May 23, 2018

CHLNet
Canadian Health Leadership Network
Le Réseau canadien pour le leadership en santé

LEADerShip at a Glance

CHLNet's "Top Ten" Suggested LEADS Readings[1]

Albury, D., Beresford, T., Dew, S., Horton, T., Illingworth, J., and Langford, K. (2018, January). Against The Odds: Successfully Scaling Innovation in the NHS. Available at: https://www.health.org.uk/publication/against-odds-successfully-scaling-innovation-nhs

Athanasopoulou, A., & Dopson, S. (2018). A systematic review of executive coaching outcomes: Is it the journey or the destination that matters the most? The Leadership Quarterly, 29(1), 70-88. doi:10.1016/j.leaqua.2017.11.004

Burak, O. (2018). Contextual leadership: A systematic review of how contextual factors shape leadership and its outcomes. *Leadership Quarterly, 29*(1), 218-235. doi:10.1016/j.leaqua.2017.12.004

Busby, C., Muthukumaran, R., and Jacobs, A. (2018). *Reality Bites: How Canada's Healthcare System Compares to its International Peers.* C.C. Howe Institute E-Brief. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3112894

Dickson, G., and Van Aerde, J. (2018). Enabling physicians to lead: Canada's LEADS framework. *Leadership in Health Services (Bradford, England), In Press.* Abstract available at: https://www.emeraldinsight.com/doi/pdfplus/10.1108/LHS-12-2017-0077https:/www.emeraldinsight.com/doi/pdfplus/10.1108/LHS-12-2017-0077

Jeyaraman, M., Qadar, S. M., Z., Wierzbowski, A., Farshidfar, F., Lys, J., Dickson, G., Grimes, K., Phillips, L. A., Mitchell, J. I., Van Aerde, J., Johnson, D., Krupka, F, Zarychanski, R., and Abou-Setta, A. M., (2017) Return on investment in healthcare leadership development programs. *Leadership in Health Services*. Available at: https://www.emeraldinsight.com/doi/abs/10.1108/LHS-02-2017-0005

Lúanaigh, P., & Hughes, F. (2016). The nurse executive role in quality and high performing health services. *Journal of Nursing Management, 24*(1), 132-136. doi:10.1111/jonm.12290

Marles, Kirsty. (2017). *Distributed Leadership: Building Capacity to Maximise Collaborative Practice in a New Teaching Research Aged Care Service.* A thesis submitted to the University of Notre Dame Australia in partial fulfilment for the degree of Doctorate of Business Administration (DBA). **Available at: https://researchonline.nd.edu.au/theses/157/**

Oxford Economics (2016). *Leaders 2020: The Next-Generation Executive: How Strong Leadership Pays Off in the Digital Economy*, Available at: https://www.oxfordeconomics.com/thought-leadership/leaders-2020

Perry, J., Mobley, F. and Brubaker, M. (2017), Most doctors have little or no management training, and that's a problem, *Harvard Business Review,* 15 December, available at: https://hbr.org/2017/12/most-doctors-have-little-or-no-management-training-and-thats-a-problem

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[1] As recommended by Dr. Graham Dickson (CHLNet Senior Policy Advisor) and Kelly Grimes (CHLNet Executive Director).

Albury, D., Beresford, T., Dew, S., Horton, T., Illingworth, J., and Langford, K. (2018, January). Against The Odds: Successfully Scaling Innovation in the NHS. Available at:
https://www.health.org.uk/publication/against-odds-successfully-scaling-innovation-nhs

Focus: Leading the Scaling of Innovation

Summary:

Through a public crowdsourcing campaign and an expert working group, the report's authors identified a shortlist of 10 innovations that have successfully spread across the United Kingdom's NHS in recent years. From these, they have drawn out insights into how scale might be more effectively pursued and supported in the future. The research calls on system leaders and policymakers to do more to create the right environment for scaling innovations. Ways to do this include the following:

