and align organizational systems to support the vision. The application of these concepts derived from a private sector business context may or may not be applicable to the public, health care context.

Patterson, K., Grenny, J., Maxfield, D., McMillan, R., and Switzler, A. (2008). Influencer: The Power To Change Anything. NewYork: McGraw-Hill.

The authors conducted extensive research to identify what differentiated leaders who were able to implement effective and meaningful change and those that were not. They contend that healthcare executives and are variable in their ability to effect change not because of the sources of influence leaders choose, but because they often don't use a requisite number of strategies in tandem. By using four or more of six vital influence strategies in combination, leaders can exponentially increase their chances of success. These strategies are:

1. link to mission and values
2. over-invest in skill building
3. harness peer pressure
4. create social support
5. align rewards and ensure accountability
6. change the environment

Practical implications: This research speaks to the "champion and orchestrate change" capability of the Systems transformation domain of LEADS. Effective leaders drive change by relying on several different sources of influence strategies at the same time. Those who understand how to combine multiple sources of influence are up to 10 times more successful at producing substantial and sustainable change.

NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges. (2010). Medical Leadership Competency Framework: Enhancing Engagement in Medical Leadership (Third Edition). July. NHS Institute for Innovation and Improvement: Coventry, UK

The MLCF describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of health services. In developing the MLCF the project team carried out a review of literature and key publications, a comparative analysis of other leadership competency frameworks, and an analysis of medical curricula. They also consulted with members of the medical and wider NHS community and received input from the project steering group, reference and focus groups. The MLCF has been successfully tested in a range of medical education and service communities across the UK.

Since it was originally published in May 2008, further feedback from many individuals and groups including patient and lay groups, equality and diversity experts, medical students and doctors, and from organizations implementing the framework was received, and incorporated many of the suggested improvements into this third edition. The project team continues to work closely with those involved in the delivery of medical education and NHS services to assist in translating the MLCF into curricula and learning experiences. Following its incorporation into Tomorrow's Doctors, the Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework for medical schools as well as the Medical

Leadership Curriculum have been developed. The latter has been incorporated into the 58 specialty curricula of the Medical Royal Colleges and Faculties.

Practical implications: This is an example of the work that can provide guidance for universities and organizations in terms of building learning programs to support communication around, and education of managers and clinicians with respect to the LEADS in a Caring Environment capabilities framework education using the framework.

Sambrook, Sally. (2009). Critical pedagogy in a health service management development programme: Can "critically thinking" managers change the NHS management culture? ***Journal of Health Organization and Management.*** **Vol. 23 No. 6, pp. 656-671.**

This paper evaluates a Management of Science Program in which a critical management studies approach (CMS) has been taken so as to determine whether or not NHS management development programs might inculcate a critical (empowerment culture) perspective. Traditionally, management development programs available to NHS managers focus on a performance orientation and sustain a culture of managerial and medical domination. This paper aims to question whether it is possible to consider NHS management development from features of a critical management studies approach (CMS). A new MSc is evaluated against these characteristics, examining the teaching and learning processes and students' perceptions of the program. The aim is to develop critical thinkers who can return to their organizations and challenge existing power structures and practices to change local cultures and enhance health services. Empirical research employed anonymous student questionnaires and a focus group. Student evaluations suggest the MSc can deliver pedagogy that emphasizes critical thinking and help managers understand issues of power and empowerment, challenge dominant cultures, innovate and effect small, local changes in the NHS culture. Further longitudinal research should assess the impact of the managers' changed values, attitudes and behaviours on colleagues, clients and the local cultures. Whether or not the experience of the MSc can be translated into professional development programs for managers should also be investigated further.

Practical implications: The paper identifies some of the tensions of developing "critical" health service managers, and the problems they encounter back in the "uncritical" NHS context, as well as some of the challenges in "facilitating" a critical curriculum. It questions the ethics of developing (or not) a critical perspective in a local context unfamiliar with CMS. It speaks to how to develop managers to master the "systems and critical thinking" capability of the Systems transformation domain of the LEADS framework.