



# Building 21<sup>st</sup> Century Leadership Practices to Transform Health Systems

Summary Report  
October 20, 2025

Presented by Nova Scotia Health in collaboration with the Canadian Health Leadership Network, the Government of Nova Scotia and the Canadian Institutes of Health Research



# Table of Contents

- Land Acknowledgement* ..... 3
- Planning Team*..... 4
- Executive Summary*..... 5
- Background & Purpose* ..... 7
- Theme 1: Leadership Is Demonstrated Through Behaviours, Not Styles*..... 9
- Theme 2: Leadership in Health Systems Exists in Tension* ..... 10
- Theme 3: Collective Leadership Capacity Must be Built* ..... 11
- Theme 4: Leadership Pipelines Across the System Must Be Intentionally Created* ..... 12
- Theme 5: Courage, Curiosity, and Action as Enablers of Transformation* ..... 13
- Theme 6: Equity, Belonging, and Planetary/Community Health as Integrated Everyday Leadership Practices* ..... 14
- Recommendations & Implications for Policy and Practice* ..... 16
  - 1. Invest in Building Collective Health Leadership Capacity ..... 16
  - 2. Strengthen and Sustain Leadership Pipelines Across the Career Continuum ..... 16
  - 3. Foster Conditions That Enable Leaders to Navigate Complexity and Tension ..... 16
  - 4. Build Cultures of Learning, Curiosity, and Iterative Action ..... 17
  - 5. Integrate Equity, Belonging, and Cultural Safety as Foundational Leadership Expectations ... 17
  - 6. Leverage and Scale Evidence-Informed Leadership Development Models ..... 17
- Conclusion* ..... 19
- Resources:* ..... 20
  - 1. Power & Justice..... 20
  - 2. Systems Change, Complexity, and Collective Leadership ..... 20
  - 3. Culture, Learning & Organizational Behaviour ..... 21
  - 4. Integrated Care & Health System Transformation ..... 22
  - 5. Implementation Science & Change Tools ..... 22
  - 6. Leadership Science, Measurement & Evidence ..... 22
- References* ..... 23

## Land Acknowledgement

Nova Scotia Health and the Health System Leadership Academy operate within Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. We honour the Mi'kmaq as the original caretakers of this land and acknowledge that our work is carried out in the homeland protected by the Treaties of Peace and Friendship, which established ongoing commitments to shared stewardship rather than the surrender of land. We also recognize the deep history, strength, and contributions of African Nova Scotian communities, whose presence and cultural legacy continue to shape this province.

As a health system, we are committed to dismantling oppression and inequity in all its forms, understanding that we are all Treaty People with responsibilities to uphold the principles of respect, relationship, and reconciliation. These commitments guide how we lead, learn, and work in partnership with communities across Nova Scotia.

While most of our organizing team is rooted in Mi'kma'ki, this Best Brains Exchange convened speakers and participants from many territories across Canada. We acknowledge the First Nations, Inuit, and Métis Peoples whose traditional territories span these regions. Their histories, rights, and leadership remain foundational to the health and well-being of communities across the country.

As we reflect on the leadership practices needed to transform health systems, we honour Indigenous teachings grounded in relationality, reciprocity, collective well-being, and responsibility to future generations. We invite all readers to reflect on the lands they live and work on and to take part in ongoing actions that advance reconciliation, equity, and meaningful partnership.

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## Executive Summary

Canada's health system is undergoing rapid and complex transformation. Workforce challenges, rising service demands, digital disruption, health inequities, and public expectations are reshaping what leadership requires. The Canadian Institutes of Health Research (CIHR) Best Brains Exchange (BBE) in collaboration with Nova Scotia Health and the Canadian Health Leadership Network (CHLNet) on *Building Leadership Practices to Transform Health Systems* brought together policymakers, researchers, clinicians, educators, and system leaders from across the country. The dialogue served as a platform to explore how leadership development and models such as the Health System Leadership Academy (HSLA) can advance system performance, innovation, and resilience.

