



The Application of Health Leadership Competencies Around the World to the Canadian Midwifery Profession: A Scoping Review

L'application à la profession de sage-femme au Canada de compétences en leadership de la santé provenant du monde entier : examen de la portée

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ABSTRACT

Objectives: To review and map the key leadership competencies and frameworks created by health care professionals and health leaders across the globe. To use the themes that emerge to create a new leadership framework for Canadian midwifery.

Background: Effective leadership has a significant impact on health care outcomes. In an effort to describe effective leadership, many health professions and organizations are creating lists of competencies within leadership frameworks. Midwifery is a relatively young profession in Canada. To date there has been no published Canadian work on leadership or leadership frameworks. Midwifery has a vital role to play within health care but needs to grow in leadership knowledge and capacity.

Methods: A scoping review was conducted using both a published literature search and a grey literature search. The published literature search was conducted using CINAHL and OVID, while the grey literature search included an online review of the websites of major health professions in Canada, the UK, the US, Ireland, Australia, and New Zealand.

Results: Twenty-three articles met the inclusion criteria. Within the articles were 582 key competencies, organized into 133 separate themes. Thematic analysis of the competencies results in competencies falling into five major themes of leadership: self, patient/client care, team, organization, and health systems.

Conclusion: A new framework was created using the emerging themes found in the scoping review: Leading Self, Leading the Team, Leading Client Care, Leading the Organization, and Leading Health Systems. This new framework was applied to the Canadian midwifery profession, using core midwifery documents. This scoping review can be used by Canadian midwifery organizations looking to create a leadership framework and by university midwifery programs as they look to incorporate leadership competencies into their curriculum.

KEYWORDS

leadership, Canada, midwifery, health occupations

This article has been peer reviewed.

RÉSUMÉ

Objectifs : Examiner et schématiser les principaux cadres et compétences en leadership créés par des professionnels et des chefs de file de la santé du monde entier. Utiliser les thèmes qui se dégagent pour créer un nouveau cadre de leadership pour la pratique sage-femme au Canada.

Contexte : Un leadership efficace a une incidence majeure sur les issues des soins de santé. Pour le décrire, de nombreuses professions et organisations de la santé créent des listes de compétences au sein de cadres de leadership. La pratique sage-femme est une profession relativement jeune au Canada. Jusqu'à présent, aucun ouvrage canadien n'a été publié sur le leadership ou les cadres de leadership. La pratique sage-femme a un rôle essentiel à jouer dans les soins de santé, mais elle doit croître sur le plan des connaissances et des capacités en leadership.

Méthodes : Un examen de la portée a été réalisé à l'aide d'une recherche de la littérature publiée et de la littérature grise. La recherche de la littérature publiée a été effectuée au moyen de CINAHL et d'OVID, tandis que celle de la littérature grise a comporté un examen en ligne des sites Web des principales professions de la santé au Canada, au Royaume-Uni, aux États-Unis, en Irlande, en Australie et en Nouvelle-Zélande.

Résultats : Vingt-trois articles respectaient les critères d'inclusion. On y a trouvé 582 compétences clés organisées en 133 thèmes distincts. L'analyse thématique des compétences a entraîné leur répartition entre cinq grands thèmes de leadership : personnel, soin des patients/ clients, équipe, organisation et systèmes de santé.

Conclusion : Un nouveau cadre a été créé à l'aide des thèmes émergents trouvés lors de l'examen de la portée : se diriger soi-même, diriger l'équipe, diriger les soins à la clientèle, diriger l'organisation et diriger

les systèmes de santé. Ce nouveau cadre a été appliqué à la profession de sage-femme au Canada en se servant des documents de base de la pratique. Cet examen de la portée peut être utilisé par les organisations canadiennes de la pratique sage-femme qui cherchent à créer un cadre de leadership et par les programmes universitaires axés sur la pratique sage-femme qui envisagent d'incorporer les compétences en leadership dans leur curriculum.

MOTS-CLÉS

leadership, Canada, pratique sage-femme, professions de la santé

Cet article a été évalué par un comité de lecture.

