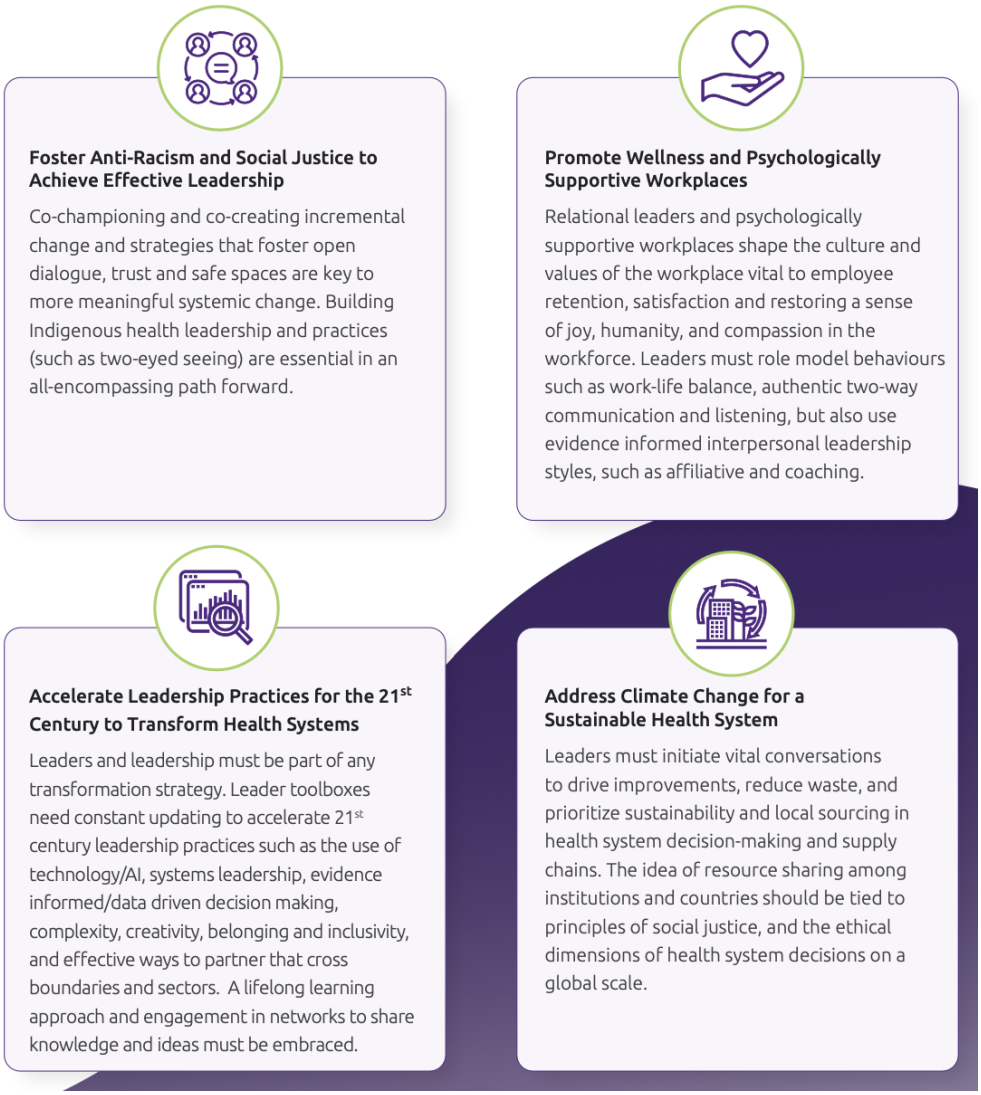
LEADerShip at a Glance

CHLNet's "Top Three" Suggested LEADS Readings

***Introduction*:**

The four references contained within this month's Top Three (obviously now the Top Four!) have been chosen because they speak directly to the four themes for CHLNet to *Champion Strategic Leadership Excellence:*



Theme: Foster Anti-Racism and Social Justice to Achieve Effective Leadership

This reference was recommended by Kathy McNeil, CEO of Island Health and former Co-Chair of CHLNet (and Board Member still!).

Reference 1: Mullin AE, Coe IR, Gooden EA, Tunde-Byass M, Wiley RE. Inclusion, diversity, equity, and accessibility: From organizational responsibility to leadership competency. Healthc Manage Forum. 2021 Nov;34(6):311-315. doi: 10.1177/08404704211038232. Epub 2021 Sep 17. PMID: 34535064; PMCID: PMC8727822.

Summary:
An awakening to systemic anti-Black racism, anti-Indigenous racism, and harmful colonial structures in the context of a pandemic has made health inequities and injustices impossible to ignore and is driving healthcare organizations to establish and strengthen approaches to inclusion, diversity, equity, and accessibility (IDEA).

Health research and care organizations, and, ergo, health leaders, who are shaping the future of healthcare, have a responsibility to make IDEA central to their missions.

While many organizations are taking concrete action critically important to embedding IDEA principles, durable change will not be achieved until IDEA becomes a core leadership competency.

Drawing from the literature and consultation with individuals recognized for excellence in IDEA-informed leadership, this study will help Canadian healthcare and health research leaders—particularly those without lived experience—understand what it means to embed IDEA within traditional leadership competencies and propose opportunities to achieve durable change by rethinking governance, mentorship, and performance management through an IDEA lens.