- Greater recognition and support for the 'adopters' of innovation.. The current system primarily rewards innovators, but those taking up innovations often need time, space and resources to implement and adapt an innovation in their own setting.
- Make it easier for innovators to set up dedicated organisations or groups to drive innovation at scale. Scaling innovation can be a full-time job, and difficult to do alongside front-line service delivery. Dedicated organisations are often needed to consciously and strategically drive scaling efforts, including when innovators 'spin out' from the NHS.
- System leaders take more holistic and sophisticated approaches to scaling. Targets and tariffs are not a magic bullet for scaling; while they can help, they don't create the intrinsic and sustained commitment required to replicate new ideas at scale. Different approaches are needed, including articulating national and local health care priorities in ways that create strategic opportunities for innovators, and using commissioning frameworks to enable, rather than hinder, the sustainable spread of innovations.

Implications:

There are two main implications from this report. The first is that results from one of the ten cases might well be applicable to specific organizations and their interest in scaling up innovations commensurate with those cases. The second is that scaling innovation—like organizational change—cannot simply be seen as a task for leader-managers to do off the side of their desk. Whether the solution is a large scale one (as promoted by the Naylor Report in 2016) or a local one (i.e., giving leader-managers time and training to be effective at it), a more systematic and dedicated approach must be implemented.

Link to LEADS and CHLNet's Mission:

LEADS—as a set of domains and capabilities—outlines what leaders need to be able to do to be champions of innovation. CHLNet's vision: Better Leadership, Better Health--Together—suggests that organizations working together—such as those represented around the CHLNet table--could create the systematic and dedicated approaches required for innovation to be 'scaled up' in Canada.

Athanasopoulou, A., & Dopson, S. (2018). A systematic review of executive coaching outcomes: Is it the journey or the destination that matters the most? The Leadership Quarterly, 29(1), 70-88. doi:10.1016/j.leaqua.2017.11.004

Focus: Executive Coaching—Challenges and Benefits

Summary:

The authors of this article present the most extensive systematic review of executive coaching outcome studies published in peer reviewed scholarly journals to date. They focus only on coaching provided by external coaches to organizational members. Executive Coaching (EC)is a targeted, purposeful intervention that helps executives develop and maintain positive change in their personal development and leadership behavior. They contend that there has been too much emphasis in the literature on the EC outcomes at the expense of the processes or contextual factors that affect these outcomes. They deal with both.

A primary purpose of the paper is to provide a comprehensive review of what is known about executive coaching outcomes, what are the contextual drivers that affect coaching interventions and what the current gaps in our understanding of coaching practice are. They identified more than 70 positive outcomes, which they group into 11 broad categories. They also provide samples of such outcomes. The authors also identified eight 'pitfalls'—conflicting or negative outcomes. It is interesting that EC outcome research—erroneously, in the authors' opinion-- treats coaching as an individual-level intervention rather than a social process with active involvement of multiple stakeholders, especially, as they state, "the coach and the coachee- are influencing and being influenced by their interaction and the multi-dimensional system that the organization represents (p. 77)."

They also discuss and provide a research agenda that they claim might significantly shift the field. They argue that methodological rigor is as important as context-sensitivity in the design of executive coaching outcome studies; and conclude with a discussion of implications for practice.

Implications:

The article provides solid justification for the value of Executive Coaching, as well as processes to make the experience most effective.

Link to LEADS and CHLNet's Mission:

Coaching is a key process associated with the Engage Others capability of "Fosters the Development of Others". Given its effectiveness, it also achieves CHLNet's goal of Better Leadership.

Burak, O. (2018). Contextual leadership: A systematic review of how contextual factors shape leadership and its outcomes. *Leadership Quarterly, 29*(1), 218-235. doi:10.1016/j.leaqua.2017.12.004

Focus: Leadership as Defined by Context

Summary:

It has often been said that "leadership is situational". Recently the literature has expanded its interest in exploring the mediating and/or facilitating role of context in leadership effectiveness. Context matters: indeed, context appears to be one of three major components that define leadership, according to this author.