INTRODUCTION

Around the world, health care professions are recognizing the vital role that leadership plays in providing quality care. Strong evidence indicates that effective leadership in health care improves patient safety, patient experience, clinical outcomes, work force engagement, retention, and more.*¹⁻⁵ But what does effective leadership look like? In an effort to quantify effective leadership, many health care professions are creating leadership frameworks that describe leadership competencies. Using competencies creates a foundation for standards creation, educational content, and evaluation criteria.⁶ By creating leadership frameworks that contain competencies, health care professions are able to determine exactly what an effective leader looks like.

One profession that has a unique role to play in health care is midwifery. Given the strong empirical evidence that midwifery improves quality of care and decreases maternal morbidity and mortality,⁷ a profession that has historically been seen as an alternative to mainstream medical care now has an essential role to play in providing leadership. Taking a central role in maternity care requires leadership skills and competencies. In addition to their clinical contributions, midwives also have much to offer if given a central role in policy creation and leadership at the organization and health care systems level.² Unfortunately, there is a significant lack of research examining leadership within midwifery, and there are currently no publications on the subject of

leadership in Canadian midwifery.^{8,9}

The purpose of this scoping review was to review and map the key leadership competencies created by health care leaders across the globe. Using the themes that emerged, we then created a new framework that can be applied to Canadian midwifery. The results of the scoping review will be of use to Canadian midwifery associations as they develop leadership frameworks and for midwifery programs that want to include leadership competencies in their curriculum.

METHODS

We conducted a scoping review to address the research question “what are the key leadership competencies for health care leaders worldwide?” Scoping review methodology involves five stages: [1] identifying the research question; [2] identifying relevant studies; [3] selecting the study; [4] charting the data; and [5] collating, summarizing, and reporting the results.¹⁰ This scoping review fits with Arksey and O'Malley's proposed third purpose for a scoping review [“to summarize and disseminate research findings”], because the review's goal is to summarize and amalgamate available research evidence and to disseminate the findings to “policy makers, practitioners, and consumers” who might not have time or resources to undergo the review themselves.¹⁰

Search Strategy

We conducted searches of both peer-reviewed

* Although the literature examined for the review used the term “patient,” any application of this work to Canadian midwifery requires the term “client,” the term used across Canada by midwives, professional associations, and regulators. As such, the term “client” is used instead.

There is a significant lack of research examining leadership within midwifery.

literature and grey literature. Based on the advice of the McMaster Health Science Librarian, we searched the Cumulative Index to Nursing and Applied Literature [CINAHL] and Ovid [Allied and Complimentary Medicine Database [AMED], Embase 1996–Nov 20, 2019, Global Health, Ovid HealthSTAR] databases, using the search terms “leadership” AND “competencies AND [“healthcare” OR “nursing” OR “physician” OR “midwife” OR “physiotherapy”].

In the grey literature search, we searched the websites of national-level associations or colleges of midwives, nurses, physicians, physiotherapists, and hospital leaders and managers. We included six English-speaking countries in the search: Canada, the United Kingdom, the United States, Australia, New Zealand, and Ireland. As each country has different structures for their professions [associations, colleges, societies, etc.], we conducted an Internet search to find the most prominent representational organization for each profession. That organization’s website was then identified and searched for leadership content. A second Internet search was conducted, using the identified organization as a search term [e.g., “Royal College of Midwives”] and using “leadership” and “competencies” to identify additional applicable grey literature.

Inclusion Criteria

Peer-reviewed articles in English published since 2009 were included in order to reflect the current trends in leadership ideology. Literature that described key leadership competencies for the health care providers of interest [midwives, nurses, physicians, physiotherapists, and health care managers and leaders] was included. Conference proceedings, editorials, and opinion pieces were excluded. Articles found in the grey literature search were included if they were published at a national level by the most relevant association, college, or

society for the professions of interest and if they described key leadership competencies. Through the literature search, 1,149 articles were identified; 14 were identified through the grey literature search.

