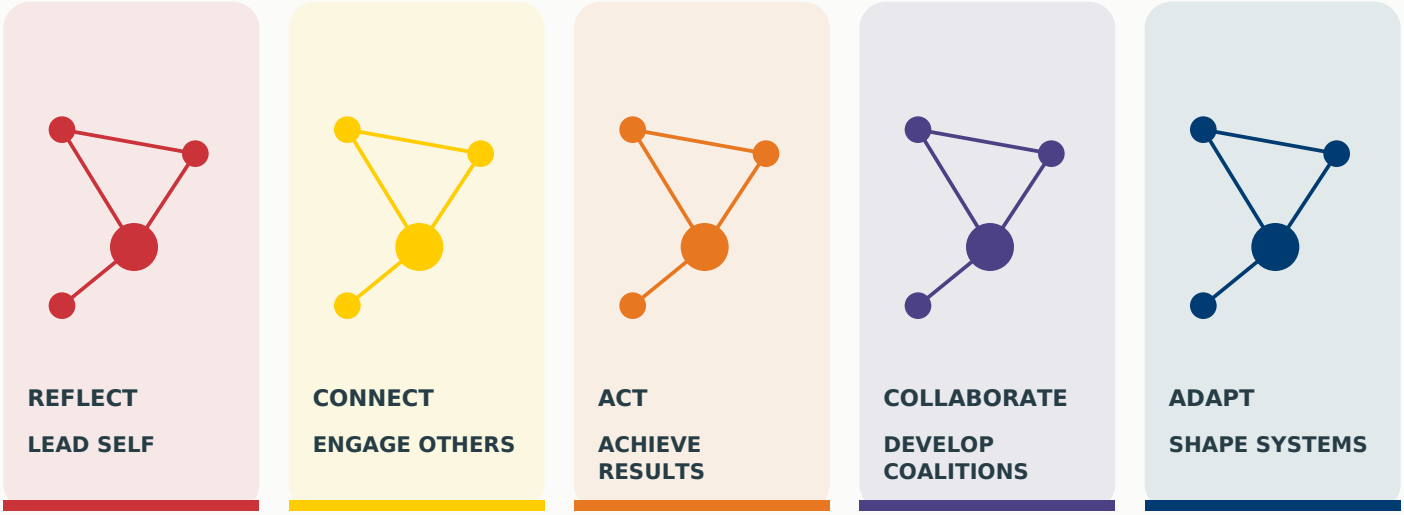
EVIDENCE / DIALOGUE / RENEWAL

LEADS REFRESH

Synthesis report

The work, the findings, and the implications for the partner organizations.



Prepared for the chief executives of

CHLNet · CCHL · LEADS Global

With support from Royal Roads University and Mitacs

OCTOBER 2026 | REVISED EDITION FOR REVIEW

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Executive summary

The LEADS Refresh has delivered an approved, refreshed LEADS in a Caring Environment framework. This report gives the executives of CHLNet, the Canadian College of Health Leaders and LEADS Global an account of the work, its findings and its implications for their organizations. It asks the Steering Group to formally acknowledge completion and recognize the participants, volunteers and supporting organizations that made the project possible.

The evidence confirmed that LEADS remains useful, while its language needed to reflect contemporary leadership conditions more clearly. Participants described workforce strain, fragmented systems, competing demands, inequities, declining trust and technological change. They called for leadership grounded in purpose and integrity, with stronger relational practice, adaptability, shared responsibility and systems thinking. [1–2]

The project brought together 65 reported interviews, 20 reported focus groups and a literature synthesis involving 21 contributors, 9,749 studies screened and 151 articles selected for extraction. Participant experience and literature findings informed successive rounds of review and revision. The literature work evolved into a qualitative evidence synthesis of scoping review extractions because the source material required substantial interpretation. [1–3]

The March 23 Structured Group Review was followed by the May 21 Expert Technical Review, the June 24 Expert Convergence Meeting and the June 25 Steering Group Meeting. The June meetings produced the approved framework. Further refinements and edits preceded distribution to contributors on August 5, 2026. [3–5]

The refreshed framework retains five domains and twenty capabilities. Systems Transformation becomes Shape Systems; the other domain names remain. The wording strengthens attention to well-being, safe workplace cultures, equity, diverse voices and knowledge, adaptive thinking, digital innovation, planetary health and sustainable change. Appendix F reproduces the approved statements. [4]

For the three partner organizations, the result offers an updated common foundation: CHLNet can connect evidence with dialogue and network learning; CCHL can connect the capabilities with professional development and practice; LEADS Global can support consistent wording and meaningful application across contexts. Section 6.4 explains these connections without assigning new commitments. [6–9]

The partners may wish to consider a coordinated transition: a shared explanation of the changes, clear brand and content standards, a small portfolio of useful resources, and a practical way to learn from use. This report also proposes an AI-supported approach to future refreshes, with source-linked synthesis, agent-based checks and human expert judgement. These are invitations for discussion, rather than commitments assigned to the partners. Completion of the Refresh and evidence of its later effects are distinct achievements. [2, 5]

Knowledge mobilization is underway. The partners are sharing the framework with their constituent groups and preparing for a major formal launch at the Canada West Healthcare Leadership Conference after receiving this report. A coordinated strategy could guide the next generation of interpretation guides, bulletins, learning programs, tools and resources. [5]

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The Refresh at a glance

A familiar framework.
A renewed expression of leadership.

65
interviews

20
reported focus groups

151
articles selected for extraction

5
domains

20
capabilities

4
review and decision milestones

Three kinds of contribution

- **EXPERIENCE**
  What leaders encounter
- **LITERATURE**
  What research describes
- **DELIBERATION**
  What a usable framework needs

Together, these informed successive rounds of review, revision and approval.

Sources [1–5]. These are different units; counts should not be added. Focus group totals are reported as stated in the source.

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Acknowledgements

CHLNet • CCHL • LEADS Global • Royal Roads University • Mitacs

The LEADS Refresh was made possible by the time, expertise, and commitment of its participants and contributors. We thank the people who shared their experiences in interviews, focus groups, and written contributions, and those who then helped interpret the evidence and improve the framework. Their willingness to discuss difficult leadership realities, challenge assumptions, and work through successive drafts gave the project both depth and practical relevance.

Funding support came from Mitacs, the Canadian College of Health Leaders, LEADS Global, and the Canadian Health Leadership Network. Royal Roads University provided the initial ethics review and administered the disbursement of Mitacs funds. The Dean of Professional and Continuing Studies served as a member of the Research Team. The Canadian Hub for Applied and Social Research at the University of Saskatchewan provided analytical and technical support, including assistance with the qualitative analysis software environment. [1–2]

Volunteer Contributions and Partner Support

Volunteer effort extended across the project, from recruitment and instrument development to interviewing, facilitation, coding, literature work, structured review, writing, and capability refinement. Some contributors served in several roles. The paired revision work following the Structured Group Review and the later expert meetings illustrate how people continued to contribute beyond a single event. This sustained contribution deserves recognition as part of the project's achievement, alongside the framework itself.

The contributor record in Appendix B draws on the final participant report. Many people served in several roles; their sustained effort deserves recognition alongside the framework itself. The partners may wish to carry that spirit into implementation through supported opportunities for contributors to remain involved. [2]

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1. Purpose and scope

Purpose and Audience

The LEADS in a Caring Environment framework is an evidence-based, comprehensive statement of the aspirations and capabilities needed for contemporary health system leadership. The Refresh examined how its language should evolve to support modern health reform and health system change.

Prepared for the executives of CHLNet, CCHL and LEADS Global, this report explains how the work unfolded, what the evidence revealed, how it shaped the approved framework and what the result means for the partners. It also supports the Steering Group's formal acknowledgement of completion and provides an account that the organizations can share with contributors and other audiences.

Objectives and Questions

The project sought to articulate accessible contemporary leadership capabilities grounded in empirical and experiential evidence; update LEADS and strengthen connections between evidence, practice and policy; and sustain and grow support for its use in Canada and, where applicable, internationally. Four questions guided the inquiry: How is LEADS used? What challenges do leaders face? What leadership is required, and from whom? How should the framework change? [1–2]

The approved framework and supporting evidence products fulfil the renewal work. Growth in adoption and effects on leadership practice are longer-term outcomes for implementation and evaluation.

Reading This Report

The main report brings the process, findings and implications together. Appendices retain the timeline, contributor roles, participant profile, literature detail, evidence mapping, approved framework and deliverable record. Numbered notes identify project and partner website sources. Participant quotations retain their source identifiers and illustrate experience rather than estimate prevalence.

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2. How the Refresh unfolded

The LEADS Refresh progressed through six connected stages, from planning and evidence gathering to review, approval and knowledge mobilization. The work was iterative: findings and discussion informed revisions throughout the process. Framework renewal and approval are complete; knowledge mobilization is underway, with further initiatives requiring a coordinated strategy across the partners. [5, 13]

2.1 Plan & Prepare

A participatory action research approach connected evidence gathering directly to framework renewal. Practitioners, academics and volunteers helped develop the inquiry, interpret the findings and revise proposed capabilities. The Steering Group held the decision-making role; Research Team and Working Group members supported design, analysis and interpretation. Royal Roads University provided the initial ethics review and administered the disbursement of Mitacs funds. The Dean of Professional and Continuing Studies served as a member of the Research Team. [1–3]

The process combined participant experience, published literature and expert deliberation. These sources served different purposes: accounts of leadership in practice, an organized view of published knowledge, and judgement about what a usable framework should say.

Participants gave informed consent before taking part. Interviews and discussions were recorded through Zoom or Microsoft Teams, then transcribed using Otter.ai. The principal investigator checked the transcripts and returned them to participants within one week so they could correct errors or ask for material to be removed. Before analysis, names were replaced with numerical codes. The principal investigator kept the separate list linking codes to names. Quotations use those codes to protect participants' identities. The acknowledgements recognize contributors; they do not identify who made a particular comment. [1–2, 5]

2.2 Gather Evidence

Purposeful recruitment through partner networks and Working Group advice sought informed perspectives across roles and settings. The project included 65 interviews and 20 focus groups, including perspectives beyond healthcare and a focused AI discussion. Participants worked in frontline, middle and executive leadership and government, across several provinces and the Northwest Territories. Familiarity with LEADS was generally strong. This was not a statistically representative sample. [1–2]

Data were generated between April 10 and November 17, 2025. Virtual interviews lasted approximately one hour and focus groups approximately ninety minutes. Semi-structured questions explored LEADS use, current and foreseeable challenges, leadership requirements and proposed changes. Working Group members pilot-tested the instruments, which were reviewed for ethical considerations by Royal Roads University's Research Ethics Board. The AI discussion used tailored questions. Appendix C summarizes the instruments and participant profile. [1–2]

The literature work began as a scoping review, using Covidence to support screening and extraction. Twenty-one contributors supported the literature work, with 9,749 studies screened and 151 articles selected for extraction. This evidence stream complemented the interviews and focus groups by bringing published descriptions of leadership challenges, capabilities and competencies into the review. [3] The Covidence selection record identifies 18,767 database records, with 9,018 duplicates removed before screening. Of 9,749 screened, 9,460 were excluded; 289 proceeded to eligibility assessment,

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and 138 were excluded at that stage. The remaining 151 were included. Appendix D lists the databases used in the search strategy and presents the PRISMA flow diagram and exclusion reasons. [24]

2.3 Analyze & Synthesize

Recordings were transcribed, reviewed and de-identified before analysis in NVivo. The team drew on the six phases of thematic analysis described by Braun and Clarke (2006). Coding means attaching short labels to meaningful passages; thematic analysis goes further by examining patterns across those passages. The six phases below describe that analytic process, which sits within Analyze & Synthesize and is distinct from the six stages of the overall Refresh. [1–2]

1. Become familiar with the material. Read and re-read transcripts, noting initial impressions and questions.

2. Generate initial codes. Label relevant passages and collect material that addresses similar issues.

3. Develop possible themes. Explore how codes fit together into broader patterns of meaning.

4. Review the themes. Check proposed patterns against the coded passages and the wider dataset; combine, separate or revise them as needed.

5. Define and name the themes. Clarify the central meaning and boundaries of each theme and how it contributes to the account.

6. Produce the account. Explain the findings, select supporting excerpts and connect the analysis to the research questions (Braun & Clarke, 2006). These phases involve returning to earlier material as understanding develops.