The Exchange underscored a clear national message: 21<sup>st</sup> century leadership practices are not simply built one leader at a time but rather require a collective and intentionally cultivated approach to building practices and capabilities required for system transformation and change. Evidence presented throughout the BBE highlighted that the behaviours leaders enact, how they build trust, foster collaboration, navigate complexity, and create the conditions for learning, are central to improving patient care, workforce well-being, and organizational performance.

Participants examined four core questions:

1. What leadership qualities, capabilities, or practices are associated with positive health system outcomes?
2. How can leadership development programs strengthen system performance?
3. How can research evidence be integrated into leadership programs more effectively?
4. How can leaders support cultures of learning, reflection, and evidence use?

Across presentations, breakout discussions, and shared reflections, several key themes emerged:

- **Leadership is expressed through observable behaviours**, not fixed styles. Trust-building, relational practice, and psychological safety were consistently identified as essential.
- **Leadership exists in tension**, requiring the ability to hold competing priorities—innovation and stewardship, experimentation and accountability, decisiveness and uncertainty.
- **Collective leadership capacity must be built** shaped by networks, shared learning, and cross-organizational/system collaboration.

- **Strong leadership pipelines are essential** to prepare emerging, mid-career, and senior leaders for the realities of system transformation.
- **Courage, curiosity, and iterative action** are critical enablers of progress in environments where perfect information is rarely available.
- **Equity, belonging, and cultural safety** must be integrated as foundational leadership practices, not stand-alone competencies.

The Exchange identified several implications for policy and practice, including: strengthening leadership pipelines; supporting leaders to navigate complexity; embedding equity and relational practice into leadership development; fostering cultures of learning and experimentation; and scaling evidence-informed leadership development programs.

The insights from this BBE demonstrate the growing momentum across Canada toward leadership approaches that are relational, adaptive, evidence-informed, and deeply rooted in shared responsibility. Investing in leaders and in the systems that support them is essential for building learning health systems that are more resilient, equitable, and responsive to the needs of communities.

## Background & Purpose

Canada's health systems are navigating a period of profound transformation. Workforce shortages, rising complexity, digital disruption, inequities in access and outcomes, and escalating public expectations are reshaping the demands placed on leaders at every level of the system. These pressures are not merely operational or technical, they are fundamental leadership challenges that require new capabilities, shared language, and collective action.

In Nova Scotia, this recognition is central to *Action for Health*, the province's roadmap for modernizing care. Nova Scotia Health identified early that no policy, innovation, or system reform can succeed without strong, capable, and connected leaders guiding the work. This understanding led to the creation of the Health System Leadership Academy (HSLA), a LEADS-based development program co-designed with partners across the health and government sectors. The HSLA aims to build leadership capacity across the system by strengthening relational practice, fostering learning cultures, and equipping leaders to navigate complexity.

Nationally, the need for renewed leadership capabilities is reflected in efforts such as the LEADS in a Caring Environment Capabilities Mitacs funded Refresh Project, Canadian Health Leadership Network (CHLNet)'s ongoing evidence building work, and emerging research linking leadership behaviours to staff well-being, organizational performance, patient outcomes, and system adaptability. Despite this growing body of knowledge, significant gaps persist in the investment of the development of health leaders and building system capacity collectively rather than individuals only and the ongoing integration of evidence into leadership development programs to build the capabilities required of transformation and change

Against this backdrop, CIHR, CHLNet, and Nova Scotia Health convened a Best Brains Exchange (BBE) to explore how leadership development can support system transformation. It examined four core questions:

1. What leadership qualities, capabilities, or practices are associated with positive health system outcomes?
2. How can policymakers and health system leaders leverage leadership development programs to improve system performance?

3. What approaches and strategies best integrate research evidence into leadership development?
4. How can leadership support, build, and sustain cultures of learning and evidence use?

