

## Blog and Primer Does Health Leadership Really Matter?

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This is the twelfth edition of our blog series that began during COVID-19. It is being written in support of the next Network Partners Roundtable (May 3, 2023), under the banner of ‘*Shaping the Health System of the Future- Championing Strategic Leadership Excellence.*’ COVID-19 has caused the reconceptualization of how our health and care system(s) are working and our view of health leadership, including the capabilities required for 21<sup>st</sup> century care. The unplanned changes to how healthcare is delivered across the country, especially around an integrated health workforce, provide an unprecedented opportunity to build the next generation of leaders and the system in new and innovative ways.

The May 3<sup>rd</sup> Leadership Dialogue will be centred around two key questions: *How can leaders accelerate the people-centred change required and do they have the health leadership capacity and capabilities to do so?*

Since its inception in 2010, CHLNet has maintained a laser focus on its vision: “*Better leadership. Better healthcare. Together.*” Over the past few years there has been a growing body of research both peer-review and other that reinforces this basic premise (more on this later!). CHLNet has undertaken its own research to better understand the relationship between growing leadership capacity and system performance,<sup>1</sup> with a number of important leadership tools resulting.<sup>2</sup>

A plethora of new reports are emerging on how to fix our lagging health system with leadership rarely mentioned. So, it seemed timely to again ask the key question: *Does Health Leadership Really Matter?* To begin let’s have a little fun with some of the key questions being asked in the context of 2023 relying on the most recent development in the generative AI space... ChatGPT-4.<sup>3</sup>

**Q1: Does effective leadership really matter when it comes to health system performance?**

**A1:** *Yes, effective leadership is critical to the performance of a health system. Health systems are complex organizations that require strong leadership to coordinate and manage various components, such as clinical care, administrative tasks, resource allocation, and policy development. Effective leaders can shape the culture and values of a health system, build trust, and motivate employees to work towards common goals. Effective leadership in the health system can result in several positive outcomes, including better patient outcomes, improved access to care, increased staff satisfaction and retention, and better financial performance.*

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<sup>1</sup> Recent work includes [Benchmarking the Health Leadership in Canada, Leading Thru COVID-19 Action Research Project](#), [Empowering Women Leaders in Health](#) and our newest [Accelerating the Healthcare Leader’s Career Pathways: Determining pathways of leadership and developing and testing a mobile app prototype](#).

<sup>2</sup> [Leadership Development Inventory](#), [Leadership Development Self Assessment](#), [Wise Practices Toolkit](#), and the [Leadership Development Impact Assessment Toolkit](#).

<sup>3</sup> According to [OpenAI’s ChatGPT-4](#) (OpenAI, accessed on April 5, 2023)

On the other hand, poor leadership can lead to negative consequences, such as poor-quality care, decreased patient satisfaction, low staff morale, and financial instability. Effective leaders can create a positive environment that encourages collaboration, innovation, and accountability, leading to improved health outcomes for patients and a more efficient and effective healthcare system overall. In summary, leadership is a crucial component of a successful health system. It is critical for ensuring the delivery of high-quality, safe, and effective care. It can make the difference between a successful and thriving healthcare organization and one that struggles to meet its goals and objectives.

**Q2 is there any empirical evidence to support the hypothesis that leadership is related to health system performance?**

A2: Yes, there is ample evidence to support the hypothesis that leadership is related to health system performance. Numerous studies have demonstrated a strong link between effective leadership and better health system outcomes, including improved patient outcomes, increased staff satisfaction and retention, and better financial performance. For example, a systematic review of healthcare leadership and management in low- and middle-income countries found that effective leadership was associated with improved health outcomes, higher staff morale, and better organizational performance. Similarly, a study of hospital CEOs in the United States found that strong leadership was associated with better patient outcomes, higher staff satisfaction, and improved financial performance.

