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HOW MIGHT A TALENT MANAGEMENT SYSTEM HELP FUTURE LEADERS OF THE CANADIAN FORCES HEALTH SERVICES?

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INTRODUCTION

Succession planning is a structured process that involves the identification and preparation of a potential successor to assume a new role.[1] It should be considered an essential business strategy and be proficiently integrated into strategic organizational initiatives. Over the past two decades, the Canadian Forces (CF) Health Services has been in a state of constant change. Stemming from a National Defence Chief Review Services (CRS) report produced in 1999, which examined the issues and concerns identified by the senior leadership of CF Health Services, one of its major findings indicated that the command and control structure hindered the organization's Director General from providing strategic direction and leadership for all of the medical resources.[2] As a result of the CRS report (1999), the development of an internal command and control concept paper, *Vertical Integration of Canadian Forces Health Services Resources*, was ordered. In this concept paper (2003), it was identified that the lack of succession planning within the CF Health Services was a weakness in the strategic management of its human resources.[3] In response, over the past decade CF Health Services has improved in many areas including its strategic direction and guidance. As the organization continues to move forward, efforts into developing its leadership capacity in its Health Care Administrators (HCAs) will be necessary to ensure they will be capable of leading the organization into the future.

In consultation with senior leadership within the CF Health Services, this paper was directed using the following question: How might a talent management system amongst Health Care Administrators help develop future leaders of the Canadian Forces Health Services? The

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[1] Andrew Garman and Jeremy Glawe, *Succession Planning* (Chicago: National Center for Healthcare Leadership, 2004), 119.

[2] National Defence Chief of Review Services, *Review of CF Medical Services* (Ottawa: Public Works and Government Services Canada, 1999), 20.

[3] Department of National Defence, *Vertical Integration of Canadian Forces Health Services Resources. A Command and Control Concept paper Version 3.2*. (Ottawa: Canadian Forces Health Services, 2003), 10.

following paper will provide an organizational context and systems analysis of the issue, offer a literature review on the challenges to succession planning and organizational change, and present three recommendations to the CF Health Services senior leadership to implement with a view of improving its current organizational succession planning process.

Organizational Context

CF Health Services has undergone a significant structural reorganization over the past decade. The medical resources that had once belonged to the environmental commands have been realigned and are now centralized under the CF Health Services Commander. This realignment has allowed the organization to become more efficient with a standardization of medical and professional training. With all of the Health Services human resources now under the control of the Director General of Health Services, it has permitted a more effective capability enabling the organization to fulfill its mandate of providing health services to Canada's fighting forces wherever they may serve.

The *CF Health Services Succession Planning and Management Program* and its competency-based framework was designed to identify the CF Health Services officers who potentially had the ability to make the transition from "leading people" to "leading the institution". This model was not designed for health care, but is based on the *Alberta Public Service Competency Model.* In addition, the model does not address the gap in developing junior HCAs and it is not a stepped developmental framework. The current program does not speak to the different stages of leadership, and does not provide a tool that the organization or individuals can use for their self-development until later in their careers.

The organizational mission, vision and values of the CF Health Services are:

Mission: To provide high quality health services to Canada's fighting forces wherever they serve.

Vision: A professional military health service recognized for providing excellent care as an integral part of a world class fighting force.

Our Values:
Caring: We have empathy for our patients, whose welfare is our foremost concern. Compassion is always evident as we share with them the responsibility for their health.

Our people: We support, promote and encourage the professional and personal development of our people.

Teamwork: We are a multi-disciplinary team that works together, guided by the best interests of those we serve.

Professional Excellence: We master the skills of our disciplines, learn continuously and base our judgements on scientific evidence and the best interests of those we serve.

Communication: We listen to, understand and inform our patients, our people, the Canadian Forces and the public.

Accountability: We take responsibility for our actions, decisions and behavior.[4]

As previously mentioned, the responsibility of personnel development has now been vested to the Commander. The health services concept paper, along with the support of the Commander, endorsed the idea that in order for the Health Services Group to live up to its stated mission, vision and values of the organization, a plan to manage and foster future leaders of the medical branch had to be developed and well implemented. The importance given to the professional development of all health services personnel, including HCAs is clearly articulated in the core values of CF Health Services. Yet, despite this realignment and higher direction, it raises the question as to why succession management for junior HCAs remains such an organizational challenge?

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[4] National Defence and Canadian Forces, *The Canadian Forces Health Services succession planning and management program: A competency based model* (Draft) (Ottawa: Canadian Forces Health Services, n.d.), 6.

Systems Analysis of the Inquiry

Senge suggests that system thinking is realizing the organization is made up of many complex parts, "… it is a framework for seeing interrelationships rather than things, for seeing patterns of change rather than static snapshots."[5] In order to effectively analyze an organization with the hope of shedding light on an inquiry question, a strong emphasis must be placed on the significance of taking a systems approach to understand the interdependencies between the different components or factors of the organization.

The organizational changes that have occurred over the past several years within CF Health Services has allowed the organization to transition from what may have resembled a closed system into a more complex open system. Given the changes in the methods the organization now provides health care, it has created greater connections with other governmental departments, civilian health care organizations (e.g. Accreditation Canada, Canadian College of Health Leaders, etc.) and the Canadian Armed Forces. With these newly fostered relationships, it has undeniably resulted in the organization and its senior leadership being pulled in multiple directions in order to maintain and enhance these valuable links. It is highly probably that the time and energy that had previously been devoted to internal organizational programs, such as succession planning and talent management development, has been redirected elsewhere as the organization continues to evolve and move into the future.

CF Health Services is being influenced by the day-to-day decisions of other organizational leaders, changes in government, current economic and budgetary constraints, changes in priorities of civilian health care partners, provincial and federal health care regulations and the views and opinions of the Canadian society. Remarkably, the organization

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[5] Peter Senge, *The fifth discipline: The art and practice of the learning organization* (Toronto: Doubleday, 2006), 68.

has been able to sustain its external working relationships and have managed to build a high level of institutional creditability; however, it is still experiencing challenges associated with talent management development and succession planning. These system influencers create challenges that have a direct impact on the organization's ability to expand its succession planning process, such as: scarce resources and limited attention are allocated due to the competing demands from other subsystems such as operations and training, a lack of internal expertise surrounding succession planning causes ill-informed decision-making involving personnel career progression, and as a result of constant changes quick reactions to address the short term needs are often made without focusing on a sustainable leadership development model for the long term. Figure 1 illustrates the internal and external factors influencing CF Health Services and its members.

