BENCH III: BENCHMARKING THE HEALTH LEADERSHIP GAP IN CANADA 2025

Proposal

MARCH 2025

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Bench III: Benchmarking the Health Leadership Gap in Canada 2025 Study

Purpose

In 2014, the Canadian Health Leadership Network (CHLNet) embarked on its first benchmarking study (*CHL-Bench*) looking at the nature and extent of the health leadership gap across Canada. That study, a point-in-time snapshot, confirmed there were both a skills gap and an overall "supply-demand" gap, that concerns varied across different health settings and that Canada was not taking leadership development seriously enough.

Repeated five years later, Bench II tracked progress from CHL-Bench to measure progress over time, to identify emerging health leadership challenges and help inform CHLNet's strategic planning process. Its purpose is to help our network partners, individually and collectively, better understand the importance of building leadership capacity and evidence informed competencies for leaders today and in the future.

The intent is to replicate this study "every 5 years"[1], relying on a set of tracking questions to begin to track progress over time (e.g. are gaps getting worse/better?), but also allowing for emerging priority areas of concern/interest for to be probed more deeply as circumstances changed. This proposal to engage the network and other interested parties begins that process.

Background

Health leadership is viewed as paramount to productivity, capacity, and meeting new or emerging challenges. Healthcare leaders must be equipped with the appropriate set of competencies and education to meet the challenges of a dynamic, rapid changing, and sometimes chaotic health care environment of the 21st century. The context of healthcare leadership is specific to an individual's or group's practice and setting. Leadership to create learning health systems is seen as an antidote to the volatile and uncertain current health and care environments. The importance of leadership development is well established in business and the military, for example. Health systems, for one reason or another, have not valued leadership in the same way it is valued in other sectors with leadership development budgets declining and less time allotted for development.

But evidence is being rapidly built on health leadership and its effects. A scoping review suggested that effective leaders can have a strong impact on healthcare outcomes and the quality of care provided by healthcare organizations. Investments in leadership development have demonstrated positive returns by improving individual and team performance in complex situations. Effective

[1] Ongoing or just in time data collection is preferable however in Canada there is no centralized health workforce data on health leaders and leadership.

leadership in a health care organization correlates with improved job satisfaction, retention, and quality of care. Those in supervisory positions are encouraged to reflect upon their leadership style because it has the potential to improve workforce wellness and health worker retention. Evidence shows that leadership practices that should be embraced include adopting a relational approach to improve teamwork and decrease emotional strain; promoting greater interprofessional collaboration; cultivating leadership development in education and practice; and disrupting entrenched structures by seeking diverse perspectives in decision making.

Created in the fall of 2009 with 12 founding partners, the Canadian Health Leadership Network (CHLNet) is a not-for-profit, purpose-built coalition of 40+ organizations (called Network Partners) who gather to build health leadership capacity and capabilities across Canada. Its purpose is "By working together, better incorporate evidence and systems thinking into the practice of 21st century health leadership to improve health system performance and advance transformation." Members cut across jurisdictions, policymakers, academics, health associations, regional health authorities, patients, and health disciplines. Through its strategic plan and shorter-term four courses of action, CHLNet conducts its work in building health leadership via four value streams: *Support Leaders Through Dialogue & Engagement; Build and Apply Health Leadership Research, Evidence and Knowledge; Accelerate 21st Century Care Leadership Practices; and Champion Strategic Leadership Excellence*. Evidence informed tools and toolkits are free to network partners.

The second Canada-wide survey, Bench II used two separate surveys. Survey A went to senior executives in organizations like those surveyed in 2014. Survey B went to a new cohort made up of additional administrators, physicians and nurses. We wanted to learn whether people at different levels of healthcare organizations had different views on whether Canada had made progress in addressing the supply-demand and skills gaps identified in the 2014 survey. Over 5,000 online surveys were sent and received almost 2,000 responses (for an overall 31% response rate).[2] More data were gathered during three focus groups. Participants helped with interpreting results and flagging some of the limitations of the study, including its qualitative nature and the fact that it's difficult to establish any trends or patterns from two point-in-time surveys. Multiple time points would be important hence this proposal.

