

LEADerShip at a Glance

CHLNet's "Top Ten" Suggested LEADS Readings¹

Cote, S. (2014). Emotional Intelligence in Organizations. *Annual Review of Organizational Psychology and Organizational Behavior*. Vol. 1: 459-488.

Research on emotional intelligence (EI) investigates whether a set of abilities about emotions and emotional information—such as the abilities that Steve Jobs (profiled in this article) seemingly deployed—enhances our prediction and understanding of the outcomes of organization members, such as their job performance and their effectiveness as leaders. There are an increasing number of studies that illuminate the role of EI. In this article, these studies are reviewed and a road map for future research on EI in organizations is provided. Specifically, definitions of EI are reviewed, approaches to measuring EI, and findings about how EI is associated with work criteria are described. Controversies in this area are discussed and future research that would advance our understanding of the role of EI in organizations is presented. Best practices for research on EI that emerge from this review are listed.

Focus: Understanding EI in the context of the workplace.

Implications:

- EI is a major factor in the success of leaders in their interactions with others. Knowing the current research assists us in understanding this phenomenon.
- The article is current, up-to-date, and provides an overview of the research related to EI.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. All leaders need to exercise EI for the “together” factor to work.
- EI is a major component of the **Lead Self** and **Engage Others** domains of the LEADS framework.

Dutton, J.E., Workman, K.M., and Hardin, A.E. (2014). Compassion at Work. *Annual Review of Organizational Psychology and Organizational Behavior*. Vol. 1: 277-304.

Compassion is an interpersonal process involving the noticing, feeling, sense-making, and acting that alleviates the suffering of another person. This process has recently received substantial attention by organizational researchers and practitioners alike. This article reviews what researchers currently know about compassion as it unfolds in dyadic interactions in work organizations. The heart of the article focuses on what research tells us about embedding compassion in the personal, relational, and organizational contexts in which compassion takes place. We conclude by discussing implications for practice and for the future research agenda regarding this vital interpersonal process.

Focus: On giving practical suggestions to operationalize compassion in the work environment.

¹ As recommended by Dr. Graham Dickson (CHLNet Senior Policy Advisor) and Bill Tholl (CHLNet Founding Executive Director).

Implications:

- The paper has implications for leaders in CHLNet’s member organizations as it is the responsibility of those leaders to create a *caring* environment for health service delivery; and concomitantly, for employees and clinicians delivering those services. Knowing what compassion looks like, sounds like, and feels like, is very helpful.
- Compassion is often a quality that is hard to explain in practical terms...i.e. what it looks like in practice. This article attempts to do that.

Link to LEADS and CHLNet’s Mission:

- CHLNet’s mission is *Better Leadership, Better Health—Together*. A component of that better leadership is creating a caring work environment and caring service delivery.
- The article provides advice about methods to operationalize compassion, which is an integral part of the *caring* ethos implicit in the *LEADS in a Caring Environment* framework.

Govindarajan, V. and Ramamurti, R. (2013). Delivering World-Class Health Care, Affordably. *Harvard Business Review* (November): 117-122.

Necessity spawns innovation. Despite the pressing demand and constrained supply, a few relatively new Indian hospitals have devised ways of providing world-class health care affordably—and to scale. These hospitals target well-off patients, which forces them to provide care that meets global quality standards. But their purpose is to serve everyone, including patients with very low incomes, which puts pressure on the organizations to lower costs dramatically. Such a business model scales because the low costs of these hospitals attract large volumes of patients and allow the overall enterprise to be profitable. As a result, the hospitals are able to sustain their operations not through the usual government subsidies, charitable donations, or insurance reimbursements but through their revenues. These extraordinary private Indian hospitals should serve, we believe, as an inspiration to those in other developing nations and as a wake-up call to hospitals in Europe and the United States.

Focus: Innovation in delivering health care: Looking outside Canada’s borders.

Implications:

- Some of the “lessons learned” may be applicable in a Canadian setting: they may also spark some creative ideas as to approaches applicable to the Canadian context.
- A number of the approaches described in this article show how care is delivered for a fraction of the cost incurred in Canada.

Link to LEADS and CHLNet’s Mission:

- Profiles the importance of the **Achieve Results** domain of LEADS—showing the power of measurement and good data to crafting an argument, and to use such data for improvement purposes.
- All CHLNet members are seeking approaches to delivering high quality care at sustainable prices—some of the models might assist in that regard.

Health Association Nova Scotia. (2012). *Leadership in Health Care in Nova Scotia*. (June) Bedford, NS: Health Association Nova Scotia.

