Exploring Leadership During Implementation of the Integrated Primary and Community Care Initiative in the Chilliwack Community Based Service Delivery Area

Charlotte Gorley, PhD
Ronald Lindstrom, PhD
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Agenda

• Purpose
• Larger Questions
• Design and PAR
• Research Questions
• Highlights From the Three Cycles
• What We Noticed and What Emerged
• Themes That Stood Out
• Thoughts on the Larger Questions
• Moving Forward
• Translating and Applying the Learning
Purpose of the Research

Explore the

• Qualities of leadership
• Significance of leadership
• Factors that influence leadership that effect change
Larger Questions

1. What is the current state of health leadership capacity in Canada?

What is working, or not working, in terms of stimulating and supporting health system transformation, and what contextual factors influence effective leadership action?
Larger Questions

2. Where are the gaps between current practices, the evidentiary base in the literature, and the expectations for leadership outlined in the emerging health leadership capability/competency frameworks (e.g., LEADS), and how might a set of national standards for leadership be structured?
Larger Questions

3. How can knowledge of effective leadership be translated and mobilized by the network into approaches, programs, tools and techniques to develop a culture of effective leadership in Canada, and enhance the development of quality health leaders?
Research Design

• Participatory Action Research approach
• Semi-structured interviews
• Focus groups
• Observation
• Grounded theory approach
• Thematic analysis
Participatory Action Research

**Cycle 1**
- IPCC Implementation
- Leadership in Action
- Data Collection and Analysis February/March 2012
- Share Findings
- Reflections on Leadership in IPCC Context

**Cycle 2**
- IPCC Movement
- Leadership in Action
- Data Collection and Analysis October/November 2012
- Share Findings
- Reflections on Leadership in IPCC Context

**Cycle 3**
- IPCC Movement
- Leadership in Action
- Data Collection and Analysis February/March 2013
- Share Findings
- Reflections on Leadership in IPCC Context
Overarching Research Questions

What leadership capabilities are important to successful change during the IPCC initiative?

How does leadership in different contexts of the health system affect change in the IPCC initiative?

Who are the key leaders in the ongoing IPCC initiative and what are their roles to ensure effective and sustained change?
Overarching Research Questions

Where is the ongoing impetus coming from for the IPCC initiative?

What contextual factors, internal and external, both impede and facilitate leadership of sustained, meaningful change in the IPCC initiative?

What leadership lessons are important for leaders of change?
Contexts

People

— Executives from Fraser Health
— Executives from Ministry of Health
— Physicians in Chilliwack

Events

— High rate of turnover
— Provincial election
— Congestion and ER priorities
— Changes to Fraser Health reporting structure
Highlights from Cycle 1

• Importance of investing in the ‘front end’ of change – time for discussion
• Vision translation & alignment
• Building and nurturing relationships
• Co-creating the process
• Positive energy and excitement about working towards something that “feels like the right thing to do”.
Highlights from Cycle 2

• Awareness of the system scope
• Political astuteness
• Organizational cultural differences becoming apparent
• Relationships help to sustain change through ‘the bumps’
• Technology a barrier to information flow and sharing
• Need for concrete evidence that IPCC is making a difference
• Turnover affects integration
Highlights from Cycle 2

A shift

• From ‘initiative’ to ‘movement’ indicating permanence and integration
• From ‘project management’ to ‘continuous improvement’
• From role interdependencies to system interdependencies
• From competing to sharing
• From ‘leadership’ (static state) to ‘leadering’ (active role)
Language sometimes needs to be translated from administrative dialect to a language that can be understood by different groups.

