Leadership Competencies for Public Health Practice in Canada

Environmental Scan Executive Summary

BACKGROUND

In 2013, Community Health Nurses of Canada (CHNC), in partnership with Canadian Institute of Public Health Inspectors (CIPHI) and the Manitoba Public Health Managers Network (MPHMN), received funding from the Public Health Agency of Canada (PHAC) for a 3-year project to develop interdisciplinary leadership competencies for public health practice in Canada for the seven key public health disciplines.

The Leadership Competencies For Public Health Practice in Canada (LCPHPC) Project consists of four component parts, including an environmental scan, competency development through a Delphi process, and a knowledge translation plan to foster uptake of the competencies. The fourth component is an evaluation process in two parts: formative (interim) and summative (final).

A Project Steering Committee and an Expert Advisory Committee were struck to guide the LCPHPC Project. The key partners, CHNC, CIPHI and MPHMN, are represented on the Project Steering Committee. The Expert Advisory Committee comprises representatives of the seven public health disciplines (dentistry, epidemiology, health promotion, inspection, medicine, nursing, nutrition) and key stakeholders. An Academic Partner Team and a Project Consultant were engaged to work on the project.

Full report : Vollman, A.R., Thurston, W.E., Meadows, L.M., & Strudsholm, T. (2014). *Leadership Competencies for Public Health Practice in Canada: Environmental Scan*. St. John's, NL: Community Health Nurses of Canada.
Available on the CHNC website (www.chnc.ca): https://www.chnc.ca/documents/LCPHPC_Project-EnvironmentalScan_Sep2014Final.pdf

THE ENVIRONMENTAL SCAN

The purpose of the Environmental Scan is to provide evidence to support the development of competencies for public health leadership practice in Canada. It synthesizes the results of three research phases – scoping literature review in two parts (public health leadership and organizational readiness), on-line survey, and focus group webinars – and discusses gaps in knowledge that were identified, offers a framework for understanding leadership in public health, and provides recommendations for the development of leadership competencies in the next component of the LCPHPC Project, the Delphi Process.

The Environmental Scan began with a comprehensive and rigorous literature review to explore the extent of the literature (both scholarly and grey literature) on leadership competencies for public health, learn what had been said about public health leadership competencies to date, and determine the facilitators, enablers, and barriers to leadership in public health. In a separate literature review, the readiness of public health organizations for uptake of leadership competencies was also examined.

The results of the literature review were integrated and presented as lists of ten summary statements in each of the categories under the major headings of personal qualities, enablers to leadership, and barriers to leadership.

An on-line survey of members of the seven public health disciplines was undertaken to understand the degree to which public health professionals agreed with the results of the literature review and how they prioritized the statements. It resulted in ranked lists of the ten statements in each category from the literature review, thus establishing their order of critical importance for public health leadership.

A series of webinar-based focus group discussions were conducted to gather the opinions of public health leaders about the five top-ranked statements in each category from the on-line survey. As well, it was an opportunity to review organizational readiness to adopt new competencies and find out what tools were known about or in current use.

BROAD SCOPE OF COMPETENCIES

Silence about the goal of public health in the PHAC definition of public health leadership was notable. Little mention is made of reducing inequity, for example, and there is a gap in the understanding of how leadership affects public health outcomes and how leadership and teamwork interface. While there was support for the PHAC definition, there were also suggestions for a modification to address public health context and define effectiveness and success in terms of population health.

The three research phases in the Environmental Scan revealed very strong general consensus about public health leadership competencies. Interdisciplinary knowledge is important and valued. To provide leadership in public health, leaders must know about the field of public health itself: population and public health (determinants of health, health demographics, and outcomes); public health values; ethics of public health; and inequalities, inequities, and social justice.

There was congruence in what the literature said leadership entails and what the participants said was required of public health leaders. The literature identified skills and behaviours that are required for team building both within the public health organization and in developing partnerships with other organizations. All of the top five skills selected in the survey are required for this work and the enablers also serve this focus. At a minimum, these are competencies that public health leaders must have:

- good communication skills (clarity, transparency and accountability, interdisciplinarity) that will engender trust and rapport;
- supporting, empowering, and capacity building; modelling and mentoring; drive, motivation, and forward thinking;
- critical thinking;
- building consensus; and
- evidence-informed decision making.

The survey respondents identified that in order to do (enable) this work of team and partnership building a leader has to be responsive and accessible, which is closely linked to the time issue that is imposed by organizational constraints such as lack of staffing, lack of recognition of the dedicated time needed for leadership work, and lack of mentoring and educational opportunities.

