LEADS 2025: Defining the health leadership capabilities for 21st century care

Introduction

LEADS Global, the Canadian College of Health Leaders, and the Canadian Health Leadership Network believe—given changing context for the practice of health leadership, the ever-growing accumulation of scholarly evidence re leadership practice, and emerging issues of democratic and social justice needs, that a review and potential refresh of the LEADS framework is desirable. CHLNet members have been expressing a need to articulate the leadership qualities for 21st Century Leadership. A project to refresh the LEADS framework, done in a comprehensive and collaborative fashion, would meet the needs of all partners.

Purpose

The purpose of this project is to outline a high-quality national process in support of a meaningful and compelling refresh of the LEADS in a Caring Environment capabilities framework: i.e., to define the qualities of outstanding health leadership needed for the 21st Century in Canada.

Background

- The original purpose of creating a LEADS framework was to articulate, clearly and unambiguously, the qualities of leadership needed to handle strategic change in health organizations and the Canadian health system.
- LEADS has been unchanged since its 'third incarnation'—i.e., as LEADS in a Caring Environment circa 2009 (prior were BC LEADS framework; 5 C's framework).
- The Canadian College of Health Leaders attained ownership of the IP rights to the framework (i.e., as in brochure) and specific accompanying resources (e.g., 360) in 2012, and have developed and provided LEADS developmental programming with it, as well as licenses to use. They have since granted LEADS Global a 25% ownership in that IP.
- LEADS has enjoyed endorsement as the language of leadership in all provinces (not all health authorities), amongst most national organizations, and within the physician profession.
- Various efforts to 'monitor' the credibility of LEADS were undertaken in 2016 (evaluation through Mitacs grant) of its impact in five organizations; literature review in 2018 (100 articles funded by LEADS Canada and CHLNet).
- Evidence 'validating' LEADS was originally documented in 2010 (LEADS research booklet); that evidence has been refreshed, and showing its use has been documented in two editions of the Bringing Leadership to Life book (2014—2020).

The New and Evolving Context

. The emergence of the COVID-19 pandemic generated the following challenges to 21st Century health leaders:

- A heightened demand for social justice, within countries and between countries: justice based on the principles of equity, the power of diversity, and the maintenance of social order needed to maintain highly functioning societies.
- A continued fight against economic disparity within and between nations, a disparity that denies a significant proportion of the world's population the health care that they need.
- The battle against climate change, which is both exacerbated by our current health care practices, as well as creating health issues that puts huge pressure on them.
- The expansion of issues of psychological health, highlighted by the COVID pandemic and associated economic and social stresses, which is sapping many from the ability to have healthy families and work lives.
- Challenges of polarization and distrust of large numbers of the public with establishment institutions (e.g., relative to vaccinations), that is growing within democracies; and that is pitting political parties and social groups against one another in a manner that threatens the democratic principles most nations rely upon.
- The increased complexity of health systems themselves and the challenges of funding affordable exceptional care in order to meet the expectations of the populace.
- Technological challenges—i.e., artificial intelligence, and technologies that can improve care; as well as communication technologies, and the attendant impact social media methods have in disseminating knowledge (correct and incorrect).
- The battle between preserving the power of scientific information as a guide to decision making, and mis or mal-information, intended to shape decisions for the benefit of a particular group, or to take advantage of deep-seated fears for political purposes.

Assumptions

1. High quality leadership is vital to enhance the quality of health care, the efficiency of health care delivery, and the health and wellness of Canadians.
2. LEADS 2.0—current framework—has been extraordinarily successful in gaining collaboration across the country in terms of endorsement, and use of the framework for leadership development and other aspects of talent management.
3. A major 'power' of the LEADS framework is its acronym. This refresh should respect the power of the acronym and general intentions of the domains; while opening up the capabilities to refresh.
4. The current context of Canadian society and the world, combined with existing evidence of effective practices of leadership with shape the leadership capabilities required for the future.
5. More individuals with these qualities need to be attracted to and prepared for formal and informal leadership positions within the health care system.
6. A definition of leadership and its accompanying capabilities—i.e., a refresh of LEADS--is a foundational way to develop leadership capacity (see Appendix A).
7. For this project to be of any value, it must be perceived by national health organizations, service delivery organizations, and dedicated stakeholders, including patients, family and community citizens as high importance.