The purpose of this exchange was to create space for radical candor, shared reflection, evidence-informed dialogue, and the co-creation of insights that can guide the next phase of leadership development in Nova Scotia and across the country. This report synthesizes the key messages, ideas, and opportunities identified through presentations, panel discussions, breakout sessions, and collective dialogue.

## Participants & Approach

The BBE on *Building Leadership Practices to Transform Health Systems* was held virtually on October 20, 2025. The event was co-hosted by CIHR, Nova Scotia Health, and CHLNet. It brought together a diverse group of 45 participants representing a broad spectrum of leadership perspectives and experiences within Canada's health systems.

Participants included:

- Policymakers and senior decision-makers from federal and provincial governments
- Health system and organizational leaders from acute care, community care, public health, primary care, and academic health sciences
- Researchers and scholars specializing in leadership, learning health systems, implementation science, integrated care, and health policy
- Leadership educators and program leads, including those involved in the Nova Scotia Health System Leadership Academy (HSLA) and the LEADS Refresh
- Clinicians and emerging leaders who brought frontline perspectives on system complexity and workforce realities

The BBE was organized around a sequence of knowledge-sharing and collaborative learning activities:

- Scene-setting presentations outlining the evidence base for contemporary leadership practices
- Expert panel discussions exploring how leadership development can improve system performance and how evidence can be better integrated into leadership programs
- Presentation of early findings from Year One of the HSLA evaluation, offering a practical case study of leadership development in action
- Breakout group discussions, each facilitated by an experienced moderator and supported by designated note-takers, to explore the guiding questions in depth

- A plenary report-back session, where groups synthesized insights and identified opportunities for future action

Through combining expert presentations, facilitated dialogue, and collaborative reflection participants were able to surface diverse viewpoints, connect research to lived experience, and co-create shared insights on the leadership capabilities needed to transform health systems.

## Theme 1: Leadership Is Demonstrated Through Behaviours, Not Styles

Across presentations and group discussions, participants consistently emphasized that effective leadership is best understood through observable behaviours rather than fixed personality traits or traditional leadership styles. While models such as transformational, authentic, or servant leadership have historically shaped leadership discourse, emerging evidence suggests these styles share a common underlying driver: the quality of relationships leaders create.

*“Connection is the correction!”*

Speakers highlighted that leadership in today’s health systems is enacted through practice: what leaders do, how they show up, how they engage with others, and how they foster the conditions for people and teams to thrive. Research presented during the BBE reinforced this shift. Relational behaviours such as building trust, demonstrating presence, enabling shared decision-making, and creating psychologically safe environments are more strongly associated with positive outcomes than adherence to any leadership style.

This behavioural focus aligns with insights from the LEADS Refresh Capabilities work, which has found that leaders across Canada are calling for clearer, more practice-oriented guidance to help navigate the evolving challenges of health systems. Participants noted that leadership must be contextual, adaptive, and distributed, with individuals at all levels empowered to lead from where they are.

Throughout the sessions, participants illustrated how these behaviours manifest in practice: simplifying complexity, holding space for difficult conversations, supporting reflective learning, and acting with intention in moments of uncertainty. The consensus was clear, that leadership capabilities emerge not from labels or personas, but from how leaders cultivate relationships, enable collaboration, and model the behaviours they hope to see across their organizations and systems.

## Theme 2: Leadership in Health Systems Exists in Tension

Participants described modern health system leadership as the continuous practice of holding tension, not resolving it prematurely, but navigating within it. Traditional expectations of leadership often rely on binary thinking: *yes or no, right or wrong, act or delay*. Yet the realities of today's systems require leaders who can work effectively in the grey zones, where competing priorities, imperfect information, and structural constraints collide.

*“Leaders must navigate paradox, manage productive conflict, and amplify system capacity, not just personal heroics.”*

A recurring insight was the gap between what systems *expect* of leaders and what systems *enable*. Leaders are called on to be decisive, yet the context they operate in is increasingly ambiguous. They are expected to be fiscally responsible stewards of public dollars while simultaneously investing in new models of care, technologies, people, and approaches that carry uncertainty, require upfront spending, and do not yield immediate results. They are encouraged to foster innovation and experimentation, yet often face environments where failure is penalized rather than understood as part of learning and adaptation.

