# LEADERSHIP FRAMEWORKS IN TERTIARY TEACHING HOSPITALS

Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

## QUESTION

What are the contents of an effective Leadership Framework for a tertiary, academic healthcare organisation/healthcare institution?

## RESULTS

### ONLINE RESOURCES (GREY LITERATURE)

### EXAMPLE FRAMEWORKS

**Australia – general frameworks**

- NSW Health. (2023). **Leadership and management framework.**
    - See pp. 6-7 for five Domains of Leadership.
    - See pp. 9-13 for capabilities and behaviours for each Domain.
    - Related: Northern Sydney Local Health District Leadership Charter.

- Barwon Health. (2017). **Leadership capability framework.**
    - Three framework elements: Barwon values; Leadership capabilities; Leadership behaviours.
    - Leadership capabilities: Awareness of self; Communication; Relationships; Results.

- Mercy Health. (n.d.). **Leadership capability framework.**
    - Six core leadership capability clusters: Performance; Growth & Sustainability; Self-development; Advocacy; Innovation; and Collaboration.
    - See p. 2 for description of each cluster.

- HealthWorkforce Australia. (2013). **Health LEADS Australia: the Australian health leadership framework.**
    - Introduced as a nationally agreed health leadership framework in 2013.
    - See p. 7 for five areas of focus: Leads self; Engages others; Achieves outcomes; Drives innovation; and Shapes systems (L-E-A-D-S).

**Australia – profession-specific frameworks**

- Queensland Health. (2022). **Allied health leadership and advancing practice framework.**
- Victorian Dept. of Health. (2019). **CEO leadership capability framework.**

**International**

- NHS. (2023). **Healthcare leadership model.**
  - Nine dimensions with questions to guide effective leadership behaviour.
  - Related: self-assessment tool; 360-degree feedback tool; Model app.

- Canadian College of Health Leaders. (2023). **The LEADS Framework.**
  - Five dimensions: Lead self; Engage others; Achieve results; Develop coalitions; Systems transformation.
  - Related eBook: *Bringing leadership to life in health: LEADS in a caring environment: putting LEADS to work* (2020)

- Healthcare Leadership College. (n.d.). **ONE Healthcare Leadership Framework.**
  - Overarching framework designed for Singapore's health system.
  - Outward focus; Nurturing relationships; Empowered working (O-N-E).

## REPORTS AND WHITE PAPERS

- WA Dept of Health. (2019). **Health leadership strategic intent.**
  - See p. 10 for collective values for leaders: Courageous; Values-aligned; Collaborative; and Systems-focused.
  - See pp. 11-12 for leadership competency framework, based on Health LEADS.

- M. West et al. (2015). **Leadership and Leadership Development in Healthcare: The Evidence Base.**
  - See pp. 8-9 for a framework of leader behaviours and effective leadership.
  - See pp. 11-13 for literature review on: Nurse leaders; Medical leaders; Board leadership; Team leaders; and Organisational leaders.

- Institute for Healthcare Improvement. (2013). **High-impact leadership.**
  - See pp. 9-17 for 5 high-impact leadership behaviours with exemplars.
  - See pp. 17-19 for a framework on where effective leaders focus their efforts, with examples.

## COMMENTARY AND NOTES

- Q. Studer. (2013). **Making lean progress last: Why sustaining excellence requires the right leadership format**. *Frontiers of Health Services Management, 29*(3), 41-46*.* Article link.

- R. M. Kanter & R. Khurana. (2010). **Advanced Leadership Note: An institutional perspective and framework for managing and leading**. *Harvard Business Review.* Abstract link. Request full article.

