

OLP PROPOSAL

LEADING LEAN:  
BUILDING LEADERSHIP CAPACITY  
IN THE SASKATOON HEALTH REGION

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submitted to

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### **Abstract**

In 2011, Saskatchewan accelerated its continuous quality improvement journey within health care. In alignment with this direction, the Saskatoon Health Region (SHR) is redesigning its functional structure and operational processes to support a new lean management system. This project explores the question: “How can the Leadership Community within the Saskatoon Health Region build on its leadership strengths in support of the new lean management system?” This project will be guided by action research embedded in an appreciative inquiry approach. Data will be obtained through a mixed method approach including learning circles, photovoice and world cafés. Research and data will be used to formulate recommendations for SHR on what is required to support leaders to lead in this new system. This research will be conducted according to the Tri-Council Policy statement, under the guidance and auspices of the Royal Roads University Ethics Policy and the Saskatoon Health Region Research Policy.

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## SECTION ONE: FOCUS AND FRAMING

“Don’t leave inferences to be drawn  
when evidence can be presented”  
-Richard Wright

In 2005 health regions within the province of Saskatchewan began looking for opportunities to participate in lean training and engage in redesign projects using lean methodologies. The Saskatoon Health Region (SHR) was an earlier adopter for this work and in 2007 began a lean journey in our laboratory (Region Reporter, 2010). In 2008, Saskatchewan’s Health Quality Council (HQC) with \$5M in special funding from the Ministry of Health launched Accelerating Excellence, “a multi-level program to rethink, renew and redesign health care” (Coutts, 2010, p. 26). This approach blended several approaches to improving quality, “notably W. Edwards Deming's theories of management and lean (based on Toyota's methods for eliminating waste and increasing efficiency)” (Coutts, 2011, p. 25).

In 2011, Saskatchewan accelerated its continuous quality improvement journey shifting from the sporadic use of lean tools and methodologies to embracing an integrated lean management system. The Saskatoon Health Region (SHR) has taken a lead role in redesigning its functional structure and operational processes to support this new system. As a Vice President with the Saskatoon Health Region I am part of the senior leadership team responsible for this transformational change. Although we have made a commitment to implementing this system, no work has been done to assess the organizations readiness for this type of work or the leadership capacity required to lead this type of transformational change. Given, “whatever improvement path is chosen, the essential ingredient will have to be leadership” (Kenney, 2011, p. 195) my organizational leadership project will focus on providing evidence based research on the regions

current leadership strengths and opportunities for leadership growth in support of a lean management system. The project will consider the current leadership styles and climate that exist within SHR's Leadership Community, composed of Vice-Presidents, Dyad Physician Leaders and Directors, and how these may contribute to or challenge our ability to lead in a new lean management system. This research will provide the organization with, "a much-needed dose of science to [understand] the critical art of leadership" (Goleman, Boyatzis & McKee, 2002, p. 54) as leadership capacity will be imperative to implementing and sustaining the new lean management system.

The research question that will be explored in this project is: How can the Leadership Community within the Saskatoon Health Region build on its leadership strengths in support of the new lean management system? The sub-questions include:

1. What are the current leadership strengths, within Leadership Community, that will contribute to leading in a lean management system?
2. What are the leadership challenges, within Leadership Community, that will be encountered as we move to support a new lean management system?
3. What does Leadership Community need to lead in a lean management system?

### **Significance of the Inquiry**

In 2011 the province's focus on accelerating continuous quality improvement within health care shifted from a commitment to using lean tools and methodologies to a passion for creating a culture of lean supported by lean management systems. As mentioned previously, SHR acknowledged the importance of moving in this direction and is redesigning its functional structure and operational processes to support a new lean management system. Although people often equate lean with tools, that are used to standardize processes and create efficiencies, the implementation of these tools makes up less than 20% of the effort in lean transformation (Mann,

2009). Meanwhile 80% of the effort is expended on changing leadership practices and behaviours. It is in essence a battle for people's minds and hearts (Flinchbaugh, Carlino & Curtis-Hendley, 2008). As a result senior management has an, "essential role in establishing conditions that enable that 80% of the effort to succeed" (Mann, 2009, p. 15). With thirty years of research showing the affect of leadership styles on an organizations emotional climate and subsequent working environment (Goleman, Boyatzis & McKee, 2002); it will be essential that the region understands what leadership strengths and opportunities for growth that exist within SHR's Leadership Community as this is the group of leaders that is being called on to both implement a lean management system and create a lean culture.

Given the importance of leadership, this Organizational Leadership Project (OLP) has a number of potential benefits for the Saskatoon Health Region and its stakeholders. First, it will create a forum for Leadership Community members to identify what their leadership strengths and challenges will be in leading in a lean management system. Through evidence-based research this project will create understanding of and knowledge about the leadership strengths found in organizations that are successfully leading lean management systems.

Second, since lean is a socio-technical concept (Shah & Ward, 2007), this inquiry will engage leaders in a meaningful discussion regarding the social and leadership aspect of this management system while at the same time tools and processes are being introduced. Formal leaders, required to lead the implementation of this new system, will have the opportunity to engage in a process of inquiry allowing them to reflect on and create understanding of their own leadership styles. This will be essential in assisting leaders in identifying what strengths they can draw on in themselves and their peers while leading in a lean management system as well as areas where they may require some development opportunities to enhance their leadership skills.

Third, by focusing on the leadership community – Vice President, Physician Dyad Leaders and Directors – the project will assist the organization in identifying the leadership capacity and limitations that exist within this community. This will guide the organization in designing its leadership development programming and training to most effectively support leaders in leading in a lean management system.

Finally, organizations that have been able to successfully implement a lean management system have increased the quality and safety of their care, increased employee engagement and saved money (Toussaint & Gerard, 2010). Given leadership is pivotal to the success of the lean management system this project will assist the organization in building the necessary leadership capacity. On the other hand, not engaging in this project, leaves the organization surmising what leadership capacity it has to manage this change; rather than having the evidence required to build on the current strengths and mitigate the risks.

### **Organizational Context**

“The Saskatchewan health care system is made up of many provincial, regional and local organizations working together to ensure we have healthy people in healthy communities” (<http://www.health.gov.sk.ca/health-system>). The Minister of Health oversees the strategic direction of the system. The Ministry of Health oversees and co-ordinates the delivery of health services in the province. Health care services are primarily delivered through the province's twelve regional health authorities (health regions), their affiliated organizations, as well as the Saskatchewan Cancer Agency. The Saskatoon Health Region (SHR) is the largest health region and provider of health care services in the province ([http://www.saskatoonhealthregion.ca/about\\_us/about\\_us.htm](http://www.saskatoonhealthregion.ca/about_us/about_us.htm)).



The Saskatoon Health Region accounts for 5.25 per cent of Saskatchewan's geographic area and approximately 30 per cent of the province's population. As shown in Appendix A, the region encompasses 71 communities, 33 whole and 14 partial rural municipalities and six First Nations reserves (two of which are urban reserves). In 2010-11 the region's operating budget was \$912M and more than 13,000 staff, 877 physicians and 3,000 registered volunteers worked for or with the region in providing comprehensive health services to over 300,000 residents ([http://www.saskatoonhealthregion.ca/about\\_us/about\\_us.htm](http://www.saskatoonhealthregion.ca/about_us/about_us.htm)). The Region also serves the rest of Saskatchewan, as the provider of provincial and specialized services. The region provides a comprehensive range of health services in the areas of ambulance, rehabilitation, community, mental health, long-term care and hospital services. These services are delivered in more than 75 facilities across the region.

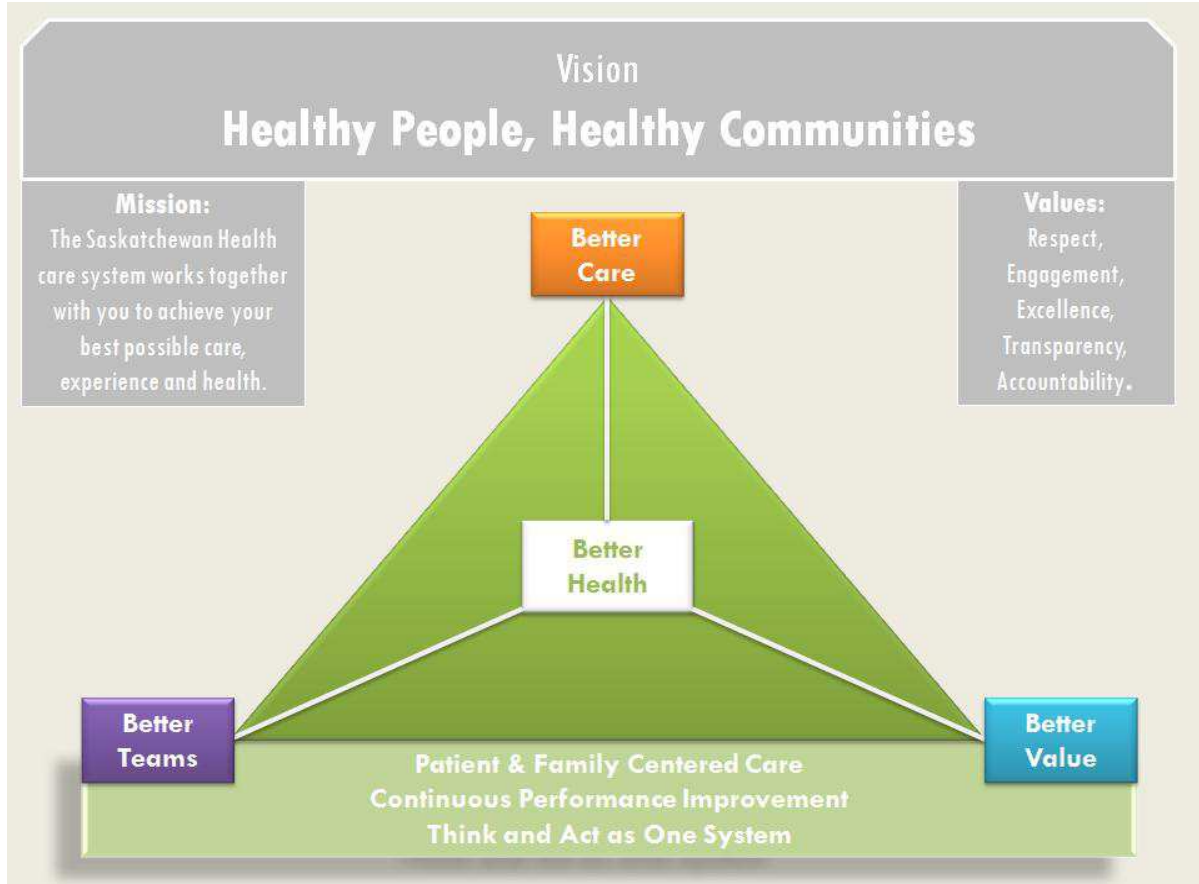
The health regions vision is, healthiest people, healthiest communities and exceptional service. In pursuit of this vision the region is focusing on four strategic directions, these include: transform the care and service experience, partner to improve the health of the community, transform the work experience and build a sustainable, integrated system ([http://www.saskatoonhealthregion.ca/about\\_us/about\\_us.htm](http://www.saskatoonhealthregion.ca/about_us/about_us.htm)). The region is committed to achieving these directions through living the values of respect, collaboration, compassion, excellence and stewardship ([http://www.saskatoonhealthregion.ca/news\\_you\\_need/media\\_centre/documents/shr\\_our\\_values\\_in\\_action.pdf](http://www.saskatoonhealthregion.ca/news_you_need/media_centre/documents/shr_our_values_in_action.pdf)).