The Refresh team adapted this guidance for collaborative work. An initial codebook developed by three coders was tested more widely; team members reviewed categories, and every fifth transcript was examined for alignment with the codebook. Differences were discussed in fifteen meetings over six months. These were project-specific arrangements for collaborative interpretation, rather than requirements prescribed by Braun and Clarke. Software access and availability also affected coding arrangements. [1–2]

Substantial conflation emerged in the literature: authors used capabilities, competencies, behaviours and personal qualities inconsistently, often without defining the distinctions. Directly comparing those labels would have concealed differences in meaning. Inferences were needed to identify connections among the underlying constructs. [3]

The team shifted to an interpretive evidence synthesis of the material gathered through the scoping review. Inferences were needed to identify connections among differently expressed constructs, and the Covidence export created further difficulties in organizing and working with the extracted text. Within these constraints, the team cleaned and grouped the material as carefully as possible, seeking useful patterns while retaining the limits of interpretation. The resulting synthesis informed expert discussion and framework revision; it was not a completed scoping-review map or a test of which capabilities produce the strongest outcomes. Section 3 and Appendix D explain how the literature was used. [3, 5]

The team compared participant findings with the LEADS domains and the patterns identified in the literature. Summaries and comparison tables helped reviewers see how suggested changes related to the evidence. The team tested the interview questions, checked transcripts, discussed coding and interpretations, and invited scrutiny through successive expert reviews. These steps strengthened the basis for decisions about wording. Whether the revised framework improves leadership practice will require further study. [1–3]

2.4 Review & Refine

On March 23, 2026, the three-hour virtual Structured Group Review examined participant evidence through breakout and plenary discussions. Of 57 nominees, 37 attended. Ten volunteers subsequently worked in five pairs to revise proposed statements. [2–3]

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The May 21 Expert Technical Review considered participants' recommendations for changes to the framework, literature clusters and draft revisions. A total of 37 people contributed to this review. They could also comment afterward in a shared document. The June 24 Expert Convergence Meeting addressed remaining statements; nine volunteers contributed to that discussion. This work and the June 25 Steering Group Meeting produced the approved framework. [2–3, 5]

2.5 Finalize & Validate

Several rounds of refinement and editing followed the June decisions. This stage focused on clarity, inclusive language, relevance across leadership levels, alignment with the evidence and attention to cross-cutting themes. The eight cross-cutting themes are equity, belonging, adaptation, pluralism, complexity, digital stewardship, community partnership and environmental sustainability. Here, validation means review of the framework's wording and fit for purpose; it does not mean that implementation effects or assessment properties have been empirically established. [4–5, 13]

2.6 Share & Enable

The approved framework was distributed to contributors on August 5, 2026. Knowledge mobilization is now underway: the partners are sharing it with their constituent groups and preparing for a major formal launch at the Canada West Healthcare Leadership Conference, after receipt of this report. These activities are confirmed by the principal investigator. They extend the completed Refresh into wider awareness and use. [5]

The enabling work will continue beyond the launch. The partners may wish to adopt a strategic approach across the partners to interpretation guides, bulletins, learning programs, tools and other resources. A shared plan could establish priorities, responsibilities, quality standards and resources while allowing each partner to serve its communities. These major initiatives are future directions for coordinated development, rather than completed project deliverables. Section 8 offers considerations for that discussion.

Evidence limits and use of digital tools

Participants were deliberately recruited for relevant experience, and many already knew LEADS well. Their views provide depth, but should not be treated as the views of all Canadian healthcare leaders. Some regions and communities were more visible than others, and the demographic information does not establish representation of particular equity-deserving or Indigenous communities. In the literature, inconsistent definitions made comparison difficult. Counts show how often topics appeared in the material examined; they do not establish national prevalence or show which capabilities are most effective.

Digital tools supported recording, transcription, coding, literature screening and shared writing. AI provided selected assistance with literature-source validation, software extraction problems, contextual information and background research. Later, ChatGPT supported early synthesis-report drafts and the creation of communication materials, with the principal investigator checking and challenging the outputs. Section 7 describes this progression and distinguishes it from the proposed approach to future research in Section 9. [2, 5, 13]

The approved framework and supplied project evidence (Group Review Report, Expert Technical Review pre-reading, meeting summaries and outputs, the literature extraction details, and communication elements) remained the reference points for this report. AI-assisted drafting did not constitute a new analysis of participant transcripts. The principal investigator retains responsibility for interpretation and factual confirmation; release remains a human decision.

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Protecting participants’ contributions

Participants had a say in what they shared.

The process protected consent, accuracy and identity. [1–2, 5]

1

INFORMED CONSENT

Participants agreed to take part before their interview or discussion.

2

RECORD AND TRANSCRIBE

Zoom or Microsoft Teams captured the discussion. Otter.ai produced a transcript, which the principal investigator checked.

3

PARTICIPANT REVIEW

Within one week, participants received their transcript and could correct errors or ask for material to be removed.

4

REPLACE NAMES WITH CODES

Numerical codes replaced names before analysis. The principal investigator kept the separate list linking codes to identities.

5

REPORT WITHOUT NAMING SPEAKERS

Quotations retain the participant codes. Contributor acknowledgements recognize people’s work without identifying who made a particular comment.

Royal Roads University provided the initial ethics review. The principal investigator carried out the transcript checks and managed the identifying list. [5]

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Six stages of the LEADS Refresh

Stage, activity and output

Evidence gathering, interpretation and successive reviews led to the approved framework. Knowledge mobilization is now underway. [1–5]

STAGE	ACTIVITY	OUTPUT / STATUS
01 PLAN & PREPARE	Purpose, governance, research questions, tools and ethics.	Project foundation and evidence-gathering approach.
02 GATHER EVIDENCE	Interviews, focus groups and a scoping literature review.	Participant accounts and extracted literature.
03 ANALYZE & SYNTHESIZE	Thematic analysis, interpretive literature synthesis, cross-cutting themes and mapping to LEADS.	Organized findings, domain summaries and implications.
04 REVIEW & REFINE	March 23 and May 21 reviews; June 24 convergence and June 25 Steering Group decisions.	Revised statements and the approved framework.
05 FINALIZE & VALIDATE	Refine language; check clarity, inclusion, evidence alignment and applicability across levels.	Final wording and material prepared for sharing.
06 SHARE & ENABLE	August 5 distribution; partner sharing now underway; conference launch in preparation.	Mobilization underway; future resources to be planned strategically.

Themes throughout

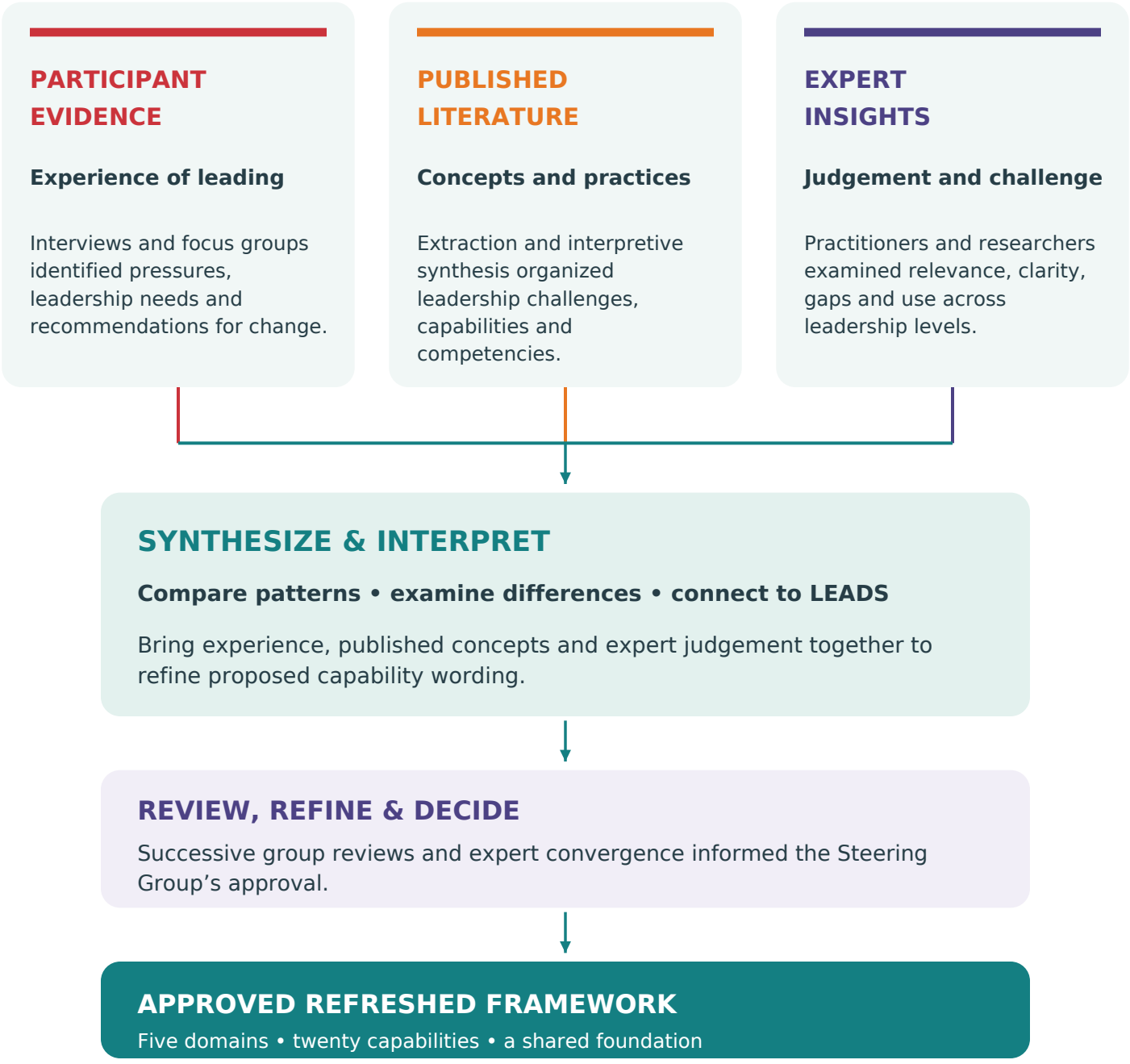
Equity · Belonging · Adaptation · Pluralism · Complexity · Digital stewardship · Community partnership · Environmental sustainability

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How the evidence came together

Three contributions. One shared inquiry.

Different forms of knowledge informed interpretation, revision and decisions.



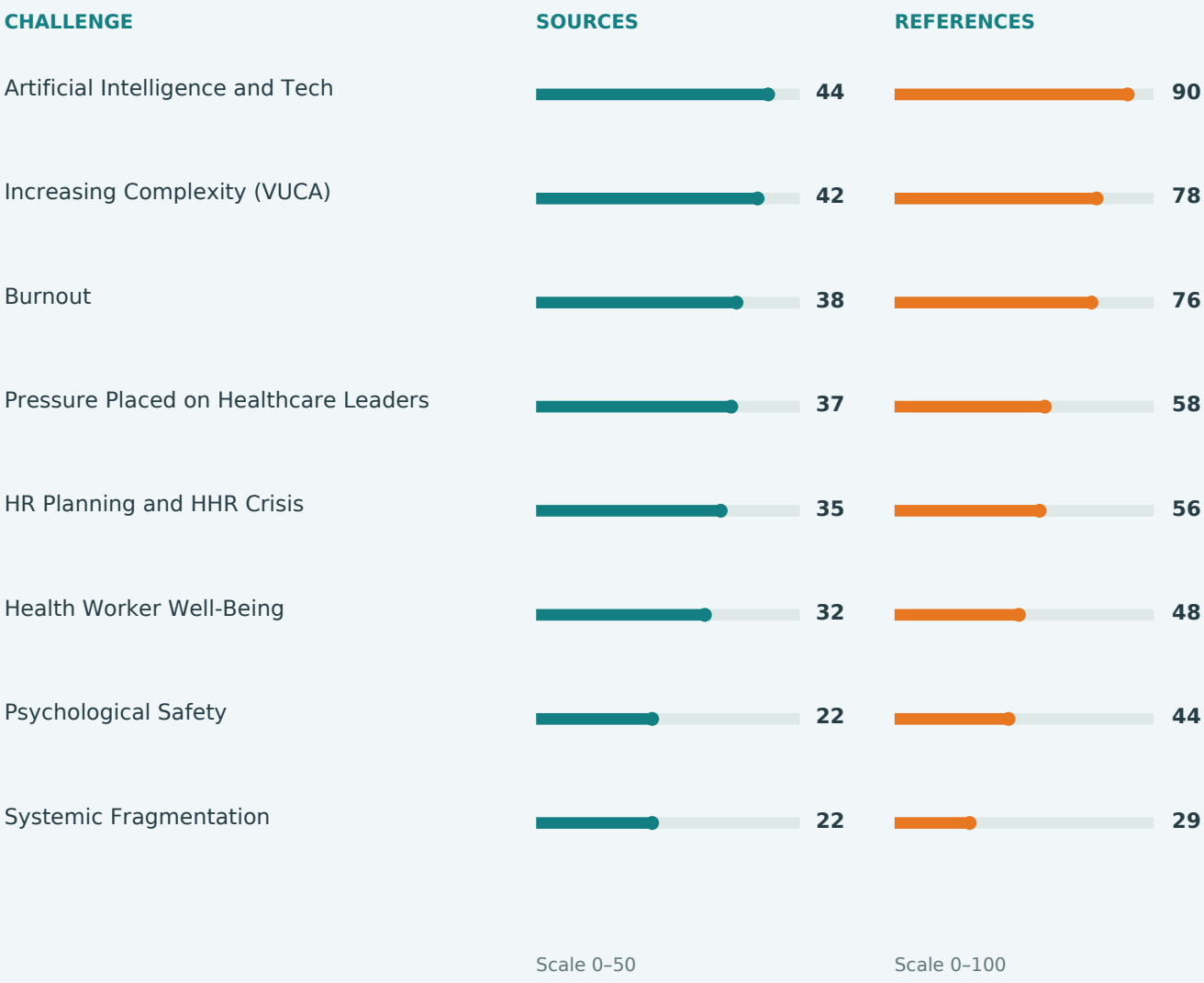
The process was iterative. The connections show how contributions informed the work, not a one-to-one attribution of each capability to a single source. [1–5]

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3. Leadership challenges

Challenges described in the evidence

Sources: files containing the topic. References: passages coded to it.