High Level Results Bench II 2020

Three products produced overview this work Infographic; short report and research report. It should be noted that this survey was conducted just before the COVID-19 pandemic. Outlined below is a short overview of findings.

[2]Limitations of this 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. It should be noted that this study was completed before COVID-19 and interpretation of results reflects this.

Progress, 2014-2019

- More organizations in 2019 than 2014 were perceived to have adequate leadership capacity to achieve organizational outcomes and meet future challenges and reforms (65% versus 55%).
- Almost all organizations (93%) are providing leadership development training (internal or external) compared with just 62% in 2014. The most common approaches are ad hoc programs or tools, such as webinars, and ongoing goal setting and feedback (23% each).
- There has been little increase in diversity in formal leadership roles, but acceptance and efforts to increase diversity have improved since 2014.
- Most survey respondents (86%) report using capability frameworks, a two-fold increase since 2014 (47%). Of organizations that report using a capability framework, four out of five use the LEADS in a Caring Environment framework.
- There has been a noticeable increase since 2014 in the number of organizations with a formal approach to succession planning, which includes efforts to identify more diverse candidates.
- Respondents said healthcare leaders' strengths included modelling honesty, integrity, resilience, and confidence (56% said leaders in their organization did that exceptionally well), contributing to a healthy organizational culture (50%); and demonstrating a commitment to customers and service (people-centred care) (50%).
- Leaders were weakest at demonstrating systems/critical thinking (21%), self-awareness (25%) and encouraging and supporting innovation, including new technology (23%).
- The two groups of respondents (organizations and leaders) disagreed on how effective organizations were being in attempting to close gaps in leadership and skills. Almost half the respondents said human resources and organizational development practices were either low priority or not priorities at all. Three-quarters of respondents said engaging staff ranked low or not a priority at where they worked; even more said retaining talent and succession planning were not high priority.

Based on the results of Bench II and the lessons learned from comparing it to CHL-Bench, five areas were identified for senior leaders and individual professionals to work on together to improve healthcare leadership in Canada.

1. Promote succession planning

Turnover is expected to be considerable among health leaders over the next five years, which is an opportunity to close the leadership gap through development programs and succession planning

2. Undertake evidence-based professional leadership development

More than 50% of respondents who perceive themselves as leaders have had no leadership training. New evidence-based approaches and openness to nurturing leadership at all levels will ensure better leaders in the future.

3. Improve engagement of health professionals

The survey gave very low scores for efforts to engage providers (fewer than 20% prioritize greater physician engagement and only 10% do for nurses). Low clinician engagement is linked to decreased retention and increased absenteeism, clinical errors and burnout.

4. Develop capabilities for 21st century care

Systems thinking and innovation are essential skills for leaders, but this study shows supporting innovation was the lowest-rated capability among health leaders, just as it was in the 2014 study.

5. Invest in leadership development

Respondents reported low satisfaction with leadership development. Many don't participate at all, and half said they were dissatisfied with the programs they were offered. Leadership development budgets were reported to have declined since the 2014 study and less time allowed for it. Both should be increased.

Methodology

Under the auspices of CHLNet's Research & Evaluation Group, an expert steering group comprised of decision makers and academics has been struck for the last two benchmarking studies. Contributions both in-kind and financial were provided by several member partners to fund a consultant to oversee the 4 surveys and data aggregation. Bench3 will continue this work using a similar development model but will make use of the Mitacs Accelerate funding program. A PhD student at St. Mary's University under the direction of Dr. Kevin Kelloway, an expert in quantitative analysis will be employed. An application has been submitted to seek match funding.

CHLNet's five-year update of the 2020 benchmarking study will track key leadership metrics over time to allow leadership investments and interventions to be scrutinized in terms of their appropriateness to context. Three overarching questions will guide the study:

1. What are the perceived leadership gaps in Canadian health care organizations?
2. How are the issues related to these gaps shared or different across groups in the health systems, and how do those groups perceive the importance of leadership development, organizational development, and succession planning as ways to close those gaps?
3. What are the 21st century care leadership practices required today and into the future?

