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

Top Ten
May 2019

LEADerShip at a Glance

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

Braithwaite, J., Churruca, K., Long, J. C., Ellis, A., & Herkes, J. (2018). When complexity science meets implementation science: a theoretical and empirical analysis of systems change. BMC Medicine, 16(63); 1-14. https://doi.org/10.1186/s12916-018-1057-z

Braithwaite, J., Marks, D., and Taylor, N. (2014). Harnessing implementation science to improve care quality and patient safety: a systematic review of targeted literature. International Journal for Quality in Health Care 2014; Volume 26, Number 3: pp. 321–329. https://doi.org/10.1093/intqhc/mzu047

Buckingham, M. and Goodall, A. (2019). The Feedback Fallacy. *Harvard Business Review*, (Mar/Apr).

Lee, L., Horth, D. M., 7 Ernst, C. (2014). Boundary Spanning in Action: Tactics for Transforming Today's Borders into Tomorrow's Frontiers. *Center for Creative Leadership*. Pp. 1-23.

Lundy, Tam. (2014). Generative health leadership: a turning point in thinking and practice. Paper submitted for publication. Available @ https://www.academia.edu/8238979/Generative_Health_Leadership_A_Turning_Point_in_Thinking_and_Practice

Oliver, K., and Cairney, P. (2019). The dos and don'ts of influencing policy: a systematic review of advice to academics. Palgrave Communications. 5(21), 1-11. https://doi.org/10.1057/s41599-019-0232-y | www.nature.com/palcomms

Roussel, L., Thomas, P., & Ratcliffe, C., (2018). Leadership theory and application for nurse leaders. Available @ http://samples.jbpub.com/9781284067620/Sample_CH02_Roussel7e.pdf

Spano, R., Caldarelli, A., Ferri, L., & Maffei, M. (2019). Context, culture and control: a case study on accounting change in an Italian regional health service. *Journal of Management and Governance* (March): https://doi.org/10.1007/s10997-019-09450

Engaging Patients in Patient Safety: A Canadian Guide. (2017). Canadian Patient Safety Institute. Available @ https://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-lundyGuide/Documents/Engaging%20Patients%20in%20Patient%20Safety.pdf

Towards People-Centred Care Culture and Practice: HSO Standards Companion Document. (2019). *Health Standards Organization: First Edition.* Contact HSO at publications@healthstandards.org for further information.

World Health Organization. (2019). *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce*. World Health Organization (March). 72 p. The full report can be accessed @ https://www.who.int/hrh/resources/health-observer24/en/

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

Braithwaite, J., Churruca, K., Long, J. C., Ellis, A., & Herkes, J. (2018). When complexity science meets implementation science: a theoretical and empirical analysis of systems change. BMC Medicine, 16(63); 1-14. https://doi.org/10.1186/s12916-018-1057-z

Focus: Applying complexity and systems thinking practices to implementing health system change.

Implementation science has a core aim – to get evidence into practice. Early in the evidence-based medicine movement, this task was construed in linear terms, wherein the knowledge pipeline moved from evidence created in the laboratory through to clinical trials and, finally, via new tests, drugs, equipment, or procedures, into clinical practice. We now know that this straight-line thinking was naïve at best, and little more than an idealization, with multiple fractures appearing in the pipeline.

In this article the authors discuss what implementation science can learn from complexity science and tease out some of the properties of healthcare systems that enable or constrain the goals of more effective evidence-based care. They use two Australian examples to make their point.

The key lessons are that change can be stimulated in many ways, but a triggering mechanism is needed, such as legislation or widespread stakeholder agreement; that feedback loops are crucial to continue change momentum; that extended sweeps of time are involved, typically much longer than believed at the outset; and that taking a systems-informed, complexity approach, having regard for existing networks and socio-technical
characteristics, is beneficial.

Implications

Construing healthcare as a complex adaptive system implies that getting evidence into routine practice through a step-by-step model is not feasible. Complexity science forces us to consider the dynamic properties of systems and the varying characteristics that are deeply enmeshed in social practices, whilst indicating that multiple forces, variables, and influences must be factored into any change process.

Link to LEADS and CHLNet's Mission

This article highlights the importance of the Systems Transformation domain of LEADS as a guide to change practice. Leaders need to learn much more about systems dynamics in healthcare and how to apply them in their work, if we are to achieve Better Leadership, Better Health—Together: CHLNet's vision.

