Top Ten
May 2016

LEADerShip at a Glance
CHLNet's "Top Ten" Suggested LEADS Readings[1]

Avolio, B., Walumbwa, F. and Weber T. (2009) **Leadership: Current Theories, Research, and Future Directions.** *Annual Review of Psychology*, 60: 421-449.

Hall, C., Burnett Vachon, D. and O'Brien, K. (2016). ***The Leadership Outlook: Leadership Driving Organizational Performance.*** Ottawa: The Conference Board of Canada.

Dickson, G. (2016). **Health Reform in Canada: Enabling perspectives for health leadership.** *Healthcare Management Forum.* 1-6.

Marchildon, G. and Fletcher, A. (2015). **Systems Thinking and the Leadership Conundrum in Health Care.** *Evidence and Policy*: 1-15.

MacLeod, H., Kernaghan, G. and Grimes, K. (2016). ***Why Build Health Leadership Capacity Across Canada?*** Longwoods.com Essays.

Springboard: Leadership and Management Portal. (2016). ***Leadership in the Health Sector.*** Health Education and Training Institute, New South Wales. www.springboard.health.nsw.gov.au

Smith, W., Lewis, M., and Tushman, M. (2016) **"Both/And" Leadership.** *Harvard Business Review.* May. 3-10.

Trebble, T.M., Heyworth, N. Clarke, N., Powell, T. and Hockey, P.M. (2014). **Managing hospital doctors and their practice: what can we learn about human resource management from non-healthcare organisations?** *BMC Health Services Research*, 14: 566.

Ontario Chamber of Commerce. (2016). ***Transformation through Value and Innovation: Revitalizing Health Care in Ontario.*** Part I of the Ontario Chamber of Commerce's 2016 Health Transformation Initiative. Ontario Chamber of Commerce: 1-26.

Victorian Auditor-General. (2016). ***Bullying and Harassment in the Health Sector.*** Melbourne: Victoria Government Printer. PP No 148, Session 2014-16: 1-45.

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[1] As recommended by Dr. Graham Dickson (CHLNet Senior Policy Advisor) and Kelly Grimes (CHLNet Executive Director).

Avolio, B., Walumbwa, F. and Weber T. (2009) Leadership: Current Theories, Research, and Future Directions. *Annual Review of Psychology*, 60: 421-449.

Focus: An overview of current leadership literature; theories and perspectives.

This review examines recent theoretical and empirical developments in the leadership literature, beginning with topics that are currently receiving attention in terms of research, theory, and practice. Although written in 2009, much of the content is still relevant today and is, indeed, an excellent summary of a complex field.

The authors begin by examining authentic leadership and its development, followed by an examination of new genre leadership theories, complexity leadership, and leadership that is shared, collective, or distributed. They examine the role of relationships through a review of leader member exchange and the emerging work on followership. Finally, they examine work that has been done on substitutes for leadership, servant leadership, spirituality and leadership, cross-cultural leadership, and e-leadership.

This structure has the benefit of creating a future focus as well as providing an interesting way to examine the development of the field. Each section ends with an identification of issues to be addressed in the future, in addition to the overall integration of the literature provided at the end of the article.

Implications

The paper is a nice, solid grounding of leadership knowledge in one article. It describes the various theories and approaches, providing greater clarity as to the similarities and differences of many terms that otherwise confuse people trying to make sense of the leadership literature.

Link to LEADS and CHLNet's Mission

The article provides a solid theoretical underpinning to efforts of CHLNet to improve leadership in the health sector, and gives a body of knowledge that can be used to determine the content of the LEADS framework, as an expression of modern leadership.

Hall, C., Burnett Vachon, D. and O'Brien, K. (2016). *The Leadership Outlook: Leadership Driving Organizational Performance.* Ottawa: The Conference Board of Canada.

Focus: Conference Board of Canada survey on leadership impact (organizational performance, managing change) and importance of leadership development.

The Conference Board of Canada recently completed its first leadership benchmarking survey—The Leadership Outlook. The survey focused on the main drivers of organizational leadership and examined the role of leadership in competitive organizational performance. The survey was sent to over 3,500 human resources and business leaders between February and July 2014. A total of 441 organizations completed the survey. The Leadership Outlook presents detailed benchmarking information about the state of leadership in Canada since 2001 and profiles organizations with strong and effective organizational leadership.

