November 21, 2017

LEADerShip at a Glance

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

Baker, G. R., Fancott, C., Judd, M., & O'Connor, P. (2016). *Expanding patient engagement in quality improvement and health system redesign: Three Canadian case studies*. Healthcare Management Forum, 29(5) 176-182.

Batara, N., & Woolgar, T. (2017). *The mentorship imperative for health leadership*. Healthcare Management Forum. 1-4

Cady, P. (2016). *A system of system lenses for leadership decision-making*. Healthcare Management Forum, 29(1) 8-11

Ekington, R., Pearse, N. J., Moss, J. Van der Steege, M. & Martin, S. (2017). *Global leaders' perceptions of elements required for effective leadership development in the twenty-first century*. Leadership & Organization Development Journal © Emerald Publishing Limited 0143-7739 DOI 10.1108/LODJ-06-2016-0145

Goudie, S.C. (2016). *How might a talent management system help future leaders of the Canadian Forces Health Services?* Research Paper in Fulfilment of a Course of Studies at the Canadian Forces College. Pp. 1—30.

NHS England (2013*).* *Leading Large Scale Change: A Practical Guide*. Available online @ https://www.england.nhs.uk/wp-content/uploads/2017/09/practical-guide-large-scale-change.pdf

Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J. & Feeley, D. (201). *IHI Framework for improving joy at work*. IHI White Paper. Cambridge Massachusetts Institute for Healthcare Improvement. Online on October 24 2017 @ IHI Org. http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx

Roth, V. R, Theriault, A., Clement, C. & Worthington, J. (2016). *Women physicians as healthcare leaders: a qualitative study*. Journal of Health Organization and management. 30(4): 648—665.

Schneider, E. C., Sarnak, D. O., Squires, D., Shah, A., & Doty, M. M. (2017). *Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*. The Commonwealth Fund. July: 1—30. Available online @ http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/

Senge, P., Hamilton, H. & Kania, J. (2015 Winter). *The Dawn of System Leadership*. Stanford Social Innovation Review. 27—33.

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

Baker, G. R., Fancott, C., Judd, M., & O'Connor, P. (2016). *Expanding patient engagement in quality improvement and health system redesign: Three Canadian case studies.* Healthcare Management Forum, 29(5) 176-182.

Focus: Patient Engagement in Quality Improvement

Healthcare organizations face growing pressures to increase patient-centred care and to involve patients more in organizational decisions. Patients are ''experts by experience,'' and their roles as advisors on improvement teams tap into this expertise. Yet many providers worry that such involvement requires additional time and resources and do not see patients as capable of contributing meaningfully to decisions. This article discusses three efforts in four organizations to engage patients in quality improvement efforts. McGill University Health Centre, Saskatoon Health Region, and Vancouver Coastal and Fraser Health Regions all engaged patients in quality improvement and system redesign initiatives that were successful in improving care processes, outcomes, and patient experience measures. Patient involvement in redesigning care may provide a way to demonstrate the value of patients' experiences and inputs into problem-solving, building support for their involvement in other areas. Further study of these cases and a broader survey of organizational experiences with patient involvement may help elucidate the factors that support greater patient engagement.

Implications:

The case studies in this article are summarized in a table that outlines very specific actions that can be taken to engage patients effectively in quality improvement efforts. The article also provides evidence that to do so will improve patient outcomes. Many of these approaches are transferable to other jurisdictions, where context is similar.

Link to LEADS and CHLNet's Mission:

People in formal positions of leadership within healthcare must generate the conditions for patient engagement and involvement. This article provides specific examples of how that engagement leads to better health. The content—focused on patient engagement for improving quality—is consistent with the Develop Coalitions (Demonstrate commitment to customers and service) and the Systems Transformation (Encourage and support innovation) domains of LEADS.