Individual leaders in public health usually work in a context where there are several layers of influence over what they are able and not able to achieve. To enable leadership to flourish, leaders must have the ability to adapt to a changing system and to be innovative and creative. If they are expected to do both, the adaptation will not simply represent maintenance of the status quo, but will show resistance to marginalizing the public health agenda and show attention to change strategies and other mechanisms to ensure public health action is successful in reducing inequities. To achieve this adaptation and innovation requires critical thinking skills and evidence-informed decision making, which must go hand-in-hand. A level of political competence is also implied because a leader should not jeopardize the future of the team or the goals of public health.

Since leadership can occur at any level of the organization (at senior or mid-management level, in front-line staff) the goals of leadership may differ, but there are some common expectations about how leaders will think and behave. Leadership is going to be needed at senior levels to ensure that organizations support the development and uptake of public health leadership competencies. Leaders of programs and those 'on the ground' benefit from organizational understanding and support for their work. An organizational culture that encourages a learning environment and thinking 'outside of the box' and supports efforts that help everyone learn more about effective practice is important. Working as a team or in partnership is also important to prevent burnout, recognize each other's contributions, and maximize resources.

Discussion Points

In the synthesis of results, certain issues raised across all phases of the Environmental Scan were identified and several terms and concepts used by focus group participants were highlighted. It was necessary to address these matters given the intent to provide a firm foundation for the development of leadership competencies for public health practice in Canada.

1. Public health lens
   A public health lens or 'way of seeing the world' is based on the principles of social justice, attention to human rights and equity, need for evidence-informed policy and practice, and centrality of the underlying determinants of health. It was a term used frequently by the focus group participants, who represented Canadian public health leaders, and is a useful term that cuts across the seven disciplines. It will be important to make the public health lens an explicit ontological or philosophical position to attain consistency across Canada in public health leadership.

2. Critical social theory
   The lack of support for critical social theory by both survey respondents and focus group participants represents a notable gap in the knowledge expected of leaders. In order to effect change in a multidisciplinary, complex, and multilayered environment, the underlying elements must be understood from a critical stance; that is, why certain situations exist, how they operate, and what norms and values are driving them. It is necessary for the public health system to acknowledge and name critical social theory so that public health leaders can recognize the important roots of the public health lens and public health practice.

3. Values and ethics of public health
   Values are "group conceptions of the relative desirability of things."[1] Values that are part of public health need to be made explicit (e.g., human rights, public good, community, equality, equity, right to health). The participants recognized that a clear expression of public health values has not occurred. Values and their underlying beliefs form the basis for ethical principles. Each of the disciplines in public health has a professional code of ethics as determined by their respective regulatory bodies. However, work to develop a code of ethics for public health in Canada may well be needed in the future to contribute to greater clarity about the roles of leadership in public health.

4. Engagement
   The very definition of public health leadership calls for competence in engagement of people and groups; many of the skills and behaviours listed in the Environmental Scan's summary statements imply relationships and interaction. Relational theories of leadership focus on how shared meaning is reached and the communication processes involved, the language used, and the exchanges between people, and how these are impacted by contexts.[2] The key aspect of engagement is building positive relationships and an environment where positive relationships are valued. Public health leaders will need to create safe spaces for each other to explore leadership in an empowering manner.

5. Emotional intelligence
   Focus group participants suggested adding "self-awareness, emotional intelligence (EI), and practice of ongoing self-reflection" as individual level qualities needed by leaders. EI may be defined as the ability to use information about emotion to manage situations and stress. It has several dimensions that include self-awareness, management of one's emotions or self-control, and ability to make others feel positively.[3] While EI was not entirely omitted as it was reflected in certain of the skills and behaviours ranked top five by the survey respondents, it may be that the knowledge of EI as an encompassing characteristic is not as strong as it could be in the field of public health.

6. Gender
   Gender was almost completely absent in the leadership literature. There is a need to better understand the gendered nature of public health and leadership to be successful as leaders.

7. Conflation of the terms management and leadership
   Leadership and management are different but related functions; both are needed. However, much of the literature conflated the terms management and leadership, and it was predictable that the overlap in terminology would make delineating competencies for leadership apart from management difficult. Survey respondents noted that leadership must be distinguished from management, and focus group participants

[1] http://www.sociologyguide.com/basic-concepts/Values.php
[2] Uhl-Bien 2011. http://dx.doi.org/10.1007/978-90-481-9014-0_6
[3] Armstrong, Galligan & Critchley 2011. http://dx.doi.org/10.1016/j.paid.2011.03.025

acknowledged that there must be recognition that leadership is needed at all levels in a hierarchical organization. Conflation of these terms is not favouring the development, recognition, and rewarding of leadership competencies throughout the system. It may, in fact, be a detriment.