Participants reflected that these tensions are not signs of dysfunction, they are inherent to transforming a complex public system. Leading in this space means balancing stability and disruption, long-term strategy with short-term operational pressures, and the relational needs of teams within the structural demands of the system. It also means navigating deep emotional and political layers: public scrutiny, workforce exhaustion, resource scarcity, and the personal toll of decision-making under pressure.

Several contributors noted that the health system does not adequately prepare leaders for this reality. Leadership programs often focus on competencies or capabilities, but not the inner work required to hold paradox: humility, emotional regulation, reflective practice, and the ability to remain grounded while navigating competing truths. As expectations intensify, especially in a world hungry for definitive action, leaders need environments that support sense-making and innovation, shared decision-making, and the psychological space and safety to operate within uncertainty.

The discussions underscored that leadership in tension is not a flaw to be corrected, but a core capability of 21<sup>st</sup> century leadership. When embraced, this tension becomes a source of creativity, resilience, and system-level problem-solving that is essential for meaningful and sustained transformation.

## Theme 3: Collective Leadership Capacity Must be Built

A central message across the Best Brains Exchange was the need to shift from viewing leadership as something held by individuals to understanding it as something to be built collectively at a system level through networks, relationship building, and shared community of practice. Participants reiterated that no single leader, regardless of skill, authority, or experience can meet the demands of transforming a modern health system. Instead, leadership must be cultivated across teams, organizations, and sectors.

*“No one person can hold all needed domain knowledge.”*

Speakers noted that while health systems often focus on high-potential individuals or executive development, the most significant gains occur when leadership learning is distributed, supported, and reinforced collectively. This includes building communities of practice, fostering cross-organizational mentorship, developing shared language and frameworks, and enabling leaders to learn from each other’s contexts and challenges. The successes of the Health System Leadership Academy including early outcomes shared during the BBE, were frequently cited as examples of how intentional, relational, system-level approaches can create meaningful cultural and operational shifts.

Participants emphasized that collective leadership requires system structures that sustain collaboration, not simply encourage it. Leaders must have the time, support, and enabling conditions to reflect, connect, and co-create. This is particularly true when addressing complex issues such as health equity, workforce well-being, and service redesign, challenges that do not fall within the mandate or influence of any single role.

Underlying this theme was the belief that leadership development is not a one-time intervention but an ongoing practice of learning together. Effective leadership programs are therefore those that integrate peer learning, shared problem solving, and opportunities for collective reflection. Leadership becomes less about individual performance and more about the capacity of the collective to adapt, innovate, and act in service of the system.

*“Shift from ego to eco; devolve authority; democratize leadership beyond formal roles.”*

In this view, leadership excellence is measured not only by what individual leaders accomplish but by how well they enable others, creating the conditions for teams, partners, and communities to contribute their strengths. As participants noted, this shift from “heroic leadership” to networked and relational leadership is essential for achieving sustainable transformation.

## Theme 4: Leadership Pipelines Across the System Must Be Intentionally Created

Participants emphasized that health system transformation requires intentional investment in leadership pipelines. These are structured, equitable and inclusive pathways that identify, support, and develop leaders at all stages of their careers. The need is not only to prepare future executives, but to cultivate leadership mindsets and behaviours among emerging leaders, frontline staff, clinical teams, middle managers, and community partners. Leadership in complex systems must be continuous, distributed, and renewed.

*“Not only aspiring leaders — leaders throughout the career cycle can use qualities, capabilities and practices to reflect, seek feedback, and employ continuous quality improvement in their work.”*

The HSLA program evaluation of its first-year intake highlighted during the BBE illustrates how targeted development at multiple levels emerging, experienced, and executive can build a shared language and strengthen system-wide collaboration. Participants noted that this tiered approach is essential for supporting mobility, enabling succession planning, and avoiding the siloed development paths that have historically fragmented leadership learning across organizations.

