



# **TOWARDS LEADERSHIP PATHWAYS FOR HEALTH WORKFORCE WELLNESS**

---

CANADIAN HEALTH LEADERSHIP NETWORK  
INSIGHTS SUMMARY

Prepared for CHLNet Secretariat by:  
Oksana Niedzielski, Raffaella Loro, Joe Doiron  
January 31, 2022

# EXECUTIVE SUMMARY

## The Problem

COVID19 has exposed and exacerbated huge gaps in health leadership, health systems and health workforce, the latter showing high levels of health workforce burnout and distress.

The Canadian Health Leadership Network's goals are to connect people through dialogue and engagement, to advance health leadership research, knowledge and evaluation and to accelerate leadership practices and capabilities.

## The Project

CHLNet Secretariat engaged Raffaella Loro, Joe Doiron and Oksana Niedzielski (The Design Team) to identify insights for leadership pathways that can contribute to CHLNet's efforts to address health workforce burnout and distress at a network and individual organizational level. The metaphor used to frame the problem statement and to inform the process was described by a member of the CHLNet Secretariat: to contribute to CHLNet efforts aimed at supporting leaders to ease the burden of weight by re-distributing the "stones" that leaders carry in their rucksacks.

## The Context

The context in which this report is being written has evolved since the launch of this work in September 2021. The emergence of new COVID19 variants like Delta, Omicron and BA.2 Omicron variant continue to apply changing and mounting pressure. The context for the practice of leadership in healthcare continues to be in crisis, with health leaders forced, yet again, to find ways to manage multi-faceted interventions at different scales, all the while balancing cost, quality, safety as well as the health, well-being and resilience of Canada's health sector workforce.

CHLNet and its network partners have an important role in ensuring that health leaders in Canada can advance coordinated efforts for targeted workforce strategies in light of the high levels of clinical distress.

## The Process and Approach

The Design Team did not start from scratch; the approach built on the existing CHLNet knowledge base and projects focused on health workforce burnout and distress. The project has brought forward additional, unique insights and sources of information to better inform collective leadership and advocacy opportunities.

The focus of this project was to: **examine the role of leadership in improving health workforce burnout and distress; and, generate actionable insights for CHLNet to consider to inform collective priorities and action for leadership and advocacy that can address health workforce burnout and distress.**

The Design Team applied a structured design process - including by using a collaborative human centred thinking approach - to identify informed insights that are actionable, achievable and flexible. Moreover, CHLNet can apply these insights with high, strategic utility in two ways: **to inform immediate, medium-term, as well as longer-term collective action focused on leadership and advocacy; and, to inform and delineate between network-level action by the CHLNet versus organizational-level action by CHLNet members.**

The Design Team started first with identifying the current challenges and responsibilities for CHLNet, framing the design question, and completing a high level literature review. The design and deployment of a Network Survey subsequently informed Health Leader Interviews. The presentation of Early Insights to CHLNet at its November 2021 Network Roundtable concluded the first phase of the project.

A final workshop and facilitated discussion with members of the CHLNet Secretariat was held on January 10th 2021. The central objective of this session was to share final synthesis and insights, and validate a prioritized list of actions informed by promising themes identified by the Design Team.

# EXECUTIVE SUMMARY - CONTINUED

## Themes for Action

The combined insights from the literature review, network survey, and Health Leader interviews generated six promising themes. Taken together, they provide CHLNet with strategic options for immediate actions to address health workforce burnout and distress, as well as longer-term actions that can support shifts in systems, culture and operational approaches.

The six, integrated themes - *Flexible Policies, Connections and Trust, Making Space, Exchange of Information, A Systems Lens, Supporting the Whole Person* - examine how the construct of leadership is shifting towards a greater consideration for the role of interpersonal relationships alongside the changing spectrum of decision-making that characterizes today's leadership role in health. Health leadership is a key enabler of health system performance and transformation.

Across these themes there is considerable emphasis on what success in health leadership looks like at an institutional and individual level. Are we thinking about success as a leader too narrowly? How are leaders valuing human potential, nurturing diversity and utilizing methods of adaptive leadership - an approach of taking a wide view of the situation, interpreting the meaning of incoming data from multiple directions, and taking real-time action?

## A Horizons Framework

The integrated themes for action are situated and can be considered across three horizons. Given the overlapping waves of change that add to uncertainty, and that challenge historical assumptions for leaders, the framework can help leaders to reframe lines of decision-making and actions (priorities, balance, other) across a time-bound framework.

The horizons framework prioritizes opportunity areas for action - immediate, medium-term and long-term. This mapping includes proposed roles for CHLNet and its organizational members.

The themes also reveal additional opportunity areas to advance the practices of CHLNet for its network partners, shifting members benefits and value tools.

## Horizons Framework

### Horizon 1 (Immediate 0-6 months)

Current context and conditions; the focus is regaining and maintaining stability, and the mindset is that of **Mitigation**.

### Horizon 2 (Medium Term 6 - 12 months)

Emerging changes, ideas about intentional futures/directions, and visions of preferred futures; the focus is on leveraging disruption, and the mindset is that of regaining lost **Momentum**

### Horizon 3 (Long term 12 months +)

Continued adaptation to change, and to build on change; the focus is on creating and managing sustainable change, and the mindset is that of **Management**

## CHLNet Role

### Primary - Support Organization

Make decisions and set action plans (**Accelerating Leadership Practices and Capabilities**), **Convening Networking Partners (Connecting People through Dialogue and Engagement)**, collecting data and measuring results (**Advancing Health Leadership Research, Knowledge and Evaluation**)

### Secondary - Facilitator or Broker

Convening other network partners, collecting information and research (**Connecting People through Dialogue and Engagement**), collecting data, disseminating information (**Advancing Health Leadership Research, Knowledge and Evaluation**)

### Tertiary - Catalyst and Advocate

Public Support or Recommendations of Shared Policy Change (**Accelerating Leadership Practices and Capabilities, Connecting People through Dialogue and Engagement**)

# APPROACH

The design approach first reviewed and then built on the existing CHLNet knowledge base. It then brought forward additional sources of information to identify insights that inform the continued role of CHLNet in supporting the advancement of exemplary health care leaders in Canada.