A Benchmarking Steering Group will review these research questions and amend as necessary (see Appendix B Terms of Reference). When funding is secured, it is proposed that this update of the leadership gap, would begin with an online survey developed in May/June and undertaken in the Summer 2025. Focus groups will be held to supplement the data and explore preliminary findings including the Fall Network Partner Roundtable.

A two-pronged methodology is proposed:

1. ***Quantitative*** – a confidential online survey would be used to seek data, tools and strategies. Only aggregate data would be shared. The survey would be 10 to 15 minutes in length to achieve higher response rates. The sampling frame stills need to be determined. Supplementary survey questions may be included for targeted populations such as physicians and nurses. Tracking questions would arise from previous surveys, plus additional questions would assess 21st century leadership practices and the use of work resulting from the Mitacs funded LEADS Refresh underway (Appendix C). Surveys will not be restricted to CHLNet network partners and will be pretested.
2. ***Qualitative*** – focus groups with network partners, academics, decision makers and other interested parties will be undertaken to supplement preliminary findings to ensure wise practices in health leadership are included and any new and emerging issues/trends and challenges especially around the network's four evidence generation priorities of:
   a. Leadership practices for 21st century to transform health systems.
   b. Anti-racism and social justice to achieve effective, diverse and inclusive leadership.
   c. Leadership styles and practices that promote supportive workplaces and workforce wellness.
   d. Climate conscious leadership practices for a sustainable health system.

Funding Partner Benefits

A partnership model for this endeavour is being used to generate the needed financial and in-kind contributions to carry out the project. To date initial expressions of interest to support Bench III have been expressed by Canadian College of Health Leaders, Canadian Medical Association, Canadian Society of Physician Leaders, Healthcare Excellence Canada, Canadian Nurses Association and LEAD Global. In kind support is committed from HealthCareCAN (mailing lists and Infographic) and Emerging Health Leaders.

Other avenues are being pursued and other partner support are very welcomed. Additional funding would allow us to secure more academic involvement, widen the sample size, enhance testing of the validity/reliability of the survey instrument, and translate the final report.

Funders will receive:

- Cobranding of the organizational survey as a partnership.
- Membership on the steering group, if so desired.
- Ability to broaden the sample size of both the quantitative and qualitative pieces of the survey for their respective member groups.
- Input into both the online survey questions and focus group guide.
- Customized panel of questions under the sponsor's auspices--if so desired--that could be added to the core study (with input from academic advisors to ensure consistency with the survey's objectives).

- Consultation on the draft report.
- Customized summary report, if so desired.
- Priority access to final data and report with recognition.

Deliverables

Final report assessing the leadership gap, the importance of health leadership occurring in Canada and provide input into 21st century care leadership practices. It will include highlights on the extent of leadership development and existing programs and tools (see Appendix D for high level project timelines)