The Saskatoon Health Region is governed by an 12 person regional health authority whose members are appointed by the Minister of Health. The region is lead by a senior leadership team which also has 10 members including the CEO.

My organizational leadership project will identify what leadership strengths are required to lead in a lean management system allowing Leadership Community the opportunity to collectively determine what our continuous improvement activities should be around enhancing our leadership capacity. This in turn will contribute to the regions ability to live up to its commitment to transform the patients/clients/families care and service experience as well as transform the work experience for those who provide the care and services. It also reflects the regions value of stewardship with the potential to create a sustainable health care system.

### **Organizational Systems Analysis of the Inquiry**

As with all health care systems, Saskatchewan is facing rising costs with current and projected spending being unsustainable (Fillingham, 2007). In 2011 the province of Saskatchewan allocated \$4.46 Billion to health care which reflects approximately 45% of the entire budget for the year (Government of Saskatchewan, 2011). In response to increasing health care costs the Government of Saskatchewan is challenging health care regions to find efficiencies in the system while increasing the quality of our care (<http://www.saskatoonhealthregion.ca/documents/Strategic-Plan-2010-2013-vision-mission-directions.pdf>). SHR recognizes that if we are to address these challenges we need to improve customer service, outcomes and maintain or reduce costs. This has led the province of Saskatchewan and SHR to adopt a Triple Aim plus approach which has its foundation in Berwick's (2008) work. This approach is premised on creating a health system that assists in keeping people healthy (Better Health), providing them good care when they are sick (Better Care) by competent, high functioning teams (Better Teams) and will be there for our children and grandchildren (Better Value).

**Figure 1: Triple Aim plus Approach**

In addition to the financial pressure facing health care there are also limited human resources available with there being current and anticipated shortages for a number of professions (Hallmore, 2008). In Saskatchewan the competition for talent has resulted in some providers securing substantial salary increases, resulting in increased costs to the system but little to no additional productivity.

Combine these limitations, with unacceptable variability in service quality to clients and their families, and it is apparent that wholesale change is required. However our ability to lead through this change will be challenging as it will require us to, “sustain a tension-filled poise between extremes....combin[ing] core values with elastic strategies [and] get[ting] things done

without being done in” (Bolman & Deal, 2008, p. 436). Although there appears to be the political will to address the waste within our health care systems, we will have unions challenging our intentions, employees struggling with and challenging the need to change how we do our business and all formal leaders being called on to lead differently.

### **Project Sponsor**

My project sponsor is Maura Davies, the Saskatoon Health Region’s Chief Executive Officer (CEO). Maura is an ideal project sponsor. As a Fellow of the Canadian College of Health Leaders she has illustrated an ongoing commitment to leadership development. This commitment has been extended to her senior leadership team. Maura not only recommended my participation in the Masters of Leadership program at Royal Roads but has also provided financial support. Provincially Maura is a respected leader who is on the board of directors for the Saskatchewan Health Quality Council and is part of the Provincial Leadership Council, made up of health region CEOs and the Ministry of Health, who are developing the continuous improvement roadmap for the Saskatchewan health care system. Maura is committed to engaging in the lean journey with academic rigor. As a result she is excited about this project recognizing it has the ability to contribute both to our regions success as well as to a wider body of research related to leadership and lean management (M. Davies, personal communication, October 13, 2011).

## **SECTION TWO: LITERATURE REVIEW**

This section provides a thorough literature review of two topics relevant to the issue under investigation. The literature review is comprised of two topics: Lean Management System and Servant Leadership. The first topic examines what a lean management system is and what will be required of SHR in order to implement this system. The second topic explores the

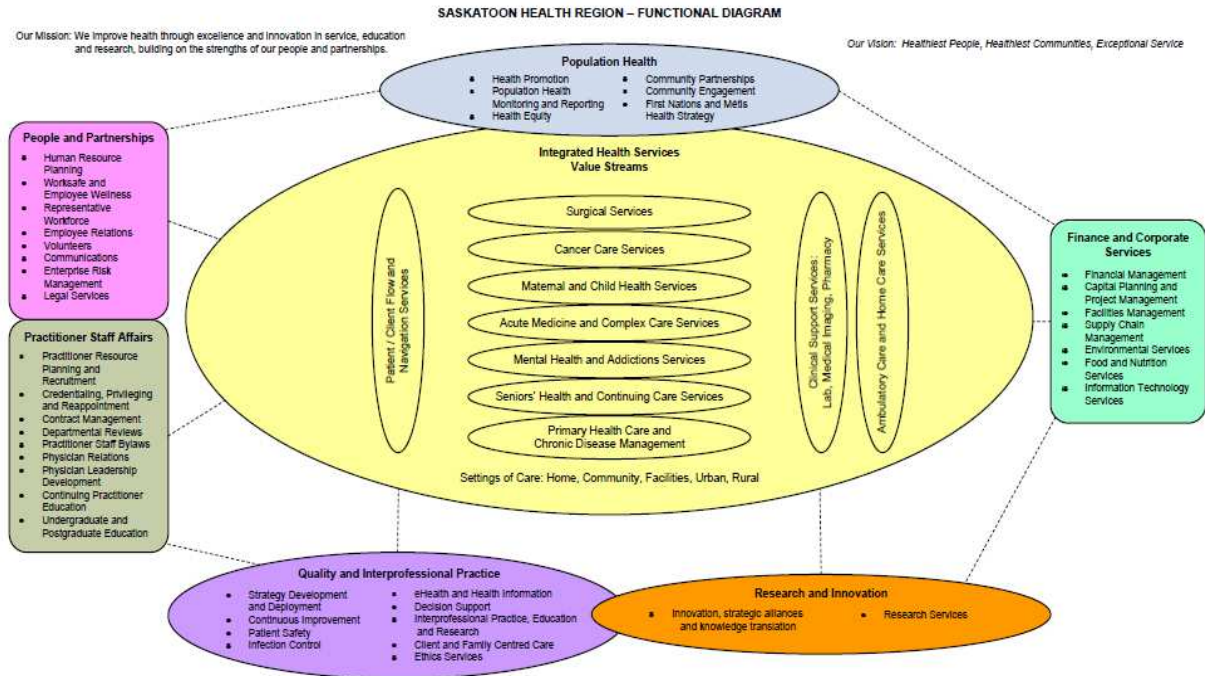
concept of servant leadership which some have argued is the leadership style required to successfully implement a lean management system which assists in creating a culture and philosophy of lean (Kenney, 2011).

### **Topic One: Defining a Lean Management System**

Although there is no consistent definition of lean, it can be seen as having both a philosophical as well as a practical orientation (Shah and Ward, 2007). At its core lean is about reducing waste (Black, 2008) and is embedded in the continuous pursuit of improvement to create value from the perspective of the customer or patient by empowering employees to generate and implement innovative solutions (Pettersen, 2009). Whereas some organizations see lean as a tool for continuous improvement SHR is looking to create a lean culture where the philosophy of continuous improvement is supported by practical tools and embedded through the implementation of a lean management system.

Organizations that have successfully created a lean culture have ensured lean thinking permeates their leadership activities and has leaders who can extend this thinking across all processes using a common toolset. (Shah & Ward, 2007). A solid lean management system is composed of people, at all levels of the organization, who believe that improvement is never ending (Emiliani, 1998). This work is supported by leadership, structures and processes that allow everyone to use their talents to continuously identify and eliminate waste thereby improving the work environment every day (Flinchbaugh, Carlino & Curtis-Hendley, 2008). As SHR prepares to implement a lean management system we have also embarked on a reorganization of portfolios along value streams. Clearly aligning our structure at the same time as we are introducing new processes is imperative to our ability to successfully implement a lean management system.

**Figure 2: Saskatoon Health Region Functional Diagram**



Few organizations, “truly design their management systems utilizing lean systems design concepts” (Shinkle, 2005). However for those who have created lean management systems they have inevitably contained only a few interdependent elements, these are: leaders standard work, visual controls, daily accountability process and leadership discipline (Wright, 2009). Essential to this system is the ability for leaders to shift from a sole focus on results to a dual focus on process plus results.

