

The *LEADS in a Caring Environment* Leadership Capability Framework: Building Leadership Capacity In Canada to Lead Systems Transformation in Health

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In the past three years, significant effort has been undertaken across Canada to prepare tomorrow's leaders to take on the looming system transformation challenges that are foreshadowed by funding pressures, public expectations, and the driving force of technological change in the health sector. Providing leadership in this regard are the Canadian Health Leadership Network (CHLNet), the Health Care Leaders Association of BC's (HCLABC's) Leaders for Life program, and the Canadian College of Health Service Executives (College), which is allied with CHLNet and HCLABC. In taking on this challenge, the leaders of these organizations quickly determined that a research-validated, practical and memorable definition of the qualities of exceptional health leadership was required in order for these organizations—and others—to work together and maximize their collective investments in leadership development. The result was the *LEADS in a Caring Environment Leadership Capability Framework*, developed by researchers at Royal Roads University (RRU) and adopted, in 2009, by CHLNet, the College, and Leaders for Life as the standards for the development of leadership in Canada's health sector.

Why a Leadership Capabilities Framework? Why LEADS?

In recent years—as witnessed by the last two College Executive forums, the National Healthcare Leadership conferences, and a burgeoning debate in the media and the journal world—there is a growing interest in the contribution the practice of good leadership can make to the unique challenges of the health sector in Canada. But what is this leadership? A colleague of mine once said that leadership to him was 'like fog—I can see it, but I can't grab hold of it'. Does it have to be as 'fuzzy' as some people think, or can it be defined so as to be improved, or grown? If so, can we give leadership enough shape and substance in the modern context such that efforts can be mounted to improve the quality of health leadership in the country?

In 2006, the Health Care Leaders' Association of British Columbia decided that it was difficult to develop something you can't define. So they set out to create a definition of exceptional health leadership that would guide program development, selection processes, and recruitment of leaders in a new emerging project: the Leaders for Life projectⁱ. LEADS was the resultⁱⁱ. It is the foundation of the BC Leaders for Life program, a provincial succession planning and leadership development initiative undertaken on behalf of the six health authorities in that province. LEADS is derived from knowledge in the literature, knowledge from practicing leaders (i.e. through interviews and dialogues), and knowledge of existing competency frameworks from across the globe; it synthesizes them into a simple, memorable, and conceptually powerful expression of what exceptional leadership for change looks like. Recognizing the value of the LEADS product, in 1997 the Canadian Health Services Research Foundation (CHSRF) commissioned the Centre for Health Leadership at RRU to expand the study of leadership across Canada. The result was a national extrapolation of LEADS: entitled the Pan-Canadian Leadership Capabilities Framework, or the Five C frameworkⁱⁱⁱ.

Over the intervening two years, the two frameworks have coexisted as many of the same people, both provincially and nationally, interact and work together to champion leadership development in the health sector in Canada. Recently, the CHLR was commissioned by CHLNet and Leaders for Life to determine whether or not the two frameworks could be merged into one. The result is the *LEADS in a Caring Environment* Framework; a framework that embodies all of the LEADS elements, and that emphasizes one additional factor that needed to be emphasized in a health leadership framework: the centrality of a caring ethos as the foundation for the practice of leadership.

The LEADS in a Caring Environment Capabilities Framework: A Foundation of Caring

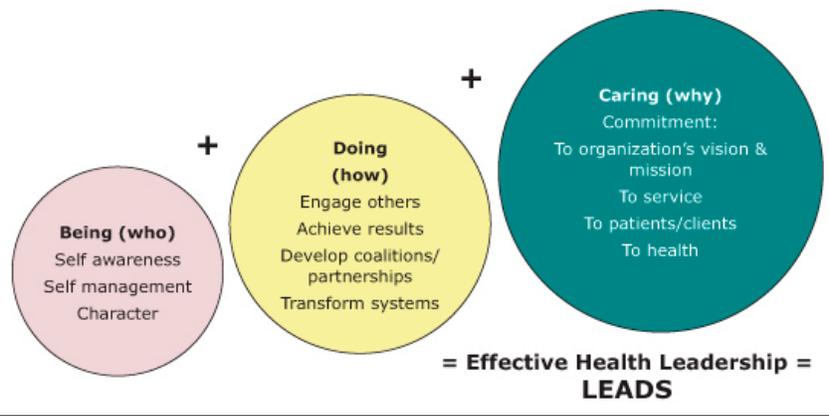
The LEADS in a Caring Environment Capabilities Framework identifies the leadership and management capabilities required for individuals to effectively create change in the modern Canadian health environment. It outlines how both leadership capabilities and management capabilities work together to create and sustain change, rather than see leadership and management as competing skill sets, or subordinating one to the other. In addition, it takes a 'whole system' approach, rather than focusing on specific sectors within health, or specific leadership/management roles. It represents a 'distributed leadership' approach to defining leadership and management...that is, it outlines the capabilities any individual—regardless of position or title—can take to be effective in stimulating and leading change in health.

