

Research and Evaluation Working Group January 13, 2022 at 1400 to 1530 hours Eastern Time

Minutes

Participants: Graham Dickson (Cochair, CHLNet), Deanne Taylor (Cochair, Interior Health), Bill Tholl (CHLNet), Ivy Bourgeault (University of Ottawa), John Sproule (IHE), Johnny Van Aerde (CSPL), Jonathan Mitchell (HealthCareCAN), Kelly Grimes (CHLNet), Ming-Ka Chan (Max Rady College of Medicine University of Manitoba, and Sanokondou), Owen Adams (CMA), Stephanie Gilbert (Cape Breton University), Jamie Day (University of Calgary-Observer), Thomas Stelfox (University of Calgary - Observer), and Devidas Menon (University of Alberta - Observer)

Regrets: Anurag Saxena (University of Saskatchewan), Brenda Lammi (CCHL), Ellen Melis (Unlimited Potential), Roxanne Borges Da Silva (University of Montreal), Susan Drouin (McGill U., Ingram School of Nursing), and Tania Stafinski (University of Alberta)

Purpose of Meeting:

- *Consider future role of R&E Working Group: i.e., to explore methods to grow research capacity for CHLNet and member partners in the future.*
- *Review progress of multiple projects being sponsored by the R&E WG and CHLNet.*
- *Share knowledge and expertise pertaining to desired and/or emergent research projects, methodological advances, and/or important literature publications—relative to the purpose of this Working Group*

1. Welcome

Graham is chairing today and welcomed our new cochair Dee Taylor, along with observers and new members.

2. Agenda

No additions or deletions for the agenda.

3. Draft Minutes Oct 2021

No additions or deletions (see attachment).

4. Future of R&E Working Group within CHLNet

Terms of reference- Kelly highlighted the changes made to the previous terms of reference which were discussed and approved in the previous meeting. No additions or deletions. The amended terms of reference were approved.

5. **Focus Group Questions (see attachment CHLNet Workplan Progress 2021):** a short focus group was held to discuss a new workplan going forward.
- What's happened to now (i.e., R&E Working Group good and not so good)? / What have we learned (i.e., responsibilities and deliverables)?
 - John: Seen the challenges of COVID and how we have disseminated the policies and products we offer into the community. Focused around the COVID Leadership Interviews which was a welcomed activity as the leaders were able to express their concerns. CHLNet has been building off the LEADS framework as well as being a champion for it within the Canadian health system. It is important to be focused and to build off of past activities such as the COVID leadership work and how the issues brought forward in this can be addressed.
 - Ming-Ka: Greatly appreciates the diversity of perspectives and experiences being brought to the table. The organization is strategizing around social justice and diversity which is very important. Appreciates the work done with partners and in collaboration to increase dialogue and educational needs during the pandemic.
 - Stephanie: Finds all the projects very impressive and would like to be more involved going forward. Leveraging partnerships and developing further partners with research is important.
 - Owen: Benchmarking of survey research has been very effective. Has cited this work at some points, in particular the innovation finding of the past research.
 - Jaason: Appreciated sharing the research methods and what key areas that are needed in research going forward. Loves diverse teams with co-authors and has been working on some more quick-paced research as of late. What research will be key going forward.
 - Jonathan: Collaboration is very important as well as sharing findings within the network.
 - Johnny: Access to many leaders throughout the network without having to have those personal connections individually. We're able to do many things by sharing very limited resources which is amazing. Want to see some action coming out of the findings. Should we be pushing some of these findings into the arenas of politics (specifically noted: not to politicians or government but to politics). Is there a way to solidify finances a bit more and could this be done through the academic world through our network?
 - Dee: Really enjoyed everyone's comments so far. This network is powerful and links all our individual networks, creating a leveraging opportunity. The opportunities with KT both internationally and nationally have been interesting and gave life into some of the papers being worked on. How are

we matching our work with some quick wins but also planning for the long game? Everything is focused on including more people; increasing staff and how to do this. There is a need for compassionate leadership. Noticed the narrowing of lateral leadership communication (lateral leadership: formal hierarchical ways of communicating within complex systems within the health system). It is more difficult to get messages to the highest up within organizations. Coming up with a bit more of a process for how to create quicker turnaround times or a better division of labour within new research projects.

