Health Leaders and Managers in Canada:

The Human Resource Dilemma

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Executive Summary

As a $130 billion industry, Canada's health sector demands strong leadership and management. Changes in organizational structure and the delivery of care within a complex multilevel environment have profoundly affected health leaders and managers across the country who are responsible for directing and implementing the change process.

Difficulty persuading new potential leaders and managers to take on these demanding roles, combined with a lack of succession planning, appropriate training and an aging cohort gives rise to serious concerns.

As a result, the Canadian College of Health Service Executives (CCHSE), in partnership with the Academy of Canadian Executive Nurses (ACEN) and the Canadian Society of Physician Executives (CSPE) with funding from Human Resources and Skills Development Canada (HRSDC) undertook an initiative to identify the human resources and skill gaps, needs and issues of health leaders and managers in Canada.

The activities included:
- A situational analysis discussion paper;
- A survey process to define who to include as part of the occupational group;
- Two pan-Canadian invitational stakeholder meetings to propose strategies for addressing the gaps and issues; and
- The development of a governance model.

Five discussion papers and documents were produced as part of the project:

- *Health Care Leaders and Managers in Canada: Analysis of the Human Resource Issues and Information Gaps.* Christine DaPrat, February 2006.

- *Canadian Health Care Leadership and Management Sector Definition Study: Final Results of Decision Theoretic Modeling Exercise and Recommendations.* Lynn Curry, December 2005.

- *Leadership Task Force Report.* Judith Newland, June 2005.

- *Development of a Comprehensive Situational Analysis of Human Resources and Skill Needs of Canada's Health Executive/Management Sector.* Lorna Romilly, 2005.

- *Summary Report: National Stakeholders' Workshop- Human Resource Needs of Canada's Health Leadership and Management Sector.* March 2005.

The reports are available on the Canadian College of Health Service Executives website at www.cchse.org in the Leadership section under the Policy and Research heading.

This report highlights the key findings and presents research questions to consider in the areas of health human resource planning and forecasting, as well as the supply and

production of health leaders and managers in Canada.

Some of the key suggested areas for further research and action include:

1. Identifying a model for data collection to determine the number of health leaders and managers needed now and in the future;
2. Assessing the impact of organizational design and the effect these factors have on health leaders and managers entering and leaving the system;
3. Determining the current and new emerging leadership competencies required, and
4. Developing strategies, tools and processes for recruiting, training and mentoring Canada's healthcare leaders and managers.

The information will serve as a basis for developing and prioritizing short and long-term strategies for action to address the issues and information gaps identified.

Introduction

Health care leaders and managers in Canada have witnessed the increasing challenges associated with attracting and retaining senior leaders. Issues related to aging of the leadership cohort, burnout, lack of succession planning, appropriate training, mentoring the next generation of leaders, and difficulty in persuading up and coming leaders and managers to take on more demanding roles in ever-changing, increasingly complex health care environments are all worrisome signs that a leadership crisis is looming, if not already here.

As a $130 billion industry, Canada's health sector requires strong leadership and management. In recent years there have been significant changes in the delivery of care and in those leading the change process. Health care renewal and sustainability in Canada cannot occur without highly competent people in leadership positions influencing health policy and the delivery of care. The actions of health leaders and managers directly impact their communities as well as the quality of health care services across the country. Many decision and policy-makers cite identifying, supporting and nurturing health leaders as a key challenge in the years ahead.

Decisions of health managers and leaders also have a profound impact on the other human resource requirements of the health system. How services are structured and delivered, new models of care, including primary health reform and strategies for the management of chronic diseases, determination of scopes of practice and the promotion of collaborative team-based care across disciplines, all profoundly affect the

systems health human resources requirements

According to the 2001 National Occupational Classification (NOC) System, there are approximately 98,000 health care leaders and managers in Canada. Their ranks include CEO's, hospital administrators, presidents, vice presidents, chief financial officers, executive directors, government managers and policy advisors, chiefs of medical staff, admissions directors, head nurses, nursing supervisors, health policy researchers, consultants, program officers, federal/provincial/territorial ministers, Deputy Ministers and Assistant Deputy Minister of Health and others.

> HEALTH CARE RENEWAL AND SUSTAINABILITY IN CANADA CANNOT OCCUR WITHOUT HIGHLY COMPETENT PEOPLE IN LEADERSHIP POSITIONS INFLUENCING HEALTH POLICY AND/OR THE DELIVERY OF CARE.

Leaders in government positions are an integral part of the sector and as such, are also directly affected by the issues and concerns facing all health leaders/managers in Canada.

> THERE IS A GREAT DEAL OF ANECDOTAL EVIDENCE TO INDICATE THERE ARE SERIOUS CONCERNS THAT MUST BE URGENTLY ADDRESSED, HOWEVER, THERE IS VERY LITTLE CONCRETE DATA OR OTHER INFORMATION ON THE SECTOR.

There are major issues associated with who will be Canada's health care leaders/managers in the future and indications that there will be a shortage

when the current generation of health care leaders and managers retire.

A Globe and Mail Newspaper report (September 19, 2005) indicated that the number of CEO's who have left their posts has increased 142% in the last year, with the average tenure for outgoing CEO's falling to five years. The majority of the departures have occurred in the healthcare industry.

In 2000, the Quebec Ministry of Health and Social Services published a report that expressed the need to replace 60% of leaders/managers in their health and social services sector over the next ten years – a percentage far greater than anyone had anticipated. The Quebec report identified a need for drastic measures to avoid an impending disaster. The report also explicitly expressed the view that this situation is not unique; it is a pan-Canadian issue.

Leadership positions require extensive knowledge and experience that matches an organization's strategic demands. New dimensions of leadership are emerging, particularly with regard to change management and performance and systems management, as well as in terms of accountability and ethics. As a result, many of the competencies that used to be relevant are no longer applicable today and there are emerging new competencies that are not well addressed in current education and professional development programs.

Moreover, because the sector is non-regulated and diverse, best practices and leadership/management training needs are difficult to identify and implement. The result is a large gap between system needs and current supply of leadership talent. There is an urgent need to develop strategies to ensure adequate and appropriate training

resources are available which will provide the skills and motivation required by the next generation of new emerging health leaders and managers.

The symptoms of these problems are already evident with the rapid turnover in many leadership positions, and the fact that many key positions remain vacant because appropriate candidates cannot b found to fill the positions. Many executives and executive search firms feel there are increasingly small pools of qualified candidates to fill key leadership roles.

Although there is a great deal of anecdotal evidence to indicate there are serious concerns that must be urgently addressed, there is very little concrete data or other information on the sector.

In addition, the lack of research on health care leaders and managers means that there are few tools available to deal with a sector shortage. Moreover, this leadership gap will itself be responsible for a further decline in the number of qualified leaders[1].

Better health human resources planning have been identified as a critical need by different levels of government. As a result, extensive consultations and studies have been carried out with respect to many occupations groups, including, for example, physicians and nurses. Most of the concern, however, is directed at health professions other than health care leaders and managers. A 2001 CIHI publication, *Canada's Health Care Providers*, referred to future challenges, stating that we still know little about unregulated professions, including those who manage the health care system.

To help inform decisions about supporting the leaders of today and nurturing the leaders of tomorrow, careful analysis is

needed to further our understanding of who is at the helm and their career and development paths[2].

Given the size and complexity of the health care industry, lack of information about those who lead and manage the system is a serious omission.

It has become increasingly apparent that there is a critical need to address the following issues:

- Increased capacity, scope and accountability associated with leadership roles due to changing organizational structures and delivery systems of care;
- Difficulty persuading and attracting potential leaders to assume the demanding roles required;
- Lack of succession planning, mentoring and professional development opportunities to prepare and encourage the next generation of health leaders;
- Potential for a serious leadership shortage due to an aging cohort and reduced interest in assuming health leadership positions;
- Too few tools and resources available to address the human resource issues;
- Changing competency requirements;
- Little documentation or understanding of career and development paths for health leaders; and
- Lack of information about the current, leadership cohort.

