

LEADerShip at a Glance

CHLNet's "Top Ten" Suggested LEADS Readings¹

Bennett, C. (2013). *Are we there yet? A journey of health reform in Australia*. Darlinghurst: The University of Notre Dame Australia. www.nd.edu.au/data/assets/pdf_file/0005/117752/Are-we-there-yet-A-journey-of-health-reform-in-Australia.pdf

The National Health and Reform Commission's Final Report—*A Healthier Future for all Australians*—was released in July 2009. Subsequently a National Health Reform Agreement was signed by all First Ministers in August 2011. This report provides an assessment of progress relative to the reform themes. These themes are:

- Leadership, governance and financing;
- Taking responsibility—i.e. re patients, families and communities;
- Connecting care—creating seamless, lifelong care pathways;
- Facing inequities—e.g. aboriginal health, mental health, dental health, rural and remote; and
- Driving quality performance.

The paper concludes with the author providing an overview of current issues and suggestions for addressing them.

Focus: Challenges of National Health Reform in Australia.

Implications:

- The paper has implications for Canada in that health reform is high on the Canadian agenda, but no organized program of reform...whereas Australia does.
- It examines the roles governments must play in stewarding health reform.
- It outlines the specific agendas for health reform in Australia—which are not very different to Canada's.

Link to LEADS and CHLNet's Mission:

- Relates directly to the **Systems Transformation** domain of the LEADS framework, and the challenges of national system reform.
- CHLNet's member organizations are seeking greater national leadership of reform—and the model in Australia is worth looking at.

¹ As recommended by Dr. Graham Dickson (CHLNet Academic Advisor) and Bill Tholl (CHLNet Executive Director).

Best, A., Greenhalgh, T., Lewis, S., Saul, J, Carroll, S. & Bitz, J. (2012). Large-System Transformation in Health Care: A Realist Review. *The Milbank Quarterly*, 90(3), 421-456.

In this article the authors study transformation initiatives to inform change processes in the Province of Saskatchewan in Canada. Stating that evidence re issues of complexity and context is urgently needed for large-scale transformation, the Saskatchewan Ministry of Health commissioned a six-month synthesis project to guide four major policy development and strategy initiatives focused on patient-and family-centred care, primary health care renewal, quality improvement, and surgical wait lists. Based on an analysis of examples of successful and less successful transformation initiatives, the authors identified five simple rules of large-systems transformation they thought were likely to increase the success of the initiatives. To succeed, they said, leaders of system change should:

1. Blend designated leadership with distributed leadership;
2. Establish feedback loops;
3. Attend to history;
4. Engage physicians; and
5. Include patients and families.

**Focus: The role of policy and leadership in large scale
(Province of Saskatchewan) health reform.**

Implications:

- Saskatchewan has launched a major health reform agenda. Lessons learned from their efforts are important to leaders from other jurisdictions in Canada.
- It examines the interaction between the role of government, health regions, and leaders throughout the health system during health reform.
- It outlines a set of simple rules—applicable to a complex adaptive situation—that can guide leaders through their efforts at reform.

Link to LEADS and CHLNet's Mission:

- Relates directly to the **Systems Transformation** domain of the LEADS framework, and the challenges of large scale health care reform.
- CHLNet's member organizations are seeking "best practice" leadership examples from efforts in various jurisdictions to steward large scale reform—and Saskatchewan is a living example of that reform.

Briggs, D., Cruickshank, M. & Paliadelis, P. (2012). Health managers and health reform. *Journal of Management & Organization*, 18(5), 641-658.

This qualitative study was undertaken with a diverse sample of Australian health managers to examine their perceptions regarding changes in the health system and to understand how they learned to become health managers. The findings showed that they viewed the health system as one of constant change, mostly non-adaptive, and a system of parts controlled by bureaucrats and political interests. While the respondents enjoyed their managerial role, they see it as contested between the professions. This study concluded that greater emphasis on the education and training of health managers and their

continuing professional development is required if they are to manage increasingly complex, dynamic and changing health systems.

Focus: The role and preparedness of middle managers to lead health reform.

Implications:

- Middle managers are the "glue" that ensures that policy-driven change will land on the front lines. Their attitudes and expectations re change are key to its success.
- Most middle managers tend to feel change is a process of competing demands and top-down dictates; they often withdraw from engaging in it.
- Middle managers knowledge and comfort with the skills of change are minimal and need to be enhanced if change is to happen.