EXTERNAL INFLUCENCES
Economic & Budgetary Constraints; Civilian Healthcare partners; Prov & Fed Healthcare Regulatory bodies; Canadian Society

CF Health Services
6,000 Employees
- Military, Puclic Servants & Contracted Health Providers

One National Headquarters; Two Regional Headquarters; 43 Healthcare Centres; 82 Health Servcies Units/Detachments

INTERNAL INFLUCENCES
Canadian Armed Forces; Trg requirements, Internal Departments, military structure, biases

Figure 1. Internal and External Systems CF Health Services.

The *CF Health Services Succession Planning and Management Program* is an organized approach to the development of personnel in order for individuals to reach their full potential, and to identify those who have the potential to succeed at the most senior ranks.[6] However, this model was adopted within CF Health Services without a systems thinking approach; meaning the decision to implement this framework was made without the consideration of the various interconnections and feedback loops created as a result of the organizations' relations held from within the military and external to our civilian health care partners.

LITERATURE REVIEW

This literature review has been divided into two main topics with their respective sub-topics as follows: succession planning, including health care leadership, leadership competency-based models and talent management; and organizational change, including leading change and resistance to change.

Topic One: Succession Planning

Blouin, McDonagh, Neistadt, and Helfand observed that succession planning is often overly simplified as a process of selecting the next chief executive.[7] Smeltzer stated that "with gaps in leadership and leadership development being a major challenge in health care, succession planning needs to be viewed more carefully."[8] The following focuses upon HCA leadership development, talent management, and examines other health care leadership competency-based models, with a view of highlighting alternative options to support positive changes in succession planning within CF Health Services.

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[6] National Defence and Canadian Forces, *The Canadian Forces Health Services succession planning and management program: A competency based model* (Draft) (Ottawa: Canadian Forces Health Services, n.d.), 8.

[7] A. Blouin *et al, Leading tomorrow's healthcare organization: strategies and tactics for effective succession planning* (Chicago: Deloitte Consulting, 2006), 11.

[8] Carolyn Smeltzer, *Succession Planning* (Chicago: JONA, 2002), 615.

A Growing Demand for Developing Health Care Leadership

Demand for skilled leaders in health care will outstrip the available supply in the near future.[9] As noted by Buerhaus, Staiger, & Auerbach, the Baby Boomer generation are starting to retire and with them goes a wealth of knowledge and expertise.[10] Additionally, based on a recent CF Health Services Annual Military Occupation Review on all of its occupations, it revealed the Terms of Service (TOS) for many HCAs will expire within the next three years, leading to a potentially higher attrition rate than other CF Health Services occupations.[11] With personnel changes expected to occur over the next several years, investment efforts into succession planning will be required within the HCA speciality. Dedicated efforts to invest in the best, highest performing and highest potential individuals may very well help the organization manage its internal talent pipeline.[12]

The literature review surrounding succession planning in relation to health care leadership presented a general theme that organizations need to focus on "building the internal leadership pipeline."[13] Sverdlik articulated that succession planning is a key organization strategy for identifying, educating, training and mentoring future organizational leaders.[14] Schmalzried and Fallon expressed succession planning as "a proactive attempt to ensure that leadership in an organization will be continuous by identifying how these positions will be filled

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[9] Eugene Fibuch and Charles Van Way, *Succession Planning in Health Care Organizations* (Missouri: American Association for Physician Leadership, 2012), 44.

[10] P. Buerhaus et al, *Implications of an Aging Registered Nurse Workforce* (Nashville, Journal of the American Medical Association, 2000), 2948.

[11] Martin Lipcsey, *Record of Decisions: Annual Military Occupation Review Health Services Occupation* (Ottawa: CF Health Services Gp HQ, 2016), 3.

[12] Robert Barnett and Sandra Davis*, Creating Greater Success in Succession* (New York: SAGE Publications, 2008), 721.

[13] A. Blouin *et al*, *Leading tomorrow's healthcare organization: strategies and tactics for effective succession planning* (Chicago: Deloitte Consulting, 2006), 326.

[14] Barbara Sverdlik, *Who will be our Nursing Leaders in the Future? The Role of Succession Planning* (Fort Lauderdale: JONA, 2012), 383.

as both planned and unplanned departures occur."[15]   Similarly, Rothwell outlined succession

planning as a deliberate and systematic effort by an organization to maintain leadership

continuity in key positions, to retain and develop intellectual capital for the future, and to

encourage individual advancement.[16] These and other scholarly viewpoints reinforce the idea

that succession planning must be considered a key strategic process of passing organizational

responsibility from the current to the future leadership.[17]

Despite the knowledge that succession planning is vital to the success of an organization,

it is surprising to learn that many health care organizations still do not place enough focus on

developing the next generation of leaders.[18] According to the case study, *Best Practices in

Health Leadership Talent Management and Succession Planning* produced by the American

National Center for Healthcare Leadership, it cited that "talent management and succession

planning programs have led to higher levels of employee satisfaction; satisfaction levels have

reached as high as 85% at facilities who undergo these developmental programs, well above the

industry norm of 59%."[19] The case study further states that these high satisfaction levels are a

result of the focal point on internal progression and that employees become more engaged when

they believe they have the opportunity to advance within their organization.[20] As suggested by

Finley et al., an important responsibility of senior health care executives is preparing future

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[15] Hans Schmalzried and L. Fleming Fallon, *Succession planning for local health department top executives: Reducing Risk to Communities* (New York: Medscape Springer Science, 2007), 169.
[16] William Rothwell, *Effective Succession Planning: Ensuring Leadership Continuity and Building Talent from Within* (New York: American Management Association, 2005), 6.
[17] Sandra Collins and Kevin Collins, *Succession planning and leadership development: critical business strategies for healthcare organizations* (Southern Illinois: Radiology Management, 2007), 17.
[18] Michele Doody, *Future Healthcare leaders you need now* (Bethesda: Healthcare Financial Management, 2002), 98.
[19] National Centre for Healthcare Leadership, *Best Practices in Health Leadership Talent Management and Succession Planning: Case Studies* (Chicago: NCHL, 2010). 8.
[20] Ibid., 9.

leaders who can meet the challenges of a complex and ever changing health care industry.[21]

With this in mind, one could argue that nothing is more essential than determining who will lead the organization into the future.