Outlining the capabilities required to lead and manage change in health, the LEADS in the Caring Environment Framework acknowledges and promotes the identity of effective health leadership: *Caring*. Caring for health is the purpose of a universal, government funded system dedicated to health. The common thread that unites all of us—physician, nurse, physiotherapist, radiologist, or any one of 1000s of other health professionals—is to CARE about health for oneself and others. For a health provider, caring means delivering the best service with compassion, respect, and empathy. For the leader, his/her job is to champion caring, promote caring, and design programs that are caring— in the pursuit of the fundamental purpose to support health and wellness for leaders, employees, and citizens alike.

Combining Caring, Being, and Doing to Create Leadership

Caring is about the *identity* of the health system. It is the *why* of leadership in the Canadian health sector; it is about commitment to service, to patients and clients, and to health. However, caring alone does not make effective leadership. To be an effective leader, an individual must combine caring with who they are—*Being—and Doing* (how they act). *Being* is who the leader is; his/her values, beliefs, and personality. Being includes the leader's character, sense of purpose, personality and depth of commitment^{iv}. Being is not about action, rather, it is about the individual's knowledge, assumptions, values, personality and ethics that inspire and support action for that individual. *Doing* is the *how* of leadership; the ability to give expression of one's character and one's commitment to caring in behavior that truly reflects who the leader is. When Caring and Being combine with Doing, authentic leadership comes to life.

Figure 1: Three capability domains of effective Canadian health system leadership.



Caring, Being and Doing: the LEADS in a Caring Environment Capabilities Framework

When leaders combine caring, being and doing in the context of the Canadian health care system, they are capable of influencing the actions of others to create meaningful change. These five domains of action are the LEADS in a Caring Environment capabilities framework^v. They are shown below in Figure 2:

Figure 2: the LEADS in a Caring Environment capability domains.

Lead Self: Self-motivated leaders...

Are Self Aware

- Are aware of their own assumptions, values, principles, strengths and limitations

Manage Themselves

- They take responsibility for their own performance and health

Develop Themselves

- They actively seek opportunities and challenges for personal learning, character building and growth

Demonstrate character

- They model qualities such as honesty, integrity, resilience, and confidence

Engages Others: Engaging leaders...

Foster Development of Others

- They support and challenge others to achieve professional and personal goals

Contribute to the Creation of Healthy Organizations

- They create engaging environments where others have meaningful opportunities to contribute and ensure that resources are available to fulfill their expected responsibilities

Communicate Effectively

- They listen well and encourage open exchange of information and ideas using appropriate communication media

Build Teams

- They facilitate environments of collaboration and cooperation to achieve results

Achieve Results: Goal-oriented leaders...

Set Direction

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

Strategically Align Decisions with Vision, Values, and Evidence

- They integrate organizational missions, values and reliable, valid evidence to make decisions

Take Action to Implement Decisions

- They act in a manner consistent with the organizational values to yield effective, efficient public-centred service

Assess and Evaluate

- They measure and evaluate outcomes. They hold themselves and others accountable for the results achieved against benchmarks and correct the course as appropriate

Develop Coalitions: Collaborative leaders...

Purposefully Build Partnerships and Networks to Create Results

- They create connections, trust and shared meaning with individuals and groups

Demonstrate a Commitment to Customers and Service

- They facilitate collaboration, cooperation and coalitions among diverse groups and perspectives aimed at learning to improve service

Mobilize Knowledge

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

Navigate Socio-Political Environments

- They are politically astute. They negotiate through conflict and mobilize support.