Objectives and Scope of the Initiative

As a result of the lack of information and research on health leaders and managers in Canada, the Canadian College of Health Service Executives (CCHSE) in partnership with the Academy of Canadian Executive Nurses (ACEN) and the Canadian Society of Physician Executives (CSPE), with funding from Human Resources Skills Development Canada (HRSDC) undertook a project to identify the sector issues and information gaps and to identify proposed directions for addressing the issues.

The objectives of the initiative were:
- To determine the human resource gaps and skill needs of health leaders and managers in Canada; and
- To establish pan-Canadian partnerships to collectively move forward in developing a human resource strategy for the sector.

Although there is not a single definition of *pan-Canadian* per se, there are common principles underlying the term, which include:
- All inclusive and respectful of uniqueness, in terms of emerging partners, stakeholders, geographical and jurisdictional representation;
- Shared federal/provincial/territorial priorities (as opposed to federally driven, or parallel approaches);
- Coordination, in terms of key stakeholders, in developing common approaches and solutions to addressing issues and challenges.[3]

The research methodologies used and activities undertaken as part of the initiative included:

- The development of a situational analysis discussion paper which identified the issues and information gaps associated with the sector and provided general strategies for addressing the key areas of concern;
- Two invitational meetings of approximately 100 key stakeholders from across the country to discuss the results of the situational analysis and to identify and propose strategies for addressing the information gaps and issues;
- A survey process involving approximately 100 sector stakeholders to more clearly identify and define who should be included as part of the occupational group in order to begin determining the parameters for undertaking a comprehensive study of the sector (Appendix A);
- Consultations and presentations at various events across the country as well as to the federal Health Human Resources Planning Subcommittee, a number of professional associations, employers and other related groups to obtain input and stakeholder engagement for the initiative;
- Development of a Governance Model (Appendix B) as well as Terms of Reference and Conflict of Interest Guidelines for the Steering Committee, Working Groups, Management and Advisory Committees included in the proposed governance structure; and
- Establishment of a *National Leadership Advisory Committee* to guide the activities of the initiative (Appendix E)

In addition to this report, five discussion papers and documents were produced as part of the project:

- *Health Care Leaders and Managers in Canada: Analysis of the Human Resource Issues and Information Gaps.* Christine DaPrat, February 2006.

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Defining the Sector: Where do Health Leaders and Managers Work and What are Their Roles and Responsibilities

How health care leaders and managers are defined within the context of the health sector is essential to scope the parameters for studying the leadership cohort. The National Occupational Classification (NOC) utilized by Statistics Canada and the federal government includes health leaders and managers in some of the classification categories, however, other *non-health* related occupations are also included. To obtain a clearer picture of the sector, a Theoretic Modeling Exercise involving a 2-delphi survey of over 100 experts across Canada, with a response rate of 71%, was completed. The *National Leadership Advisory Committee* reviewed results from the two-round exercise and a final sector definition was proposed.

> A HEALTH LEADER/MANAGER IS AN INDIVIDUAL WHO CREATES VISION AND GOALS AND MOBILIZES AND MANAGES RESOURCES TO PRODUCE A SERVICE, CHANGE OR PRODUCT CONSISTENT WITH THE VISION AND GOALS.

The stakeholders determined that a health leader/manager is *an individual who creates vision and goals and mobilizes and manages resources to produce a service, change or product consistent with the vision and goals*[4]. These individuals include supervisors, managers and senior administrators employed in[5]:

- Publicly funded health care delivery systems: acute care, primary care, chronic care, rehabilitation;
- Health promotion, health maintenance organizations;
- Health care services using a non-western traditional medicine paradigm;
- Academic institutions (senior position from each of the health related disciplines);
- Associations, foundations or other non-governmental organizations;
- Government sections and agencies responsible for health;
- Funding agencies; and
- Private, not-for-profit, health care delivery systems.

The health care leader/manager also includes a certified health executive (i.e. accredited by the Canadian College of Health Services Executives) and others who are responsible for the following functions[6]:

- Provide *direct supervision* to others who provide care;
- Provide *clinical consulting* to those providing direct care;
- Assume the role of program manager or department/division heads for units that provide direct care;
- Provide administrative, operations or process consulting to department/division heads for units that provide direct care;

- Provide *direct supervision* to those who provide services, resources, products, devices relied upon by direct care providers (i.e. information technology, human resources, cleaning);
- Assume role of program *managers or department/division heads* for units that provide services, resources, products, devices relied upon by direct care providers (i.e. information technology, human resources, cleaning);
- Provide *administrative, operations or process consulting to department/division heads* for units that provide services, resources, products, devices relied upon by direct care providers (i.e. information technology, human resources, cleaning);
- Work on the *senior administrative team* in institutions that provide direct care;
- Provide *administrative, operations or process consulting* to those who work on the senior administrative team in institutions that provide direct care;
- *Chair boards* at institutions that provide direct care;
- Participate as *board members* for institutions that provide direct care;
- Provide *strategic consulting* to chairs, boards and senior management teams in institutions that provide direct care;
- Work at *senior levels of government* with responsibility for any aspect of health care;
- *Advise government* on all health care matters; and
- Work as *senior staff in administrative or leadership roles* for any agency, organization, association, foundation, non-governmental organization charged with studying or supporting any aspect of the health care system.

The role of assuming the chair of a board or participating as a board member will need to be further examined to identify the skills and competencies required and to determine how these positions should be considered in an analysis of leadership roles.

In identifying the health leaders and managers, the survey process identified a number of roles *not* to be included in defining the sector (Appendix C). The exclusion of these roles in the definition does not diminish their importance, but rather helps to define the specific focus of the proposed sector study.

The resulting definition of health care leaders and managers is somewhat consistent with the National Occupation Classification (NOC) that is used by Statistics Canada to collect labour force and census data. The NOC includes health care leaders and managers in five occupational categories: 0014, 0411, 0311, 3151 and 4165.

Appendix D describes the definition for each of the five categories. However, as mentioned earlier, other non-health care occupations are also included in the categories.

For example, in one of the categories there are 57 titles, of which 45 might be considered as health managers. They include titles such as health care planning consultant, health care planner, health promotion program officer, and health policy development officer. However, the category also includes titles such as drug and alcohol abuse consultant and dental health consultant, which are not always considered management positions.

Human Resource Issues Facing Health Leaders and Managers in Canada

The *HHR Conceptual Framework* provided below illustrates the factors influencing human resource planning. The Framework is used by a number of research and professional organizations, including Statistics Canada and the Canadian Institute for Health Information (CIHI). The report entitled *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada* also uses the Framework to guide the overall research work completed for the national Nursing Sector Study.

