PROPOSED PROJECT TITLE

Accelerating 21st century care leadership practices and capabilities in learning health systems to support and retain our health workforce: a talent management approach.

TARGET GRANT

CIHR Health Workforce for Health System Transformation Grant

The Need for this Research

Health leadership (Dickson & Tholl, 2020) is viewed as paramount to productivity, capacity, and meeting new or emerging challenges (CHLNet, 2020). 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 (Lee, Daugherty, & Hamelin, 2019; Parker, Smith et al, 2022). The context of health leadership is specific to an individual's practice and setting. Therefore, adopting a set of leadership standards to guide development and accountability is essential (Dickson & Van Aerde, 2018).

Within the health workforce, there is certainly no shortage of talent, and yet we do not always see this translate into the current state. For example, Canada has some of the highest quality postgraduate training programs in the world, yet our trainees apprentice during residency education to become medical practitioners who enter into our workforce. Ideally, these new physicians would be recruited into positions of leadership within our healthcare system. However, that is generally not what happens. In medicine, despite the abundance of leadership training that is embedded in hospitals, academic settings, and national organizations, many hospitals are having prolonged searches for clinical leaders.

Perhaps it is time that we sought wisdom from other sectors. The concept of "talent management" is a recognized approach to building the next generation of leaders and the structures that support those who are talented are better articulated. Talent management has been defined as a process to generate pools of talent to ensure regular supply of able workers for current and possible future requirements without any hindrance (Ansar & Baloch 2018).

To address the increasing gaps in leadership that exist within the Canadian healthcare continuum, we must find a way to better harness the information that already exists in other adjacent fields and in other countries. In both circumstances, we must discern what is needed to adapt the existing literature to allow for it to be more easily mobilized and harnessed to enhance healthcare leadership gaps in Canada. Our intent will be to begin with physician leaders, since this group seems to be most challenged in becoming established leaders within healthcare and then expand to our health professions (Patel et al. 2015).

Our team will use a three-step approach to ensure that we create knowledge products that can help with knowledge mobilization and implementation:

- ***C***o-design an inclusive HC workforce approach via Design-Based Research techniques
- ***A***dapt existing knowledge and resources within and outside medicine about the concept of leadership talent management and development to make them more accessible and relevant

to knowledge users (new types of dissemination – podcasts rather than journal articles). These resources would be co-created with knowledge users, tailored to their needs and how they want them delivered using evidence and theory, while also contextualizing intersecting characteristics such as gender, language, race, and clinical background.

- ***B***uild new knowledge and resources to address the gaps that become apparent within the co-design & adaptation phase when working with our knowledge users. We would aim to build that exist

What is/are the principal research question(s) to be addressed?

There are two key sets of questions that we aim to address in our proposed work:

1) Phase 1 - Knowledge Synthesis & Mapping Potential Resources for Adaptation Phase **(Adapt existing knowledge)**
    a) What concepts, paradigms, theory, and evidence from other adjacent fields might we adapt and incorporate into enhancing healthcare leadership recruitment, training, retention, and succession planning?
    b) What adaptations must be taken into account when seeking to import and tailor healthcare leadership research conducted in other contexts (e.g. US, UK, Australia) into the local context?
2) Phase 2 - Design-Based Research Phase
    a) What are the key enablers and barriers to uptake for existing knowledge within healthcare leadership literature to be adopted to enhance healthcare leadership recruitment, training, retention, and succession planning? (**Build new insights into knowledge mobilization of healthcare leaders**)
    b) What knowledge mobilization techniques will have the greatest uptake and impact on current healthcare leaders? And how, using a Design-Based Research (DBR) process, might we design a suite of resources that would allow them to take up concepts, paradigms, theories, and evidence from Phase 1 on a more regular basis. **(Knowledge mobilization & Design)**

The Ask

We want you to help us with this grant! We are in need of Knowledge Users and Collaborators with healthcare leadership experience and insights relevant to this grant. We also still have some room for those interested in being Co-Applicant. See below for

Role on Team	**Description (Defined by CIHR)**	**What do we need from you?**
Co-Applicant	The role on a grant application for individuals who are expected to actively participate in the proposed activities but not to direct them. CIHR funding opportunities and application forms may use other terms to refer to this applicant role.	Up-to-Date CCV and CIHR PIN sent to Kelly by October 10, 2023. 1 line description of your current role(s) relevant to this grant. 2 line description of your methodological or content

		expertise relevant to this grant. 1 line regarding your role within the health system (if applicable)
Collaborator	CIHR defines a Collaborator as an individual whose role in the proposed activities is to provide a specific service (e.g., access to equipment, provision of specific reagents, training in a specialized technique, statistical analysis, access to a patient population, etc.).	Letter of Support Template/example here
Knowledge User	A knowledge-user is an individual who is likely to be able to use the knowledge generated through research to make informed decisions about health policies, programs and/or practices. A knowledge-user's level of engagement in the research process may vary in intensity and complexity depending on the nature of the research and his/her information needs. A knowledge-user can be, but is not limited to, a practitioner, policy-maker, educator, decision-maker, health care administrator, community leader, or an individual in a health charity, patient group, private sector organization, or media outlet.	Up-to-Date CCV and CIHR PIN sent to Kelly by October 10, 2023. 1 line description of your current role(s) relevant to this grant. 1 line regarding your role within the health system (if applicable)

How do you sign up?
Please let Kelly Grimes know about what role you would like to play in our grant!
kgrimes@chlnet.ca

References

Ansar N, Baloch A. Talent and talent management: definition and issues. IBT Journal of Business Studies (JBS). 2018;1(2).

Dickson G, Tholl B, editors. Bringing leadership to life in health: LEADS in a caring environment: Putting LEADS to work. Springer Nature; 2020 Mar 6.

Dickson G, Van Aerde J. Enabling physicians to lead: Canada's LEADS framework. Leadership in Health Services. 2018 May 17;31(2):183-94.

Lee E, Daugherty J, Eskierka K, Hamelin K. Compassion fatigue and burnout, one institution's interventions. Journal of PeriAnesthesia Nursing. 2019 Aug 1;34(4):767-73.

Parker G, Smith T, Shea C, Perreira TA, Sriharan A. Key Healthcare Leadership Competencies: Perspectives from Current Healthcare Leaders. Healthcare Quarterly (Toronto, Ont.). 2022 Apr 1;25(1):49-56.

Patel N, Brennan PJ, Metlay J, Bellini L, Shannon RP, Myers JS. Building the pipeline: the creation of a residency training pathway for future physician leaders in health care quality. Academic Medicine. 2015 Feb 1;90(2):185-90.