The scope and focus of this 4 month project was to generate actionable insights for prioritizing collective and organizational leadership and advocacy aimed at addressing health workforce burnout and distress.

The approach included leveraging work conducted and/or underway by established CHLNet working groups (e.g., Design Stewardship group), as well as convening meetings with existing CHLNet mechanisms (e.g., bi-annual Network Partner roundtable) to gather existing research and data on health workforce burnout and distress. Building on this ongoing work, the approach positioned insights for health leadership and advocacy for organizational lanes, as well as for the Network as a collective. The approach applied a human-centred and systems-informed approach as described below:

## Human Centred and Systems Informed approach

- A deep emphasis to identifying genuine needs, with a deep empathy and understanding of the human needs
- An iterative and creative process to “de-risk” the process that seeks to identify hidden intersections of opportunities and constraints
- Complimentary to systems thinking which is the mapping of system parts and understanding how things interrelate and evolve over time

## 01. Literature Scan

### Purpose

High level scan of 15 existing burnout and wellness research reports, as well as other existing organization-specific recommendations and action plans. This informed context setting to frame network survey and interview questions

## 02. Network Survey

### Purpose

To understand partner experience at individual and organizational levels, including a strong focus on state of practice implementation of actions. Participants included CHLNet and Organization for Health Action (HEAL) members.

### Our Questions

1. **Partner Experience** - We wanted to know what leadership capabilities are the most valued by partners, and that need to be prioritized in order to shape the health system of the future
2. **Leadership Practice** - Invited members to use individual and organizational leadership lenses, and to rank the state of implementation for the leadership practices as identified by CHLNet’s *Leading Through COVID Project*
3. **Systems-Level Actions** - Using individual and organizational leadership lenses, we wanted to learn what is the state of implementation for the leadership practices for different systems-level recommendations
4. **Open Ended Questions** - Questions were organized around wellness tools and practices and respondents were asked about any leadership actions that might be missing.

### Survey Synthesis

- Response rate n=39
- Strong presence of executives with 20+ years of leadership experience, in executive or senior roles, highest number of respondents based in Ontario and Alberta.

A [detailed overview](#) of the survey insights were presented as part of the CHLNet Network Roundtable on November 4th.

The Design Team captured a baseline from respondents in the network for what they think are important capabilities for leaders. Insights were used to further inform organizational and system level shifts that may be required. This included identifying gaps between readiness and perceived action, points for reflection, as well as data to inform current and future states of practice and application.

### 03. Health Leader Interviews

#### Purpose

The Health Leader Interviews garnered perspectives that reflected the 'lived experience' of key leaders, including the current challenges and opportunities facing health leaders across the system in Canada. Insights gathered from these conversations were layered with the data from the literature and network survey, and informed the start of a mapping activity that showed whether and how people, groups, processes and tools have been helpful, not helpful or actively unhelpful to health leaders as they tackle health workforce distress and burnout.

Five health leaders were identified by the Secretariat and were interviewed in October 2021. A high level summary of the challenges and opportunities they described is summarized in the next section of this report.

#### Our Questions

1. **Setting the Context** - Can you describe the current state of pressures facing your organization?
2. **The Experience Lens** - What experiences prepared you for dealing with the current challenges?
3. **Examining Uncertainties** - What are the issues that are the most uncertain and most concerning for you at this time from a leadership perspective?

4. **Points of Promise** - What has been the most promising, and what is raising the most hope for improving conditions for the health workforce, and for reducing moral distress?
5. **Lessons** - Describe who or what are the top hurdles for your organization in putting recommendations into action?
6. **A "Helpful" Map** - we asked each leader to plot the people, networks, resources, processes or tools used to address health workforce burnout and distress along four "quadrants" *very helpful, pretty helpful, not so helpful or actively unhelpful.*

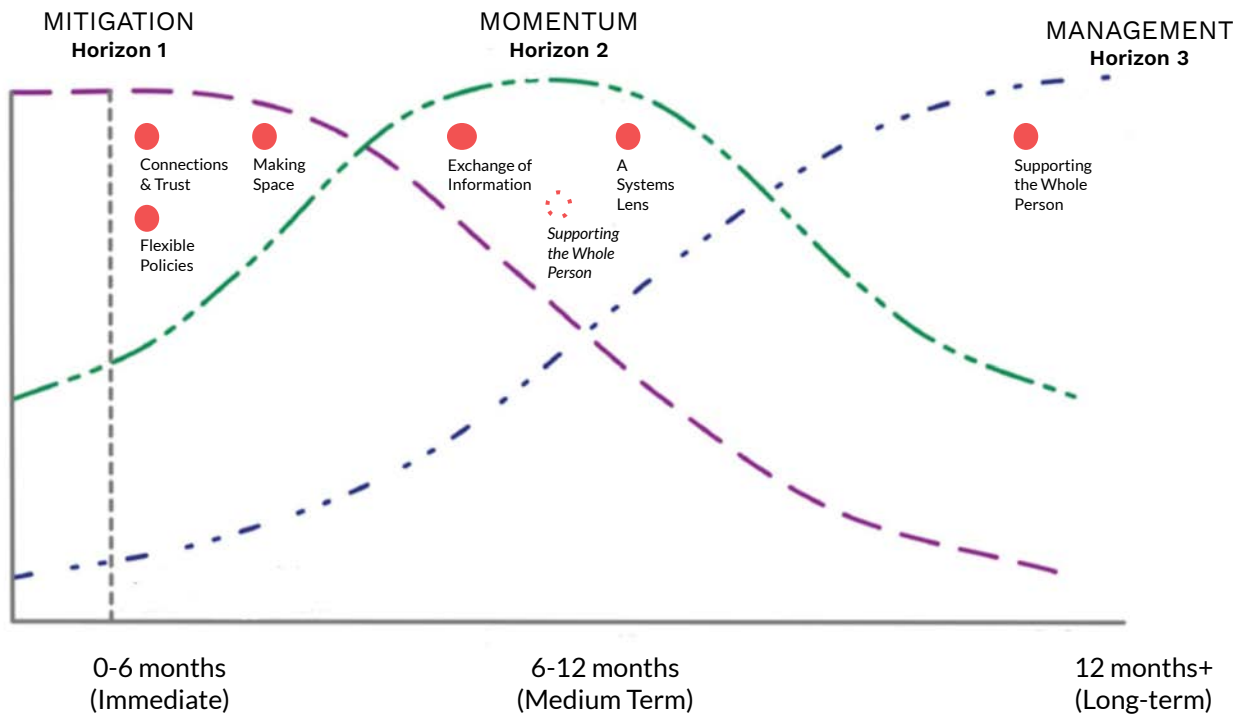
This mapping exercise allowed the Design Team to create a visualization of the deep experiential knowledge held by key, senior members of the health workforce, and to layer these insights with other insights from our research to shape some early themes.