Other studies have found that specific leadership characteristics, such as transformational leadership, are particularly important for health system performance. Transformational leaders inspire and motivate their followers to achieve their full potential, and research has shown that this type of leadership is associated with higher staff satisfaction, increased patient safety, and better quality of care. Overall, the evidence strongly supports the hypothesis that leadership is related to health system performance. Effective leadership is critical to the success of a health system, and healthcare organizations should prioritize leadership development and training to improve their performance.

Chat GPT-4 then cites a few studies. But, as we know, ChatGPT sometimes makes things up. So, let's fact check the answers? That is, does leadership have a positive impact on organizational performance, transformation and/or patient outcomes? In 2017, this question formed the foundation of CHLNet's Return on Investment (ROI) research endeavour. This two-year project, including a literature search, resulted in several significant products. The first a [2017 peer reviewed article](#) and accompanying [evidence brief](#) documented the evidence showing that leadership development programs can make a positive difference. The second was the creation of the [Leadership Development Impact Assessment Toolkit](#), developed and overseen by a steering group of network partners. Through a collaboration with [ROI Institute Canada](#), this free network resource now provides one stop shopping in measuring the impact of programs, and a [2022 article](#) overviews the toolkit's validity, reliability and cost-effectiveness.

Recently, a similar question has surfaced again with the changes required to advance transformation. The answer remains, categorically, YES. However, as the [Wise Practices in Leadership Development Toolkit](#) articulates the level of impact does depend very much on the quality of the learning experience itself (i.e., program design and delivery), the length of the program, the audience for the program, and

of course, the commitment of the senior leadership in an organization to link the program directly to its strategic priorities.

But there are other factors creating the perception that leadership programs are not making a difference in dealing with today's wicked problems. One is the number of people that are able to access such programs, compared to the sum of individuals who need development in today's rapidly changing health environment.<sup>4</sup> Second, issues such as organizational structure (i.e., size); span of control, collective agreement and contractual provisions, and workload demands for people's time to be dedicated to clinical or managerial practice, leaving little opportunity for the human engagement needs of leadership. Third, studies that do show the impact of such programs are usually specific to a single organization or program cohort; rarely do they refer to large-scale programs and for which there is no strategic umbrella to give them a system-wide—and even in many cases, organization-wide—purpose.<sup>5</sup>

But other factors loom large in the perception that leadership programs 'aren't working.' Do current programs emphasize the leadership capabilities needed for today's challenges? Do they recognize the interaction between the wicked challenges leaders face post COVID-19? Today we inhabit a world characterized by huge challenges in the realms of climate change, social justice, mass resignation of burnt-out health workforce, demographic and economic issues, and a huge resurgence in mental health issues, and war. This context demands courageous, systems leadership to achieve the deconstruction and reconstruction of the health system that those challenges suggest.

The scope and breadth of those challenges—individually and together<sup>6</sup>--create a pace of change that is no longer amenable to more traditional, and more cautious leadership-management approaches pre-COVID. In comparison to the leadership employed pre-COVID, a bolder approach, but still based on relationships, results, and instigating sustainable change will be required to create the health system of the future. CHLNet's [Leading Through COVID-19 Action Research Project](#) showed that leadership does matter for adaptability and learning and that we must accelerate 21<sup>st</sup> century care leadership practices such as building diverse and inclusive leadership, dedicating time to building resilience in yourself/others to support the whole person, modelling effective interpersonal styles such as affiliative and coaching and using systems thinking tools and processes to meet community needs.<sup>7</sup>

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<sup>4</sup> If there are 110,000 formal leaders in Canada's health system, and countless informal leaders in the professions, then even if 10% attend a meaningful leadership program, that is 11,000 seats: far more than available across all programs in the country—and a cost that exceeds money available to support development. That also means 99,000 and more do not get that opportunity, making it exceedingly difficult for the 10% to practice their newly found skills in a culture not supportive of them. It should be noted that there is no national database of health leaders.

<sup>5</sup> [CHLNet Top Three February 15, 2023](#).

<sup>6</sup> When such issues interact to create a whole new array of emergent conditions that cannot be addressed by simply dealing with one of the factors, that is called a syndemic: a confluence of epidemics.