Figure 1 [7]
Health Human Resources Conceptual Framework
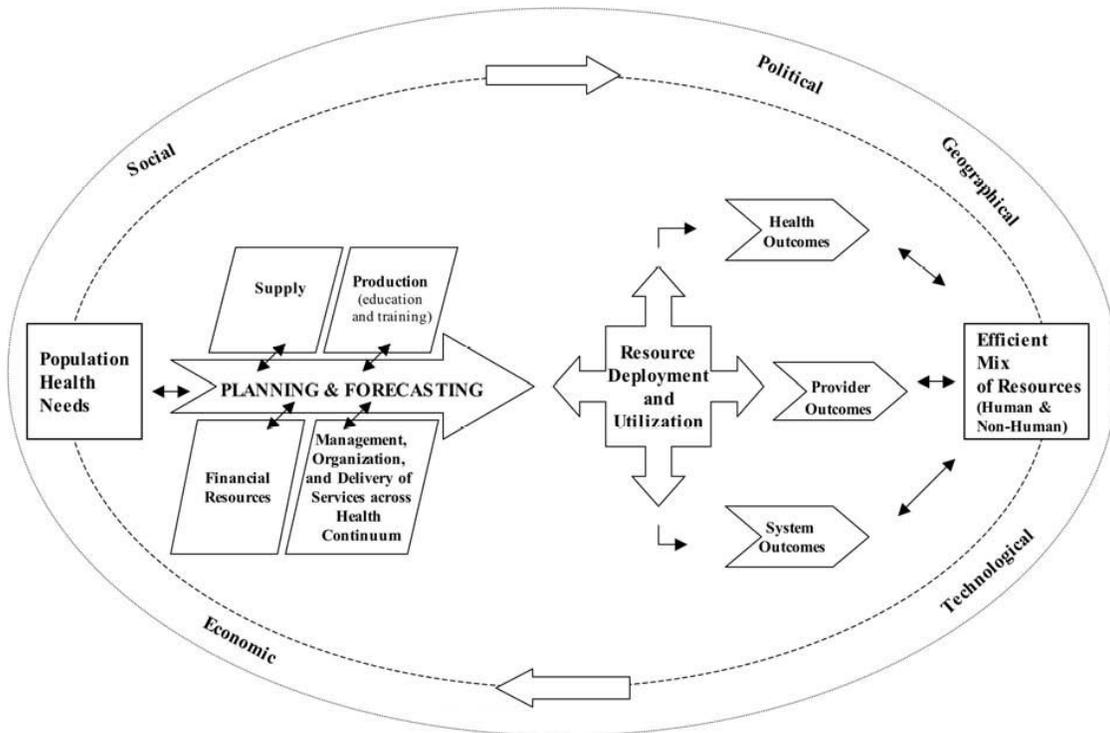
Based on this framework, a review of the information available on health leaders and managers was undertaken. Four theme areas identified.[8]

1. Health Human Resource planning and forecasting;
2. Supply of health leaders/managers;
3. Production; and
4. Management, organization and delivery of health services across the health continuum and the workplace environment.

The exercise identified issues and information gaps as follows:

1. Health Human Resource Planning and Forecasting

Recently a number of commissions in health care have supported strong integrated health human resource planning approaches. The 2003 First Ministers Accord recommends that collaborative strategies be undertaken to:

- Strengthen the evidence for national planning;
- Promote inter-disciplinary provider education;
- Improve recruitment and retention; and
- Ensure the supply of needed health providers.

The 2003 federal budget committed $85 million over five years "to improve national health human resources planning and coordination, including better forecasting of health human resource needs."[9] Health human resources was also included in the 2004 First Ministers Agreement and 2005 budget.

The environmental scan conducted by the Canadian Policy Research Networks for the Canadian Health Services Research

Foundation (CHSRF) concluded that all stakeholder groups have identified health human resource issues focusing primarily on recruitment and retention, quality of the workplace and planning models as a priority for research. That same environmental scan identified "readdressing shortages" for nurses, physicians and health administrators as a priority for teaching hospitals and regional health authorities.

> HEALTH WORKFORCE PLANNING HAS TYPICALLY BEEN OCCUPATION/DISCIPLINE SPECIFIC, RESULTING IN A DUPLICATION OF EFFORT, COMPETITION, LACK OF COORDINATION, REVISITING THE SAME ISSUES AND SOMETIMES CONFUSION DUE TO THE NUMBER OF HEALTH OCCUPATIONS PREVALENT IN THE SYSTEM.

Although health human resource planning has been identified as a key priority for stakeholder groups in the health care system, it still remains complex and challenging. The number of people, groups and organizations involved complicates planning at both the provincial/territorial and national levels. Health workforce planning has typically been occupation/discipline specific resulting in a duplication of effort, competition, lack of coordination, revisiting the same issues and sometimes confusion due to the number of health occupations prevalent in the system.[10]

Traditional forecasting of health care providers has tended to focus on physicians, and more recently, nurses. Although a number of forecasting models have been employed, these have varied and have tended to be narrow in focus and scope. Planning and modeling methods are

broadening to incorporate more variables and also include system factors.[11]

Minimum data sets to support work force planning rather than specific forecasting models are also being proposed. For example, Health Canada initiated a project in collaboration with the provinces, territories, key stakeholders and CIHI to establish indicators and data elements for a *National Minimum Data Set for Health Human Resources in Canada*. The outcomes of this project are designed to provide common data elements for health human resource research overall.

Health Canada has also initiated a parallel project contracting with *Statistics Canada's Centre for Education Statistics (CES)* to investigate the availability of data to measure the flow of individuals through education and training and into the labour market. Data gaps will also be identified and strategies to address these gaps will be recommended. Health service executives are included in the list of professions considered for this project.[12]

With the exception of the CES project, most of the other initiatives completed or underway examining health human resource planning and forecasting focus on clinical health professionals and not health leaders/managers.[13] Indeed, health leaders/managers are not specifically mentioned in the federal government's commitment to participate in health human resource planning with interested jurisdictions.[14]

There is agreement across Canada and within the health care sector that health human resource planning is a key issue and will continue to be a priority in the near future. Although work is underway involving collaboration between health care

stakeholder groups, there are a number of challenges to planning and collecting reliable data about the health system overall. This is especially true for health leaders/managers that only recently have been considered in discussions pertaining to health human resource planning.[15]

2. Supply of Health Leaders and Managers - Identifying the Right Numbers and Competencies Required

Ensuring the right number of health leaders/managers with the right competencies, available to lead and administer health services where and when they are needed is complex and influenced by many factors.[16] Identifying and agreeing on the "right number" is the question debated most often within the health care community, including within governments.

Stakeholders who attended the national invitational meeting indicated that there are many questions about Canada's health leaders and managers that remain unanswered. (Table 1).

Table 1 [17]
Who are Canada's Health Leaders and Managers?

Who are the leaders?	• How many? • Age • Professional Background • Gender, language, culture • Projected year of retirement • Salary • Highest level of education • Years of work (total, in leadership, in health leadership, in current job) • Type/size of organization • Private/public sector • Ongoing formal education/professional development • Preparation for the challenges faced? • Amount of leadership/management training • Foreign/domestic training • Pattern of leadership roles in early life/career • Career path analysis • Who hires health leaders and managers and what criteria are used?

There is very little data on the available supply of health leaders and managers in Canada and the information that is available varies dramatically. This is due primarily to different reporting and recording processes used by the organizations collecting the data.

A 2001 report to the Romanow Commission from the Canadian College of Health Service Executives (CCHSE) concluded that there has been a *significant depletion of health service leaders over the past five to seven years*[18] that was largely attributed to the merging of organizations and the aging leadership cohort moving into retirement.[19]

A Statistics Canada report on near-retirement age (i.e. the percentage of workers who are within 10 years of the median retirement age) concluded that managerial occupations in general will be the hardest hit by the baby-boomer retirement and that health care is particularly vulnerable because this sector has a higher proportion of managers and professionals with requirements for greater experience and higher levels of education.[20]

Statistics Canada's *Workplace and Employee Survey*, 2000 indicated that professionals in education and health care are about five years older than those in other industries with high educational requirements.

There are also challenges associated with the recruitment and retention of health leaders and managers. A few provincial studies completed in Quebec, Alberta, Newfoundland and Labrador point out a number of reasons for the reduction in health leaders/managers. In general, the

studies reported on the challenges to recruit and retain leaders/managers. The Quebec study attributed the lack of competitive pay scales as a key reason for the provinces' difficulties in obtaining well-trained managers.[21]

The Quebec study also revealed that success in attracting senior health executives has diminished over the last few years, mainly because of lack of recognition, frustration with high workloads, little transparency in decisions made, difficulty in maintaining a work-life balance, lack of collaboration, lack of autonomy, and an absence of technical and human supports.