Leader interviews provided a way for the Design Team to 'listen to the system', and to hear directly from health leaders with varied and deep leadership experience. This afforded the Design Team the opportunity to make connections between personal, 'real life' insights and the institutional conditions currently in place.

The benefits of building an understanding of the lived experiences of health leaders allowed the Design team to put forward the most appropriate insights for prioritizing actions.

# PRIORITIZING PROMISING THEMES

The combined insights from the literature review, network survey, and health leader interviews generated six promising and actionable themes for CHLNet and its organizational members. These integrated themes can be considered as potential actions and considerations for organizational assessment to address health workforce burnout and distress, as well as longer-term, shifts in systems, culture and operational approaches.



The scope of this project extended to framing the themes that emerged from the research into initial insights for action. Applying the three horizons framework provides a strategic pathway for both the CHLNet and its organizational members to consider actioning these themes against their respective roles in addressing health workforce burnout and distress.

The themes that are presented in this document are not “new” to the health workforce, and it is acknowledged that various actions to address these issues are at different stages of implementation across the system. These actionable themes represent a ‘point-in-time’ perspective of opportunity areas that CHLNet and its members can *continue* to action during this time of uncertainty and rapid change, with additional perspective of systems-level alignment.

The reality is that health leaders are overloaded. Many have limited personal capacity to take on additional actions. This reality challenges all leaders, and is a critical consideration in the next application of this research.

A final design workshop was held with the CHLNet Secretariat on January 10th, 2022 to explore the initial framing of the six themes across the three horizons. The discussion with the Secretariat focused on affirming a pathway for strengthening informed leadership at both a systems and individual organizational level. This included a preliminary examination of each theme for a delineation of roles across individual organizations, in addition to collective action. Discussions included what leaders need to apply and activate actions under these themes in practical terms.

## PRIORITIZING PROMISING THEMES - CONTINUED

“Roles” and “practical application” were key discussion topics during the January 10, 2022 workshop. Discussions resulted in consensus among Secretariat members that the three horizons framework was a helpful structure to inform and support systems-based decisions. Discussions included how the framework might support priorities, opportunities, barriers, as well as entry points for action. The primary focus of discussion was on the role of the CHLNet as a national network, and its relative role in taking action to address specific issues related to burnout and distress. For example, it was noted that some of the themes, like *Connections and Trust*, can be viewed as a local experience and, therefore, not a direct action for CHLNet. However, while not a direct role, CHLNet can provide support to advance this topic at a organizational or system level given the weight this theme has for Health Leaders.

The Secretariat also discussed the harmonization of themes with the [LEADS in a Caring Environment \(LEADS\)](#) framework. Members of the Secretariat identified that additional discussion is needed to determine any potential research actions for CHLNet to further demonstrate alignment with LEADS.

As an outcome of the workshop, the Secretariat recognized that there is a need address the intersection of opportunities between individual, people-centred actions and organizational and systems-focused actions. However, Secretariat members noted that CHLNet and its partners require an approach that will allow them to apply these findings immediately to shift the way leaders are taking action right now.

The Secretariat proposed a “Zoomed-in Action Reflection Checklist” to be used by leaders to review the six themes, with reflection prompts for leaders to contextualize their own personal and organizational realities.

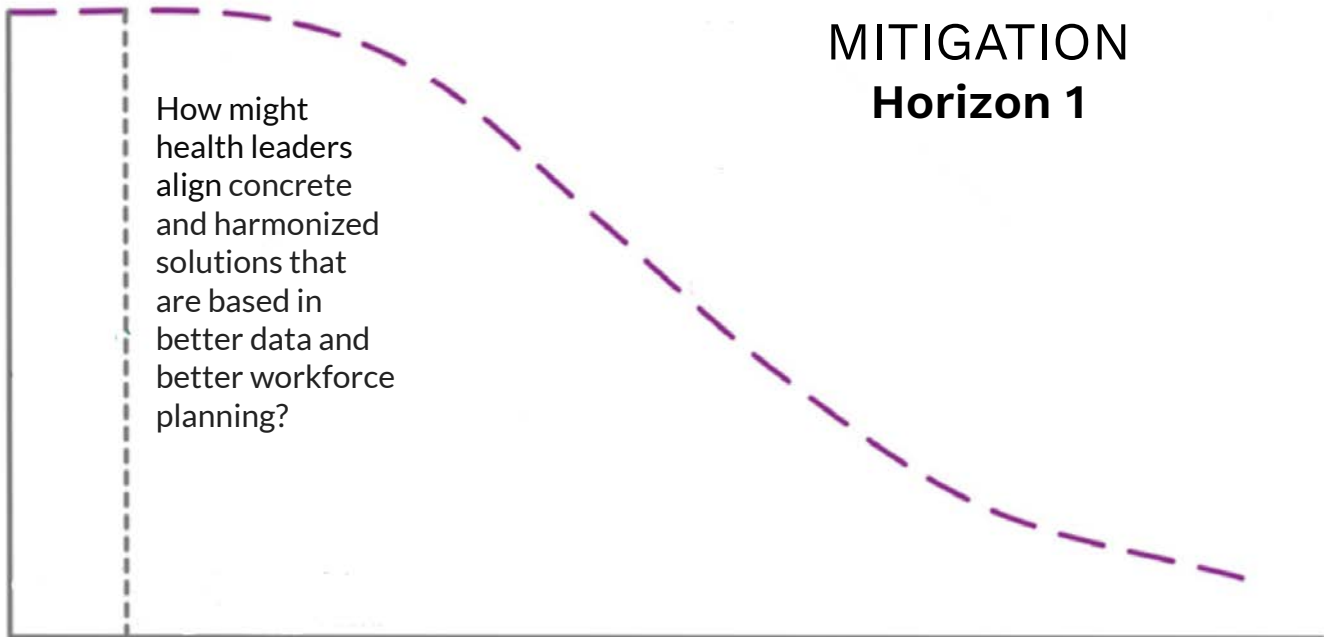
## ZOOMED-IN ACTION REFLECTION CHECKLIST

