LEADerShip at a Glance

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

Baron L, Rouleau V, Simon G, Baron C. *Mindfulness and leadership flexibility*. Journal of Management Development. 2018;37(2):165–77. Available at: https://www.researchgate.net/publication/322967680_Mindfulness_and_leadership_flexibility

Flury C. *Social media as a leadership tool for nurse executives*. Nursing Economics. 2017 September-October;35(5): 272-275. Accessed @ https://www.nursingeconomics.net/necfiles/2017/SO17/272.pdf

Kollenscher E, Eden D, Ronen B, Farjoun M. Architectural Leadership: The neglected core of organizational leadership. *Management Review*. 2017 Sep;14(3):247-64.

Kuhel B. *Power vs. influence: knowing the difference could make or break your company*. Boston: Forbes Coaches Council, Council Post. [Internet]. 2017 **Nov 2;** [cited 2019 Aug 1]. Available @ **https://www.forbes.com/sites/forbescoachescouncil/2017/11/02/power-vs-influence-knowing-the-difference-could-make-or-break-your-company/#2e9e0d9a357c**

Lynas K. *The leadership response to the Francis report*. Future Hospital Journal. 2015; 2(3): 203–208. doi: https://doi.org/10.7861/futurehosp.2-3-203

McKevitt C, Ramsay AI, Perry C, Turner SJ, Boaden R, Wolfe CD, Fulop NJ. Patient, carer and public involvement in major system change in acute stroke services: The construction of value. *Health Expectations*. 2018 Jun 21(3):685-92.

Ruckdäschel S. *Leadership of networks and performance: A qualitative and quantitative analysis*. Springer. 2014 Aug 27. Available @ https://www.springer.com/us/book/9783658070328

Saxena A, Meschina D, Hazelton L, Chan M-K, Benrimoh DA, Matlow A. et al. *Power and physician leadership*. BMJ Leader BMJ Leader 2019;0:1–7. Available @ https://bmjleader.bmj.com/content/leader/3/3/92.full.pdf

Votova K, Laberge A-M, Grimshaw J, Wilson B. *Implementation science as a leadership capability to improve patient outcomes and value in healthcare*. Healthcare Management Forum. 2019:1-6. doi: https://journals.sagepub.com/doi/10.1177/0840470419867427

Waddell K, Moat KA, Lavis JN. *Evidence brief: Preparing emerging leaders for alternative futures in health systems across Canada*. Hamilton: McMaster Health Forum, 7 March 2019. Available @ http://hdl.handle.net/11375/21003

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

Baron L, Rouleau V, Simon G, Baron C. Mindfulness and leadership flexibility. Journal of Management Development. 2018;37(2):165–77. Available at: https://www.researchgate.net/publication/322967680_Mindfulness_and_leadership_flexibility

Focus: The power of mindfulness in leadership.

Brain research by Baron and colleagues has shown that developing mindfulness can improve one's leadership flexibility; i.e., the ability to respond productively to emergent circumstance. Mindfulness is a form of self-awareness with two components. The first is to focus attention on one's immediate mental experiences. The second is the willingness to explore those current mental experiences in a non-judgmental manner, through a combination of openness, curiosity, and receptivity.

Brain imaging studies show when people reflect on their own experiences, they activate the brain circuitry used when empathizing with someone else. As an expression of that research, and to counter the predilection of knee-jerk responses to the demands, Baron and colleagues propose mindfulness as the foundation of leadership flexibility.

This article describes Baron and colleagues' research and its findings.

Implications

The practice of mindfulness increases the leader's own capacity to be empathetic with the needs of followers. This is an important finding in terms of leadership development.

Link to LEADS and CHLNet's Mission

A Lead Self capability is self-awareness. One of the hallmarks of self-awareness is the ability to reflect on one's own thoughts, feelings and actions. Mindfulness is a technique and approach to grow self-awareness; and in so doing, build empathy with others in interpersonal relationships. Mindfulness can contribute to better leadership; CHLNet's mission.

Flury C. Social media as a leadership tool for nurse executives. Nursing Economics. 2017 September-October;35(5): 272-275. Accessed @
https://www.nursingeconomics.net/necfiles/2017/SO17/272.pdf

Focus: Using social media to lead.

Leaders of today's top companies are increasingly communicating through online platforms that include company websites, video, and social networks. Nursing leaders must continue to build their toolkit to lead in healthcare transformation, and social media should be a part of their communication strategy. When used prudently, social media can be valuable leadership communication tool for today's nurse leaders from the unit level to the C-suite.

This article provides suggestions as to how the nurse executive can utilize social media to enhance branding, engagement, and learning. It also outlines the risks of online presence and how to mitigate them.