Yet participants also observed that leadership pipelines are often incomplete or fragile, particularly in rural, remote, and equity-deserving communities, or in parts of the system where mentorship, coaching, and advancement opportunities are unevenly available. A strong pipeline requires not just identifying talent, but ensuring fair access to learning, sponsorship, and growth. This includes structures that actively support those who have been underrepresented in leadership roles and those whose leadership potential is not always recognized within traditional advancement pathways.

Participants stressed the importance of ongoing scaffolding for leaders, especially during transitions into new roles. Many entering leadership positions described feeling underprepared for the demands of managing people, navigating complexity, and leading within systems characterized by uncertainty. Succession planning must therefore be paired with continued mentorship, reflective practice, and peer support networks that sustain leaders beyond initial onboarding.

Participants also envisioned leadership pipelines that are interoperable across the system, linking health authorities, government departments, academic institutions, and community organizations. Such connected pathways would allow leaders to develop competencies relevant to the whole system rather than to a single organizational context.

Ultimately, participants agreed that leadership pipelines should be seen as a long-term investment in the resilience, adaptability, and relational capacity of the health system. As one participant reflected, “If we want better leadership in ten years, we must start building it today and we must build it together.”

## Theme 5: Courage, Curiosity, and Action as Enablers of Transformation

Participants emphasized that meaningful health system transformation requires leaders who can act with courage, curiosity, and a willingness to move forward without perfect information. In environments defined by uncertainty, resource constraints, public scrutiny, and entrenched structural challenges, the impulse is often to default to caution. Yet the discussions revealed a strong consensus: transformation cannot occur through caution alone.

Courage, as described by participants, is not heroic or individualistic. It is the everyday practice of choosing clarity, honesty, and principled action in the face of complexity. It includes naming system pressures transparently, advocating for what teams need, acknowledging when expectations are unrealistic, and making decisions that prioritize long-term system health over short-term convenience. Courage also involves vulnerability and the willingness to admit uncertainty, seek help, and learn publicly.

Curiosity was identified as an essential leadership behaviour or skill. Leaders who approach challenges with openness rather than defensiveness are better positioned to understand context, build trust, and surface new possibilities. Curiosity supports humility, which participants described as a critical counterweight to the increasing polarization and pressure leaders face. It invites collaborative sense-making, fosters psychological safety, and helps leaders remain adaptable as conditions shift.

Action, particularly imperfect action, was also highlighted.

*“Just do it already — or just try it... act with imperfect information; move in short cycles; accept/learn from failure.”*

Participants noted that health systems are often oriented toward risk avoidance, which can stall innovation and overwhelm leaders with the pressure to “get it right” the first time. The discussions underscored the need for leaders to take thoughtful, iterative steps even when certainty is unavailable. Doing something, testing, learning, adjusting, sharing insights, was described as a form of leadership in itself.

Courage enables leaders to act, curiosity enables them to listen, learn, and adjust, and action enables systems to evolve rather than stagnate. Together, these help leaders navigate complexity in ways that are relational, responsive, and generative.

The consensus across the exchange was clear: system transformation requires leaders who are not paralyzed by the fear of failure, but who can move forward with intention, humility, and resilience, modeling the behaviours that create cultures of learning and continuous improvement.

## Theme 6: Equity, Belonging, and Planetary/Community Health as Integrated Everyday Leadership Practices

Across presentations and discussions, participants emphasized that certain leadership practices must function as foundational conditions rather than isolated competencies. During the dialogue, several cross-cutting considerations evolved as outlined below.

### Equity and Belonging as Everyday Leadership Practice

*“It’s not enough to learn together—we have to unlearn together.”*

Participants stressed that equity work cannot be framed as advocacy alone or relegated to specialized roles. Instead, it must be embedded into the daily behaviours, decisions, and relational practices of leaders at all levels. Belonging was described as an outcome of intentional leadership, a reflection of whether teams feel valued, respected, and empowered to contribute fully.