8. The project will provide a building block for other projects key to the success in ensuring Canada's health system can meet the needs of its citizens in the future.

Principles

1. This process is a step to improve LEADS 2.0 (existing framework) to LEADS 3.0, reflective of the 2022—2025 context.
2. The inquiry will be guided by a desire to maximize benefits for participating individuals, health organizations, and their national partners.
3. In recognition of quality work already done in many health organizations related to capability development, the process should engage the multiple individuals and groups who have used LEADS 2.0. Contributions from those organizations will be solicited and carefully vetted.
4. Action research is the best approach to take to this project because it allows the project to:
    a. Be responsive and flexible to conditions and challenges within the health sector;
    b. Enhance the quality of results through a collaborative research process; and
    c. Create and share new knowledge with all participating organizations.
5. All participants will attempt to model the qualities of leadership they are trying to define.
6. Resources will be used efficiently to deliver maximum value.

Goals of the Project

The three goals of the project are to:

1. Refresh the LEADS capabilities framework with the best and most current knowledge of leadership's leading practice world-wide, and in the literature, where consonant with Canadian values, beliefs and structure.
2. Enhance the use of LEADS by health organizations in Canada as a 'common vocabulary and set of expectations' of leadership; and that contributes as much as possible to activities such as succession planning, leader retention and recruitment, performance management and/or educational curriculum development.
3. Conduct a research and development process that simultaneously delivers on goals 1 & 2 while promoting awareness of the critical needs for leadership in the Canadian Health system.

Potential Benefits of a Refreshed LEADS Framework

1. Continues to provide a common vocabulary and expectations of leadership across a system trying to be a system.
2. Provides a modern, current evidence -base for effective leadership practice.
3. 'Raises the bar' of leadership practice in response to health care challenges and needs.
4. Stimulates portability of leaders across the country.
5. Creates opportunities for sharing of knowledge, programs, and resources to meet the collective leadership development needs of 21st Century health leaders.

6. Supports and catalyzes equity and inclusion of diverse groups and populations in by providing them an articulation—culturally non-specific—of leadership expectations that will enable their participation in the Canadian health system.
7. Provides an 'outcomes' focus and conceptual framework for the design of leadership development initiatives in different professions, organizations, and provinces.

Practical Considerations

Scope and Breadth

Scope:

Degree of data collection and analysis (i.e., how much data, how gathered most efficiently and effectively in today's virtual world) and from whom (in order to ensure support for final product).

Breadth:

Who engaged and how:

i.e., to maximize the utility of the internet and technological tools such as Zoom; Use of journals such as Health Management Forum and Journal of Physician Leadership (analogue in Nursing?), conferences, university involvement, etc.

Timeframe:

This project is conceptualized as a series of Action Research (AR) cycles over a three- year period; 2022-2025.

Approach

To be conducted as an 'action research study' meeting basic requirements for validity and reliability of final product.

Intellectual Property Ownership (before, after)

- Are there any concerns, issues pertaining to this?

Resources

- Potential creation of a Mitacs 'team': resources to support it.
- Seek resources from partner organizations.
- Seek resources from granting agencies, foundations.
- Credible champions within the health sector and society.

Project Oversight

- LFSG to provide secretariat services.
- Establish a working group to provide guidance and oversight to the project

Follow Through (i.e., pst-2025)

