Why Leaders Shouldn’t Fear Changing Their Minds
Donald M. Berwick
Institute for Healthcare Improvement July 17, 2019
At the 2019 International Forum on Quality and Safety in Healthcare in Glasgow, IHI President Emeriti Don Berwick and Maureen Bisognano shared times they’ve changed their minds throughout their careers as leaders in health care. In a new interview, Berwick reflects on what he said in Glasgow, why he and Bisognano felt it was so important to share personal examples of vulnerability and growth, and how leaders should learn by listening to others.

Do We Make QI Too Complicated?
Karen Baldoza
Institute for Healthcare Improvement July 18, 2019
Karen Baldoza, MSW, is an IHI Executive Director, Improvement Advisor, and lead of IHI’s Improvement Science and Methods portfolio. She describes below her perspective on the past, present, and future of building individual and organizational capability for improvement. Ms. Baldoza will teach sessions that are part of the Building Improvement Capability track at the IHI National Forum (December 8–11, 2019 in Orlando, FL, USA).

Health Care Leaders and Their Boards: Partners in Culture Change
Sam Watson
Institute for Healthcare Improvement July 16, 2019
As we in health care become accustomed to pointing to leadership as the key factor influencing an organization’s culture, the governing board’s role is also getting more attention. That’s because while the CEO is the person who sets expectations and models the organization’s core values on a daily basis, the board members are the ones who hire the CEO. Through that selection, they ultimately have a voice in the kind of organization they want to create. Research into organizational development shows that it takes many years of focused work to solidify changes in culture. With a number of hospitals having CEOs serving for less than four years, the board, in essence, becomes the constant variable. The National Steering Committee for Patient Safety — a public-private partnership working to develop a national action plan to prevent harm in health care — put leadership, culture, and governance together as a single area of focus because these three elements are so intimately linked. Governance influences leadership, which influences culture. And culture is the underlying state that either allows change to happen or not.

My Improvement Journey: Naomi Burden
Q Jul 2019
Naomi Burden shares how she has found her tribe within Q and encourages fellow AHPs to join the newly created Allied Health Professions in QI Special Interest Group.
Healthcare Leader
Leadership is about having a vision – interview with Saffron Cordrey, Deputy Chief Executive of NHS Providers.

Millennial managers: exploring the next generation of talent
Nathan Gerard
Leadership in Health Services: 28 June 2019
While considerable scholarly attention has been given to “millennials” (those born between 1981 and 1997), little is known of this generation’s ability to influence healthcare organizations and managerial roles in particular. This paper aims to clarify why millennials enter the healthcare management field and how their motivations correlate with preferences for working in various healthcare sectors and with various patient populations. Results indicate a significant positive relationship between intrinsic motivation and preferences for working on the payer side of the industry and within finance and IT functions. Findings also reveal a significant positive relationship between prosocial motivation and preferences for working with more vulnerable patient populations. Variance in work motivation among cultural sub-sets of millennials suggests different upbringings, or alternatively, cultural relativity of the motivational constructs themselves.

Leadership styles' influence on the quality of nursing care.
Alloubani A. et al
The purpose of this paper is to investigate managers’ leadership styles, from the perspective of registered nurses, and its effects on the quality of nursing care in both the private and public healthcare sectors. An additional aim is to assess the relationship between leadership styles and particular organisational outcomes. Although the sample study was extensive, a possible limitation is that the research utilised convenient sample who are working in the private and public healthcare sectors thus limiting the generalisability of the study.

Addressing Workforce Challenges in Healthcare Calls for Proactive Leadership.
Parsons JE
Front Health Serv Manage. 2019 Summer;35(4):11-17.
The challenges that healthcare leaders face are many, and workforce challenges are among the most important. For most healthcare entities, the workforce is their largest expense. Fortunately, many issues can be avoided with proper planning and review. Workforce planning is both a science (analysis) and an art (execution). It comprises a set of business processes for analyzing the supply and demand of talent in an organization and determining how that supply and demand might change over time. Turnover rates, retirement projections, and retention data are some of the tools commonly used in the workforce planning process. Because the increase in healthcare jobs is expected to outpace growth in all other fields and industries, recruitment and retention will be matters of special interest to all healthcare leaders during the next several years.