Screening

Once duplicates were removed, a two-step process was used to choose articles for inclusion. For the first stage, titles and abstracts (or executive summaries for grey literature) were screened to exclude studies that did not meet the inclusion criteria. Two researchers examined the articles independently, and discrepancies were resolved through discussion and consensus if necessary. This resulted in 21 articles selected from the literature search and 13 articles found in the grey literature search.

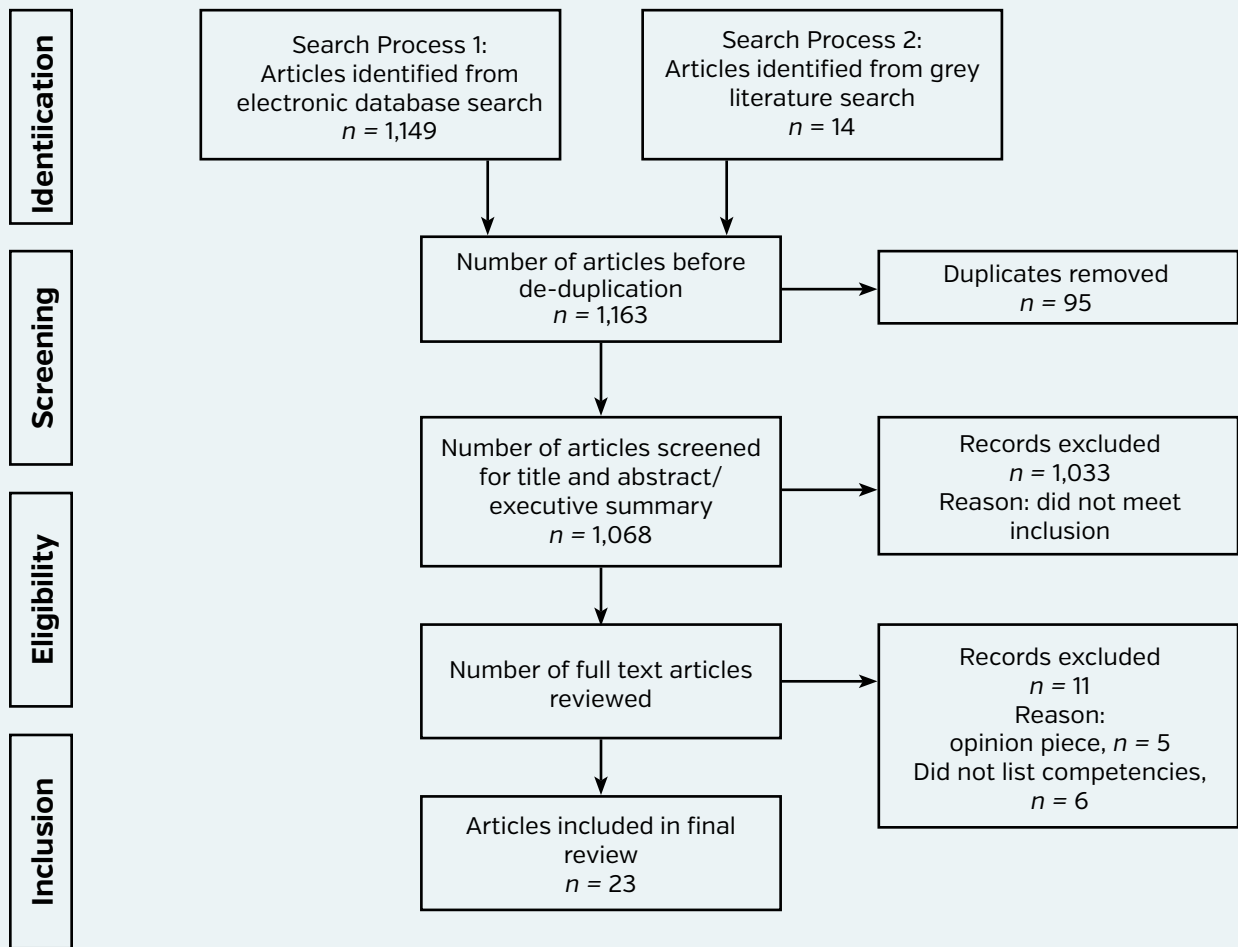
In the second stage, both researchers read the remaining articles in full, and those that did not meet the inclusion criteria were excluded, their discrepancies resolved through discussion and consensus when necessary. After the full-text screening, 14 articles from the literature search and 9 of the grey literature articles were included. In total, 23 studies and articles were included in the scoping review [Figure 1].