Systems Transformation: Successful leaders...

Demonstrate Systems/Critical Thinking

- They think analytically and conceptually, questioning and challenging the status quo, to identify issues, solve problems and design and implement effective processes across systems and stakeholders

Encourage and Support Innovation

- They create a climate of continuous improvement and creativity aimed at systemic change

Orient Themselves Strategically to the Future

- They scan the environment for ideas, best practices, and emerging trends that will shape the system

Champion and Orchestrate Change

- They actively contribute to change processes that improve health service delivery.

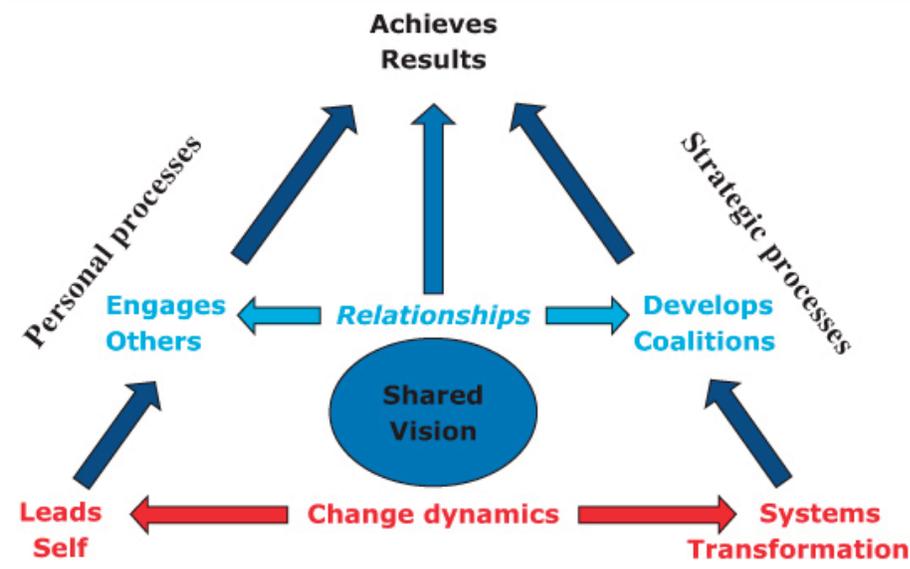
Notice that each of the individual statements clarifying the five capability domains begin with an action word. This is because leadership—as a construct—is a set of individual *actions* aimed at creating larger action in a collective context, a little like dropping a pebble in a pond and knowing that the original action, although localized, will reverberate throughout the whole system.

The LEADS in a Caring Environment Framework and Change

Leadership is both the initiator and the recipient of change. Indeed, the concept of leadership has no meaning except in the context of change. While management is a set of skills and abilities to minimize unpredictability and bring stability to a system, leadership is the capability of responding to and shaping change. The proper mix of the two is what maintains equilibrium between forces creating change, and those resisting it. As the forces for change—as appears to be the case in health care—expand and grow, then leadership is needed to envision and shape the future of that change.

Given this circumstance, the LEADS in a Caring Environment framework is also a guide for leaders wishing to shape change. Appropriately utilized, the five domains of the framework are a conceptual mechanism to focus the leader on those processes and activities that can lead to improved results. The diagram in Figure 3 shows how the five domains work together to guide change.