*The questions included in this Reflection Checklist can be used for individual reflection or applied to the worksheet on pg. 14.*

**For each theme and horizon, please consider:**

1. Does this theme resonate with work you already have underway in your organization to address health workforce burnout and distress?
2. Do you have other efforts and actions that align to the themes in this horizon?
3. For organizational leadership, are there barriers and/or opportunities to action these promising themes that build on/support current organizational efforts?
4. For collective leadership, are there barriers and/or opportunities to action these promising themes that build on/support current collective efforts?
5. Do these themes/actions align with the LEADS framework?
6. Do you see an opportunity to use this theme/action to connect with an emerging leader?
7. How does this theme advance the construct of leadership alongside the changing spectrum of decision-making?
8. For this theme, what can CHLNet do beyond what it is already doing? Supporting current leaders, supporting emerging leaders, and engaging former/retired leaders?

## Flexible Policies



Ongoing development and evaluation of policy direction is needed to maintain patient and workforce safety during continued operational instability.

Policies established during COVID, which were put in place to maintain patient and workforce safety need to have the points for ongoing evaluation and flexibility for informed adaptation.

### LEADS Framework



#### **Set Direction**

*They inspire vision by identifying, establishing, and communicating clear and meaningful expectations and outcomes*

#### **Assess And Evaluate**

*They measure and evaluate outcomes, compare the results against established benchmarks, and correct the course as appropriate*

*Flexible Policies* most closely aligned with “Achieve Results” in the LEADS Competency framework, where Leaders set direction, take action to achieve direction and measure and evaluate outcomes, compare the results to the direction set and correct the course as appropriate.

### Helpful Mapping

Insights from the Health Leader interviews that supported the *Flexible Policies* theme because the existing approach to rigid policies and lack of measurement mapped most prominently in the **Unhelpful/Actively Unhelpful** quadrants. There was a particular note about how policies can have significant impact on burnout and distress, particularly when government policies undermine recommendations from healthcare professionals.

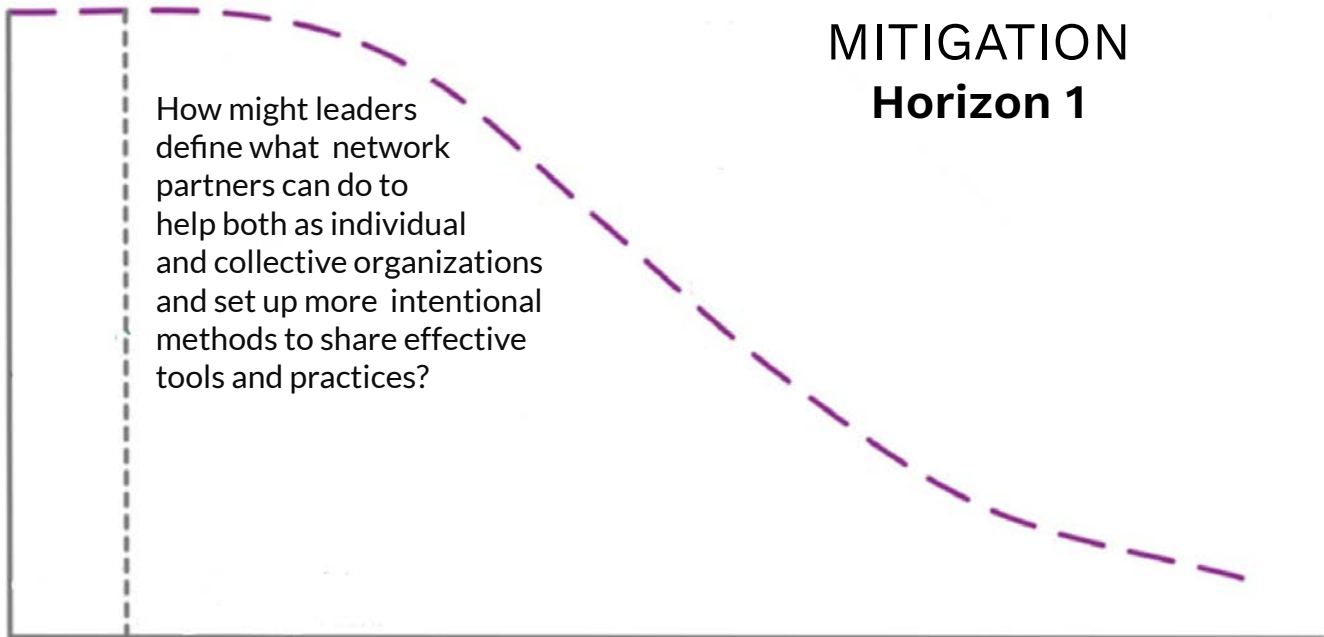
### Potential CHLNet Role

**Secondary** - Convening Network Partners for discussion on advocacy objectives. This might look like an ecosystem scan and evaluation of current policy recommendations across network partners and roll up of ongoing assessment and evaluation practice to compare results against previous benchmarks

**Tertiary** - Public Support or Recommendations of Shared Policy Change



## Connections & Trust



Peer relationships can help navigate and deconstruct the complexities of current challenges and create shared meaning for effective navigation and results.

