**INTRODUCTION**

Nurse Managers (NMs) play an integral role in building and sustaining workplaces conducive to improved productivity, cost, quality, and timely delivery of healthcare services (Johnson, 2012; Titze, 2013). Within this context exists a host of healthcare trends in Canada, such as rapidly intensifying health costs, inefficiencies, lack of consumer-centeredness, and concerns about the overall quality and safety of healthcare (Hine, 2009; Steed, 2012) that have undermined the capacity of NMs to perform their role and meet organizational expectations. The LEAN management system was identified as a viable and sustainable solution for the growing cost, quality, and efficiency challenges faced by healthcare leaders (Brandão de Souza, 2009; Fine; Graban, 2009; Knowles and Barnes, 2013; Zdal, 2006).

**BACKGROUND**

LEAN is a complex set of philosophies, assessment and improvement activities aimed at maximizing value by reducing waste (Lawal et al., 2014; Lumas, 2006; Miller, 2005; Ritter et al., 2015; Ward, 2007; Pekinska, Swartling, & Drozd, 2013).

Touted as a revolutionary healthcare management idea to reduce waste, increase time efficiency and human effectiveness while increasing quality exchanges between patients, families and their caregivers, LEAN promised results. Despite the ‘hype’, many institutions found the practices and implementation costs both unsustainable and ineffectual for the intended goals (Hines, 2006). Some believe that the industry (Japanese car production) origins of LEAN render its principles less transferrable in the high paced, dynamic and demanding environment of contemporary health care (Dickson et al., 2008; Drozd & Pekinska, 2014). While it is commonly accepted that leadership is key to any system transformation (Hines), few studies have empirically investigated LEAN leadership practices and how they influence and impact the actualization of a system transformation of this magnitude.

**RESULTS**

- While NMs are central to the implementation of the LEAN transformation system, they lack understanding of, and confidence in how this care approach actually enhances the quality or effectiveness of direct nursing practice.
- NMs feel a sense of ‘futility’ = inconsistent application of processes; NMs identified Lean practices as incongruent with the human dynamic central to patient care optimization.
- NMs express ‘ambiguity’ related to the purpose of LEAN as it could actualize quality care, along with fragmented implementation of a system that collided with practitioner values and care visions made the relationship between NMs and LEAN was tenuous at best.

**CONCLUSIONS**

- Leadership behaviors and managerial practices of the front-line leaders are key to understanding the challenges and successes related to change in the workplace;
- MAJOR FINDING: NMs did not have the requisite knowledge and skill to move from managing processes to coaching and developing staff within a lean management system;
- Due to considerable workload demands within a dynamic and complex environment, the context was overshadowed and dominated by lack of resources, time, and work complexity that created uncertainties;
- Successful Lean implementation requires strong leadership that creates a change in organizational attitude, behavior, and culture.

**REFERENCES**