Braithwaite, J., Marks, D., and Taylor, N. (2014). Harnessing implementation science to improve care quality and patient safety: a systematic review of targeted literature. International Journal for Quality in Health Care 2014; Volume 26, Number 3: pp. 321–329. https://doi.org/10.1093/intqhc/mzu047

Focus: Implementation Science applied to improving health quality and safety.

In this article, the authors summarized the results of exploring the following question: According to the implementation science literature, which common implementation factors are associated with improving the quality and safety of care for patients? Grounded theory was used to distil key features of the literature to derive emergent success factors.

Eight success factors of implementation emerged: preparing for change, capacity for implementation—people, capacity for implementation—setting, types of implementation, resources, leverage, desirable implementation enabling features, and sustainability. Obstacles in implementation are the mirror image of these: for example, when people fail to prepare, have insufficient capacity for implementation or when the setting is resistant to change, then care quality is at risk, and patient safety can be compromised.

Implications

This article addresses a key element of organizational change: implementation. Often planning is done without consideration of factors necessary for successful implementation. The eight factors identified here—in the real of patient quality and safety—are important to guide a leader's efforts to implement quality and safety initiatives into organizational practice.

Link to LEADS and CHLNet's Mission

A LEADS capability under the **Achieve Results** domain is Take Action to implement decisions. Action is implementation. This article provides some guidance as to the kind of actions that create effective implementation of decisions. In terms of CHLNet's mission—achieving better health through leadership—the key word is achieving. Good decision making without effective action will not achieve better health.

Buckingham, M. and Goodall, A. (2019). The Feedback Fallacy. *Harvard Business Review*, (Mar/Apr).

Focus: Strengths-based approaches to guide employee development.

In this article, the authors turn the conventional wisdom about how to give feedback on its head. They argue that neurological science shows that traditional beliefs in giving feedback are flawed; and that methods that leaders can use to highlight brain activity conducive to self-learning are much more successful.

Traditional feedback suggests that the leader can be an objective observer of another's performance and provide 'expert' advice and guidance about how to do it better. Leaders are exhorted to sit an employee down and objectively review their strengths and areas of weakness; and do so in the comfort of knowing indeed what those strengths and weaknesses are. Buckingham and Goodall show, however, that much of our own assessments of other's performance is predicated on our own beliefs of what good performance is; not on any objective measure at all. They call this systematic error; we repeat it each time we sit down and assess another's accomplishments.

The authors propose a new approach to giving feedback: what they call, "the right way to help colleagues excel". It builds on encouraging the recipient of your attention to explore their own thoughts, perspectives, and views about what works; and you, as an instrument of doing so, should only share your personal reactions to what they do, rather than use them to judge the adequacy of the other's performance. They provide the neurological evidence to support their argument and outline a methodology to apply in employing this new approach to feedback.

Implications

This article provides empirical evidence to assist leaders in being more effective in helping employees and others in achieving their personal goals for improvement. It contradicts traditional practice and therefore should be 'top of mind' for many leaders in healthcare today.

Link to LEADS and CHLNet's Mission

Foster the development of others is a capability of the **Engage Others** domain of LEADS. This article relates directly to the leadership practice commensurate with that capability. Its focus on maximizing individual performance is directly relevant to the kind of leadership needed to make the health system better—together: by maximizing our collective contribution to that effort.

Lee, L., Horth, D. M., 7 Ernst, C. (2014). Boundary Spanning in Action: Tactics for Transforming Today's Borders into Tomorrow's Frontiers. *Center for Creative Leadership*. Pp. 1-23.

Focus: How leaders can utilize traditional boundaries—between organizations, between systems—to further their organizational interest.

Beginning with the statement, "Why does no one want to agree anymore?", this discussion paper dedicates itself to the premise that organizational borders and boundaries are in flux, in our modern world; and that our tendency is to reinforce those borders rather than seek ways to reconfigure them to achieve organizational goals.

The authors state that too often boundaries create borders that divide groups into us and them, creating fractured relationships, diminished resources, and divisive conflict. Using the metaphor that boundaries are also frontiers, they argue that there is potential to explore different ways of working together and new forms of collaboration. Many leaders have found that to employ boundary spanning techniques is to tear down silos, drive creativity and innovation, and build partnerships and alliances in pursuit of a common goal.