Figure 3: The LEADS in a Caring Environment Framework as a Guide to Change



The diagram in figure 3 can be explained as follows. The framework consists of one 'outcome' capability; Achieves results; and four 'process capabilities'—Leads self, Engages others, Develops Coalitions, and Systems Transformation. The four process capabilities are employed by the leader to achieve the outcomes identified by the Achieves results capability. The logic is as follows. When a change is envisaged in a system, i.e., a shared vision for change based on a caring ethos, the leader needs to articulate the A in the LEADS in a Caring Environment framework, i.e., the results that need to be achieved by this change. These results represent the future state, in terms of envisaged outcomes for the change: they are the 'tight' (unalterable) component of the change plan, its compass if you will. *Achieves results* is at the pinnacle of the hierarchy of leadership capabilities because it is the product that all of the processes of leadership, both personal and strategic, are aiming to achieve. The model in Figure 3 then suggests that there are two processes associated with leading change: change dynamics and relationships. These are the 'loose' elements of a change plan; i.e., the leader is free to adjust and alter his/her processes to adapt to the situational environment so as to ensure the envisaged results are achieved. *Leads self* and *Systems transformation* are capabilities the leader employs to address change dynamics. *Systems transformation* is a *strategic* capability—i.e., the ability to deal with employee receptivity to change, public support, change resistance, etc. It is leadership 'at a distance' exercised through policy, procedure, structure, and culture. *Leads self* is a *personal* capability—i.e., the ability of the individual leader to deal with one's own mindset re change, taking steps to change one's own habits, recognizing one's own mental models and the challenges to one's character that leading the change will require of him/her. It is 'at home' leadership.

The second process element in the hierarchy is the challenge of building relationships. *Engages others* and *Develops coalitions* are the two dimensions of the relationship process. The *Engages others* domain addresses the personal challenges of building teams, engaging people in learning, and the communication attributes of leadership that are vital to effective interpersonal relationships. It is termed 'personal' leadership because it operates through direct interpersonal influence. The *Develops coalitions* domain addresses relationship building at a strategic level: that is, building support across units, across organizations, and with customers and the public in support of change. It is often exercised through indirect influence inherent in position, policy, etc.

Collectively the four process capabilities of the LEADS in a Caring Environment framework and the one outcome capability comprise a model to guide change. If the leader uses this model to structure and focus their influence to create change, and if that influence is implemented effectively, the outcome will be achievement of the anticipated results of the change. If they are not, the approaches taken need to be re-assessed and adjusted and altered to achieve the defined results. Ultimately, the *LEADS in a Caring Environment* Framework is a model for thinking through and implementing system-wide change, one that the leader is encouraged to use in order to scope out the true challenges and demands of making change work in a systems context.

Conclusion

The LEADS in a Caring Environment Leadership Capabilities Framework has been adopted by the Canadian Health Leadership Network, the Canadian College of Health Service Executives, and the Health Care Leaders Association of BC as a 'standard' defining the qualities of leadership needed to engender change in Canada's health system. The framework is congruent with current literature on leadership, reflects the expectations of leaders in the system as qualities they would like to see in their own leaders; and is consistent with frameworks emerging in other international jurisdictions. LEADS in a caring Environment is also a model to generate change: it can be used by the leader to scope out and plan for implementation of a shared vision based on changes needed to increase the caring quotient of the leader's responsibility. Consequently, it is hoped that Canadian health leaders will take the opportunity to acquaint themselves with the framework, and endorse it as a valuable tool to generate change and transformation in Canadian health service delivery.

ⁱ Leaders for Life was established through an initial \$3.0 m. grant from the Ministry of Health in BC. It was (is) dedicated to addressing the leadership development needs within the health sector in British Columbia.

ⁱⁱ LEADS stands for five domains of effective health leadership: *Leads self; Engages others; Achieves results; Develops coalitions; and Systems Transformation.*

ⁱⁱⁱ The Pan-Canadian Framework, or the 5 C's, consisted of five domains of effective health leadership that differed only marginally from the original LEADS framework. They were: *Champions caring; Cultivates self and others; Creates results; Connects with others; and Changes systems.*

^{iv} Daniel Goleman, Peter Drucker, Steven Stein, Jay Conger, Stephen Covey and Chris Argyris all write about the aspects of self that a leader must develop in order to be more effective in leading others. These qualities are reflected in the Leads Self domain of the LEADS framework.

^v NOTE: The term *capabilities* is used to describe the standards for effective leadership rather than the term *competencies*. This work was to emphasize the kind of leadership culture that needs to exist and permeate the whole Canadian health system, rather than a prescriptive definition of what individual leaders need to do. This framework is a description of the broad qualities of good leadership that play out in different ways within a specific organizational context, but in a manner consistent with the overall mandate and purpose of the Canadian health system. How the leadership plays out in individual organizational situations is unique to that organization.