Turning the Titanic: physicians as both leaders and managers in healthcare reform.
Grady CM et al
Physicians are instrumental in healthcare reform and their capacity to employ both leadership and management skills can affect change at all levels. This paper aims to present the challenges and opportunities for physicians in influencing system change and discuss how the two different but complementary skill sets may enable them to contribute to transformation of healthcare.

Developing effective nurse leadership skills
Denise Major
Nursing Standard 2019
Leadership is a role that nurses are expected to fulfil, regardless of their job title and experience. Nurses are required to lead and manage care as soon as they have completed their training. However, the development of leadership skills and the associated learning can be challenging, especially for less experienced nurses and those at the beginning of their careers. This article examines the importance of effective leadership for nurses, patients and healthcare organisations, and outlines some of the theories of leadership such as
transformational leadership. It also details how nurses can develop their leadership skills, for example through self-awareness, critical reflection and role modelling.

**Gritty Leaders: The Impact of Grit on Positive Leadership Capacity.**
Schimschal SE, Lomas T

The concepts of grit and positive leadership are central to extraordinary performance. However, to date there has been little empirical analysis of the relationship between a leader’s level of grit and their capacity to implement positive leadership strategies and practices. This correlational study explores these linkages, taking grit subfactors into consideration as well as three dimensions of positive leadership. Convenience sampling was used to survey 100 leaders across a range of industries. Respondents completed the Grit Scale and 18 questions from the Positive Leadership Practices Self-Assessment. Results indicated that grit positively correlated with positive leadership, and perseverance exhibited a stronger relationship than passion. Further, grit accounted for variance in positive leadership. These findings provide a solid evidence base for giving leaders access to development opportunities that can accelerate the growth of grit and positive leadership.

**Workplace strategies to reduce pharmacy leadership burnout.**
King E.

As the focus of healthcare shifts toward providing higher-quality outcomes-based care, reducing hospital readmissions, and improving the overall health of the population, the roles of healthcare professionals have expanded to meet this need. It is well documented that continued pressure on healthcare professionals to meet increased demands leads to exhaustion and diminished employee engagement. Over time, this can lead to a psychological syndrome defined as burnout.

**Advanced Leadership Training: Pursue an MBA or Other Advanced Degree?**
Grigsby RK.

Many leaders consider engaging in formal leadership training that results in the award of a degree. Choosing from several options requires careful consideration given the cost, effort, and attention required for successful completion. Individuals should have a clear understanding as to motivation for pursuing an advanced degree and should be able to clearly articulate what they hope to gain. If the motivation is driven by desire for yet another credential, one is ill advised to enroll in a program. Graduate degrees in business, health administration, public administration, public health, medical management, and organizational leadership are described, and learning format options.

**Staff**

**Our NHS People Plan**
**Chief People Officer bulletin** 7 August 2019

Taking forward the interim NHS People Plan. HEE and NHS England/NHS Improvement are committed to working much more closely together at all levels across our organisations. We are building shared partnerships with local health systems and our wider partners and stakeholders to deliver the vision and immediate actions set out in the interim People Plan. These are reflected in HEE’s recent mandate from the Department of Health and Social Care, the first developed jointly by HEE and NHS England/NHS Improvement.

**New Deputy Chief People Officer to help make the NHS the ‘best place to work’**
**NHS England** July 2019

HS England and NHS Improvement have appointed Professor Em Wilkinson-Brice to the role of Deputy Chief People Officer. The new position will play a leading role in supporting delivery of the NHS Long Term Plan, by developing and implementing the NHS’ People Plan due to be published towards the end of the year, which will help the NHS become a better place to work for staff, improve leadership culture, and boost recruitment in key roles.
£20 million funding to help 10,000 young people into NHS careers

Department of Health and Social Care 23 July 2019

The Health and Social Care Secretary has announced £20 million funding to prepare more young people for an entry-level job or apprenticeship in the NHS.