The importance of trusting relationships, both personal and professional, is seen as more important than ever. High value is placed on relationships that understand the complexities of current challenges, with leaders tapping peers across sectors and time-zones. Professional networks for times of transition are seen as very helpful, and the Great Resignation is being discussed as both a driver and the outcome of long standing health system pressures.

For those who have stayed in their roles over the past 18 months, there are stronger bonds amongst those who worked together on the front lines over the course of four waves of the pandemic, and across organizational lines (in the sense of sharing resources.)

### LEADS Framework



#### **Purposefully Build Partnerships And Networks To Create Results**

*Create connections, trust and shared meaning with individuals and groups*

*Connections & Trust* most closely aligned with “Develop Coalitions” in the LEADS Competency Framework; emphasis on collaborative leadership that is purposeful to create results.

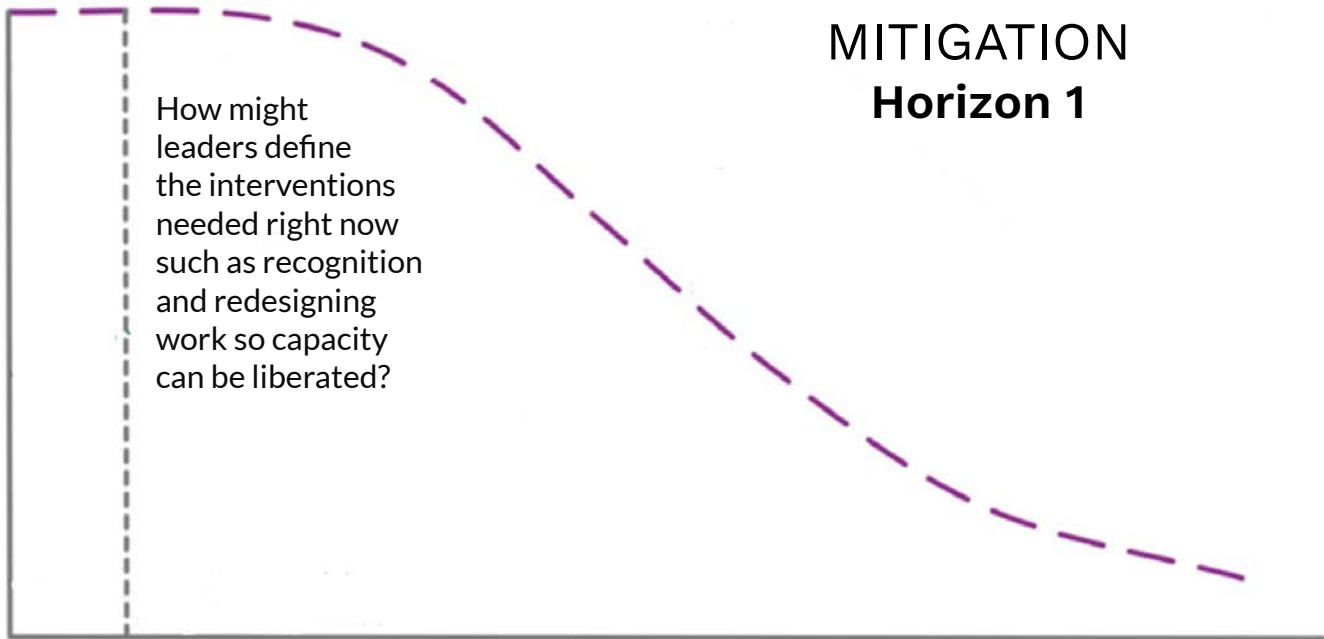
### Helpful Mapping

Insights from the Health Leader interviews that supported the *Connections & Trust* theme mapped most prominently in the **Very Helpful** quadrant. Leaders expressed the need to share real sentiments of what is going on with peers/trusted confidante, so as to check in regarding their own actions across the system and to feel less alone during a time of deep uncertainty.

### Potential CHLNet Role

**Primary** - Connecting Network Partners, Collecting Data and Measuring Results, focusing on how leaders share best practices and tools, both formally and informally. This might look like collecting information regarding tools in use and their evolving mindsets across different regions and health services for cross-cutting issues like burnout and distress (or other topics).

## Making Space



There continues to be pressure from both inside and outside the organization to find capacity to take on new ideas, or space to be an active and eager participant in outside professional networks.

However, taking on new ideas, or creating space to be an active and eager participant in new change management initiatives or outside professional network comes with consideration for personal capacity and practical application.

### LEADS Framework



#### ***Demonstrate A Commitment To Customers And Service***

*Facilitate collaboration, cooperation, and coalitions among diverse groups and perspectives aimed at learning to improve service*

*Making Space* most closely aligned with “Develop Coalitions” in the LEADS Competency Framework, when health leaders facilitate collaboration, cooperation and coalitions among diverse groups and perspectives in order to improve services.