Budget

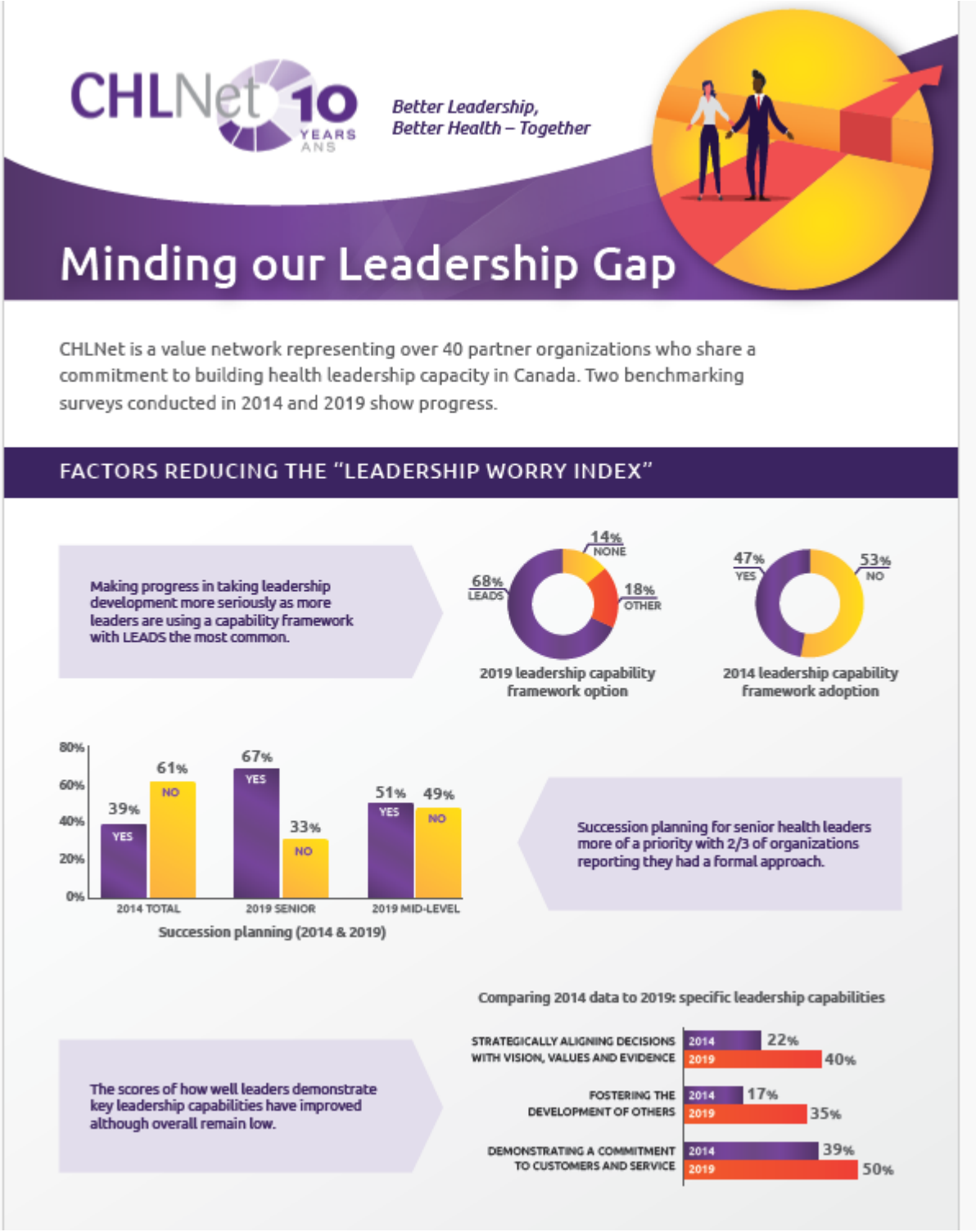
Outlined below is a draft budget for the project. It assumes that the surveys used in BenchII will not be changed substantially by the Steering Group.