The author reviews the literature pertaining to the role of context, and how context is treated in various leadership theories. He proposes a categorical framework by which to characterize leadership context. Context is comprised of 'omnibus' variables—i.e., *Where:* national culture, institution, or type of organization; *Who:* gender dynamics and demographics, and *When:* major change, events, and/or; economic conditions. A second set of variables are 'discrete' variables—e.g., *Task:* an individual's task expectations and job characteristics; *Social:* Team climate, organizational culture, and social network dynamics*; Physical:* physical proximity to others; and *Temporal:* time pressure.

Utilizing this contextual framework, he then shows what the literature says about contextual factors and their influence on leadership practices and outcomes. Findings reveal what context 'does' to leadership in five areas of focus: (1) whether it restricts its range (i.e., with respect to who and in what conditions it is effective); (2) whether varying degrees of context influence base rates (i.e., is influential in changing 'base rates' of gender participation, for example); (3) changes the nature of examined relationships (i.e.,); (4) generates curvilinear effects (i.e., rather than a steady state of change; has a multiplier effect on change); or (5) threatens the generalizability of findings about leadership. The study concludes by exploring potential further research to refine our knowledge of context and its influence on leadership.

Implications:

Context has always been understood as an important variable in shaping leadership approaches, as well as effectiveness. This article provides a typology of context by which to view the key variables of context that make a difference. It also identifies how some of those factors influence leadership effectiveness, albeit a very preliminary and incomplete set of findings.

Link to LEADS and CHLNet's Mission:

This paper suggests that the unique context of healthcare—nationally, institutionally, and in its micro-environment—will delimit or enhance leadership capability. It suggests that leaders must be artistic in choosing the LEADS capabilities that are needed 'in context' to be successful; and that an understanding of the dynamics of context will have an impact on whether 'better leadership' will result.

Busby, C., Muthukumaran, R., and Jacobs, A. (2018). *Reality Bites: How Canada's Healthcare System Compares to its International Peers.* C.C. Howe Institute E-Brief. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3112894

Focus: Commonwealth Survey Comparisons: Using for Improvement

Summary

In this report, the authors unpack the data and results from the latest Commonwealth Study (2017) in which data from rolling surveys of patients, doctors and the public are compared across 11 OECD countries. Arguing that "There is tremendous value in maintaining and expanding detailed international surveys of patients and their experiences in healthcare systems," the purpose of the 'unpacking' was to identify areas for improvement—either federally or provincially in Canada—that if addressed, would improve services to patients. Canada's healthcare system is nothing to brag about in the company of most advanced nations. In terms of overall performance it ranks 9th (in front of France and the US respectively) on the national scale, but when province by province scores are aggregated out, many of Canada's provinces (e.g., Quebec, the Maritimes) are on a par with those two countries. Even the best performing provinces, Alberta, BC and Ontario, do not perform up to the standard of middle tier nations on the overall scale, much less the high performing ones.

The authors undertake a province by province analysis of the performance on many of the categories of comparison: e.g., Preventative Care and Safe Care; Coordinated Care; Engagement and Patient Preferences; Affordability and Timeliness; Administrative Efficiency; Equity; and Outcomes.

A close examination of the Commonwealth Fund data raises the following issues:

- Troubling results in the Atlantic provinces on a number of metrics;
- Poor performance on coordinating care and wait times in Quebec, which could be reversed by learning from better provincial performers in these areas;
- A universal challenge in wait times, with no province reporting average waits anywhere near the international average; and
- Shortcomings regarding access to dental services and drugs in most provinces.

If indeed healthcare in Canada is to improve, acknowledging the size and scope of the challenges facing healthcare delivery in Canadian provinces is necessary. Acknowledging and paying attention to what the real challenges are must be used to galvanize public opinion to support tough political choices.