As SHR works to create a lean management system it will be important that we identify the leadership strengths and opportunities for growth that will allow for a more robust focus on process and results. Inevitably it will require enhanced or different leadership skills. For example, today in SHR there is often a lack of clarity in roles and sometimes leaders focus on work that is outside of their area of responsibility and accountability. In the new lean

management system discipline will be required so that leaders not only have standard work but that they are confident that they are doing their own work rather than focusing on the work of others.

John Black (2008) has suggested that there is no right way to create a lean management system as each organization is required to identify and implement those lean tools that are most appropriate to their business and in a manner that is most effective. He also suggests that the use of these tools needs to be accompanied by a philosophy of lean in order to create a lean culture. The literature does not provide a specific definition of a lean management system however it does clearly identify that lean management is essential to sustaining a lean culture as it, “bridges a critical divide: the gap between lean tools and lean thinking” (Mann, 2009, p. 16). It is what sustains and extends the gains from implementing lean (Wright, 2009). As SHR moves to implement a lean management system it will be important that we articulate what work we are doing to support all four principals of the this system - leaders standard work, visual controls, daily accountability process and leadership discipline – and assist our leaders in accomplishing this work.

### **Topic Two: What is Servant Leadership?**

Leadership is a complex phenomenon often confused with imprecise terms such as power, authority, management, administration, control and supervision (Yukl, 2010). Although there is no consistent model of a leader the literature typically focuses on four to five different leadership types. Jabidan and Dastmalchian (1993) identified five leadership roles for managers, which included: mobilizer, ambassador, driver, auditor, and servant. Graham (1991) saw leadership as being defined by the level of follower activity or passivity proposing the following leadership types: charismatic authority, celebrity charisma, transformational and servant.

Regardless of how one defines leadership it is clear that this is a key ingredient to successfully implementing a lean management system (Toussaint & Gerard, 2010). What is less clear is what type of leadership is required particularly in a health care environment. However, those at Virginia Mason, who have arguably lead the most successful adoption of a lean management system into a health care setting, suggest that a servant leadership style is the backbone to their success (Kenney, 2011). As the Saskatoon Health Region (SRH) pursues the implementation of a lean management system it will be beneficial to understand servant leadership to better position ourselves for success.

Robert K. Greenleaf (1970) coined the term 'servant-leader'. Although Greenleaf never formally defined servant-leadership (Hamilton, 2008; Smith, Mantagno & Kuzmenko, 2004) he did conceptualize the notion (Humphreys, 2005) saying that, "if one is a servant, one is always searching, listening, expecting that a better wheel for these times is in the making" (Greenleaf, 1970, p. 9). Greenleaf's notion was unique as it was the first to begin with an analysis of the leaders' motivation (Smith, Montagno & Kuzmenko, 2004), suggesting that a servant leader's motive was to serve others first as opposed to leading (Sendjaya & Sarros, 2002). Leaders within SHR have chosen to work in health care, which by its very nature is about serving others. Therefore, it would seem reasonable that we would find some leaders within the organization whose strengths lie in this leadership style. For this project it will be important to highlight the strengths of these leaders and identify how we can build on them.

Service is defined as an act of helpful activity (Merriam-Webster, 2011), the concept of a servant-leader evolved over time to reflect someone who is not only ready to act in service of others but also has a strong ability to lead (Trompenaars & Voerman, 2009). A servant leader is seen as someone who has the capacity to focus on long-term solutions without losing sight of



immediate needs, values rules while being committed to seeing the exceptions, and embraces the whole as much as the parts (Trompenaars & Voerman, 2009; Humphreys, 2005).

The characteristics of a servant-leader include: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people and building community (Wilson, 1998; Spears, 1995; Vicalvi, 2006). The key to servant leadership is one's ability to relinquish control (Trompenaars & Voerman, 2009) and engage in active listening (Wilson, 1998). Patterson (2003) has suggested that there are seven values underpinning servant leadership which she refers to as constructs. These constructs include love, acts with humility, is altruistic, is visionary for the followers, is trusting, is serving and empowering followers. These characteristics and constructs signalled a profound move from the long standing traditional view of leader as hero to leader as a servant (Spreitzer, 2005). Given physician leaders have often, by the nature of their job, been seen or portrayed as hero's it will be important through this project to recognize how one's profession may impact one's leadership style. Is it possible that we will see physician leaders who have fewer competencies in alignment with the servant leadership style? And if so, how will this impact our ability to implement a lean management system?

Benefits of servant leadership are similar to the supportive and empowering leadership theories including, leader integrity and concern for subordinates that has been shown to increase trust, loyalty and satisfaction with the leader (Yukl, 2010; Humphreys, 2005; Sendjaya, Sarros & Santora, 2008). However, this leadership style also has the potential to negatively impact the leader and their organization. When the needs of the organization are incompatible with the welfare of employees, the conflict may be difficult for a servant leader; on the other hand

sometimes a servant leaders' sole focus on the welfare of their employees results in them overlooking the short-term performance of the organization (Graham, 1991).

Just as the concept of leadership and the construct of leader are evolving so is the view of servant-leadership. As we seek order in a world of constant change and recognize our limited and receding ability to control what is around us (Wheatley, 2011) it is not surprising that the tenants of servant leadership are increasingly being seen as having value (Spreitzer, 2005). What is interesting to note is that as the construct of servant-leadership extends beyond the transformational, authentic and spiritual leadership models (Sendjaya, Sarros & Santora, 2009) authors such as Margaret Wheatley (2006) have begun to subtly reframe the servant leaders construct from that of service to host.

Although it may appear that to serve or to host are the same they are in fact different. To host is to receive or entertain (Merriam-Webster, 2011). To serve is to act in a helpful manner. There are three important tensions that arise in looking at servant leadership from the basis of 'service' versus 'host'. The first tension is the type of active involvement by the leader. Although to serve and to host are action words the type of activity required for each of them is different. Service requires a more active and involved approach given it is focused on an 'act of helping' while hosting suggests a more passive approach as it is focused on an 'act of receiving' (Merriam-Webster, 2011).

The second tension is ones role as leader. To serve suggests an overt act of helping others to lead even if one is not at the helm while to host suggests creating an environment where others learn to lead themselves and their communities (Wheatley, 2011). It is interesting to note that a foundational principle of lean is that leaders need to set expectations and build the infrastructure

– thereby hosting an environment of continuous learning – while employees engage in the daily work to improve the service (Black, 2008).

The third tension is one's relational proximity. Whereas service is contingent on time and place, with the person serving being a required part of the relationship equation, being a host merely requires the capacity to create the space and conditions for others relationships to evolve based on common interests and purpose (Wheatley, 2006). This is a pivotal piece to consider in relation to my OLP given lean leaders are required to be physically present on the floor thereby functioning in more of a serving role; however given we are going to attempt to implement this model through an integrated health region and not by a specific service or site, it will be critical that we find creative ways to host this type of environment even when we are not on-site.

### **SECTION THREE: RESEARCH APPROACH AND METHODOLOGY**

Section three defines action research and identifies the inquiry processes that will be used to address the research question. This section also provides an overview of the project participants and inquiry methods, the deliverables, milestones, and resource requirements and concludes with how research ethics will be applied.

#### **Inquiry Approach**

This organizational leadership project asks how can, the Leadership Community, within the Saskatoon Health Region build on its leadership strengths in support of the new lean management system. This project is set within the framework of action research methodology which is based on a, “participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes” (Reason & Bradbury as cited by Coghlan & Brannick, 2010, p. 3). Action research is grounded in a qualitative research paradigm (Stringer, 2007) and is focused on clarifying the issues related to, “specific situations and [finding] localized solutions” (p.1).

Action research presumes that, “change can only successfully be achieved by helping individuals to reflect on and gain new insights into the totality of their situation” (Burnes, 2004, p. 232). Successful action is based on helping people analyze the situation correctly, consider findings, identify all the possible alternative solutions, and plan how to keep what is working and change what is not (Stringer, 2007). By using action research, I will be able to engage the leaders in the leadership community in an open and honest dialogue of inquiry. This will allow us to learn more about ourselves, each other and to co-create recommendations as we collectively seek the answer to the research question (Coghlan & Brannick, 2010). This approach will also allow

myself, as a researcher, to engage in the role of resource person rather than being seen as an expert (Stringer, 2007).

The action research approach will be framed using Appreciative Inquiry. Appreciative Inquiry (AI) is, “the study of what gives life to human systems when they function at their best” (Whitney & Trosten-Bloom, 2010). AI is a, “strength-based [and] asset-based” (Cram, 2010, p. 3) approach that seeks to discover what works in an organisation based on the assumption that solutions already exist within the organisation (McKenzie, 2003). AI is aimed at large system change (Coghlan & Brannick, 2010) and focuses on differences that are, “positive and encouraging rather than problem-based, so the patterns that emerge can be filled with energy and opportunity” (Benedict Bunker & Alban, 2006, location 4838). In this way, it is argued, AI can describe a preferred future for the organisation alongside an understanding of how an organisation can build toward that future (Cram, 2010).

Multiple methods will be used for this project in order to validate data through triangulation (Glesne, 2011). Qualitative research, according to Glesne (2011) “focuses on qualities such as words or observations that are difficult to quantify and that lend themselves to interpretation or deconstruction” (p.283). I will focus on qualitative inquiry methods, as the purpose of this research is to gain greater clarity and understanding based on how leaders within SHR experience and make meaning of events in their organization (Stringer, 2007). Qualitative inquiry will not only generate participants’ perspectives but will also assist us in reaching collective understanding that includes, “self and other” (Glesne, 2011, p. 266).

## **Participants**

Participants in this research will include approximately 70 individuals who are part of the Leadership Community within the Saskatoon Health Region. Leadership Community includes

Nine Vice-Presidents, approximately a dozen Physician Dyad Leaders and 40 Directors. It is important that all members of Leadership Community are engaged in this project as, “community-based action research works on the assumption...that all stakeholders - those whose lives are affected by the problem under study - should be engaged in the processes of investigation” (Stringer, 2007, p. 11).