Articles on example frameworks are grouped by theme:

- LEADs framework (Australia & Canda)
- Lean Leadership
- Leaders & Health Care System
- Change & Transformation
- Situational frameworks
- Nursing frameworks

*Each article summary contains excerpts from the abstract and an online link.*

## LEADS FRAMEWORK

G. Dickson, et al. (2020). **Putting LEADS to work in Canada and abroad**. In *Bringing Leadership to Life in Health: LEADS in a Caring Environment: Putting LEADS to work*, 217-236. Chapter link.
How leadership is understood and practised and how LEADS is put to work depends on context. To understand how LEADS is used, we examined its evolution in the Canadian context and in four countries with which Canada shares a similar Westminster system of government: Australia, England, Scotland and New Zealand. Our comparator countries also have universal health care, but how it's administered differs in each one, resulting in different approaches to adopting and using health leadership frameworks. This analysis offers lessons for Canada and comparator countries.

E. Shannon, et al. (2018). **Developing health leadership with Health LEADS Australia**. *Leadership in Health Services*, *31*(4), 413-425. Request article.
This review is an overview of health leadership development in Australia, with a particular focus on the implementation of the national health leadership framework, Health LEADS Australia (HLA). Since its inception, the HLA has influenced the development of health leadership frameworks across the Australian states and territories. Innovation has also been evident as the HLA has been incorporated into existing academic curricula and new professional development offerings. Ideas associated with distributed leadership, integral to the HLA, underpin both sets of actions. Practical implications: The concept of a national health leadership framework has been implemented in different ways across jurisdictions. The range of alternative strategies (both collaborative and innovative) undertaken by Australian practitioners provide lessons for practice elsewhere.

S. Gilbert, et al. (2018). **Development and validation of the LEADS Scale**. *Nursing Leadership*, *31*(1), 32-21. Article link.
LEADS in a Caring Environment has been adopted as the primary leadership framework by the Canadian Health Leadership Network. This study developed and validated a 20-item behaviourally anchored rating scale to assess the twenty LEADS capabilities. Canadian healthcare employees and support staff (N = 156) were asked to rate their managers using the scale and also completed measures of transformational leadership, job-related affective well-being, and intent to stay for validation purposes. Exploratory factor analysis suggested that the scale was best represented by a single factor structure. A shorter five-item scale was also developed and tested based on factor loadings. Internal consistency of both tools was high ($\alpha \geq 0.96$) and results supported their criterion validity for predicting turnover intentions and job-related affective well-being and convergent validity with a measure of transformational leadership.

G. Dickson, et al. (2018). **Enabling physicians to lead: Canada's LEADS framework**. *Leadership in Health Services*, *31*(2), 183-194. Article link.
The purpose of this paper is to provide a case study demonstrating that LEADS in a Caring

Environment Capabilities Framework in Canada can assist physicians to be partners in leading health reform. A descriptive case-based approach was followed, relying on existing documents, research papers and peer-reviewed articles, to substantiate the effect of LEADS on physician leadership in Canada. This case demonstrates that national leadership frameworks have a role in facilitating physician leadership. Other national jurisdictions may wish to explore the Canadian case to determine how to use a common leadership language to engage physicians in health reform.

## LEAN LEADERSHIP

K. H. Aij, et al. (2017). **Lean leadership attributes: a systematic review of the literature**. *Journal of Health Organization and Management*, *31*(7-8), 713-729. Article link.
Emphasis on quality and reducing costs has led many health-care organizations to reconfigure their management, process, and quality control infrastructures. Many are lean, a management philosophy with roots in manufacturing industries that emphasizes elimination of waste. Successful lean implementation requires systemic change and strong leadership. The purpose of this paper is to provide insight into applicable attributes for lean leaders in health care. The authors systematically reviewed the literature on principles of leadership and, using Dombrowski and Mielke's (2013) conceptual model of lean leadership, developed a parallel theoretical model for lean leadership in health care. Findings This work contributes to the development of a new framework for describing leadership attributes within lean management of health care.