- Ivy: Really benefited from the connections created within this network. Highlighted the bonuses of leadership within other work. The mental health of leaders is very important, and this group has helped in grounding around the issues leaders are facing. The leadership of the health workforce, as well as the health workforce themselves, are important. Speculation that this network will be called upon for solutions to these problems that have been discussed so best to organize thoughts in advance.
- Bill: There is an explosion of research that is specific to the healthcare sector. Moving away from leadership studies towards the discipline of leadership. There are many studies to pull upon to create the profession of leadership. This group has helped both changes along the way. Have done a great job of navigating the socio-political environment while conducting action research/real-time research within this natural experiment of COVID. We're still having difficulties with bridging the gap between research results and the practice of research. We are well positioned to bring the leaders closer to these research findings. A barrier to this is the turnover rate of leaders and the need to retransmit findings frequently.
- Graham: How does this turnover of leaders affect the ability to apply findings. Grateful for the relationship-centred nature of this group which is needed in health and health leadership. Leadership as a construct is becoming better understood and CHLNet has been able to operationalize it as a meaningful function in this time.
- Kelly: The power of networks and discussion groups is amazing. Biggest barrier is lack of funding so looking at how to best utilize the connections with other organizations to assist with the process of acquiring funding. CHLNet is neutral in our grants since our only interest is health leadership, making us ideal for partnership with academic organizations.
- What's next/now what? What should we be doing?
 - LEADS framework
 - Has evolved primarily out of an acute care or hospital-based delivery system. Some learnings throughout COVID have highlighted a need for

cross sectoral leadership. Examine the LEADS framework, in particular developing coalitions, but this could be developing mechanisms within a larger structure instead. There has also been a rise of public health. Significant challenges of workforce planning and resourcing which will both be important as we move forward. COVID has highlighted some gaps in the LEADS framework which can be used as an excuse to adapt and renew it. This could also be a marketing technique for the framework.

- University research world
 - Could be unaware about the work CHLNet is doing so reaching out to share what is going on could be very beneficial.
- How can we deliberately engage and connect with other groups working in diversity such as the following: Black Physicians Association of Canada, Indigenous Physicians Association of Canada, Patient groups, and/or caregiver groups, Individuals working around ableism, LGBTQIA+, Two-spirited and more
 - There is a need for these partners and their expertise when moving forward.
- How do we partner with health delivery organizations, and can we expand in this?
 - Is there a way to enable connections between CHLNet and these organizations to show them what resources are available to them?
- Can we create a partnership in program delivery that has imbedded evaluation? Could this be one mechanism to conduct research to evaluate leadership training and development and can be applied and translated into impact.
 - There is very little follow-up after leadership protocols and tools are rolled out. How can we evaluate what is working and what isn't? Can then use this information to inform future leadership initiatives.
- Optimal duration within leadership roles.
 - The quick turnover rate currently seems suboptimal, but some are around for too long; what is the ideal “shelf life”?
- Virtual world currently and how our lives will change going forward with this new virtual dependency both for leaders and as a broader society. How will virtual interactions continue in the coming years? Are there new leadership fundamentals as a result?
- Explore reaching out to directors of research in health authorities
- Health human resources and how it is delivered, do the models need to change in the future? Received MOH from Ontario to develop 2 workforce related micro courses which are focused around the following:

- Policy planning and management in the health workforce
- Who is the health workforce? People don't always know what others do so we are unable to utilize the workforce to the best of its abilities.
- Toolkits are a very important approach, but they need to be used and evaluated
 - We have the WP and LDI toolkits that need to be incorporated into leadership teachings so that they can be used, and refreshed as needed
- Research projects going forward
 - Leadership challenges around “The Great Resignation” coming out of COVID as it relates to HR/succession planning.
 - Impact of COVID on Public Health Leaders, need better alignment authorities and accountabilities.
- Future Research Ideas:
 - 1) Impact of churn (leader turnover) on health outcomes
 - 2) Mental Health of leaders- role in retention
 - 3) More on compassionate leadership
 - 4) What is the optimal duration for someone to be in a leadership role?
 - 5) Virtual healthcare leadership
 - 6) LEADS framework- are there existing gaps, can learnings from COVID be adapted to it?
 - 7) Following organizations who undertake leadership development over time to see what delivery mechanisms, etc. have the most impact

6. Roundtable Sharing

Each person shares either:

- *Leadership research/evaluation projects they are involved in;*
- *A specific research article/paper they would like to share; or*
- *Leadership research projects they would like to see developed.*

Owen: Consulted the PLI folks at Joule and they had a few ideas. A great Globe article about women's income and prevalence in leadership. Tackling the barriers that women face in the workforce. Can we think more broadly about these under-represented groups and how to help them access leadership training and opportunities. If they have the training, then what are the other impediments to acquiring a leadership role. Another was early career physicians and how they can be involved and contribute to leadership. An emerging theme is “imposter syndrome” where those in their early career do not feel as if they have the skills or experience to take on leadership roles (on Boards, Committees, formal leadership positions, etc.). Conducting research on how to best engage these groups could be valuable; what barriers do they face, where are the gaps,

what support is needed, etc. “Navigate” is a physician’s leadership certification/program which has curriculum on interior health that is spreading throughout the province.