In this white paper the authors share stories of organizations that are successfully putting boundary spanning into practice. They lay out what is working in organizations that are making effective use of boundary spanning techniques.

Implications

In the modern business world—as well as in healthcare—we see traditional boundaries being constantly challenged. This is likely because of our growing awareness that what we call a healthcare 'system'—a combination of many parts that work together to create a whole—is not a system; but could be; and that is exactly what patients and families need it to be. What used to be inviolate boundaries between health professions, provider organizations, families, and community are being constantly challenged. This white paper provides us with some methods to employ to explore how to make the healthcare system—in its larger configuration—work more effectively.

Link to LEADS and CHLNet's Mission

This article highlights the importance of the Develop Coalitions domain of LEADS as a guide to create improved systems practices. Leaders need to learn much more about build effective coalitions in healthcare and how to apply them in their work, if we are to achieve Better Leadership, Better Health—Together: CHLNet's vision.

Lundy, Tam. (2014). Generative health leadership: a turning point in thinking and practice. Paper submitted for publication. Available @ https://www.academia.edu/8238979/Generative_Health_Leadership_A_Turning_Point_in_Thinking_and_Practice

Focus: Generative health leadership: tools for health practitioners.

The capacity to catalyze change is a major function of leadership.

Generative health leadership offers innovative thinking and practice tools for health practitioners working to promote healthy change in organizational and community settings. While technical and adaptive skills will always be needed, it is generative approaches to change that most effectively address salutogenic objectives--objectives focusing on factors that support human health and well-being--for individuals and communities.

A generative perspective on health and change leadership is congruent with calls for a more integrative health system, one that can more effectively meet the needs of the
21st century. With generative thinking and practice tools, health leaders and engaged citizens are better prepared to act on complex change challenges, generate health improvements throughout the population, and leave a legacy that benefits future generations.

Ms. Lundy describes a process—Generative Asset Building—that she believes puts generative principles into practice.

Implications

Generative health leadership is the ultimate expression of distributed leadership. It is a form of leadership to be aspired to; and the desire to move there is reflected in other papers included in this Top Ten—i.e., on gender disparities, on engagement of patients, families and communities in health reform, and on topics of systems thinking and boundary breaking.

However, generative leadership is an ideal: the work to get there is prodigious. Yet for our system to truly embrace change, it is a worthy goal to aspire to.

Link to LEADS and CHLNet's Mission

Generative leadership reflects the philosophy of LEADS and is reflected in the description of the domains and capabilities. CHLNet itself is a tool of generative leadership; believing in collective action to achieve meaningful results. Recently, CHLNet's efforts to engage patient groups and to champion gender equity in leadership speaks to their belief that seeking a more generative approach to our leadership is key to achieving CHLNet's goals.

Oliver, K., and Cairney, P. (2019). The dos and don'ts of influencing policy: a systematic review of advice to academics. Palgrave Communications. 5(21), 1-11. https://doi.org/10.1057/s41599-019-0232-y | www.nature.com/palcomms

Focus: Knowledge transfer from research to policy making.

This article is a systematic review of the literature to solicit advice in the academic and peer reviewed literatures about how academics can best influence policy-making. The authors condense this advice into eight main recommendations: (1) Do high quality research; (2) make your research relevant and readable; (3) understand policy processes; (4) be accessible to policymakers: engage routinely, flexible, and humbly; (5) decide if you want to be an issue advocate or honest broker; (6) build relationships (and ground rules) with policymakers; (7) be 'entrepreneurial' or find someone who is; and (8) reflect continuously: should you engage, do you want to, and is it working?

This advice seems like common sense. However, the authors argue that it masks major inconsistencies regarding different beliefs about the nature of the problem to be solved when using this advice. They suggest that before using the advice, these inconsistencies need to be reviewed (for example, advice regarding what counts as good evidence, how best to communicate it, etc.). Furthermore, they contend that if not accompanied by critical analysis and insights from the peer-reviewed literature—which this article reviewed--the above recommendations could provide misleading guidance for people new to this field.