K. H. Aij, et al. (2017). **Leadership requirements for Lean versus servant leadership in health care: A systematic review of the literature**. *Journal of Healthcare Leadership*, *9*. Article link.
As health care organizations face pressures to improve quality and efficiency while reducing costs, leaders are adopting management techniques and tools used in manufacturing and other industries, especially Lean. Successful Lean leaders appear to use a coaching leadership style that shares underlying principles with servant leadership. There is little information about specific similarities and differences between Lean and servant leaderships. We systematically reviewed the literature on Lean leadership, servant leadership, and health care and performed a comparative analysis of attributes using Russell and Stone's leadership framework. We found significant overlap between the two leadership styles, although there were notable differences in origins, philosophy, characteristics and behaviors, and tools. We conclude that both Lean and servant leaderships are promising models that can contribute to the delivery of patient-centered, high-value care. Servant leadership may provide the means to engage and develop employees to become successful Lean leaders in health care organizations.

K. H. Aij, et al. (2015). **Lean leadership: an ethnographic study**. *Leadership in Health Services*, *28*(2), 119-34. Article link.
The purpose of this study is to provide a critical analysis of contemporary Lean leadership in the context of a healthcare practice. The Lean leadership model supports professionals with a leading role in implementing Lean. This article presents a case study focusing specifically on leadership behaviours and issues that were experienced, observed and reported in a Dutch university medical centre. This study emphasizes the importance for Lean leaders to go to the gemba, to see the situation for one's own self, empower health-care employees and be modest. All of these are critical attributes in defining the Lean leadership mindset. This article shows the value of an auto-ethnographic view on management learning for the analysis of Lean leadership. The knowledge acquired through this research is based on the first author's experiences in fulfilling his role as a health-care leader. This may help the reader examining his/her own role and reflecting on what matters most in the field of Lean leadership.

G. Corbie, et al. (2022). **Leadership development to advance health equity: an equity-centered leadership framework**. *Academic Medicine: Journal of the Association of American Medical Colleges*, *97*(12), 1746-1752. Article link.
Enduring questions about equity are front and center at this watershed moment in health care and public health. The authors offer an equity-centered leadership framework to support the development of visionary leaders for tomorrow. This framework for leadership development programs interweaves traditional leadership and equity, diversity, and inclusion domains in both conceptual knowledge and skills-based teaching for health care and public health leaders, grouping competencies and skills into 4 domains: personal, interpersonal, organizational, and community and systems. A framework such as this will equip leaders with the mindset and skill set to challenge the paradigms that lead to inequity and health disparities.

Q. Fu, et al. (2022). **An inclusive leadership framework to foster employee creativity in the healthcare sector: the role of psychological safety and polychronicity**. *International Journal of Environmental Research and Public Health*, *19*(8), Article link.
Creativity at the level of employees is of utmost importance for every sector of an economy, with no exception to a healthcare system. Research shows that employee creativity is largely dependent on leadership. We explored employee creativity in a healthcare context of a developing economy in an inclusive leadership framework to bridge such knowledge gaps. We also investigated the mediating roles of psychological safety and polychronicity in the above-stated relationship. We found that an inclusive leadership style in a hospital can significantly foster employee creativity, whereas psychological safety and polychronicity mediate this relationship. An important finding was that an inclusive leader can motivate the followers to be more creative.

S. S. Nair, et al. (2020). **Relationship between leadership support and operational excellence in health care sector: A study of Indian health care managers**. *Journal of Healthcare Quality Research*, *35*(2), 117-122. Request article.
A correlation study between leadership support and operational excellence was designed for a group of health care managers (n=80) from eight hospitals in Kerala, South India. The selection of executives was from NABH accredited hospitals from districts with a minimum of four NABH accredited hospital. A survey was sent to a selected study sample. The respondents were cooperative and provided responses on perceived leadership support for operational excellence., RESULTS: Factors of leadership support correlated to operational excellence., CONCLUSION: In the health care sector, leadership support for patient-centered operations helps achieve operational excellence.