Data Extraction and Analysis

Articles included in the scoping review are listed in Table 1. One reviewer moved the extracted data from the studies—including information about the primary author, year of publication, country, professional context, purpose, and research design—into spreadsheets in Excel [Microsoft Corp., Redmond, WA].

For the purposes of this review, we used Calhoun’s definition of competencies [i.e., a cluster of related knowledge, skills, and attitudes].¹¹ Many articles organized competencies into two categories: themes and, within them, competencies.

Figure 1. Prisma Flow Diagram



In this review, themes are defined as categories, codes, labels, or thematic labels.¹² We copied each competency found in the articles into a new spreadsheet, creating a list of every competency found in the scoping review. We then used thematic analysis to sort the competencies into a new framework.¹³

RESULTS OF THE SCOPING REVIEW

Leadership, in its simplest form, is about influencing followers to complete the tasks they are assigned.⁸ While leadership theories are constantly evolving, what will not change is that leadership is essentially about the relationship between the leader and the follower. Different followers require different leadership strategies and competencies. The competencies required in various leadership roles can be organized in terms of who the followers are. Incorporating this concept, the 582 leadership

competencies found were placed into five themes, based on who the leader was directing: self [n = 100], patients [n = 52], team [n = 158], organization [n = 173], and health system [n = 42]. Only 7 of the 582 did not fit specifically into one of these categories [Figure 2].

Leading Self

The first area leaders must focus on to grow in leadership competencies is themselves. According to Health Workforce Australia, “Leaders are always a work in progress. They know their strengths and limitations and commit to self-reflection and improvement.”¹⁴ For you to provide any leadership, your team needs to know they can trust you, as shown by the leadership competency [common throughout the literature] of showing integrity and character.¹⁴⁻²³ Leaders need to develop self-awareness and be aware of their own beliefs,

Table 1. Methodological Details of Included Studies

Authors and Year	Country	Professional Context	Purpose	Research Design
Royal College of Midwives [2011]	UK	Midwives	To describe leadership competences for midwives	Grey literature (no methodology described)
Canadian College of Health Leaders [2016]	Canada	Health leaders	To provide leadership capabilities framework	Qualitative study
National Centre for Healthcare Leadership [2018]	USA	Health care leadership	To provide a leadership framework for health sector leaders	Qualitative study: interviews, focus groups, surveys
Royal College of Physicians and Surgeons of Canada [2019]	Canada	Physicians, surgeons	To define leadership as one portion of CanMEDS framework on necessary competencies for medical care	Grey literature (no methodology described)
Health Force (Department of Health, Australia) [2013]	Australia	Health leaders	To provide a health leadership framework	Combination of literature review and qualitative analysis
Health, Quality and Safety Commission New Zealand [2016]	New Zealand	Consumers and health care workers	To provide a quality and safety capability framework	Literature review
International Hospital Federation [2015]	International	Health care services managers	To provide a leadership competencies for health care services managers	Qualitative analysis: survey
Leotsakos et al. [2014]	International	Leaders of health care organizations	To provide a leadership competencies framework in patient safety and quality of care in the World Health Organization	Literature search
Heinen et al. [2019]	Netherlands	Advanced nursing practice	To establish what leadership competencies are expected of master-level-educated nurses	Integrative review
Kainuma et al. [2018]	Japan	Physicians	To clarify competencies for inclusion in leadership curriculum for community medicine	Qualitative interview study
Green et al. [2017]	USA	Physicians in training	To identify leadership skills needed by pediatric critical-care medicine fellows	Qualitative study: Survey
Çitaku et al. [2012]	International	Educators, physicians, nurses, and other health professionals who hold academic positions in medical education	To identify effective leadership competencies for effective medical education	Qualitative study: Population-based design with a focus group and a survey