Speakers noted that equity and belonging require leaders to cultivate environments where diverse identities, experiences, and ways of knowing are recognized as assets. This includes addressing structural barriers, ensuring fair access to development opportunities, and actively challenging behaviours and norms that perpetuate harm or exclusion. As one individual said, “Equity is not a competency you check off; it’s a culture you build.”

These conversations highlighted that psychological safety, anti-racism, Indigenous cultural safety, and trauma-informed practice must be woven throughout leadership development, not positioned as one-time modules. This aligns with LEADS Capabilities Refresh findings showing a growing need for leaders who understand and respond to the social, cultural, and political dimensions of their roles.

## Planetary and Community Health as Leadership Imperatives

Participants also noted a rising expectation for health system leaders to understand and act on the interconnectedness of environmental, social, and health outcomes. The orientation towards protecting the environment reflects a recognition that leaders must consider long-term sustainability, climate resilience, resource stewardship, and the health of future generations when making decisions.

This orientation also extends to community health, including the need to build relationships that transcend organizational boundaries and reflect the lived realities of patients, families, and communities. Leaders were encouraged to think in terms of ecosystems rather than institutions, whereby all parts contribute to the whole mosaic. This includes recognizing that transformation requires collaboration across public health, social services, Indigenous communities, community organizations, and other sectors that influence the health of populations. Communities are the connective tissue in our system and leaders have a responsibility to ensure that these networks are supported, valued, and included.

## Embedding Cross-Cutting Values into Leadership Development

Participants emphasized that these cross-cutting considerations cannot succeed as separate initiatives. They must be embedded in leadership pipelines, performance expectations, program design, and system culture. Leadership development programs including HSLA were encouraged to integrate these themes longitudinally, ensuring leaders have space to reflect, practice, and apply them authentically.

Several contributors noted that these cross-cutting considerations are powerful because they operate at all levels of the system. Whether a leader is responsible for a small team, a department, or a pan Canadian strategy, the same principles apply, we are all responsible for fostering belonging, advancing equity, supporting reconciliation, and considering the long-term impacts on communities and the planet.

## Recommendations & Implications for Policy and Practice

The Best Brains Exchange highlighted a strong national consensus: strengthening leadership capacity and capabilities are essential to improving health system performance, workforce well-being, and patient outcomes. Participants emphasized that developing leaders is not a discretionary effort but a strategic necessity for building resilient, equitable, and learning-oriented health systems. The following recommendations synthesize the opportunities identified throughout the Exchange.

### 1. Invest in Building Collective Health Leadership Capacity

Leadership development must be treated as a long-term, system-wide investment. Policymakers and health system executives can:

- Integrate leadership expectations into organizational strategy, performance plans, and accountability structures.
- Build evidenced informed leadership development into transformation initiatives rather than offering it as a stand-alone activity.
- Support relational and network-based leadership, recognizing that collaboration across departments, sectors, and disciplines drives system change.

### 2. Strengthen and Sustain Leadership Pipelines Across the Career Continuum

Participants emphasized the need for structured, equitable, and tiered pathways for leadership growth. Sustained leadership pipelines ensure stability, strategic continuity, and cultural cohesion across health systems. Systems and organizations can:

- Expand early-career and frontline leadership programs to build capability before individuals' step into formal leadership roles.
- Enhance mid-career supports such as coaching, mentorship, and cross-functional learning opportunities.
- Ensure equitable access to leadership development, particularly for equity-deserving groups and communities underrepresented in leadership roles.

### 3. Foster Conditions That Enable Leaders to Navigate Complexity and Tension

Given the increasing ambiguity, pressure, and competing priorities in Canadian health systems, leaders require support to operate effectively within tension. Systems and organizations can:

- Build reflection, peer consultation, and sense-making into standard practice.
- Normalize uncertainty and remove punitive responses to complexity or experimentation.
- Encourage psychologically safe environments where leaders can be vulnerable, seek help, and discuss challenges openly.