Two learning circles will be held. The first circle will include three VPs and three Dyad Physician leaders. The second circle will include eight directors with at least one director from each of the following portfolios: People and Partnerships, Finance and Corporate Services, Integrated Health Services, and Quality and Interprofessional Practice. In addition, two World Café’s will be held with the first having all VPs and Dyad Physician leaders being invited and the second having all Directors invited. For the World Cafés everyone who accepts the invitation will be included in the events. For the events where VPs and Dyad Physician leaders will attend I will invite prospective participants through an email letter. In order to ensure the highest ethical standards, for the events where Directors will attend a third party will invite participants through an email letter and facilitate the activity on my behalf, in order to create space for free consent, and reduce pressure on directors to participate in the activity.

The inquiry team will be comprised of a consultant from HayGroup, two SHR Managers who are recent Graduates of Royal Roads University (RRU), an administrative support person, and a fellow learner from my RRU cohort. I will also receive assistance from a transcriptionist and an editor. The HayGroup consultant will assist in analyzing the regions leadership styles and climate data which will provide additional organizational context for the inquiry. The administrative support person will send out invitations while the HayGroup consultant and SHR managers will facilitate activities on my behalf when Directors are involved. This will entail

sending out correspondence related to and leading the learning circle and the world café where directors are participating. In addition, the SHR Managers and my fellow RRU learner will assist me in pilot testing my research questions. The transcriptionist will transcribe the information that is audiotaped during the learning circles and world cafés. The editor will be responsible for reviewing and editing my final research paper. All members of the research team will be expected to sign a letter of agreement outlining confidentiality, responsibilities, and expectations (Appendix K).

### **Inquiry Methods**

This section will outline the methods used during the research. Included is a description of data gathering tools I plan to use to collect, collate and analyze the data. The study conduct outlines the process I used should another research want to duplicate my methods.

#### **Inquiry tools**

This inquiry will utilize interactive activities in an effort to engage multiple perspectives. Through these activities participants will be involved in, “a series of activities that explore the organization...and help them think more broadly than their own perspective” (Benedict Bunker & Alban, 2006, location 323). Interactive methods involve face-to-face conversations which allow for exploring deeper meaning of the issue (Benedict Bunker & Alban, 2006) and create space for opinion leaders to connect, “work through differences and come to shared agreements” (Patterson, et al., 2008, p. 154).

#### ***Learning Circle***

The first phase of the study will consist of learning circles. The concept of learning circles in Canada is embedded in participatory learning originating from the Antigonish movement in Nova Scotia (Ravensberger & Vanderplaat, 2010). Learning circles are the practice of re-

establishing social partnerships and creating organizations where the best of collaboration informs and inspires the best of hierarchical leaderships (Baldwin & Linnea, 2010). Active participation, equality of sharing, enhancement of self-esteem and stimulation of critical thinking are the four overarching goals of all learning circles (Hiebert, 1996). The draft learning circle questions (Appendix F) are based on the first two steps of the AI cycle as described by Whitney and Trosten-Bloom (2010) which includes discovery, “an extensive, cooperative search to understand ‘the best of what is and has been’” (p. 7) and dreaming, “[an] energizing exploration of ‘what might be’” (p. 8). Data obtained during the learning circles will be analyzed to inform the World Café events that will make up the second phase of this study. The information generated from these learning circles may result in modifications to the draft questions that are being proposed for the World Cafés (Appendix I).

### ***World Café***

Two World Cafés will make up the second phase of this study. The World Café is a method that allows for a large scale conversation drawing on rich diversity of opinions (Carson, 2011). It is a process that, “fosters authentic conversations...[and] is focused around a theme that engages the invited group of stakeholders” (Benedict Bunker & Alban, 2006, location 420). The World Café enables groups of people to participate in evolving rounds of dialogue with a few others, while remaining part of a single, larger connected conversation. This allows for small, intimate conversations to link with and build on others as the World Café is facilitated to let people move between groups and discover new insights into issues. (Fouché & Light, 2010).

The World Cafés will be built on what was uncovered in the learning circles. Participants will be asked to review the leadership strengths and opportunities for growth identified in the



learning circle, affirming or revising as necessary, and then moving into the design and destiny phases of the AI cycle. The draft questions for the World Café are described in Appendix I.

As part of the World Café experience I will also be asking participants to engage in a photovoice activity.

PhotoVoice as a research methodology provides participants an opportunity to take photographs that address a salient community concern and present them in group discussion that empowers them to reflect on personal and community strengths, create critical dialogue, share knowledge about personal and community issues, and develop and host a forum for the presentation of their lived experiences and priorities through self identified images, language, and context (Hergenrather, K., Rhodes, S., Cowan, C., Bardhoshi, G., & Pula, S., 2009, p. 5).

Participants will engage in an exercise whereby they will take two pictures. One that symbolizes the leadership strengths they see within SHR's Leadership Community today and one that symbolizes a new or enhanced leadership strength they wish to see within SHRs Leadership Community in the future. The current strengths pictures will be posted at the World Café table where a question around reaffirming our strengths is being discussed. Meanwhile the future leadership strength pictures will be posted at the World Café table where a question on what recommendations would you make to enhance our leadership capacity would be considered. An outline of what photovoice is, how to engage in the exercise, and an additional consent form for the activity will be provided to the participants when they arrive for the World Café. A draft outline is included in Appendix J.

The prospective participants for both the learning circles and the World Cafés will be invited through an email letter explaining the purpose of the study, the methods to be used and how the results will be disseminated (Appendices C & G). For the events where VPs and Dyad Physician Leaders will attend I will be responsible to invite prospective participants while for the events where Directors will attend a third party will send out the invitations and facilitate the

related activities. I will take responsibility for the events where my VP and Dyad Physician Leader colleagues are participating as they are my peers. However a third party will take the lead where Directors are involved in the inquiry. This will be imperative as Directors may feel compelled to participate either because they have a direct reporting relationship to me or they feel I have an indirect ability to influence their employment status as a result of my position in the organization. Where Directors are involved, the third party will invite participants through an email letter and facilitate the activity on my behalf, in order to create space for free consent, and reduce pressure on directors to participate in the activity.

A written informed consent will be obtained as part of the enrolment process and will be provided to them along with their invitations as well as before the start of the learning circle and the world café (Appendices D & H). Participants will be made aware that they are free to enter into and to withdraw from the study at any time. In addition potential participants will be advised that they will be accepted on a first come basis in alignment with the criteria for the event. Learning Circle participants will also be provided with a tip sheet on participant involvement (Appendix E) with their invitation letter.

## **Study conduct**

### ***Learning Circle***

The first step in this inquiry process will be a learning circle. The Vice President and Dyad Physician Leader learning circle will be made up of 6 participants while the Director learning circle will be made up of 8 participants. Learning circles will last ninety minutes. Although participants will have some knowledge of lean management systems it will be important that all participants have some basic understanding of the leadership strengths required to lead in a lean management system. Information garnered through the literature review

highlighting leadership strengths will be shared with the participants, at the beginning of the learning circle, as part of the introductions and setting the stage for the activity. The learning circle questions (Appendix F) will focus around the leadership strengths needed to lead in a lean management system and what leadership strengths currently exist within the Leadership Community. Based on the participant's experiences they will also envision future leadership capacity that will be needed to lead in a lean management system. Questions will be pilot tested by my inquiry team prior to holding the learning circles.

Alternatively, individual interviews with up to three participants in the Vice President and Dyad Physician leader group and up to four participants in the Director group may be scheduled if there are not enough participants for two learning circles. The interview questions will be the same as those used for the learning circle. Each interview would be scheduled to last up to thirty minutes.

As participants are entering the room where the learning circle will occur the facilitator will ensure that participants have either brought their signed consent forms, which were provided with their invitation or sign one that is provided to them at that time (Appendix D). At the beginning of each learning circle twenty minutes will be taken for introductions and for the facilitator (either myself or the third party) to explain their role, again check to see if all participants have signed their consent forms and reinforce that participants are welcome to leave at any time during the learning circle. Participants will be advised that their names will not be used in any documents either summarizing information or in the final report and that all quotes will be anonymous unless the participant asks to have their name associated with the quote. In addition, the facilitator will remind participants of what the purpose of the research is, how long the information will be kept as well as how and when the information will be destroyed, all of

which will have been provided in their invitation (Appendix C). Finally facilitators will let the participants know that a summary of themes and key quotes will be drafted following the learning circles and that these will be provided to participants in order to verify that the essence of the discussion was appropriately captured.

Facilitators will explain that their role in a learning circle is unique in that everyone involved in the learning circle is a participant and that as such facilitators play two roles. Facilitators will both participate in the discussion as well as ensuring that there is ample opportunity for everyone in the circle to speak to the questions posed. In addition, facilitators assist the participants at the beginning of the learning circle to develop ground rules that assist in creating a safe environment for the discussion. These ground rules will be based on the principles of a learning circle including: reflective and cooperative learning, self management and active participation (Wade & Hammick, 1999) and on the recognized norms associated with this method including: trust, respect, honesty, creativity, flexibility, individual responsibility and group reciprocity (Hannan & Kicenko, 2002). Ground rules will be guided by the draft tips provided to participants with their invitation to attend the learning circle (Appendix E).

At the conclusion of the learning circle participants will be thanked and will again be advised that a summary of themes and key quotes will be drafted and sent to them within 2 weeks to ensure that the essence of the discussion is captured.

Learning circles and individual interviews, if required, will be audio recorded and the data supplemented by hand written notes. At this point the data will be analyzed with themes and associated quotes being extrapolated. The themes and quotes will be provided electronically to the learning circle participants as a means of member checking. Once this is complete the themes

and quotes will be used to inform the work café questions which will then be pilot tested with the members of the inquiry team.