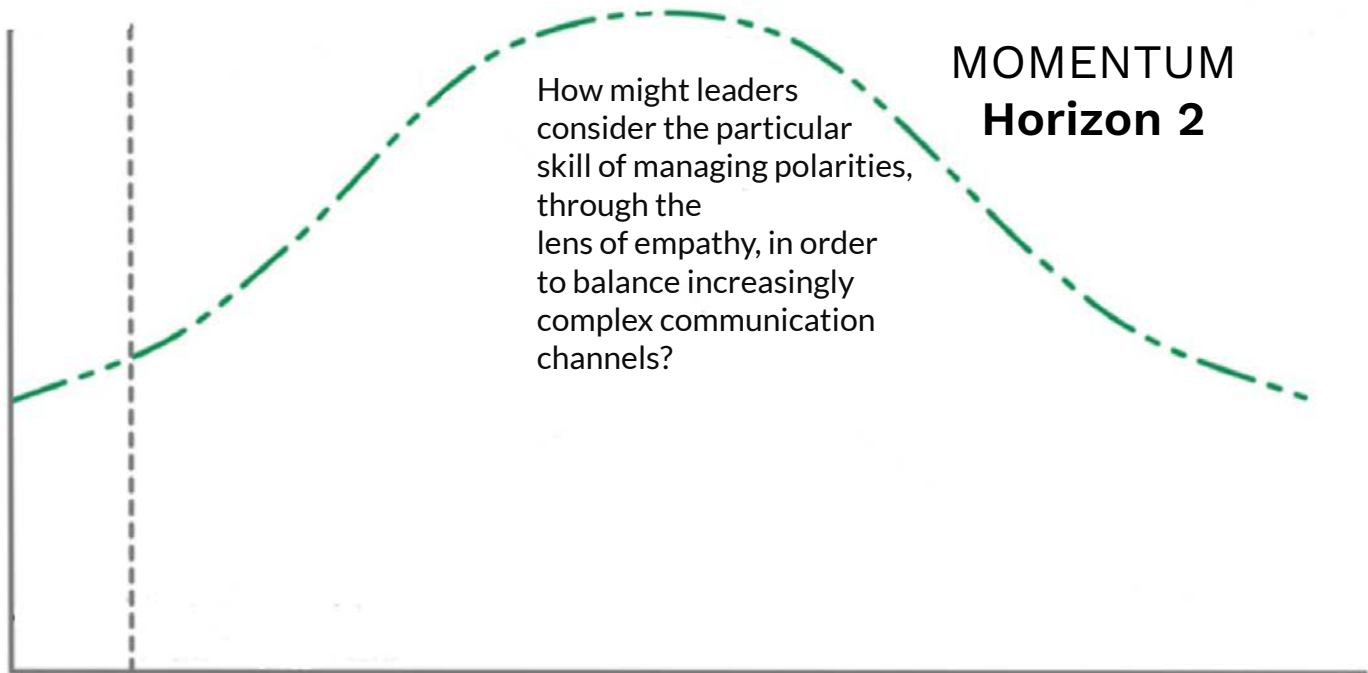
### Helpful Mapping

Insights from the Health Leader interviews that supported the *Making Space* theme mapped most prominently in the **Unhelpful/Actively Unhelpful** quadrants. Whether it’s a perceived lack of authentic action on equity and inclusion recommendations or that new ideas feel like an add-on to already overwhelmed staff, a lot of tension exists around space and time needed for change.

### Potential CHLNet Role

**Primary** - Focusing on Professional Network; Design process research insights can inform potential planning for Dialogue and Engagement. For example, conversation is focused on “tangibles” but not the deeper focus on why so many people are leaving. Further, there can be fear of speaking up due to the power dynamics in the room and the nature of the open forum/dialogue.

## Exchange of Information



Mounting pressures from increased professional and personal stressors, coupled with media consumption behaviors and preferences necessitate leaders to provide authentic two-way communication that not only focus on listening but also tactfully balancing polarizing narratives.

The constant demand cycle and balancing polarizing voices has elevated the need to collaborate and share learnings, knowledge, and resources within and across organizations. Rapid feedback loops require authentic approaches (not just one-way) and for resources and tools to be shared (with context). Special consideration needs to be given to listening for what is **not** being said.

### LEADS Framework.



#### **Communicate Effectively**

*Listening well and encouraging open exchange of information and ideas using appropriate communication media*



#### **Set Direction Mobilize Knowledge**

*They employ methods to gather intelligence, encourage open exchange of information, and use quality evidence to influence action across the system*

*Exchange of Information* most closely aligned with “Engage Others” and “Develop Coalitions” in the LEADS Competency Framework, as leaders are required to encourage open exchange of information and ideas.

