Bringing Leadership to Life in Health: LEADS in a Caring Environment

A New Perspective

Graham Dickson
Bill Tholl

Springer

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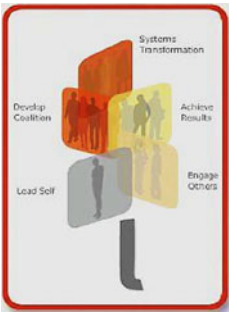

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Leadership

Effective leadership is required in all facets of society. Countries need it. Businesses need it. Public institutions need it. Health care really needs it!

What does it mean to be an effective leader? There is no one-size-fits-all definition, but there are some common elements. These would include intelligence, energy, drive, vision, communication skills, steadiness of purpose and an understanding of context; and in health care, a commitment to universal care. So how does a health leader give voice to these qualities? This book provides an answer.

In government, there is a brutal test of leadership: winning or losing elections. In business, the test over time is the bottom line. But what about the public sector? Leadership is obviously required in the public sector, but what is the test of its effectiveness? And what tools would a leader in the public sector have at his or her disposal to drive change with so many obstacles at every turn?

Seventy per cent of Canada's health-care funds are spent in the public sector, so health-care qualifies as a public program. Moreover, Canadians tell pollster after pollster that it is their most important public program, even to the point of defining who they are as a people. Running a health-care program is hard enough; running an icon is even harder.

Graham Dickson and Bill Tholl bring their wisdom and experience to bear in this book for health-care leaders. It is a welcome book, because they have studied the health-care field in various capacities and therefore understand what it takes to be an effective leader in this field.

As always, it is easier to talk about leadership than do it. For starters, health-care is highly political, as one would expect for a high-profile public service that touches so many people in a given year. Health-care leaders therefore make what they might consider to be straightforward, rational, resource-allocation decisions only to find them contested in the community or, more ominously, on the floor of the provincial legislature. Lurking around the corner from some decisions are newspaper headlines, usually about something gone awry.

Then there are the internal forces at work. Provider groups – doctors associations, nurses and other unions – patient advocacy groups, hospital or regional health authority boards all have their preoccupations and in some cases collective

bargaining agreements. With these agreements come strict rules of work, grievance procedures, legal guarantees, all leading to rigidities that make the health-care system exceptionally hard to change.

And then there is the sheer complexity of the system. A hospital is itself a wondrously complicated institution, but it is only one part of a wider and still more complicated system. Trying to move one part of this complicated system usually means bumping into another part, and another, and so on. Think of a jigsaw puzzle with all its rounded parts. Move one piece and it touches three or four others. So it is with the health-care system.

There is also the matter of accountability. If things go wrong in the health-care system – or if tens of billions of dollars have been spent without corresponding improvements to the system, as has occurred in Canada – who is responsible? Everyone, which means essentially, no one.

It is the job of leadership to address these concerns. Good leadership is foundational. The Health Council of Canada, in one of its last reports, underscored the failure of the health-care system to improve much despite all the billions poured into it. Trying to figure out a better way forward, the Council seized upon something much discussed in the United States: the Triple Aim framework for health-care, with Leadership at the top of the four priorities.

The Council said, in words that echo themes in this book, "We view leadership as the foundation for the other key enablers because it supports and provides momentum to move actions towards attaining health system goals. Leaders recognize and manage change, define roles, encourage collaboration, build consensus, provide vision, align goals and activities, and measure performance. Leadership needs to be continual, dynamic, and responsive to changing needs."

Dickson and Tholl describe how to deliver this leadership. They offer a clever acronym: LEADS. Taking the letters in order, it means Lead Self, Engage Others, Achieve Results, Develop Coalitions and Systems Transformation. Well put, but easier to itemize than accomplish, which is what the rest of this book is about. The authors get the context right: the years of easing leadership choices through injections of large additional amounts of public cash are over. For the foreseeable future, health-care leaders will be operating within what the authors correctly say will be "increasingly strained budgets." The need for better results – improved patient outcomes, more timely access and staff satisfaction – will require outstanding leadership. Good leadership won't cut it; something even better will be required under these trying circumstances. Read on to gain insight into what that outstanding leadership will entail.