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Table 1. continued

Authors and Year	Country	Professional Context	Purpose	Research Design
Pihlainen et al. [2016]	Finland	Health care leaders	To describe the characteristics of management and leadership competence of health care leaders and managers	Systematic literature review
Thoma et al. [2015]	Canada	Physicians (emergency)	To establish a national consensus on the competencies for leadership in emergency medicine	Qualitative study: Delphi survey
Patterson, Krouse [2015]	USA	Nurse education	To establish leadership competencies for leaders in nurse education	Qualitative description
Comber et al. [2018]	Canada	Physicians	To understand physicians' most effective and weakest leadership skills in relation to the LEADS leadership capabilities framework*	Qualitative study: survey
Lehtonen et al. [2013]	Finland	Nursing	To describe leadership competencies of nurse managers	Qualitative study: descriptive study and survey
Gunawan, Aunguroch [2017]	Thailand	Nursing	To clarify the concept of managerial competence of first line nurse managers in an international setting	Concept analysis
Day et al. [2014]	USA	Nursing (oncology)	To determine leadership competencies for oncology nurses	Literature review
Kantanen et al. [2017]	Finland	Nursing	To describe leadership and management competencies of head nurses and directors of nursing in health care	Qualitative (survey)
National Health Service Leadership Academy	UK	Leaders in health care	To increase leadership skills and understanding	Literature review, qualitative study

CanMEDS, Canadian Medical Education Directives for Specialists

principles, and values.^{14,15,17,19,21,24-26} Leaders who are able to take responsibility for their performance and behaviour exhibit self-management, a competency in the Leads Self theme.^{15,21,25,27,28} Effective leaders choose to not stay static, by developing their skills, continually learning, and taking the initiative.^{14,15,21,23,24,26,29} Finally, several articles addressed the need to have research expertise as a leadership competence.^{16,20,24,29,30}

Leading Patient or Client Care

Strong leadership is required to create a culture of patient safety and to improve patient outcomes.³¹ Hence, the first competency in the Leading Patient Care theme is ensuring patient safety.^{15,28,32} Further,

in the age of patient-centred care, leaders must know how to (1) empower patients to achieve desired outcomes, (2) value their voice, and (3) engage their perspective.^{22-24,30} In addition, leaders must know how to use health informatics and evidence to guide care^{16,23,32} while protecting patient rights and upholding ethical care as the standard.²⁴ And just as in their team leadership, it is necessary to value diversity and to model cultural responsiveness.^{14,24,28}

Leading the Team

Successful teamwork optimizes client care and positive outcomes, whereas dysfunctional leadership is a well-known contributing factor in adverse events and causes harm.^{33,34} An

Figure 2. Leadership Competencies Framework



effective team leader collaborates with the team and builds relationships within the team.^{15-18,20,21,23,24,26-30,35-37} Leading the team also means fostering the development of others and offering mentorship.^{21,23,24-26,28-30,36,38} And, not surprising, leading a team requires effective communication skills.^{14,16-18,20-24,26,27,30,35,38} In addition, a leader needs to know how to motivate and empower others to contribute and to effect change.^{15,23,26-29,38} Likewise, a leader must also exhibit conflict resolution skills.^{17,27-29}

One competency mentioned commonly in the articles was management skills, which involve managing performance and human resource planning.^{15-18,20,23-28,30,32,36} The terms “management”

and “leadership” are often used interchangeably; however, it is important to understand that management competencies are distinct from leadership. Management is about maintaining what has been established, whereas leadership is about influencing others toward a desirable end goal.³⁹ Last, in the modern health care setting, valuing diversity and modelling cultural responsiveness are imperative.^{14,28,30}