If it is a challenge to understand the language, it is very difficult to understand others’ perspectives.
Highlights from Cycle 3

• Leaders feel like they are at risk of burnout
• Leadership development and succession on their minds
• Disconnection & cultural differences (including language)
• Turnover continues
• Technology issues remain
• Time to evaluate – take a ‘good hard look’ and ask some ‘good hard questions’
• The system view differs
Significance of Leadership During Change

• People engage in change and feel joint ownership and responsibility
• Silos and barriers can be overcome
• Expectations are clear and attainable
• High levels of trust can be established
• Alignment is evident
• Conflict is dealt with effectively
• Systems thinking is evident
Capabilities of Leadership

• Ability to build relationships
• Keep a systems perspective
• Translate and relate the vision & goals
• Walk the talk
• Forward thinking
• Role modelling
• Develop other leaders & support upcoming leaders to learn
• See long term vision
Capabilities of Leadership

- Listening to understand
- Self awareness & self management
- Takes time for reflection
- Comfortable in ambiguity and uncertainty
- Ability to relate to different groups and cultures in their own ‘language’
- Recognize and support ‘change champions’ and celebrate successes
Qualities of Leadership

- Appetite for learning
- Courage, resilience, & perseverance
- Authenticity, honesty, integrity
- Collaborative attitude
- Accountability
- Project a positive world view
- Ability to separate self from issue and deal constructively
Enablers

- Trust in individual leaders
- Leaders role modelling leadership
- Leaders who are bridges between groups
- Strong relationships
- Time for important conversations
- Belief that this is ‘the right thing to do’
- Local autonomy
Challenges

- Competing priorities and initiatives
- Time and energy limitations
- Funding and resourcing
- Uncertainty around election
- Feeling ‘collaborated at not with’
- Turnover
- Technology and privacy policies
- Legislation that contradicts and divides
- Risk of burnout
A “Good Hard Look”

At some of the unintended consequences and making sure that the purpose of integration has not been forgotten
Some “Good Hard Questions”

Is the current model sustainable given the changing demographics in physician population?

What is in place to ensure that people are working in a way that is going to improve patient experiences?
Some “Good Hard Questions”

What barriers can be removed? How can collective agreements be more effectively applied?

What policies are constraining rather than supporting?

How can decisions be made closer to the delivery point and better informed?
What We’ve Noticed

• Turnover and stability is a concern for many
• Participants expressed a desire for ‘concrete evidence’ now
• Cycle 1 was about positive energy and new relationships
• Cycle 2 was about realizing the scope of the change
• Cycle 3 was about risk of burnout and a sense of fatigue or exhaustion
What’s Emerging as Important

• Several participants voiced the need to see solid evidence that IPCC was having the desired effect
• Technical barriers significant
• Privacy policies restrict
• Turnover is affecting integration
• Maintaining and sustaining leaders’ energy will become critical
• The sense of disconnection felt by some
Themes That Stood Out

Differing views of the system

Some see the system as their own organization while others include a variety of groups in their system view.
Themes That Stood Out

System barriers

Information cannot move freely between different parts of the system due to interface inadequacies and policies.

This also prevents measurement of progress.
Themes That Stood Out

Need for evidence

System limitations have prevented the gathering of data and evidence for measurement and evaluation.
Themes That Stood Out

Turnover vs new blood

Turnover means building new relationships and contributes to a sense of instability.

On the other hand, new blood brings fresh ideas and energy.
Relationships

Relationships are the key to build trust and confidence in change.
Themes That Stood Out

Demographics
Shrinking leader and physician pool
Differing work ethic and work/life balance
Themes That Stood Out

*Developing new leaders*

How are new leaders being prepared?

No time for formal programs.
Experiential learning and reflection

Mentoring suggested
Themes That Stood Out

**Communication**

Making time for dialogue
Listening to hear
Resolving conflict
Asking for feedback
Language

Collective leadership
Collaborative leadership
Coordinated leadership
Distributed leadership
Courageous Leadership

Can’t shy away from the ‘hard stuff’

– Initiate difficult conversations
– Show integrity in actions and comments
– Persevering when personal reserves of energy are depleted
– Receiving frank and candid feedback and demonstrating it was heard and following through
– Building trustful relationships

“It’s the little things that are really the big things”
Courageous Leadership

Courage to overcome; fear of failure, fear of loss, fear of criticism, resistance to change, lack of confidence, negative inner thoughts, past mistakes, and impatience (Bender, 1997).

Courage to walk in another’s shoes, use their language, look through their eyes.