Social media is here to stay. It is changing the way we do business and how leaders are perceived. Nurse leaders need to embrace the benefits of this low-cost tool to maximize their influence within modern organizations.

Implications

Often leaders in health care are reticent to employ the tools of social media. Yet is the wave of the future in terms of communications. This article outlines how it can be of significant assistance to the nurse executive, and leaders in general; and provides some guidance as to how to move into the social media world.

Link to LEADS and CHLNet's Mission

The Engage Others domain of LEADS contains the capability of Effective Communication. This article provides guidance as to how to operationalize that capability using social media. CHLNet's mission, including the phrase, better leadership, refers to practices of leadership that resonate in the modern workplace. Social media and its use as a component of that work environment; and leaders need to learn how to use it to maximum advantage.

Kollenscher E, Eden D, Ronen B, Farjoun M. Architectural Leadership: The neglected core of organizational leadership. Management Review. 2017 Sep;14(3):247-64.

Focus: Designing organizational processes to achieve organizational goals.

This article argues that leadership should adapt organizational structure to ensure that it is in service of its strategy; and in so doing, improve its capabilities and enhance its value. Architectural leadership (AL) centres on structuring and operating core organization-wide processes that diffuse leadership influence across managerial levels and harness the whole organization better to attain its goals. The roots of AL go back to the design school, which focused on strategic analysis and design that enable an organization to adapt to its environment.

AL complements theories that focus on targets but neglect the means needed to achieve them. The authors contend that most managers spend much of their time dealing with the means while struggling with insufficient infrastructure. Their approach --Architectural leadership theory-- describes what successful managers actually do but which our leadership theories largely ignore. Beyond formulating a strategy, an important part of the strategic role of the CEO is to define core organizational processes that emanate from the strategy, and to track their realization. The article outlines methods to do that.

AL theory does not supplant either transformational leadership or strategic management; rather, it supplements both of them by adding the missing core in organizational leadership theory. Applying AL can help managers create value by developing the infrastructure required for strategy implementation.

Implications

The authors contend that focusing solely on the emotive and behavioural aspects of leadership is insufficient. Leaders must also design processes to bring strategy to life in an organizational context. AL outlines how that can be done. All leaders who wish to ensure that the organizational discipline needed to achieve desired organizational results should review this article.

Link to LEADS and CHLNet's Mission

This article outlines a number of approaches that essentially relate to the Achieve Results domain of LEADS: how to bring those capabilities to life by aligning structural processes to create action commensurate with strategy. This is an important concept for senior leaders who wish to change direction in their organization; and is an important element of better leadership as desired by CHLNet.

Kuhel B. Power vs. influence: knowing the difference could make or break your company. Boston: Forbes Coaches Council, Council Post. [Internet]. 2017 Nov 2; [cited 2019 Aug 1]. Available @ https://www.forbes.com/sites/forbescoachescouncil/2017/11/02/power-vs-influence-knowing-the-difference-could-make-or-break-your-company/#2e9e0d9a357c

Focus: The difference between power and influence in modern leadership.

Although a somewhat simplistic treatment of the topic of power in leadership practice, the article provides a clear and compelling argument for leadership practices that rely on interpersonal influence rather than the exertion of 'power over' practices. The former generates confidence and commitment in others to do their job better; whereas the latter creates compliant followers at best; resistant followers at worst.

The article provides specific cases to highlight the differences between a influence-based approach and a power-over approach, and practices associated with both.

While the article draws on the business world for its examples, it does highlight a key theme permeating many health care jurisdictions as it relates to leadership practice: a focus on compassionate and caring leadership.

Implications

The article represents a trend in much of the modern literature pertaining not just to healthcare, but to practices of leadership in other sectors, including business: the trend to leadership that cares about its employees, and that recognizes the need to enable them to use the knowledge skills that they possess.

Link to LEADS and CHLNet's Mission

LEADS—as a caring leadership framework—emphasizes practices commensurate with influence as discussed in this article. Many of those practices are reflected in the Engage Others domain of LEADS. If CHLNet is championing better leadership, then we as a group need to embrace some of these notions of effective leadership in the developing of a new cadre of emerging leaders.

Lynas K. The leadership response to the Francis report. Future Hospital Journal. 2015; 2(3): 203–208. doi: https://doi.org/10.7861/futurehosp.2-3-203

Focus: Changing (or not) leadership culture in the UK.

In England in 2013 the Francis Inquiry report made numerous recommendations to resolve issues of poor care and high death rates revealed by the Stafford Hospital scandal. An investigation by the Healthcare Commission in 2008 at the Stafford Hospital found poor care at the hospital between 2005 and 2008 led to as many as 1,200 more patients dying than would have been expected.