Leading the Organization

As stated by the Canadian College of Health Leaders, “Quality leadership is fundamental to improving organizational performance.”²¹ First, leaders must know how to manage resources and

Table 2. Leadership Competencies: Themes, Competencies, and Core Midwifery Documents

Themes	Competencies	Core Midwifery Document	Text References
Leads Self	Acts with integrity, character	Association of Ontario Midwives. Mission, vision, values [2020] Ordre Des Sages-Femmes Du Québec. Mission [n.d.] College of Midwives of Ontario. Professional Standards for Midwives [2018]	14,15,16,17,18,19,20,21,22,23
	Develops self-awareness	National Aboriginal Council of Midwives. Growing indigenous midwifery knowledge and skills: a competency framework [2019]	14,15,17,19,21,2, 25,26
	Exhibits self-management	National Aboriginal Council of Midwives. Growing indigenous midwifery knowledge and skills: a competency framework [2019]	15, 21, 25, 27, 28
	Develops self; takes opportunities to learn; has initiative	None	14,15,21,23,24, 26,29
	Has research expertise	Comprehensive midwifery: the role of the midwife in health care practice education and research [2018] Association of Ontario Midwives. Research grants [2020] National Aboriginal Council of Midwives. Growing indigenous midwifery knowledge and skills: a competency framework [2019]	16,20,24,29,30
Leads Patient/Client Care	Ensures patient/client safety	None	15,28,32
	Uses health informatics, evidence to guide care	Canadian Association of Midwives. Mission and vision [2020] Alberta Association of Midwives. What is a midwife? [n.d.] Canadian Midwifery Regulatory Council. [2019]. Canadian competencies for midwives	15,16,23,32
	Values diversity; models cultural responsiveness	Canadian Association of Midwives. Mission and vision [2020] Alberta Association of Midwives. What is a midwife? [n.d.] Association of Ontario Midwives. AOM policy statement on diversity, equity & inclusion [2009]	14,16,23,28
	Empowers patients/clients to achieve desired outcomes; values patient perspectives and voice	Canadian Midwifery Regulatory Council. Canadian competencies for midwives [2019] College of Midwives of Ontario. Professional standards for midwives [2018] Canadian Association of Midwives. Mission and vision [2020]	22,23,24,30
	Protects patient/client rights; upholds ethical care	Canadian Midwifery Regulatory Council. Canadian competencies for midwives [2019] College of Midwives of Ontario. Professional standards for midwives [2018] Canadian Association of Midwives. Mission and vision [2020]	24
Leads the Team	Collaborates and builds relationships with team	None	15,16,17,18,20,21,23,24,26,27,28,29,30,35,36,37
	Fosters development of others; mentors others	National Aboriginal Council of Midwives. Growing indigenous midwifery knowledge and skills: a competency framework [2019]	
	Communicates effectively	National Aboriginal Council of Midwives. Growing indigenous midwifery knowledge and skills: a competency framework [2019]	14,16,17,18,20,21,22,23,24,26,27,30,35,38
	Motivates and empowers others to contribute; effects change	Association of Ontario Midwives. [2014]. Improving access to midwifery care for Aboriginal women living in Ontario: a proposal for funding Aboriginal midwives [2014]	15,23,26,27,28,29,38
	Exhibits conflict resolution skills	National Aboriginal Council of Midwives. Growing indigenous midwifery knowledge and skills: a competency framework [2019]	17,27,28,29

Table 2. continued....

