

## *LEADerShip at a Glance*

### CHLNet's "Top Three" Suggested LEADS Readings

#### **Theme: The Positive Impact of Leadership Development: It Is Real!**

##### ***Introduction:***

One question that is regularly asked at CHLNet Network Partner Roundtables is whether indeed leadership development programs 'make a difference'. That is, do they have a positive impact on organizational performance, transformation and/or patient outcomes? The question is usually asked when members are looking to create an argument to attract different organizations to the network or wish to advocate for greater funding to support leadership development.

In 2017, the same question was asked during CHLNet's Return on Investment (ROI) research endeavour. The result was a year-long project, including a literature search, which resulted in two major products. The first was a [peer reviewed article](#), published on behalf of many of the CHLNet members who took part in the project, that documented the evidence showing that leadership development programs can make a positive difference. The second was the creation of the Leadership Development Impact Toolkit, undertaken by representatives both of CHLNet and the [ROI Institute Canada](#), which provides a disciplined approach to measuring a leadership program's impact, and which is available to all network partners for free on the CHLNet website ([LDI Toolkit](#)). The latter is being updated as this is written but as well a [2022 article](#) overviews the toolkit's validity and cost-effectiveness.

Recently, the same question—*Does leadership development make a difference?* --has surfaced again. The answer still remains, categorically, YES. However, as the [Wise Practices in Leadership Development Toolkit](#) articulates the level of impact does depend very much on the quality of the learning experience itself (i.e., program design and delivery), the length of the program, the audience for the program, and of course, the commitment of the senior leadership in an organization to link the program directly to its strategic priorities.

The purpose of this *Top Three* is to provide an overview of three instances of how a leadership program made a difference, and to provide a springboard for any additional work that needs to be done to update the evidence and potential policy directions.

##### ***Top Three:***

The three references in this month's *Top 3* are examples of where a leadership development intervention made a difference to desired organizational outcomes. In each instance, the desired results were quite different. Each article was chosen to highlight those differences. Whether that desired impact is improved job satisfaction, action to enhance service to patients, or to implement changes to organizational practice (i.e., improve equity and inclusion), a program must be designed—and delivered—in such a manner as to achieve the desired impact.

*Reference 1* is a recent study done at the College of Nursing at the University of Alabama. Its purpose was to design and deliver a leadership program to nurses to decrease falls within a hospital environment.

*Reference 2* presents the impact evaluation findings from a multi-professional leadership programme commissioned in the South East of England to support primary care networks (PCNs) to lead system improvement together.

*Reference 3* describes three case studies in which Indigenous nurses have provided nursing leadership to redress social justice issues within Indigenous communities, and to influence outcomes for Indigenous Peoples.

### **References:**

**Cusick F. *Creating a Culture of Transformational Leadership to Decrease Inpatient Falls*. Dissertation: [The University of Alabama Capstone College of Nursing Institutional Repository](#) (2022, October).**

### **Summary:**

Falls have consistently been associated with the quality of nursing care in the acute care, inpatient setting. As one of the largest segments in healthcare, nursing, and in particular nurse managers, have a significant role in advancing organizational quality initiatives, therefore their leadership behaviors need to foster change and create a supportive work environment.

An evidence-based nurse manager leadership development program was implemented, which included a nurse manager's self-assessment of leadership behaviors along with a transformational leadership education course. Pre- and post-implementation aggregate data of fall rate per 1,000 patient days were utilized for measurement.

This leadership development project resulted in an overall decrease of 44% in inpatient fall rates, within three months, as measured by inpatient fall rates per 1,000 patient days, on participating inpatient telemetry units.

Project outcomes indicated similar findings to the literature, that the adoption of transformational leadership behaviors and practices in acute care settings improves overall patient safety outcomes including inpatient falls.

**Jackson C, Manley K, Vibhuti M. Change starts with me: an impact evaluation of a multi-professional leadership programme to support primary care networks in the South East of England. [Leadership in Health Services](#). 2022 Jun 28;35(3):309-37.**

### **Summary:**

This study identifies program impact at micro and meso system levels; a leadership impact continuum that can be used by individuals and teams to evidence impact of improvements in PCN practices; the learning and development strategies that were effective and proposes implications for other networks. The leadership program that was delivered emphasized four major elements: coalition building, teamwork, open systems thinking, and ultimately, as the title suggests, self leadership.

Mixed methods underpinned by practice development methodology were used to explore the impact of the programme on two practitioner cohorts across 16 PCNs. Data were collected at the start, mid-point and end of the eight-month programme.

Results illustrate an innovative approach to collective leadership development. A continuum of impact created with participants offers insight into the journey of transformation, recognising that “change starts with me”. The impact framework identifies enablers, attributes and consequences for measuring and leading change at micro, meso and macro levels of the health-care system. Participants learned how to facilitate change and collaboratively solve problems through peer consulting which created a safe space for individuals to discuss workplace issues and receive multi-professional views through action learning. These activities enabled teams to present innovative projects to commissioners for service redesign, enabling their PCN to be more effective in meeting population health needs. The authors believe that this programme may provide a model for other PCNs England and other place-based care systems internationally.

**Brockie T, Clark TC, Best O, Power T, Bourque Bearskin L, Kurtz DL, Lowe J, Wilson D. Indigenous social exclusion to inclusion: Case studies on Indigenous nursing leadership in four high income countries. *Journal of Clinical Nursing*. 2023 Feb;32(3-4):610-24.**

#### **Summary:**

An international collective of Indigenous nurse academics from Australia, Canada, New Zealand, and the USA provide case examples for Indigenous nurses to be allies in supporting policies and resources necessary to equitably promote Indigenous health outcomes.

These case studies highlight Indigenous nurses provide strong leadership to influence outcomes for Indigenous Peoples. Five strategies were noted across the four countries: (1) Indigenous nationhood and reconciliation as levers for change, (2) Indigenous nursing leadership, (3) Indigenous workforce strategies, (4) Development of culturally safe practice and Indigenous models of care and (5) Indigenous nurse activism.

The cases also demonstrate how Indigenous nurse leadership and models of health delivery

can meet Indigenous and non-Indigenous community needs, currently not met by mainstream models of health care.

#### **Link to LEADS:**

LEADS—the acronym for the full title of the framework: *LEADS in a Caring Environment*—makes the case for leadership that CARES about not just patients, but also providers and staff. In the first article, the use of a transformational leadership program—commensurate with the philosophy and practice of LEADS—demonstrates the framework’s credibility. The second article makes direct reference to self-leadership, systems thinking and change, teamwork, and coalition building, all found in the LEADS framework.

The third article emphasizes how important it is for the LEADS framework to be understood in the context of different cultures and in particular, within Canada, its link to Indigenous perceptions of effective leadership (see [Chapter 14 LEADS book: \*Seeing With Two Eyes\*](#)).