B. Saravo, et al. (2017). **The need for strong clinical leaders - Transformational and transactional leadership as a framework for resident leadership training**. *PLoS ONE*, *12*(8), e0183019. Article link.
For the purpose of providing excellent patient care, residents need to be strong, effective leaders. The objective of the study was to assess whether a leadership training addressing transactional and transformational leadership enhances leadership skills in residents. A volunteer sample of 57 residents took part in an interventional controlled trial. The four-week IMPACT leadership training provided specific strategies for leadership in the clinical environment, addressing transactional (e.g. active control, contingent reward) and transformational leadership skills (e.g. appreciation, inspirational motivation). Findings support the use of the transactional and transformational leadership framework for graduate leadership training.

B. A. A. White, et al. (2019). **A leadership education framework addressing relationship management, burnout, and team trust**. *Proceedings*, *32*(2), 298-300. Article link.
Despite the collaborative nature of medicine, most medical professionals are not taught or trained to lead collaboratively. Resonant leadership is a leadership framework centered on emotional and social intelligence. Emotional intelligence, a concept involving skills that can be taught and improved, has proven to be important in leadership. Resonant leaders, or leaders with social and emotional intelligence, develop positive relationships and environments, engaging team members to work toward a common goal through mindfulness, hope, and compassion. A leadership framework heavy on emotional and social intelligence is ideal for the team environment of medicine, and there is literature to back up the positive outcomes of leading with this framework in a clinical setting, including reduction of burnout, building team trust, and better relationship management.

K. H. Bing, et al. (2017). **Engaging leadership for transformation**. *World Hospitals and Health Services: the Official Journal of the International Hospital Federation*, *53*(1), 17-22. Request article.
This paper describes Tan Tock Seng Hospital's (TTSH) Journey in delivering value to both staff and patients, anchored on an Engaging Leadership framework. As the healthcare landscape becomes increasingly complex and TTSH continues to strive for organizational excellence, we focused on organizational health in tandem - delivering value to our staff so that they can deliver value to our patients. We built an Engaging Leadership Framework anchored on staff and patient values. Leadership builds both human capital and social capital in people through engagement. Better care begins with better people. People are best engaged and equipped to do their jobs well, learning each day to do their jobs better and innovating to do their jobs differently. The leader's role evolves from a management perspective to a leadership perspective, from control to engagement and from hierarchy to collectively. We envision to build leaders at all levels, through the concept of "Collective Leadership", built on engagement.

S. S. Al-Touby. (2012). **Functional results-oriented healthcare leadership: a novel leadership model**. *Oman Medical Journal*, *27*(2), 104-7. Article link.
This article modifies the traditional functional leadership model to accommodate contemporary needs in healthcare leadership based on two findings. First, the article argues that it is important that the ideal healthcare leadership emphasizes the outcomes of the patient care more than processes and structures used to deliver such care; and secondly, that the leadership must strive to attain effectiveness of their care provision and not merely targeting the attractive option of efficient operations. Based on these premises, the paper reviews the traditional Functional Leadership Model and the three elements that define the type of leadership an organization has namely, the tasks, the individuals, and the team. The article argues that concentrating on any one of these elements is not ideal and proposes adding a new element to the model to construct a novel Functional Result-Oriented healthcare leadership model. The recommended Functional-Results Oriented leadership model embosses the results element on top of the other three elements so that every effort on healthcare leadership is directed towards attaining excellent patient outcomes.

## SITUATIONAL FRAMEWORKS

Y. Tomer, et al. (2021). **Teamwork and leadership under fire at the epicenter of the COVID-19 epidemic in the Bronx**. *Frontiers in Medicine*, 8, 610100. Article link.
The first Covid-19 patient was admitted to Montefiore Medical Center (MMC) on March 10, 2020. Soon thereafter there was a rapid and exponential surge of Covid-19 admissions to MMC that could have resulted in catastrophic consequences. MMC adopted an "all hands on deck" approach, mobilizing our entire workforce to expand our units. Given that the internal medicine (IM) and ICU units are part of the department of medicine (DOM), the DOM was at the center of this mobilization. The DOM is the largest department at MMC and mobilizing it required careful planning, seamless teamwork, and strong leadership. To achieve that goal, we applied a framework that we designate the "3C framework," denoting Coordination, Communication, and Collaboration. In this report we describe the many initiatives the Montefiore Einstein DOM implemented during the Covid-19 pandemic using the 3C framework.  The goal of this report is to serve as a guide on how the 3C framework helped us organize, mobilize, and energize the department of medicine effectively and efficiently during this unprecedented crisis.