Link to LEADS and CHLNet's Mission:

- This article relates directly to the **Engage Others** domain of the LEADS framework, and the challenges of connecting effectively with middle managers.
- CHLNet's member organizations want to see more leadership in the system—and obviously middle managers are key elements of that system. If this study is accurate, more effort to invest and develop their leadership skills is required if change is to be successful.

Dobie, C. & King, M. (2011). Plural planning at multiple scales from local communities to statewide change. *Landscape Journal*, 30, 1-11.

This case study from New York state examines an eight-year trans-disciplinary action research initiative involving an academic planning and design research center and a state agency working in collaboration with other state agencies, non-profit organizations, and communities. The primary goal of this collaboration was to help communities across New York State change the way they engage in community planning so as to improve the likelihood that investments of people, time, and financial resources result in revitalization. Two questions guided the development of the community education program:

1. How can the leadership and expertise present in the state agency be extended to build community capacity to guide planning and accomplish revitalization?
2. How can the process and lessons learned in the demonstration communities be delivered to 1,300 communities?

Lessons learned include: acknowledging the effect of changes occurring over long-term collaboration, establishing a collaborative framework, and recognizing differences in mission and culture.

Focus: Engaging consumers, families, and communities in large scale reform.

Implications:

- The paper has implications for Canada in that health reform involves creating change at the community level—and demands collaboration amongst many actors in the health system.
- It profiles a model of change—action research—that can be used for large scale change
- It shows that large scale change is a long-term project (over 8 years).

Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Systems Transformation** domain of the LEADS framework, and the challenges of large scale reform.
- CHLNet's member organizations might wish to explore the methodology employed to generate large scale change and its applicability to efforts they are making to change the system consistent with their mandate.

Health Council of Canada. (2013). Better health, better care, better value for all: Refocusing health care reform in Canada. Toronto, ON: Health Council of Canada. www.healthcouncilcanada.ca

Ten years ago, the federal, provincial, and territorial governments created an agenda for health care reform in the *2003 First Ministers' Accord on Health Care Renewal* and the *2004 10-Year Plan to Strengthen Health Care*. This report assesses progress over the last 10 years of health care reform, and identifies what worked and what didn't work. It also outlines suggestions for moving forward to achieve a high-performing health system for Canada into the future.

It builds its arguments on the use of the Triple Aim framework from the US as interpreted and applied within the Canadian health system. It emphasizes that any approach to transformation must acknowledge the importance of equity to Canadians along with the goals of Triple Aim; expressing the vision for Canadian health care as "better health, better care, and better value for *all*."

The report emphasizes the importance of shared or distributed leadership as the primary enabler for productive reform to happen. Saying that the results of the last 10 years make it "clear that we need to do things differently" and "we cannot continue our disparate and tentative approaches to health care reform across this country", they suggest that "strong leadership is an absolute necessity if meaningful transformation is to occur."

Focus: Making the case for a more leadership-led, Canadian national health reform action plan.

Implications:

- The paper argues that Canada's efforts at reform have been too peripatetic and disconnected—and therefore change has been largely non-productive.
- It profiles the centrality of leadership as an enabler of successful reform.
- It is a "Call to Action"—and, as one of the last publications of the Health Council of Canada, an effort to galvanize the leadership at the national and provincial levels to work together to create a reform agenda that has legs.

Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Systems Transformation** domain of the LEADS framework, and the challenges of large scale reform.
- CHLNet's member organizations are, amongst others, the organizations that the Health Council is appealing to in terms of providing the distributed or shared leadership of a new national reform agenda.

Ibarra, H. & Hansen, M.T. (2011). Are you a Collaborative Leader? How great CEOs keep their teams connected. *Harvard Business Review*, 89(7/8), 68-74.

Without the right leadership, collaboration can go astray. Employees who try to collaborate on everything may wind up stuck in endless meetings, struggling to reach agreement. Executives who came of age during the heyday of "command and control" management can have trouble adjusting their style to fit the new realities. Collaborative leaders connect people and ideas outside an organization to those inside it, leveraging diverse talent, modelling **collaborative** behaviour at the top, and showing a strong hand to keep teams from getting mired in debate.

