

BENCHMARKING HEALTH LEADERSHIP IN CANADA: 2020

Key findings

In 2019, CHLNet conducted its second Canada-wide survey of gaps in health leadership, as a follow up to our 2014 work looking at the same issue.¹ We sent over 5,000 online surveys to organizations, physicians, nurses, other healthcare professionals and academics and received almost 2,000 responses (for an overall 31% response rate).² Here are some of the survey's most important findings:

Positive results

- ✚ Almost all the respondents (93%) reported their organizations are providing leadership development, with most (86%) using capability frameworks to do so—both increases since 2014.
- ✚ The importance of having a diversity of leaders according to gender, Indigenous identity, and visible minorities, though seldom well reflected in the proportion of formal leaders, has increased since 2014.
- ✚ Formal succession planning — including efforts to identify more diverse candidates — is more common than it was in 2014.

Leadership gaps

- ✚ Respondents reported that gap between the number of competent current leaders (supply) and the number needed (demand) have increased since 2014; accompanied by an increase in the skills/capabilities gap.
- ✚ Compared to 2014, more organizations in 2019 were perceived to have limited leadership capacity to achieve organizational outcomes and anticipate and meet future challenges and reforms.
- ✚ Senior leaders are more positive about organizational efforts to address leadership gaps and their impact on organizational outcomes than individual respondents.

¹ Great appreciation to the organizations who contributed financial or in-kind contributions: George and Fay Yee Centre for Healthcare, Health Canada, Canadian Health Leadership Network, Canadian College of Health Leaders, Canadian Medical Association, Canadian Nurses Association, Canadian Society for Physician Leader and HealthCareCAN, as well as to our Steering Group members listed in the full report.

² Limitations of the study: This is a qualitative study using pooled data informed by three focus groups. While response rates were high, results are subject to interpretation. Further analysis and study are planned.

Human resources, organizational development and leadership development findings

- ✚ Respondents said their main incentive to take on a leadership role was to have a positive impact, not salary increase.
- ✚ Human resources and organizational development are often considered low organizational priorities or “not a priority at all.”
- ✚ Scores for engaging physicians, nurses and staff, and for retaining critical talent, were all low.
- ✚ Many respondents said their organization’s culture does not support innovation.
- ✚ Although 80% of respondents described themselves as leaders, half had no experience of leadership development.
- ✚ It’s uncommon to evaluate leadership development robustly or provide protected time for it.
- ✚ The effectiveness of leadership development is reported to be low and budgets for it have declined.
- ✚ Few respondents felt their leaders deserved high ratings for leadership capabilities such as self-awareness, encouraging and supporting innovation and demonstrating systems/critical thinking.
- ✚ Almost 450 other leadership gaps were identified, such as lack of resilience and being unprepared for formal roles.

Next steps

It’s clear more can be done to ensure that Canada has a cohort of health leaders able to guide their organizations into the future. CHLNet will build the benchmarking results into our new Strategic Plan and work with our 42 network partners to develop a concrete action plan — emphasizing diversity and innovation — that will prepare the leaders Canada’s increasingly complex health system will need for 2040 and beyond. Two of our first steps will be to reach out to Indigenous health leaders to further analyze the identified leadership gaps; and to develop a wise practices toolkit for leadership development.

February 2020