Health Leadership and Large-Scale Change

Purpose

This brief arose as part of CHLNet's desire to mobilize knowledge for more effective action and integration into leadership practices especially in the context of health reform and transformation.

Impetus

Many Canadians believe that Canada leads the world in thinking about health, in measuring health and in delivering on health care. However, recent reports from the WHO and OECD indicate that Canada has been gradually drifting down the international league tables in terms of health system performance. Other studies suggest that Canada lags behind almost all comparable jurisdictions in engendering large-scale change.

Strong leadership is being identified by many major policy reports as a critical success factor in stimulating innovation and the large-scale change required to improve performance. For example, the Health Council of Canada (2013) called health leadership as the foundation upon which the other key enablers of health system transformation are built. Yet as reform initiatives unfold, leaders and the needed capabilities to facilitate innovation and large-scale change have been given limited profile and attention. A much greater, collective effort is needed to engender the leadership needed for transformation to take place in Canada. The time is right to garner leadership for change.

Evidence

To provide leadership for the reform desired for our health system, it is important to understand the concept of change and the need to manage organizational culture. An organization's culture must be carefully cultivated to gain support and commitment for change. Government plays a key role in changing behaviour through policy levers such as regulation, legislation, funding and technology. Change management models can be helpful aids in implementing solutions to reform. Individuals involved in change experience it as either a change agent (i.e. those who make the policy or practice change) or change target (i.e. those being reorganized).

Change management theory shows two main approaches to build support for change: *planned* (i.e. stepped approach models such as action research, Kotter's 8-step model, and LEADS) and the newer *emergent* (i.e. more adapted to various contexts and begins with a bottom-up approach such as change dynamics and Kanter's Big Three model). These models typically come from the business sector however there is a [Canadian-based model](#) (Canadian Foundation for Healthcare Improvement) that outlines an approach for leadership to support change through four basic steps: planning, implementing, spreading and sustaining change.

Three recent studies help to better understand the leadership challenge to tackle large-scale change. The CHLNet Benchmark Study (2014) identified a significant skill deficit for health care leadership. A four-year CIHR Partnerships for Health System Improvement (PHSI) study described the dynamics within Canada's health system, how they mitigate against reform, and the leadership attributes needed to overcome those barriers. As well, a Canadian Society of Physician Leaders (CSPL) study in 2014 profiled why growth in physician leadership is required, and identified some of the ways that leadership could be developed in an organizational context. All three studies demonstrated the fragmented and minimalist approaches to leadership development in this country, which helps explain the slow uptake of large-scale change.

The PHSI study in particular explored the qualities required to be effective in leading large-scale change. The purpose of the *Leadership and Health System Redesign* project was to assess the current state of leadership capacity in the Canadian health system, identify the leadership skills required to move to the desired future state (i.e. major reform), and how best to develop those skills on a more systematic basis. The four-year project (2010-2014) consisted of five regional cases and one national case study: in all cases, the relationship between leadership capabilities and the progress of large-scale change was documented and analyzed to provide insight into the capabilities required to be successful. A subsequent dialogue, hosted by McMaster University and focusing on the leadership skills needed to steward primary care reform, validated the results of the PHSI study. The *McMaster Dialogue* evidence brief and summary also validated the use of the LEADS in a Caring Environment capabilities framework as a viable and reliable articulation of the broad capabilities required for large-scale change.

Findings: New Skills, Knowledge and Behaviours for Large-Scale Change

Large-scale health reform on either a provincial/territorial or national scale demands a level of leadership knowledge, performance, and quality that is significantly greater than most leaders have been prepared for. As one interviewee in the PHSI study stated, "We lack the capacity to accept that change (is required)...We haven't prepared people in this country to really do that on a broad scale basis". The challenge of creating large-scale change requires levels of systems thinking, strategic thinking, relationship development, and self-leadership that supersede the current capacity of many formal leaders. The study also identified the need for more physician leadership—giving rise to the CSPL work in 2015, aimed at documenting the current state of physician leadership and what it looks like in practice.

Findings for the common leadership capabilities for large-scale change derived from the PHSI study are outlined in the table below. Given the wide-range adoption of the LEADS framework across the country, they are mapped to the LEADS framework. The number of case studies where these leadership capabilities were cited is also listed.