### *World Café*

Subsequent to the learning circles all Leadership Community members will be invited to participate in one of two World Cafés in order to promote further dialogue about how to build our leadership capacity to lead in a lean management system. The World Cafés will take approximately two (2) hours each. The café questions will be similar to those utilized for the learning circle although the questions will move us to describing activities or opportunities for building our leadership capacity. Prior to the World Cafés a 4-5 page summary of the learning circle themes and key quotes will be provide to the participants. This will contribute to the continuity of the discussion and enrich the dialogue.

At the beginning of the world cafés participants will be asked to hand in the consent forms they received with their invitations or to sign one that is provided to them at that time (Appendix H). The facilitator will welcome the participants and outline the purpose to the world café and remind participants that they are welcome to leave at any time; that their names will not be used however reports will indicate that groups of leaders including Dyad Physician Leaders, VPs and Directors were involved. Finally facilitators will let the participants know that a summary of the discussions, by question, will be drafted following the world cafés and that these will be provided to participants electronically in order to verify that the essence of the discussion was appropriately captured.

The World Cafés will consist of four progressive rounds of dialogue. For the Vice President and Dyad Physician leader café the participants will be seated at tables of three to four while for the Director café the participants will be seated at tables of six to eight engaged in

dialogue around a series of questions. After 20 minutes, participants will be instructed to move to another table and sit with a new group. One person at each table will stay behind and act as the “host”, summarizing the key thoughts that have emerged while those moving to a new table will bring those thoughts and ideas with them.

At the end of the world cafés participants will be thanked and will again be reminded that a summary of the discussion, by question, will be drafted and provided to them electronically within two weeks to ensure the information was appropriately captured. In addition this will provide the participants with another opportunity to provide any thoughts or ideas that may have come to them after the world café.

### **Data analysis**

The data analysis for this project will address reliability, validity and trustworthiness. The reliability and validity of the process in action research is imperative as a result categorizing and selecting key experiences are two techniques that will be used to analyze data. These techniques lend themselves well to the qualitative inquiry methods that have been selected for this project, “as they seek to acquire clarity and understanding by distilling and organizing the information” (Stringer, 2007, p.98) that has been gathered. Analyzing key experiences will be an effective data analysis technique particularly related to learning circles as this research method tends to elicit the retelling of stories (Nabigon, Hagey, Webster & McKay, 1999). As with categorizing and coding reviewing this data requires one to identify the key experience, identify the main features of the experience as well as the elements that compose the experience and identify themes (Stringer, 2007).

To ensure the research and my approach as a researcher is credible and trustworthy it will be imperative that I am authentic and take the time to, “look inside and gain awareness of the

origins of...[my] reactions (Short, 1998, p. 83) and acknowledge my experiences and knowledge that create distinctive pre-understandings of my organization (Coghlan & Brannick, 2010). This can be done through reflective journaling and by using inside language to describe what goes on inside of me as I engage in this research (Short, 1998). Trustworthiness will be upheld by being transparent throughout the process and by designing the methods and questions in consultation with an inquiry research team to ensure limited bias. In addition a third party will be used in soliciting participants and facilitating research activities where the participants are Directors. Trustworthiness and authenticity occurs when findings are accurate from both the perspective of the researcher and the participants (Cresswell, 2003). This can be done through triangulation, member checking in the World Cafés, and using the verbatim principle to capture the participant stories and experiences.

The data will be triangulated using three methods of information gathering, literature review, learning circles and world cafés. Using triangulation in tandem with journaling and the verbatim principle will minimize the possibility of researcher inaccuracy in interpreting data and more accurately capture participant perceptions thereby enhancing the validity and reliability of the data (Glesne, 2011). Although there is always the possibility to make mistakes in interpreting data, triangulation assists in minimizing this potential by ensuring different views surface and to identify inconsistencies that may, “help reveal the complexity of a situation” (Glesne, 2011, p. 47).

The literature review will provide information from relevant sources regarding the subjects of leadership and its significance on leading transformational change particularly as it relates to effectively leading a new lean management system. The concepts of servant leadership, coaching as a leadership style, leading transformational and transitional change as well as

leadership styles and climates will be reviewed. In addition lean management concepts such as hoshin kanrin and kaizen events will be considered in the context of leadership capacity to do this type of work.

Qualitative data will be generated through the learning circles. This information will be audio taped and transcribed verbatim. From the verbatim transcripts, I will categorize and code the data as well as use the verbatim principle for key quotes when reflecting on stories or opinions provided. Key ideas and/or concepts will be identified using a word cloud generated through a tool called Wordle. Wordle generates word clouds from text that you provide. The clouds give greater prominence to words that appear more frequently in the source text (<http://www.wordle.net/>). Broad themes will be identified as well as key quotes. Stories and/or examples will be extrapolated using the verbatim approach to bring the information to life. The information obtained through the learning circles will highlight the regions leadership strengths and begin to ask what enhanced or additional leadership strengths will be required in the future to lead a lean management system and what challenges may we encounter in building these leadership strengths. This information will provide us with the current state of our leadership capacity and begin to have leaders thinking about the future state. Providing the themes and key quotes to participants electronically after the learning circle will help in validating the data as well as offering participants one last chance to contribute any additional comments. The information gathered through this research method will help inform the final questions for the world cafés.

The world cafés will also generate qualitative data. Participants will be provided with a short summary of the learning circle findings as well as the word cloud that was generated in order to provide context and continuity of the discussion. It will also allow for additional



member checking as participants will be able to reflect and build on the information provide by their peers during the learning circle. The information generated through the World Cafés will be captured on flip charts. At the end of the World Cafés there will be a report out by participants. This will allow an opportunity of participants to voice in their own words the key findings for each question as well as allow for additional input by participants. In addition the flip chart data will be summarized by question and will be provided to the participants electronically in an effort to further validate the information. This will also offer participants an opportunity to provide any final comments or thoughts on the questions. Having participants report out and provide feedback on the themes allows them to, “share in the interpretive process...as a form of member checking” (Glesne, 2011, p. 212). As Glesne (2011) argues although obtaining the reactions of research participants can be time-consuming it is imperative as it allows researchers to accurately reflect participant perspectives, inform you early of anything that could be personally or politically problematic and assists you in developing new ideas.

The World Café events will be where ideas for how to build on our leadership capacity and attain our desired future state of leadership will be identified. At the end of the event participants will have developed recommendations for closing the ‘leadership gap’. These recommendations will be reflected in the final report.

Recommendations will be drafted following the completion of the research. These draft recommendations will be shared with the regions senior leadership team who will be invited to provide input and suggestions into the final recommendations.

### **Ethical Issues**

Ethics today is seen, “less as a collection of aphorisms than as part of a skill-set for practicing professionals” (Kidder, 1995, location 57). As a researcher, I have the responsibility

and accountability to ensure I embrace research ethics to protect the physical, social and emotional welfare of anyone involved in this research project. Attending to all ethical considerations is of particular importance in this inquiry given my position as a senior leader in the organization and that my sponsor is the CEO. As a result it will be imperative that leaders know they are not obliged to participate in this research and that my senior leadership team colleagues are actively involved in this research, in order to ensure transparency of the process and reduce any anxiety they may have regarding how this information might reflect on them thereby impacting team solidarity. Finally, it is important that information obtained through the research does not impact, positively or negatively, on any leader's employment opportunities related to the new lean management system.

In Canada, research involving human subjects is guided by the Tri-Council Policy Statement on research ethics.

“Respect for human dignity requires that research involving humans be conducted in a manner that is sensitive to the inherent worth of all human beings and the respect and consideration that they are due. In this Policy, respect for human dignity is expressed through three core principles – Respect for Persons, Concern for Welfare, and Justice. These core principles transcend disciplinary boundaries and, therefore, are relevant to the full range of research covered by this Policy” (CIHR, 2010, p. 8)

The following section outlines how I will address these principles in my research.

### **Respect for persons**

A respect for human dignity is the overarching principal guiding research ethics. We understand this to mean that research and business activities should show, “a special concern for the less powerful and the disadvantaged” (Kidder, 1996. p. 76). This project will protect the

human dignity of each participant by adhering to each of the ethical principals as outlined by the Tri-Council Policy Statement.

All individuals participating in research have the right to make free and informed decisions related to their consent to being involved in the process. “The principle of informed consent is subject to multiple interpretations. From the standpoint of medical ethics, informed consent can be defined as, "an autonomous authorization by a patient or subject” (Groff, 1996, p.179). In order to ensure informed consent I will provide comprehensive written information to all prospective participants, outlining the process, the goals of the project as well as any limitations (Stringer, 2007). In addition where Directors will be asked to participate I will have a third party seek their involvement in the project in order to reduce any pressure they may feel to consent to this study. All participants will be informed they are free to withdraw from the project at any time.

Individuals who have diminished capacity to make informed decisions may be vulnerable and they must be protected from any abuse, exploitation or discrimination (CIHR, 2010). Participants in this project are part of SHRs Leadership Community and hold formal leadership positions. Although the participants involved in the study are not vulnerable in the traditional sense of the word, some have a direct reporting relationship to me and some have a direct reporting relationship to the project sponsor. In addition as the Vice President who has responsibility for the human resource function I am indirectly involved in decisions around ones employment status regardless of reporting structure. I will be transparent about the potential for a conflict of interest that may arise by addressing it in the consent documents and by assuring potential participants that their participation in the study is completely voluntary.

### **Concern for welfare**

The data will be presented in a way that is meaningful to Leadership Community while protecting the privacy of the individuals. As part of the informed consent process, prospective participants will be informed how the data will be used. With the findings being made public this will be of particular importance. As Glesne (2011) highlights although ‘no harm’, “may be done during the research process, harm may result from making research findings public...the manuscript could potentially affect both the individual and the community” (p. 173). As a result it will be imperative that confidentiality is maintained.