Poor succession planning and lack of consensus on the competencies required are other factors that contribute to the difficulty of attracting health executives to the field. A study completed in Newfoundland and Labrador, for example, also reported dissatisfaction with workload and compensation among senior health executives along with an absence of professional development opportunities for the sector.[22]

In the Situational Analysis report completed for this project, Romilly stakeholders who responded that leaders are leaving the health system because the pressure is too high and the time commitments too heavy.[23]

POOR SUCCESSION PLANNING AND CONSENSUS ON THE COMPETTENCIES REQUIRED ARE OTHER FACTORS THAT ATTRIBUTE TO THE DIFFICULTY OF ATTRACTING HEALTH EXECUTIVES TO THE FIELD

More managers were felt to be required to reduce the wide span of control now under the responsibility of fewer and fewer health leaders. Some stakeholders interviewed by Romilly felt that the quality of applicants for

senior positions had decreased while the expectations and scope of work had increased. In a 2001 survey conducted by Pollara, only 7% of the 200 administrators sampled strongly agreed, "there will be enough appropriately trained and experienced managers for [the] future healthcare system."[24] 68% strongly disagreed with this statement.

3. Producing Health Leaders and Managers in Canada

The production of health leaders/managers, training, education, leadership development, coaching, mentoring and succession planning has not been systematically assessed in Canada. Moreover, this assessment assumes that the competencies (i.e. knowledge, skills and attributes) required to do the job are known. However, there is little agreement on what the minimum competencies for health leaders/managers. The picture is further complicated because there is also disparity in the level of education held by those working in the sector at the senior management level across Canada.[25]

In terms of *level of education*, in a national survey of 108 Canadian health care CEOs, 80% or more of the respondents indicated they had a Masters or equivalent degree.[26] About 51% had a Masters in Health Administration (MHA), while slightly over 7% had a Masters in Business Administration (MBA); about 3.7% had a Medical Degree (MD) and 3.0% a PhD.[27] In contrast, the Newfoundland and Labrador health human resource study found that only 19% of those surveyed had a Master level degree, while 3% had an MD. The majority of respondents, 67% indicated their highest level of education was either a Certificate/Diploma or a Bachelor's degree.

One of the recommendations resulting from the latter study was that the government and the health boards define the minimal qualifications and competencies for health and community systems management, and develop learning plans on how these goals would be achieved.

THERE IS ALSO DISPARITY IN THE LEVEL OF EDUCATION HELD BY THOSE WORKING IN THE SECTOR AT THE SENIOR MANAGEMENT LEVEL ACROSS THE COUNTRY.

There are several of initiatives currently underway in Canada that are looking at the *level of education* in health care. One of these studies is on nursing practices in rural and remote Canada, where the goal is to provide rural and remote communities with information about how to better attract, retain and support registered nurses. The Centre will undertake a second initiative for Education Statistics (CES) of Statistics Canada. This study will examine how education and training impacts on the supply of new entrants into the health sector, as well as a variety of flows between health education and occupations. A section related to health executives will be included. These results will provide some further information about health leaders/managers.[28]

Work has begun in a number of areas to identify the competencies and skills that health care leaders and managers will need in the future. They serve as a starting point for further work on the subject. Some of the key competencies and skills are summarized in Table 2. However, these competencies are changing as the demands of the health system change. At the moment at least, there is no national consensus on current required competencies.

Table 2 [29]
Summary of Identified Competencies and Skills for Health Leaders/Managers

Competency / Skill	Specific Skills
Communication skills	Public relations Ability to create shared values and vision Listening skills Verbal skills Policy development
Commitment to consumer	Identify, evaluate and implement strategies and processes Assess and improve the quality, safety, and value of health care Integrate needs of the individual with those of the community optimizing opportunities
Effective relationship building	Enhance the individual's ability to accomplish shared leadership and foster teamwork and collaboration Build relationships, networks, and sustain alliances Develop cooperative relationships and effective information exchanges Stimulate social accountability, community stewardship Build good board relationships Ability to influence people and build trust and credibility Ability to influence people and build trust and credibility
Political awareness and sensitivity	
Systems thinking and systems-driven leadership	
Managing change and transition	Flexibility in managing change
Critical thinking skills	Problem-solving Research skills Analytical skills Conceptual thinking and flexibility Evidence-based decision making
Ability to manage culture	Creating and sustaining inclusive environments Creating engaging environments Anchoring changes in environment
Use of resources	Accountability
Self-management	Ability to balance home and work life Stress management

In addition to specific competencies the project has identified, some of the *required attributes* of health leaders and managers, these include:

- Creativity;

- An understanding of leadership models and styles, including personal leadership style;
- Personal humility and professional will;
- An ethical and values perspective; and
- A commitment to personal and institutional development.[30]

- There are no Canadian studies that document whether or not health care leaders/managers possess these competencies and skills

Formal education programs together with executive programs appear to be the primary vehicle for *developing leaders* in Canada.[31] Some argue that the graduate education model is inappropriate for developing health leaders and that what is required is a practitioner-based learning model that focuses on developing key skills including emotional intelligence.[32] *Mentoring* has also been identified as a powerful tool to learn/acquire the necessary leadership skills. Recent studies report that corporations no longer defer to MBA programs to prepare future leaders. Rather, *internal corporate development programs* are utilized to train promising professionals. Recently, large health authorities have customized their own external and internal executive development programs. These same health authorities indicate though graduate programs in health care management provide only a "foundation for the future leaders in health care."[33] This is mainly due to the minimal investment in executive development by hospitals and health organizations.

In the situational analysis report, Romilly describes different models proposed for developing health care leaders/managers but notes that there has not been any assessment of the *effectiveness* of the various models' in producing effective leaders/managers. Romilly points out that leadership development efforts are often seen as quick fixes and therefore fail.

A number of factors impact the effectiveness of a leadership development program including the reluctance of various interest groups to relinquish power thus making it

difficult to lead; unclear delineation of areas of accountability; use of market principles that promote lack of trust; interference between performance and accountability; and a changing definition of performance measurements.[34]

The "politicization" of the role of health leaders and managers, has led to increased scrutiny of the sector, particularly in terms of accountability. Out of necessity, the sector must become increasingly politically astute, which is not among the traditional competencies associated with the role of health leader or manager. As a result there are increasing requirements to build leadership skills in the areas of governance, accountability, labour relations, communications, political awareness and acumen, judgment, and risk/change management.

> RECENT STUDIES REPORT THAT CORPORATIONS NO LONGER DEFER TO MBA OR MHA PROGRAMS TO PREPARE FUTURE LEADERS. RATHER, INTERNAL CORPORATE DEVELOPMENT PROGRAMS ARE UTILIZED TO TRAIN PROMISING PROFESSIONALS. RECENTLY, LARGE HEALTH AUTHORITIES HAVE CUSTOMIZED THEIR OWN EXTERNAL AND INTERNAL EXECUTIVE DEVELOPMENT PROGRAMS.