Implications

Survey results show a strong link between strong and effective leadership and overall organizational performance—as perceived by respondents. Similarly, strong and effective leadership creates a greater capacity for managing change. Given that both performance and effective change are vital to the quality

of the Canadian health system, this survey provides valuable recommendations that the health sector should review and consider.

Link to LEADS and CHLNet's Mission

CHLNet's action plan is dedicated to improving the quality of leadership in the Canadian health sector. LEADS is a description of the capabilities needed to do that. This survey outlines elements that are key to successful execution of their leadership development strategies. It also outlines five recommendations that CHLNet partners should consider both individually and collectively to create the leadership cadre needed for the future.

Dickson, G. (2016). Health Reform in Canada: Enabling perspectives for health leadership. *Healthcare Management Forum*: 1-6.

Focus: How health leaders need to take charge of their own development and reconceptualise their role in order to be effective participants in health reform.

Canadian healthcare leaders are experiencing unprecedented change. In Canada and worldwide, efforts are being made to create patient-centred service delivery models. In order to participate fully in that transformation, leaders must embrace the new leadership responsibilities vital to patient-centred change. To fail to do so will marginalize their role or render them irrelevant. This article reviews literature in the past five years to outline the change context for leaders and what they can do to enhance their effectiveness. Leaders are encouraged to redouble their efforts to develop their leadership capacity, engage physicians as partners, embrace complexity, engage the patient and public in reform efforts, and embrace appropriate technological trends within the consumer community. To reinvent leadership supportive of patient-centred change, healthcare leaders need to act individually to grow their own capacity and collectively to take control of the leadership needed in order to fulfill their role in change.

Implications

Canadian institutions that believe in the value of health leadership must find ways to collaborate to create a "developmental shift" in preparation and professional development of people in leadership roles. Otherwise the participation in shaping the reform agenda in Canada will be minimal. Specific suggestions re approaches to accomplish that are outlined in the article.

Link to LEADS and CHLNet's Mission

CHLNet's National Leadership Action Plan is dedicated to improving (with LEADS as a common language) the quality of leadership in order to facilitate meaningful health reform in Canada. The article provides some suggestions as to how to accomplish that goal.

Marchildon, G. and Fletcher, A. (2015). Systems Thinking and the Leadership Conundrum in Health Care. *Evidence and Policy*: 1-15.

Focus: How health leaders need to take charge of their own development and reconceptualise their role in order to be effective participants in health reform.

The two authors—Greg Marchildon and Amber Fletcher—were key researchers in the CIHR and CHLNet sponsored Leadership and Health System Redesign project in Canada. This four-year project explored the challenges of leadership in facilitating effective health reform.

The authors proposed that the ability to think in terms of a system is critical to achieving common direction, alignment and commitment in high distributed health systems, such as how health is organized and delivered in Canada. Provincial and territorial ministries of health provide leadership on the direction of health reform while leadership to align system levels is determined by a far more distributed group of actors (or not!). There is a natural tension between organizations (or what they call tribal) identity and loyalty and a system-wide loyalty and identity. Based on the Leadership and Health System Redesign project, they argue that the challenge for health system leaders is to find the most constructive balance within this tension.

Implications
This work addresses the challenge being faced across Canada: how to create large system change, and the "natural" contradictions inherent in creating that change. Leaders need to develop the skills to manage those contradictions and, in the process, find ways to move change forward.

Link to LEADS and CHLNet's Mission
CHLNet was a co-sponsor of this study as it provides insights into the challenges of leading large-scale reform. The same study supports the use of the LEADS framework as a way to guide leaders through health reform.

MacLeod, H., Kernaghan, G. and Grimes, K. (2016). *Why Build Health Leadership Capacity Across Canada?* Longwoods.com Essays.

Focus: The rationale for, and the value of, a CHLNet sponsored Canadian Health Leadership Action Plan.

This article, written by the three co-leads of the Canadian Health Leadership Action Plan sponsored by CHLNet, provides the argument, and the rationale, for a much strengthened effort to build greater leadership capacity within the Canadian health sector. They describe how Canada's performance vis-à-vis other international jurisdictions is slipping; how Canada lags behind other jurisdictions in fostering large-scale health reform; and why highly sophisticated leadership is needed for reform to take place. They then explore some of the challenges of growing that leadership, ending up with a description of how the CHLNet Canadian Leadership Action Plan can play a major role in capacity building in Canada.

Implications
A call for all CHLNet partners to explore the opportunity inherent in this action plan and contribute to its success.

Link to LEADS and CHLNet's Mission
The action plan is a major initiative aimed at achieving CHLNet's mission. Implicit in the action plan is a common language of leadership: LEADS.

