



Changing Health Organizations with the LEADS Leadership Framework

SUMMARY REPORT

The 2014-2016 LEADS Impact Study



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

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Leadership
Explorations*

Mitacs




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Key Messages

The LEADS in a Caring Environment health leadership capabilities framework (LEADS) was developed in British Columbia in 2006 to address the needs of healthcare in the context of health organization renewal (Dickson, Briscoe, Fenwick, MacLeod, & Romilly, 2007). ***The 2014-2016 LEADS Impact Study*** (Vilches, Fenwick, Harris, Lammi & Racette, 2017) reviewed the processes of and gathered feedback from five health organizations that were early adopters of LEADS and found a range of applications and outcomes for individuals, organizations, and systems.

At the individual level, LEADS

- provides a framework that legitimizes individuals' efforts to act to address challenges that they identify as priorities (i.e., it is empowering and enabling);
- provides a common language that facilitates multidisciplinary collaboration across a wide range of practice areas (i.e., facilitates efficiency and effectiveness);
- offers a framework that teams can use to work together to address specific tasks and strategic goals on a flexible ad hoc basis (i.e., supplements accountability);
- increases communication effectiveness, including the ability to have difficult yet productive conversations (i.e., provides a way to address friction); and
- enables professional development and succession planning (i.e., motivates and engages individuals).

Regarding health organization functioning, LEADS

- builds trust by encouraging reflection and collaboration, rather than competitiveness and inflexible controls;
- assists managers in engaging and guiding their teams by offering development opportunities and providing tools to assist teams to work together;
- supports succession planning by providing opportunities for individuals to self-select as potential future leaders through talent development opportunities; and
- uses motivation to build positive feedback systems to enable systems change.

Relating to health systems achievement, LEADS

- provides a flexible framework that transcends accountability structures to achieve change;
- fosters innovation by providing a framework that individuals can use to link their own ideas to actions that are in alignment with strategic objectives;
- helps achieve strategic health priorities by encouraging individuals to link tasks to priorities through reflection, personal professional planning, performance assessments, and reporting; and
- provides a language for senior leaders to connect with all staff by focusing on the processes of innovating and addressing communication challenges.

Executive Summary

Health systems face constant change, including responding to new technologies, shifting standards of care, and increasing demands for more sophisticated care. In addition, complex public health issues must be addressed, such as mental health, the well-being of Indigenous peoples, substance use challenges, and aging populations (Naylor et al., 2003; Romanow, 2002; Truth and Reconciliation Commission of Canada, 2015). The interaction of public policy with health administration creates another area of complexity. These challenges are occurring in the context of an aging workforce and continued challenges in staff recruitment and retention, especially in rural and northern regions. These complex problems cannot be resolved with simple solutions; they demand sophisticated, responsive health systems.

The 2014-2016 LEADS Impact Study (Vilches, Fenwick, Harris, Lammi & Racette, 2017) is the first systematic investigation of how the LEADS framework has been implemented by health organizations in Canada. The LEADS framework was developed in 2006 in the Province of British Columbia (Dickson, 2008). Although its use has spread throughout Canada and beyond, information about its implementation and effectiveness is still largely held among practitioners. This study, therefore, set out to answer five strategic research questions:

- Why are you using the LEADS framework?
- How are you using the LEADS framework?
- What is helping or hindering the use of the LEADS framework?
- What difference does your use of the LEADS framework make?
- How do you know that your use of the LEADS framework is making a difference?

The research utilized an embedded case study approach (Yin, 2014). This approach maintained the integrity and coherence of each case, while also studying the same phenomena, in this case leadership development and LEADS, across all the cases. The embedded case study approach made sense for studying leadership development because of the small pool of key informants, such as senior leaders and talent management staff, in each health organization.

Five health organizations participated as cases, representing diverse sizes, functions, geographic jurisdictions, and approaches to implementation. Four of these organizations had at least four years of experience implementing LEADS, and one, Island Health, had been involved in the initial study when LEADS was developed in 2006.