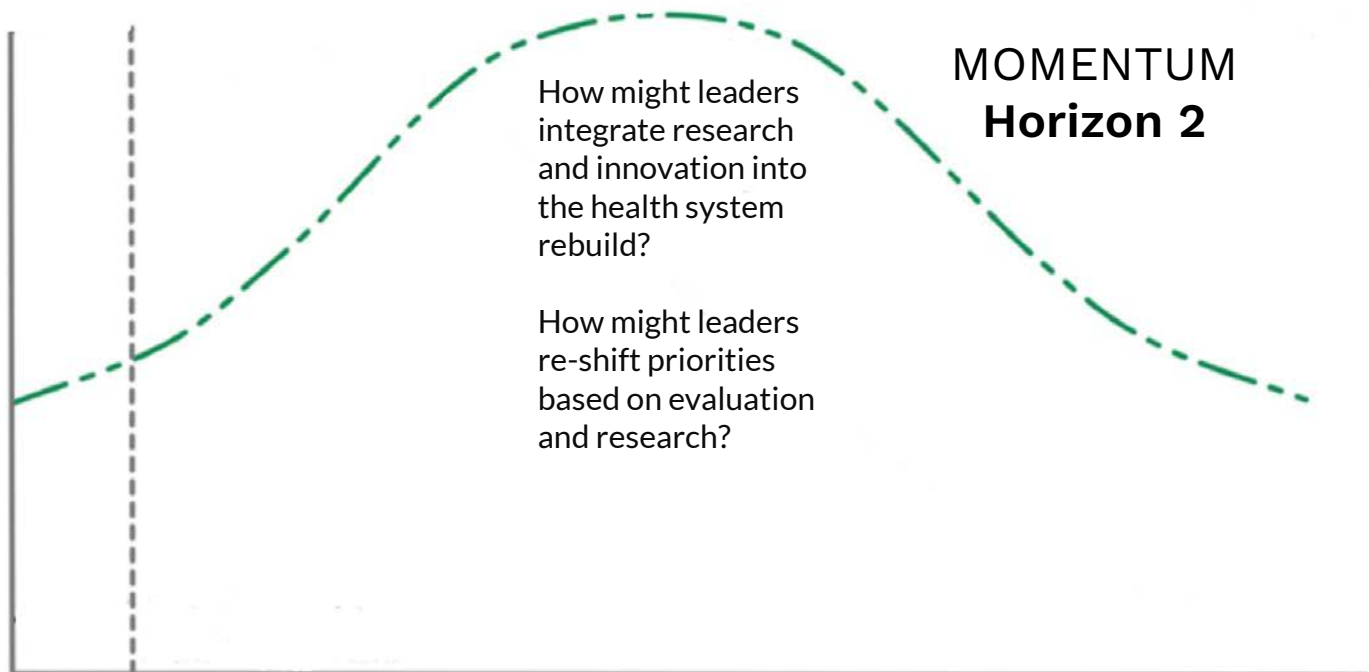
### Helpful Mapping

Insights from the Health Leader interviews that supported the *Exchange of Information* theme mapped most prominently in the **Very Helpful** quadrant. While effective two-way communication can be a seemingly obvious helpful tool, the current state of having multiple “experts” debating, was seen as pulling energy apart and requires leaders to transform their communication practices for a new generation of needs.

### Potential CHLNet Role

**Secondary** - Connecting People Through Dialogue and Engagement. This might look like a CHLNet hosted webinar panel or discussion series to showcase how CHLNet Network Partners have introduced specific tactics and tools to address the more complex communication issues facing leaders.

## A System Lens



Successful leaders look for where they are in and out of step across the system, but also apply a foresight lens to see where tensions are creating holes and how they might need to repair them.

New practices have emerged during the pandemic that have revealed new modern worksharing practices like sharing critical care beds across Health Zones or practical applications of quick wellness interventions. But looking at the system includes looking for gaps, not just alignment. Holes exist across the system where workforce has been pulled to backfill or fill new services and no replacement for those holes has been secured.

### LEADS Framework



**Encourage And Support Innovation**  
*Creating a climate of continuous improvement and creativity aimed at systemic change*

A *Systems Lens* most closely aligned with “Systems Transformation” in the LEADS Competency Framework where leaders are being challenged to question and challenge the status quo and to design and implement effective process across the tapestry of systems and stakeholders.

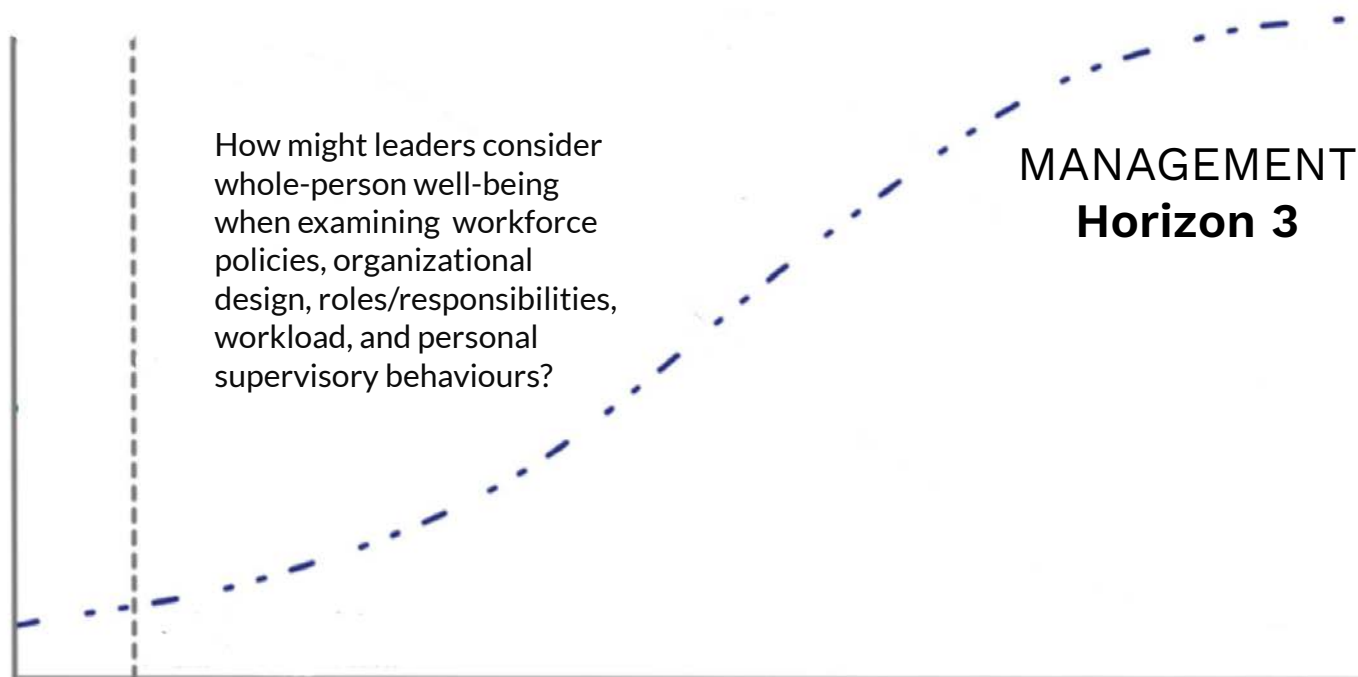
### Helpful Mapping

Insights from the Health Leader interviews that supported A *System Lens* theme mapped most prominently in the **Pretty Helpful** quadrant. Leaders are utilizing both formal and informal relationships across healthcare organizations to check for alignment with the rest of the system.

### Potential CHLNet Role

**Secondary** - Collecting information and research, collecting data, disseminating information. This might look like examining specific research opportunities about health systems innovation practices (ie. evaluating health system impacts of COVID19 responses on specific areas like emergency and long term care, or unintended consequences of policy changes like visitation changes in long-term care facilities) that can be actioned by CHLNet Research Working Groups.