Springboard: Leadership and Management Portal. (2016). *Leadership in the Health Sector.* Health Education and Training Institute, New South Wales.

Focus: A compilation of articles on the challenges of leadership in the health sector, compiled for leaders in the health system of New South Wales, Australia.

The Health Education and Training Institute (HETI) in New South Wales is a crown corporation (or the Australian equivalent) of a service agency developed to provide leadership, management, and health human resource training to the health system of New South Wales.

Prominent in their work is a department devoted to leadership and management development. This suite of articles, contained in this new online monograph, speaks to issues important in the context of health reform in that state.

Included are the following articles:

- Leadership in the health sector: The confines of our own defaults—written by Jill Hufnagel
- Leadership in the health sector: Partnering with sceptics—written by Jill Hufnagel
- Leadership in the health sector: Leadership vs. authority—written by Jill Hufnagel
- Leadership in the health sector: Climbing the ladder to influence up—written by Jill Hufnagel
- Leadership in the health sector: Making collaboration a cultural norm—written by Jill Hufnagel
- Leadership in the health sector: Leadership literature essay—written by Graham Dickson
- Leadership in the health sector: A leader's challenge—written by Dr. Sunil Adusumilli

Implications

This work shows the growing interest of leadership and leadership development in health, as demonstrated in the country of Australia. It also shows how another country has organized its efforts to formalize leadership development to serve a whole state.

Link to LEADS and CHLNet's Mission

Graham Dickson's article shows that the Canadian LEADS framework is very similar to the leadership framework used by HETI in New South Wales. All of the articles—and the Springboard itself—might well be an interesting potential collaboration between CHLNet and HETI.

Smith, W., Lewis, M. and Tushman, M. (2016) "Both/And" Leadership. *Harvard Business Review*: 3-10.

Focus: How health leaders need to take charge of their own development and reconceptualise their role in order to be effective participants in health reform.

The authors make the case that in a modern global environment, seeing leadership as the process of managing paradoxes is important to success. A paradox—the tension between two opposing and seemingly contradictory goals—is traditionally perceived as requiring resolution: one goal over another. They propose a new model, one in which the goal of leadership is to maintain a dynamic equilibrium in the organization. Executives with this goal do not focus on being consistent; instead they purposefully and confidently embrace the paradoxes they confront. Senior teams build dynamic equilibrium by separating the imperatives that are in conflict with one another in order to recognize and respect each one (creating a separate unit to develop a new business model, for example), while at the same time actively managing connections between them in order to leverage interdependencies and benefit from their synergies. This they characterize as "Both"/And" leadership.

They describe three paradoxes that must be managed in this way:

- Managing for today or for tomorrow.
- Adhering to boundaries or crossing them
- Creating value for our shareholders and investors or for a broader set of stakeholders.

They provide real world examples and discuss the challenges of leading through paradox, ultimately describing what they describe as the paradoxical mindset, which leads to movement in a new direction. There is power in paradox: enabling the leader to embrace the potential for dynamism and change. To realize the power of paradox, leaders must both separate and connect opposing forces.

Implications

A rapidly changing environment is ripe with paradox. The health reform environment is no exception. Indeed, in the CIHR study on Leadership and Health System Redesign, managing contradictions created by change contributed to inertia and paralysis; whereas, these authors would argue, those same contradictions could—if both/and leadership mindsets were applied to them—unleash significant creativity and change.

Link to LEADS and CHLNet's Mission

LEADS is about describing the capabilities of leadership in a rapidly changing environment. In the Lead Self domain, it is suggested that leaders develop mindsets that facilitate personal growth consistent with desired organizational development. Developing a paradoxical mindset is consistent with the expectations of Lead Self; and consistent with the larger goal of CHLNet to develop the leadership needed to facilitate effective health reform.

Trebble, T.M., Heyworth, N. Clarke, N., Powell, T. and Hockey, P.M. (2014). Managing hospital doctors and their practice: what can we learn about human resource management from non-healthcare organisations? *BMC Health Services Research*, 14: 566.

Focus: Effective HR practices in a hospital setting to improve individual physician engagement in the UK.