Leadership competency-based models

The connections between succession planning, leadership development and leadership competency-based models are emphasized throughout the literature (Blouin et al., 2006; Conger & Fulmer, 2003; Liebman, Bruer, & Maki, 1996; Redman, 2006; Wong & Modrow, 2004). Guinn explained that "effective succession planning requires an organization to review its business strategy with its changing goals and priorities as a means of pinpointing the key skills and behaviours, i.e. competencies, required of employees."[22] Silzer expressed that "leadership competency models are helpful to organizations and individuals by visibly stating and sharing the expected leadership behaviours, as well as establishing a framework on which to build leadership capacity."[23]

Several leadership competency-based models designed for health care in Canada have been developed (e.g., *LEADS in a Caring Environment* and *Pan Canadian Health Systems Leadership Capabilities*). The *LEADS* acronym stands for Lead self, Engage others, Achieve results, Develop coalitions, and Systems transformation. It is a stepped professional development model, and the Canadian Medical Association and the Canadian College of Health Care Leaders, amongst others, have adopted it. Grandy and Holton articulated that the *LEADS in a Caring Environment* framework, promoted by the Canadian Health Leadership Network (CHLNet), as one that:

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[21] F. Finley *et al. Mentoring junior healthcare administrators: a description of mentoring practices in 127 U.S. Hospitals* (Wisconsin: US National Library of Medicine National Institute of Health, 2007), 269.

[22] Stephen Guinn, *Succession Planning without Job Titles* (Pittsburgh: Career Management International, 2000), 390.

[23] R. Silzer *et al*. *Leadership Competency Models* (New York: The Leadership Quarterly, 2006), 402.

aligns and consolidates the competency frameworks and leadership strategies that are found in Canada's health sector and other progressive organizations and is comparable to the top leadership competency frameworks in the private, public and health services around the world.[24]

While great strides have been made to developing leadership competency-based models in health care, these efforts have not come without its criticisms. Edmonstone contended that competency-based frameworks undermined the importance of context because it is assumed that such competencies are the ideal qualities for all leaders at all levels and in all professions of health care.[25] Additionally, Boaden asserted that there is a gap between aspiration and achievement because of the "political" working environment that participants of a leadership development program face in trying to implement newly acquired skills and knowledge.[26] To counter these criticisms, Bolden, Gosling, Marturano, and Dennison stated that although no one size fitted all, there are many similarities between the different models. Their work signified that the framework itself is not as important as the process the competency model develops in the organization. Hollenbeck et al. supported the work of Bolden et al. when they concurred that a leadership competency model cannot be used as an exact formula for effective leadership, but that the use of a framework would help an organization address the areas of organizational training and build on internal intellectual and knowledge capital.

The US Army developed a framework that requires a balanced commitment to the three pillars of leadership development: training, education and experience.[27] This leadership competency-based framework acts as a guide in the development of their officers and considers

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[24] Glna Grandy and Judith Holton, *Evaluating Leadership Development Needs in a Health Care setting through a Partnership Approach* (Sackville: SAGE, 2013), 62.

[25] John Edmonstone, *Developing Leaders and Leadership in Health Care: A Case for Rebalancing?* (Leeds: Emerald Group Publishing, 2011), 15.

[26] Ruth Boaden, *Leadership development: does it make a difference?* (Manchester: Leadership and Organization Development Journal, 2006), 18.

[27] US Army, *Army Leadership Development Strategy 2013: Training, Education, Experience*, 19.

the development to their leaders to be a career-long process. Additionally, the US Army

Research Institute generated a framework based on eight core leadership competencies:

1. Leading others to success;
2. Exemplifying sound values and behaviours;
3. Vitalizing a positive climate;
4. Ensuring a shared understanding;
5. Reinforcing growth in others;
6. Arming self to lead;
7. Guiding successful outcomes; and
8. Extending influence.[28]

This leadership competency framework was designed to be implemented across the entire US

Department of Defense that would focus on the functions of leadership to align training,

development, performance management processes and better convey what leaders need to do.

To that end, all military organizations focus internally to develop their leaders. Unlike civilian

intuitions, the military does not recruit, select nor assign middle and senior management leaders

from outside its ranks. As such, it is imperative for military organizations, such as CF Health

Services, to develop its own effective organizational leadership competency model to sustain the

continuous development of its future leaders.

Talent Management

The linkages between talent management and succession planning are well founded in the

literature (Barner, 2006; Cohen, 2001; Fulmer & Bleak, 2008; Lewis & Heckman, 2006;

Rothwell & Kazanas, 2004; Rueff & Stringer, 2006). As Lewis & Heckman pointed out, "it is

very difficult to identify a precise meaning of talent management because of confusion regarding

terminology usage and differences in assumptions made by authors who write about this topic."[29]

They further noted that the terms talent strategy, succession management, and human resource

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[28] Jeffrey Horey *et al. Competency Based Future Leadership Requirements* (Arlington: US Army Research Institute for the Behavioral and Social Sciences, 2004), 2.

[29] Robert Lewis and Robert Heckman, Talent Management: A Critical Review (Seattle: Human Resource Management Review, 2006), 140.

planning are often used interchangeably.[30] Cannon & McGee proposed that "talent management is the process by which an organization identifies, manages and develops its people now and for the future."[31] They further suggested that talent management is concerned with developing a strategy to determine what the organization needs to do in order to meet current and future demands of the strategic plan, and to identify ways to retain those who are critical to operational success.[32]

Unlike succession planning, talent management focuses more on pools of talent than on specific individuals. Webster explained that talent management takes a broader view of satisfying the need for the right mix of talent to implement today's and tomorrow's strategies.[33] It is a systematic approach to attracting, acquiring, developing and retaining talent. Where succession planning traditionally focuses on high-potential employees in senior management positions, talent management expands the scrutiny of succession planning to the entire workforce, and focuses on successors who can be developed for all positions, not just the top tier.[34] Despite their differences, overlaps exist in that succession planning and talent management systems can lead organizations to long-term stability, meeting strategic goals and are solutions to ensuring the right people are available to achieve organizational performance objectives.[35]

The literature surrounding talent management revealed several different approaches to this leadership developmental strategy. One approach connects talent management to traditional

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[30] Ibid., 141.