Selected topics from the leadership-challenge tables. [1] HHR means health human resources. VUCA refers to volatility, uncertainty, complexity and ambiguity.

A source may contain several references and several codes. These counts do not estimate national prevalence, unique participants or relative importance.

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Leaders described pressures that interact and accumulate. Workforce shortages affect service capacity, poor workplace conditions make retention harder, and fragmented governance complicates change. Digital developments create opportunities while adding responsibilities. These connections help explain participants' repeated emphasis on adaptability, trust, equity and collective action. The sections below distinguish the challenges leaders described, the leadership they considered necessary, and the related findings from published literature. [1–3]

3.1 How LEADS Is Used and Valued

Participants valued LEADS as a recognizable, shared language for leadership. They described its usefulness across roles and settings and its capacity to connect individual development with organizational work. Some used it prospectively to prepare for an activity; others used it to reflect on work already undertaken. Support for its continued use was therefore compatible with requests to improve its language. [2] (section 3)

Uses included self-assessment, coaching, career planning, leadership education, performance appraisal, recruitment, team development, culture change, strategy, quality improvement, and change implementation. Participants also described research, teaching, knowledge sharing, and community engagement applications. This breadth suggests that renewal needed to protect LEADS' accessibility while allowing practical resources to address different contexts.

3.2 Contemporary Leadership Challenges

Structural Sustainability and System Design

Participants described a health system whose funding arrangements, political cycles, institutional boundaries, and inherited service models often constrain the changes leaders are expected to make. Structural capacity concerns the conditions, resources, mechanisms, and infrastructure that enable work; system responsiveness concerns the ability to respond to changing needs and priorities. Both were visible in accounts of fragmentation and difficulty aligning care across settings. [1–2]

Leadership development cannot assume leaders operate within well-aligned systems. Leaders need to understand how design and governance shape results, work across boundaries, and question assumptions underlying persistent problems. This does not imply that individual leaders alone can resolve structural constraints.

Demand Capacity Mismatch

Participants described growing and increasingly complex population needs alongside limits in staffing, services, and infrastructure. Chronic illness, mental health needs, aging, and social and planetary conditions were part of this account. Leaders experienced connected pressures on access, flow, workforce capacity, and the ability to provide appropriate care. [1–2]

> *"…our populations are getting sicker. We are seeing more complexity in our populations that we care for, as a system, we are required to do more with less." (FG07, P097)*

The leadership challenge is to make difficult choices transparently while seeking more effective arrangements across services. The findings also caution against treating efficiency as the only result that matters: different populations may experience the consequences of capacity constraints very differently.

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Workplace Instability and Talent System Disruption

Accounts of vacancies, turnover, changing work preferences, and disrupted career pathways showed instability across the workforce. Participants described the loss of experience and mentorship when leaders leave or move, and the challenge of preparing people who enter demanding roles quickly. These conditions place pressure on both service continuity and leadership development. [1–2]

The implications extend beyond recruiting more people. They include supporting transitions, developing others deliberately, recognizing diverse expectations of work, and building conditions in which people can contribute and remain. Leadership capacity depends partly on what the workplace enables people to learn and sustain.

Leadership Capacity and Governance Tension

Leaders described being expected to sustain operations while redesigning services, reconcile multiple accountabilities, and work collaboratively within structures that retain hierarchical authority. Preparation for these demands was uneven. The result was pressure to deliver strategic, operational, and relational work simultaneously, often with insufficient capacity. [1–2]

These accounts explain why participants asked for clearer links between leadership at different levels. Shared leadership requires an understanding of responsibility and authority. It cannot rest on an invitation to collaborate while leaving conflicting accountabilities unexamined. The framework therefore needs to support both agency and attention to the conditions for implementation.

Organizational Climate Psychological Load and Trust

Workforce well-being, burnout, fear, incivility, psychological safety, and erosion of trust were prominent in participant accounts. These concerns were not confined to individual resilience. Participants linked them to sustained workload, organizational expectations, relationships, and the ability to speak openly about problems. [1–2]

> *“There's just too much work, too much at the expense of people.” (FG06, P092)*

Healthy workplace cultures are a leadership responsibility. Supporting people includes examining demands and conditions, enabling meaningful dialogue, and making it possible to raise concerns. Encouragement without attention to these conditions is unlikely to address the problem participants described.

A related literature example makes this concern concrete. In a Canadian-led international consensus, Geerts et al. (2021) linked staff well-being with opportunities to speak openly, access support and recover from sustained pressure. This is included because it connects the participants’ accounts of strain to practical leadership responsibilities. It supports discussion of Nurture healthy workplace cultures; it is expert guidance, not evidence that a particular intervention will reduce burnout.

Equity Inclusion and Structural Justice

Participants identified inequities in access, experiences, outcomes, and workforce conditions. Their accounts connected reconciliation, racism, cultural safety, power, and structural exclusion with everyday leadership decisions. They asked that equity extend beyond any single population or intervention and be considered in governance, resource allocation, service design, and organizational culture. [1–2]

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> *"Health equity and reconciliation gaps, requiring leaders to reimagine care systems that are not only inclusive but anti-oppressive and culturally grounded" (I038, P038)*

The response needs to extend to examining whose experiences count, how decisions distribute opportunities and burdens, and whether outcomes improve equitably. The evidence supports equity as a consideration across the framework rather than a separate capability assigned to one domain.

Corbie et al. (2022) evaluated a U.S. interprofessional leadership program that developed equity-related competencies across personal, interpersonal, organizational and systems levels. Participants demonstrated gains in competencies and leadership activities. This example illustrates why equity belongs across LEADS domains: self-awareness, collaboration and organizational change can be developed together. The program evaluation does not establish the effectiveness of the refreshed LEADS framework.

Digital Disruption Data Governance and Information Integrity

Participants described rapidly changing technologies, growing data use, and uncertainty about effects on care, professional judgement, and trust. They raised questions about data governance, sovereignty, information quality, and the responsibilities leaders retain when decisions are technologically supported. [1–2]

Digital change is a leadership issue as well as a technical one. Leaders need to question information, recognize how technologies affect relationships and work, and support informed decisions about adoption and use. The evidence does not establish that more technology necessarily produces better outcomes.

AI in Healthcare Stewardship

The focused AI discussion explored bias, responsible use, data literacy, privacy and security, education, productivity, and the pace of technological change. Participants considered AI's implications for work and decisions, including the difficulty of recognizing values and experiences that may be poorly represented in data or automated outputs. [2] (section 4)

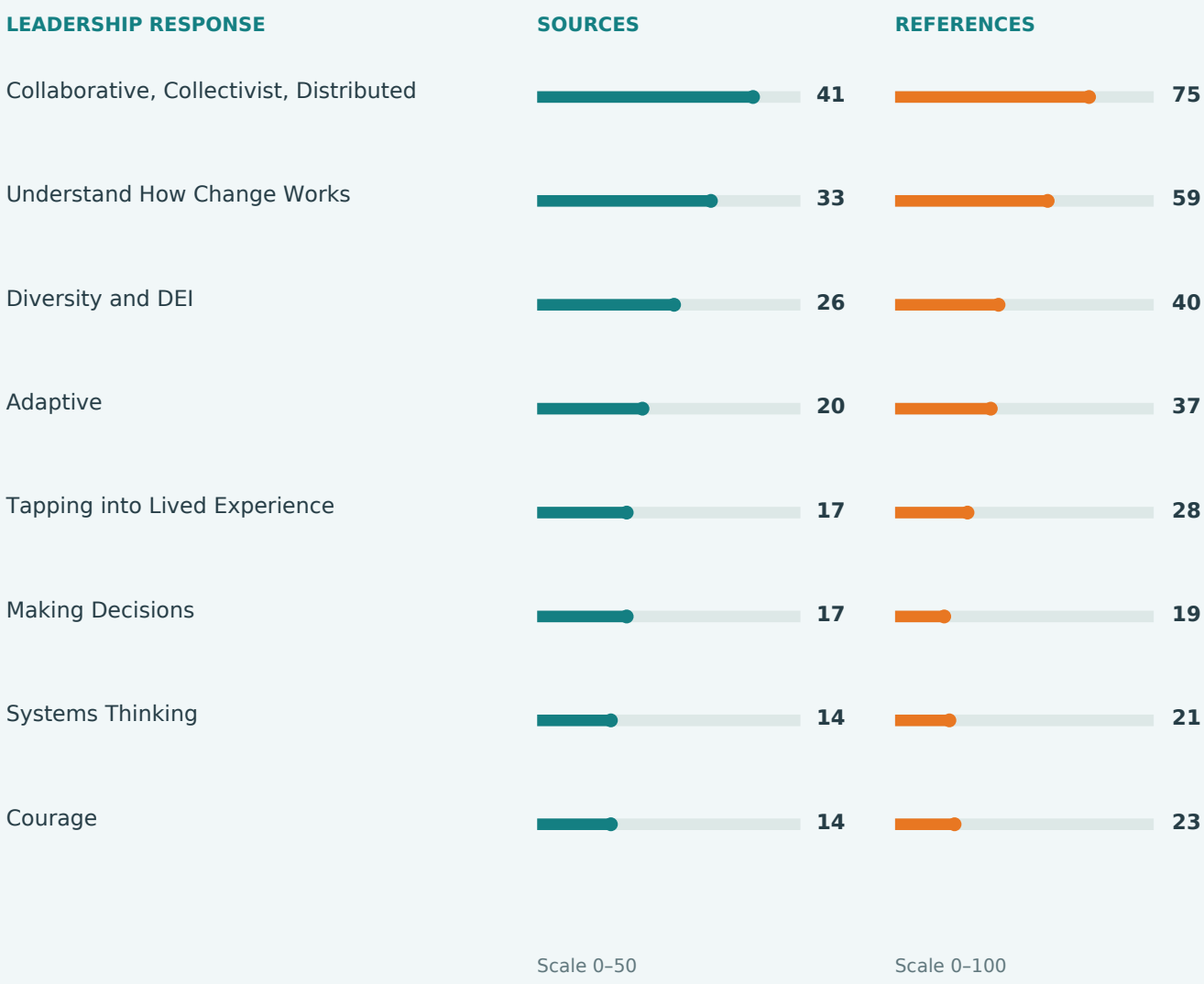
This theme adds a distinct stewardship question: how can leaders maintain informed responsibility as systems become more capable and their use more routine? The response involves learning, scrutiny, and judgement about intended and unintended effects. It also suggests that practical AI resources will need to evolve more frequently than the framework itself.

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3. Leadership required

Leadership responses described in the evidence

Sources: files containing the topic. References: passages coded to it.



Selected topics from the leadership-required tables. [1] Labels reproduce the evidence report's coding categories. DEI means diversity, equity and inclusion.

A source may contain several references and several codes. These counts do not estimate national prevalence, unique participants or relative importance.

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Navigating Uncertainty and Complexity

Participants called for leaders who can make sense of changing conditions, examine assumptions, notice emerging patterns, and adjust their response. Adaptability was associated with judgement and learning, including the ability to hold competing demands in view. Systems thinking, emotional awareness, political understanding, and responsible experimentation contributed to this account. [1–2]

> *"adaptive leadership… is definitely required… people who can't pivot… have trouble with change… that is table stakes now." (I026, P026)*

The approved revisions explicitly name adaptive systems thinking and continuous learning. They also retain expectations for purposeful action and assessment. In practice, leaders need to examine what happens after they act, learn from the results and adjust their approach. [4]

The literature provides a complementary example of adaptation in practice. In Dutch healthcare improvement teams, van Elp et al. (2022) associated stronger continuous-improvement capability with a combination of transformational and transactional leadership. The relevance is the combination of engaging people with providing practical direction and support. This illustrates the connection between continuous learning and conditions for implementation, without suggesting one leadership style will fit every setting.

Leading with Purpose and Integrity

Leadership was described as grounded in purpose, values, ethical responsibility, and courage. Participants wanted leaders whose actions matched their commitments, including when decisions were difficult or unpopular. They connected integrity with credible information, honest dialogue, and governance practices that support stated values. [1–2]

Uncertainty does not remove the need for a clear ethical orientation. Shared purpose helps guide choices, while integrity requires attention to how those choices are made and experienced. The approved framework reflects this through character, values-informed decisions, and a stronger expression of shared purpose.