A citizen-led approach to health and care: Lessons from the Wigan Deal

The Kings Fund July 2019

Over a period of six years, public services in Wigan have been through a major process of transformation, based on the idea of building a different relationship with local people. The new approach to delivering services has become known as the ‘Wigan Deal’. This report provides an independent critique of the Wigan Deal drawing on in-depth research, including interviews with key stakeholders, focus groups with members of the public and evidence from data analysis. It explores what local authorities, NHS organisations and others can learn from Wigan’s journey of transformation.

‘We will back you’: a positive approach to risk

Dan Wellings
The Kings Fund July 2019

On a Thursday afternoon last October I found myself in a community centre in Wigan, listening to an anthropologist explaining the value of cows to a tribe in Africa. I knew they were doing things differently in Wigan, but I hadn’t expected this.

Strategies to Recruit the Next Generation of Nursing Leadership Talent

Martin ER1, Kallmeyer R.
J Nurs Adm. 2018 Jul/Aug;48(7-8):368-374

The purpose of this study was to explore how generational differences contribute to challenges in recruiting the next generation of talent into nursing administration roles. The current workforce is aging. Nursing administrative roles, which for the purpose of this study are defined as nurse managers, are increasingly difficult to fill with leaders from upcoming Generations X and Y. Fiscally conservative interventions exist to assist hospital administrators with succession planning among nurse managers. When recruiting Generations X and Y candidates, interventions supporting work-life harmony should be emphasized.

Leader's integrity and employee silence in healthcare organizations

Erkutlu H, et al.
Leadersh Health Serv (Bradf Engl). 2019.

Drawing on the social exchange theory, the purpose of this paper is to examine the relationship between a leader’s behavioral integrity and employee acquiescent silence. Specifically, the authors take a relational approach by introducing employee's relational identification as the mediator. The moderating role of employee political skill, in the relationship between behavioral integrity and employee acquiescent silence, is also considered. The findings of this study suggest that healthcare administrators' words and deeds should be consistent while interacting with their subordinates, as it leads to positive interpersonal relationship, which, in turn, lowers employee silence. Moreover, healthcare administrators should pay more attention to the buffering role of employee political skill for those subordinates with low relational identification and higher workplace silence.

Equality

Creating a culture of civility, compassion & respect - tackling negative behaviour, bullying & harassment

Social Partnership Forum July 2019

Toolkit. The SPF’s collective call to action tasks employers and trade unions in NHS organisations to work in partnership to create a culture of civility, compassion and respect where poor behaviour, bullying and harassment are less likely to arise and, if they do, they are tackled successfully. To support this work, the SPF is publicising the views of NHS leaders and experts on this topic and signposting information, tools and resources and case studies which can help partnership initiatives. There is still much to do to improve workplace cultures in the NHS. In the 2018 NHS Staff Survey, a quarter of staff responded that they had experienced bullying,
harassment or abuse by other staff in the last 12 months. *Progress report*

**Interview: Henrietta Hughes, NHS National Guardian**
Matt Ross  
**MIP: The union for health and care managers** August 2019
After the appointment – following a recommendation in Sir Robert Francis’s 2015 report – of ‘Freedom to Speak Up’ guardians within NHS bodies, Dr Henrietta Hughes: a practicing GP and former NHS England medical director, two years ago was made the National Guardian for the NHS. She is charged with overseeing the appointment and management of local guardians, providing them with training and support, and protecting guardians and staff raising concerns from negative repercussions. These, says NHS Improvement, should provide a safe channel through which staff can raise concerns; guardians then monitor the organisation’s response, feedback to staff, and see that appropriate changes are made to systems and policies.