8. Competition within the health sector and the scope of influence of public health leaders
   Focus group participants talked about the competition for funding in the health system between the acute care and public health sectors. Community-based disease and injury prevention and health promotion have lower status in the eyes of the public and other professionals in health care when compared to the urgency of acute illness that requires immediate intervention and hospitalization. Leadership will be needed to reduce the marginalization of the public health sector within the larger health system.
9. Organizational context for leadership
   Organizational and macro-level enablers and barriers contribute to an important context for leadership enactment in public health organizations in Canada: culture and climate; goals and purposes; people and composition; processes, state or condition (e.g., resource availability, stability or crisis); structure; and time.[4] A more direct and concerted examination of organizational context as a crucial object of interest, rather than an afterthought, may be needed.
10. Organizing framework utilized by the LCPHPC Project
    The Environmental Scan highlighted the need for a different and more modern template for organizing leadership competencies for public health practice in Canada. The knowledge-skills-behaviours approach is not adequate for capturing the complexity that is involved. The Canadian *LEADS in a Caring Environment* health leadership capabilities framework[5] resonated very well with the results of the Environmental Scan. It is suggested that it be used as a guiding framework.

Organizational Readiness to Adopt the Leadership Competencies

A separate literature review was conducted to address the question of what organizational readiness tools exist, and one very robust tool was found. The Organizational Readiness to Change Assessment (ORCA),[6] developed on the basis of the PARIHS framework (Promoting Action on Research Implementation in Health Services), measures the readiness of health care organizations to implement evidence-informed interventions. This tool has been evaluated for reliability and validity, and has been tested in a Canadian clinical facility.

Next Step – Development of Leadership Competencies

Based upon the results of the Environmental Scan, the Academic Partner Team offered recommendations regarding the competencies. Further, they outlined draft statements to be considered for Leadership Competencies for Public Health Practice in Canada. The development of these statements, taking into account the stated recommendations, will occur through a Dephi process, the next component of the LCPHPC Project.

[4] Porter and McLaughlin 2006. http://dx.doi.org/10.1016/j.leaqua.2006.10.002
[5] Canadian College of Health Leaders (CCHL) 2013. http://leadscollaborative.ca/site/framework
[6] Helfrich, Li, Sharp, and Sales 2009. http://dx.doi.org/10.1186/1748-5908-4-38

RECOMMENDATIONS

A. Defining public health practice in Canada:

   1. PHAC should amend its definition of leadership in public health to include the desired outcomes of public health leadership (i.e., equity, social justice, engagement).

B. Regarding the competencies:

   1. Adapting the LEADS framework (CCHL, 2013) for the development of public health leadership competencies in Canada is recommended. The use of this framework will encourage a common language across the health sector, facilitate communication, and bring people from across the system together in learning opportunities, rather than separating them out by either discipline or work setting. By finding common ground, competition and conflict may be minimized over time.
   2. The competencies should be developed for novice, intermediate and advanced levels (staging), where the advanced can become the mentors of beginning leaders. Movement along a trajectory from beginner to advanced levels occurs with time, experience, ongoing professional education, and mentoring. A learning organization will have leaders at all stages and in all levels of the organization. In staging the competencies, examples from practice ought to be used to guide interpretation and uptake.
   3. A glossary of terms used must be included in the competency statements document.
   4. Core competencies and discipline-specific competencies ought not to be repeated in the leadership competency statements.
   5. To prevent or minimize conflation, the terms management and leadership must be clearly defined and specified in the competency statements.
   6. The Delphi process (i.e., next phase of the LCPHPC Project) ought to include a more direct and concerted examination of organizational culture as a crucial object of interest.

C. Regarding leadership:

   1. Rather than using a leadership theory *per se*, use rich descriptions of positive leadership qualities, processes, and desired outcomes.
   2. Ensure that all knowledge exchange about the LCPHPC Project emphasize that leadership is not management and can be exhibited by both individuals and teams at all levels of an organization (i.e., front-line staff to CEO).

D. Regarding the implementation of competencies:

   1. Use the ORCA tool to assess organizational readiness for implementation.
   2. Use change theory to create interventions that foster uptake of the competencies.
   3. In promoting uptake of the competencies show how they can be integrated into existing supervisory and other management evaluative processes (e.g., job descriptions, annual reviews).