Focus: Facilitating collaboration, cooperation and coalitions among diverse groups.

Implications:

- Effective collaboration is the key to effective relationship building but also to the creation of true distributed or shared leadership.
- It is important to highlight "best practices" of approaches and techniques that enhance effective collaboration—internally and between organizations—and those that waste time and effort.
- This is particularly true for executive leaders who may have been schooled in the techniques of command and control leadership, and who wish to change their approach.

Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Engage Others and Develop Coalitions** domains of the LEADS framework, as both focus on the development of collaborative relationships as key to effective leadership of change.
- Many CHLNet members are executives who might find this discussion re the challenges of changing one's leadership behaviour interesting and personally relevant.

Malloch, K., & Melnyk, B.M. (2013). Developing High-Level Change and Innovation Agents: Competencies and Challenges for Executive Leadership. *Nursing Administration Quarterly*, 37(1), 60-66.

The authors argue that in the age of the Internet and rapidly changing communication technologies, new ways to seek out the issues and interests of others are important for executive leaders. Leadership skills and behaviors of command, control, and directing from pre-digital times are no longer effective, given the impacts of the digital changes. Developing leadership competence in evidence-driven processes, facilitation, collaborative teamwork, and instilling a sense of urgency is the work of today's executive leaders. Ten competencies necessary for contemporary executive leadership are presented in this article.

Focus: Leadership mindsets and skills for the modern technological leader.

Implications:

- Many executive leaders are thrust into a new environment for the practice of leadership—a flat, information rich, and technologically enabled one. Ways of influencing people in such an environment are different to ways used in the past.
- Command and control approaches to leadership are outdated in many instances. Executive leaders need more collaborative, knowledge-based approaches to be successful in a wired world.

Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Engage Others and Develop Coalitions** domains of the LEADS framework, and the challenges of influencing others in a technologically rich world.
- CHLNet's member organizations are represented by executive leaders, the focus of this study.

Nübold, A., Muck, P.M., & Maier, G.W. (2013). A new substitute for leadership? Followers' state core self-evaluations. *The Leadership Quarterly*, 24(1), 29-44.

This experimental study examined the impact follower's sense of self efficacy (core self evaluation or CSE) either enabled or deterred the efforts of transformational leaders. Based on the substitutes of leadership idea (i.e. that external factors in the environment can either enhance or impede the efforts of personal leadership), the study tried to determine the extent to which follower perception of self-efficacy mediated transformational leadership in terms of its influence on follower motivation and performance. The relationship between transformational leadership and followers' motivation and performance is compared for followers with high versus low state CSE.

Participants (76 students) were randomly assigned to four groups. High or low state CSE was activated. After that, participants were presented with a written vignette of a transformational or a non-transformational leader who instructs them to perform the subsequent task, a word-search puzzle. Results reveal that followers' state of CSE moderated the relationship between transformational leadership and followers' motivation and performance. As expected, followers' state self-efficacy represents a substitute for transformational leadership. Results are discussed for leadership research and management practice.

Focus: Limitations to one's leadership influence based on follower self-concept.

Implications:

- Regardless of how well one leads, the impact of what he or she does is either enhanced or delimited by external factors (what in the literature are called substitutes for leadership).
- A leader must be aware of differences in follower self-perception of personal efficacy, as it impacts on the leader's need to influence them. The greater the sense of self-efficacy, the less transformational leadership is required; and indeed, might substitute for it.
- In the modern world, with many well-educated and knowledgeable followers, this suggests different leader-follower relationship dynamics.

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Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Engage Others** domain of the LEADS framework, and the challenges of engaging employees with different levels of self-confidence and perceptions of self-efficacy.
- CHLNet's efforts at developing leaders might well consider the implications of this study as it relates to the skills being promoted and developed.

Radermacher, H., Karunarathna, Y., Grace, N. & Feldman, S. (2011). Partner or perish? Exploring inter-organisational partnerships in the multicultural community aged care sector. *Health and Social Care in the Community*, 19(5), 550-560.

Benefits and barriers to partnership formation and working in partnership have been widely documented, but according to these authors, this is limited within the multicultural service sector.