Stoller (2021), writing for U.S. chest medicine professionals, connects leadership with shared purpose, ethical virtues, communication and emotional intelligence. This conceptual review helps explain the relationship between Demonstrate character and Bring vision to life: leaders' conduct and their ability to engage others both matter. It provides a conceptual explanation, rather than a test of the revised capabilities.

Relational and Inclusive Leadership

Participants emphasized attentive communication, compassion, trust, cultural safety, and belonging. Relationships were central to effective work with staff, patients, families, communities, and partners. Inclusion involved inviting different knowledge and experience into decisions and addressing conditions that restrict participation. [1–2]

Participants wanted leaders to do more than make themselves available. They asked leaders to listen carefully, welcome difficult conversations, help others develop and make it safe to contribute. These expectations are reflected in the approved Engage Others and Develop Coalitions capabilities. [1–2, 4]

Shared and Collective Leadership

Participants described leadership as a contribution made across roles, disciplines, organizations, and communities. They emphasized co-creation, teamwork, partnership, distributed responsibility, and the value of operational perspectives. This challenges assumptions that leadership resides mainly at the top of an organization. [1–2]

Collective leadership also requires shared purpose, trust, useful connections, and clarity about

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accountability. The approved wording supports this through plural domain stems, collaboration within and across teams, and coalitions of diverse voices. Formal authority remains relevant, but it is one element of a broader leadership effort.

System Strategy and Impact

Participants called for leaders to connect strategy with action and demonstrate the difference their decisions make. Leaders need to translate direction into priorities and action, connect organizational plans with operational realities, and assess results. Evidence, practical tools, sector knowledge, and accountability were part of this requirement. [1–2]

Participants linked setting a direction with carrying it through into practice. Bringing vision to life requires ownership, aligned decisions, conditions for action, and the willingness to improve based on outcomes. Achieve Results makes this sequence clearer in the approved framework.

Influence Innovation and Systems Change

Participants emphasized influencing beyond formal authority, understanding policy and power, bringing partners together, and creating room for innovation. They described system change as relational and political work as well as a matter of program or project design. [1–2]

The challenge is to mobilize action while attending to whose interests are represented and how relationships are sustained. The approved capabilities address these concerns through navigating socio-political environments, mobilizing knowledge, adaptive systems thinking and contributing to sustainable change. These capabilities work together rather than belonging to a single specialist change role.

Pescud et al. (2022) identified persuasive communication, deep listening, reflection and sustained involvement in the systems researchers sought to change. Their qualitative study concerned Australian chronic-disease prevention research. It is useful here because it shows what Mobilize knowledge and Practice adaptive systems thinking can look like as everyday practices: learning with others and building relationships through which evidence can influence action. This LEADS connection is the report's interpretation of the study.

Personal Agency and Self Leadership

Participants described curiosity, self-awareness, reflection, emotional regulation, and intentional development as foundations for leadership. They wanted leaders who could recognize their assumptions, understand their sphere of influence, and act constructively despite constraints. Personal well-being and the capacity to learn were closely connected to sustained contribution. [1–2]

> *"We're talking about leaders who have developed the self regulation, the mindfulness, the self reflection, that allows them to go through periods of great challenge while not losing their ability to still provide the leadership and pull the system forward" (I008, P08).*

Lead Self is continuing work across a leadership career. Reflection, development, character, and responsibility for well-being remain relevant when leading others, pursuing results, building coalitions, and shaping systems.

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3. Literature and convergence

3.4 Findings from the Literature Evidence Synthesis

Leadership Challenges

The initial literature synthesis organized challenges into eleven clusters. These covered capability and skill development; system shock and recovery; complexity and uncertainty; change and implementation; performance and resource constraints; digital disruption and information infrastructure; relational and distributed leadership; role strain; workforce well-being; equity and cultural safety; and leadership preparedness and transition. [3] (section 2)

Select examples from the articles in the Covidence literature extraction can help illustrate these thematic groupings. For instance, Cummings et al. (2021) examined nursing leadership development; Geerts et al. (2021) addressed leadership during recovery from major disruption; Corbie et al. (2022) examined equity-focused leadership development and organizational change; and van Elp et al. (2022) explored leadership and continuous-improvement capability. Each addresses part of the picture. The cluster counts describe the extracted literature, not the strength of evidence or the relative importance of the challenges.

The distinction between developing leaders and supporting their work matters for implementation. Cummings et al. (2021), in a Canadian-led systematic review, examined both educational interventions and factors such as organizational context. Leadership interventions often showed positive results, but mixed findings and varied measures limited conclusions about which personal and organizational factors mattered most. For the partners, the implication is to consider learning opportunities alongside the working conditions in which leaders apply them. The review does not establish one preferred package of supports.

Leadership Capabilities

Nine capability clusters covered communication and involvement; trust and transparency; emotional intelligence and self-development; compassion and values; team engagement and coaching; decision-making and prioritization; change and improvement; systems thinking and governance; and lifelong learning and reflection. [3] Illustrative connections include communication and emotional intelligence (Stoller, 2021), systems-oriented reflection and listening (Pescud et al., 2022), and learning within improvement teams (van Elp et al., 2022). These examples support particular concepts within the grouping; the nine-cluster structure is the Refresh team's synthesis, not a classification proposed by any one author.

These clusters brought together individual qualities, work with others, operational judgement and understanding of systems. Only 16% of the reviewed articles explicitly used the term capabilities. The team therefore examined the meaning of descriptions rather than assuming that an author's label provided a consistent definition. For example, accounts of building, repairing or sustaining trust could be considered together while recognizing their different contexts. The clusters offer an organized interpretation of leadership requirements; they do not establish a universally agreed classification. [3]

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Leadership Competencies

The competency extraction contained 491 varied statements. The team developed short, behaviour-oriented statements and organized them into fourteen clusters, including leading self, developing others, team leadership, communication, partnerships, inclusive care, ethical practice, quality and safety, evidence use, education, systems leadership, change, resource management, and policy and governance. [3] For concrete examples, Stoller (2021) discusses communication, problem-solving and health-system knowledge; Corbie et al. (2022) describe equity-related competencies spanning individual and organizational practice. These illustrate the range of material being interpreted, rather than validate every item in the resulting fourteen-cluster grouping.

This provides a useful bridge toward implementation resources because it points to actions that could be illustrated in practice. It does not imply that every statement should be inserted into the framework or adopted as an assessment item without further development. Appendix D preserves the distinction between extracted material and synthesis.

How the literature informed the Refresh

The literature supplied a second perspective alongside interviews and focus groups. It helped the team examine whether participants' concerns were also visible in published work, identify related concepts, and consider how broadly a proposed capability could apply. Challenge clusters described the context for leadership. Capability clusters helped clarify the qualities and capacities a leader might need. Behaviour-oriented statements offered examples of what those capacities could look like in practice. [3]

For the May 21 Expert Technical Review, the team brought together the literature interpretations, participants' recommendations and draft wording developed after the Structured Group Review. Reviewers examined how well proposed statements represented the evidence, where ideas overlapped or were missing, and whether leaders at different levels would understand and use them. The June convergence and Steering Group discussions produced the approved framework. These were collective judgements informed by several kinds of evidence; individual approved sentences cannot be attributed to particular studies. [2–5]

What the literature added, and what it did not

Within the material reviewed, the team did not identify clearly new leadership practices, capabilities or competencies for addressing contemporary challenges. Much of the literature restated or applied established ideas in particular settings: communication and emotional intelligence (Stoller, 2021), self-understanding and professional networks (Bond & Chong, 2020), and listening and reflection in systems change (Pescud et al., 2022). Its main contribution was to reinforce, explain and contextualize these ideas. The review did not produce a distinct set of novel practices that the partners needed to add to LEADS. This is a conclusion about this review, rather than proof that no innovation exists elsewhere. [3, 5, 17]

Bond and Chong's (2020) study of rural medical leadership, for example, described the value of understanding oneself, learning management skills and navigating health-system governance. Participants also valued professional relationships and networks. These findings illustrate established leadership ideas applied to a specific workforce and setting. For the Refresh, such evidence helped explain how existing capabilities remain relevant and why practical examples should reflect the circumstances in which leaders work.

Emerging AI-related capability was the potential exception. The reviewed material raised questions about leading when AI changes decisions, work and relationships, but offered sparse and poorly defined descriptions of the leadership capability required. Reinhold and Järvis's (2023) conference poster on AI-based worker management across sectors emphasized participation, empowerment and fairness. This is an illustrative example from outside healthcare, rather than evidence that these practices have been validated for health leadership. That helps identify responsibilities to

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examine, but does not amount to a well-established new capability model. The gap supports further research into digital stewardship and AI-related leadership. [5]

Terminology also made novelty difficult to judge. A familiar practice could appear under a new label, while different authors could use the same label for different things. The team therefore examined meanings and examples before deciding whether an apparent difference represented a substantive addition. Later refinement also redistributed the digital-disruption challenge cluster across development, performance, complexity and change themes. This treated technology as a context affecting several areas of leadership. The chart retains the initial eleven-cluster grouping so that its counts remain traceable. [3, 17]

3.5 Agreement, Differences and Gaps in the Evidence

Areas of agreement

The participant findings and selected literature examples reinforce related ideas: understanding oneself (Bond & Chong, 2020), working with others toward a shared purpose (Stoller, 2021), reflection and listening in systems change (Pescud et al., 2022), and adapting leadership to improvement work (van Elp et al., 2022). Participants' accounts brought these ideas into contemporary Canadian healthcare experience. Together, they supported retaining the domains while clarifying their expression. This is an interpretive connection across evidence streams, rather than a statistical test of agreement. [1–3]

Bond and Chong's (2020) rural leadership study illustrates the connection between personal development and organizational work. Learning about oneself was useful alongside management knowledge and understanding governance, while professional networks helped participants continue learning together. In LEADS terms, this suggests that Lead Self can be taught and practised in connection with Engage Others and Develop Coalitions, rather than as an isolated personal exercise. That connection is an interpretation for application, not a finding that the study tested LEADS domains.

Cummings et al. (2021) provide a closer North American connection to the question of leadership development and working conditions. Their Canadian-led review considered experience, education, personal characteristics, work roles and organizational context. It is used here to show why a course alone may not explain how leadership develops: the person and the setting both warrant attention. The mixed evidence cautions against assuming that any single factor is sufficient. For LEADS implementation, a useful research question is how learning programs and workplace support operate together.

Differences in emphasis

Canadian participants described the immediate experience of workplace strain, trust, political pressures, inequity and emerging AI responsibilities. Their accounts explained what these issues feel like in daily work and why they matter now. The literature organized related concerns into broader concepts and examined particular professions, organizations or systems. Bringing the two together gave reviewers both practical experience and concepts with which to examine that experience. [1–3]

A participant's concern about speaking openly can be considered alongside the psychologically safe working environments recommended by Geerts et al. (2021). This example is included to make the connection visible: the participant account describes the experience of risk in speaking up, while the consensus guidance identifies a condition leaders can seek to improve. It helps explain the emphasis on healthy workplace cultures. The two contributions are complementary; the guidance does not prove what caused the participant's experience. [1–2]

The emphasis on AI also illustrates the difference between a pressing concern and a mature evidence base. Participants anticipated changing responsibilities, while the reviewed AI-related material, illustrated by Reinhold and Järvis (2023), offered limited guidance on how to define or assess the necessary leadership capability. Established practices such as involving people and examining fairness remain relevant, but their application to

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AI-supported decisions needs more detailed investigation. [1–3, 5]

Gaps and implications for the partners

The Refresh established an informed basis for revised wording. It did not test whether that wording changes leadership behaviour, improves care or produces better organizational outcomes. Nor did the review identify clearly novel practices for each contemporary challenge. The partners may therefore wish to invest in testing how people interpret and use the capabilities, rather than assuming that an updated statement alone changes practice. [1–5]

Interpretation guides and learning programs could use concrete situations to examine this question: how does a leader apply a capability when resources are constrained, interests conflict or an AI tool offers uncertain advice? These are proposed directions for development and research, not new participant findings. Gathering examples of decisions, adaptations and results would help the partners learn where the framework is useful and where additional guidance is needed. That work can build on the completed Refresh and the knowledge mobilization already underway.