N. F. Leenstra, et al. (2016). **Taxonomy of trauma leadership skills: a framework for leadership training and assessment**. *Academic Medicine: Journal of the Association of American Medical Colleges*, *91*(2), 272-81. Article link.
Good leadership is essential for optimal trauma team performance, and targeted training of leadership skills is necessary to achieve such leadership proficiency. To address the need for a taxonomy of leadership skills that specifies the skill components to be learned and the behaviors by which they can be assessed across the five phases of trauma care, the authors developed the Taxonomy of Trauma Leadership Skills (TTLS). Critical incident interviews were conducted with trauma team leaders and members from different specialties at three teaching hospitals in the Netherlands during January-June 2013. Elements and behavioral markers were sorted and categorized using multiple raters. The TTLS details 5 skill categories (information coordination, decision making, action coordination, communication management, and coaching and team development) and 37 skill elements. The skill elements are captured by 67 behavioral markers. The three-level taxonomy is presented according to five phases of trauma care., CONCLUSIONS: The TTLS provides a framework for teaching, learning, and assessing team leadership skills in trauma care and other complex, acute care situations.

## NURSING FRAMEWORKS

X. Xu, et al. (2022). **Developing a leadership and management competency framework for nurse champion: A qualitative study from Shanghai, China**. *Journal of Nursing Management*, *30*(4), 962-972. Article link.
A leadership and management competency framework for Chinese nurse champion was built in this study, which covering the competencies needed by Chinese nurse champions to lead care teams, improve quality of care for patient outcomes and enhance systems and equipment for the better care environment. This framework will be the direct basis for guiding the development of the nurse leadership curriculum for driving nurse champion to achieve role success. This framework provides a theoretical foundation for clarifying the role of nurse champion in clinical management. Training curriculum guided by this framework will help nurses in their clinical management role and share the burden of clinical nursing managers, as well as promote the development of a clinical nursing management reserve talents and support the future development of nursing staff in health care organisations.

C. Jackson, et al. (2021). **Strengthening nursing, midwifery and allied health professional leadership in the UK – a realist evaluation**. *Leadership in Health Services*, *34*(4), 392-453. Article link.
This paper aims to share the findings of a realist evaluation study that set out to identify how to strengthen nursing, midwifery and allied health professions (NMAHP) leadership across all health-care contexts in the UK conducted between 2018 and 2019. Cross-cutting themes were synthesised into a leadership framework identifying the strategies that work for practitioners in a range of settings and professions based on the context, mechanism and output configuration of realist evaluation. Five guiding lights of leadership, a metaphor for principles, were generated that enable and strengthen leadership across a range of contexts. – "The Light Between Us as interactions in our relationships", "Seeing People's Inner Light", "Kindling the Spark of light and keeping it glowing", "Lighting up the known and the yet to be known" and "Constellations of connected stars". The study has developed additional important resources to enable NMAHP leaders to demonstrate their leadership impact in a range of contexts through the leadership impact self-assessment framework which can be used for 360 feedback in the workplace using the appreciative assessment and reflection tool.

S. Thusini, et al. (2019). **Models of leadership and their implications for nursing practice**. *British Journal of Nursing*, *28*(6), 356-360. Request article.
Leadership in today's NHS, either as a leader or follower, is everybody's business. In this article, an MSc student undertaking the Developing Professional Leadership module at King's College London describes two leadership models and considers their application to two dimensions of the NHS Healthcare Leadership Model: 'Engaging the team' and 'Leading with care'. The author demonstrates the value of this knowledge to all those involved in health care with a case scenario from clinical practice and key lessons to help frontline staff in their everyday work.