Exploratory interviews and focus groups were conducted with 76 people, from informal leaders to board members. The interviewees and focus group participants represented diverse areas of practice, including key professions, administration, and talent management. Individuals were asked about how they used LEADS, how it had been adopted by their institution, and what difference it was making to them, to their workplace, and to health systems. Participants were asked what evidence they could provide to demonstrate impact or effectiveness. The results showed how the linked, progressive system outlined in the LEADS framework works.

Changing the Way Health Organizations Function

All the health organizations involved in this study had experienced a radical reorganization or changes in strategic vision prior to adopting the LEADS framework. In British Columbia, where LEADS was developed, 52 health regions were amalgamated into five regional health authorities in 2001 (Ministry of Health Planning, Government of British Columbia, 2002). Alberta Health Services (AHS) was launched in April, 2009, out of several regional health organizations (Alberta Health Services, 2009; Donaldson, 2010). Health PEI was created in 2010, moving health administration and policy out of government and amalgamating brick-and-mortar institutions with the regional health organizations (HPEI-Int). The Canadian Agency for Drugs and Technologies in Health (CADTH) underwent a customer service review in 2009 (CADTH-Int). Saskatchewan, the first province in Canada to amalgamate healthcare organizations in 1993, completed reorganization in 2001, but continued to search for improvements, eventually through the Lean Six Sigma program as well as LEADS (Canadian Plains Research Center, 2006; Government of Saskatchewan, 2013; Mutwiri, Witt, Denysek, Halferdahl, & McLeod, 2016). As these cases demonstrate, the implementation of leadership frameworks, while not solely responsible for resolving strategic dilemmas, became a means to change the way the organizations worked.

Each organization in this study was an early LEADS adopter, and each organization took unique approaches to implementing LEADS. However, they each consulted with external partners to map their existing talent development assets, and then proceeded to more specific programmatic offerings that developed leadership domains and capabilities identified in the framework. The results showed that LEADS is highly adaptable and suited to use in diverse contexts, helping to create a common language for a systems-thinking approach. Seven key findings are highlighted in the following sections.

1. Implementation: A Flexible, Responsive Framework

Initially, each organization in this study (except for Island Health, which developed its approach in parallel to the development of LEADS) began its implementation with general introductory sessions on LEADS. As the implementation progressed, existing and new programs were mapped to LEADS domains and capabilities and a variety of educational programs (including private market and existing in-house courses) were used to create a LEADS-based leadership development program. Workshops focused on specific LEADS capabilities, such as developing personal awareness of oneself or building interpersonal communications or management skills. External consultants who were familiar with LEADS often introduced LEADS; however, as these projects progressed, organizations developed internal capacity to offer LEADS-based programs. Over time, cohort-based or group modules were developed that brought people together for face-to-face courses, supplemented by applied team projects. These cohort-based offerings provided momentum for change. The face-to-face delivery of these programs also created enduring connections that facilitated ongoing cross-organization collaboration. An incidental outcome was that individuals who had participated could easily integrate into new work units that used LEADS. As the program offerings grew, talent management staff continued to explore how to deliver programs efficiently and effectively. For example, AHS experimented with online elective programs and CADTH moved to an applied leadership model in which teams of leaders used LEADS to solve problems. This co-planning model provided ongoing introduction for new staff. All organizations included in this study continue to evolve and explore how to continue to develop leaders using LEADS.

2. Engaging through LEADS

Participants in the study reported that they liked LEADS, and talent management staff noted a high demand for the programmatic offerings that they developed. New managers found the information extremely helpful for learning how to engage with their responsibilities. Participants in the study who

were already passionate and knowledgeable about leadership found that taking part in this study renewed their interest in, and the value of, LEADS. The organizational training investments made participants feel valued by their senior leaders. Participants found that because LEADS was easy to use (i.e., intuitive), they felt motivated to use it. Because of these outcomes, LEADS became a conduit for engagement and motivation and helped to “change the culture” by providing a way to conduct work.

