

# The *LEADS* In a Caring Environment capabilities framework:

A “*For Health, By Health*” enabler for  
leadership capacity development and leadership  
talent management

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**H**ealth leaders of the 21st century will have the capacity to see the future faster, to manage and mentor talent better, and to service growing health needs within increasingly restrained budgets. Stronger leadership is essential to improving the performance of our health system and, ultimately, advancing the health of Canadians. Investing in excellence in health leadership development, therefore, makes sense, to ensure we have the capabilities and capacity to successfully transform our systems, while reframing the challenges we see today so they seem less daunting.

The need for stronger leadership has been acknowledged as a national priority by the Conference of Deputy Ministers of Health in the Pan-Canadian Health Human Resources (HHR) framework (as cited in Health Canada, 2007) for attracting and retaining highly qualified people, in an increasingly global market, to work in health and health care. The HHR framework states: “Effective change requires leaders. The system must identify leaders at all levels—within each jurisdiction, in the education system, among employers, among providers—who will work as a team to champion collaborative HHR planning and share the vision”. (Critical Success Factors section, para. 7) The importance of strengthening our leadership capacity in Canada was also underscored in the 2002 Royal Commission on the Future of Health Care in Canada: Making Canadians the healthiest people in the world must become the system’s overriding objective. Strong leadership and the involvement of Canadians are key to preserving a system that is true to our values and sustainable.

The LEADS in a Caring Environment capabilities framework provides a customized *For Health, By Health* Canadian framework for responding to this growing need for a concerted, coherent, and sustainable strategy for strengthening Canada’s health leadership capacity. The framework builds on the seminal work undertaken by the Health Care Leaders’ Association of BC, through and with its delivery arm, **Leadersforlife**, working in partnership with the Royal Roads University Centre for Health Leadership and Research that began in 2005. LEADS in a Caring Environment has now been embraced by the Canadian Health Leadership Network (CHLNet). CHLNet is a value network committed to helping its partners enhance capacity to identify, develop, support, and celebrate excellence in health leadership. CHLNet includes over 30 national and provincial network partners (and is growing) that have all endorsed the *LEADS in a Caring Environment* capabilities framework. It is also home to a growing number of “Friends of CHLNet” who have self-identified as having an ongoing interest in health leadership. *LEADS in a Caring Environment* has also been approved by the Canadian College of Health Leaders (CCHL) as the leadership capabilities framework for career-wide learning and the accreditation of the college’s credentials and maintenance of competency programs. CCHL is the premier health management and leadership support organization in the country. It also serves as the host secretariat for CHLNet.

This *For Health, By Health* framework is the result of an extensive review of the literature and a systematic review of the wide range of existing competency frameworks used to advance health leadership. It also reflects the results of key informant interviews and focus groups from across Canada focused on identifying leading practices across Canada and internationally.

The LEADS framework features five domains: **L**ead Self, **E**ngage Others, **A**chieve Results, **D**evelop Coalitions, and **S**ystems Transformation. Each of these five domains consists of four core, measurable capabilities. The evidence that supports each of the five domains has been updated by subject matter experts to reflect the most recent research and to more accurately reflect the recent shared work of Leaders for Life, Royal Roads University, CCHL, and CHLNet--across Canada.

All leadership is situational. So it is with the special circumstances affecting health and health care leaders in Canada. Indeed, Canada's health system is among the most complex organizationally in the world. Complex, adaptive systems require complex, adaptive leaders: those who have the capacity to form networks, inspire others, and think at a system level (Ford, 2009). Leadership strategies are also highly dependent on culture. Indeed, it is now well-accepted that "Culture Eats Strategy" (Curran, 2002). Health and health care systems are quite diverse, but share an overall culture of caring: leaders, at whatever level, care about the health of Canadians; care about the health of the health care system; and care about their staff and their peers. This is why "in a Caring Environment" has become embedded in and integral to the application of the LEADS framework.

The *LEADS in a Caring Environment* framework provides a robust response to the challenges of taking good managers and building organizational capacity for excellence in leadership. As Colin Powell, former US Secretary of Defense, found, "leadership is the art of accomplishing more than the science of management says is possible" (Powell, 2007).