Succession planning is an important component of production. Succession planning practices can be either formal or informal. In a 2004 survey conducted for the American College of Health Executives, 78% of hospitals that responded admitted that succession planning was not routinely carried out. The most frequently cited reasons were that it was not a high priority, the current CEO was new, and that there was not an internal candidate identified.[35]

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There are only a few examples of formal succession planning in Canadian health care organizations. These are found in British Columbia (BC Ministry of Health Services), Newfoundland and Labrador (identified in a human resources study), and Quebec (Quebec commission on health and social services).[36]

Stakeholders interviewed as part of the Situational Analysis commented that there is a need to re-evaluate what is meant by succession planning, given that the days of the 30-year employee are gone and that the younger generation of professionals has different career views as compared to the boomer generation. Senior level managers are also not mentoring younger and promising leaders although most of these managers will be retiring in the next ten years. The report by the Canadian College of Health Service Executives to the Romanow Commission highlighted that with the elimination of many middle management levels and little time to mentor young leaders, opportunities for succession planning have been reduced.[37]

Very little has been written on these topics for health care leaders/managers, but work for other health care occupations may assist in developing a framework for studying the succession planning needs related to health care leaders/managers in Canada.[38]

> THERE IS A NEED TO RE-EVALUATE WHAT IS MEANT BY SUCCESSION PLANNING, GIVEN THAT THE DAYS OF THE 30-YEAR EMPLOYEE ARE GONE AND THAT THE YOUNGER GENERATION OF PROFESSIONALS HAS DIFFERENT CAREER VIEWS AS COMPARED TO THE BOOMER GENERATION.

4. Management, Organization and Delivery of Health Services Across the Health Continuum and the Workplace Environment

Over the last number of years, the restructuring and re-organization of the health care system across Canada has made managing and leading very challenging. A paper comparing US and Canadian hospitals concluded that there are fewer health administrative personnel in Canada due to the re-structuring activities of Canada's health care system.

Results from a survey of 108 Canadian health care executives'/managers' point to the increase of work and responsibility for Chief Executive Officers given the flattening of organizations and the collapsing of management levels. This in turn led to the increased workload and overtime that are often cited earlier as key challenges in recruitment and retention of leaders/managers.[39]

> ORGANIZATIONS AND SYSTEM-WIDE CHANGES, POINT TO THE INCREASE OF WORK AND RESPONSIBILITY FOR THE CHIEF EXECUTIVE OFFICER (CEO) GIVEN THE FLATTENING AND REDUCTION OF SENIOR MANAGEMENT STRUCTURES.

In a study of the predictors of nurse managers' health, nurse managers were at risk for developing emotional exhaustion and burnout due to the re-structured health setting. Research conducted for the Quebec Commission concluded that the health care system has not recognized the strategic importance of its human resources and the need for a stimulating work environment to retain the best people. The Quebec report goes on to claim that the turnover in Deputy Ministers of Health and other Ministry of Health positions exacerbated a poor working

climate for health care leaders/managers. Similar turnover in these positions has occurred in other provinces in the last several years.[40]

A high quality work environment appears to be at least as important as financial incentives in attracting and recruiting motivated and productive health care workers.[41]

THE HUMAN RESOURCE SHORTAGE ISSUE FOR HEALTH LEADERS AND MANAGERS ACROSS CANADA HAS LED TO THE CONSENSUS THAT A HIGH QUALITY WORK ENVIRONMENT IS AT LEAST AS IMPORTANT AS FINANCIAL INCENTIVES TO ATTRACTING AND RECRUITING MOTIVATED AND PRODUCTIVE HEALTH CARE WORKERS.

Studies to Address the Health Human Resource Issues Facing Health Leaders and Managers

Human Resource planning has been identified as a priority in the last five years, not only in the health care sector but also in other Canadian industries. This has occurred partly due to the re-structuring and cutbacks, particularly in the health system during the 1990s that resulted in labour shortages in a number of health professions.

In response, governments and the health care community have commissioned a number of studies examining the issues. Most recently, Human Resources and Skills Development Canada (HRSDC), working together with Health Canada and the stakeholder community have funded a number of national sector studies of home care, nurses, physicians and oral health care. Work is also underway for the pharmacy profession and proposals are being considered for other health professions.[42]

Health leaders and managers have not been part of these studies. There have been very few studies completed for health care leaders and managers and fewer still in Canada. Quebec, Nova Scotia and Newfoundland are the only provinces that have completed studies. Table 4 outlines the initiatives and reports that have focused on this occupational group.

Table 4 [43]

An Overview of Studies and Activities of Health Leaders and Managers Undertaken Nationally, Provincially and in Territorial Jurisdictions

Health Human Resource Planning and Forecasting for Health Leaders and Managers	
National/Federal	**Health Canada Pan Canadian Health Human Resources Planning-** Health Canada is working with the provinces, territories, and key stakeholders to determine how best to respond to the call for a more coordinated, pan-Canadian approach to evidence-based HHR planning. *The Advisory Committee on Health Delivery and Human Resources (ACHDHR)* has been a major conduit for the collaborative work that has taken place. The ACHDHR is a Federal/Provincial/Territorial Advisory Committee reporting to the Conference of Deputy Ministers. The mandate of this group is to provide strategic evidence-based advice, policy and planning support on HHR planning matters to the ACHDHR; and to serve as a linkage to other initiatives.
Provinces/Territories	**A Study of Newfoundland and Labrador's Health and Community System Managers**. (2003) A *Report of the Management Survey and Audit*, April 7. Purpose of the study was to create a demographic profile of health and community system managers and identify key issues facing this group. [44] **Newfoundland and Labrador Health and Community Services Human Resource Planning Steering Committee**. (2003) *Final Report*, July - Health and Community Services Human Resources Sector Study – includes recommendations on integrated planning, system leadership, succession planning and appropriate supply. [45] **Northwest Territories Health and Social Services** *Action Plan*, 2002-2005 Status Report April-September, 2003 – indicated that a comprehensive system-wide human resource plan has been developed; competency modules for management and human resource positions are being developed and government-wide parameters and activities for succession planning. A Management Assignment Program started in June, 2003 as part of succession planning[46] **Commission d'étude sur les services de santé et les services sociaux. Québec**. (2001) Emerging *Solutions. Report and Recommendations* - 50% of the senior managers will be reaching retirement age within five years; difficulty recruiting and retaining well-trained managers and a section on governance: clarifying roles and strengthening the accountability of senior administrators. Recommends that the Ministry develop a program aimed at preparing future executive directors. [9]
Association/Research Groups	*Centre de Référence des Directeurs Généraux et des Cadres* –conducted a study, published in November, 2001, on health and social service executives/management requirements in Quebec which looks at the period from 2000 with planning to 2010. [47] *Hospital Report* (Ontario), 2003 - 75% of hospitals [in Ontario] reported having a formal interviewing process for physician leadership positions. …Only 27% of hospitals had succession plans for senior management positions. [48]

	Canadian College of Health Service Executives (**CCHSE**) working with thirty national healthcare organizations to develop a more coordinated approach to the national HHR effort[49] **CCHSE,** in conjunction with the Academy of Canadian Executive Nurses (**ACEN**) and Canadian Society of Physician Executives (**CSPE**) and others, the CCHSE is undertaking a project to address current and future challenges for health leaders and managers.[19]

Supply

National/Federal	*No research studies/projects to report.*
Provinces/Territories	**Nova Scotia Department of Health** -a *Study of Health Human Resources in Nova Scotia*, 2003 has several sections which include data on health managers – looks at characteristics of the workforce, supply issues, education, and the quality of work life. **Quebec**, 2001 – *Study of Health and Social Service Managers* concluded that 72% of those in management positions would need to be replaced by 2010.[50] BC used to have *Roll Call*, produced by the Health Human Resource Unit of UBC and started by the Ministry of Health, which counted health executives biennially. Discontinued in 1999 by the MOH due to cutbacks.[51]
Associations/Research Groups	*Environmental Scan on Health Service Research Priorities* for the **Canadian Health Services Research Foundation** - health human resource issues #1 research priority –need for reliable forecasting; redressing shortages and leadership vacuum.[52] *Listening for Direction,* five partners of government and research groups - identified fifteen themes as priority areas for the next two to five years - health human resources number one priority – concerns about leadership vacuum within management and policy-making organizations. [53]

Production

National/Federal	*The Changing Role of Canadian Health care CEOs: Results of a National Survey*, 2001 – covered career preparation, skills and attributes, past present and future (108 CEOs participated) – survey sample small, limiting applicability but results are suggestive – also covers aspects of other domains[8]
Provinces/Territories	A number of University programs in health administration and business programs and executive programs across the country indicated that there is no central way to collect data on those who become health executives.
Associations/Research Groups	*The Executive Training for Research Application (EXTRA) program* Partnership of **the Canadian Health Services Research Foundation** (**CHSRF**) **and the Canadian College of Health Service Executives (CCHSE)** – two year fellowship program designed to teach senior health executives how to apply evidence from health services research to their daily work.