Themes	Competencies	Core Midwifery Document	Text References
Leads the Team	Values diversity; models cultural responsiveness	Canadian Association of Midwives. Mission and vision [2020] Alberta Association of Midwives. What is a midwife? [n.d.] Association of Ontario Midwives. AOM policy statement on diversity, equity & inclusion [2009]	14,28,30
	Manages team: performance, human resource planning	None	15,16,17,18,20,23,24,26,27,28,30,36,32
Leads the Organization	Manages resources, planning	None	15,28,36
	Encourages and champions innovation, improvement, transformation	None	14,15,17,18,21,22,23,25,26,27,30,38
	Creates, embodies, and communicates the vision	None	15,17,23,28,30
	Sets direction; strategically aligns decisions with vision	None	14,17,18,21,23,24,26,27,29,30,35,36,38
	Demonstrates systems thinking	None	14,18,21,23
	Contributes to healthy, ethical, collaborative organizational culture	Association of Ontario Midwives. AOM policy statement on diversity, equity & inclusion [2009]	21,22,23,27,29,30,38
	Facilitates, supports change	None	14,21,22,23,24,30,32
	Demonstrates understanding of systems structure, funding mechanisms, finances	None	17,20,23,24,26,27,28,29,30,36,37
	Can set goals; can assess performance and impact of organization; has organizational awareness	None	14,15,26,24,27,29,30
	Adheres to and promotes good governance principles	None	24,30
Leads Within the Health System	Builds partnerships and networks to achieve results	Canadian Association of Midwives. Joint position statement: nurses and midwives collaborate on client-centred care [2011]	
	Navigates sociopolitical climates	None	20,21,23,30,36
	Has knowledge of governmental, regulatory, professional, and accreditation bodies and regulations	None	20,21,23,30,36
	Recognizes the effects of global events and global health trends on local health	None	24,30
	Creates, influences public policy	Canadian Association of Midwives, Mission and vision [2020] Midwifery Association of British Columbia. A new vision for midwifery and maternity care in British Columbia [2014]	17,29
	Learns from other organizations	None	24

AOM, Association of Ontario Midwives

execute planning.^{15,28,36} They need to encourage and champion innovation, improvement, and transformation.^{14,15,17,18,21-23,25-27,30,38}

Effective leaders create, embody, and communicate the vision;^{15,17,23,28,30} they set the direction and strategically align decisions with the vision for the organization.^{14,17,18,21,23,24,26,27,29,30,35,36,38} Leaders demonstrate systems-level thinking.^{14,18,21,23} Quality leadership sees contributing to a healthy, ethical, and collaborative organizational culture as a required competency.^{21-23,27,29,30,38} Leaders need to be able to facilitate and support change.^{14,21,22,23,24,30,32} Further, they need to possess an understanding of systems structure, organizational funding mechanisms, and organization-level finances.^{17,20,23,24,26-30,36,37} Key competencies for leading at the organization level must also include the ability to set goals, assess the performance and impact of the organization, and demonstrate organizational awareness.^{14,15,26,24,27,29,30} Finally, leading the organization requires adhering to and promoting good-governance principles.^{24,30}

Leading Within the Health System

Just as a leader is part of a wider health care organization, an organization is part of a wider health care landscape. Successful leadership must include competencies that address the needs of the community and the wider global setting. First, it is imperative that a leader be able to build partnerships and networks to achieve results.^{14,21,22,24,26,29,30,35} A leader must also be able to navigate sociopolitical climates and be knowledgeable about governmental, regulatory, professional, and accreditation bodies and regulations.^{20,21,23,30,36} Engaging at the community level requires competencies in creating and influencing public policy and learning from other organizations.^{17,24,29} And last, engaging the global perspective on health care means being able to recognize the implications of global events and global health trends.^{24,30}

Leadership Within the Midwifery Context

Due to the lack of Canadian midwifery research evaluating the competencies identified in our new framework, we conducted a scan of core midwifery documents to examine the values that Canadian midwifery organizations promote and

how they map to the framework. Table 2 shows the leadership competencies in our framework and where each competency was found (or not) within core Canadian midwifery documents.

DISCUSSION

Key Findings

Our scoping review revealed an absence of Canadian midwifery leadership research and limited international midwifery leadership research.^{8,9} We were able to identify documents from other health professions describing leadership competencies, and our thematic analysis revealed that these competencies clustered into five main areas that formed the basis for our proposed framework. In the absence of leadership research within midwifery, we examined core Canadian midwifery documents to identify where leadership competencies were described. The challenge of using these documents was that they were not all created to describe midwifery competencies, particularly leadership competencies. They did, however, capture the values of the profession.