<sup>7</sup> Dickson, G., Taylor, D., Hartney, E., Tholl, B., Grimes, K., Chan, M-K., Van Aerde, J., Horsley, T., & Melis, E. (2021). [The relevance of the LEADS framework during the COVID-19 pandemic](#). Health Management Forum. <https://doi.org/10.1177/08404704211033002> Grimes K, Matlow A, Tholl B, Dickson G, Taylor D, Chan MK. [Leaders supporting leaders: Leaders' role in building resilience and psychologically healthy workplaces during the pandemic and beyond](#). Health Manage Forum. 2022 Jul;35(4):213-217. <https://doi.org/>

So, if leadership is clearly pivotal to implementing system change, why is it missing or minimized in so many policy reports on the fixes needed for our health system especially around people centred change?<sup>8</sup> Is it simply that leadership is assumed or implied to execute the various recommendations? Are leadership and management still being used interchangeably, despite the evidence to the contrary? Is change leadership still the “third rail” of Canadian politics and therefore something that no one wants to talk about? Or are we avoiding flagging leadership because health leaders are flagging?

Most recently, the McMaster Health Forum released an evidence brief addressing the politics of HHR crisis identifying “dedicated leadership” as one of three critical success factors to execute strategy...along with finding mechanisms to effectively engage Canadians and to address trade-offs in an open and transparent way. They “identified evidence syntheses about each of these elements that may lead to a better understanding about how aspects of them could be operationalized (e.g., facilitators of successful citizen engagement) and some of their proposed benefits (e.g., positive associations between individual leadership competencies and strategically oriented and collective leadership structures that can help drive system transformation).”<sup>9</sup>

Leaders now know the traditional leadership toolbox is ill equipped to deal with 21st century health challenges. Today’s challenges demand significant personal, as well as systemic learning. In the absence of substantive systems learning relative to change implementation (i.e., knowing how to do required change) as opposed to change analysis (i.e., understanding, intellectually, what to do), little impact on the challenges of transformation will be made.

In this context there is no script: indeed, to realize the new leadership that is needed, we will have to create it together. This is why CHLNet’s new 2023-2025 [Strategic Plan](#) has a new, overarching 4<sup>th</sup> value stream “*Champion Strategic Leadership Excellence.*” So we seek input from our partners and beyond: *How can leaders accelerate the people-centred change required and do they have the health leadership capacity and capabilities to do so?*

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10.1177/08404704221090126 Hartney, E., Melis, E., Taylor, D., Dickson, G., Tholl, B., Grimes, K., Chan, M-K., Van Aerde, J., & Horsley, T. (2022). [Leading through the first wave of COVID: a Canadian action research study.](#) *Leadership in Health Services*, 35(1), 30-45. <https://doi.org/10.1108/LHS-05-2021-0042> Otter, Ken. (2018). [Developing Leadership: Innovation, Adaptability, and Integration in Large-Scale Health Care Organizations.](#) (pp.179-192).

<sup>8</sup> Canadian Academy of Health Sciences. [Assessment on Health Human Resources.](#) (April 2023). Health Canada. [Working Together to Improve Health Care for Canadians.](#) (Feb 2023). Healthcare Excellence Canada. [Coordinated Action for Retention of the Health Workforce Roundtable.](#) (April 2023). House of Commons. [Addressing Canada’s Health Workforce Crisis.](#) (March 2023). Partnership for Health System Sustainability and Resilience. [Sustainability and Resilience in the Canadian Health System](#) by Sara Allin, Sierra Campbell, Margret Jamieson, Fiona Miller, Monika Roerig and John Sproule. Public Policy Forum (Canadian) [Taking Back Health Care: How to Accelerate People-Centred Reform Now](#) by Bob Bell, Georgina Black, Jodi Butts, Vivek Goel, Alika Lafontaine, Victoria Lee, David MacNaughton, Danielle Martin and Jane Philpott (Jan 2023).

<sup>9</sup>McMaster Health Forum. [Living Evidence Brief: Addressing the Politics of the Health Human Resources Crisis in Canada.](#) March 2023.