#### 4. Build Cultures of Learning, Curiosity, and Iterative Action

Leadership development must move beyond conceptual learning to active practice. This approach positions leadership as a dynamic process grounded in curiosity, courage, and continuous improvement. Systems and organizations can:

- Encourage iterative, small-scale experimentation and rapid learning cycles within teams and programs.
- Shift from risk-avoidant cultures to ones that take thoughtful, informed risks aligned with system priorities.
- Celebrate imperfect but meaningful progress, reinforcing learning as an active behaviour rather than a theoretical concept.
- Embed evaluation and evidence-use habits into everyday leadership practice, linking learning to improvement.

#### 5. Integrate Equity, Belonging, and Cultural Safety as Foundational Leadership Expectations

Participants emphasized that leadership cannot be effective without attention to equity and belonging. Policy and practice implications include:

- Embedding Indigenous cultural safety, anti-racism, and trauma-informed leadership principles into all leadership programs.
- Ensuring leaders have tools to understand structural inequities and to address them through practice, policy, and resource allocation.
- Prioritizing relational leadership behaviours that foster belonging and psychological safety.

#### 6. Leverage and Scale Evidence-Informed Leadership Development Models

Participants affirmed the value of programs such as Nova Scotia's Health System Leadership Academy (HSLA) and encouraged other pan Canadian health systems to adapt for their contexts. Opportunities include:

- Strengthening collaboration between national organizations like CHLNet, CIHR, and academic partners to advance health leadership research and evidence that are develop 21<sup>st</sup> century leadership practices.
- Supporting shared curriculum elements rooted in evidence and relational practice.
- Building leadership development into system transformation strategies, funding models, and policy initiatives.
- Scaling strong pan Canadian leadership development models accelerate culture change and strengthens system performance and alignment.

## Conclusion

The Best Brains Exchange on *Building Leadership Practices to Transform Health Systems* highlighted a powerful pan Canadian consensus: *health leadership is a central driver of system transformation*. As health systems across Canada navigate unprecedented complexity, leaders at every level require the capabilities, supports, and conditions that enable them to act with clarity, courage, and purpose.

This one-day dialogue underscored that effective leadership is not defined by individual traits or traditional styles, but by the relational behaviours that build trust, foster learning, and activate collaboration across teams, organizations, and sectors. Participants emphasized that collective leadership capacity must be developed and supported at a system level grounded in equity, belonging, cultural safety, and shared responsibility.

At the same time, the Exchange surfaced the realities faced by today's leaders: the need to hold competing priorities in tension, steward public resources responsibly while enabling innovation, and lead decisively in environments where certainty is rarely available. These challenges require leadership development models and programs that prepare leaders with 21<sup>st</sup> century leadership capabilities that are reflective, relational, and adaptive to navigate ongoing uncertainty.

The insights from this Exchange point toward clear opportunities for strengthening leadership across the Canadian health system(s), through intentional development pipelines, interconnected networks, evidence-informed development programs, and workplace cultures that value curiosity, experimentation, and learning. Initiatives such as Nova Scotia Health's Health System Leadership Academy, the LEADS Capabilities Refresh, and CHLNet's system level health leadership evidence work demonstrate that meaningful progress is already underway, but more investment is required for creating learning health systems and sustaining large scale change.

Moving forward, continued collaboration among policymakers, educators, researchers, health organizations, and health leadership networks will be essential. By investing in our leaders and the systems that support them, we build the foundation for health systems that are more resilient, equitable, responsive, and capable of meeting the needs of people and communities across Canada to create better health and belonging for all.