Courage to advocate and champion change.
Courageous Leadership Questions

Where do health care system leaders find the courage to be effective leaders today? What do they draw on to face the daily hurdles and challenges? How do they generate energy to persevere?

“Courage doesn’t always roar. Sometimes courage is that quiet voice at the end of the day saying ‘I will try again tomorrow’”

Mary Anne Radmacher
Themes That Stood Out

Cultural differences
Lessons Learned

• Importance of creating opportunities for people to connect, share, and learn
• Importance of devoting time to the front end of change and creating space and time for conversations
• Be strategic about where to start and consider the system for implications and leverage points
• Invite others to co-create for shared ownership and accountability
Lessons Learned

• People need to have the message and information translated to their language and context
• Experiential learning is the most relevant
• Don’t underestimate the time required for large system change
• The system has multiple drivers
• Turnover slows things down
Value to Participants

“I will miss our discussions, it was an excellent opportunity for me to discuss the leadership issues in our work, provide time to reflect, and certainly highlighted how important collaboration is to be successful in the work we do in the health sector – and the challenge of actually doing it as it requires a commitment to a certain set of values, including respect for all views.”
The Larger Questions

What is the current state of health leadership capacity in Canada?

- Leaders are feeling fatigued and overburdened
- Leaders are concerned about succession planning, the demographic reality of the large numbers of physicians and health care leaders who will retire in the next five to ten years
- Leaders are not able to take advantage of leadership development opportunities
The Larger Questions

What is working?

- Whole systems awareness
- Courageous leadership
- Dedicated funding to change programs like IPCC
- Leaders’ commitment to working effectively and making a difference
The Larger Questions

What is not working?

• Barriers to data and information sharing.
• High rate of turnover resulting in inconsistency and instability.
• Different cultural approaches (e.g. administrative vs physicians) and the difficulty in bridging the gap between their priorities, language, and world view and the resulting disconnect between the groups.
The Larger Questions

What is not working?

• Legislation that divides rather than integrates.

• Restrictions on professional development and the ability to network inter-provincially which enforces silos provincially and stifles learning from others.

• Leaders who are unprepared and not equipped for the demands of the role.
The Larger Questions

What is not working?

• Lack of evidence for change success
• Budgets that restrict leaders’ ability to make connections and build relationships
• Differing views of the system
The Larger Questions

Where are the gaps between practices and literature?

• The ability to attend formalized leadership learning
• Actively developing leadership at all levels
• Mentoring as a development tool
• Shared language
The Larger Questions

How might a set of national standards for leadership be structured?

• Agreement on change approaches with local adaptation to circumstance
• Methods to ‘recharge’ leaders with support and guidance
• Opportunities for leadership development, mentoring, and succession planning
• Collective understanding of leadership
The Larger Questions

How can knowledge of effective leadership be translated and mobilized?

Connect the research finding to issues that leaders face so that leaders see the findings as tools for solutions. Since the challenges are so contextual and unique to each setting, leaders must be able to translate the findings into strategies that will be useful to them in their own setting.
How is a shift in mindset/way of working/culture recognized, acknowledged, rewarded, and celebrated?

How are accomplishments and progress marked and celebrated? How often do leaders initiate a ‘taking stock and marking our achievements’ session?

Turnover has been cited as a challenge and a negative factor, yet there have been comments about the need for new blood. How do these comments reconcile with each other?
How is integration being defined and understood by all the groups? How will leaders address the feeling of disconnection that physicians have expressed?

Some seem to view the system as their group and partners as external. “Who do you consider to be part of your system?” Do the three groups view the system the same?

How can leaders address the technical issues around data collection, data sharing, and information flow?
Moving Forward......

How can the issue of evidence of success be addressed?

What would it take to create a mentorship program for physician leaders?

How can the findings from this research be connected to issues leaders face and used as tools for solutions?

How could a social network analysis review be useful to leaders in the IPCC collaborative?
Thank you!

Separate presentations describing the findings from each data collection cycle are available from Royal Roads University.

The case study report is available from Royal Roads University.

Contact ronald.lindstrom@royalroads.ca
References