Discrete competencies from the framework that are not reflected in core Canadian midwifery documents included developing self, client safety, and collaboration. Further examination is warranted to see if these competencies are valued by midwives and just not reflected within our documents. Management competencies, mentioned in more than one theme, were also absent. Midwives need management skills to effectively run their practices. Midwifery practice partners who own their practices are responsible for ensuring compliance with relevant regulations, policies, and standards that include appropriately managing human resources and budgets.⁴⁰ When leaders in health care do not have the skills to manage human resources properly, people under their leadership are vulnerable to suffering [e.g., through high turnover and burnout].⁴¹

Descriptions of competencies within the leadership themes Leads the Organization and Leads Within the Health System are almost entirely missing from core Canadian midwifery documents. The midwifery documents that we examined lack discussion of any competencies that involve innovation, vision, systems thinking, organizational awareness, and governance. This lack of organization

and system-level thinking is perhaps reflective of the fact that few midwives currently have any clinical leadership roles and leadership positions outside of midwifery organizations. As midwifery sets its vision to impact the wider health care landscape, the profession will need a greater understanding of the leadership competencies involved at the organizational and health-system levels. Most of the barriers and enablers to increasing individual leadership capacity are often at the organization level rather than the individual level. Therefore, organizations that want to increase their leadership capacity will need to engage in leadership training.⁹

Limitations of Framework

With the use of a scoping review and thematic analysis, a framework was created based on international research and grey literature. The new framework was able to identify which leadership competencies are important to different health care professions. But how do we know what leadership competencies are important to Canadian midwives? Using core midwifery documents is a start, but for the framework to truly reflect the Canadian profession, more work is needed. More research needs to be conducted on leadership within midwifery. In fact, research expertise is in itself a leadership competency.^{16,20,24,29,30} The Canadian midwifery text *Comprehensive Midwifery: The Role of the Midwife in Health Care Practice Education and Research* states, “In order to continue to provide the best possible care to clients and their infants, the profession needs researchers who will think critically and creatively and undertake high quality research, in order to make meaningful changes to practice through the generation of new knowledge.”⁴²

One important aspect to consider is how to apply a diversity lens to the framework. The profession of midwifery is a heterogeneous body, and a leadership framework needs to reflect that. Because the health care system still tends to privilege certain groups of people, a movement to include diverse voices in the evolution of a leadership framework for the Canadian midwifery profession will require an intentional and focused effort.

Implications for Practice, Policy, Future Research, and Educators

Our framework provides direction for identifying leadership competencies needed in each area of leadership within health care. Midwives who are entering leadership roles can use the framework to identify areas they want to focus on for growth. Professional bodies can use the framework to identify areas that need greater focus, both to advocate for increased midwifery leadership presence in health care and to provide leadership training. Educational bodies can include the framework in their syllabus for teaching leadership skills. Masters-level midwifery programs are on the horizon in Canada. As they are created, faculty should consider leadership content that teaches organizational and health systems-level leadership competencies.

CONCLUSION

Effective leadership is fundamental to providing quality health care. As a result, many health care professions have acknowledged the need to identify key leadership competencies. Understanding leadership competencies is vital to the development of the Canadian midwifery profession. Our research has synthesized the research literature from several professions to develop a new leadership framework, and we have demonstrated through documentary analysis how this framework could apply to Canadian midwifery. More research is needed to examine midwifery leadership, both internationally and in the Canadian context. Although this scoping review is just the beginning, it does provide a map of key leadership competencies. Midwifery has a vital role to play in health care. A greater understanding of effective leadership will help midwives take a more central role. In the report *Midwifery 2020: Delivering Expectations*, the Chief Nursing Officers of England, Wales, Scotland, and Northern Ireland express their vision for midwifery leadership by stating, “Midwives will be part of a culture in which they are respected, aspire to, and are prepared for, strategic roles in service delivery at Board level, for example, Director of Nursing and Midwifery, Director of Maternity Services, or Director of Public Health.”⁴³ This exemplary vision could extend to midwives in Canada as well.

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