3.6 Overall Implications of the Findings

The central implication is to retain a recognizable framework while making its expectations clearer for contemporary conditions. Participants asked for greater attention to equity, relational and collective leadership, adaptability, and the conditions that allow meaningful action. They also wanted support for applying these ideas in different contexts. [1–2]

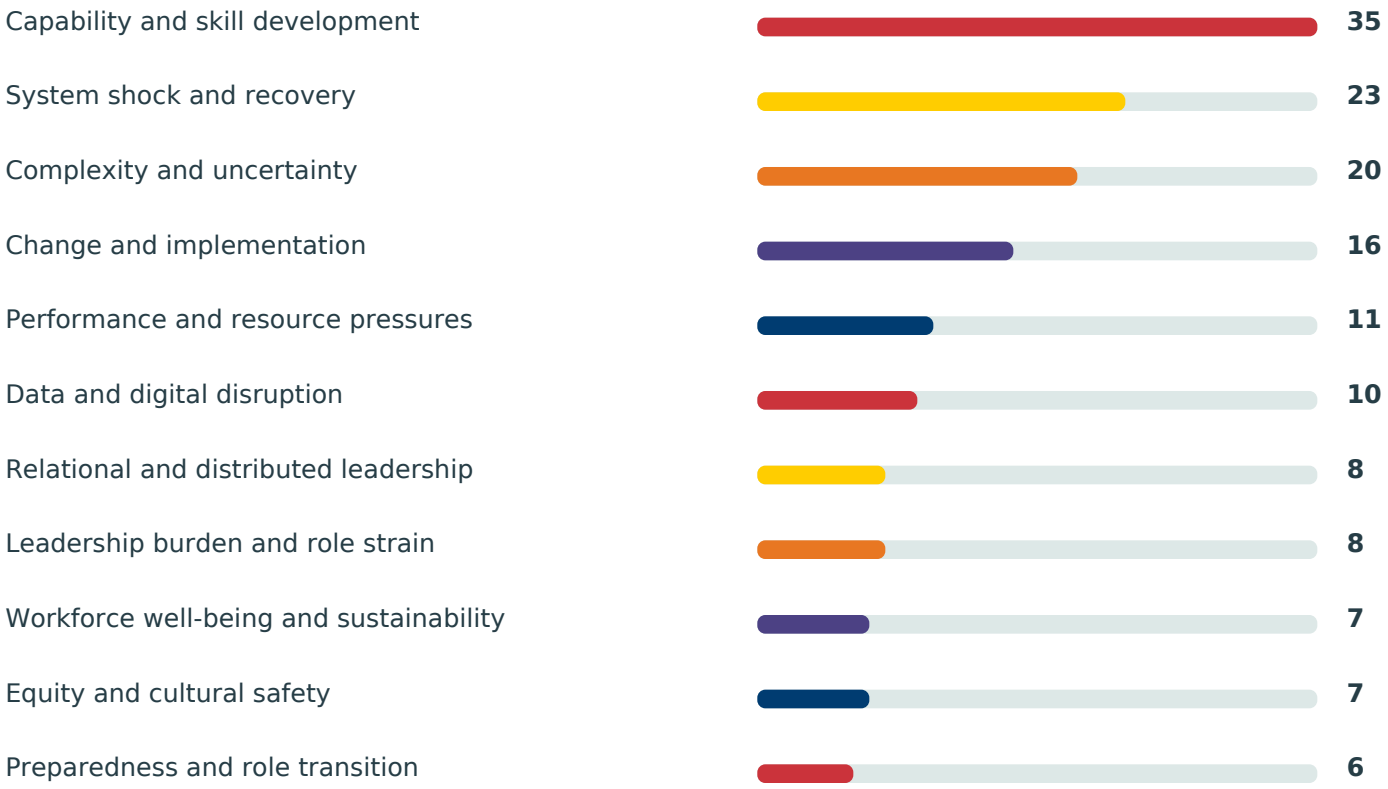
A refreshed framework cannot resolve workforce shortages, structural inequities, or fragmented governance by itself. Its contribution is to articulate the leadership aspirations and capabilities relevant to addressing those conditions. Its value will depend partly on connecting that language to real decisions, development, and working practices.

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Evidence in view: literature clusters

Initial grouping: eleven leadership challenge clusters

Counts from the initial literature grouping. [3, 17]



What this figure means for the partners

The literature addressed leaders' skills as well as the pressures around them: limited resources, workforce strain, disruption and fragmented relationships. A practical implication is to connect courses and coaching with opportunities to apply learning, support from colleagues, and attention to barriers in the workplace. The framework can guide both development and discussion of those conditions.

Later refinement redistributed the digital-disruption items across other themes. These original counts remain a record of the initial grouping, not a ranking of importance or a measure of effectiveness. Appendix D explains the distinction.

Source [3], Section Two and Appendix B. Labels shortened for display.

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4. What changed, and why it matters

The Refresh preserves five domains and twenty capabilities while making expectations more explicit for contemporary conditions. The comparison that follows uses the previous capability wording recorded in the May 21 pre-reading and the publicly released 2026 framework. Changes in meaning are interpretive explanations grounded in those descriptions; they are not additional approved capabilities. [3–4]

The earlier framework already valued relationships, evidence, learning and change. The Refresh strengthens their expression rather than introducing them for the first time. The five domain stems now read: Self-directed leaders, Relational leaders, Outcome-oriented leaders, Collaborative leaders, and Systems-oriented leaders. [3–4]

How to read the comparison

Each domain page pairs all four previous and refreshed capability names, then explains the substantive difference. Correspondences are arranged by meaning rather than by row position. Appendix F gives the complete approved definitions; examples and implications elsewhere in the report remain separate from that wording.

From suggestions to a usable framework

The March review translated participant evidence into proposals. Volunteer pairs continued drafting, the May review considered those proposals alongside literature, and the June convergence and Steering Group meetings produced the approved framework. Subsequent editing preceded August distribution. This sequence provides evidence of consideration and revision, although the available record does not establish a separate decision history for every suggestion. [2–5]

Some requests are visible directly in the approved language, including equity, safe cultures, diverse knowledge, planetary health and digital innovation. Others are better developed through cases, teaching, coaching and implementation resources. A concise framework cannot carry every detailed practice. Recognizing these different destinations helps explain how a suggestion can matter without becoming a new capability. [2–4]

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4.1 Lead Self

Self-directed leaders…

The domain continues to connect self-awareness, responsibility, development and character. Its refreshed meaning places greater emphasis on examining one's standpoint, sustaining well-being and acting ethically under changing conditions.

PREVIOUS	REFRESHED 2026
Are self-aware	**Are self-aware**

Awareness becomes critical examination: biases and privileges are named alongside assumptions, values, strengths and limitations. Reflection asks what may be shaping judgement, including what the leader cannot readily see.

PREVIOUS	REFRESHED 2026
Manage themselves	**Guide themselves**

Responsibility is broadened from performance and health to actions and physical, emotional, mental, spiritual and professional well-being. This invites attention to sustainable practice without making the individual responsible for every workplace pressure.

PREVIOUS	REFRESHED 2026
Develop themselves	**Develop themselves**

Feedback and professional learning become explicit. Development includes seeking challenge, learning and character building throughout a career, rather than treating education as an occasional event.

PREVIOUS	REFRESHED 2026
Demonstrate character	**Demonstrate character**

Humility, courage, agility and ethical conduct are explicitly named. Resilience and confidence are no longer listed in this description; this change in emphasis does not make them irrelevant.

EVIDENCE CONNECTION

Participants' recommendations for changes to the framework emphasized reflection, bias awareness, well-being and agency; the literature clusters included self-awareness, values and reflective learning. [1–3]

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4.2 Engage Others

Relational leaders…

The relational foundation remains. The refreshed domain makes the quality of dialogue, collaboration, development and workplace culture more concrete. It shifts attention toward what leaders enable between people and across teams.

PREVIOUS	REFRESHED 2026
Communicate effectively	**Communicate effectively**

Listening becomes listening to understand, with clarity, respect and space for honest, meaningful dialogue. Communication is more visibly a relational practice.

PREVIOUS	REFRESHED 2026
Build teams	**Facilitate collaboration**

The focus moves from building teams to enabling team-based leadership within and across teams. Leaders may need to attend to interfaces between groups as carefully as relationships inside them.

PREVIOUS	REFRESHED 2026
Foster development of others	**Foster development of others**

Encouragement and individual and collective capacity are explicit. Development connects a person’s growth with the ability of colleagues to lead together.

PREVIOUS	REFRESHED 2026
Contribute to the creation of healthy organizations	**Nurture healthy workplace cultures**

Inclusive, psychologically, culturally and physically safe environments are specified. This makes the nature of a healthy workplace clearer, while implementation must still address resources and conditions for contribution.

EVIDENCE CONNECTION

Participants’ recommendations for changes to the framework emphasized belonging, cultural humility, psychological safety and collaboration; literature clusters included communication, trust, coaching and team engagement. [1–3]

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4.3 Achieve Results

Outcome-oriented leaders…

The domain still connects direction, decisions, action and assessment. The refreshed expression makes ownership, equity, enabling conditions and improvement more visible. Outcomes remain central; how results are achieved matters too.

PREVIOUS	REFRESHED 2026
Set direction	**Bring vision to life**

Direction becomes shared purpose, ownership and intended outcomes. A leader’s vision matters through the commitment and action it generates with others.

PREVIOUS	REFRESHED 2026
Strategically align decisions with vision, values, and evidence	**Strategically align decisions**

Equity and shared purpose are named alongside values and valid evidence. The practical question becomes whose outcomes improve, as well as whether a decision fits organizational intent.

PREVIOUS	REFRESHED 2026
Take action to implement decisions	**Take action and create conditions for implementation**

Creating conditions joins taking action; inclusive service joins effectiveness and efficiency. Implementation therefore includes the environment that enables others to act.

PREVIOUS	REFRESHED 2026
Assess and evaluate	**Assess and improve**

Evaluation becomes continuous improvement of processes and outcomes, with explicit attention to health quality. Measurement is connected more directly to course correction.

EVIDENCE CONNECTION

Participants’ recommendations for changes to the framework sought clearer links between direction, implementation and impact; literature clusters included decision-making, evidence use, quality and resource management. [1–3]

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4.4 Develop Coalitions

Collaborative leaders…

The domain continues to connect partnership, service, knowledge and political understanding. The refreshed wording more clearly names diversity, communities, people-centred service and power. Collaboration is both purposeful and attentive to whose knowledge counts.

PREVIOUS	REFRESHED 2026
Purposefully build partnerships and networks to create results	**Purposefully build coalitions of diverse voices**

Diverse voices, communities and organizations are explicit. Coalition building involves whose perspectives are included and how trust supports collective action.

PREVIOUS	REFRESHED 2026
Demonstrate a commitment to customers and service	**Demonstrate a commitment to service**

Customer language is replaced with a commitment to quality people-centred service through organizational collaboration. This supports partnership language appropriate to health and care.

PREVIOUS	REFRESHED 2026
Mobilize knowledge	**Mobilize knowledge**

The knowledge base is made plural: Indigenous ways of knowing, cultural and contextual knowledge, evidence and lived experience are named. Application requires respectful relationships and appropriate authority over knowledge.

PREVIOUS	REFRESHED 2026
Navigate socio-political environments	**Navigate socio-political environments**

Interests, perspectives and power dynamics are explicit, with political acumen directed toward shared purpose. Navigating difference is part of the work, rather than a distraction from it.

EVIDENCE CONNECTION

Participants' recommendations for changes to the framework called for broader partnerships, people-centred language, diverse knowledge and attention to power; the literature included collaboration, inclusion and policy. [1–3]

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4.5 Shape Systems

Systems-oriented leaders…

The change from Systems Transformation to Shape Systems signals an ongoing contribution to how systems function and evolve. Transformation remains possible; adaptive thinking, learning, anticipation and sustainable change apply to everyday leadership as well as major initiatives.

PREVIOUS	REFRESHED 2026
Demonstrate systems/critical thinking	**Practice adaptive systems thinking**

Adaptive thinking, complexity, uncertainty, equity and systemic barriers become explicit. Systems thinking connects interpretation with informed action and scrutiny of assumptions.

PREVIOUS	REFRESHED 2026
Encourage and support innovation	**Create conditions for continuous learning and innovation**

Leaders create conditions for learning and experimentation as well as innovation. Continuous improvement remains, within a clearer expectation of ongoing learning.

PREVIOUS	REFRESHED 2026
Orient themselves strategically to the future	**Orient themselves strategically to the future**

The label is retained, while risks, opportunities, planetary health, digital innovation and system resilience are named. Future orientation becomes more specific about the forces leaders need to anticipate.

PREVIOUS	REFRESHED 2026
Champion and orchestrate change	**Champion and contribute to sustainable change**

Sustainable change, diverse health outcomes and reconciliation are explicit. “Contribute” broadens the expression of agency; leaders need not control an entire system to help change it.