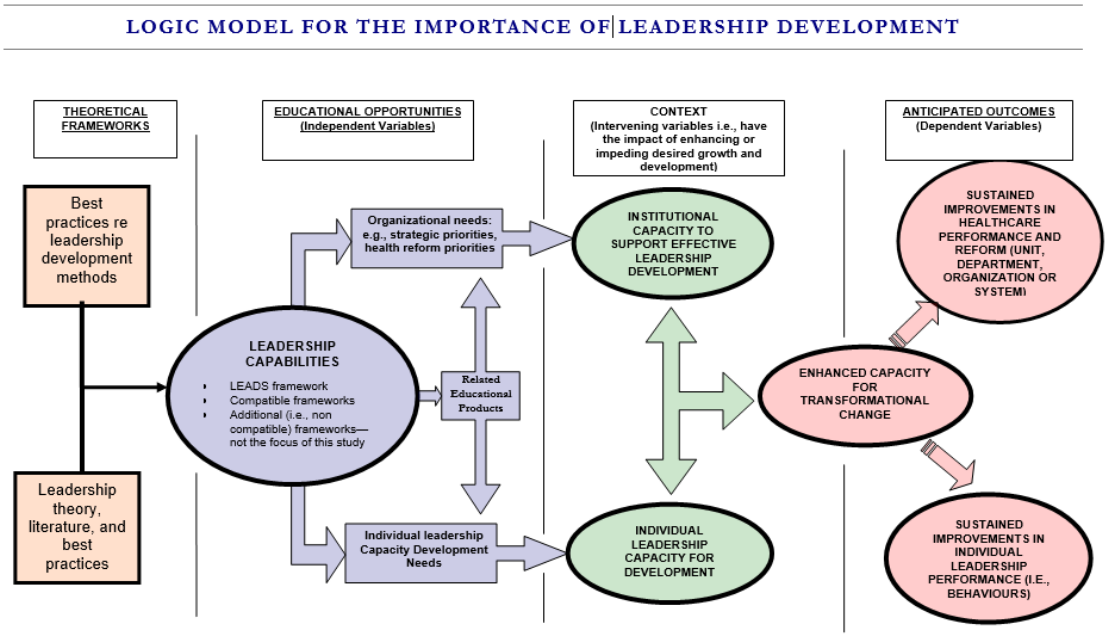
- Renewed commitment to LEADS across Canada.
- Encouraged use of a modern framework articulating 21st Century leadership capabilities as the foundation for health leadership.
- 3ed edition of *Bringing Leadership to Life.*

NOTE: A beginning process, based on these considerations, and to be discussed, adjusted and finalized by the Working Group, is outlined in Appendix C

Conclusion

This paper is the first draft of a rationale for and implementation plan for a refresh of the LEADS in a Caring Environment capabilities framework to take place between 2022 and 2025. Two fundamental critical success factors for this project are (1) engagement of the health sector in providing evidence to suggest refreshments to the LEADS language (i.e., capabilities, not domains); (2) the use of an action research approach to ensure that the research that is done is valid, reliable, and responsive to the true needs of the health sector; and (3) the acquisition of enough resources to enable a project team to carry out the ambitious program.

APPENDIX A



APPENDIX B:

CCHL/LEADS Global/CHLNet LEADS 2025 Framework Refresh

Working Group Terms of Reference

Purpose

Undertake a meaningful and compelling review and potential refresh of the *LEADS in a Caring Environment* capabilities framework for 2025 i.e., define the qualities of outstanding health leadership needed for the 21st century in Canada.

Principles

- Believe high quality leadership is vital to enhance the equality of health care, the efficiency of health care delivery and the health and wellness of Canadians.
- Articulate, clearly and unambiguously, the qualities of leadership needed to improve health system performance and advance transformation.
- Commit to protecting the acronym of LEADS as outlined in LEADS 2.0 while opening the capabilities to refresh.
- Embrace evidence informed data to ensure the framework continues to be valid and reliable.
- Use rigorous and proven research and evaluation methods.
- Believe in inclusivity and the use of EDI (equity, diversity, inclusion) and Indigeneity.
- Leverage the collective strengths of partners and stakeholders for broad and inclusive engagement.
- Approval by the three LEADS founding members (CCHL, LEADS Global and CHLNet) of any final changes made to the LEADS framework.
- Ensure knowledge transfer of outputs and outcomes.

Duties and Responsibilities

- Refresh the LEADS capabilities framework with the best and most current knowledge of leadership's leading practices world-wide, and in the literature, where consonant with Canadian values, beliefs and structure based on a logic model (see appendix A).
- Determine the breadth of consultation (i.e., who to engage and how) and advise if supplemental updates such as bulletins should be produced before the final refresh.
- Investigate grants and other funding sources (i.e., Mitacs, CIHR, foundations, etc.).
- Develop a budget based on defined resources (both financial and in-kind).
- Define the scope of data collection and analysis (i.e., how much data, how gathered most efficiently and effectively through technology)
- Use a series of Action Research cycles over a three-period (2023-2025) to ensure validity and reliability of the final products.