## Supporting the Whole Person



The collision of professional and personal stress has heightened existing tensions, around addictions, gender and racial inequality. For leaders closest to the point of care, “the more difficult it has been to lead in the way the system is asking you to lead and hold those relationships intact”.

More energy than ever is being spent in discussions, education, learning, and time for monitoring for wellness.

Supportive leaders are seeking additional investment in staff as a whole person, fostering better work health conditions to address the blurring of lines between personal and professional stressors.

### LEADS Framework



#### **Contribute To The Creation Of Healthy Organizations**

*Create engaging environments where others have meaningful opportunities to contribute and ensure that resources are available to fulfill their expected responsibilities*

*Supporting the Whole Person* most closely aligned with “Engage Others” in the LEADS Competency Framework, where leaders support others to achieve personal and professional goals.

### Helpful Mapping

Insights from the Health Leader interviews that supported the *Supporting the Whole Person* theme mapped most prominently in the **Pretty Helpful** quadrant. Leaders recognize the need for balancing professional and personal circumstances as part of their teams’ shifting expectations.

### Potential CHLNet Role

**Primary** - Accelerating Leadership Practices and Capabilities. This might look like further scaling or adding to the existing LEADS framework by developing additional toolkits that support leaders in their investment in staff as a whole person.

# TOWARDS LEADERSHIP PATHWAYS FOR HEALTH WORKFORCE WELLNESS

## ZOOMED-IN ACTION WORKSHEET



*How to use this worksheet: Review the six promising themes, reflect on the role of member organizations and to identify potential opportunity areas for action to address burnout and distress. For each theme, after reflecting on the prompts on pg. 7, consider which horizon would be most appropriate for your organization and describe your organizational leadership role to contribute to this action. If appropriate, describe how might CHLNet would be able to provide support for this action.*

### Flexible Policies

How might health leaders align concrete and harmonized solutions that are based in better data and better workforce planning?

- Horizon 1 (MITIGATION)
- Horizon 2 (MOMENTUM)
- Horizon 3 (MANAGEMENT)

ORGANIZATIONAL LEADERSHIP ROLE:

CHLNet AND/OR OTHER PARTNER ROLE:

---

### Connections & Trust

How might leaders define what network partners can do to help both as individual and collective organizations and set up more intentional methods to share effective tools and practices?

- Horizon 1 (MITIGATION)
- Horizon 2 (MOMENTUM)
- Horizon 3 (MANAGEMENT)

ORGANIZATIONAL LEADERSHIP ROLE:

CHLNet AND/OR OTHER PARTNER ROLE:

---

### Making Space

How might leaders define the interventions needed right now such as recognition and redesigning work so capacity can be liberated?

- Horizon 1 (MITIGATION)
- Horizon 2 (MOMENTUM)
- Horizon 3 (MANAGEMENT)

ORGANIZATIONAL LEADERSHIP ROLE:

CHLNet AND/OR OTHER PARTNER ROLE:

---

### Exchange of Information

How might leaders consider the particular skill of managing polarities, through the lens of empathy, in order to balance increasingly complex communication channels?

- Horizon 1 (MITIGATION)
- Horizon 2 (MOMENTUM)
- Horizon 3 (MANAGEMENT)

ORGANIZATIONAL LEADERSHIP ROLE:

CHLNet AND/OR OTHER PARTNER ROLE:

---

# TOWARDS LEADERSHIP PATHWAYS FOR HEALTH WORKFORCE WELLNESS

## ZOOMED-IN ACTION WORKSHEET (P.2)



### A System Lens

How might leaders integrate research and innovation into the health system rebuild?  
How might leaders re-shift priorities based on evaluation and research?

- Horizon 1 (MITIGATION)
- Horizon 2 (MOMENTUM)
- Horizon 3 (MANAGEMENT)

ORGANIZATIONAL LEADERSHIP ROLE:

CHLNet AND/OR OTHER PARTNER ROLE:

---

### Supporting the Whole Person

How might leaders consider whole-person well-being when examining workforce policies, organizational design, roles/responsibilities, workload, and personal supervisory behaviours?

- Horizon 1 (MITIGATION)
- Horizon 2 (MOMENTUM)
- Horizon 3 (MANAGEMENT)

ORGANIZATIONAL LEADERSHIP ROLE:

CHLNet AND/OR OTHER PARTNER ROLE:

---

## CONCLUSION

The six themes presented in this report provide preliminary actions intended to ease the increasing burden on health leaders, lightening their respective load to reduce the burnout and distress in their respective organizations.

Re-distributing the “stones” that leaders carry is not an exercise for a single organization. CHLNet and its network partners have a **shared role** in ensuring that health leaders in Canada can advance coordinated efforts for targeted workforce strategies to address health workforce burnout and distress.

Moving forward with a nimble, collaborative approach is essential, especially one that respects and considers the work that is already underway like the LEADS Capabilities Framework. The next steps of implementation of the actions presented in this report are critical. CHLNet must capitalize on the strength of its network of partners and consider how leaders might balance potential new solutions across the three horizons and how they can align their respective roles and continue to share and adopt new evaluated practices and learnings.

As the crisis facing the health workforce continues to grow in complexity, the need for action also intensifies. The solutions to these growing challenges may not be simple, but the approach to solving them can be shared.



## DESIGN TEAM

---

Oksana Niedzielski  
[oksanakachur@gmail.com](mailto:oksanakachur@gmail.com)  
[linkedin.com/in/oksanakachur](https://www.linkedin.com/in/oksanakachur)

Raffaella Loro  
[raffaella.l.loro@gmail.com](mailto:raffaella.l.loro@gmail.com)  
[linkedin.com/in/raffaellaloro](https://www.linkedin.com/in/raffaellaloro)

Joe Doiron  
[joe@joedoir.com](mailto:joe@joedoir.com)  
[linkedin.com/in/joedoir.com](https://www.linkedin.com/in/joedoir.com)