This paper analyses the challenges within smaller organizations in the multicultural aged care sector to partnership formation. Smaller organisations are distinctly disadvantaged in the current service system that promotes and expects collaboration. Current partnerships within the multicultural service sector are greatly influenced by external factors (e.g. government funding) which may be hindering working relationships and successful outcomes.

Focus: Developing meaningful relationships with organizations in the multi-cultural sector.

Implications:

- A major issue in many health service jurisdictions is how to liaise effectively with multicultural stakeholder groups.
- Small multi-cultural groups are particularly disadvantaged when it comes to developing collaborative relationships with large health organizations.
- Leaders in large health organizations might wish to be aware of the external factors that hinder such relationships, if they choose to develop them.

Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Develop Coalitions** domain of the LEADS framework, and the challenges of building effective coalitions with small multi-cultural stakeholder groups.
- CHLNet's mandate of Better Leadership for Better Health – Together is meant to support the delivery of better care for all Canadian citizens. Knowledge of how to develop meaningful coalitions with multicultural interest or stakeholder groups is an important component of that work.

Vogelsang, J.D. (Ed.) (2013). Collaboration, Culture Change, and Leadership Development. *OD Practitioner*, Summer, 45(3), 1-54.

This is a special edition of the *OD Practitioner Journal*, sponsored by the Organization Development Network in the United States. It contains a series of articles on collaboration, culture change and leadership development, written from a practitioner's perspective, not from an empirical theoretical perspective. Titles of articles include:

- Collaborating to Win: Managing Competition When We Work Together;
- Reframing Leadership Development in Healthcare: An OD Approach;
- Sustainable Legacy Leadership: Developmental Partnerships;
- Driving Culture Transformation During Large-Scale Change;
- Wholeness in Integration of West/East Perspectives;
- An OD Engagement at a Hospital in Bolivia; and
- The Transition to Experiential Learning.

The article, *Reframing Leadership Development in Healthcare: An OD Approach*, begins by working from the premise that a leadership program that truly promotes transformational change must be conceptualized and designed with an OD mindset. The authors present an OD-based leadership development program that they implemented within Novant Health, a non-profit healthcare system.

Other articles, while not all drawn from the health sector, provide valuable insights into the challenges of transformational change.

**Focus: Building productive relationships through dealing with culture differences
—a perspective from Organization Development professionals.**

Implications:

- Many large health organizations have OD experts who are responsible for organization-wide leadership development and change leadership support.
- This collection of articles addresses many of the issues associated with the work those OD experts do, and presents practical ideas for OD professionals in those organizations.

Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Engage Others and Develop Coalitions** domains of the LEADS framework, and the challenges of organization-wide culture change and leadership development (Engage Others) as well as productive partnerships in support of those agendas between organizations.
- CHLNet's members might embrace cross-member collaborations for the purposes of leadership development and change leadership.

Winlaw, D.S., Large, M.W., Jacobs, J.P. & Barach, P.R. (2011). Leadership, surgeon well-being and non-technical competencies of pediatric cardiac surgery. *Progress in Pediatric Cardiology*, 32, 129-133.

This article, undertaken in an Australian hospital, explores the dynamic interaction between pediatric cardiac surgeons with other members of a large multidisciplinary team providing complex care to children. It concludes that a new dynamic is needed to support team members, including the surgeon, in times of extreme stress and to help them avoid destructive, maladaptive responses. Focusing these efforts around the clinical microsystem requires a detailed analysis of the team interactions, the underlying culture and support, and the clinical engagement of staff.

Focus: Limitations to one's leadership influence based on follower self-concept.

Implications:

- Many of the other articles profiled in this edition of the Top Ten focus on large scale transformation. This article deals with the challenges of micro-system change: within inter-professional teams responsible for pediatric cardiac care.
- Effective inter-professional teamwork requires dedicated effort to focus on understanding the dynamics of high performance teamwork, the barriers that impede its development, and approaches that will engage clinicians more effectively.

Link to LEADS and CHLNet's Mission:

- The article relates directly to the **Engage Others** domain of the LEADS framework and, in particular, the capability of Builds Teams.
- Effective inter-professional or multi-professional teamwork is a key enabler of meaningful health reform. CHLNet member organizations, who wish to champion leadership for health reform, will benefit from understanding some of the dynamics of micro-system teamwork.