	CCHSE strategic alliance with Canadian Association of Health Services and Policy Research (CAHSPR) to build stronger bridges between research and practice[19] **CCHSE** initiated a $1M fundraising campaign to endow a new *Canadian Centre for Health System Leadership*[19] CCHSE working with many partners to expand leadership training opportunities for health executives.[19]
Management/Organization and Delivery of Services	
National/Federal	*No research studies/projects to report.*
Provinces/Territories	*No research studies/projects to report.*
Associations/Research Groups	*Health System Update* published annually by the Canadian College of Health Service Executives (CCHSE) based on submissions provided from the Federal, Provincial and Territorial governments includes a section on governance and management[54] Creation of **Quality Worklife: Quality Care Collaborative** established to develop a national strategy to address worklife environments.

Questions to be Addressed

Our analysis indicates that there are some key research questions that should be used as a starting point for developing a national human resource study of health care leaders and managers. These questions, summarized in Table 5, will need to be further classified as short- medium and long-term priorities

Table 5 [55]
Research Questions for Consideration

Theme Area	Research Questions
Health human resource planning and forecasting	What model for forecasting and data collection will project future needs?
Supply of health care leaders/managers	• How many health care leaders/managers work in the health system in Canada? • How many health care leaders/managers will be needed in the future? • How many health care leaders/managers will be retiring in 5 years? 10 years? • Has re-structuring really changed the need for the numbers of leaders/managers required? • Is there a shortage of health care leaders/managers within organizations and/or in terms of the number of interested/qualified individuals available externally? • What are the common measurement tools to analyze workforce needs and how could these be adapted to analyze the needs of health leaders and managers? • What could the health leadership and management sector do to attract health care leaders/managers?
Production of health care leaders/managers	• What are the trends in terms of recruiting new health care leaders/managers? • What recruitment and retention strategies work for the health leadership/management sector? • What are the essential competencies that health care leaders must have to do their jobs? • What are the key competencies (i.e., skills, knowledge, abilities, attitudes, and values) that health care leaders currently have to allow them to move through or across the health care system? Which degrees are desired and which have proven to provide the best background and are the most successful? • What leadership development is currently occurring in health authorities and organizations?

Theme Area	Research Questions
	• What has been the health care leadership/management sector's experience with succession planning? Is there a cohort of people who are exposed to different management/leadership levels and/or are able to move across operational functions and facilities? To what extent is mentoring and coaching/professional development used?
Management, organization and delivery of health services across the health continuum and the workplace environment	• What types of organizational design of health organizations occur across the country and what impact do they have on the numbers and types of leaders/managers?

The *National Leadership Advisory Committee* reviewed the questions in Table 5 and identified a number priorities for action. These are summarized in Table 6.

<div align="center">

Table 6 [56]
Comprehensive Study of Health Leaders and Managers in Canada
Proposed Project Objectives/Activities

</div>

Objectives	Activities
Stakeholder Engagement	
Expand stakeholder engagement and build consensus on human resources priorities, which need to be addressed and collectively establish long-term relationships and understanding designed to outlive the scope/timeframe of the study.	Hold a national invitational summit to validate the research findings, identify strategic recommendations in key areas (i.e. governance, competencies, leadership development, etc.) to support the development and implementation of an integrated human resources strategy for the sector.
Study of Healthcare Leaders and Managers	
Identify current and emerging sector competencies, skill requirements and educational programs to facilitate the development of educational options, best practices and effective strategies.	Develop a comprehensive analysis of current and future skill requirements based on emerging technologies and business needs and identify the gaps between future human capital and the current capacity in terms of skill development activities, education and training.
Determine evidence based best-practices and competencies in the areas of recruitment, retention, succession planning and training within the context of population health needs as well as the leadership/management requirements of the healthcare system.	Compile information on sector initiatives/projects including best practices and competency models across the country in the four key areas identified and examine the current and future needs.
Examine current and long-term human resource issues and challenges facing healthcare leaders and managers.	Using the main employment sectors as identified in the Delphi survey undertaken as part of the Situational Analysis identify human resource issues and pressures in the sector.
Provide a demographic analysis of healthcare executives and leaders, including a human resources profile, employment numbers, salary means by	Develop an in-depth survey and analysis of current and future key market drivers, specifically the impact of the healthcare design and financial

region, future trends, type and size of organization, professional background, etc.	characteristics, and determine their impacts on human resources, organizational structure and required skills. Hold discussions to ensure a process is identified for collecting HHR information on the sector (e.g. who could best serve as the national repository, how to "populate" the information, etc).
Communication	
Promote collaborative consensus building to ensure the Federal/Provincial/Territorial governments and other stakeholders support the development and implementation of a Pan-Canadian integrated human resource strategy for healthcare leaders and managers in Canada.	Develop a communications plan, arrange for sector "ambassadors" to meet face-to-face with each Provincial/Territorial Deputy Minister of Health and the respective member of the Advisory Committee on Health Delivery and Human Resources (ACHDHR) and to build partnerships with sector stakeholders to ensure long-term buy-in.

Opportunities to Advance Our Understanding of the Sector

There are a number of potential opportunities for CCHSE, ACEN, CSPE and other stakeholder groups to advance work on this sector.

The health care leadership/management sector can explore further collaboration with federal and provincial/territorial governments as these institutions have recognized the need and begun to address health human resource planning issues more systematically. Partnerships with health research organizations and other interested stakeholder groups can also be forged given the current focus on producing credible human resource data for health care planning.

Lessons learned from other health human resource studies already completed could assist the sector to avoid duplication and build an effective research framework.[57]

There are also opportunities for health care leaders and managers to raise awareness of the critical human resource issues facing the sector, including:

- Taking advantage of funding earmarked for national coordination and planning;
- Including the impact of system design issues on recruitment and retention of health care leaders/managers in the linkages of health human resource planning to system design issues being considered by the advisory structure of the Conference of Deputy Ministers;
- Capitalizing on the fact that national health research organizations have identified health human resource planning as the number one research priority;
- Ensuring inclusion of health care leaders/managers in health human resource modeling and policy research; and
- Contributing to the current dialogue on the government's pan-Canadian Health Human Resource Strategy.[58]

> LESSONS LEARNED AND RESULTS FROM OTHER HEALTH HUMAN RESOURCE STUDIES ALREADY COMPLETED CAN ALSO ASSIST THE SECTOR AVOID DUPLICATION AND BUILD A RESEARCH FRAMEWORK TO MOVE FORWARD WITH A PAN-CANADIAN INITIATIVE.

Conclusion

A number of health sector human resource studies have been completed and/or are underway in other health sectors including nurses, physicians, social workers, pharmacists and oral hygiene professionals. These studies are instrumental for these occupations as they help to put health human resource management on a more solid footing.