[31] James Cannon and Rita McGee, *Talent Management and Succession Planning* (London: Chartered Institute of Personnel and Development, 2011), 10.

[32] Ibid., 11.

[33] Lois Webster, *Best Practices of Talent Management and Succession* (Chicago: Trade Press Services, 2008), 6.

[34] Ibid., 8.

[35] Alan Lindsay, *Why Succession Planning and Talent Management Fail and What to do about it* (Portland: PLS Consulting Inc, 2012), 4.

HR practices such as recruitment, selection, training, and performance measurement (Cohen, 2001; Robertson & Abbey, 2003; Cheese et al., 2008). This approach asserts that traditional HR practices are vital to a firm's success and thus, it is critical to link these practices to the talents required by firms. Another approach towards talent management is closely connected to the concepts of HR planning, HR management, and succession planning.[36] Rothwell & Kazanas emphasized the strategic importance of talent management, while other scholarly viewpoints highlighted the importance of broader talent pools for succession purposes.[37] A third approach towards talent management takes a more general view, linking talent management to issues such as leadership (Barner, 2006), talent pools (Michaels et al., 2001), an individual's potential (Smilansky, 2006), the development of talent (Fulmer & Bleak, 2008), and the attraction and retention of personnel (Rueff & Stringer, 2006).

While all three described approaches to talent management provided significant insights to this leadership developmental strategy they unfortunately missed the mark individually to fully clarify the concept in its entirety. None were strategic or tied an organization's business strategy to the potential impact of talent. As such, gleaned from the literature review, a common understanding of talent management was achieved and validated by the work of Hatum, in that talent management is a strategic activity aligned with the firm's business strategy that aims to attract, develop, and retain talented employees at each level of the organization.[38] The talent planning system, therefore, is linked directly to a firm's business and strategic planning processes.

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[36] William Rothwell & H.C. Kazanas, *The Strategic Development of Talent* (Amherst: HRD Press, 2004), 224.

[37] Ibid., 225.

[38] Adres Hatum, *Next Generation Talent Management: Talent Management to Survive Turmoil* (New York: Palgrave MacMillan, 2010), 98.

Talent management involves a severe commitment in time and energy by senior management, if it is to bear any positive effect. The literature revealed that talent management focuses more on talent at the institutional level rather than at the individual employee level. Put differently, rather than ask how an individual's talent can support the firm, talent management asks how an organization's talent structure can be fine-tuned by attracting, developing, and retaining people.[39] By being a leader in this activity, CF Health Services can develop organizational capabilities that are meaningful, unique, hard to mimic, and as a result can capitalize on a sustained competitive advantage in securing its internal talent.

Topic Two: Organizational Change

The importance of leading change is vital to understanding the process and challenges associated with adopting any recommended changes in the organization. It is important to understand the organization's readiness for change and to provide strategies that can be used to implement change and mitigate resistance. Without an understanding as to what is entailed with organizational change, the recommendations will be doomed to remain just that: recommendations.

Leading Change

According to Kotter, the successful implementation of change does not just happen; "it must be led."[40] Engaging senior health services officers throughout the organization will be important into increasing the likelihood of a successful evolution of the HCA developmental system. Kotter emphasized that "in order to mobilize support for proposed organizational changes, it is essential for leaders to explain why the changes are necessary and to create a sense

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[39] Ibid., 100.

[40] John Kotter, *Leading Change* (Boston: Harvard Business School Press, 1996), 26.

of urgency about them."[41] In most cases, change programs are initiated and implemented to help

organizations grow, improve or simply survive. Communication from organizational leaders

must be undertaken broadly and dramatically across the organization as a change management

program requires the aggressive cooperation of many individuals.[42]

Anderson contented that "organizational change can be categorized into three major

types: developmental, transitional, and transformational."[43] Additionally, each type of change is

assigned a degree of difficult or how hard leading the change process would be for the

organization. Anderson suggested that developmental change is the easiest to lead, while

transformational change is the most difficult.[44] The determination, understanding and

recognition of what type of change the organization takes on is important to an organization's

leadership, who will be allocating scare resources and efforts to enable the implementation.

The same argument can be made for an internally driven change if the organization

effecting the change is not prepared to implement it. Since organizations have been changing for

years, the question remains, why is it so difficult for organizations to achieve long lasting,

effective change? According to Senge et al., one of the reasons why it is so hard to accomplish a

successful organizational change in a complex open system is that they believed that "you must

fully understand and then influence all the factors that impact that system."[45] With the

assumption that individuals now understand the system that they are in, another question presents

itself: what leadership style is required to lead organizational change? To answer this query it is

felt that in order to effectively guide change, senior leadership must select individuals who have

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[41] Gary Yukl, *Leadership in Organizations* (New York: Prentice Hall, 2010), 33.
[42] John Kotter, *Leading Change* (Boston: Harvard Business School Press, 1996), 28.
[43] Dean Anderson, *Beyond Change Management: Advanced Strategies for today's transformational leaders* (San Francisco: Jossey-Bass, 2001), 34.
[44] Ibid., 35.
[45] Senge *et al*. *The dance of change: The challenges to sustaining momentum in learning organizations* (New York: Doubleday, 1999), 138.

a common belief of the future or have a shared vision, ask what needs to be done, and are concerned with what is right for the organization.[46]

As Hirschhorn noted, most large change initiatives collapse under the weight of their complexity.[47] He further suggested that "in order to reduce the complexity and to ensure the success of organizational change, the change initiative itself needs to be broken into three distinct and coordinated campaigns: political, marketing, and military."[48] The political campaign refers to forging alliances and changing the organizational structure to assist in the change. The marketing campaign symbolizes the listening for problems and working with stakeholders. The final campaign is the establishment of a military component that includes securing resources that are needed for the change and the setting of short and long term goals. This concept was also echoed by Kotter, who stressed the importance of setting short-term goals with organizational change in order to have early success.[49]