Common Leadership Capabilities Needed for Reform across Cases

Leadership Capabilities	*LEADS Domain and Capability*	*Description*	*No. of cases in which mentioned*
Strategic Thinking	Systems Transformation: Orient themselves strategically to the future	The ability to analyze situations, devise appropriate timely and broad interventions, and develop actions for implementation that will creatively leverage an existing situation for maximum benefit *over a long-term time period.*	6
• Stakeholder engagement	Develop Coalitions: Demonstrate a commitment to customers and service	Creating strategies and tactics so different stakeholder and interest groups would work together to support change.	6
• Alignment and vision	Achieve Results: Strategically align decisions with vision, values and evidence	The degree of integration of an organization's or system's core structures, processes and skills; as well as the degree of connectedness of people to the organization's (or system's) strategy.	6
• Relationship building, coalition building and management	Develop Coalitions: Builds partnerships and networks	Building strategic relationships across departments, across organizations, and across systems and the ability to manage and sustain those relationships.	6
• Strategic planning	Achieve Results: Set direction	A disciplined process of setting out a long-term direction for an organization or system based on a clear sense of where the organization or system is going (vision, values), where it is currently at (current state: environmental scan) and related strategies to move from where it is to where it wishes to be.	5
Complexity Theory and Systems Thinking	Systems Transformation: Demonstrate systems and critical thinking	Complex adaptive systems require adaptive, agile leaders who can think and act at a systems level. Leaders must understand the complex nature of health care systems, particularly systems' unpredictability, fluidity and organic development. "Someone who fundamentally believes the whole	5

Leadership Capabilities	LEADS Domain and Capability	Description	No. of cases in which mentioned
		system needs to work as a whole and the inter-connecting parts are linked…".	
Change and Innovation	Systems Transformation: Encourage and support innovation	The ability to conduct small or large-scale change for health care improvement.	5
• Change management or innovation work	Systems Transformation: Encourage and support innovation	Identifying and championing innovation and creative ideas; working with staff to engage them in the change process.	6
• Empowerment	Engage Others: Foster development of others	Empowerment is the combination of strategies and behaviours employed to increase the capacity of individuals, professionals, or consumers to make choices and to transform those choices into desired actions and outcomes.	6
• Champion for change	Systems Transformation: Champion and orchestrate change	Creating change both within micro-systems and larger systems. Specific skills include: recognizing emerging windows of opportunity for change.	4
• Ability to create a culture of openness and safety	Engage Others: Contribute to the creation of healthy organizations	Leaders take actions to build trust, transparency and a receptivity to learning as cultural attributes of an organization's or system's environment.	4
Teamwork	Engage Others: Build teams	A process when a small group of people—multi-professional, management, etc.—need to work together to achieve a common goal.	5
Effective Two-Way Communication	Engage Others: Communicate effectively	Effective teams require frequent, open and honest communications, both interpersonally (i.e. the ability to have open and honest conversations) and strategically. Leaders try to listen and make sense of the difference voices: political masters, employees, customers.	4
Emotional Intelligence	Lead Self: Are self aware	Self-awareness, self-regulatory skills, awareness or empathy, and relational skills.	4
Character	Lead Self: Are self aware	Character qualities, or virtues, that individual leaders are asked to demonstrate in order to be genuine.	

Leadership Capabilities	LEADS Domain and Capability	Description	No. of cases in which mentioned
• Commitment	Lead Self: Demonstrate character	Importance of having a fervent belief and commitment to a universal, publicly-financed health care system. "What is important is the patient" should be a driving force behind reform.	5
• Resilience	Lead Self: Demonstrate character	A specific character element emphasized repeatedly was resilience. Comprised of confidence, longevity, flexibility, strength of conviction, consistency, keeping perspective and optimism.	3
• Courage	Lead Self: Demonstrate character	The quality of mind or spirit that enables a person to face difficulty, danger, pain, etc., and persevere in spite of the challenge.	3
• Service philosophy	Lead Self: Demonstrate character	Ability to suppress personal ego and act in the interests of patients or citizens. To put own perspectives aside and consciously communicate and reframe into others' perspectives, and to be objective.	3
Role Model and Mentor	Engage Others: Foster development of others	The leader is a role model and a mentor to others. It is leading by example, and willing to guide others in their development when requested to do so.	6

Conclusion

Canada has been hampered in its efforts to generate meaningful health care reform. Leadership—modern leadership that emphasizes the capabilities outlined in this document—is necessary for that reform to happen. To enable the enabler of health reform, it is vital that all organizations who believe in health reform pool their efforts and in some cases their resources to ensure education and training is available to those in our health workforce who wish to continue to lead health care transformation into the future. CHLNet's Health Leadership Action Plan outlines a way forward but we need action at all levels (macro, meso and micro) to optimize our work and regain Canada's place as a world leader in health system performance.

CHLNet, May 2016