Jeffrey Simpson

Preface

Leadership is the collective capacity of an individual or group to influence people to work together to achieve a common constructive purpose: the health and wellness of the population we serve.

This book grew out of our sense there has been a lack of support for developing and supporting health leadership. That's perhaps not surprising; leadership in health is often taken for granted, based on an implicit assumption that the competencies that make good leaders in the for-profit world can be imported wholesale to the complex world of health care. We don't think that assumption holds true.

Health care is one of the most complex social enterprises in society. It is, as we reflect in our title, a caring environment. Its mandate first and foremost is to look after the vulnerable, whether they are patients, or the people who love them, or citizens from every sector of society. To offer that care takes a system of staggering complexity: so many professions, thousands of organizations, myriad treatments, a constant stream of new technology, a political profile, the pull of tradition and the pressure of limited financing. And over it all, health care's place as a social good is to be protected and advanced. Clearly, the standard twentieth century business model of leadership will not do.

There are many ways in which LEADS deviates from that model, but two stand out: we don't think leadership is an inborn gift—rather, it is an ability to be acquired. And, equally important, we don't subscribe to the idea of hero-leader, the one person at the top of a hierarchy who works alone to take his followers to new heights. Leadership is not the sole prerogative of senior executives. Leaders can be and are found everywhere throughout the system, because leadership is a function of time, place and circumstance. LEADS is a framework for learning what's needed to be an effective leader. It can benefit everyone who finds him or herself working toward a goal. Each of us can be a "CEO of self," taking charge of our ability to influence others toward a common, constructive purpose.

The increasing speed and complexity of change in healthcare puts a greater premium on each of us learning the capabilities of what's known as complex adaptive leadership [1]. This conception of leadership, which influenced the development of

LEADS, is decentralized—that is, teams and individuals share responsibility for leadership in different ways at different times. It is suited to health care because it is flexible and responsive to challenges as they emerge and evolve. Many traditional aspects of leadership are part of it, but complex adaptive leadership adds to them, ultimately giving people the ability to adapt their actions to the emerging dynamics of complexity.

This book is about developing the tools to do that. The *LEADS in a Caring Environment Framework* was designed to show both formal and informal leaders the capabilities they need to meet challenges and bring about change for the better in their health care setting—practice, unit, organization or system. You'll read about the five domains of health leadership—how to Lead self, Engage others, Achieve results, Develop Coalitions and bring about Systems transformation.

But this is not a textbook. It tells stories—real stories—of people like you, at various stages of their career, trying hard to serve patients well. The stories are followed by opportunities to reflect on your own experiences—a powerful way to learn. You can do the exercises in the abstract, or apply them day to day as issues arise. You can return to the framework again and again, for a quick refresher or ongoing guidance.

The LEADS framework is a shared effort, developed in a spirit of "leadership without ownership" with the Canadian College of Health Leaders, the Canadian Health Leadership Network, Royal Roads University and many individuals. It was not about getting credit for good ideas, or advancing our own agendas. The goal was to establish that leadership in health is everybody's business. And, just as all of us working in the system have a leadership role within our sphere of influence, we feel no one organization or profession owns leadership. That's why more than 40 health organizations formed the Canadian Health Leadership Network and endorsed LEADS. It's why some aspects of LEADS have been influential in Australia and why we are working with partners in other countries to take LEADS concepts abroad.

We want to conclude by saying we also see this book as a call to action. The evidence is clear: better leadership is the source code for better health. Canada cannot wait for the leadership talent it needs to reform health care and ensure its sustainability for coming generations. It needs leaders now. LEADS can help train them, but we must be open about what the system needs and how to accomplish it. Patients and providers must accept the need for change; governments need to move away from short-term action and develop far-sighted policies. It's time for a national discussion about leading change to create the health system of the future we all want—and the leadership to do so: LEADS.