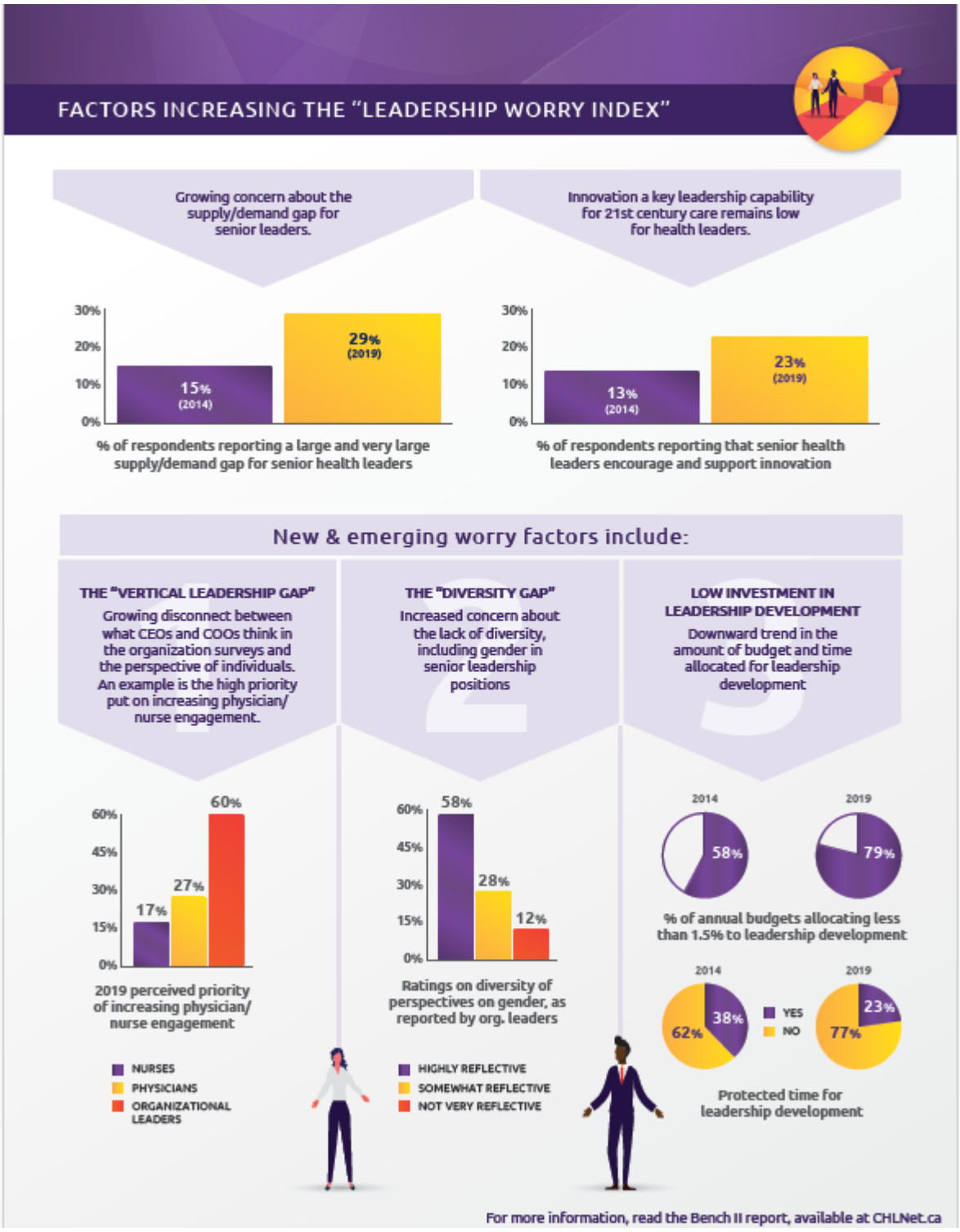
Phase	Activities	Estimated Costs[3]
Phase 1: April to June 2025 Survey Methodology and Development	• Form Benchmarking Study Steering Group and ensure accurate records of meetings • Hire Project Support • Confirm methodology • Confirm tracking questions • Develop additional questions • Finalize online survey • Determine sampling frame • Create master list for coding • Set up Survey Monkey, QuestionPro or other survey tool with coding • Pretest in three sites	$10,000
Phase 2: Summer 2025 Data Collection and Analysis	• Online survey data collection, analysis and interpretation • Liaison and updates with the Steering Group • Preliminary PowerPoint on findings • Develop focus group guide • Create a communication plan for knowledge dissemination and sharing	$10,000 plus in-kind support
Phase III: Fall/Winter 2025	• CHLNet Network Partner Roundtable Focus Group • Other venues TBD	$10,000

[3] A more detailed breakdown of costs will occur after determining the sampling frame and survey tool by the Steering Group and Project Support.

Phase	Activities	Estimated Costs[3]
Focus Groups and Final Report	• Finalize report: Executive Summary and Full Report • Knowledge Dissemination Strategy	
TOTAL BUDGET		$30,000