EVIDENCE CONNECTION

Participants’ recommendations for changes to the framework emphasized complexity, continuous change and emerging responsibilities; the literature included systems thinking, change, innovation and uncertainty. [1–3]

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5. Cross-cutting themes

Eight themes connect the domains with contemporary leadership practice: equity, belonging, adaptation, pluralism, complexity, digital stewardship, community partnership and environmental sustainability. These are interpretive lenses for applying the framework, not additional approved capabilities. [1–4]

EQUITY	Examine how decisions distribute benefits, burdens and opportunities. Capability connections: Strategically align decisions; Practice adaptive systems thinking
BELONGING	Make it possible to contribute, be heard and work safely. Capability connections: Nurture healthy workplace cultures; Facilitate collaboration
ADAPTATION	Use feedback and experimentation to adjust action. Capability connections: Assess and improve; Create conditions for continuous learning and innovation
PLURALISM	Respect different perspectives and forms of knowledge. Capability connections: Mobilize knowledge; Are self-aware
COMPLEXITY	Attend to relationships, assumptions and unintended consequences. Capability connections: Practice adaptive systems thinking; Navigate socio-political environments
DIGITAL STEWARDSHIP	Retain responsibility for technology-supported decisions. Capability connections: Orient themselves strategically to the future; Strategically align decisions
COMMUNITY PARTNERSHIP	Work with communities in shaping service and change. Capability connections: Purposefully build coalitions of diverse voices; Demonstrate a commitment to service
ENVIRONMENTAL SUSTAINABILITY	Consider planetary health and the environmental effects of leadership decisions. Capability connections: Orient themselves strategically to the future; Champion and contribute to sustainable change

Reconciliation also warrants explicit attention. It is named in the approved sustainable-change description and should remain visible in practical applications, supported by appropriate relationships and Indigenous leadership. [4]

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6. Achievements and partner implications

6.1 Achievement of project objectives

The Refresh achieved its central substantive objective by producing an approved framework that expresses contemporary leadership aspirations and capabilities in a concise, recognizable form. Three contributions informed that result: participants described leadership pressures and recommended changes; the literature supplied concepts and examples against which those recommendations could be considered; and expert and Steering Group discussions determined wording suitable for a shared framework. [1–5]

The resulting changes make several connections more explicit. Accounts of strained relationships and workplace conditions are reflected in Nurture healthy workplace cultures. Concerns about moving from intention to action are reflected in Take action and create conditions for implementation. Calls for wider participation and knowledge are reflected in Purposefully build coalitions of diverse voices and Mobilize knowledge. Practice adaptive systems thinking gives clearer expression to leading amid uncertainty and interdependence. These are evidence-to-wording connections, not claims that each capability came from a single quotation or study. [1–4]

This distinction matters for confidence in the outcome. Recommendations were considered through successive interpretation, drafting and review, rather than inserted individually or accepted solely because they appeared frequently. The approved language represents collective judgement about what should remain, what required clearer expression and what would be useful across leadership levels. Sections 3 and 4 make those connections visible, while Appendix E summarizes the mapping. Implementation and research can now examine whether the revised wording helps people understand and practise leadership more effectively. [1–5]

The objective of reviewing and updating the existing framework is also demonstrated by the progression from participant recommendations and working proposals to the approved version. The five-domain architecture was retained, while domain and capability language was refined. The third objective, sustaining and growing support and use, has been advanced through engagement, contributor involvement, and distribution of the framework. Its longer-term achievement will depend on implementation and cannot yet be expressed as a measured increase in adoption.

6.2 Completed Deliverables and Knowledge Products

The project produced organized interview and focus group findings for Structured Group Review, a literature synthesis and pre-reading package for Expert Technical Review, successive capability proposals, and the approved refreshed framework. What We Heard V13 provides a substantial participant-facing account of the engagement findings. This synthesis brings the project’s process, findings, decisions, and implications together for the Steering Group. Appendix G records the status and role of these products. [1–5]

Distribution to contributors on August 5, 2026, marked an initial dissemination milestone. Knowledge mobilization is now underway through partner sharing with constituent groups and preparations for a major formal launch at the Canada West Healthcare Leadership Conference after receipt of this report. The launch is a forthcoming mobilization milestone, distinct from approval of the framework. Major future initiatives, including interpretation guides, bulletins, learning programs, tools and resources, would benefit from a shared strategy across the partners. [5]

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6.3 Contributions of Volunteer and Partner Collaboration

The project created an opportunity for people with different roles and experiences to contribute to a common national leadership resource. Volunteers helped gather evidence, work through demanding analytical tasks, discuss differences, and refine language over time. Partner organizations provided networks, direction, resources, and settings through which the work could proceed. [1–3]

The value of this collaboration is evident in the completed work. It also offers a base for future knowledge sharing and implementation, although continued involvement should be invited and supported rather than presumed. Recognizing contributors means acknowledging the specific work they performed and avoiding expectations that future development will depend indefinitely on unresourced effort.

6.4 Relevance to Steering Group Partner Mandates

The Refresh gives the three Steering Group partners a renewed common foundation for their distinct contributions to health leadership. The connections below draw on each partner's public description of its work and the approved framework. They are this report's synthesis of alignment and opportunities; they do not assign new responsibilities or imply that particular programs have already been revised. [4, 6–9]

CHLNet: Connecting Evidence, Dialogue and Leadership Practice

The Canadian Health Leadership Network (CHLNet) brings organizations together across jurisdictions and disciplines to strengthen health leadership capacity. Its three streams of work connect dialogue and engagement, leadership research and knowledge, and contemporary care leadership practices. This makes the Refresh relevant both as a shared language for partners and as a means of bringing evidence into practical conversations about leadership. [6]

Develop Coalitions is particularly closely aligned with this mandate. Purposefully build coalitions of diverse voices provides a basis for convening across organizational and professional boundaries. Mobilize knowledge connects the network's evidence work with the task of making knowledge useful to people who lead. Navigate socio-political environments recognizes that collaboration occurs within differing interests, accountabilities and conditions. Together, these capabilities help explain why convening people and mobilizing evidence are substantive leadership activities. [4]

Shape Systems extends that connection. Practice adaptive systems thinking and Create conditions for continuous learning and innovation offer a common frame for partners examining problems that no organization can solve alone. The refreshed framework could inform network dialogues, case discussions and shared learning about how leadership practice changes in response to evidence and experience. Such uses would carry the participatory character of the Refresh into ongoing network activity, while leaving room for different local circumstances.

CCHL: Developing Leaders and Strengthening Professional Practice

The Canadian College of Health Leaders (CCHL) is a national, member-driven association that supports health leaders through development, knowledge, tools and professional connections. Its work includes certification, mentoring, chapters, learning events and LEADS-based development. The College identifies LEADS as a foundation for health leadership development, and its Certified Health Executive program is aligned with the LEADS domains. The Refresh therefore has a direct connection to an established field of professional practice. [7]

Lead Self and Engage Others provide a strong basis for individual development and the everyday experience of teams. Are self-aware and Develop themselves support reflection and continuing learning; Demonstrate character connects leadership development with ethical conduct. Facilitate collaboration, Foster development of others and Nurture healthy workplace cultures

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extend the focus from a leader's personal competence to the conditions that help colleagues contribute and grow. [4]

Achieve Results connects development with accountable action. Strategically align decisions and Assess and improve can help leaders examine whether learning is changing decisions and results, while Take action and create conditions for implementation recognizes that effective practice requires more than setting intentions. For CCHL, a practical opportunity is to review learning outcomes, development resources and assessment language against the approved wording, and to use cases that make the updated expectations visible. These are opportunities for a coordinated transition, not a finding that existing credentials or assessment instruments have already changed.

LEADS Global: Stewardship and Application Across Contexts

LEADS Global describes its vision as "Healthy leadership. Healthy people. Healthy world." It presents itself as the international steward of LEADS and works with organizations to strengthen leadership capacity in health and social systems. Its practice includes advice on adopting LEADS, leadership development and certification, assessment, coaching, and support for organizational learning. The Refresh provides an updated foundation for this work across differing cultural and organizational settings. [8–9]

The approved framework combines continuity of structure with clearer contemporary expectations. Lead Self links personal awareness and character with how leaders act; Engage Others emphasizes relationships and workplace culture; Achieve Results connects purpose with implementation. Develop Coalitions makes diverse voices and knowledge central to collaboration. Shape Systems brings adaptive thinking, learning, future orientation and sustainable change into a coherent domain. This combination supports a common language without prescribing an identical leadership practice in every setting. [4]

A practical implication for international application is to preserve the approved capability wording while developing locally meaningful examples and learning activities. Demonstrate a commitment to service and Purposefully build coalitions of diverse voices can guide conversations about whose needs and knowledge should shape that adaptation. Orient themselves strategically to the future and Champion and contribute to sustainable change provide entry points for discussing emerging pressures and long-term consequences. The opportunity is to help organizations interpret the framework in context and learn from its use; evidence of effectiveness in particular settings will still need to be developed.

Shared Value and Coordinated Follow-through

These roles reinforce one another. CHLNet's convening and knowledge work, CCHL's professional development community, and LEADS Global's stewardship and application work offer complementary routes from an approved framework to practice. Their partnership can help keep the core language consistent while allowing learning resources and examples to respond to different users. A shared transition message, an agreed reference version, and a way to gather feedback from use would support that coherence. Specific ownership, resources and timing remain matters for the partners to determine.

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One framework, complementary contributions

A shared foundation, three routes into practice.

CHLNet

CONVENE & CONNECT

Dialogue, evidence and network learning

A possible contribution: convene partners around practical cases, exchange evidence and gather learning from use. [6]

CCHL

DEVELOP & APPLY

Professional development and practice

A possible contribution: align learning outcomes, facilitator resources and development supports with approved wording. [7]

LEADS Global

STEWARD & ADAPT

Coherent application across contexts

A possible contribution: sustain a common reference while supporting meaningful local interpretation and learning. [8–9]

Shared wording + coordinated resources + feedback from use

Interpretive opportunities, not newly assigned mandates or claims that programmes have already changed.

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7. Lessons for future work

7.1 Participation Sustained the Work

The project benefited from practitioners, academics and volunteers working across evidence gathering, analysis and revision. Successive reviews allowed proposals to be challenged and improved. A common framework and explicit decision points helped connect contributions made across organizations and over time. Future renewals could protect this combination of participation, continuity and clear responsibility. [1–3]

7.2 Plan for Evidence and Technology Constraints

Varied terminology and software limitations increased the work required to prepare and interpret the literature. Testing extraction fields, export functions and coding access earlier would help future teams anticipate these demands. A short interpretation guide, tested on a small article sample, could improve consistency while preserving differences in authors' meanings. Future teams should record changes to their methods and explain why they were needed. [1–3]

7.3 Use AI More Deliberately

Since the project began in October 2024, the principal investigator's experience of AI changed substantially. Early assistance was selective: checking literature sources, troubleshooting extraction problems, gathering background information and exploring context. As the tools became more useful for longer tasks, the principal investigator judged it worthwhile to experiment with AI taking the first pass at early synthesis-report drafts and visual materials, then reviewing and challenging that work. This was a change in the order of work, with continued human responsibility for its meaning and quality. [5, 13]

The wider technology environment also changed during the Refresh. OpenAI introduced deep research in February 2025, followed by browser-enabled research and, in February 2026, greater control over connected sources and the research process. Anthropic introduced research across web and connected work sources in April 2025. These developments help explain why options available later differed from those at the project's outset. They do not establish which features the team used or prove the accuracy of an AI-generated synthesis. [10–11]

7.4 Separate Framework Renewal from Resource Development

The project reinforced the value of a stable, accessible framework supported by adaptable examples and tools. Emerging topics need not always trigger changes to the core statements. A continuing way to gather feedback and review evidence would allow future renewal to build on experience of use, rather than reconstruct it only at the next major review.

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How the files, images and this report were produced

Approved content, active expert supervision

The principal investigator supplied the approved LEADS content, coded evidence and frequency counts, framework decisions, and intended messages. ChatGPT used those inputs to organize themes, connect evidence and prepare early synthesis-report drafts and visual concepts. AI-assisted design tools and Canva then helped turn the concepts into files, images and presentation treatments. The principal investigator reviewed the outputs, challenged assumptions, checked interpretations, corrected wording and directed successive refinements. Only versions that had received the principal investigator's review and approval were retained for use; this revised report remains subject to that final review. The five steps formed an iterative collaboration, with approved content governing the work and human judgement determining what was retained. [5, 13]

As confidence in the tools' usefulness grew, the practical sequence increasingly became "AI drafts first; the principal investigator validates, challenges and refines." Allowing AI to lead an initial production task required experimentation and effort from the investigator. Its value lay in creating something substantive to examine, while retaining the principal investigator's responsibility for interpretation and approval. Here, "agentic supervision" describes this active human oversight. Section 9 extends the idea by proposing checking agents to support, rather than replace, expert review in a future refresh. [5, 13]

THE CHANGING ORDER OF WORK

EARLY PROJECT	LATER REPORTING	BEFORE USE
Selected assistance →	**AI takes the first pass** →	**Expert validation**
Source checks, extraction problems and background research.	Initial synthesis-report drafts, files and visual concepts.	The principal investigator checks, challenges, revises and approves the output.

Project began October 2024. The shift was gradual; these stages do not assign an unsupported adoption date. Human ownership and approval continued throughout. [5, 13]

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8. Major implementation considerations

Knowledge mobilization is already underway through partner sharing and preparation for the formal conference launch. The partners may wish to build on this activity with a coordinated strategy for major future initiatives, including interpretation guides, bulletins, learning programs, tools and other resources. The considerations below can help connect that strategy to agreed priorities, ownership, investment and learning from use. [5]

8.1 Protect the common foundation

The partners may wish to establish a shared brand and content standard covering the approved logo, original aspect ratio and clear space, domain colours, typography, co-branding, attribution and accessibility. One controlled source of approved capability names and definitions would reduce drift across websites, slides, courses and commercial tools. Examples, interpretations and assessment questions should be clearly labelled. A named editorial owner and version date would make updates easier to coordinate.