## Resources:

### 1. Power & Justice

- **Tillich, Paul.** *Love, Power, and Justice*. Oxford University Press, 1954.  
[https://books.google.ca/books/about/Love\\_Power\\_and\\_Justice.html?id=AKENAQAAMAAJ](https://books.google.ca/books/about/Love_Power_and_Justice.html?id=AKENAQAAMAAJ)
- **Amanda Sheedy.** *LinkedIn Post on Power in Systems Change*  
[https://www.linkedin.com/posts/amanda-sheedy-67bb9712\\_it-was-such-a-pleasure-to-participate-in-activity-7381081231335260160-9gdB/?utm\\_source=share&utm\\_medium=member\\_desktop&rcm=ACoAABKs37IBjtAjgef8Bffvbx0CARRf6WP9JY](https://www.linkedin.com/posts/amanda-sheedy-67bb9712_it-was-such-a-pleasure-to-participate-in-activity-7381081231335260160-9gdB/?utm_source=share&utm_medium=member_desktop&rcm=ACoAABKs37IBjtAjgef8Bffvbx0CARRf6WP9JY)
- **Hinton, Geoffrey.** Commentary on AI and human intention: framing AI as both a collaborator and a regulated tool for public good.  
<https://www.forbes.com/sites/craigsmith/2023/05/04/geoff-hinton-ais-most-famous-researcher-warns-of-existential-threat>

### 2. Systems Change, Complexity, and Collective Leadership

- **Adam Kahane.**
  - *Collaborating with the Enemy: How to Work with People You Don't Agree with or Like or Trust*. Berrett-Koehler, 2017.
  - *Transformative Scenario Planning: Working Together to Change the Future*. Berrett-Koehler, 2012.
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- **Fabisch, A., et al.** (2024). *Transformations towards an integrated leadership development system – a longitudinal study in a high performing public organization*. *Leadership*.
- **Kahane, A.** (2021). *Facilitating Breakthrough: How to Remove Obstacles, Bridge Differences, and Move Forward Together*. Berrett-Koehler Publishers.

- **Kahane, A.** (2017). *Collaborating with the Enemy: How to Work with People You Don't Agree with or Like or Trust*. Berrett-Koehler Publishers.
- **Real-Time Strategic Change (RTSC)** — Jake Jacobs' work on whole-system, high-engagement transformation. (*Book: Real Time Strategic Change, Jacobs & Jones*)
- **Reos Partners Systems Transformation Resources:** “Everyday Habits for Transforming Systems” <https://reospartners.com/blog>
- **Saxena, A., Desanghere, L., & Suryavanshi, P.** (2018). *Developmental readiness and leadership development in medicine*. <https://bmjleader.bmj.com/content/2/2/71>
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- **Van Aerde, J.** (2020). *The health system is on fire — and it was predictable*. *Canadian Journal of Physician Leadership*, 7(1), 43–51. <https://doi.org/10.37964/cr24727>

### 3. Culture, Learning & Organizational Behaviour

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## 4. Integrated Care & Health System Transformation

- **CIHR Health System Impact Fellowship (HSIF)**  
<https://cihr-irsc.gc.ca/e/51211.html>
- **Nuka System of Care.** Southcentral Foundation.  
<https://www.southcentralfoundation.com/nuka-system-of-care/>
- **North American Centre for Integrated Care (NACIC)**  
<https://nacic.dlsph.utoronto.ca/>
  - **Network for Integrated Care Excellence (NICE)**  
<https://nacic.dlsph.utoronto.ca/nice/>
  - **International Foundation for Integrated Care (IFIC) Canada**  
<https://nacic.dlsph.utoronto.ca/ific-canada-hub/>
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<https://wrap.warwick.ac.uk/id/eprint/83541/>
- **McMaster University Health Leadership Academy (HLA)**  
<https://healthleadershipacademy.ca/>
- **Reos Partners** systems-change methods and publications.

## 5. Implementation Science & Change Tools

- **The Center for Implementation Tools:**
  - **Map2Adapt Tool**  
<https://thecenterforimplementation.com/map2adapt-tool>
  - **Equity Guiding Questions**  
<https://thecenterforimplementation.com/equity-guiding-questions>
  - **StrategEase Tool**  
<https://thecenterforimplementation.com/strategiease-tool>
  - **StrategEase Pathway**  
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## 6. Leadership Science, Measurement & Evidence

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