Appendix A: Infographic Bench II 2020




FACTORS INCREASING THE "LEADERSHIP WORRY INDEX"
Growing concern about the supply/demand gap for senior leaders.
30%
20%
10%
0%
15% (2014)
29% (2019)
% of respondents reporting a large and very large supply/demand gap for senior health leaders
Innovation a key leadership capability for 21st century care remains low for health leaders.
30%
20%
10%
0%
13% (2014)
23% (2019)
% of respondents reporting that senior health leaders encourage and support innovation
New & emerging worry factors include:
THE "VERTICAL LEADERSHIP GAP"
Growing disconnect between what CEOs and COOs think in the organization surveys and the perspective of individuals. An example is the high priority put on increasing physician/ nurse engagement.
60%
45%
30%
15%
0%
17%
27%
60%
2019 perceived priority of increasing physician/ nurse engagement
NURSES
PHYSICIANS
ORGANIZATIONAL LEADERS
THE "DIVERSITY GAP"
Increased concern about the lack of diversity, including gender in senior leadership positions
60%
45%
30%
15%
0%
58%
28%
12%
Ratings on diversity of perspectives on gender, as reported by org. leaders
HIGHLY REFLECTIVE
SOMEWHAT REFLECTIVE
NOT VERY REFLECTIVE
LOW INVESTMENT IN LEADERSHIP DEVELOPMENT
Downward trend in the amount of budget and time allocated for leadership development
2014
58%
2019
79%
% of annual budgets allocating less than 1.5% to leadership development
2014
62%
38%
YES
NO
2019
77%
23%
Protected time for leadership development
For more information, read the Bench II report, available at CHLNet.ca

Appendix B: DRAFT Terms of Reference Benchmarking Study Project Steering Group

Purpose

To provide stewardship of a second benchmarking study of health leadership capacity, building on the 2020 study, to ensure that it achieves its goals and is conducted in an effective and efficient manner (i.e. high quality and within budget).

Goal of the Project

- To conduct a five-year, follow up to the 2020 CHLNet Benchmarking Study of leadership capacity in the Canadian health system, utilizing tracking questions and insights gleaned from the initial studies but also to assess 21st century care leadership practices.

Duties and Responsibilities

- Review the results of the 2014 and 2020 CHLNet benchmarking studies and determine tracking questions for a 2025 online survey.
- Refine the survey methodology and determine the sample frame for the survey panel.
- Assess the need for a supplementary series of key informant interviews or a focus group (of convenience), subject to budget considerations.
- Provide input into the draft online survey and oversee the pilot test for modifications.
- Oversee interpretation of findings and final report.
- Ensure that the conduct of the project is in keeping with the caveats of high-quality applied research and knowledge mobilization.
- Provide general oversight, stewardship of, and on-going advice for all aspects of the project including scope, methodology, human resources, deliverables, timelines, funding sources and budget.
- Ensure coordination of, and effective communication processes to engage the partners, funders and other designated parties.
- Elicit and maintain international collaboration and communication.
- Ensure evaluation of the project including a final report of inputs, outputs and outcomes.

Terms of Operation

- Bimonthly virtual one-hour meetings and, as required, at the call of the chair.
- Maintain quality records of meetings.
- Distribute agenda and materials one week ahead of the meeting (responsibility of Chair, along with CEO CHLNet).
- Operate in the spirit of trust and reciprocity.
- Ensure the composition of the group reflects the needs of the project.
- Require a quorum of at least 50% of the members at each meeting to make decisions.

- Any member who misses three consecutive meetings will be automatically removed from the working group.
- Provide reports on the steering group activities to the Research and Evaluation Working Group for information purposes.
- Ensure approval of major deliverables and decisions of the steering group through CHLNet's Board and input from funders.

Composition

- *Co Chairs TBD*
- CHLNet CEO Kelly Grimes
- CHLNet Senior Research Advisor, Deanne Taylor
- CHLNet Senior Policy Advisor, Stephen Samis
- Network Partner/Funder Representatives:
    - Brenda Lammi, CCHL
    - Graham Dickson, LEADS Global
    - Jerome Ouellet TBD, Healthcare Excellence Canada
    - Jonathan Mitchell, HealthCare*CAN*
    - Stephanie Choquette, Canadian Medical Association
    - Michael Gardam, Canadian Society of Physician Leaders
    - Ming-Ka Chan, Shared Health Manitoba
    - TBD, Emerging Health Leaders
    - CNA/Nursing Representation
- Knowledge Experts
    - Kevin Kelloway, Saint Mary's University
    - Ivy Bourgeault, University of Ottawa
    - OD/HR/LD experts TBD
    - Other key partners
- Project Support: Isaiah Hipel, Saint. Mary's University

Appendix C: High Level Timeline