From reviewing healthcare literature on organizational change, it reaffirmed the notion that change is an important part of the growth and development of any organization to ensure its success. In a recent 2013 study conducted by the Health Science Centre of Texas A&M University, *Success Factors for Strategic Change Initiatives: A Qualitative Study of Healthcare Administrators Perspectives*, it explored various organizational change initiatives ranging from the integration of a new electronic health record system to a cost effectiveness initiative to improve resource management that occurred within two major US healthcare systems. The study identified ten factors that played pivotal roles in successful change initiatives in both healthcare systems. Of these factors, the significance of effective leadership and moreover the requirement

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[46] John Kotter, *Leading Change* (Boston: Harvard Business School Press, 1996), 96.
[47] Larry Hirschhorn, *Campaigning for Change* (Boston: Harvard Business Review, 2002), 99.
[48] Ibid., 100.
[49] John Kotter, *Leading Change* (Boston: Harvard Business School Press, 1996), 17.

for communication and access to information surrounding the change initiative was recognized and deemed vitally important. Additionally, it further explained that change management and successful implementation depend on a culture shift in that individuals need to feel accountable for their actions and thereby the success of the change model. According to Kotter, whatever direction an organization chooses to go in terms of establishing a major change initiative, it is critical that the message be communicated regularly by senior leaders to capture the "hearts and minds" of the people.[50]

Resistance to Change

Stanleigh contented that "it is normal to see resistance in people whenever there is change."[51] Mink articulated that those who are directly impacted by the change may have a tendency "to resist the change if they are not included in the process of planning the change."[52] Reactions to change vary depending on the nature of the transformation and the value that people place on satisfying different individual needs.[53] Organizational members can respond to change in multiple ways: from passively resisting it, silencing its advocates, refusing to engage in joint problem-solving activities, refusing to seek common ground, sabotaging, and aggressively trying to undermine it, to sincerely embracing it.[54] As noted by Stanleigh, "leaders understanding that there will be resistance to change will help them anticipate resistance, identify its sources and reasons, and modify efforts to manage the issues of change to ensure the success of change efforts."[55]

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[50] Ibid., 25.
[51] Michael Stanleigh, *Leading Change* (Innisfil: Journal for Quality and Participation, 2013), 39.
[52] Oscar Mink, *Creating New Organizational Paradigms for Change* (Austin: MCB UP Ltd, 1992), 28.
[53] Colin Carnall, *Managing Change in Organizations* (London: Prentice Hall, 1990), 7.
[54] Carol Agocs, *Institutionalized Resistance to Organizational Change: Denial, Inaction and Repression* (London: Journal of Business Ethics, 1997), 917.
[55] Michael Stanleigh, *Leading Change* (Innisfil: Journal for Quality and Participation, 2013), 40.

Resistance to change can appear in many different forms. According to Block, "the key to understanding the nature of resistance is to realize that it is a reaction to an emotional process taking place within the stakeholder; it is not only predictable and natural, it is a necessary part of the learning process."[56] He further outlined common forms of resistance that are implemented by stakeholders in order to help them understand the change process. These forms of resistance are as follows:

1. Give me more detail;
2. Providing too much detail;
3. The timing is off for the project;
4. Impracticality of the proposed changes;
5. Desire not to be surprised;
6. Attack on the change agent;
7. Confusion;
8. Silence;
9. Attack on methodology, and
10. The health of the issue has improved.[57]

Block offered three steps for handling stakeholder resistance: 1) try and identify what form the resistance is taking, 2) state in a neutral manner the form the resistance is taking, i.e. name the resistance, and 3) be quiet and let the individual respond to the stated resistance.[58] By acknowledging the forms of resistance and following these identified steps, Block contends that it will help individuals get past the resistance and get on with the solving the problem.[59]

The literature review surrounding organizational change in relation to resistance to change yielded a general theme. A strategy emerged for mitigating resistance to change that involved engaging employees in the planning process of the proposed organizational change (Collins, 2001; Hamel, 2009; Kouzes and Posner, 2007; Mintizberg, 1994; Stanleigh, 2013).

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[56] Peter Block, *Flawless Consulting: A Guide to Getting your Expertise Used* (San Francisco: Pfeiffer, 2011), 56.
[57] Ibid., 56.
[58] Ibid., 57.
[59] Ibid., 59.

Mintizberg explained that "effective leaders engaged employees on the journey of change, thus ensuring that they helped to shape the course of change within the organization and further reduced anticipated uncertainties with the impending transformation."[60]

Kouzes and Posner illustrated that "employees want to be involved and hear about their own aspirations, they want to hear how their dreams will come true and their hopes fulfilled."[61] By implementing this strategy, it integrates employees so that they feel a part of the process and therefore can effectively cope to upcoming changes. Similarly, Hamel articulated that employees must be involved in the leadership decisions: leadership must work at creating a high-trust, low-fear culture, create a democracy of information, and enable "communities of passion".[62] These scholarly viewpoints were confirmed by Stanleigh's research in that he further stated that "by asking employees for their suggestions and incorporating their ideas into the proposed organizational change initiative will help address the "people's needs" and would disrupt only what needs to be changed in order for the successful transformation to occur."[63] He showed that effective leaders can manage organizational change well by defining the expected outcomes, suggest a path to achieve it, and communicate a vision to ensure people follow the designated path.

RECOMMENDATIONS

The following three recommendations are supported by the literature review and are centred upon the notion that a new approach is needed to ensuring effective HCA leadership within CF Health Services. These recommendations include that CF Health Services:

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[60] Henry Mintizberg, *The Fall and Rise of Strategic Planning* (Boston: Harvard Business Review, 1994), 108.

[61] James Kouzes and Barry Posner, *The Leadership Challenge (4th ed)* (San Francisco: Jossey-Bass, 2007), 78.

[62] Gary Hamel, *Moon shots for Management* (Boston: Harvard Business Review, 2009), 97.

[63] Michael Stanleigh, *Leading Change* (Innisfil: Journal for Quality and Participation, 2013), 42.

1.   Modify the current leadership competency framework so it provides clear, standardized leadership competencies;

2.   Design and implement a focused leadership developmental model targeted for junior HCAs; and

3.   Ensure leadership development opportunities for HCAs are diverse and inclusive.

Recommendation one: Modify the current leadership competency framework so it provides clear, standardized leadership competencies

The US Army expressed within the Leadership Development Strategy that a leadership competency framework that "incorporates core competencies will provide a common denominator for leader development, and furthermore will assist in identifying, developing, and rewarding leadership behaviours across the stages of leader development and career progression."[64] This paper has shown that a new approach towards a relevant leadership competency model is required for HCAs. It is suggested that the organization adopt the *LEADS* model, which would permit a starting framework for the development of an appropriate leadership competency model for CF Health Services leadership development of HCAs. The competencies of the *LEADS* and the current CF Health Services competency-based model are shown below:

Table 1
Comparison of Leadership Competency Models

Serial	*LEADS* Model	CF Health Services Model
1	Self-aware	Adaptability
2	Manages self	Leadership
3	Develops self	Client focus
4	Demonstrates character	Communication
5	Foster development of others	Self-management

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[64] US Army, *Army Leadership Development Strategy 2013: Training, Education, Experience*, 20.

6	Contribute to the creation of healthy organizations	Problem solving and judgement
7	Communicate effectively	Results orientation
8	Build effective teams	Teamwork
9	Set direction	Developing others
10	Strategically align decision with vision, values and evidence	Innovation
11	Take action to implement decisions	Impact and influence
12	Assess and evaluate	Relationship building
13	Purposefully build partnerships and networks to create results	Resource management
14	Demonstrate a commitment to customer and service	Organizational awareness
15	Mobilize knowledge	Strategic thinking
16	Navigate socio-political environments	
17	Demonstrate systems/critical thinking	
18	Encourage and support innovation	
19	Orient themselves strategically to the future	
20	Champion and orchestrate change	

Note: Complied from *LEADS in a Caring Environment* Leadership Capability Framework (Leaders for Life, 2010a, 2010b), National Defence and Canadian Forces (n.d. pp. 7-25).

The current CF Health Services leadership competency model can be re-examined and modified to accurately reflect a greater leadership health care focus. Fundamentally, a sound leadership competency model should act as a foundation of an organization's leadership developmental program. As Naquin and Holton suggested, "by embracing a competency-based approach that is linked to developing leaders, organizations can ensure that training and organizational goals can be linked."[65] They further explained that the closer the association

[65] Sharon Naquin and Elwood Holton, *Leadership and Managerial Competency Models: A Simplified Process and Resulting Model* (New York: SAGE, 2006), 4.

between the organization's competency model and its leadership training, the more capable and competent the leaders can be in their workplace.[66]

Modifications that are aligned with the nationally accepted *LEADS* model might offer guidance and expectations on different competencies at various development levels. It would allow the CF Health Services to potentially tap into existing *LEADS* programs, so as to avoid "reinventing the wheel". Having the *LEADS* model as a guide offers the organization a successful leadership developmental program and succession process to follow.

Kanaga offers guidance on how organizations should reassess and revise their competency models; he explains that "although it is essential to regularly review the organization's leadership competency model, it is usually not necessary to disregard the current model all together."[67] A key take away from this point is that any modifications to the current CF Health Services model would not necessarily mean a wholesale change to the succession planning process. This recommendation provides the opportunity of meeting both the needs of the organization and CF Health Services HCAs.

Recommendation two: Design and implement a focused leadership developmental model targeted for junior HCAs

One of aims of this paper was to provide an opportunity for the organization to plan, develop, and implement a leadership development program specifically for junior HCAs. Blouin et al. stressed the importance of developing junior leaders when they listed several contributing resources towards leadership development, including the usage of a competency framework, as

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[66] Ibid., 5.

[67] Kim Kanaga, *Performance Test: Designing an effective competency model* (Greensboro: Willey Periodicals Inc, 2007), 7.

one of their strategies for ensuring effective succession planning.[68] This notion was reinforced

by Eckert and Drath when they suggested, "if competencies are developed, they should be

developed at all levels – the individual as well as the collective."[69] Additionally, Blouin et al.

felt that one of the most important keys to promoting effective succession planning is the early

and frequent identification of successor candidates.[70] Conger and Fulmer supported this notion

of identifying and developing junior level leaders so that they have a developmental education

system to allow them to develop the skills required to assume senior positions in the future.[71]

After the implementation of the previous recommendation to modify the current CF

Health Services leadership competency framework, it is being recommended that a tiger team be

assembled and given the responsibility to develop, coordinate, manage, and propose an

implementation plan for the roll out of a focused leadership developmental program targeted for

junior HCAs. Given the importance of early leadership development it is suggested that the

implementation team focus their efforts on the identification of leadership development training

and requirements in developmental phases one, lead yourself, and two, engage others, as per the

first two areas of the *LEADS* model.[72] As junior leaders acquire an understanding of their

organization and their place in it, commitment to organizational goals, the evaluation of others,

and commitment to others are all likely to prove particularly important developmentally, along

with an active ongoing involvement in developing others and oneself.[73]

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[68] A. Blouin *et al, Leading tomorrow's healthcare organization: strategies and tactics for effective succession planning* (Chicago: Deloitte Consulting, 2006), 327.

[69] Regina Eckert and William Drath, *Developing Leadership Culture: Leadership is more than Leaders* (San Francisco: PersonalFuhrung, 2009), 29.

[70] A. Blouin *et al, Leading tomorrow's healthcare organization: strategies and tactics for effective succession planning* (Chicago: Deloitte Consulting, 2006), 328.

[71] Jay Conger and Robert Fulmer, Developing your Leadership Pipeline (Boston: Harvard Business Review, 2003), 4.

[72] Canadian Health Leadership Network, *LEADS Framework and Tools* (Ottawa: CHLNet, 2015), 1.

[73] Mumford *et al. Patterns of Leader Characteristics: Implications for performance and development* (Oklahoma: Elsevier Science Inc, 2000), 115.

Recommendation three: Ensure leadership development opportunities for HCAs are diverse and inclusive

HCAs are keenly interested in being more involved in their own leadership development and eager to undergo greater job assignments in order to professional develop their leadership skills. Examples of these training opportunities include: joint environment positions with the Navy, Air Force and Army; a mix of tactical, clinical, and staff positions; business and financial planning experiences; project management; performance management; and greater exposures with our civilian health care counterparts. Leaders who possess open and flexible attitudes towards learning benefit the organization in its design of an effective leadership development program, as gaining learner commitment is a critical factor in best practices of leadership development approaches.[74]

It is recommended that CF Health Services adopt a flexible and tailored approach to diverse professional development opportunities that integrates both formal and informal learning. Job assignments have been shown to have the greatest impact on leadership development.[75] Enabling diverse learning opportunities methods is a key factor in organizations with strong learning cultures.[76] It is suggested that this recommendation be the third phase of the implementation process. It is recommended that a talent management team be put together and led by the HCA Advisor, who has the pulse of the HCA trade including the experiences and knowledge to understand the necessary training requirements for junior HCAs. In addition, it is

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[74] Robert Lewis and Robert Heckman, *Talent Management: A Critical Review* (Seattle: Human Resource Management Review, 2006), 141.

[75] William Byham *et al. Grow your own Leaders: How to identify, develop, and retain leadership talent* (Upper Saddle River: Prentice Hall, 2002), 27.

[76] Carrie Lavis, *Learning and Development Outlook 2011: Are organizations ready for learning 2.0?* (Ottawa: The Conference Board of Canada, 2011), 32.

also being recommended that junior HCAs have a more active involvement in this process, thus, could have specified representation on this talent management team.

CONCLUSION

This paper was built on the idea that the most prevailing need in health care today is effective leadership. Currently, CF Health Services provides minimal direction over the development of its junior HCA leaders. This paper presented three recommendations that CF Health Services can embrace moving forward: modify the current leadership competency framework so it provides clear, standardized leadership competencies; design and implement a focused leadership developmental model targeted for junior HCAs; and ensure professional leadership development opportunities for HCAs are diverse and inclusive.

Implementing a newly developed leadership competency framework and leadership developmental model requires tremendous effort and a strong commitment to change by all stakeholders involved. A commitment by the senior leadership and ultimately the entire organization to improving the leadership development of HCAs requires a sustained commitment to cultural change. Communication on how the change will affect members is considered necessary, especially once the program has been initiated. If embraced by CF Health Services, these recommendations may significantly improve the current training and professional development of HCAs. The resulting enhancement to the HCA leadership pipeline has the potential to foster better prepared, confident, and effective health services leaders who will not only be capable of leading themselves but also the institution.

BIBLIOGRAPHY

Anderson, A. *Beyond change management: Advanced strategies for today's transformational leaders*. San Francisco, CA: Jossey-Bass/Pfeiffer, 2001.

Agocs, Carol. "Institutionalized Resistance to Organizational Change: Denial, Inaction and Repression." *Journal of Business Ethics* 16, no. 9 (1997): 917-931.

Barnett, R., & Davis, S. "Creating Greater Success in Succession Planning. Advance in Development Human Resources." 2008. Doi: 10.1177/1523422308322277

Block, P. *Flawless consulting: A guide to getting your expertise used* (3rd ed.). San Francisco: Pfeiffer, 2011.

Blouin, A., McDonagh, K., Neistadt, A., & Helfand, B. "Leading tomorrow's healthcare organizations: Strategies and tactics for effective succession planning." *Journal of Nursing Administration* 36 no. 6 (2006): 325-330.

Boaden, R. "Leadership development: Does it make a difference?" *Leadership & Organization Development Journal* 27 (2006): 5-27.

Bolton, J., & Roy, W. "Succession Planning: Securing the future." *JONA* 34, no. 12 (2004): 589-593.

Buerhaus, P., Staiger, D., & Auerbach, D. "Implications of an ageing registered nurse workforce." *JAMA* 283, no. 22 (2000): 2948-2954.

Burke, W. *Organization change: Theory and practice.* Thousand Oaks, CA: SAGE, 2008.

Byham, W.C., Smith, A.B., & Paese, M. J. *Grow your own Leaders: How to Identify, Develop, and Retain Leadership Talent*. Upper Saddle River, NJ: Prentice Hall, 2002.

Canadian Health Leadership Network. (2015). LEADS in a caring environment framework. Retrieved from: http//www.chlnet.ca/leads-caring-environment-framework.

Cannon, J., & McGee, R. "Talent Management and Succession Planning." Chartered Institute of Personnel and Development, 2011.

Carnall, C.A. *Managing Change in Organizations*. London: Prentice Hall, 1990.

Collins, S., & Collins, K. "Succession planning and leadership development: critical business strategies for healthcare organizations." *Radiology Management* 29, no. 1 (2007): 16-22.

Conger, J., & Ready, D. *Why leadership development efforts fail*. Los Angeles: University of Southern California's Centre for Effective Organizations/Marshall School of Business, 2003.

Conger, J., & Fulmer, R. "Developing your leadership pipeline." *Harvard Business Review* 81, no. 12 (2003): 76-84.

Dickson, G. "Transformations in Canadian health systems leadership: An analytical perspective." *Leadership in Health Services* 22, (2009): 292-305.

Doody, M. "Future healthcare leaders you need now." *Healthcare Financial Management* 56, no. 11 (2002): 98-100.

Eckert, R., & Drath, W. "Developing leadership culture: Leadership is more than just Leaders." (2009). Retrieved from http://www.ccl.org/leadership/pdf/capabilities/personalfuhrungArticle.pdf

Edmonstone, J. "Developing leaders and leadership in health care: a case of rebalancing?" *Leadership in Health Services* 24 (2011).

Fibuch, E., & Van Way, C.W. "Succession Planning in Health Care Organizations." *Physician Executive* (2012): 44-47.

Finley, F. R., Ivanitskaya, L. V., Kennedy, M. H., & Hofmann, P. B. "Mentoring junior healthcare administrators: A description of mentoring practices in 127 U.S. Hospitals." *Journal of Healthcare Management 52, no.* 4 (2007): 260-279. Retrieved from https://ezproxy.royalroads.ca/login?url=http://search.proquest.com/docview/206729762?accountid=8056

Garman, A., & Glawe, J. "Succession Planning." *Consult Psychol J Ptract Res* 56, no. 2 (2004) : 119-128.

Government of Alberta. *Alberta Public Service competency model*. (2003). Retrieved from http://www.chr.alberta.ca/learning/competencies/apscomp/aps-competencies.pdf

Grandy, G. & Holton, J. "Evaluating Leadership Development Needs in a Health Care Setting Through a Partnership Approach." *Advances in Developing Human Resources* 15, no. 1 (2013): 61-82.

Guinn, S. "Succession planning without job titles." *Career Development International* 5, no. 7 (2000): 390-393.

Hamel, G. "Moon shots for managers." *Harvard Business Review 87, no.* 2 (2009): 91-98.

Hatum, A. "Next Generation Talent Management." *Talent Manage to survive turmoil,* Palgrave Macmillan, 2010. DOI:10.1057/9780230295094

Hiatt, J., & Creasey, T. *Change Management: The People Side of Change*. Loveland, CO: Prosci Research, 2003.

Hirschhorn, L. "Campaigning for change." *Harvard Business Review 80, no.* 7 (2002): 98-104.

Hollenbeck, G., McCall, M., & Silzer, R. "Leadership competency models." *The Leadership Quarterly* 17 *(2006):* 398–413. Doi:10.1016/j.leaqua.2006.04.003

Kanaga, K. "Performance test: Designing an effective competency model." L*eadership in Action* 27, no. 4 (2007): 7-10. Retrieved from http://www.ccl.org/leadership/pdf/publications/lia/lia27_4Performanc.pdf

Kotter, J. P. *Leading change.* Boston, MA: Harvard Business School Press, 1996.

Kouzes, J. M., & Posner, B. Z. *The leadership challenge* (4th ed.). San Francisco, CA: Jossey-Bass/Wiley, 2007.

Lavis, C. *Learning and development outlook 2011: Are organizations ready for learning 2.0?* Ottawa, ON, Canada: The Conference Board of Canada, 2011.

Lewis, R. E. & Heckman, R. J. "Talent management: a critical review." *Human Resource Management Review* 16: (2006): 139–54.

Lindsay, A. *Why succession planning and talent management fail and what to do about it*. Portland, OR: PLS Consulting Inc, 2012.

Lipcsey, M. *Record of Decisions: Annual Military Occupation Review Health Services Occupation.* Ottawa: CF Health Services Gp HQ, 2016.

Lüscher, L. S., & Lewis, M. W. "Organizational change and managerial sense making: Working through paradox." *International Business Review 51*, (2008): 221–240. doi:10.5465/AMJ.2008.31767217

Mink, O.G. "Creating new organizational paradigms for change." *International Journal of Quality & Reliability Management* 9, no. 3 (1992): 21-35.

Mintzberg, H. "The fall and rise of strategic planning." *Harvard Business Review* 107 (1994): 114-123. Retrieved from http://fhict.fontys.nl/es/MScModules/IMAN/Shared%20Documents/Fall%20and%20Rise

Mumford, M., Zaccaro, S., Johnson, J., Diana, M., Gilbert, J., & Threlfall, K. "Patterns of Leader Characteristics: Implications for performance and development." Leadership Quarterly 11, no. 1 (2000): 115-133.

Nardoni, R. *Succession Planning – An Evolution into Talent Management.* West Palm Beach, Florida: Nardoni Strategic Solutions, 2009.

National Center for Healthcare Leadership. *Best Practices in Health Leadership Talent Management and Succession Planning: Case Studies*. Chicago, Illinois: 2010.

National Defence and Canadian Forces. (n.d*.). The Canadian Forces Health Services succession planning and management program: A competency based model* (Draft). (Unpublished manuscript). Ottawa, Ontario.

National Defence and Canadian Forces. *Canadian Armed Forces Professional Development*. (2013). Retrieved from
 http://www.forces.gc.ca/en/training-prof-dev/index.page

National Defence and Canadian Forces. *Building on our Strategy*. Canadian Forces Health Services Group Surgeon General's Report, (2010).

National Defence Chief of Review Services. *Review of CF Medical Services.* Ottawa, Ontario, Canada: Public Works and Government Services Canada, 1999.

Naquin, S. S., & Holton, E. F. Leadership and managerial competency models: A simplified process and resulting model. *Advances in Developing Human Resources* 8, no. 2 (2006): 144-165.

Public Service Secretariat, *Succession Planning and Management Guideline*. Government of Newfoundland and Labrador. St. John's, Newfoundland and Labrador: HR Policy and Planning Division, 2008.

Rothwell, W. J. & Kazanas, H. C. *The Strategic Development of Talent*. Amherst, MA: HRD Press, 2004.

Rothwell, W. J. *Effective succession planning. 3rd Ed*. New York: AMACOM books, 2005.

Schmalzried, H., & Fallon, L., "Succession planning for local health department top executives: Reducing Risk to Communities." *Journal of Community Health* 32, no. 3 (2007). DOI: 10.1007/s10900-006-9044-2

Self, D. R., & Schraeder, M. "Enhancing the success of organizational change." *Leadership & Organization Development Journal* 30, no. 2 (2009): 167-182. Doi: http://dx.doi.org/10.1108/01437730910935765

Senge, P. *The fifth discipline: The art and practice of the learning organization*. Toronto, Ontario, Canada: Currency Doubleday, 2006.

Senge, P., Kleiner, A., Roberts, C., & Roth, G. *The dance of change: The challenges to sustaining momentum in learning organizations*. New York, NY: Doubleday, 1999.

Simonsen, P. *Promoting a development culture in your organization: Using career development as a change agent*. Mountain View, CA: Davies Black, 1997.

Smeltzer, C. "Succession planning." *Journal of Nursing Administration* 32, no. 12 (2002): 615.

Stanleigh, M. "Leading change." *The Journal for Quality and Participation* 36, no. 2 (2013): 39-40. Retrieved from https://ezproxy.royalroads.ca/login?url=http://search.proquest.com/docview/1426765389?accountid=8056

Sverdlik, B. "Who will be our Nursing leaders in the Future? The Role of Succession Planning." *The Journal of Nursing Administration* 42, no. 7 (2012): 383-385.

United States Army. "Army Leader Development Strategy." *US Department of Defence* (2013). Received from: http://usacac.army.mil/cac2/CAL/repository/ALDS5June%202013Record.pdf

United States Army, *Competency Based Future Leadership Requirements*. Arlington, Virginia: US Army Research Institute, 2004.

Vertical Integration of Canadian Forces Health Services Resources. (2004, April). *A Command and Control Concept paper*. Version 3.2.

Walker, T. "Smooth leadership transitions begin with succession planning." *Manage Healthcare Executives* 15, no. 2, (2006): 13.

Weisbord, M. *Productive workplaces: Dignity, meaning and community in the 21st century* (3rd ed.). San Francisco, CA: Jossey Bass, 2012.

Yukl, G. *Leadership in organizations* (7th ed.). Upper Saddle River, NJ: Prentice-Hall, 2010.