Batara, N., & Woolgar, T. (2017). *The mentorship imperative for health leadership*. Healthcare Management Forum. 1-4

Focus: Mentorship for Leadership Development

Mentorship can play an important role in supporting the career development of health leaders. The authors examine mentorship programs in different organizational settings to provide a frame of reference to discuss and explore personal and professional mentorship experiences. Specifically, between October 2015 and April 2016, the Emerging Health Leaders (EHL) National Health Leadership Conference (NHLC) working group collaborated on an environmental scan of mentorship programs and

activities to understand innovations in mentorship. In April 2016, EHL Toronto developed a mentor feedback survey using the LEADS in a Caring Environment framework to capture the varied experiences of mentors engaged in EHL Toronto's past mentorship events. A summary of this data presented at the 2016 NHLC situates a discussion on the highly interconnected and iterative nature of mentorship and leadership development in career progression. Mentorship can be viewed as a continuous journey of discovery, shared learning, and personal and professional development to achieve leadership excellence.

Implications:

This article examines how mentorship can support leadership development and leadership excellence in health and healthcare. The need to expand leadership development across the health system suggests that cost effective methods, such as mentoring, should be expanded in scope. The analysis outlines what can be done to bring greater strength to a mentorship program, and therefore should be of interest to organizations who wish to expand their leadership development efforts.

Link to LEADS and CHLNet's Mission:

Better Leadership, Better Health, Together can be achieved through mentorship opportunities. This program, based on LEADS, shows the power of a formal mentorship approach. Furthermore, the requirement of a constructive relationship between mentee and mentor, for mentorship to be effective, actually models key elements of the Engage Others domain of LEADS.

Cady, P. (2016). *A system of system lenses for leadership decision-making*. Healthcare Management Forum, 29(1) 8-11

Focus: Systems Thinking and Decision Making

Human systems thinking, complexity theory, and related constructs are explored in terms of their application to understanding leader decision making in today's modern health care organizations. The sheer volume and dynamics among system agents in healthcare makes decision-making a daunting task at all levels. Being clear about what leaders mean by ''healthcare system'' is critical in aligning system strategy and leadership decision-making. This article presents an emerging set of lenses (ideology and beliefs, rational and irrational information processing, interpersonal social dynamics, process and value creation, and context) to help frame leadership decision-making in healthcare systems.

Implications:

The article provides a series of questions/reflections that should guide a leader in the process of decision making, based on using a systems lens.

Link to LEADS and CHLNet's Mission:

There is clearly a strong link between the content of this article and the Achieve Results (Strategically aligns decisions with vision, values and evidence), and the Systems Transformation capability of

Demonstrates systems/critical thinking. A systems approach to decision making improves leadership, commensurate with CHLNet's mission.

Ekington, R., Pearse, N. J., Moss, J. Van der Steege, M. & Martin, S. (2017). *Global leaders' perceptions of elements required for effective leadership development in the twenty-first century.* Leadership & Organization Development Journal © Emerald Publishing Limited 0143-7739 DOI 10.1108/LODJ-06-2016-0145

Focus: Best Practices of Organizational Leadership Development

The purpose of this paper is to develop a clear answer to the question "how is leadership developed?" The authors point out the distinction between leader development (growing the skills of individual leaders) and leadership development (i.e, seeks to promote an organizational culture in which leadership processes and emergence are fostered and supported and in which leadership can emerge from surprising places in unusual circumstances), and state that "Leadership development is significantly more contextual in nature thanleaderdevelopment," emphasizing the unique context of each organization must be factored into the developmental approach.

This research utilized the knowledge of leadership development experts and their collective expertise to identify the critical elements required for a high-quality leadership development program. The four themes derived re critical elements were labeled as contextual,human capital, social capital, and structural capital, all of which were seen by participants as being central to the development of collective leadership. Based on these themes, this paper identifies a useful list of key leadership development tactics from which those wishing to develop a leadership program can work.

