Canada's Health System: Transitions in Leadership

Canadian hospital CEOs are at least twice as likely as those in the UK, Australia, US and New Zealand to say that they face serious shortages of trained managerial staff, according to a 2003 survey by the Commonwealth Fund. More generally, many decision-makers and policy-makers cite identifying, supporting and nurturing health leaders as a key challenge in the years ahead (Dault et al. 2004).

Those who shoulder these leadership responsibilities operate within the complex, multilevel environment of health policy and healthcare delivery. Their ranks include federal/ provincial/territorial Ministers and Deputy Ministers of Health; senior managers in health regions, hospitals and other healthcare organizations; and clinical leaders. This article presents the first results of a profile of Canada's health leadership cadre and how it is changing.

At the Top in Government

In recent years, First Ministers meetings have become a visible sign of government's role in setting overall direction for Canada's health system. Ministers and Deputy Ministers of Health play key roles in the policy process. Between September 2000 when the first Health Accord was issued and September 2004 when the First Ministers announced A 10year Plan to Strengthen Health Care, 40 Health Ministers and 34 Deputy Ministers sat around the federal/provincial/territorial table.

Table 1. Changes at the Top

Table 1 shows the median terms of Ministers and Deputy Ministers of Health who held office in each jurisdiction between January 1990 and October 2004 (in months) and the number of individuals who held office during this period. The median is the point at which half served longer and half served shorter terms.

	Deputy Minister Median Term	r #	Minister Median Term	#			
Federal	38.4	5	11	11			
Alberta	16	9	46.4	4			
British Columbia	21.9	9	20	11			
Manitoba	24.1	6	32.4	6			
New Brunswick	43.6	3	35.7	5			
Newfoundland	21.8	5	22.2	8			
Northwest Territories	27	6	9.8	12			
Nova Scotia	17	9	26.2	7			
Nunavut (since 1999)	12.5	4	33.3	2			
Ontario	23.3	8	19.4	10			
Prince Edward Island	13	9	35.4	6			
Quebec	21.9	8	26.8	7			
Saskatchewan	24	5	28.6	7			
Yukon	26.8	6	21.3	7			
Source: Compiled by CIHI							

At the Top in Healthcare Organizations

Of the 1.2 million Canadians who told census-takers that they worked in the health sector in 2001, about 5,075 were senior

managers. Of these, 43% worked in hospitals, 29% in ambulatory care, and 28% in nursing or residential care facilities. The same year, 100 CEOs from across the country answered a survey by the University of Ottawa, the Canadian College of Health Service Executives and Caldwell Partners (response rate of 32%). One in five (39%) had been in their current role for three years or less (Armstrong et al. 2001). Slightly more (41%) had held their position for at least five years.

A 2001 survey conducted by Quebec's Ministry of Health echoed these findings. This survey profiled over 9,500 middle, senior and top managers in the province's health sector and outlined the challenges associated with their recruitment and retention. With 23% of executives approaching retirement age, the report anticipated a wave of retirements in the next decade. At the same time, the authors suggested that changes in the health system may affect the demand for managers in the future.

Table 2. Health and Social Services Managers in Quebec

Table 2 highlights findings from a 2001 report by Quebec's Ministry of Health and Social Services on the more than 9,500 middle, senior and top managers in the province's health sector. For example, while almost two-thirds (63%) of middle managers are women, men hold almost eight in ten (78%) of the top positions.

Management Level	#	% of Total	% Male	Average Age	% >55 years
Top*	506	5%	78%	50	23%
Senior**	1,390	14%	57%	48	12%
Middle	7,697	80%	37%	47	9%
Total	9,593	100%	42%	47	10%

- Includes Chief Executive Officers, Managing Directors, Assistant Managing Directors, Executive Advisors
- ** Includes Directors, Assistant Directors, Assistants to the Managing

Source: Ministère de la Santé et des Services Sociaux. 2001. Planification de la main-d'oeuvre - Personnel cadre et hors-cadre du réseau de la santé et des services sociaux. Rapport du conseil d'administration du Centre de référence des directeurs généraux et des cadres. Quebec: MSSS.