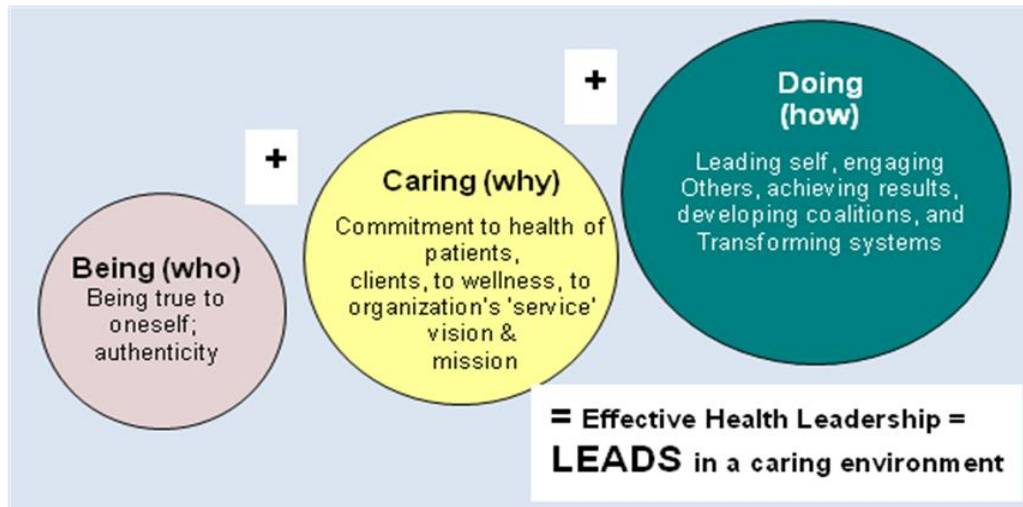
As sponsors for this important work, the **LEADSCollaborative** (CCHL and CHLNet) are committed to continuing to improve upon the *LEADS in a Caring Environment* capabilities framework as a foundation for excellence in leadership and for helping make a good health system better for all Canadians. We are committed to a future of health leadership in Canada, where leadership is defined not in terms of the power a leader wields or by the resources at a leader's command, but by a leader's ability to engage and mobilize others toward a constructive common purpose (Dickson, 2007).

## LEADS as a Model for Change

The five domains of the LEADS in a Caring Environment framework—Lead Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation—reflect leadership in action in health. This action is the "doing" part of leadership, which follows a deep commitment to caring for others ("caring"--the identity of the health

system) and recognition that the person you are, is the leader you are (the “being” component of effective leadership) (Dickson et al., 2007): see Figure 1.

Figure 1: The three components of effective health leadership



Being (who the leader is) and caring (the why of doing leadership in health) take expression (doing) as the five domains of effective leadership in the LEADS in a Caring Environment framework. Each domain entails four leadership capabilities, for a total of 20 capabilities in the framework. These capabilities are actionable in that they represent caring and being in action and, therefore, are observable by others.

It is appropriate at this point to say a few more words about the concept of a caring environment. Almost anyone who works in the health system cares about health and wellness; at least, we assume it is a driving force impelling individuals to choose this line of work. Yet despite how well motivated they may have been initially to care in their job or profession, the routines, policies, procedures, protocols, and practices—imposed, professionally valid, and derived from a caring motivation—can quickly become ends in themselves. Caring, in terms of truly connecting with the welfare of another human being, can become buried beneath such provisions. After a while, it is easy to simply use the concept of caring as a mantra, without truly practising it. But what does this situation mean for leaders?

First and foremost, it means ensuring that caring, as a real and situational response to a need, drives a leader’s behaviour, both personal and strategic. Second, it relates to the “Engages others” term in the framework. Leaders create healthy and caring environments—cultures, climates—in which others work. At the core of that caring environment is tangible evidence of an ethos of compassion and empathy for others, which plays itself out as putting the patient, client, or citizen’s welfare at the centre of the decision-making process. Caring must manifest itself through the leader’s actions, either personally or strategically, in response to the follower’s needs. The leader must then ensure that actions taken by and within his/her unit meet those needs. One of the greatest challenges for those who take on the mantle of leadership is to retain a personal perspective and emotional maturity that enables them to bear the inevitable

burden—and joy—that creating a caring environment entails. The LEADS in a Caring Environment framework outlines what such an ethos of caring looks like in action—it details the capabilities that leaders need to create a caring environment in their role in the health system.

It is also important to note that the five domains of the *LEADS in a Caring Environment* framework are at the same time both independent in terms of behaviours and interdependent in terms of net effect. Although the domains can be observed separately as discrete sets of capabilities, they also interact with one another to create effective leadership. For example, the capabilities relevant to the Systems Transformation domain come into play with the capabilities of the Lead Self domain to leverage success in providing the courage and confidence to generate strategic change in different contexts: the latter for the individual who chooses to lead, the former for the leader who operates in an organizational or systems context.