Implications:

This paper presents four dimensions of an effective leadership development strategy. It is presented in the context of private sector companies; therefore, the findings need to be interpreted in a health care organization context. Core elements of the best methods for leadership development have been identified by leadership development experts, which serve as a basis for developing leadership as a collective, and for further research.

Link to LEADS and CHLNet's Mission:

Better Leadership, Better Health, Together is the vision for CHLNet. Getting the most out of an investment in leadership development is vital to all organizations. Maximizing that investment through adherence to best practice can be achieved. Also, many of the qualities of leadership that are described are consistent with the content of the LEADS framework.

Goudie, S.C. (2016). ***How might a talent management system help future leaders of the Canadian Forces Health Services?*** **Research Paper in Fulfilment of a Course of Studies at the Canadian Forces College. Pp. 1—30.**

Focus: Leadership Talent Management System for the Canadian Forces Health Services

Succession planning is a structured process that involves the identification and preparation of a potential successor to assume a new role. It is an essential business strategy. A 2003 concept paper identified that the lack of succession planning within the CF Health Services was a weakness in the strategic management of its human resources. This paper was aimed at answering the following question: How might a talent management system amongst Health Care Administrators—at all levels--help develop future leaders of the Canadian Forces Health Services? It provides an organizational context and systems analysis of the issue, offers a literature review on the challenges to succession planning and organizational change, and presents three recommendations to the CF Health Services senior leadership to implement with a view of improving its current organizational succession planning process.

Implications:

Many health care organizations still do not place enough focus on developing the next generation of leaders. The dynamics within the Canadian Forces pertaining to the sustainability of a structured succession planning process is likely similar to that of other healthcare organizations. The lessons pertaining to creating a viable succession planning structure are transferable when such similarities exist.

Link to LEADS and CHLNet's Mission:

Succession planning is a formal process to ensure continuity of leadership. Doing it well is key to having successful leaders, and productive organizations. Building such processes around the capabilities required to lead—e.g., LEADS—is an important component to achieve better leadership in healthcare.

NHS England (2013*). Leading Large Scale Change: A Practical Guide***. Available online @** https://www.england.nhs.uk/wp-content/uploads/2017/09/practical-guide-large-scale-change.pdf

Focus: Leading Large-Scale Change

This guide provides a practical approach to creating large-scale change within the context of the UK's National Health System. The authors make the argument that the stakes of change are higher than they have ever been. Large scale change (LSC) is the only real and sustainable bridge to get the NHS from where it is now, to where it needs to be, in a way that retains the principles of what the NHS stands for.

Leading Large-Scale Change: a practical guide has been produced by the NHS England Sustainable Improvement Team and the Horizons Team, NHS England, to help all those involved in seeking to achieve transformational change in complex health and care environments. This guide has been fully

revised from the original 2011 publication to reflect latest policy and practice, in particular responding to the NHS Five Year Forward View1 (October 2014), the Next Steps on the NHS Five Year Forward View2 (March 2017), and the ensuing development of new care models and Sustainability and Transformation Partnerships (STPs) across the country.

The aim of this Leading Large-Scale Change guide is to:

- Capture key ideas about change and transformation from leading practitioners, researchers, thought leaders and opinion formers;
- Apply these ideas to a health and care context to determine actions that can be taken to create transformation strategy and develop change leaders who can accelerate change and achieve their goals;
- Provide leaders of change, at all levels, with an 'action list' to support local and system-wide change; and
- Make available to colleagues in health and care a wealth of ideas, opinions, research and resources about the future direction of change.

Implications:

Although the context for reform in the Canadian Health System is different to that in the UK, the demands for large scale change are growing. Within this guide can be found some very practical approaches to creating large-scale change; if the reader sees the relevance and value within the Canadian context: this guide can be a source of assistance in that work. No similar structure as that which created the Guide in the NHS exists in Canada; but potentially, a Guide that is contextualized to the Canadian experience might be of significant value.

