

## **Preliminary Thoughts, Considerations for a LEADS 2025 Refresh Project**

### ***Introduction***

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

### ***Purpose***

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

### ***Background***

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

### ***Context in 2022***

2022 sees the re-emergence from a COVID dominated world. The emergence of COVID generated the following challenges to 21<sup>st</sup> Century health leaders:

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

### ***Assumptions***

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

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

### ***Principles***

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

### ***Goals of the Project***

The three goals of the project are to:

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

### ***Potential Benefits of a Refreshed LEADS Framework***

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

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

### ***Practical Considerations***

#### *Scope and Breadth*

##### Scope:

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

##### Breadth:

Who engaged and how:

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

##### Timeframe:

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

##### Approach

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

#### *Intellectual Property Ownership (before, after)*

- Is there any concerns, issues pertaining to this?

#### *Resources*

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

#### *Project Oversight*

- LFSG to provide secretariat services.

- Consider establishing a steering group, comprised of licensed entities, to provide guidance and oversight to the project

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

- Renewed commitment to LEADS across Canada
- Encouraged use of a modern framework articulating 21<sup>st</sup> Century leadership capabilities as the foundation for leadership selection, accountability, and expected practice.
- 3ed edition of Bringing Leadership to Life

**Conclusion**

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

**APPENDIX A**

**LOGIC MODEL FOR THE IMPORTANCE OF LEADERSHIP DEVELOPMENT**