Canadian health care organizations are not investing adequate resources to appropriately develop leadership capability. This is likely due to the fact that leadership and management development is viewed as a lower priority compared to funding for patient services and care. In an effort to understand leadership in health care in Nova Scotia, Health Association Nova Scotia conducted an inventory of current leadership practices and perspectives from organizations across the province. The purpose of this inventory was to determine leadership perspectives, practices and outcomes in the province.

Focus: Improving leadership for health reform in Nova Scotia.

Implications:

- The province of Nova Scotia sees the importance of investing in leadership development in the context of health reform, and has shared knowledge as to what is currently happening in the province in order to make that case.
- This paper supports the work being done by CHLNet to create a national Action Plan for leadership talent management.

Link to LEADS and CHLNet's Mission:

- As a member partner of CHLNet, Health Association Nova Scotia has provided further argument in support of CHLNet's mission.
- LEADS has been adopted by three organizations in Nova Scotia and is referenced as a viable framework from which to grow leadership development.

Jacobson, R. (2013). *CEO Mindset for the Future*. *Physician Executive*, Vol. 9, No. 3: 88-91.

Jacobsen argues that health care leaders are caught within a classic double-bind. They must achieve short-term financial and performance objectives. Yet, at the same time, health care CEOs must now prepare their organizations to succeed within a market that is in the midst of massive change and an uncertain future. Effectively navigating the future requires an ambidextrous mindset capable of managing the tensions presented by the need to balance these contradictory challenges. He makes the point that the preparation to undertake this work is seldom found in experience or in the education of CEOs, and outlines mindset shifts that are required, as well as ways to develop those mindsets.

Focus: The mental challenges of being a health care CEO during times of change.

Implications:

- The paper has implications for CEOs in Canada in that health reform is high on the Canadian agenda, and CEOs are facing similar challenges.
- It provides practical advice as to how to develop new mindsets for better performance.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. The article is about CEO's developing better leadership. Member partners are often CEOs dedicated to health reform.

- It relates directly to the **Lead Self** and **Systems Transformation** domains of the LEADS framework, in the context of national system reform, and demonstrates the connectivity between the two; developing one's mindsets is a precursor to creating systems change.

Kim, T.H. (2012). Succession Planning in Hospitals and the Association with Organizational Performance. *Nursing Economics*, Vol. 30: 14-20.

Effective succession planning is the heart of leadership development and an essential business strategy because it enhances the ability to achieve orderly transitions and maintain productivity levels. The results of this study showed succession planning had significant associations with some current operational and financial performances of hospitals. Having successors ready to fill key vacancies helps improve operational conditions and the bottom line, and thus, gives a competitive edge. Preparing successors for leadership may determine which organizations simply survive and which thrive in the future.

Focus: The value of leadership succession planning.

Implications:

- The CHLNet benchmarking study showed that 39% of total respondents and 63% of ACAHO members have a formal approach to succession planning. This paper suggests that those organizations that do not will be challenged in maintaining high productivity into the future.
- It provides practical advice as to how to go about succession planning.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*. The article shows how succession planning ensures that quality leadership can be sustained over time. It also supports CHLNet's efforts to facilitate the creation of a national Action Plan for leadership talent management.
- It relates directly to the **Lead Self** (develops others) and **Engage Others** (fosters the development of others) domains of the LEADS framework.

Saul, J.E., Best, A., and Noel, K. (2014). Implementing Leadership in Healthcare: Guiding Principles and a New Mindset. *Ghost Busting Series 1: A Synthesis*. Longwoods (January). www.longwoods.com/content/23641

In 2012, Hugh MacLeod, CEO of the Canadian Patient Safety Institute, published a series of 24 *Ghost busting* essays ("Ghost Busting – Series 1") on health care leadership which sparked interest from a broad readership. The series provided a rich pool of powerful ideas for what is needed to implement and sustain transformative leadership, and offered a unique resource to guide development of an implementation framework for system improvement leadership. To capitalize on the call to action implicit throughout the series, we have conducted a thematic analysis to identify key implementation principles for transformational leadership. The synthesis was not designed to map emerging themes onto the LEADS leadership framework, nor was the *Ghost Busting* series of essays designed to extract or expand upon items from LEADS, yet the overlap between the two was striking.

Focus: Identification of key implementation principles for transformational leadership.

Implications:

- Health system change has been “top of mind” for many leaders. This paper, based on a series of essays from a senior practitioner, identifies many of the leadership factors required to facilitate change.
- It emphasizes that a “made in Canada” approach to transformation, based on Canadian values, is necessary.