Terms of Operation

- As a standing working group, meet no less than three times a year virtually for 1.5 hours or at the call of the cochairs. Regular attendance is required. Any member missing three consecutive meetings without cause will be required to resign.
- Maintain quality records of meetings.
- Create a workplan that outlines actions to be taken, resource allocation, deliverables, and accountabilities. Workplan to be monitored annually.
- Distribute agenda and materials one week ahead of the meeting (responsibility of cochairs, along with Vice President, Professional and Leadership Development).
- Assign work to volunteer sub-groups when appropriate so as to inform and fulfill goals and objectives of this working group.
- Review the terms of reference on an annual basis.
- Establish quorum of at least 50% of the members at each meeting.
- Provide reports on the working group activities to the LEADS Framework Steering Group.
- Ensure approval of major deliverables and budget by the LEADS Framework Steering Group.

Membership

- Maximum of 8 members will comprise this working group distributed as follows:
    - Representatives of the three founding member partners: CCHL, LEADS Global, and CHLNet
    - 3 high volume, licensed users of the LEADS framework
    - 2 knowledge experts or academics
    - Dedicated academic support if recruited
- Nominees for appointment of the cochairs will be solicited from this working group and/or the LEADS Framework Steering Group. Cochairs will serve a three-year term of office to take effect at the beginning of the project.
- Ensure the composition of members reflects:
    - Equity, diversity, inclusivity, and Indigeneity
    - Provincial/territorial
    - Health professionals
    - The continuum of health leader journeys from emerging to senior.
- Vacancies will be filled by the LEADS Framework Steering Group as required.

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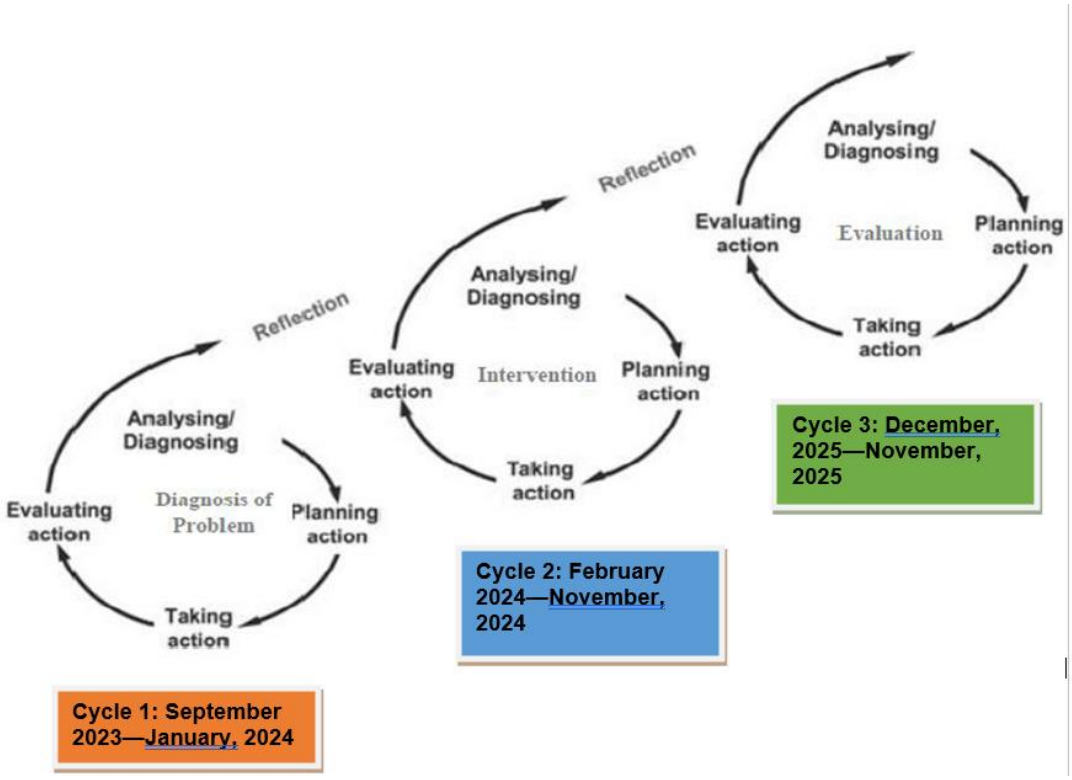
APPENDIX C:

The following outlines a number of different ways to organize data collection and analysis for the 2025 LEADS Refresh. The actual choice of which methods to employ will be determined by the LEADS 2025 Framework Refresh Working Group. The proposed processes have been chosen so as to be consistent with considerations outlined in this document, and the Terms of Reference for the Working Group.

1. **Establish Working Group and Project Plan** (March 2023—August, 2023). The LEADS Framework Steering Group will:

    - Finalize Terms of Reference (APPENDIX B) for LEADS 2025 Working Group
    - Seek out and populate membership for LEADS 2025 Working Group
    - Determine potential sources of funding and seek it out
    - Announce working group at CNC June 2023
    - Establish a workplan to begin Action Research Cycles in September, 2023

2. **Action Research Cycles.** It is proposed that three cycles of action research guide this study.



Cycle 1:

- Questions to guide first cycle of data collection need to be determined by Working Group; e.g.,
    - What does the literature since 2020 suggest in terms of leadership practices either similar to, or different from, the existing LEADS capabllities?

    - When one reviews various reports and studies about the scope and breadth of needed change within Canadian healthcare, what leadership is required for successful 'transition; from current to future desired state?
    - Who and where should the leadership come from in order for those challenges to be successfully addressed?
- Potential data collection methods:
    - Focus groups of leaders at existing conferences (e.g., CCHL Conference; CSPL Leadership Forum; ILA Health Leadership Conference, etc.)
    - Academic articles in specific journals (e.g., Leadership in Health Services, BNJ Leader, etc.) soliciting academic pieces related to key questions guiding the study.
    - Briefs from exisitng licensees and users of LEADS outlining considerations—in any—for changes in the focus and content of the framework.
- Data analysis and setting direction for the next cycle of action research
    - Working group and/or additional individuals chosen to review—using NVivo and other theming techniques—existing data to seek key themes or ideas that need to be further investigated in terms of changing the framework; or that help validate existing framework.
    - Determine if additional KM products such as interpretation bulletins are required as intermediary steps.
- Create key questions for next cycle of action research.

<u>Cycle 2</u>:

- Second set of questions to guide second cycle of data collection need to be determined by Working Group; (e.g., What seminal articles should be reviewed to add to our data begun in cycle 1?).
- Appropriate methods to answer the questions need to be developed, engaging interested people in the system to participate.
- Working Group to establish a process to ensure rigourous review of data specific to the questions guiding this cycle of AR in order to answer queries that are the focus of this cycle.
- Five sub-working groups—one per domain—could be established to review material gathered to this point and make recommendations to the Working Group for any changes—if any—to the LEADS framework.
- Working Group to summarize findings in an interim cycle 2 report and use it to guide cycle 3 investigation and work.

<u>Cycle 3:</u>

- Third set of questions to guide second cycle of data collection need to be determined by Working Group (e.g., What changes are required to the LEADS framework (if any)? What are the multiplicity of knowledge mobilization products that should be revised as a consquence of the refresh?).
- Data collection should be minimal as purpose of cycle 3 is to engage people in validating/non-validating proposed changes to the LEADS capabilities and creation of knowledge mobilization products (e.g., LEADS book v 3, Issue specific papers, LEADS 360, etc).
- Recommendations for change should then be workshopped at same set of conferences used in cycle 1 for feedback from broader system.

- Final decision(s) as to changes to framework should be finalized by Working Group and agreed upon by LEADS Framework Steering Group.
- Book 3—*Bringing LEADS to Life—A LEADS Refresh*, should be written by Working Group and volunteers. Other academic articles should be commissioned as the opportunity presents itself. Other KM products as decided should be either initiated or completed.