## APPENDIX

## SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using Covidence.

### SEARCH LIMITS

- English-language
- Published from 2015 – Present

### DATABASES SEARCHED

- Medline – index of peer-reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer-reviewed journal articles.
- CINAHL – index of nursing, allied health, biomedicine, and healthcare publications.
- Scopus – index of peer-reviewed literature from health sciences and other disciplines.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

### ADDITIONAL SEARCHING

- Citation searching was undertaken for key articles.

## SEARCH TERMS

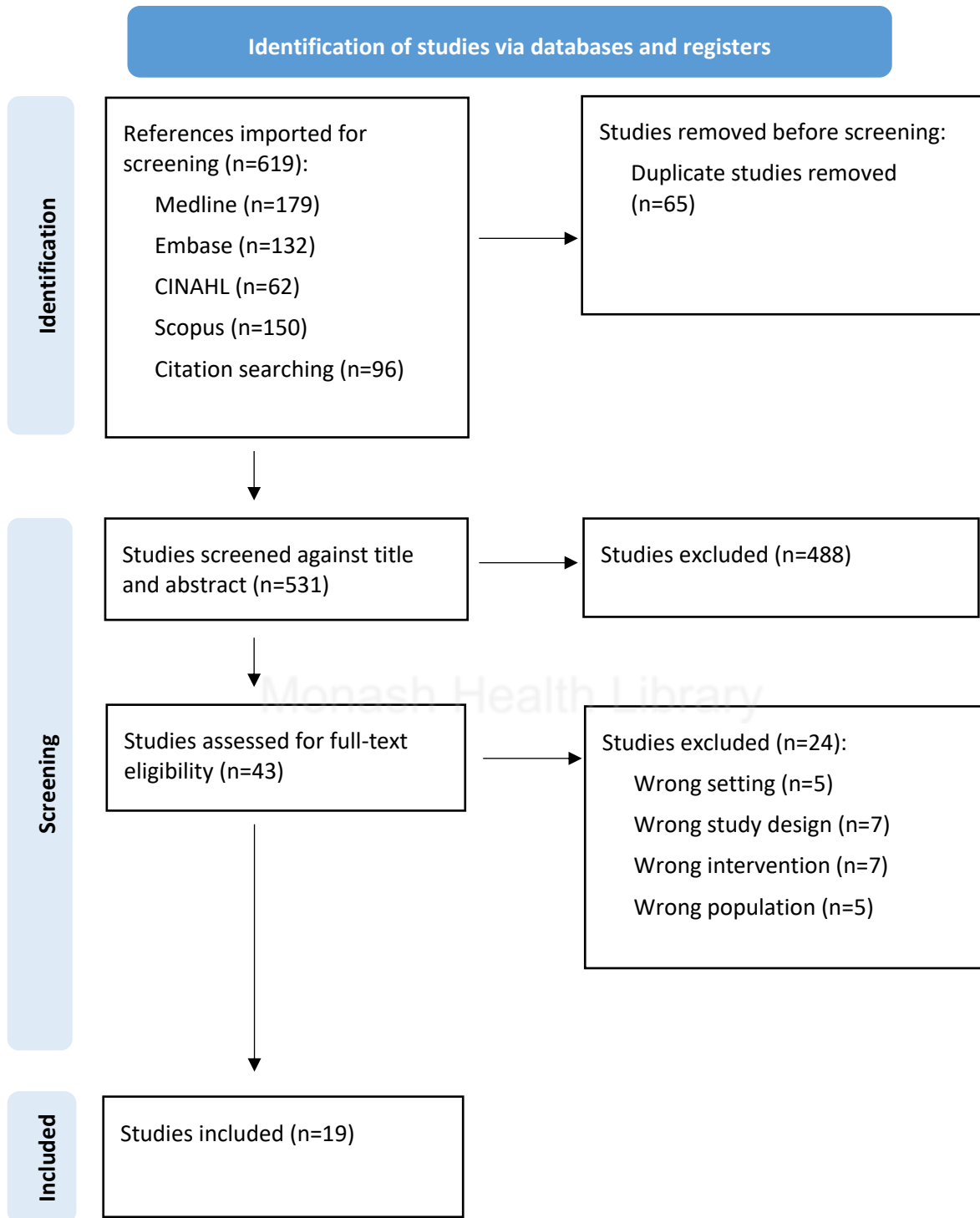| Concept | MeSH headings | Keywords |
|---------|---------------|----------|
| Leadership frameworks | Leadership. Organizational Models, Professional Competence [Standards], Educational Models, Staff Development. | Leadership, framework(s), model(s). |
| Tertiary teaching hospitals / academic medical centres / complex healthcare organisations | Academic Medical Centers, Teaching Hospitals, High-Volume Hospitals, Tertiary Care Centers, University Hospitals, Tertiary Healthcare. Hospital Administration, Hospital Personnel Administration, Hospital Administrators, Hospital Personnel. Health Care Sector. | Hospital(s), medical centre(s), medical center(s), healthcare organis(z)ation, healthcare institution, health care organis(z)ation, health care institution, medical centre(s), medical center(s), care centre(s), care center(s). Complex, high-volume, teaching, tertiary, quaternary, major, academic, large. |