Link to LEADS and CHLNet’s Mission:

- CHLNet’s mission is *Better Leadership, Better Health—Together*. This article emphasizes the power of that mission.
- The article itself states that the overlap between LEADS and the themes derived from their analysis was striking.

Swensen, S., Pugh, M., McMullan, C., and Kabcenell, A. (2013). *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement.

There is solid evidence that leadership engagement and focus drives improvements in health care quality and reduces patient harm. Leaders at all levels in care delivery organizations are struggling with how to focus their leadership efforts and achieve Triple Aim results for the populations they serve. Triple Aim results represent the shift from volume to value, which demands that health care leadership at every level of care delivery organizations focus on improving the experience and outcomes of care provided and reducing the cost of care for the populations they serve. High-impact leadership is required to achieve Triple Aim results. To that end, this white paper presents three interdependent dimensions of leadership: new mental models, High-Impact Leadership Behaviors, and the IHI High-Impact Leadership Framework.

Focus: Leadership approaches that create improvements in Triple Aim results.

Implications:

- The Triple Aim framework has been adopted and adapted within many jurisdictions within Canada. Therefore, this paper will be of value for those organizations/jurisdictions that have done so.
- It provides practical advice as to how to develop new mindsets for better performance.

Link to LEADS and CHLNet’s Mission:

- CHLNet’s mission is *Better Leadership, Better Health—Together*. The Triple Aim framework provides guidance as to the goals for improvement, and this paper outlines some approaches to achieve them.
- It relates directly to the **Lead Self** and **Systems Transformation** domains of the LEADS framework, in the context of national system reform, and demonstrates the connectivity between the two; developing one’s mindsets is a precursor to creating systems change.

Tonkin, T. (2013). Authentic versus Transformational Leadership: Assessing Their Effectiveness on Organizational Citizenship Behaviour of Followers. *International Journal of Business and Public Administration*, Vol. 10, No. 1: 40-61.

This study examined the extent to which authentic leadership is a stronger predictor of employee organizational citizenship behavior (OCBs) compared to transformational leadership. The analysis also investigated the extent to which overall job satisfaction mediated the relationship between authentic leadership and OCBs. The findings suggest that in fact three out of the four sub scales in authentic leadership had a positive effect on both overall job satisfaction and the OCB of altruism. This study implies suggestions for practical interventions based on the associated theories found in this paper.

Focus: The construct of authentic leadership and how it affects employee job satisfaction.

Implications:

- Organizational productivity can be improved through the practice of authentic leadership.
- It provides practical advice as to how to operationalize authentic leadership constructs.

Link to LEADS and CHLNet’s Mission:

- CHLNet’s mission is *Better Leadership, Better Health—Together*. The PHSI study—which was a result of CHLNet’s research pillar—identified authentic leadership and transformational leadership as desired in today’s health leaders.
- It relates directly to the **Lead Self** (develops others) and **Engage Others** (fosters the development of others) domains of the LEADS framework.

Welbourn, D., Ghate, D., and Lewis, J. (2013). *Systems Leadership: Exceptional leadership for exceptional times. Source Paper 1: Literature Review (October): The Colebrooke Centre for Evidence and Implementation, City University, London.*

www.virtualstaffcollege.co.uk/wp-content/uploads/literature_review_complete.pdf

This work reviews the published literature on systems leadership, seeking particularly to ascertain whether there is a clear agreement of how to define the subject of systems leadership and whether there is any consensus about the desirable characteristics for it to be effective. It seeks a specific emphasis in relation to children’s services and, more generally, into wider public services. The search criteria for the review have been influenced (rather than directed) by this focus, and we have explored what learning can be drawn from the broad themes of systems leadership across all sectors.

Focus: System leadership and desirable characteristics.

Implications:

- Although written for the children’s services sector, it builds on previous research into whole systems, published at the King’s Fund leadership summit in May 2012, which sought to identify conditions for effective leadership across whole health ecosystems.

- It argues that there is plenty of evidence showing that weak leadership is unlikely to yield good or repeatable outcomes, and that the literature shows very clearly that certain attributes or characteristics of leadership are frequently found in successful systems, whilst another list of characteristics are repeatedly found to detract from success.

Link to LEADS and CHLNet's Mission:

- CHLNet's mission is *Better Leadership, Better Health—Together*, and a key pillar in that work is ensuring that its work is influenced by strong research. This paper is an excellent summary of current research in the field of systems leadership.
- It links to LEADS because LEADS articulates, in a Canadian context, the qualities of systems leadership required to be successful.