Similarly, the five domains of the framework can be seen as a regimen, or approach, to leading change. The diagram in Figure 2 on the next page shows how the five domains work together to guide change.

Figure 2 is explained as follows. The LEADS framework consists of one outcome domain: Achieve Results, and four process domains: Lead Self, Engage Others, Develop Coalitions, and Systems Transformation. The four process domains are employed by the leader to achieve the outcomes identified by the Achieve Results domain. 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 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 components of the change plan: it's north star if you will. Achieve 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.

*Figure 2: The LEADS in a Caring Environment Framework as a Guide to Change*

## LEADS as a model for change

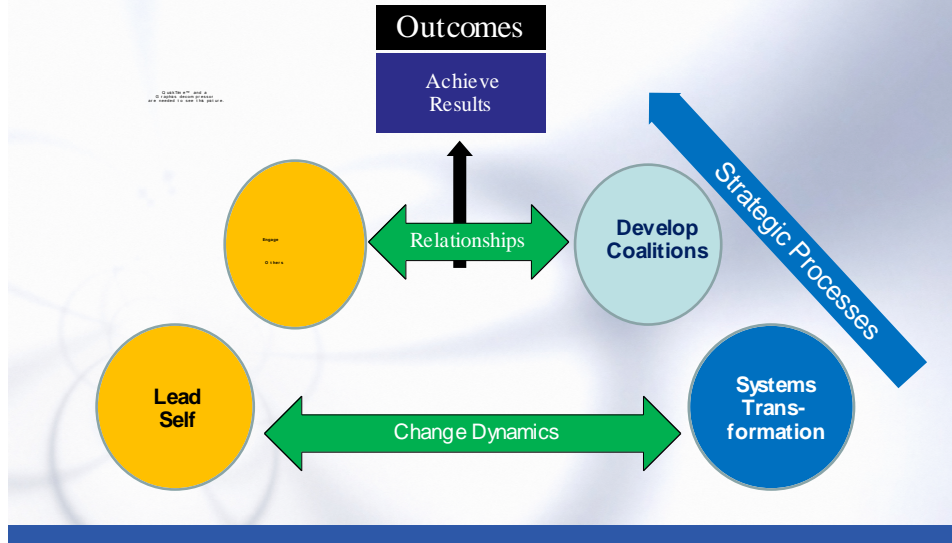


Figure 2 suggests that there are two processes associated with leading change: change dynamics and relationships. These are the loose elements of a change plan: i.e., the leader is free to adjust and alter his/her processes to adapt to the situational environment so as to ensure the envisaged results are achieved.

Lead Self and Systems Transformation are sets of capabilities that leaders employ to address change dynamics. Systems Transformation is a strategic set of capabilities: 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. Lead Self is a personal set of capabilities: i.e., the ability of leaders to deal with their mindset on change, take steps to change their habits, recognize their mental models, and meet the challenges to their character that leading the change will require of them. It is at home leadership.

The second process element in the hierarchy is the challenge of building relationships. Engage Others and Develop Coalitions are the two dimensions of the relationship process. The Engage Others domain and capabilities address the people challenges of effective interpersonal relationships. The Develop 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.

Collectively the four process domains of the LEADS framework and the one outcome domain, Achieve Results, 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 to achieve the defined results. Ultimately, the LEADS 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:**

*LEADS in a Caring Environment* has taken off across Canada as a *By Health, For Health* leadership capabilities framework. It has been adopted as a preferred leadership platform by health organizations from coast to coast and by national accrediting bodies such as Accreditation Canada and the Canadian College of Health Leaders. It is still evolving and we are still learning about how best to bring the evidence and concepts into practice.

As you learn more about the *LEADS* capabilities framework as an 'enabler' for leadership development, please also keep the LEADS change model in mind, as it can become a guide to positive change in your organization. Once you have determined that you wish to lead a change and have clarified the desired results of that strategy, you must determine why you need to lead it, and exercise self-leadership to begin that journey. At some point, you will need to engage people around you by creating an environment in which learning, working in teams, keeping healthy, and communicating effectively thrive. To generate systems transformation, you then need to build the coalitions across the system that will support the change, and to implement the mindsets, tools, and techniques of strategic and transformational change.