> THERE IS A CRITICAL NEED TO ESTABLISH AND IMPLEMENT A PROCESS TO DEVELOP A HUMAN RESOURCE STRATEGY AND FRAMEWORK FOR HEALTH LEADERS AND MANAGERS IN CANADA. THE FRAMEWORK CAN SERVE AS A PRACTICAL, FLEXIBLE, EFFECTIVE PROTOTYPE FOR ENCOURAGING DIALOGUE WITHIN AND BETWEEN ALL OF THE VARIOUS HEALTH SECTOR STAKEHOLDERS ACROSS THE COUNTRY

However, the omission of a study addressing health leaders and managers makes it very difficult to determine current and future human resource needs for the sector. This is the occupational group that is and will be responsible for leading and managing the system through current and future complex challenges.

The Canadian College of Health Service Executives (CCHSE), the Academy of Canadian Executive Nurses (ACEN) and the Canadian Society of Physician Executives (CSPE), with funding from Human Resources Skills and Development Canada (HRSDC), undertook an initiative to begin identifying and clarifying the human resource issues and challenges facing health leaders and managers in Canada. The resulting outcomes of the discussions and reports identified that there is a critical need to:

1. Develop an effective, sustainable framework to identify the human resources requirements and leadership/management development needs of the sector;

2. Identify and implement realistic, effective strategies to build partnerships with and gain support for this initiative from governments (national, provincial, territorial and regional), health organizations, health care executives, leaders, managers, employers and educational institutions as an essential part of the process as well as to include broad representation from diverse groups across the country;

3. Develop evidence-based best practice tools, resources, techniques and strategies in key areas including recruitment, retention, succession planning, mentorship, leadership development and training; and

4. Conduct a demographic analysis of current healthcare executives and leaders in Canada.

The first step in addressing the critical need is to develop an evidence-based human resource development strategy for health

leaders and managers in Canada. This framework will serve as a practical, flexible, effective model for encouraging dialogue within and between all of the various health sector stakeholders and to develop a cohesive pan-Canadian plan for addressing the human resource issues faced by the sector.

Appendices

APPENDIX A

Expert Survey

Canadian College of Health Service Executives (CCHSE), Canadian Association of Canadian Executive Nurses (ACEN) and the Canadian Society of Physician Executives (CSPE) have combined to conduct an in-depth HHR study of the health care sector with an initial focus on collecting data and information on Canada's health leaders and managers. The purpose of the study is to ensure there are a sufficient number of health care leaders/managers, with the right skills, in the right place to sustain and improve Canada's health care system. The study is funded by Human Resources and Skills Development Canada (HRSDC).

Prior to beginning the HHR study a necessary first step is to develop consensus recommendations for defining the study population: who are Canada's health leaders and managers? This is a difficult question and one with significant cost and complexity implications for the HHR study to be undertaken.

Two conferences in 2005 were held to approach this definition. Their results and a review of the literature were used to develop the population definition choice list presented below.

Instructions

Possible attributes of the target HHR study population ("Canada's health care leaders and managers") are presented below in the form of a series of bi-polar choices. Please indicate whether you think individuals with each attribute should, or should not, be included in the study population.

The following questionnaire is set up in MSWord. If you save this document to your hard drive, you can complete it at your leisure. Indicate your choices with a mouse click. Save your responses and then simply attach the completed document in a return note to me. If electronic completion and return is not possible, please print the questionnaire, complete it and fax it to me at the fax number below.

If you have any questions, please send me an email or telephone. Contact information is provided below. On behalf of the sponsoring organizations, thank you for your time and consideration of the issues.

Lynn Curry, Ph.D.
CurryCorp Inc.

Which of the following sub-sectors should be included in a study of Canadian health care leaders and managers?

1. Publicly funded health care delivery systems: acute care, primary care, chronic care, rehabilitation
    ☐ yes   ☐ no

2. Health promotion, health maintenance organizations
    ☐ yes   ☐ no

3. Academic institutions
    ☐ yes   ☐ no

4. Funding agencies
    ☐ yes   ☐ no

5. Associations , foundations or other non-governmental organizations.
    ☐ yes   ☐ no

6. Government sections and agencies responsible for health care
    ☐ yes   ☐ no

7. Health product and supply organizations
    ☐ yes   ☐ no

8. Health care services using a non-Western traditional medicine paradigm
    ☐ yes   ☐ no

9. Private, not-for-profit, health care delivery systems
    ☐ yes   ☐ no

10. Private for profit health care delivery systems
    ☐ yes   ☐ no

The definition of Canada's health care leaders and managers must focus on which of the following roles?

People who:

11. Provide direct care
    ☐ yes   ☐ no

12. Provide clinical consulting to those providing direct care
    ☐ yes   ☐ no

13. Provide services, resources, products, devices relied upon by those providing direct care (i.e. IT, HR, cleaning)
    ☐ yes   ☐ no

14. Provide direct supervision to others who provide care
    ☐ yes   ☐ no

15. Provide direct supervision to those who provide services, resources, products, devices relied upon by direct care providers (i.e. IT, HR, cleaning)
    ☐yes　　☐no

16. Are program managers or department/ division heads for units that provide direct care
    ☐yes　　☐no

17. Are program managers or department/ division heads for units that provide services, resources, products, devices relied upon by those providing direct care (i.e. IT, HR, cleaning)
    ☐yes　　☐no

18. Provide administrative, operations or process consulting to department/ division heads for units that provide direct care
    ☐yes　　☐no

19. Provide administrative, operations or process consulting to department/ division heads for units that provide services, resources, products, devices relied upon by those providing direct care (i.e. IT, HR, cleaning)
    ☐yes　　☐no

20. Work on the senior administrative team in institutions that provide direct care
    ☐yes　　☐no

21. Provide administrative, operations or process consulting to those who work on the senior administrative team in institutions that provide direct care
    ☐yes　　☐no

22. Are board members for institutions that provide direct care
    ☐yes　　☐no

23. Chair the board at institutions that provide direct care
    ☐yes　　☐no

24. Provide strategic consulting to chairs, boards and senior management teams in institutions that provide direct care
    ☐yes　　☐no

25. Conduct research on any aspect of the health care system
    ☐yes　　☐no

26. Work for organizations that fund research on any aspect of the health care system
    ☐yes　　☐no

27. Write or present critical appraisals of any aspect of the health care system
    ☐yes　　☐no

28. Work as staff for any agency or organization charged with studying or supporting any aspect of the health care system
    ☐yes　　☐no

29. Are board or task force members for any agency or organization charged with studying or supporting any aspect of the health care system
    ☐yes　　☐no

30. Conduct basic research in **any aspect of science** relevant to health
    ☐yes　　☐no

31. Work for organizations that fund research on any aspect of science relevant to health
☐ yes ☐ no

32. Write or present critical appraisals of any aspect of science relevant to health
☐ yes ☐ no

33. Works for any level of government with responsibility for any aspect of health care
☐ yes ☐ no

34. Works at senior levels of government with responsibility for any aspect of health care
☐ yes ☐ no

35. Advise government on health care matters
☐ yes ☐ no

36. Are certified members of any health care profession providing publicly insured services (i.e. medicine, nursing)
☐ yes ☐ no

37. Are certified health professionals directly providing health related services, products and devices (i.e. pharmacists)
☐ yes ☐ no

38. Are certified members of any health care profession providing services not publicly insured (i.e. dentistry, physiotherapy, counselling)
☐ yes ☐ no

39. Are certified health care managers (i.e. CCHSE)
☐ yes ☐ no

40. Possesses an academic degree in health management (i.e. MHSA)
☐ yes ☐ no

41. Are certified managers in some other area (i.e. P. Eng)
☐ yes ☐ no

42. Possess an academic degree in management (i.e. MBA)
☐ yes ☐ no

43. Work at senior management levels for companies providing health related services, products and devices
☐ yes ☐ no

44. Work for companies providing health related services, products and devices at the interface with direct health care providers
☐ yes ☐ no

45. Work for companies providing health related services, products and devices at the interface with mangers of direct health care providers
☐ yes ☐ no