Much has been discussed and written about the events at Mid Staffordshire Hospitals which led to the Francis Inquiry. The quality of leadership then and now has formed much of the debate. This short paper discusses some of the analysis of both Francis inquiries and seeks to understand the impact that these reports have had on the quality of leadership and the legacy from the mistakes documented at the time. Has the system which allowed the events at Mid Staffordshire to happen changed sufficiently to create a climate where the right leadership behaviours are allowed to flourish? Have we learnt the lessons from those inquiries?

Implications

Traditional practices of hierarchical leadership are difficult to unlearn. Leadership development programs need to emphasize sense-making approaches to enable leaders to unlearn "top down' leadership behaviours; or at least, critically determine when they are appropriate to use and when not appropriate to use.

Link to LEADS and CHLNet's Mission

CHLNet—through its endorsement of LEADS—is espousing 'better leadership' in order to create our future health care system. That better leadership espouses a different mix of hierarchical, top-down leadership horizontal, collaborative leadership. Leadership programs need to provide opportunities for leaders to explore and make sense of that transition.

McKevitt C, Ramsay AI, Perry C, Turner SJ, Boaden R, Wolfe CD, Fulop NJ. Patient, carer and public involvement in major system change in acute stroke services: The construction of value. Health Expectations. 2018 Jun;21(3):685-92.

Focus: Leadership practices to engage patients, families and citizens.

This article speaks to the challenge of patient, family and public involvement in a major system change in the UK: acute stroke services. Lessons learned from experiences in this realm of medicine can be transposed, as appropriate, to other medical specialty areas that wish to engage non-clinicians in system change.

The purpose of the article was to explore, through a document analysis and key informant interviews with purposefully selected individuals (providers, commissioners, third-sector
Employees), practices employed to involve patients, family members and the public in the treatment of strokes.

Involvement was enacted through consultation exercises; lay membership of governance structures; and elicitation of patient perspectives. The value of involvement lay not in its contribution to acute service redesign but in its facilitation of the changes developed by professionals.

Implications

The article raises an important question. Do we involve patients, families and citizens so we can gain their ownership of our change plan; or do we involve them to actually help shape the plan? The findings from this study—partially due to its design in which patients, family members and the public were not interviewed—suggest the former rather than the latter. Is that the kind of leadership we wish to employ with non-providers?

Link to LEADS and CHLNet's Mission

This article—in the design of the study itself, and in its conclusions—highlights leadership practices both commensurate with LEADS (i.e., utilizing practices of public engagement), and contrary to it: i.e., not perceiving the role of involvement as actually shaping the change plan/approach. True engagement must open the door to co-creation. Leadership can and should come from multiple sources; the better leadership phrase in CHLNet's mission is not just referring to formal provider leadership, but also leadership from citizens themselves.

Ruckdäschel S. Leadership of networks and performance: A qualitative and quantitative analysis. Springer; 2014 Aug 27. Available @ https://www.springer.com/us/book/9783658070328

Focus: Leadership practices to build networks.

The author wrote this book to answer the question, "How to lead in the 21st century"? In a world where hierarchical fiat is no longer the dominant form of getting people to fulfill their tasks, she wanted to know what leadership approaches are necessary to galvanize people across organizational boundaries and in network relationships.

The author found little literature on the topic so started by conducting a qualitative study comprising more than eighty cluster managers who were asked about the best practices of leading a network.

While network leadership can be described as embracing, mobilizing, and empowering, only empowering network leadership has a positive influence on network performance. Empowering leadership increases the quality of the relationship between network managers and network members, and in turn influences network performance.

However, effects are twofold. Network performance in terms of satisfaction and future retention (i.e., stability) is positively correlated with empowerment (13 factors). On the other hand, if network performance is measured with hard performance criteria, such as innovation and financial performance, results show a fully mediating, positive influence of proactivity by the network members. To foster innovation the effect of member proactivity is more important than the stability of the network. Therefore, the interplay between network management and network members is a critical component in the analysis of network leadership and its performance implications.

Implications

The amount of time available to the network management to interact with network members, and the network manager's ability to create empowering work processes is key to the stability of a network. For innovation to occur, network partners and the network administrator must be proactive in seeking out ways to foster innovation.

Link to LEADS and CHLNet's Mission

CHLNet is a network and needs to practice these leadership behaviours. This article also operationalizes some of the leadership skills described in the Develop Coalitions domain of LEADS.