Improved management of clinicians' time and practice is advocated to address increasing demands on healthcare provision in the UK National Health Service (NHS). Exemplary HR practices in non-health organizations—primarily for knowledge workers—were reviewed for their potential application in a hospital context. Six themes were identified across the external organizations representing best practice and considered transferrable to managing clinicians in secondary care organizations. These included: performance measurement through defined outcomes at the team level with decision-making through local data interpretation; performance improvement through empowered formal leadership with organizational support; individual performance review (IPR); and reward, recognition and talent management. The role of the executive was considered essential to support and implement these practices, with management of staff performance, behaviour and development integrated into organizational strategy, including through the use of universally applied values and effective communication. Such practices must, however, be customized in the process for application within the NHS.

Implications
Physician engagement is an ongoing theme in need of improvement throughout most Canadian healthcare organizations. This article suggests possible practices for administrators to consider employing in a hospital to improve physician engagement.

Link to LEADS and CHLNet's Mission
Physicians in the Canadian health system are key to successful health reform. Physician leadership and physician engagement are challenges experienced by many CHLNet member organizations. Better leadership practices, consistent with the Engage Others domain of LEADS, and carried out in collaboration between doctors and the administrators in an institution, can improve the potential for that organization to involve doctors in the reform process.

Ontario Chamber of Commerce. (2016). *Transformation through Value and Innovation: Revitalizing Health Care in Ontario.* Part I of the Ontario Chamber of Commerce's 2016 Health Transformation Initiative. Ontario Chamber of Commerce: 1-23.

Focus: Potential private sector involvement in healthcare reform in Ontario.

As the Government of Ontario begins to reform the healthcare system, the Ontario Chamber of Commerce (OCC) wants to ensure that all solutions are considered as the conversation takes shape. They intend to contribute to that conversation by thinking more broadly about reform; and believe that the private sector is an important part of that.

To that end, the OCC is embarking upon a year-long research initiative on health transformation. Fundamentally, their aim is to answer the question, "How can the private sector be a productive partner to government as it reforms the health care space?" This—the first in a series of reports and events—begins the exploration of this role for industry in the healthcare system and examine how best to develop the health sector as an economic driver while improving patient outcomes. Specifically, this report acts as a framing piece for the initiative, by outlining the challenges facing the Ontario healthcare system today, defining the concepts of value and innovation; identifying what a transformed approach to health could look like, and summarizing our policy priorities for the year. This work will be done in partnership with major healthcare providers, research, finance, and technology organizations across Ontario, as well as the OCC's extensive chamber network. In this report, they outline the direction and themes of the project. It will be followed by three policy studies and a concluding document that will outline steps forward for the Ontario government.

Implications
This monograph signals the "waking up" of the private sector with respect to health reform. It also suggests that the public is becoming more aware of the need for what this paper calls for, the need for "transformative" change. It has significant implications for how leaders in the health sector will likely have to engage the public and private sector through the processes of large-scale change.

Link to LEADS and CHLNet's Mission
LEADS emphasizes the need for strong change and innovation—engaging all members of the healthcare "system". The private sector and the public are members of that system; and leaders will have to exercise "better leadership, together"—CHLNet's vision—to include those partners in the reform process.

Victorian Auditor-General. (2016). *Bullying and Harassment in the Health Sector.* Melbourne: Victoria Government Printer. PP No 148, Session 2014-16: 1-45.

Focus: Effective HR practices in a hospital setting to improve individual physician engagement in the UK.

I included this paper from the health sector in Victoria, Australia because it documents—sadly—the scope and breath of workplace behaviours that are inappropriate, including bullying and harassment. It is notable for two reasons. First, the quality of workplace life is often not documented: it often happens beneath the public radar. Second, in this particular instance, the auditor general makes the comment that "I found that health sector agencies are failing to respond effectively to bullying and harassment as a serious OHS risk. They are not demonstrating adequate leadership on these issues...".

While the paper does not reflect what goes on in the Canadian workplace, it is important to note that engagement scores in many health workplaces are dismally low. Do our organizations understand—as apparently those in Australia do not—the extent, causes or impact of bullying and harassment in their respective organisations? Such actions are important both to the quality of work-life experience for our providers, but inevitably have significant impacts on the quality of care. It is a topic worthy of bringing to our attention.

Implications

In the process of carrying out its Research and Evaluation subcommittee role, CHLNet has entered into three "quality of work-life" projects with partners in Canada. This study emphasizes the value of that work.

Link to LEADS and CHLNet's Mission

While we have no studies of equivalent stature, it is clear that work-life quality issues are important and also dependent on the quality of leadership. Better leadership will address work-life issues. This emphasis is also highlighted in LEADS: Contributes to a healthy work environment is one of the capabilities of the Engage Others domain.