Implications

Leaders use policy to shape and guide action in support of strategic imperatives of governments, national organizations, or large health authorities and hospitals. It is almost a given that such policies should be evidence-informed; i.e., reflective of the best research. It is imperative therefore that both researchers and policy makers utilize approaches to make this happen. This article provides an evidence-based set of guidelines, that if used properly can accomplish that goal.

Link to LEADS and CHLNet's Mission

As an expression of leadership policy is a tool for the capability of Set direction in the **Achieve Results** domain of LEADS. The subsequent capability—Strategically aligns decisions with vision, values and evidence—highlights the importance of this article.

Many of the organizations in CHLNet employ policy-making as a fundamental skill set. Their policies re leadership and leadership development can benefit from the advice in this article.

Recently CHLNet established a leadership development 'best practices' project to make the research relative to maximizing the effectiveness of leadership development programs available to its member partners. Employing these techniques might assist CHLNet's working group in achieving that goal.

Roussel, L., Thomas, P., & Ratcliffe, C., (2018). Leadership theory and application for nurse leaders. Available @ http://samples.jbpub.com/9781284067620/Sample_CH02_Roussel7e.pdf

Focus: Application of leadership theory for nurse leaders.

This paper—a chapter in a larger book--outlines a rationale for the importance of leadership skills for the nursing profession. It outlines how leadership theory can inform practice; some guiding principles and competencies for nursing leadership practice; and how the role of nursing leadership in managing a clinical discipline.

Specific topics discussed are organized into two categories: Leadership; and Professionalism.
Leadership topics include foundational thinking skills; personal journey disciplines; ability to use systems thinking; succession planning; and change management. Professionalism topics include personal and professional accountability, career planning, ethics, evidence-based clinical and management practices, advocacy for the clinical enterprise and for nursing practice, and active membership in professional organizations.

Clearly the authors believe that leadership skills are also implicit in realizing the professionalism they promote for the nursing profession.

Implications

Leadership is as important for the nursing profession as it is for physicians or non-clinical administrators practicing leadership in health organizations. Not only does it better prepare nursing professionals to integrate their professional knowledge into organizational practice, but it also ensures that leaders from a variety of professions and roles can work well together in sharing leadership responsibilities.

Link to LEADS and CHLNet's Mission

This article shows that many of the leadership topics required for nursing leadership development are commensurate with the content of the LEADS framework; and that nurses are a major partner in the distributed leadership requirement of successful change. It also points out the importance of nursing leadership as a major factor in helping CHLNet—and the health system—achieve its goal of Better Leadership, Better Health—Together.

Spano, R., Caldarelli, A., Ferri, L., & Maffei, M. (2019). Context, culture and control: a case study on accounting change in an Italian regional health service. *Journal of Management and Governance* (March): https://doi.org/10.1007/s10997-019-09450

Focus: What happens when men lead women who deliver service.

This paper outlines a case study of efforts to implement an innovation in accounting practice in an Italian regional health service.

It describes two efforts—the first a failure and the second a success over a period of 8 years. It characterizes the first attempt (2005-2009) as top-down and driven by compliance; lacking clarity of purpose and transparency of desired outcomes. It was superficial: leaving the core values of the organization unchanged, but not linking the change to those values. In contrast, leadership in the second approach (2010—2013) showed a willingness to engender greater communication to create ownership of the goal of the innovation. They fostered dialogue and cooperation between stakeholders, including clinicians; not compromising the core values but attempting to enrich them through common discourse. This approach slowly fostered a change in practice.

Implications

Systems thinking 'transformational' leadership practices, as opposed to top-down and order driven transactional practices were much more successful in creating the desired accounting change. Transformational leaders did so by linking the new accounting practice to the existing culture in the organization; rather than ignoring it.

Link to LEADS and CHLNet's Mission

This article is being highlighted in the second edition of the LEADS book as highlighting, from the perspective of encouraging and supporting innovation (a Systems Transformation capability), the importance of systems thinking leadership practices commensurate with transformational leadership. Significant innovation is needed in healthcare to achieve the transformation needed to achieve Better Leadership, Better Health—Together: CHLNet's vision.

This theme is supported by two documents related to outlining practices leaders can employ to operationalize patient, family, and organizational engagement; and to build People Centred Coalitions dedicated to healthcare improvement.

Focus: Leadership practices to operationalize patient and people centred care.