Saxena A, Meschina D, Hazelton L, Chan M-K, Benrimoh DA, Matlow A. et al. Power and physician leadership. BMJ Leader BMJ Leader 2019;0:1–7. Available @ https://bmjleader.bmj.com/content/leader/3/3/92.full.pdf

Focus: The power dynamic in physician leadership.

Power and leadership are intimately related. Formal organisational leadership by physicians is increasingly common even though the evidence for the effectiveness of physician leadership is still evolving. In this article the authors explore how power—as conceptualized in many forms-- is acquired and exercised in healthcare systems and enacted in leadership praxis by individual physician leaders (PL).

Judicious use of power will benefit from consideration and application of a range of concepts including liminality, power mediation, power distance, inter-related use of power bases, intergroup and shared leadership, inclusive leadership, empowerment, transformational leadership and discourse for meaning making.

Avoiding abuse of power requires moral courage, and those who seek to become accountable leaders may benefit from adaptive reflection. Reframing 'followers' as 'constituents or citizens' is one way to interrupt discourses and narratives that reinforce traditional power imbalances. Applying these concepts can enhance creativity, cocreation and citizenship strengthening commitment to improved healthcare. PLs can contribute greatly in this regard to further transform healthcare.

Implications

The link between power and leadership is rarely discussed in the literature. Yet power is the ability to get something done: and if leadership is to get results, then understanding how to maximize power to get something done is vital to not just physicians, but others in the leadership space. This article explores the forms of power that have the greatest potential for effective leadership.

Link to LEADS and CHLNet's Mission

CHLNet's vision of better leadership, better health together, requires physicians as partners in ensuring that service is integrated; organizations are psychologically healthy; and change can be created. It is important that they learn the link between power and influence; and can practice their leadership effectively.

Votova K, Laberge A-M, Grimshaw J, Wilson B. Implementation science as a leadership capability to improve patient outcomes and value in healthcare. Healthcare Management Forum. 2019:1-6. doi:
https://journals.sagepub.com/doi/10.1177/0840470419867427

Focus: The link between Implementation Science and LEADS validated.

This article provides an overview of implementation science, which is the scientific study of why implementation succeeds or fails. The authors draw parallels between the LEADS in a Caring Environment leadership framework and implementation science process models and frameworks. Taken together, the principles and practices in LEADS and the aims of implementation science are effectively quite similar and can be useful for healthcare management looking to optimize resources when implementing evidence-based practice and innovation into routine clinical care.

Implications

Leaders can benefit from studying implementation science as it can contribute ideas and practices, consistent with a LEADS approach to leadership, to assist with implementation of change. The article also serves as a validation of the LEADS framework.

Link to LEADS and CHLNet's Mission

The article validates the content of the LEADS framework and suggests that 'better leadership'—a component of CHLNet's mission—would benefit from adopting practices as outlined in implementation science.

Waddell K, Moat KA, Lavis JN. Evidence brief: Preparing emerging leaders for alternative futures in health systems across Canada. Hamilton: McMaster Health Forum, 7 March 2019. Available @ http://hdl.handle.net/11375/21003

Focus: The evidence-base for an emerging leaders program in Canada.

This evidence brief mobilizes both global and local research evidence about the problem of ensuring that emerging leaders—i.e., young people considering entry or already entered into leadership roles in healthcare—are properly equipped to lead the Canadian health system into the future. The evidence brief outlines three elements of a potentially comprehensive approach to addressing the problem, and key implementation considerations.

This evidence brief summarizes research evidence drawn from systematic reviews of the research literature with respect to health care leadership in general and of course also in Canada. It occasionally summarizes single research studies. A systematic review is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select and appraise research studies and to synthesize data from the included studies.

In addressing the emerging leader issue, the brief makes the statement that: "progress is being made, but slowly (i.e., the Canadian Health Leadership Network, the Canadian College of Health Leaders and the increasing adoption of the LEADS framework are bright spots, but are not sufficient to contribute to the broader transformations in leadership systems across Canada that is required)."

The evidence brief does not contain recommendations as it is the foundation for a deliberative dialogue amongst a select group of experts drawn from across the country.

Implications

The evidence brief provides an up to date and comprehensive review of the literature on the challenges of leadership development in the context of major health reform; and the implications for preparing emerging leaders for the health care system of the future. The results of the Deliberative Dialogue—not referenced here—will be presented in the next Top Ten and CHLNet partners should review its recommendations in its strategic planning process.

Link to LEADS and CHLNet's Mission

Preparing emerging leaders properly to take on the challenges of a transforming health system is a goal all CHLNet member partners endorse in the context of its vision: Better leadership, better health—together. The evidence brief also considers the wide-spread adoption of the LEADS framework as important in an overall strategy to build the leadership needed for meaningful health care transformation.