Link to LEADS and CHLNet's Mission:

The LEADS domain of Systems Transformation highlights the capabilities required for large-scale change. Better Health in the Canadian system may well depend on our collective leadership skill in carrying out such change.

Perlo, J., Balik, B., Swensen, S., Kabcenell, A., Landsman, J. & Feeley, D. (201). ***IHI Framework for improving joy at work*****. IHI White Paper. Cambridge Massachusetts Institute for Healthcare Improvement. Online on October 24 2017 @ IHI Org.** http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx

Focus: Improving Joy at Work.

The Institute of Health Improvement (IHI) has authored this white paper to address the challenge of creating 'joy' within the health workplace. Healthy employees, joyful employees, are more productive; and are excited about going to work each day. This is a priority that has as much relevance in Canada as in the USA.

With increasing demands on time, resources, and energy, in addition to poorly designed systems of daily work, it's not surprising health care professionals are experiencing burnout at increasingly higher rates, with staff turnover rates also on the rise. Yet, joy in work is more than just the absence of burnout or an

issue of individual wellness; it is a system property. It is generated (or not) by the system and occurs (or not) organization-wide. Joy in work — or lack thereof — not only impacts individual staff engagement and satisfaction, but also patient experience, quality of care, patient safety, and organizational performance.

This white paper is intended to serve as a guide for health care organizations to engage in a participative process where leaders ask colleagues at all levels of the organization, "What matters to you?" — enabling them to better understand the barriers to joy in work, and co-create meaningful, high-leverage strategies to address these issues.

Implications:

Recently the Mental Health Commission of Canada released its National Standard for Psychological Health and Safety in the Workplace. This set of guidelines, tools and resources is focused on promoting employees' psychological health due to workforce factors. One of those factors is the quality of leadership within that organization; as this paper states, "joy, leadership, and high levels of performance are inextricably linked." As a consequence, the concepts and ideas in the IHI paper regarding leadership need to be seriously considered by Canada's healthcare leaders, in order to support the implementation of the National Standard Guidelines.

Link to LEADS and CHLNet's Mission:

The LEADS domain of Engage Others' capability of Contribute to the creation of a health organization puts the imperative upon leaders to consider how their behaviour either contributes to, or mitigates psychologically healthy workplaces, much less joy in the workplace. CHLNet has supported a recent study into this issue and believes strongly that healthy workplaces will create better healthcare in this country.

Roth, V. R, Theriault, A., Clement, C. & Worthington, J. (2016). *Women physicians as healthcare leaders: a qualitative study.* Journal of Health Organization and management. 30(4): 648—665.

Focus: Increasing Women in Physician Leadership Roles

The purpose of this article is to explore the under-representation of women physicians in clinical leadership by examining the issue from their perspective. The authors used large group engagement methods to explore the experiences and perceptions of women physicians. To capture common themes across the whole group participants were selected using purposeful sampling. Data were analysed using a structured thematic analysis procedure. The paper provides empirical insights into the influences affecting women physicians' decision to participate in leadership. The authors found that they often exclude themselves because the costs of leadership outweigh the benefits. Potential barriers unique to healthcare include the undervaluing of leadership by physician peers and perceived lack of support by nursing.

This study provides an in-depth examination of why women physicians are under-represented in clinical leadership from the perspective of those directly involved. Further studies are needed to confirm the generalizability of these findings and potential differences between demographic groups of physicians.

Implications:

The article provides a reference for healthcare organizations seeking to develop and diversify their leadership talent. Healthcare organizations seeking to increase the participation of women physicians in leadership should focus on modifying the perceived costs of leadership and highlighting the potential benefits. Large group engagement methods can be an effective approach to engage physicians on specific issues and mobilize grass-roots support for change.

Link to LEADS and CHLNet's Mission:

Physician leadership is critical to the success of Canada's future healthcare system. Ensuring that we take advantage of the natural talent possessed by women leaders is important to the future of CHLNet. This study supports the LEADS domain of Engage Others: in this case, engaging women physicians in clinical leadership roles.