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Appreciation and Acknowledgements

The development of *Bringing Leadership to Life in Health*: *A LEADS Perspective* has been a work both of passion and science. It has been a ten year journey of research, reading, analysis, and dialogue with hundreds of Canadian and international health leaders.It builds on more than 35 years of experience in senior health leadership positions. We have been inspired and encouraged by many along the way.In many ways, this book reflects an application of LEADS itself.

It required, first and foremost, an unrelenting focus on *Achieving results*: pulling a manuscript together to take advantage of the opportunity presented by Springer Publishing.We needed to stay focussed on producing a reliable and readable book for you, the reader. We want to sincerely thank our publishers and, in particular, our editorsT. Dudley, J.Megginson and S.Suganya for all their efforts to bring LEADS to life.

The *Engage others* domain reminds us that relationships are key to a leader's success. Particularly, we would like to thank our wives, Sue Dickson and Paula Tholl, who have provided invaluable advice and support along the publishing pathway.

Other relationships contributed to ensuring that the LEADS leadership lessons were as clear, concise and compelling as they could be.Leadership in health is an expansive and growing area of interest. It would be impossible for any two individuals to capture the watershed of wisdom.

The inner circle, acore team that became even more engaged than we could have hoped for, included: Lynda Becker, Nikki Lineham, Paul and Lou Douillard, Stu Dickson, and Kelly Grimes.Our own intrepid editor, Jane Coutts, deserves particular thanks.She demonstrated immense patience and perseverance in helping us stay on point; to speak with one voice; and to keep the concept of shared leadership as a driving force of the book.

We benefitted from an extended team of wise Canadians who took the time to carefully read and comment on early versions of chapters or sections of the book. We also want to thank the original research teamand other co-authors of the original LEADS booklets (LEADS 1.0);: Shauna Fenwick, Zoe MacLeod, Guy Naismyth, Lorna Romilly, Don Briscoe, Paul Mohapel; Debbie Payne, Monique Cikaliuk; and

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Internationally, from the United Kingdom our collaborators included:Chris Ham, John Clark and VijayaNath.They helped us to take a snapshot of the rapidly changing leadership landscape in England. From Australia, we want to thank Andi Sebastian and Etienne Scheepers for their insights into the exiting, fast moving achievements of Health Workforce Australia; and Heather Gray, Gaynor Heading, Don Dunoon, David Sweeney and Sheree Patterson from the Health Education and Training Institute in New South Wales.

Turning to the *Develop coalitions* domain, LEADS would not have been possible had it not been for carpooling or the sharing of organizational support, both financial and in-kind.In terms of organizational support and encouragement, the LEADS journey began and continues to take us back to Royal Roads University; a university with a difference and a deep commitment to a better understanding of the discipline of leadership as it applies to health and other arenas of building a better Canada.

Without the support, both financial and otherwise from the Government of British Columbia, channelled to RRU and the Centre for Health Leadership and Research, LEADS would not have received the jump start it needed.Two people deserve specific credit in this regard:Dr. Penny Ballem, the then Deputy Minister of Health and Mr. Geoff Rowlands a former Assistant Deputy Minister and subsequently the Chief Executive of Health Care Leaders British Columbia. Their vision, leadership and commitment, backed up by action, wascritical to launching the LEADS journey.

In the latter stages of writing the book, we have benefitted from the ongoing support and encouragement of both the Canadian College or Health Leaders and the Canadian Health Leadership Network, of which the College is a founding partner. Specifically, we want to thank Mr. Ray Racette, the CEO of CCHL and the co-chairs of CHLNet:Dr. Don Philippon and Elma Heidemann (founding) and Dr. Brian O'Rourke and Hugh McLeod (current).They could not have been more encouraging.All read earlier parts of the book and continued to give us the time and the opportunity to chronicle the LEADS story.