8.2 Match collateral to its purpose and medium

The proposed portfolio that follows includes interpretation guides, bulletins, learning programs and supporting tools. It distinguishes resources for awareness, understanding, application and sustained learning. A downloadable PDF is useful for circulation and print; an accessible web version supports searching, navigation and updating. Editable slides serve educators, while brief videos need captions and transcripts. Printed cards and worksheets can support conversations where screens are inconvenient. The partners may wish to choose the medium around the intended use, rather than producing the same content in every format.

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8.3 A shared inventory: the starting point for coordinated development

A shared inventory is a practical next step before the partners commit to producing or distributing new collateral. It would establish what already exists, where it is used, who maintains it and what needs to change. This can reveal duplication, useful materials worth adapting, gaps in the learning portfolio and opportunities to coordinate investment.

The inventory could record each resource's audience, purpose, medium, owner, location, current framework version, distribution channels, accessibility and language status, licensing conditions, and expected effort to update it. It should include brochures, websites, slides, courses, facilitator guides, interpretation resources, assessment tools and licensed materials. Partners could then agree whether to retain, revise, replace, combine or retire each item.

The resulting priorities would inform both collateral development and distribution: which common resources should be produced first, which audiences each partner can reach, and where one shared resource can support several uses. A named coordinator and an agreed update cycle would keep the inventory useful. Transition dates, redirects and archived versions could follow from these decisions. Assessment tools require particular care because wording changes alone do not establish validity or comparability with earlier results.

8.4 Design for access and context

French-language adaptation, accessible reading order, legible typography, contrast, alternative text and usable print formats are substantive quality requirements. Cases should include frontline, middle and executive perspectives and varied health settings. Work involving Indigenous knowledge or reconciliation would benefit from appropriate Indigenous leadership and agreed knowledge-use practices. Testing materials with intended users can reveal language or design barriers that a central editorial team may miss.

8.5 Resource the work and learn from use

The partners may wish to agree a modest initial portfolio, accountable owners, an editorial review process and resources for maintenance. Useful early measures include comprehension of the changes, use of resources in actual work, and examples of changed decisions or collaboration. Download counts describe reach; they do not demonstrate effectiveness. A phased approach could begin with common standards and core explanations, pilot practice resources, and expand what proves useful. This is a proposed direction for discussion, rather than a completed implementation strategy.

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A purposeful implementation portfolio

Choose the purpose before the format.

01

BUILD AWARENESS

Short explainer · launch message · comparison summary

Web page + accessible PDF + short captioned video

Check: one shared account of what changed and why.

02

SUPPORT UNDERSTANDING

Interpretation guides · bulletins · evidence-to-framework stories

Readable web content + editable slide deck + print handout

Check: exact capability wording, clear interpretation and source notes.

03

ENABLE APPLICATION

Learning programs · cases · coaching guides · worksheets

Facilitated conversations + learning modules + printable tools

Check: test with frontline, middle and executive users.

04

SUSTAIN LEARNING

Feedback prompts · implementation cases · update notices

Community dialogue + searchable resource hub + periodic briefings

Check: ownership, maintenance and evidence of actual use.

FOUNDATION

Brand standards · version control · accessibility · French-language adaptation · agreed ownership and resources

Proposed portfolio for partner discussion; informed by participant requests [2].

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9. Future research and an AI-supported refresh

The partners may wish to consider a small, evaluated pilot of an AI-supported refresh strategy before considering wider adoption. The opportunity is to maintain an organized, current evidence base and give experts more time for interpretation, dialogue and judgement. The next refresh could then build on continuing learning rather than reconstructing the evidence record from the beginning.

9.1 An AI-first analytical pass, within a human-approved protocol

Researchers would first agree questions, inclusion criteria, consent and knowledge-use permissions, data handling, and a benchmark set reviewed by people. AI could then assist with retrieval, extraction, clustering, version comparison and source-linked draft recommendations. Each proposed change should carry its supporting passage, source location, conflicting evidence and uncertainty. AI retrieval would supplement a documented literature search and purposeful engagement, not stand in for either.

9.2 Agentic supervision and accountable judgement

Here, agentic supervision means assigning bounded checking tasks to separate AI agents: verify citations, test fidelity to sources, identify omissions and counter-evidence, and examine implications. A supervising workflow assembles discrepancies for researchers to resolve. Agreement among agents is not independent validation; they can share blind spots. Human reviewers would check every proposed framework change against original evidence and examine both flagged and sampled unflagged material. Expert dialogue and partner approval would remain the decision stages.

9.3 Test the method as well as the framework

A future research programme could compare AI-assisted and human-led workflows on the same bounded evidence set. Measures might include missed relevant studies, citation and extraction errors, preservation of minority perspectives, reviewer corrections, staff time and total cost. The pilot should include material that challenges dominant interpretations. Separate studies could examine how leaders understand revised capabilities, how teams use them together, and whether implementation contributes to changes in practice across settings.

The partners may wish to retain a versioned audit trail of sources, prompts, model versions, outputs, human corrections and reasons for decisions. Changes to the AI service would trigger repeat benchmark checks. The value of the approach would be demonstrated by better evidence handling and usable decisions, rather than by the number of agents deployed.

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9.4 Commercial approaches worth exploring

Approach	Possible role in a pilot	Condition to examine
ChatGPT / GPT-based tools	Source-cited research and synthesis; a GPT-based workflow could assist with extraction and comparison. [10]	Check retrieval coverage and every material citation; confirm the selected plan’s data controls.
Claude	Research across web and permitted connected sources, with citations; could provide a second critique of draft interpretations. [11]	A different model is another check, not independent confirmation; benchmark against the same evidence.
Microsoft Copilot Studio	An option for organizing a workflow with review and approval steps, particularly where Microsoft tools are already used. [12]	The cited multistage AI-approval capability is documented as preview; assess suitability before production use.

These are candidate approaches, not a product ranking or procurement recommendation. Selection should consider source traceability, access controls, exportability, reproducibility, accessibility, contractual data handling and total operating effort. The proposed LEADS workflow would require configuration and evaluation; no off-the-shelf product establishes the validity of its recommendations. Vendor documentation was checked on October 9, 2026. [10–12]

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AI assists. People remain accountable.

A proposed workflow for the next refresh

Human-approved protocol and permissions

Questions · search criteria · data governance · benchmark evidence set

01 AI-ASSISTED EVIDENCE

Retrieve, extract and organize.
Retain sources and locations.

02 DRAFT SYNTHESIS

Map themes and propose changes.
Show uncertainty and counter-evidence.

SOURCE CHECK

Do citations support
the actual claims?

CHALLENGE CHECK

What is missing,
contradictory or overstated?

IMPLICATION CHECK

Whose interests and
perspectives are affected?

03 AGENTIC SUPERVISION: gather discrepancies for human review

04 RESEARCHER & EXPERT REVIEW

Check original evidence, resolve disagreements, examine unflagged material, and deliberate on meaning, feasibility and consequences.

05 PARTNER DECISION & RECORDED RATIONALE

Approve, revise or decline proposals. Pilot the resulting resources and learn.

06 FEEDBACK TO THE NEXT CYCLE

Agent agreement is not validation. Human judgement and partner accountability remain essential. Proposed workflow; not a claim about how the 2026 Refresh was conducted.

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10. Completion and the next conversation

10.1 Completion and Transition

The LEADS Refresh has produced an approved framework through evidence gathering, analysis, collaborative revision and decision-making. It affirms LEADS' continuing value and strengthens its relevance to contemporary healthcare leadership. Distribution to contributors on August 5 marks a completed dissemination milestone. [1–5]

Knowledge mobilization is underway as the partners share the framework with their constituent groups and prepare for the formal Canada West Healthcare Leadership Conference launch after receiving this report. A shared strategy for future interpretation guides, bulletins, learning programs, tools and resources would help connect this early mobilization with sustained use. Priorities and investment can be agreed while formally acknowledging completion of the Refresh project. [5]

10.2 Formal Acknowledgement

Proposed wording for the Steering Group: The Steering Group formally acknowledges completion of the LEADS Refresh project, including the approved refreshed framework and associated evidence synthesis and reporting. It thanks the research participants, volunteers, project teams, partner organizations and supporting institutions. Knowledge mobilization is underway. Further implementation initiatives and evaluation will be developed through coordinated partner planning.

The Steering Group may wish to record this acknowledgement through its usual process after reviewing the completed reporting package. A coordinated discussion could then establish priorities for future initiatives and investment in research, building on the sharing and launch preparations already underway.

10.3 A shared foundation for what comes next

The LEADS Refresh closes with an approved framework grounded in participant experience, published knowledge and collective judgement. Its value lies in both the renewed language and the work behind it: listening, interpreting, testing proposals and resolving differences. Participants and volunteers made that work possible through sustained contributions of time, insight and care.

For CHLNet, CCHL and LEADS Global, the opportunity is to build on this foundation through their complementary strengths. Coordinated implementation can preserve the approved wording while making its meaning accessible. A shared inventory offers a concrete starting point for deciding what to update, develop together and distribute.

Knowledge mobilization is underway. The formal launch can strengthen awareness; interpretation guides, learning programs and practical resources can support application. A focused initial portfolio, clear responsibilities and feedback from users would support thoughtful investment without attempting every initiative at once.

Research can examine how leaders interpret the capabilities, which resources help and what changes follow in practice. An evaluated AI-supported approach could maintain the evidence base and assist future reviews, with expert judgement and partner decisions remaining central.

The partners may wish to acknowledge completion and begin that coordinated conversation. A familiar national framework has been renewed through shared inquiry. Its next chapter depends on how clearly it is explained, how usefully it is applied, and how deliberately the partners learn from its use.

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References and source notes

Academic studies use APA 7 author–date citations in the narrative and complete reference entries below. Numbered superscripts identify project records and other contextual sources. Participant quotations retain their participant codes without separate superscript citations. Original quotations from published sources retain their authors' wording. References are numbered for cross-reference within this designed report.

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17. Literature working records. *Leadership Challenge Themes* and *Organized Capabilities Master* [Spreadsheets]; *Covidence Challenges mapped to LEADS* and *Updated Clusters for Challenges found in Literature* [Working documents]. Supplied by P. Cady, October 9, 2026. These records preserve extracted material and interpretive groupings; named study findings are attributed to their original authors.

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Project references identify the evidence used to prepare this account. The original 151 articles have not all been independently re-reviewed for this report. The named examples were checked against the extraction records and available publication information. The framework comparison uses the previous wording in entry 3 and the approved wording in entry 4. Web sources were checked on October 9, 2026.

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Appendix A Project Timeline and Review Milestones

Dates are based on the project sources and the principal investigator's confirmations. Meeting outputs are summarized at the level supported by that record. [1–3, 5]

Date or period	Activity	Contribution
October 2024	Project begins	Preparation and planning initiate the Refresh. [5]
April 10 to November 17, 2025	Interviews and focus groups	Participant experiences, leadership requirements, and recommendations for LEADS.
2025 to early 2026	Qualitative analysis and literature work	Coding, thematic organization, literature extraction and synthesis; exact literature start and end dates are not specified in the pre-reading.
March 23, 2026	Structured Group Review of Evidence	Review of participant evidence and development of proposals; volunteer pairs continued revisions afterward.
May 21, 2026	Expert Technical Review	Consideration of participant recommendations, literature clusters, and proposed capability language.
June 24, 2026	Expert Convergence Meeting	Deliberation on remaining statements, contributing to the approved framework.
June 25, 2026	Steering Group Meeting	Decision stage producing the approved framework together with the convergence work.
Following the June meetings	Refinements and edits	Several rounds of refinement leading to the distributed framework.
August 5, 2026	Distribution to contributors	Approved framework distributed to contributors.
At the time of this report	Knowledge mobilization underway	Partners share the framework among their constituent groups and prepare for its formal launch. [5]
After receipt of this report	Planned formal launch	Major launch at the Canada West Healthcare Leadership Conference. [5]

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Appendix B Contributors and Volunteer Roles

The following names and roles are drawn from the acknowledgements in What We Heard V13. Individuals appear in more than one group where the source records multiple contributions. The list records contributions; it does not identify research participants associated with quotations. [2]

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Appendix C Participant Profile and Research Instruments

Reported Participation Measures

Measure	Reported figure	Interpretation
Key informant interviews	65	Count of engagements reported in both participant reports and the May pre-reading.
Focus groups	20	Reported total. The methods also describe a focused AI group.
Overall participants	174	Total reported in the narrative.
Focus group participants	96	Reported in the methods narrative.
Specialized AI group	4 participants	Separately described in the same narrative.
Demographic records	169	Sum of each demographic category in the supplied table.