Schneider, E. C., Sarnak, D. O., Squires, D., Shah, A., & Doty, M. M. (2017). ***Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*****. The Commonwealth Fund. July: 1—30. Available online @** http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/

Focus: 2017 International Comparisons of Healthcare Systems

This report compares health care system performance in Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. Seventy-two indicators were selected in five domains: Care Process, Access, Administrative Efficiency, Equity, and Health Care Outcomes. Data sources included Commonwealth Fund international surveys of patients and physicians and selected measures from OECD, WHO, and the European Observatory on Health Systems and Policies. The report calculated performance scores for each domain, as well as an overall score for each country. The U.S. ranked last on performance overall, and ranked last or near last on the Access, Administrative Efficiency, Equity, and Health Care Outcomes domains. The top-ranked countries overall were the U.K., Australia, and the Netherlands. Based on a broad range of indicators, the U.S. health system is an outlier, spending far more but falling short of the performance achieved by other high-income countries. The results suggest the U.S. health care system should look at other countries' approaches if it wants to achieve an affordable high performing health care system that serves all Americans.

Implications:

These studies provide a snapshot in time as to how Canada's health system compares with other developed countries. In this most recent study, Canada has improved from 10th to 9th overall, out of 11 countries participating. Other studies—e.g., OECD studies—should also be considered when making judgements as to the importance of this study. However, such benchmarks do provide insight into areas of need for improvement.

Link to LEADS and CHLNet's Mission:

Studies such as this one provide a gauge as to how well we are doing on CHLNet's mission: *Better Leadership, Better Health, Together*. This study—as well as others—provide a tool to monitor and determine progress over time. These studies also operationalize the LEADS Achieve Results domain capability of Assess and Evaluate; a key leadership capability.

Senge, P., Hamilton, H. & Kania, J. (2015 Winter). *The Dawn of System Leadership*. Stanford Social Innovation Review. 27—33.

Focus: Compassionate leadership and innovation in health care.

Peter Senge is well-known as the author of the Fifth Discipline, a seminal book devoted to systems thinking and its application to organizational learning. He and his co-authors present, in this article, an outline of how Nelson Mandela was an exemplary systems leader; and how his approaches were vital to the initial progress in South Africa.

The article then goes on to describe the three core capabilities of systems leaders. The first is the ability to see the larger system. The second involves fostering reflection and more generative conversations. And the third centres on shifting the collective focus from reactive problem solving to co-creating the future.

The article then goes on to describe how real change starts with recognizing that we are part of the systems we seek to change; and we must look inwards for solutions as well as outwards. Examples of how various organizations do that are provided. The authors also discuss the importance of system leaders creating the conditions that can produce change and eventually cause change to be self-sustaining. In so doing, they emphasize and describe the rich set of tools that has emerged from diverse fields over the past few decades for developing core system leadership qualities.

Finally, the authors provide guides for moving towards becoming a system leader. They include learning on the job; balancing advocacy and inquiry; engaging people across boundaries; letting go; building one's own toolkit; and working with other system leaders.

They end on an optimistic note, stating there has almost been an exponential growth in the tools to support system leaders, as well as a hunger for processes of real change.

Implications:

Systems leadership is needed for real change. This article outlines a number of approaches and tactics to grow system leaders. These approaches need to be built into leadership development programs if the goal of such programs is meaningful and deep change.

Link to LEADS and CHLNet's Mission:

LEADS is a set of domains and capabilities for leaders founded on a systems thinking lens. Modern issues and concerns require leadership that can create the conditions for change and the sustainability for change. This article validates much of the philosophy behind, and the content within, the LEADS framework. Consequently, it is an important articulation of the challenge facing all CHLNet partners: how do we create system leaders, together, to build the "better" healthcare we aspire to?