## MEDLINE SEARCH STRATEGY

Ovid MEDLINE(R) ALL <1946 to September 06, 2023>

1        *Leadership/ and framework*.mp.        1011

2        *Leadership/ and (*Models, Organizational/ or *Professional Competence/st or *Models, Educational/)    435

3        *Staff Development/ and framework*.mp. and leadership*.mp.  93

4        (leadership adj2 (framework* or model*)).mp.   915

5        1 or 2 or 3 or 4  2125

6        Academic Medical Centers/ or Hospitals, Teaching/ or Hospitals, High-Volume/ or Tertiary Care Centers/ or Hospitals, University/ or Tertiary Healthcare/    99911

7        Hospital Administration/ or Personnel Administration, Hospital/ or Hospital Administrators/ or exp Personnel, Hospital/        125538

8        *Health Care Sector/ and (hospital or hospitals or medical centre* or medical center* or healthcare organi?ation or healthcare institution or health care organi?ation or health care institution).mp. 859

9        ((complex or high-volume or teaching or tertiary or quaternary or major or academic or large) adj3 (hospital or hospital)).mp.     121114

10        ((complex or high-volume or teaching or tertiary or quaternary or major or academic or large) adj3 (medical center* or medical centre* or care center* or care centre*)).mp.      83484

11        ((complex or high-volume or teaching or tertiary or quaternary or major or academic or large) adj3 (healthcare organi?ation or healthcare institution or health care organi?ation or health care institution)).mp.      548

12        6 or 7 or 8 or 9 or 10      351668

13        5 and 12            250

14        limit 13 to english language        242

15        limit 14 to yr="2015 -Current"    84


*Note*: Additional Ovid Medline searches were conducted as part of a systematic search. For further information please contact the Library team.

## PRISMA CHART

**Identification of studies via databases and registers**

**Identification**

References imported for screening (n=619):

Medline (n=179)

Embase (n=132)

CINAHL (n=62)

Scopus (n=150)

Citation searching (n=96)

Studies removed before screening:

Duplicate studies removed (n=65)

**Screening**

Studies screened against title and abstract (n=531)

Studies excluded (n=488)

Studies assessed for full-text eligibility (n=43)

Studies excluded (n=24):

Wrong setting (n=5)

Wrong study design (n=7)

Wrong intervention (n=7)

Wrong population (n=5)

**Included**

Studies included (n=19)

This report contains curated literature results against a unique set of criteria at a particular point in time. Users of this service are responsible for independently appraising the quality, reliability, and applicability of the evidence cited. We strongly recommend consulting the original sources and seeking further expert advice.