A number of Ontario hospitals are planning ahead for retirements and other sources of turnover. In 2002, 60% and 44% of hospitals participating in the Ontario Hospital Report reported having formal succession plans in place for the Chair of their Board of Directors and Chairs of Board Standing Committees respectively (Hospital Report Research Collaborative 2002; 2003). Fewer, only 27%, had succession plans for senior management positions. Plans were more common in teaching hospitals than in community and smaller hospitals. (Similar data are not available for other jurisdictions.)

The Next Generation?

Senior executives in the health sector often begin their leadership careers as managers or clinical leaders. The last census counted just over 22,000 Canadians employed as managers in healthcare in 2001, up from 18,305 a decade before. In contrast, the number who reported working as head nurses or supervisors fell by almost half over the same period – 9,745 were employed in these positions in 2001.

The numbers have changed, but so has the composition of the management team and the nature of their work. For example, between 1991 and 2001, the average age of managers (regardless of employment status) in healthcare rose from 43.5 to 45.5 years, as did the amount of time that they spent on the job. Almost one-quarter (24%) of full-time managers worked 50 hours per week or more in 2001, up from 15% in 1991.

Figure 1. By the Numbers: Managers in Healthcare **Across the Country**

The 2001 Census provides a profile of Canada's Healthcare Managers, individuals who were responsible for specific health services, such as dietetics, laboratory medicine, nursing, physiotherapy or surgery.

- % of those employed who worked mostly full-time: 98%
- average employment income in 2000: \$52,586, about the same as the 1990 average of \$52,782 after adjusting for
- % working in hospitals: 31%; in nursing and residential care facilities: 30%
- average hours worked per week: 42, up from 40 hours in 1991
- % aged 55 and older: 16%; under 35: 13%
- % women: 73% (compared with 54% of senior managers in healthcare)
- % visible minorities: 6.7%, up from 5.0% in 1991

The Future of Leadership

As a \$121 billion industry, Canada's health sector demands strong leadership and management. Recent years have seen significant changes in the organization and delivery of care and in those leading the change process. With consensus across the country on the need for health system renewal, the pace of change is unlikely to slow. To help inform decisions about supporting the leaders of today and nurturing the leaders of tomorrow, future planned studies will aim to further our understanding of who is at the helm and their career and development paths.

References

Armstrong, R., F.W.H. Brunelle, D.E. Angus and G. Levac. 2001. "The Changing Role of Canadian Healthcare CEOs: Results of a National Survey." Healthcare Management Forum, Supplement.

Dault, M., J. Lomas and M. Barer. (on behalf of the Listen for Direction II Partners). 2004. Listening For Direction II: National Consultation on Health Services and Policy Issues for 2004-2007. Ottawa: Canadian Health Services Research Foundation.

Hospital Report Research Collaborative. 2002; 2003. Hospital Report 2002, 2003: Acute Care. Toronto: Hospital Report Research Collaborative, University of Toronto.

Ministère de la Santé et des Services Sociaux. 2001. Planification de la main-d'oeuvre - Personnel cadre et hors-cadre du réseau de la santé et des services sociaux. Rapport du conseil d'administration du Centre de référence des directeurs généraux et des cadres. Quebec; MSSS.

About the Authors

Kira Leeb has managed the production of CIHI's annual report on the health of Canada's healthcare system since coming to CIHI. She has also led or participated in the production of more focused reports on aspects of Canada's healthcare system. Prior to coming to CIHI, Kira participated in the development of and managed a province-wide, non-nominal, voluntary, observational database that collects demographic and clinical information on HIV/AIDS positive people. She holds a Master's degree in Experimental Psychology and is currently completing her PhD in Epidemiology at the University of Toronto.

Jennifer Zelmer is Vice-President, Research and Analysis for the Canadian Institute for Health Information. In this role, she leads an integrated program of health services and population health-related analytical and research initiatives. Prior to joining CIHI in 1995, she worked with a variety of health, academic and government organizations in Canada, Australia, Denmark and India, among other countries. Ms. Zelmer has a Bachelor's degree in Health Information Science, a Master's degree in Economics and is currently pursuing a PhD in Economics.

Benjamin Taylor recently graduated from the Community Health and Epidemiology Master's program at Queen's University. Prior to finishing his Master's degree, Ben travelled to Costa Rica and worked as an E-Health Project Coordinator with the Pan American Health Organization. He is currently employed with the Canadian Institute for Health Information as an analyst on the team responsible for producing annual reports on Canada's healthcare system.