### **Concern for justice**

Respect for justice and inclusiveness will be maximized by ensuring all leaders within the regions Leadership Community are invited to participate in the learning circles and World Café’s effectively minimizing any discrimination against any individuals whose opinions may differ from my own.

The benefit of this research is that it will allow the collective voice of SHR leaders to be heard, will focus on our leadership strengths and will allow for opportunities to describe what our future leadership capacity entails. I will ensure that the results of the research are framed in such a way that they do not harm the reputation of the regions leaders or of the Saskatoon Health Region as an organization.

### **Project Deliverables**

The deliverables for this project are as follows:

- Organizational Leadership Project Final Report to be submitted to the academic supervisor and organizational sponsor and made available to study participants

- An executive summary including recommendations for action to be made available to study participants
- Participants will also be advised of my publication intentions in the informed consent forms and during our discussions
- A presentation to be made to Leadership Community
- An electronic copy of my research project will be made publicly available through the regions website

### Project Milestones and Schedule

**Table 1:** *Project Milestones*

DATE	TASK
January 2012	Confirm Sponsor & Supervisor
Posted to PATTS February 5, 2012	Academic Supervisor for submitted
April 15, 2012	Proposal finalized with Supervisor & submitted to PATTS
April 15, 2012	Ethics Review completed & submitted by supervisor to Colleen Hoppins, RRU Research Ethics Coordinator. Submit organizational ethics review as required.
April 15, 2012	Complete Letter of Agreement. Both of the above require approval of Supervisor and Sponsor OLP Edits – based on input from supervisor and sponsor team
April 15 – May 1, 2012	Pilot test phase for data collection
April 15- May 15, 2012	Continue literature review and documents related to organizational context
May 2012	Receive OK from Ethics Review
May 2012	Begin data collection
May 14 – May 31, 2012	Conduct both learning circles
June 18 – June 29, 2012	Conduct both World Cafés
May 15, 2012	Write (Update) Chapters 1-3
July 6, 2012	Provide Chapters 1-3 to Supervisor
July 15, 2012	Send Chapters 1-3 to Professional Editor
July 2012 – August 6, 2012	Write Chapter 4 (Results & Conclusions)
July 2012 – August 6, 2012	Edit Chapter 4

August 7, 2012	Send Chapter 4 to Professional Editor
August 7 – August 20, 2012	Write Chapter 5 (Inquiry Implications)
August 7 – August 20, 2012	Edit Chapter 5
August 21, 2012	Send Chapter 5 to Professional Editor
August 2012	Write Reflective Practice Integrated Paper
September 3, 2012	Final Product to Supervisor and Sponsor
September 2012	Supervisor's OLP Final Report Review Sponsor's Final Assessment, Supervisor final evaluation

### Project Resource Requirements and Budget

**Table 2:** *Project Resource Requirement and Budget*

Item	Estimated Expense	Source
Styles and climate data from HayGroup – three data cuts: by VPs, by Dyad Physician Leaders and by Directors	\$1500 (\$500 per data cut)	Sponsor
Facilitation material and set up for learning circles	\$50	Student
Refreshments for learning circle participants	\$50	Sponsor
Room rental and food at Western Development Museum for World Cafés	\$1500	Sponsor
Facilitation supplies for World Café	\$100	Student
Digital audio recorder	\$200	Student
Transcription of audio tapes	\$1000	Sponsor and Student
Professional editor	\$1500	Student
Printing final project	\$100	Student
<b>Total Estimated Cost</b>	<b>\$6000</b>	



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Saskatoon Health Region: Our values in action. from [http://www.saskatoonhealthregion.ca/news\\_you\\_need/media\\_centre/documents/shr\\_our\\_values\\_in\\_action.pdf](http://www.saskatoonhealthregion.ca/news_you_need/media_centre/documents/shr_our_values_in_action.pdf).

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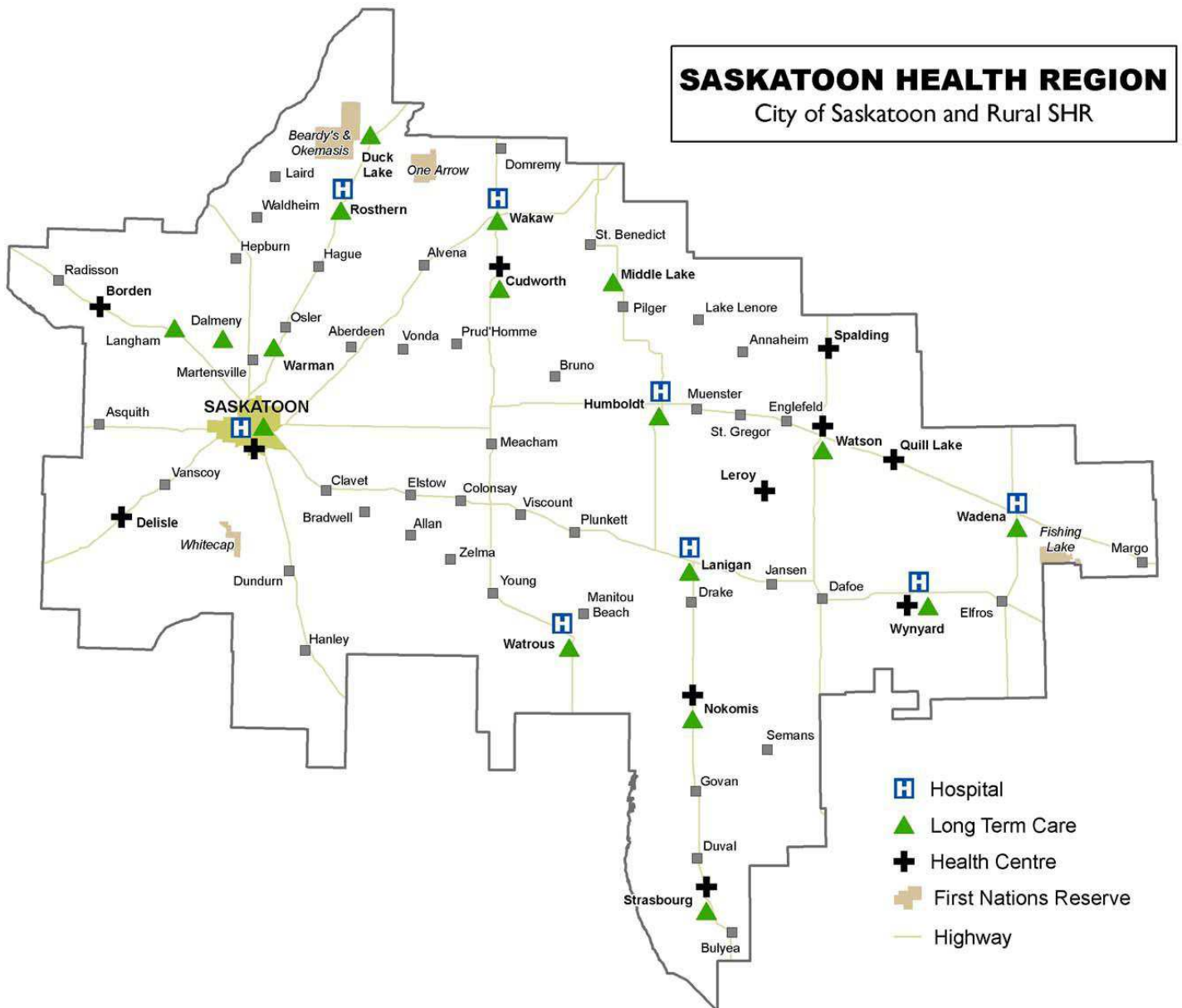
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**Appendix A: Map of Saskatoon Health Region**



## Appendix B: Plan for the Literature Review

The following literature topics will help contribute to my action research question and sub questions. These are as follows:

**Research Question:** What can the Saskatoon Health Region (SHR) do to build on its leadership strengths and address current gaps in order to successfully implement a lean management system?

Sub-questions include:

1. What leadership styles and related climates are required to successfully implement a lean management system?
2. What are the current leadership styles within the Saskatoon Health Region (SHR) and what do these leadership styles and associated climates look like across four distinct management groups: senior leadership team (comprised of CEO/VPs), dyad leadership teams (made up of physician and administrators), directors and managers?
3. What gap exists between the style and climate within SHR and that which is required to successfully implement a lean management system?

This list of literature resources is preliminary and will evolve as I delve more into my action research project.

### Hoshin Kanri – Strategy Deployment

Hoshin Kanri is a Japanese word for strategy deployment. Hoshin in its simplest construct is strategic planning that enables policy deployment in support of a lean management philosophy. However hoshin kanri in its application and contribution to a lean management system is much more complicated. In order to understand what a lean management system is it is necessary to garner a more robust working knowledge of what strategy deployment is and how it contributes to creating a lean culture.

Akao, Y (Ed.). (1991). *Hoshin kanri: Policy deployment for successful TQM*. Cambridge, MA: Productivity Press.

Bechtell, M.L. (1995). *The management compass: Steering the corporation using hoshin planning*. New York: American Management Association.

Booth, C. (2003). Does history matter in strategy? The possibilities and problems of counterfactual analysis. *Management Decision*, 41(1), 96-104.

Cowley, M. & Domb, E. (1997). *Beyond strategic vision: Effective corporate action with hoshin planning*. New York: Butterworth-Heinemann Business Books.

Jackson, T. (2006). *Hoshin kanri for the lean enterprise: Developing competitive capabilities and managing profit*. London: CRC Press.

Mintzberg, H. (1994). *The rise and fall of strategic planning*. New York: Prentice Hall.

### **Kaizen Event**

A kaizen is a Japanese word that implies the acceleration of continuous incremental improvement (Black, 2008). Kaizen events are seen as a practical tool to be used as part of a lean management system. In order to understand what a lean management system is it is necessary to garner a more robust working knowledge of what kaizen events are and how they contribute to creating a lean culture.