Implications:

There is as much for the provinces to learn from each other as from abroad, and the federal government could play an expanded role in creating an environment where provinces – and the general public – can more readily identify top performers and laggards in health service delivery. Data collection and reporting of health performance results must be designed to create an environment with more innovation and unique provincial approaches to improving overall healthcare.

Link to LEADS and CHLNet's Mission:

This paper demonstrates an emphasis on assessment and evaluation—at the national and provincial levels of responsibility—and in the process, validates the *Achieve Results* domain of LEADS. To make better health, the brief strongly suggests, that leaders in the federal and provincial governments—and in regional areas--can use comparative data effectively to identify areas for significant improvement and can take steps to realize associated improvements.

Dickson, G., and Van Aerde, J. (2018). Enabling physicians to lead: Canada's LEADS framework. *Leadership in Health Services (Bradford, England), In Press.* Abstract available at: https://www.emeraldinsight.com/doi/pdfplus/10.1108/LHS-12-2017-0077https:/www.emeraldinsight.com/doi/pdfplus/10.1108/LHS-12-2017-0077

Focus: LEADS--A Common Language for Physician Leaders

Summary

The purpose of this paper is to provide a case study demonstrating that the *LEADS in a Caring Environment Capabilities Framework* in Canada can assist physicians to be partners in leading health reform. A descriptive case-based approach was followed, relying on existing documents, research papers and peer-reviewed articles, to substantiate the effect of LEADS on physician leadership in Canada.

Findings show that the Canadian LEADS framework enables physicians to lead by providing them with access to best practices of leadership, acting as an antidote to fragmented leadership practice, setting standards for development and accountability and providing opportunities for efficient and effective system-wide leadership development and change. Findings can only be generalized to other cases if the reader sees contextual similarities between the present study context and the other case's context.

Implications:

This case demonstrates that national leadership frameworks have a role in facilitating physician leadership, by creating a common language to unite their efforts with other professions. Other national jurisdictions may wish to explore the Canadian case to determine how to use a common leadership language to engage physicians in health reform.

Link to LEADS and CHLNet's Mission:

This article shows how LEADS can be used to support collaboratively-driven health reform in Canada, not just for physicians, but all CHLNet partners, who are working together to achieve this goal.

Jeyaraman, M., Qadar, S. M., Z., Wierzbowski, A., Farshidfar, F., Lys, J., Dickson, G., Grimes, K., Phillips, L. A., Mitchell, J. I., Van Aerde, J., Johnson, D., Krupka, F, Zarychanski, R., and Abou-Setta, A. M., (2017) Return on investment in healthcare leadership development programs. *Leadership in Health Services*. Available at: https://www.emeraldinsight.com/doi/abs/10.1108/LHS-02-2017-0005

Focus: A Scoping Review—Leadership Development Impact Toolkit

Summary

There is a dearth of evidence on effectiveness of leadership development programs. To ensure a return on the huge investments made, evidence-based approaches are needed to assess the impact of leadership development on health-care establishments.

As a part of a CHLNet initiative to design an effective evaluative instrument, the purpose of this paper was to identify and summarize evidence on healthcare outcomes/return on investment (ROI) indicators and metrics associated with leadership quality, leadership development programs and existing evaluative instruments. To do so, the authors performed a scoping review using the Arksey and O'Malley framework, searching eight databases from 2006 through June 2016.

Findings were that of 11,868 citations screened, the authors included 223 studies reporting on health-care outcomes/ROI indicators and metrics associated with leadership quality (73 studies), leadership development programs (138 studies) and existing evaluative instruments (12 studies). The extracted ROI indicators and metrics have been summarized in detail.

Implications:

With help from ROI Institute Canada, the results of the scoping review, as described in this paper, has been used to contribute to the design the Leadership Development Impact Toolkit, that is available to all CHLNet members. Pilot studies to refine it are underway.