Theme: Promote Wellness and Psychologically Supportive Workplaces

This reference was published by academics within the University of Manitoba who used the LEADS framework to guide health leaders through organizational change in a safe and supportive manner.

Reference 2: Udod S, Baxter P, Gagnon S, Charski V, Raja S. Embracing relational competencies in applying the LEADS framework for health-care leaders in transformational change and the COVID-19 pandemic. Leadersh Health Serv (Bradf Engl). 2023 Apr 12;ahead-of-print(ahead-of-print). doi: 10.1108/LHS-12-2022-0117. PMID: 37036057.

Summary:
The purpose of this paper is to assess the extent to which the LEADS Framework guided healthcare leaders through organizational change and the COVID-19 pandemic in Manitoba.

A qualitative exploratory inquiry assessed the extent to which health leaders applied competencies that aligned with the LEADS Framework. A purposeful sample of 22 healthcare leaders participated in the study representing senior, mid-level and front-line health-care leaders in various health-care organizations to ensure diverse representation of leader competencies.

The analysis suggests that health-care leaders found *Engaging with Others* and *Developing Coalitions* were the most critical themes of the LEADS Framework for change management and for navigating the COVID-19 pandemic. Findings reveal that during transformational change and a crisis context, leaders embrace relational approaches to adapt and improve performance in dynamic organizations.

These findings suggest that leaders should employ strong relational approaches to improve teamwork and decrease emotional strain; a focus on mobilizing and sharing power with nurses; and educational programs to advance relational and self-management skills, shared leadership, communication, change management, human resource and talent development as critical learning components for current and future health-care leaders.

Theme: Accelerate Leadership Practices for the 21st Century to Transform Health Systems

This reference is to a paper co-authored by Dr. Deanne Taylor, the Co-Chair of the CHLNet Research and Evaluation Working Group.

Taylor D, Keefe J. How residents' quality of life are represented in long term care policy: A novel method to support policy analysis. Journal of Long-Term Care. 2021;2021:375-85.

Summary:

Quality of life (QoL) is a fundamental desire for those in their declining years, many of whom find themselves in Canada's publicly funded long-term care (LTC) system. LTC is governed provincially through multiple policies about housing and care provision.

In this paper, a pan-Canadian research team describe the results of their investigation into federal and provincial policies' influence on the QoL of older people living in residential LTC in four provinces: British Columbia, Alberta, Ontario, and Nova Scotia.

It also describes a novel method of policy analysis developed by the authors to analyse the inclusion of QoL domains within these LTC policies, and assess implications for residents, their families, and staff.

The outcomes revealed a dominant discourse of safety, security, and order over other domains such as dignity, privacy, and spirituality. While these outcomes speak to policy priorities, it is clearly the job of those implementing the policies to do so in a manner that champions QoL experiences for clients and does not allow them to become overwhelmed by procedural implementation practices.

The authors conclude that their approach to policy analysis enables a re-examination of policies affecting LTC and assesses whether these policies reflect the values of the residents and society at large; and where out of alignment, suggests adaption of implementation practices to ensure QoL remains a priority.

Theme: Address Climate Change for a Sustainable Health System

This reference was provided by Dr. Diane DeChamps Meschino, who, along with Dr. Myles Sergeant spoke to the CHLNet Roundtable in May 2024 on the topic of climate change and health leadership.

Romanello M, Di Napoli C, Green C, Kennard H, Lampard P, Scamman D, Walawender M, Ali Z, Ameli N, Ayeb-Karlsson S, Beggs PJ et al. The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms. Lancet. 2023 Dec 16;402(10419):2346-2394. doi: 10.1016/S0140-6736(23)01859-7. Epub 2023 Nov 14. PMID: 37977174.

Summary:

The Lancet Countdown is an international research collaboration that independently monitors the evolving impacts of climate change on health, and the emerging health opportunities of climate action. In its eighth iteration, this 2023 report draws on the expertise of 114 scientists and health practitioners from 52 research institutions and UN agencies worldwide to provide its most comprehensive assessment yet.

It outlines in greater detail (1) the rising health toll of a changing climate; (2) the human costs of persistent inaction; (3) the challenge they describe as 'a world accelerating in the wrong direction', (4) the opportunity—that leaders can embrace—to deliver a health future for all, if we embrace the transition to a zero-carbon future; and (5) the potential of a people-centred transformation: leaders putting health at the heart of climate action.

They do emphasize the daunting challenge of climate change health leadership, i.e., confronting the economic interests of the fossil fuel and other health-harming industries, and delivering science-grounded, steadfast, meaningful and sustained progress to shift away from fossil fuels, accelerate mitigation, and delivery adaptation for health.

Link to LEADS:

The link to LEADS—the acronym for the full title of the framework: *LEADS in a Caring Environment*—is as follows:

Reference 1—re the fundamental goal of achieving IDEA in health organizations—suggests a look, during the upcoming LEADS Refresh project, to ascertain the extent to which the existing domains and capabilities support achievement if IDEA competencies.

Reference 2 provides a direct example of how the relational domains of LEADS—Engage Others and Develop Coalitions—need to be emphasized to create safe and supportive change processes in health organizations.

Reference 3 speaks to the challenge—described in the LEADS book (Chapter 2)—of allowing policies and procedures to become so dominant such that they 'crowd out' other priorities such as quality of life for those under our care.

Reference 4 provides a practical example of the need for climate change health leaders to truly become proficient at the LEADS domains of Develop Coalitions and Systems Transformation if they are indeed to champion achievement of minimizing the damage of climate change.