The Canadian Patient Safety Institute of Canada (CPSI) and the Health Standards Organization (HSO) have both recently published guides to improving relationships between health organizations, and between health organizations and the patients, families, and communities they serve.

Engaging Patients in Patient Safety: A Canadian Guide. (2017). Canadian Patient Safety Institute. Available @ https://www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-in-Patient-Safety-lundyGuide/Documents/Engaging%20Patients%20in%20Patient%20Safety.pdf

This guide, developed by the Patient Engagement Action Team, was published in February 2018. It was developed by the Canadian Patient Safety Institute, the Atlantic Health Quality and Patient Safety Collaborative, Health Quality Ontario and Patients for Patient Safety Canada in collaboration with an expert Action Team representing 16 organizations who are recognized leaders in patient engagement and patient safety. It was written by patients and providers for patients and providers. The guide chronicles examples, based on evidence and leading practices, to help patients and families, patient partners, providers, and leaders work together more effectively to improve patient safety.

Towards People-Centred Care Culture and Practice: HSO Standards Companion Document. (2019). *Health Standards Organization: First Edition.* Contact HSO at publications@healthstandards.org for further information.

HSO is promoting a shift in approach from client and family centred care to People Centred Care (PCC). PCC is defined by the World Health Organization as, "an approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people […] People-centred care also requires that patients have the education and support they need to make decisions and participate in their own care and that carers are able to attain maximal function within a supportive working environment.

The goal of this document is clear – to embed PCC at all levels within health care in new and innovative ways; including infusing leading practices into the leadership and governance standards that HSO is currently revising.

Implications

Both guides show the steps being made to operationalize a holistic view of health care as a system not just of providers with clients, but of providers with consumers each of whom who have a role in generating the system change needed to enhance quality of health and wellness in society. The implications for

formal leaders are significant: they must utilize tools and techniques not just to consult with consumers, but involve them and in many instances, enter into partnerships with them to improve our health system. This requires a sophisticated knowledge of methods and approaches that can be used to engage the members of the health system as a whole; methods and approaches that are currently being used by few rather than by many. A big and quick learning curve is required.

Link to LEADS and CHLNet's Mission

Both documents signal the intent to enable leaders to make Canada's health system better together (CHLNet's vision) through practices commensurate with the Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation domains of LEADS. Both documents also support the distributed leadership philosophy of LEADS.

World Health Organization. (2019). *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce*. World Health Organization (March). 72 p. The full report can be accessed @ https://www.who.int/hrh/resources/health-observer24/en/

Focus: Transformational leadership, systems leadership and LEADS: creating innovation in health accounting practices.

A new report, 'Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health Workforce' co-produced by WHO, GHWN and Women in Global Health has been published by the World Health Organization. The report explores opportunities to advance gender equity, universal health coverage and the economic empowerment and participation of girls and women in the health workforce. It looks collectively for the first time at issues of leadership; decent work free from all forms of discrimination, harassment, including sexual harassment; gender pay gap; and occupational segregation—across the entire workforce.

Key findings with respect to gender and leadership include:

- Women are 70% of the global health workforce but hold only 25% senior roles.
- Gender gaps in leadership are driven by stereotypes, discrimination, power imbalance, and privilege.
- Women's disadvantage intersects with and are multiplied by other identities e.g., race, class.
- Global health performance is weakened by loss female talent, ideas, knowledge.
- Women leaders often expand the health agenda, strengthening health for all.
- The gendered leadership gap in health is a barrier to reaching Sustainable Development Goals (SDGs) and universal health coverage.

This report will inform the next phase of the work of the Global Health Workforce Network GEH, which seeks to use these research findings to advocate gender-transformative policy and action.

Implications

Gender and leadership were highlighted in the Top Ten in December, 2018. Gender issues in leadership and what we can learn about the disadvantages of the real gender gap is an important priority for CHLNet members over the next few years. This report provides some foundational knowledge to support that initiative.

Link to LEADS and CHLNet's Mission

Redressing the gender leadership gap is important to the ability of female leaders engaged in pursuit of CHLNet's vision; similarly, for the men engaged in that work, it is important to know what can be done to ensure female leaders can realize their full leadership potential. Interestingly enough, anecdotal reports from a number of women leaders indicate that the language of LEADS is gender friendly; and that the leadership development approach inherent in the philosophy of LEADS is also empowering to women leaders.