Link to LEADS and CHLNet's Mission:

Leadership development can only contribute to better health if the methods used to generate better leadership are effective. Measuring the effectiveness of leadership programming is therefore vital to achievement of CHLNet's mission. Similarly, if LEADS defines the capabilities required of health leaders, evidence that LEADS programs are having the desired effect on our organizations is needed.

Lúanaigh, P., & Hughes, F. (2016). The nurse executive role in quality and high performing health services. ***Journal of Nursing Management, 24*****(1), 132-136. doi:10.1111/jonm.12290**

Focus: Nurse Executive Leadership

Summary

In complex and rapidly changing health-care environments, nurse executives are challenged to lead within organisational systems in Canada. This commentary paper explores the available evidence that explains and describes the role that nursing leaders can and do play at executive level in enabling quality services in high performing health-care organisations.

The overall literature is somewhat limited in relation to the role and function of nurse executives. However, analysis suggests that there are strong and recurrent themes indicating that:

- By virtue of their professional background and experience, nurse executives can provide effective and influential input to executive boards.
- Executive nurses are well positioned to influence and lead professional governance, service transformation and change, and shared governance.
- Nurse leaders can and do play at executive level in enabling quality services in high performing health-care organisations.

Successful health services should be engaging nurse executives who have a high level of expertise and education but also the best leadership and management attributes to bring to the art and science of nursing to produce better outcomes for organisations.

Implications:

Nurse leaders need to be sensitive to the conditions that ensure that there are enough nurse executives to contribute to modern health reform in Canada; or the conditions that mitigate against them playing a meaningful role. CHLNet should support efforts to grow nurse executives in Canada.

Link to LEADS and CHLNet's Mission:

CHLNet's vision is Better Leadership, Better Health. This study demonstrates that nurse executives are vital for that goal to be achieved. To do so, nurse executives need the best leadership and management attributes: e.g., LEADS, to fulfill that promise.

Marles, Kirsty. (2017). ***Distributed Leadership: Building Capacity to Maximise Collaborative Practice in a New Teaching Research Aged Care Service.*** A thesis submitted to the University of Notre Dame Australia in partial fulfilment for the degree of Doctorate of Business Administration (DBA). **Available at:** **https://researchonline.nd.edu.au/theses/157/**

Focus: Moving from Traditional to Distributed Leadership: The Challenge

Summary:

This study documents action research to apply the concept of distributed leadership, as articulated in *Health LEADS Australia: the Australian health leadership framework* in a newly established teaching, research, aged care service located in Adelaide, South Australia, called VITA South. The research was concerned with developing distributed leadership amongst the staff team to engender sustained collaborative practice, commensurate with realising the vision for *ViTA South*.

This research facilitated a unique, systematic and deliberate organisational development approach to embed distributed leadership into a practical setting. Critical to the success of the research was 'sensemaking' a process used to shape thinking and to make sense of the ambiguous concept of distributed leadership as it applies to practice.

Action research facilitated the sensemaking process. As part of that process, logic modelling enabled the articulation, sharing and presentation of context-specific insights into the underlying thinking and action which developed as a result of the sensemaking process. The research describes health leadership theory, with an emphasis on distributed leadership, and its application to practice. In so doing the thick case study provides insight into, and elaboration of the factors that make distributed leadership work in this context.

Implications:

For many, distributed leadership—in practice—is a theoretical and nebulous concept. This dissertation describes how the literature adapted to a specific organizational context, can guide implementation of distributed leadership in that context. It describes the practical challenge of converting traditional hierarchical and positional leadership approaches and actions into distributed and shared leadership approaches and actions, by a team of managers dedicated to making that transition.

Link to LEADS and CHLNet's Mission:

Much literature is dedicated to the notion of distributed leadership, describing it as a process required to create effective healthcare reform. The LEADS Framework itself promotes that notion. Many CHLNet partners aspire to it. This study documents the real difficulties inherent in making that shift; and shows how difficult a transition it can be.