Barnas, K. (2011). ThedaCare's business performance system: Sustaining continuous daily improvement through hospital management in a lean environment. *Journal on Quality and Patient Safety*, 37(9), 387-399.

Benders, J. and van Bijsterveld, M. (2000). Leaning on lean: the reception of a management fashion in Germany. *New Technology, Work and Employment*, 15(1), 50-64.

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### **Coaching as a leadership style**

Research has shown that of the six leadership styles coaching, which is also strongly associated with the servant leadership style and imperative for creating a lean organization, is the style used least often used (Goleman, 2000). A positive, trusting climate is required between senior leaders and the rest of the organization in order to advance such a significant culture shift. If SHRs leadership team wants to create a climate of lean it is imperative that they use a collection of leadership styles, including coaching, using "each in the right measure, at just the right time" (Goleman, 2000, p. 78). This piece of my literature review will look at what leadership competencies are required to create coaching leaders.



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- Dotlich, D.L. (2002). *Unnatural leadership: going against intuition and experience to develop ten new leadership instincts*. San Francisco: Jossey-Bass.
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- Megginson, D. & Clutterbuck, D. (2005). Creating a coaching culture. *Industrial & Commercial Training*, 38(5), 232-237.
- Tichy, N. (1997). *The leadership engine: How winning companies build leaders at every level*. New York: HarperCollins.
- Weiss, T. & Kolberg, S. (2003). *Coaching competencies and corporate leadership*. New York: St. Lucie Press.

### **Transformational leadership**

Given that SHR is going to be engaging in a transformational change a review of what the literature says about the transformational leadership style will be of value. It will be of

particular interest to compare and contrast this leadership style with that of servant leadership since there is some evidence to suggest that, “transformational leadership might prove to be especially effective in rapidly changing environments whereas servant leadership would likely be more appropriate if the context were less dynamic” (Humphreys, 2005).

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

Avolio, B.J. & Bass, B.M. (1994b). Transformational leadership and organizational culture. *International Journal of Public Administration*, 17(3/4), 541-552.

Bass, B.M. (1985). *New paradigm of leadership: an inquiry into transformational leadership*. Alexandria, VA: U.S.Army Research Institute fore the Behavioural and Social Sciences.

Beazley, H. & Beggs, J. (2002). Teaching servant leadership. In L.C. Spears, M. Lawrence (Eds.). *Focus on leadership: Servant leadership in the 21<sup>st</sup> century* (pp. 53-63). New York: John Wiley & Sons.

Gibbons, P.T. (1992). Impacts of organizational evolution on leadership roles and behaviors. *Human Relations*, 45, 1-13.

House, R.J., & Shamir, B. (1993). Toward the integration of transformational, charismatic, and visionary theories. In M.M. Chemers & R. Ayman (Eds.). *Leadership theory and research: perspectives and direction* (pp.81-100). Sand Diego: Academic Press.

Keeley, M. (1995). The trouble with transformational leadership: toward a federalist ethic for organizations. *Business Ethics Quarterly*, 5(1), 67-96.

Lowe, K.B., Kroeck, K.G. & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: a meta-analytic review of the MLQ literature. *Leadership Quarterly*, 7(3), 385-425.

Pawar, B.S. & Eastman, K.K. (1997). The Nature and implications of contextual influences on transformational leadership: a conceptual examination. *Academy of Management Review*, 22(1), 80-109.

Smith, B.N., Montagno, R.V. and Kuzmenko, T.N. (2004). Transformational leadership and servant leadership: content and contextual comparisons. *Journal of Leadership and Organizational Studies*, 10, 80-91.

Whittington, J.L., Goodwin, V.L. and Murray, B. (2004). Transformational leadership, goal difficulty, and job design: independent and interactive effects on employee outcomes. *Leadership Quarterly*, 15(5), 593-606.

**Appendix C: Draft Letter of Invitation (Learning Circle)**

[Date]

Dear [Prospective Participant],

I would like to invite you to be part of a research project that I am conducting. This project is part of the requirement for a Master's Degree in Leadership (Health Specialization), at Royal Roads University. My name is Bonnie Blakley and my credentials with Royal Roads University can be established by calling Dr. Wendy Rowe, Program Head, MA Leadership Program, Health Specialization at xxx-xxx-xxxx.

The objective of my research project is to identify how the Leadership Community within the Saskatoon Health Region can build on its leadership strengths in support of the new lean management system. In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master's Degree in Leadership, I will also be sharing my research findings with the SHR Senior Leadership Team, the SHR Leadership Community, the Ministry of Health, the Saskatchewan Health Quality Council and potentially other health regions across Saskatchewan. I may also submit an abstract to a leadership conference or article for publication to an appropriate journal. A copy of the final report will be posted on the Saskatoon Health Region's website.

My research project will consist of two learning circles and two World Cafés. Both methods will use open-ended questions. The anticipated questions will explore your experience with recent changes, the leadership strengths you see within our Leadership Community, what you need as a leader to successfully lead in a lean management system and how the organization can support you. The research will take place from May to August 2012.

I am extending an invitation for you to participate in a learning circle on [date] at [time]. This learning circle will require no more than ninety minutes of your time. Your name was chosen as a prospective participant because you are part of the regions Leadership Community. The data collected during the learning circle will assist in framing the discussion topics during the World Café. Information will be audio taped and, where appropriate summarized, in anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential.

All participants will be provided with an executive summary including recommendations for action to be made available to study participants. A copy of the final report will be published and archived in the RRU Library.

All data will be kept securely maintained in a locked cabinet for the duration of the project. Upon completion of the project, all raw data will be destroyed. Data pertaining to an individual who withdraws from the project will be destroyed and will not be included in the final report.

During this project I will be acting as both researcher and employee of the Saskatoon Health Region. This provides me with the opportunity to work collaboratively with my colleagues and to be an integral part of the inquiry and the solution. However this also presents a potential conflict of interest. My intent is that my role will be that of impartial facilitator and researcher and not as a Vice President with the Saskatoon Health Region. To maintain the highest ethical standards I have asked a third party to be involved in garnering consent and orchestrating the research methods when directors within Leadership Community are being asked to participate.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

**[For VPs & Dyad Physician Leaders learning circle]**

If you would like to participate in my research project, please contact me at:

Name: Bonnie Blakley

Email: xxxx@xxxx

Phone: xxx-xxx-xxxx

**[For Directors learning circle]**

If you would like to participate in my research project, please contact [xxxx]. I have asked [xxxx] to provide third party assistance to create an environment where consent can be given freely.

If you should have any additional questions regarding the project and its outcomes please contact me at xxx-xxx-xxxx.

Sincerely,

Bonnie Blakley

**Appendix D: Draft Informed Consent (Learning Circle)**

My name is Bonnie Blakley, and this project is part of the requirement for a Master's Degree in Leadership (Health Specialization), at Royal Roads University. My credentials with Royal Roads University can be established by calling Dr. Wendy Rowe, Program Head, MA Leadership Program, Health Specialization at xxx-xxx-xxxx.

This document constitutes an agreement to participate in my research project. The objective of my research project is to identify how the Leadership Community within the Saskatoon Health Region can build on its leadership strengths in support of the new lean management system. The research will consist of a learning circle and is intended to take no more than ninety minutes of your time. In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master's Degree in Leadership, I will also be sharing my research findings with the SHR Senior Leadership Team, the SHR Leadership Community, the Ministry of Health, the Saskatchewan Health Quality Council and potentially other health regions across Saskatchewan. I may also submit an abstract to a leadership conference or article for publication to an appropriate journal. A copy of the final report will be posted on the Saskatoon Health Region's website.

Information will be audio taped and, where appropriate summarized, in anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. However learning circles by their very nature are not anonymous and although all participants will be asked to keep confidential the deliberations of the learning circle confidentiality can not be guaranteed. All data will be kept securely maintained in a locked cabinet for the duration of the project. Upon completion of the project, all raw data will be destroyed. Data pertaining to an individual who withdraws from the project will be destroyed and will not be included in the final report.

All participants will be provided with an executive summary including recommendations for action to be made available to study participants. A copy of the final report will be published and archived in the RRU Library.

During this project I will be acting as both researcher and employee of the Saskatoon Health Region. This provides me with the opportunity to work collaboratively with my colleagues and to be an integral part of the inquiry and the solution. However this also presents a potential conflict of interest. My intent is that my role will be that of impartial facilitator and researcher and not as a Vice President with the Saskatoon Health Region. To maintain the highest ethical standards I have asked a third party to be involved in garnering consent and orchestrating the research methods when directors within Leadership Community are being asked to participate.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

By signing this letter, you give free and informed consent to participate in this project.

Name: (Please Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix E: Draft Tips for Participants (Learning Circle)**

**To make the most of your experience  
please consider some of the following tips  
for Learning Circle**

- Please arrive on time for the learning circle. Out of respect for the participants, once the circle begins it can not be interrupted.
- If you do not understand the topic or question you are welcome to ask for clarification.
- Listen carefully and accurately, making sure the group is hearing what each participant has to offer.
- We encourage you to maintain an open mind; feel free to explore ideas you might have rejected in the past.
- We encourage you to express your opinions and explore new ideas. Feel free to provide alternate opinions.
- Please remember everyone's input is of value.
- Try hard to understand the point of view of those with whom you disagree.
- During the first round before open discussion, be sure to respond to the topic or question as posed by the facilitator, not what the previous participant had to say.
- In a learning circle only one person speaks at a time.
- Please help keep the discussion on track.
- Speak freely, while offering others time to voice their stories.
- Talk to the group as a whole, not the facilitator.
- Value your own experience and understanding

**Appendix F: Draft Questions (Learning Circle)**

1. Think of an initiative you were involved in where positive change occurred within the Saskatoon Health Region. Tell us about it.
2. Thinking back on this initiative what would you say were the leadership strengths that your colleagues within Leadership Community displayed? What leadership strengths did you have that contributed to the success?
3. Dreaming big what would you want the organization and those we serve to say about our Leadership Community in five years? What strengths would you hope to see within Leadership Community?
4. What are the leadership challenges that we may encounter as a Leadership Community, as we move to support a new lean management system?