We conclude that leadership is the key enabler or "source code" for successful *System transformation*, a fourth LEADS domain.As this book demonstrates, health systems are among the most important, challenging and complex systems. The writing of this book is akin to changing tires on not just any car...but a race car.Canada's health system is undergoing many transformational changes within our unique political, social and economic imperatives of 2013.Both the National Health Service (England) and Health Workforce Australia are also engaged in large scale leadership change.Indeed, it was extraordinarily difficult to decide exactly when to put the book "to bed", as each day presented new insights and developments into the world of leadership in health.But, as they say there is nothing that concentrates the mind better than the prospect of a publication deadline!

Finally, the *Lead self* domain. This is the first major publication work for both of us and we have learned a great deal about ourselves, especially our own leadership strengths and limitations. We have also witnessed the challenges and benefits of a binocular view of the world. Our friendship and commitment to leadership have only grown as a result.

Despite all the insights and encouragementfrom so many, we are only too aware that there may be remaining errors of both commission and omission, for which we take all responsibility.

December, 2013

Graham Dickson, PhD
Bill Tholl, MA, ICDD

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Chapter 1
LEADS: A New Perspective on Leadership in Health

The ***LEADS*** *in a Caring Environment* framework defines health leadership through five domains:

Lead Self;
Engage Others;
Achieve Results;
Develop Coalitions; and
Systems Transformation.

Health leaders of the 21st century will need to have the capacity to see the future faster, to manage and mentor talent better, and to service growing health needs within increasingly restrained budgets.

–Ray Racette

Introduction

Never have the challenges of leading change in health and health care been more daunting. The need for change creates demand for transformational leadership and therefore LEADS.

Health care, which has undergone great upheavals in recent decades, is headed for yet more change. We live in a faster, flatter society [1] where our ability to share health information in a digitized world has increased by approximately *ten million times* since the late 1960s, with a commensurate demand on our individual capacity to process this information [2]. The tectonic forces of technology and demography, combined with the emergence of a consumerist attitude in patients are changing the landscape for the practice of leadership. As the scope, breadth and pace of change accelerate, so does the need for effective leaders at *all* levels of the system.

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We define leadership as "the collective capacity of an individual or group to influence people to work together to achieve a common constructive purpose: the health and wellness of the population we serve." See leadership as a process, not a position. It can therefore come from anyone at any time. In health care, it could be from patients, providers at every level, politicians, or the public. What makes a person a leader is the ability to combine a commitment to improve with the knowledge of how to exercise influence and engage support.

This book is about developing the tools to be a better leader. The *LEADS in a Caring Environment Framework* was designed to show both formal and informal leaders the capabilities they need to meet challenges and bring about change for the better in their health care setting—practice, unit, organization or system. You'll read about the five domains of health leadership—how to Lead self, Engage others, Achieve results, Develop Coalitions and bring about Systems transformation (the source of our acronym, LEADS).

We don't think leadership is an inborn gift. We believe very strongly that it is an ability to be acquired. We see LEADS as a whetstone that can be used to hone what you have gained by instinct, education and experience into truly effective leadership. And that honing is important: better leadership is increasingly seen as critical for improving system performance and dealing with twenty-first century health care. Randal Ford, director of organizational development for Spartanburg Regional Healthcare in South Carolina, says "future leaders in health care will require different competencies than in the past" [3].

The increased speed and turbulent nature of change puts a greater premium on learning the capabilities of what's known as complex adaptive leadership [4, 5]. This form of leadership is patient-centred, decentralized and shared by both teams and individuals in different roles. It's also flexible and responsive to emerging challenges. Many traditional approaches to exercising leadership are part of it, but complex adaptive leadership adds to them.

Bringing Leadership to Life: A Primer on LEADS

The *LEADS in a Caring Environment* capabilities framework defines quality modern health leadership. As we describe in detail in Chap. 3, LEADS is a leadership framework by health, for health. The acronym represents the five domains of leadership:

Lead Self;
Engage Others;
Achieve Results;
Develop Coalitions; and
Systems Transformation.