Oxford Economics (2016). ***Leaders 2020: The Next-Generation Executive: How Strong Leadership Pays Off in the Digital Economy*****, Available at: https://www.oxfordeconomics.com/thought-leadership/leaders-2020**

Focus: The Next Generation Digital Executive

Summary:

Oxford Economics surveyed more than 4,100 executives and employees, around the world and from diverse industries, during the second quarter of 2016. They found that companies that get digital leadership right perform better in the marketplace and have happier, more engaged employees.

These high-functioning organizations—described as Digital Winners—have executives who communicate a company-wide digital strategy, keep management and worker skills up to date, and streamline organizational structure. Four leadership imperatives emerged from their analysis of this elite group:

- Make "digital" more than a buzzword.
- View diversity as an investment.
- Listen to Millennial executives.
- Invest in your workforce.

In a previous study, Oxford Economics warned that unless executives did not update and upgrade their abilities, they would be in great danger of becoming obsolete. Demands on management have only intensified, and the pace of change makes skills obsolete faster than ever. This paper highlights the ways some companies are successfully navigating digital transformation; and what their executives have learned to do so.

Implications:

It has been said that electronic medical records, modern data collection and analysis systems, emerging clinical technologies, and electronic personal wellness tools might, together, dramatically transform health service delivery. If there is a potential of this being true, then modern health executives need to embrace the learning needed to make the right decisions for their organization as it relates to technologies and their implications for enhanced patient care.

Link to LEADS and CHLNet's Mission:

Technology—and in particular, digital technologies—have the potential of dramatic change to the practice of clinical professions, population data, patient records, and of course clinical service itself. If these contribute to the Better Health goal of CHLNet, executives need to embrace them where possible; and therefore need to encourage such innovation (Systems Transformation of LEADS); and mobilize knowledge (Develop Coalitions domain of LEADS).

Perry, J., Mobley, F. and Brubaker, M. (2017), Most doctors have little or no management training, and that's a problem, *Harvard Business Review,* 15 December, available at:
https://hbr.org/2017/12/most-doctors-have-little-or-no-management-training-and-thats-a-problem

Focus: Physician Leadership: The Need for Management Training

Summary:

This paper—written in the context of the US health system—raises some very interesting perspectives on the physician role, as leader-manager in the US health system, and how best to ensure they get the proper developmental trajectory made available to them. Some of these concepts may be applicable to the Canadian context.

The authors argue that rising pressure to achieve better medical outcomes with increasingly limited financial resources has created an acute need for more physician leaders. They go on to argue that several studies (including their own) have shown that doctors want to be led by other doctors; they trust physician leaders to make the right decisions about redesigning health care delivery and balancing quality and cost. Fair or not, they believe it's harder for leaders without clinical expertise to see how cutting costs impacts quality of care.

Yet most doctors in the U.S. aren't taught management skills in medical school: much less leadership skills. And they receive little on-the-job training to develop skills such as how to allocate short- and long-term resources, how to provide developmental feedback, or how to effectively handle conflict – leadership skills needed to run a vibrant business, or in the Canadian context, be a partner in a complex health region.

A popular way of bringing physicians up to speed is to elevate them into management roles and team them with business executives. But this approach, called the "dyad model," is not an optimal long-term solution (for reasons described in this paper). Rather, the authors suggest a different approach: carving out a career path for younger physicians with leadership potential and creating a well-designed development pipeline so doctors emerge able to effectively lead large organizations of medical providers.

Implications:

Although the Canadian system is different to the American system, the role of doctors as leader-manager, is equally important. So too is the developmental process that will be employed to ensure that physicians can take a meaningful role in system improvement. Ideas from this paper need to be considered for their potential application to the Canadian context

Link to LEADS and CHLNet's Mission:

The CMA and CSPL are important members of CHLNet. Both champion the role of physicians as being effective collaborative leaders of health system improvement. Both support the use of the LEADS framework as a foundation for physician leadership development; and may well find the article of interest in terms of the current efforts to change the processes of physician leadership development.