**Appendix G: Draft Letter of Invitation (World Café)**

[Date]

Dear [Prospective Participant],

I would like to invite you to be part of a research project that I am conducting. This project is part of the requirement for a Master's Degree in Leadership (Health Specialization), at Royal Roads University. My name is Bonnie Blakley and my credentials with Royal Roads University can be established by calling Dr. Wendy Rowe, Program Head, MA Leadership Program, Health Specialization at xxx-xxx-xxxx.

The objective of my research project is to identify how the Leadership Community within the Saskatoon Health Region can build on its leadership strengths in support of the new lean management system. In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master's Degree in Leadership, I will also be sharing my research findings with the SHR Senior Leadership Team, the SHR Leadership Community, the Ministry of Health, the Saskatchewan Health Quality Council and potentially other health regions across Saskatchewan. I may also submit an abstract to a leadership conference or article for publication to an appropriate journal. A copy of the final report will be posted on the Saskatoon Health Region's website.

My research project will consist of two learning circles and two World Cafés. Both methods will use open-ended questions. The anticipated questions will explore the leadership strengths you see within our Leadership Community, what you need as a leader to successfully lead in a lean management system and how the organization can support you. The research will take place from May to August 2012.

I am extending an invitation for you to participate in a World Café. This World Café will be on [date] at [time] and will take three hours of your time. Your name was chosen as a prospective participant because you are part of the regions Leadership Community. The data collected during the learning circle will assist in framing the discussion topics during the World Café. Information will be recorded on flip sheets and supplemented with handwritten notes. Where appropriate, information will be summarized, in anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential.

All participants will be provided with an executive summary including recommendations for action to be made available to study participants. A copy of the final report will be published and archived in the RRU Library.

All data will be kept securely maintained in a locked cabinet for the duration of the project. Upon completion of the project, all raw data will be destroyed. Data pertaining to an individual who withdraws from the project will be destroyed and will not be included in the final report.

During this project I will be acting as both researcher and employee of the Saskatoon Health Region. This provides me with the opportunity to work collaboratively with my colleagues and to be an integral part of the inquiry and the solution. However this also presents a potential conflict of interest. My intent is that my role will be that of impartial facilitator and researcher and not as a Vice President with the Saskatoon Health Region.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

**[For VPs & Dyad Physician Leaders World Café]**

If you would like to participate in my research project, please contact me at:

Name: Bonnie Blakley

Email: xxxx@xxxx

Phone: xxx-xxx-xxxx

**[For Directors World Café]**

If you would like to participate in my research project, please contact [xxxx]. I have asked [xxxx] to provide third party assistance to create an environment where consent can be given freely.

If you should have any additional questions regarding the project and its outcomes please contact me at xxx-xxx-xxxx.

Sincerely,

Bonnie Blakley

**Appendix H: Draft Informed Consent (World Café)**

My name is Bonnie Blakley, and this project is part of the requirement for a Master's Degree in Leadership (Health Specialization), at Royal Roads University. My credentials with Royal Roads University can be established by calling Dr. Wendy Rowe, Program Head, MA Leadership Program, Health Specialization at xxx-xxx-xxxx.

This document constitutes an agreement to participate in my research project. The objective of my research project is to identify how the Leadership Community within the Saskatoon Health Region can build on its leadership strengths in support of the new lean management system. The research will consist of a learning circle and is intended to take no more than ninety minutes of your time. In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master's Degree in Leadership, I will also be sharing my research findings with the SHR Senior Leadership Team, the SHR Leadership Community, the Ministry of Health, the Saskatchewan Health Quality Council and potentially other health regions across Saskatchewan. I may also submit an abstract to a leadership conference or article for publication to an appropriate journal. A copy of the final report will be posted on the Saskatoon Health Region's website.

Information will be recorded on flip sheets and supplemented with hand written notes. Where appropriate, information will be summarized, in an anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. All data will be kept securely maintained in a locked cabinet for the duration of the project. Upon completion of the project, all raw data will be destroyed. Data pertaining to an individual who withdraws from the project will be destroyed and will not be included in the final report.

All participants will be provided with an executive summary including recommendations for action to be made available to study participants. A copy of the final report will be published and archived in the RRU Library.

During this project I will be acting as both researcher and employee of the Saskatoon Health Region. This provides me with the opportunity to work collaboratively with my colleagues and to be an integral part of the inquiry and the solution. However this also presents a potential conflict of interest. My intent is that my role will be that of impartial facilitator and researcher and not as a Vice President with the Saskatoon Health Region. To maintain the highest ethical standards I have asked a third party to be involved in garnering consent and orchestrating the research methods when directors within Leadership Community are being asked to participate.

You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

By signing this letter, you give free and informed consent to participate in this project.

Name: (Please Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **Appendix I: Draft Questions (World Café)**

A World Café will be held to explore the research question: How can the Leadership Community within the Saskatoon Health Region build on its leadership strengths in support of the new lean management system?

During this session participants will engage in a collaborative dialogue and identify recommendations for moving forward.

The following are preliminary draft questions; the final questions will be based on data collected during the learning circles.

1. What are the current leadership strengths within Leadership Community and how can we build on them to support the new lean management system?
2. What leadership challenges might we encounter, and how might we meet them?
3. What does Leadership Community need to lead in a lean management system?
4. What can we, as leaders, do to support each other in taking next steps? What can the organization do to support us in taking next steps?

## Appendix J: Draft Photovoice Outline and Consent

Voice Yourself Through Photos.

### What is Photovoice?

The heart of *photovoice* is the intermingling of images and words. This blending of images and words is not a new idea. In fact, we humans have used different kinds of images and words to express what we need, what we fear, what we cherish, what we dream of and all sorts of other ideas for as far back as we know. Photovoice is one recent example using this form of expression.

[From: A Practical Guide to Photovoice: Sharing Pictures, Telling Stories and Changing Communities by Beverly Palibroda with Lisa Murdock and Joanne Havelock (March 2009)]

### What should I take pictures of?

As part of the World Café experience we are inviting you to grab a camera and explore leadership through pictures. We would ask you to take two pictures:

- (1) The first should symbolize the leadership strengths you see within SHR's Leadership Community today,
- (2) The second should symbolize a new or enhanced leadership strength you wish to see within SHRs Leadership Community in the future.

Once you have taken your pictures please take the time to put a 3-5 word caption on them and take each photo to their respective café tables. Photo one goes to café table number one. Photo two goes to café table number two. The facilitators at each table will put your pictures on the wall.

***Please do not take a picture of another person, if it identifies the person or of any trademarked sign as this requires their written consent.***

By signing this, you give free and informed consent for your pictures to be used as part of this project and in any publications or articles created in concert with the dissemination of these research findings.

Name: (Please Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix K: Draft Inquiry Team Member Letter of Agreement

In partial fulfillment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University, Bonnie Blakley (The Researcher) will be conducting an action research study at Saskatoon Health Region to explore How the Leadership Community within the Saskatoon Health Region build on its leadership strengths in support of the new lean management system. The Researcher's credentials with Royal Roads University can be established by calling xxxxx acting Director, School of Leadership Studies, at xxxxx.

As a volunteer research advisor assisting the Researcher with this project, your role may include one or more of the following: providing advice on the relevance and wording of questions, letters of invitation, supporting the logistics of the data-gathering methods, including, observing or facilitating a interview or focus group, taking notes, transcribing, or analyzing data, to assist the Researcher and the Saskatoon Health Region's organizational change process. In the course of this activity, you may be privy to confidential research data.

**In compliance with the Royal Roads University Research Ethics Policy, under which this research project is being conducted, all personal identifiers and any other confidential information generated or accessed by the research team advisor will only be used in the performance of the functions of this project, and must not be disclosed to anyone other than persons authorized to receive it, both during the research period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, personally identifying turns of phrase or comments, and any other personally identifying information.**

In situations where potential participants in a work setting report directly to the Researcher, you, as a neutral third party with no supervisory relationship with either the researcher or potential participants, may be asked to work closely with the Researcher to bridge this potential or actual conflict of interest in this study. Such requests may include asking the Research Team Advisor to: send out the letter of invitation to potential participants, receive letters/emails of interest in participation from potential participants, independently make a selection of received participant requests based on criteria you and the researcher will have worked out previously, formalize the logistics for the data-gather method, including contacting the participants about the time and location of the interview or focus group, conduct the interviews (usually 3-5 maximum) or focus group (usually no more than one) with the selected participants (without the Researcher's presence or knowledge of which participants were chosen) using the protocol and questions worked out previously with the Researcher, and producing written transcripts of the interviews or focus groups with all personal identifiers removed before the transcripts are brought back to the researcher for the data analysis phase of the study. This strategy means that potential participants with a direct reporting relationship will be assured they can confidentially turn down the participation request from their supervisor (the Researcher), as this process conceals from the Researcher which potential participants chose not to participate or simply were not selected by you, the third party, because they were out of the selection criteria range (they might have been a participant request coming after the number of participants sought, for example, interview

request number 6 when only 5 participants are sought, or focus group request number 10 when up to 9 participants would be selected for a focus group). Research Team members asked to take on such 3<sup>rd</sup> party duties in this study will be under the direction of the Researcher and will be fully briefed by the Researcher as to how this process will work, including specific expectations, and the methods to be employed in conducting the elements of the research with the Researcher's direct reports, and will be given every support possible by the Researcher, except where such support would reveal the identities of the actual participants.

Personal information will be collected, recorded, corrected, accessed, altered, used, disclosed, retained, secured and destroyed as directed by the Researcher, under direction of the Royal Roads Academic Supervisor.

Research advisors who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with Bonnie Blakley, the Researcher.

**Statement of Informed Consent:**

I have read and understand this agreement.

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date