46. Work for companies providing health related services, products and devices at the interface with senior leadership in health care institutions
☐ yes ☐ no

47. Are part of the ownership structure of in a **privately owned not-for-profit** health care institution or organization
☐ yes   ☐ no

48. Are part of the ownership structure of in a **privately owned for-profit** health care institution or organization
☐ yes   ☐ no

APPENDIX B

Governance Model

FOUNDING PARTNERS

- Assumes ownership for the process in partnership with HRSDC
- Three founding partners to determine groups invited to participate as Steering Committee members
- Ambassadors for the initiative
- Financial accountability

↑

STEERING COMMITTEE

- Includes 20-25 representatives from lead partner organizations, government representatives and other identified key stakeholder categories/groups
- Composition will be inclusive, diverse, representative and collaborative
- MOU signed by all members
- Plays a key role in guiding all aspects of the project
- Oversees Management Committee, Task Forces/Working Groups
- Develops/implements strategic framework/"road map" for HHR Study of sector (goals, action plans, best practices, guidelines, timeframes, budgets, progress measurement and evaluation)
- Consults with the Advisory Committee
- Develops evidence-based best practice tools/processes to address key issues related to recruitment, retention, succession planning and competencies
- Develops communication plans, mechanisms and activities to gain government/stakeholder support

↑

MANAGEMENT COMMITTEE

- Composed of three founding partners (CCHSE, ACEN, CSPE) and 1-3 representatives from other prospective partnering organizations (HRSDC, CHA)
- MOU signed by all members
- Reports to Steering Committee
- Chair of Management Sub-Committee also serves as member of the Steering Committee
- Provides input on reports, issues and recommendations
- Oversees day-to-day management of the initiative
- Serves as selection committee for commissioning consultants and facilitators, communications and symposium planner

←

ADVISORY COMMITTEE

- Advisory group of experts
- Appointed by the Steering Committee
- Provides general advice and assistance to the Steering Committee in terms of the overall direction of the initiative
- Meets periodically as required
- Communicate project progress and activities to broader constituency

←

TASK FORCES/ WORKING GROUPS

- Report to Steering Committee
- Content experts in particular HR area
- Two co-chairs – one member of Steering Committee + one other member of task force/working group
- Support and facilitate work of Steering Committee

←

COORDINATING SECRETARIAT

- Serves as the coordinating body for the initiative
- Provides administrative support
- Communicates information to, and supports/facilitates the work of the Steering Committee and Advisory Committee
- Develops RFPs for and manages consultants/facilitators
- Reports to Management Committee
- Arranges all meetings (agenda, minutes, ensuring follow-up activities completed, etc)
- Monitors budget

APPENDIX C

Roles Not Included in the Definition of a Health Care Leader/Manager

The following roles will <u>not</u> be included in the definition of a health care leader/manager for the purposes of a human resource study:

- Provides direct care;
- Provides services, resources, products, devices relied upon by those providing direct care (i.e., information technology, human resources, cleaning);
- Works for companies providing health related services, products and devices at the interface with direct health care providers;
- Works for companies providing health related services, products and devices at the interface with managers of direct health care providers;
- Works for companies providing health related services, products and devices at the interface with senior leadership in health care institutions;
- Works at senior management levels for companies providing health related services, products and devices;
- Has any role in health product and supply organizations;
- Conducts basic research in any aspect of science relevant to health;
- Writes or presents critical appraisals of any aspect of science relevant to health;
- Works for organizations that fund research on any aspect of science relevant to health;
- Conducts research on any aspect of the health care system;
- Writes or presents critical appraisals of any aspect of the health care system;
- Works for organizations that fund research on any aspect of the health care system;
- Works for any level of government with responsibility for any aspect of health care;
- Are board or task force members for any agency or organization charged with studying or supporting any aspect of the health care system;
- Are part of the ownership structure in a privately owned not-for-profit health care institution and,
- Are part of the ownership structure in a privately owned for-profit health care institution or organization.

The definition of health care leaders/managers for the purposes of a human resource study will not include individuals who:

- Possess an academic degree in health management (i.e., masters in health science administration (MHSA\;
- Possess an academic degree in management (i.e., masters in business administration (MBA);
- Are certified members of any health care profession providing publicly insured services (i.e., medicine, nursing);

- Are certified health professionals directly providing health related services, products and devices (i.e., pharmacists);

- Are certified members of any health care profession providing services not publicly insured (i.e., dentistry, physiotherapy, counseling); and,

- Are certified managers in some other area (i.e., Professional Engineers)?

APPENDIX D

List of NOC Definitions Relevant to Health Care Leaders/Managers

0014 Senior managers – health, education, social and community services and membership organizations.

"Senior managers in this unit group plan, organize, direct, control and evaluate, through middle managers, membership and other organizations or institutions that deliver health, education, social or community services. They formulate policies which establish the direction to be taken by these organizations, either alone or in conjunction with a board of directors. "

There are 84 titles in this category of which 43 appear to relate to health care organizations. Included in this grouping are CEOs, president, hospital administrators, vice presidents, CFOs, executive directors, assistant executive directors, general managers, association executive directors; however, it also includes titles such as president music guild, president labour association, business school general manager.

0411 Government Managers – Health and Social Policy Development and Program Administration

"Government managers in this unit group plan, organize, direct, control and evaluate the development and administration of health care policies, social policies and related programs designed to protect and promote the health and social welfare of individuals and communities. These managers are employed by government departments and agencies."

There are 174 titles in this classification of which 48 appear to be related to health care. Included in this grouping are titles such as director, health information and promotion – government services, director health services – government services, director homemaker services – government services; however, the group can also include titles such as immigrant settlement director – government, social services director - government, administrative tribunal judge – government.

0311 Managers in Health Care

"This unit group includes managers who plan, organize, direct, control and evaluate the delivery of health care services, such as diagnosis and treatment, nursing and therapy, within institutions that provide health care services. They are employed in hospitals, medical clinics, nursing homes and other health care establishments."

All of the 135 categories relate to health care but it is impossible for the list to be inclusive as titles constantly change in health care, for example this NOC doesn't include professional practice leaders, program managers, quality improvement managers, and other more recent titles. It includes titles such as chief of medical staff, mental health residential care program manager, and admissions director – health care, assistant director nursing services.

3151 Head Nurses and Supervisors

"Head nurses and supervisors supervise and co-ordinate the activities of registered nurses, licensed practical nurses and other nursing personnel in the provision of patient care. They are employed in health care institutions such as hospitals, clinics and nursing homes and in nursing agencies.**"**

There are 34 of these titles which include for example: coordinator of nursing services, assistant head nurse, nursing supervisor, operating room head nurse.

4165 Health Policy Researchers, Consultants and Program Officers

"Health policy researchers, consultants and program officers conduct research, produce reports and administer health care policies and programs. They are employed by government departments and agencies, consulting establishments, universities, research institutes, hospitals, community agencies, educational institutions, professional associations, non-governmental organizations and international organizations."

There are 57 titles in this category of which 45 might be considered as health managers, depending on our definition. They include titles such as consultant health care planning, health care planner, health promotion program officer, officer health policy development but also include titles such as drug and alcohol abuse consultant, dental health consultant which are not always considered management positions.

APPENDIX E

National Leadership Advisory Committee

Dr. John Hylton, CHE, FCCHSE
President and CEO
Canadian College of Health Service Executives
Ottawa, ON

Commodore Margaret F. Kavanagh
Commander Canadian Forces Health Services Group
and Director General Health Services
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Dr Francoise Chagnon, CHE, AdmA
Director of Professional Services
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Patricia O'Connor
Associate Director of Nursing
McGill University Health Centre
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Dr. Mary Ellen Jeans
Academy of Canadian Executive Nurses
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