ENL RESEARCH & SCHOLARSHIP UPDATE™

INAUGURAL ANNUAL RELEASE

Volume 1 • Issue 1 • August 2026

ENL Perspectives™

Designing Institutions for Continuous Adaptation While Preserving Human Leadership

An Architectural Perspective on Sustainable Healthcare Leadership

Dr. Terry Carter

Empowered Nurse Leaders Leadership Institute™

Publication Information

ENL Research & Scholarship Update™ is the annual scholarly publication of the Empowered Nurse Leaders Leadership Institute™. The inaugural issue documents the Institute's 2026 research synthesis and presents a public-facing architectural perspective on sustainable healthcare leadership.

ENL Perspectives™ is the flagship scholarly perspective within the annual Update. It translates the Institute's research discoveries into an accessible contribution for healthcare executives, governing boards, educators, researchers, and emerging leaders.

Published August 2026 by the Empowered Nurse Leaders Leadership Institute™.

Recommended citation

Carter, T. (2026). Designing institutions for continuous adaptation while preserving human leadership: An architectural perspective on sustainable healthcare leadership. ENL Research & Scholarship Update, 1(1). Empowered Nurse Leaders Leadership Institute.

Editorial note

This Perspective presents the Institute's 2026 architectural synthesis. External literature is used to contextualize the healthcare environment and related evidence; the named ENL architectures and integrated synthesis are presented as contributions of the Institute's 2026 research program.

Contents

About the Annual Publication

The Empowered Nurse Leaders Leadership Institute™ established the ENL Research & Scholarship Update™ as an annual August publication dedicated to examining the ideas, observations, emerging evidence, and scholarship informing the Institute's work.

Research within ENL is grounded in a central concern: how leadership can remain deeply human, professionally effective, and institutionally sustainable within increasingly complex systems. The Institute's work explores leadership identity, capacity, clarity, continuity, stewardship, professional authority, and the conditions that influence whether leaders and institutions can sustain excellence over time.

The annual Update provides a place to document emerging insights, identify areas requiring deeper inquiry, and connect ENL's leadership scholarship with its educational, publishing, and formation work. This inaugural release establishes the beginning of that annual record.

About ENL Perspectives™

ENL Perspectives™ is the flagship scholarly perspective within each annual ENL Research & Scholarship Update™. It offers an Institute-level interpretation of a consequential question in healthcare leadership and translates the year's research into a coherent perspective for professional dialogue, application, and continued inquiry.

SECTION I

Introduction

Healthcare leadership is entering a defining period in its evolution. Workforce transformation, technological advancement, artificial intelligence, demographic change, financial uncertainty, and increasing organizational complexity are no longer isolated challenges requiring periodic adjustment. Together, they form an environment of continuous adaptation that is reshaping how healthcare organizations lead, govern, learn, and fulfill their mission.

For decades, healthcare has responded to emerging challenges by strengthening leadership development, expanding executive education, and investing in organizational improvement. These efforts remain essential. Yet recent evidence reinforces the importance of looking beyond individual capability toward the organizational conditions surrounding leaders. Organizational support is associated with turnover intention among nurses, and nurse-manager retention reflects a complex interaction of leadership, organizational, job, and individual factors (Galanis et al., 2024; Penconek et al., 2024).

Artificial intelligence further illustrates the changing environment. AI systems are beginning to influence workforce planning, safety, prediction, decision support, and operational management, while also creating new expectations for leadership readiness, multidisciplinary participation, ethical oversight, trust, and organizational adaptation (Kiwanuka et al., 2026).

These pressures invite a broader question: Are healthcare organizations developing leaders quickly enough, or must they also redesign the institutional environments in which leadership is expected to flourish?

That question became a focus of the inaugural annual research program of the Empowered Nurse Leaders Leadership Institute™. Rather than examining a single organization or isolated leadership initiative, the Institute synthesized observations across national leadership conferences, executive dialogue, governance conversations, leadership assessments, community engagement, and published scholarship. Across the year, three architectural discoveries emerged: Leadership Formation Architecture™, Adaptive Leadership Architecture™, and Adaptive Institutional Architecture™.

Existing healthcare scholarship also reflects growing attention to adaptive leadership as a framework for navigating complexity and unpredictability, while emphasizing the need for stronger empirical evaluation of its effects (Robinson et al., 2025). The Institute's work extends the conversation by examining not only how leaders adapt, but how leadership and institutions can be intentionally designed to sustain adaptation.

> **How can healthcare institutions continuously adapt while preserving the human leadership upon which healthcare ultimately depends?**

SECTION II

The Emerging Leadership Challenge

Healthcare has always evolved. What distinguishes the present environment is the convergence, speed, and persistence of multiple forces acting at once. Workforce instability, financial pressure, digital transformation, artificial intelligence, new models of care, governance expectations, and changing societal needs increasingly intersect rather than arrive as separate episodes.

The responsibilities of healthcare leaders have expanded accordingly. Leaders are expected to understand clinical quality, workforce dynamics, finance, strategy, technology, regulation, patient experience, culture, and organizational transformation while maintaining trust and coherence across the enterprise. The refreshed AONL Nurse Leader Core Competencies similarly reflect systems thinking, organizational resilience, governance, psychological safety, organizational sustainability, digital health, informatics, AI leadership, and workforce optimization as contemporary leadership domains (American Organization for Nursing Leadership [AONL], 2026; Prothero et al., 2026).

At the same time, leadership sustainability remains a material concern. An umbrella review of nurse turnover identified organizational, individual, and cultural influences, with organizational factors such as workload, leadership, and growth opportunities playing important roles (Chang et al., 2025). A systematic review focused on nurse managers likewise found retention and intention to leave to be multidimensional, shaped by organizational culture and resources, job characteristics, well-being, relationships, empowerment, decision authority, and meaningful work (Penconek et al., 2024).

This creates an important distinction. Some leadership challenges are individual. Others are produced, intensified, or sustained by the institutional environment. When organizations treat every leadership difficulty as a deficit in the leader, they risk overlooking the systems that shape leadership capacity, judgment, continuity, and effectiveness.

Leadership does not occur in isolation.

The emerging challenge, therefore, is not simply to prepare better leaders for difficult environments. It is to ask whether healthcare institutions are intentionally creating the conditions in which capable leaders can exercise judgment, sustain human capacity, learn continuously, and steward organizational purpose.

This shift moves the conversation from leadership development alone toward leadership architecture: the relationship among the formation of leaders, the adaptive work of leadership, and the design of the institutions in which leadership occurs.

SECTION III

Three Architectural Discoveries

Leadership Formation Architecture™

The first discovery was that healthcare requires more than leadership development. Competencies, education, and skill-building remain necessary, but the demands of contemporary leadership also require the intentional formation of judgment, stewardship, professional identity, resilience, responsibility, and executive maturity.

The distinction is consequential. