National Healthcare Leadership Survey: Implementation of Leadership Development Best Practices

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NCHL Leading 21st century healthcare

Purpose/Goal

The Healthcare Leadership survey was developed by the National Center for Healthcare Leadership (NCHL) based on different aspects of their organizational leadership assessments. The assessments measure alignment of core processes and strategies that define a systematic and sustainable approach to leadership development in health care organizations.

The survey enabled NCHL to assess the degree to which evidence-based leadership development best practices are used and to study the relationship between the talent management core processes and certain organizational performance measures, such as mortality, readmissions, patient satisfaction, and quality process measures. The survey also enabled hospitals and health care systems to compare their leadership development efforts with evidence-based best practices and benchmarks.

Background

As the United States makes significant investments in health care reform initiatives, quality and patient safety improvements, and information technology, the capability to assimilate these massive changes must also be built. Without adequately preparing health care leadership to effectively implement new capabilities, many transformational components of health reform may have a lower probability of succeeding or meeting the public's expectations.

Over the last decade, NCHL has served as catalyst in bringing the leadership agenda to the forefront in health care and advocating for the adoption of evidence-based best practices. Although much of what needs to be done is already known to the field, a greater challenge is putting this knowledge into action and broadly implementing best practices that have been developed in other industries or among thought-leader health care providers into day-to-day operations.

NCHL developed the leadership survey to raise awareness of leadership best practices and to provide hospitals and health systems with the capability to benchmark and examine their own progress with regard to these practices.

The survey had 16 questions and included several subquestions, each corresponding to a best practice for talent management and succession planning. The first question in the survey asked respondents to provide a "yes" or "no" response to whether their organization had a leadership competency model that was aligned with their strategic goal and whether the competency model recognizes behaviors required of successful leaders. The rest of the survey questions asked respondents to rank the level of adoption of various leadership practices on a scale of 1 to 7, with 1 being "not at all" and 7 being "a great deal".

The survey responses were linked to performance measures to determine any association between the implementation of the leadership development best practices and a set of performance measures. The performance measures analyzed include a composite process measures score for each responding hospital based on their scores in the 28 Hospital Quality Alliance (HQA) measures, mortality and readmissions rate scores for heart attack, heart failure, and pneumonia for each hospital, and performance on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).

Benchmark Organizations

The National Healthcare Leadership Survey was also sent to 24 national, nonhospital health care "benchmark" organizations. These organizations included the top 20 Best Companies for Leadership as identified by the Hay Group research.

Methods

The Healthcare Leadership survey was emailed to leaders of 4,247 hospitals. An additional 366 surveys were emailed to leaders of health care systems. Responses were received from 504 hospitals and 31 health care systems, between the period of June 2010 through September 2010, for a total response rate of 12 percent for hospitals and 8 percent for health care systems.

A total of six benchmark organizations also responded to the leadership survey. They were all large, Fortune 500 companies with a significant presence nationwide.

In order to facilitate analyses and interpretation, the survey questions were grouped into five categories of best practices for leadership development: Governance, Succession planning, Learning and development, Performance management and Selection.

Key Findings

Characteristics of Respondents

Responding hospitals varied by geographic region, bed size, ownership type, service type, and system affiliation. Compared to the survey population, responding hospitals were more likely to be small (6–99 beds) or large (300+ beds) hospitals, public hospitals, general medicine and surgical hospitals from the Midwest and were also less likely to be part of a system.

Use of Leadership Competency Model

At least 72% of hospitals and 80% of systems responded affirmatively to using a leadership competency model, as shown in Figures 1 and 2. The proportion increases to 100% for benchmark organizations responding affirmatively.

Key Findings (Continued)

Variation in Responses Between Hospitals, Health Care Systems, and Benchmark Organizations

On average, health care systems have adopted best practices for leadership development at a higher rate than hospitals (4.87 vs. 3.96). This difference is statistically significant. The same is true for implementation across each of the categories of best practices, as shown in Figure 3. Benchmark organizations outpace other health care organizations in the implementation of leadership development best practices

Variation in Responses Among Hospitals

- *Bed Size*. Small hospitals (6–99 beds) reported the lowest level of implementation of the best practices (3.53), compared to medium hospitals (100–200 beds), and large hospitals (300 and more beds) at 4.28 and 4.70 average response, respectively.
- *Ownership*. Not-for-profit hospitals reported the highest level of implementation of leadership development practices (4.30), followed by for-profit hospitals (4.09), and public hospitals (3.24). The differences in response are significant for public and not-for-profit hospitals, and public and for-profit hospitals, but not between not-for-profit and for-profit hospitals.
- *The Council of Teaching Hospitals and Health Systems Membership.* On average, COTH members have implemented these practices significantly more than non-COTH members.