Participant Demographic Profile

The following frequencies are reproduced from the V13 table. Source percentages are omitted because the table's denominator differs from the narrative total. Categories are retained; minor spelling and hyphenation are normalized. [2] (Table 1)

Participant Role

Category	Frequency
Executive	57
Senior Leader	31
Mid-Level Leader	9
Front Line Leader	18
Senior Government Official	2
Other	52

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Familiarity with LEADS

Category	Frequency
Basic Knowledge	24
In-Practice Knowledge	60
Expert Knowledge	83
N/A	2

Province

Category	Frequency
British Columbia	25
Alberta	14
Saskatchewan/Manitoba	28
Ontario	52
Quebec	9
Maritimes	28
Northwest Territories	13

Research Instrument Structure

Interviews and focus groups began with introductions, protocol and consent discussion, and context about participants' work and background. The main questions below are summarized from the instrument in the Structured Group Review report. The focused AI discussion used a different, topic-specific set of questions. [1–2]

Familiarity and use: How familiar are participants with LEADS, and how have they used it?

Leadership challenges: What challenges do leaders face now and in the foreseeable future, and are they likely to persist?

Leadership required: What leadership is required, and from whom, to address these challenges?

Framework change: Does LEADS need adaptation, what should change, and what effect might that have?

Further engagement: What should the project attend to next, and whose perspectives should be sought?

Closing advice: What advice or additional observations would participants offer the research team?

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Appendix D Literature Synthesis Methods and Supporting Findings

Twenty-one contributors supported the literature work, with 9,749 studies screened and 151 articles selected for extraction. Heterogeneous terminology and export difficulties required cleaning, interpretation, and thematic synthesis. The review began as a scoping review and shifted to an interpretive evidence synthesis of its extracted material. Authors often conflated capabilities, competencies, behaviours and qualities. The team had to infer connections across these descriptions while also working around Covidence export difficulties. It included more than 500 data points overall and 491 varied statements in the competency extraction field; these are overlapping descriptions of the work, not quantities to add. [3]

Databases used in the search strategy

- CINAHL
- EBSCO (ERIC, Communication and Mass Media Complete, and Business Source Complete)
- EMBASE (includes Medline)
- ProQuest (Health Research Premium Collection)
- PubMed
- PubMed UK
- ScienceDirect
- Scopus
- Web of Science

This list describes the search coverage confirmed by the principal investigator. The PRISMA diagram retains the source labels and counts recorded in the Covidence export, including its EBSCO: Communications Abstracts label. The export does not separately identify every source in the search-strategy list, so separate counts have not been assigned to those sources. [5, 24]

The literature synthesis required substantial judgement to connect differently defined ideas. The PRISMA flow diagram that follows documents the screening and eligibility decisions recorded in Covidence. [24] The tables below show the groupings used during synthesis. Later refinements redistributed the digital-disruption challenge items across other clusters; the initial counts are retained here as a record of that earlier grouping. [3, 17]

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Leadership Challenge Clusters

Thematic cluster	Reported items
Leadership Capability and Skill Development	35
System Shock and Recovery Leadership	23
Complex Systems Leadership and Navigating Uncertainty	20
Change Implementation and Improvement Challenges	16
System Performance Constraints and Resource Pressures	11
Data Digital Disruption and Information Infrastructure	10
Relational Collaborative and Distributed Leadership	8
Leadership Burden and Role Strain	8
Workforce Capacity Well-being and Sustainability	7
Equity Inclusion and Culturally Safe Systems	7
Leadership Preparedness Pipeline and Role Transition	6

These counts describe items in the initial eleven-cluster grouping. They are not percentages of healthcare leaders or ratings of importance. Later interpretive regrouping moved the digital-disruption items into other themes, sometimes linking one item to more than one theme, so the counts should not be treated as totals for the revised groupings. [3, 17]

Leadership Capability Clusters

Communication, listening, interest holder involvement

Trust, transparency, neutrality, humility

Emotional intelligence, self-awareness, self-development

Compassion, courage, justice, values

Leading groups, team engagement, coaching, mentoring

Decision-making, problem-solving, analysis, prioritization

Change management, continuous improvement, innovation

Systems thinking, policy, resource management, governance

Lifelong learning, reflective practice, leadership development

These clusters condense extracted wording. For example, different descriptions of building or repairing trust were associated with a common term. Only 16% of the reviewed articles specifically referred to capabilities, often without defining them in detail. [3]

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Leadership Competency Clusters

Leading Self

Developing Others

Team Leadership

Communication

Collaboration and Partnerships

Patient-Centred and Inclusive Care

Ethical and Professional Practice

Quality and Safety Improvement

Evidence-Informed Practice

Education and Knowledge-Sharing

System and Strategic Leadership

Change and Innovation

Resource and Performance Management

Policy, Advocacy and Governance

The team developed short competency-like statements from mixed source material by attending to action and observable behaviour. These synthesized statements support interpretation and resource development; they should not be represented as uniformly defined or validated competencies from the underlying studies. [3]

Reading the selection diagram: blank fields for other sources, citation searching, grey literature and other removal reasons were not populated in the Covidence export; they should not be interpreted as confirmed zeros. The export records no studies as “not retrieved” but lists five “not accessible” exclusions at eligibility assessment. Those original classifications are preserved. The diagram documents selection; the later shift to interpretive evidence synthesis is explained in Section 2.3. [24]

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Literature selection: PRISMA flow

IDENTIFIED IN DATABASES | 18,767

ProQuest: Health Research Premium Coll. 7,111
PubMed 3,940
Scopus 3,040
CINAHL 2,229
Embase 1,792
Web of Science 652
EBSCO: Communications Abstracts 2
Science Direct 1

REMOVED BEFORE SCREENING | 9,018

Duplicates identified by Covidence: 9,010
Duplicates identified manually: 8
Marked ineligible by automation tools: 0

Other-source and other-removal fields were blank in the export; see the accompanying note.

SCREENED | 9,749

Records remaining after duplicate removal

EXCLUDED AT SCREENING | 9,460

As recorded in Covidence

SOUGHT FOR RETRIEVAL | 289

Studies proceeding to retrieval

NOT RETRIEVED | 0

As recorded in Covidence

ASSESSED FOR ELIGIBILITY | 289

Studies assessed against review criteria

EXCLUDED AT ELIGIBILITY | 138

Duplicate	3
Abstract Only	7
Not accessible	5
Not leadership related	15
Validation of leadership scale	3
Not related to health or social care	1
Educational/training only related study	21
No specific guidance to inform competencies	49
Localized scope or contents, limiting its generalizability.	21
Non-peer reviewed (e.g. opinion papers, newspaper articles)	10
Not enough detail to understand results - seems to mainly looking at educational programing	3

INCLUDED IN REVIEW | 151

Articles selected for extraction and synthesis

ADDITIONAL STATUS

Ongoing: 0 · Awaiting classification: 0

Adapted from the supplied Covidence PRISMA diagram. Counts and exclusion reasons retained. [24]

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Appendix E Evidence to Framework Change Mapping

This mapping is an interpretation for the synthesis report. It relates documented evidence themes to approved capabilities and potential implementation supports. It does not reconstruct individual meeting votes or attribute a final phrase to one contributor. [1–4]

Domain and evidence emphasis	Connection to approved wording	Possible practice support
Lead Self Reflection, bias awareness, well-being, agency, values, and learning.	Are self-aware; Guide themselves; Develop themselves; Demonstrate character.	Reflection and coaching prompts about assumptions, well-being, learning, and ethical action.
Engage Others Trust, communication, collaboration, development, and safe cultures.	Communicate effectively; Facilitate collaboration; Foster development of others; Nurture healthy workplace cultures.	Team dialogue and feedback guides; examples of psychologically, culturally, and physically safe practice.
Achieve Results Purpose, alignment, evidence, equity, implementation, and assessment.	Bring vision to life; Strategically align decisions; Take action and create conditions for implementation; Assess and improve.	Decision and implementation cases linking purpose, equity, action, measures, and course correction.
Develop Coalitions Diverse participation, people-centred service, knowledge, power, and partnership.	Purposefully build coalitions of diverse voices; Demonstrate a commitment to service; Mobilize knowledge; Navigate socio-political environments.	Partnership cases and prompts for whose voices, knowledge, and interests are included.
Shape Systems Complexity, adaptation, learning, future risks, resilience, and sustainable change.	Practice adaptive systems thinking; Create conditions for continuous learning and innovation; Orient themselves strategically to the future; Champion and contribute to sustainable change.	Systems inquiry, future scanning, and change-learning exercises, including planetary health and digital innovation.

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Appendix F Refreshed Framework

The following capability names and descriptions reproduce the approved 2026 wording. [4]

Lead Self

Self-directed leaders…

Are self-aware

Critically examine their own assumptions, values, biases, privileges, strengths, and limitations.

Guide themselves

Take responsibility for their actions and actively foster their physical, emotional, mental, spiritual, and professional well-being.

Develop themselves

Actively seek opportunities, challenges, and feedback for personal and professional learning, character building, and growth.

Demonstrate character

Model honesty, integrity, humility, courage, agility, and ethical conduct.

Engage Others

Relational leaders…

Communicate effectively

Articulate with clarity and respect, listen to understand, and create space for open, honest, and meaningful dialogue.

Facilitate collaboration

Enable team-based leadership by fostering and strengthening collaboration within and across teams.

Foster development of others

Encourage, support, and challenge others to grow both professionally and personally, building individual and collective capacity.

Nurture healthy workplace cultures

Care for, support, and sustain inclusive and psychologically, culturally, and physically safe environments.

Achieve Results

Outcome-oriented leaders…

Bring vision to life

Inspire shared purpose, ownership, and intended outcomes.

Strategically align decisions

Make decisions anchored in equity, shared purpose, values, and valid evidence.

Take action and create conditions for implementation

Create the conditions for effective, efficient, and inclusive service.

Assess and improve

Continuously evaluate processes and outcomes, benchmark progress, and course-correct to improve results and advance health quality.

Develop Coalitions

Collaborative leaders…

Purposefully build coalitions of diverse voices

Intentionally convene and connect diverse people, communities, and organizations to foster trust and collective action.

Demonstrate a commitment to service

Foster organizational collaborations dedicated to quality people-centred service.

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Mobilize knowledge

Mobilize diverse forms of knowledge, including Indigenous ways of knowing, cultural knowing, contextual knowledge, evidence, and lived experience.

Navigate socio-political environments

Navigate diverse interests, perspectives, and power dynamics with political acumen and a focus on shared purpose.

Shape Systems

Systems-oriented leaders...

Practice adaptive systems thinking

Make sense of complexity and uncertainty, challenge assumptions, and take informed action to improve outcomes, advance equity, and address systemic barriers.

Create conditions for continuous learning and innovation

Create the conditions for learning, experimentation, innovation, and continuous improvement.

Orient themselves strategically to the future

Anticipate emerging trends, risks, and opportunities - such as planetary health and digital innovation - and their impact on health system resilience.

Champion and contribute to sustainable change

Mobilize interest holders to achieve meaningful, sustainable change that improves health outcomes of diverse interest holders and advances Canada’s commitment to reconciliation in healthcare.

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Appendix G Project Deliverables and Supporting Reports

Product	Role in the project	Status reflected in this report
Report of Findings for Structured Group Review	Organized participant themes, quotations, and methods for deliberation.	Produced for the March review; internal evidence source. [1]
May 21 Expert Technical Review pre-reading	Brought participant recommendations, literature findings, and draft capability options together.	Produced for the May review; documents proposals at that stage. [3]
Approved refreshed framework	Five domains and twenty capabilities with approved descriptions.	Public approved wording checked against the August 2026 framework; distributed to contributors August 5, 2026. [4–5]
What We Heard V13	Participant-facing account of engagement and findings.	Share-ready edition supplied October 8, 2026; participant-facing findings and contributor acknowledgements. [2]
LEADS Refresh Synthesis Report	Comprehensive account for Steering Group acknowledgement of completion.	This draft, prepared for principal investigator and Steering Group review.
Knowledge mobilization and formal launch	Share the approved framework with constituent groups and introduce it through a major formal launch.	Partner sharing and launch preparation are underway. The Canada West Healthcare Leadership Conference launch will follow receipt of this report. [5]
Future implementation initiatives and evaluation	Develop interpretation guides, bulletins, learning programs, tools and resources; examine their use and effects.	Future strategic work across the partners. Priorities, responsibilities and investment remain to be agreed. [5]

The 226-page Structured Group Review evidence report was a confidential working document for the people examining the findings and recommending changes to LEADS. It included detailed participant material that was not suitable for public circulation. The May pre-reading similarly brought evidence and draft wording to invited expert reviewers before decisions were final. Both documents explicitly asked recipients not to distribute them. Their role was to support informed deliberation within the project, rather than serve as public reports. This synthesis presents selected findings and explains their implications; the internal working documents should not be appended to the public reporting package. What We Heard and the approved framework provide the public-facing account and approved statements. [1–5]

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