**Workforce Race Equality Standard 2018/19**
**Care Quality Commission** August 2019
This is our third year of reporting on the experiences of BME staff to ensure equal access to career opportunities and fair treatment in the workplace. This year’s data shows progress in Indicators 2, 3 and 4:

- the likelihood of white staff being appointed from shortlisting is the same as for BME staff
- the data tells us there is no difference in the likelihood of a BME colleague entering a formal disciplinary process compared to a white colleague
- this year’s data shows that there is no difference in the relative likelihood of white staff accessing non-mandatory learning compared to BME staff

**Embracing Diversity and Inclusion in Psychiatry Leadership.**
Simonsen KA, Shim RS  
Recognizing and embracing culture, diversity, and inclusion is essential to the practice of high-quality clinical care in medicine and, more specifically, in psychiatry. When leadership lacks diversity, the organizational policies and norms may skew toward devaluing the importance of diversity and inclusion. Considering the significant underrepresentation at the academic faculty level, substantive individual and systemic efforts are required to recruit, retain, and advance a diverse and inclusive student pipeline and faculty in academic psychiatry. For meaningful progress to be made, leaders in psychiatry must resemble an increasingly diverse field of psychiatry residents who serve a more diverse community of patients.

**Mentoring**
**Mentoring the mentors of students from diverse backgrounds for research.**
Wyatt GE; et al.  
**The American journal of orthopsychiatry;** 2019; vol. 89 (no. 3); p. 321-328  
This article defines and discusses 6 beliefs, attitudes, and practices that can erode or undermine self-esteem and self confidence in student-scholars from underrepresented and marginalized groups in academic settings. Specifically, the beliefs and practices are reactions to implicit bias, color blindness, imposter syndrome, internalized racism, stereotype threat, and code-switching. Mentors need to know how to discuss these reactions because they can also influence the mentoring process and academic performance. To minimize incidents or interactions that might result in scholars not being able to find their place in these settings, recommendations for basic mentoring strategies and individual- and systemic-level approaches to address institutional racism are discussed.

**Scholarly Collaboration, Mentorship, and Friendship: A New Model for Success in Academic Medicine.**  
Abramson EL, et al.  
Mentorship can be one of the most important factors in helping faculty members successfully advance academic careers. Finding effective mentorship, however, is extremely challenging and lack of mentorship may negatively impact productivity, promotion, and retention. Women, in particular, identify lack of mentorship as
a major factor inhibiting career advancement, which in turn may be one element contributing to the significant gender gaps existing in academic medicine. Here we describe a model of mentoring drawn from our personal experiences as four female faculty that has resulted in a successful collaboration spanning nearly a decade. This model combines different elements of mentoring models previously described in the literature into a single model of network mentoring. Our model aims to promote longitudinal, collaborative scholarship around a broad common research theme, provide long-term mentorship focused on successfully navigating personal and academic hurdles, and create a forum of mentorship for faculty at all academic ranks. Keys to the success of our model, The Accelerate Scholarship through Personal Engagement with a Collaborative Team (ASPECT) Model, are: 1) a shared overarching research goal that allows for multiple projects to be worked on over time; 2) regular, structured meetings; 3) a collaborative yet flexible arrangement with "group accountability;" and 4) a focus on the human connection. Our goal in writing this paper is to describe, in detail, lessons learned from our experiences and reflect on why and how this model may be effective in addressing mentoring gaps many faculty members, particularly

**Leadership books**

- Evidence-Based Leadership, Innovation and Entrepreneurship in Nursing and Healthcare: A Practical Guide to Success
  - Tim Raderstorf
  - Springer 2019

- Advanced Practice Nursing Leadership: A Global Perspective
  - Hassmiller, Susan
  - Springer 2019

- Values-Based Leadership in Healthcare: Congruent Leadership Explored
  - David Stanley
  - Sage 2019

This bulletin is based partly on the leadership blog for Thames Valley and Wessex Leadership Academy: [https://blogs.bodleian.ox.ac.uk/tvw-knowledge-hub/home/](https://blogs.bodleian.ox.ac.uk/tvw-knowledge-hub/home/)

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