Implementation of Leadership Development Best Practices and Performance Measures

There was no significant relationship between the implementation of leadership best practices and most of the hospital performance measures. There was however a small, positive relationship between the hospitals' implementation of leadership development practices and the composite process measure score. For health care systems, there was no significant relationship between implementation of leadership development practices at the system level and system outcomes

Results

Table 1: Profile of Responding Hospitals vs. Nonresponding Hospitals

	Responders	NonResponders	
	n(%)	n(%)	P-value*
N	504	3743	
Geographic location			0.002
Northeast	74 (15)	506 (14)	
Midwest	180 (36)	1124 (30)	
South	153 (30)	1463 (39)	
West	97 (19)	650 (17)	
Bed size			0.012
Small (6–99)	268 (53)	1855 (50)	
Medium (100–299)	138 (27)	1272 (34)	
Large (300 and more)	98 (20)	616 (16)	
Ownership			0.000
Public	149 (30)	820 (22)	
Not-for-profit	303 (60)	2261 (60)	
For-profit	52 (10)	662 (18)	
Federal	0 (0)	0 (0)	
Teaching hospital			0.006
COTH	45 (9)	223 (6)	
Non-COTH	459 (91)	3520 (94)	
Service			0.046
Med/Surg/Gen	468 (93)	3371 (90)	
Other	36 (7)	372 (10)	
System affiliation			0.000
System Members	233 (46)	2115 (57)	
Non-system Members	271 (54)	1628 (43)	

Table 2: Associations Between Hospital Aggregate Response and Performance

Hospital Outcomes	p-value*	r-value	<0.05
Mortality rate	0.756	0.015	
Readmissions rate	0.707	-0.021	
Combined process measure	0.000	0.258	**
Overall negative	0.374	0.046	
Overall positive	0.061	-0.097	
Definitely recommend	0.134	0.078	
Not recommend	0.390	-0.044	
Hospital rating 9–10	0.793	-0.014	
Hospital rating 6 or lower	0.957	0.003	

Figure 1: Q1a. Is Your Leadership Competency Model Aligned with Strategic Goals and Priorities?

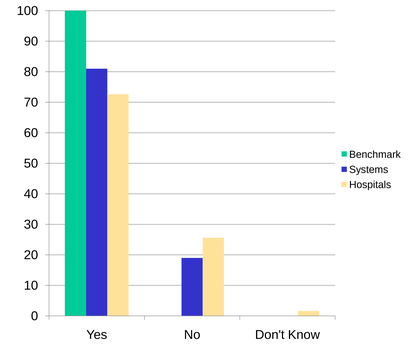


Figure 2: Q1b. Does Your Leadership Competency Model Recognize Behaviors Required of Successful Future Leaders?

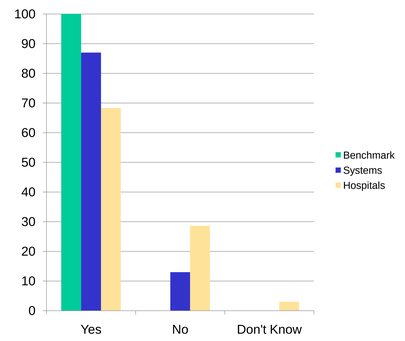


Figure 3:Average Level of Implementation for Systems and Hospitals

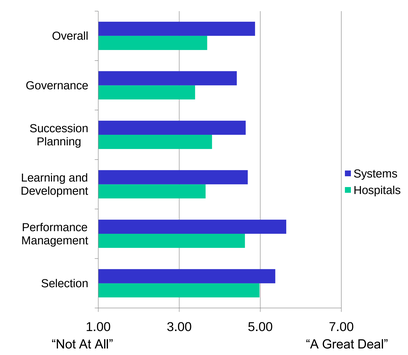
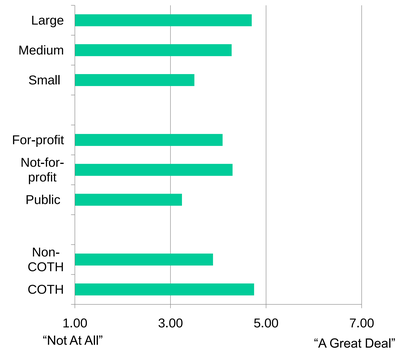


Figure 4: Average Level of Implementation in Hospitals, By Hospital Characteristics



Conclusions and Future Research

Compared to medium and large hospitals, small hospitals lagged in the adoption of leadership development best practices. Not-for-profit and for-profit hospitals appear to have adopted leadership development practices at a higher rate than public hospitals. COTH members have also implemented these practices significantly more than non-COTH members. A small, positive correlation was found between the hospitals' implementation of leadership development practices and the composite quality process measure score.

The survey results are limited by the 12 percent response rate for hospitals and 8 percent response rate for health care systems. To supplement and expound on findings from this survey, further research is needed on the factors that promote the adoption of leadership development best practices, especially at organizations that have successfully implemented them. The experiences of these organizations can be profiled in case studies which highlight best practices that other interested health care organizations can apply.

Further research is also needed to ascertain the link between implementation of these practices and various performance measures that are relevant to hospitals. Future studies could focus on non-clinical measures such as efficiency measures, financial performance measures, community benefit, and employee engagement measures.