Johny: CSPL- Reaching out to residents who have potential and working on leadership with them and providing coaching on how to give guidance and convey the desired message. In collaboration with the Royal College of Physicians and Surgeons created a Leadership video game centered around the LEA of LEADS. Trying to appeal to the younger generation and get the message across in a fun and interactive way. Sponsorship and succession planning. Will look into sharing the access to the data from this project.

Graham: ILA- One of the ways to find out the leadership challenges is to interview executive coaches of leaders, compare the perspectives of the challenges being faced within Canada and the US. They have insight into the kinds of issues leaders are facing that the leaders themselves may not be able to talk about. Show these groups that CHLNet has a grant opportunity for System Impact Fellows which others can join at this time by notifying Kelly.

Dee: Concept of institute that is community driven with a focus on leadership and learning health systems. Would love the groups insight as it is being developed. In health systems, the first thing we often hear is people going to their librarian, is there a tool or resource we can provide to these librarians to share data.

Ming-Ka: We need to think about the intersectionality and how different power and privilege compounds to give more or even less opportunities, especially when looking at leadership gaps. Could this gaming model mentioned by Johny be used to share other content such as leadership and EDI toolkits? Has the EDI toolkit reached all the health systems, how can we embed these within the systems? Another thing around KT is dissemination at different conferences. Should attend more conferences to engage learners and faculty such as CCME and ICRE; these would be good venues for the future to share the toolkits and research. We should co-create some faculty development around the toolkits ourselves. Could be another way to share these toolkits and get folks immersed in them.

Devidas: Do academic researchers know enough about CHLNet and this kind of activity. How can this information be shared?

Research by Johny, Graham and Ming-Ka: How the LEADS framework can be mapped against other professional frameworks (this case was physicians) would others be interested in comparing LEADS to the competencies of their respective professions.

7. Building Research Capacity for Health Leadership Together

- Leading Thru COVID: Action Research Project (Graham and Dee) - [Leading Thru COVID Article](#). Still finalizing wave 3 analysis – great implications but now what?
- Wellness/Burnout (Kelly) – November NP RT CMA/CNA Presidents presented and then break out groups with 3 design specialists. Insights to Action on Leadership Pathways for Health Workforce Wellness, draft report tabled at CHLNet’s Secretariat meeting on Monday. A human centred and system thinking approach was used as burnout and resilience is rooted in systems issues. Their process involved a survey, 5 interviews and focus group at CHLNet’s November partner roundtable. Their proposed pathway for strengthening informed leadership involved six themes for action: connections & trust; exchange of information; supporting the whole person; a systems lens; making space and flexible policies. These themes will be further refined and mapped to LEADS and then shared broadly with partners. Some discussion on how best to share this with network partners and HEAL and when we might expect the final report. Looking at
- Bill: I see this group as both surfacing research partnering opportunities and serving as a sounding board for research partnering opportunities (e.g. CIHR System impact assessment grant).?
- Ivy: Is there a table of the MHA program directors, where we can integrate the toolkits into their curricula? Canadian Health Workforce Network is tentatively thinking of holding its virtual conference later this year - likely December 2022. Perhaps a linkage with CAHSPR - for example a theme group? CHWN is co-branding its next webinar with CAHSPR, so that might be a good first step.
- Other conferences we should attend need to be identified. Partnering with other conferences or co-locating may be another strategy. Immersion in the toolkits would help spread the word.

8. Update on Health Leadership Exchange and Acceleration Working Group

- [Wise Practices of Leadership Development](#) – updated last meeting. But free for partners to access. Similar to this group developing their workplan after a hiatus.
- Leadership Huddles – Dec huddle with Billy Pratt on hope in the workplace from a LTC perspective. Next one in March with a smaller, rural hospital leader with the topic not yet confirmed. Offers a safe space using Chatham House Rule for senior leaders on the front line to talk about their leadership changes. Looking for more funding to be able to bring this to more cohorts.

9. Confirmation of Next Steps

Thank you for all the feedback and participation. How can we do more and acquire more funding to make some of these great ideas happening.

10. **Next Meeting**

May/June but will be set up soon.

11. **Adjournment**