3. Empowerment and Accountability

Accountability and empowerment might seem to be opposites; however, participants described ways in which the use of LEADS in performance review systems supported both. LEADS domains or capabilities enabled them to identify key strategic goals on which to work. Managers could support staff using a common language. In some organizations, performance reviews were supported with LEADS 360° assessment feedback and regular performance review systems that linked individual goals, unit tasks, and strategic directions.

4. Developing Outcome-Focused Team Structures

The LEADS framework enables leaders to interact with individuals from multiple disciplines across a range of work environments as well as with community leaders and members. Study participants repeatedly described ways in which they referred to the framework to identify problems and think through solutions. Further, LEADS legitimized individuals’ efforts to involve others to help resolve issues. This positive approach to problem solving enabled leaders to implement actions that were beyond the traditional means of command-and-control hierarchies and permitted the growth of flexible yet accountable, action-oriented structures. LEADS enabled leaders to leverage diverse skills across teams and empowered more junior managers and those with cross-disciplinary portfolios to work together. Leaders accomplished this through the common language of LEADS, which enables facilitation and communication when identifying and working through challenges.

5. Activating a Complex System

LEADS provided a means for individuals to engage each other, to resolve difficulties, and to employ creative problem solving while maintaining accountability for reliable, responsive health services. By facilitating communication, learning LEADS capabilities appeared to ease interaction between individuals and generate more effective collaboration. In addition, once leaders became familiar with LEADS, they could transition from unit to unit, or between organizations, and easily integrate into their new teams. Individuals working with external partners found that they used the same language, which helped in establishing and accomplishing goals. Work units in different departments could communicate effectively despite their various views and contexts, including disciplinary differences. Thus, LEADS enabled leaders to work more effectively within the complexities of the organization without changing the structure.

6. Sustaining Customer, Client, and Patient Outcomes

As public agencies, health organizations are challenged to meet and sustain overall health service goals. The ability to meet policy and strategic priorities was most apparent in Saskatoon and Sunrise Health Regions, where the Lean Six Sigma program made goals part of the accountability structure. However, across the case study organizations, participants spoke about the way LEADS helped them meet the complex health needs of the population and small communities. Goal achievement was most successful when organizational structures helped link individual actions to unit goals, unit activities to organizational missions, and organizational missions to policy directions. Even during reorganization or other types of disruption, the LEADS leadership framework was effective in supporting outcomes that aligned with organizations’ mission and vision statements. Some of the helpful structures included regular

performance reviews, 360° assessments that were explicitly tied to outcomes, regular leadership team meetings, LEADS champions in the organization, board backing and engagement with leadership development and strategic visions, and human resources practices that targeted and explicitly promoted leadership development as part of a strong organization.

7. Self-Evaluating Progress

One of the challenges of deploying leadership development is the lack of a linear relationship between learning and behavioural change. Several participants who had taken leadership development training earlier, such as through the Master of Arts in Leadership program at Royal Roads University, said that they had gained fresh insights or developed a deeper understanding in a second course or a later project when they were applying leadership principles. Regular reflection through professional development planning processes, one-on-one meetings with managers, coaching sessions, or discussions after performance review processes provided valuable opportunities to reflect on professional development.

These seven key findings summarize the way LEADS supports organizations' mission and vision statements, helps individuals in planning and achieving work tasks and responsibilities effectively, and allows organizations to align and coordinate collaboration while not disrupting accountability structures.

Reflections on the LEADS Framework

This systematic study of the LEADS framework documents a range of effects, illustrating that the framework can help to achieve a cultural shift. This study also indicates that adopting LEADS is not a one-time event. Each of the five organizations conducted ongoing systematic work to review implementation approaches, maintain interest, and evolve organizational capacity to utilize LEADS. The study also found that, although talent management staff led the program implementation, organizational champions helped to boost momentum and maintain a credible program. In addition, for broad and effective utilization, executive leaders had to demonstrate how strategic goals were linked to leadership approaches. Participants expressed a need for more research into how to make programs more effective and a need to investigate how to make what is being accomplished more transparent. What was disconfirmed was that the LEADS framework itself needed upgrading. In fact, LEADS was compared favourably with many other systems that participants described as more limited or rigid than LEADS.

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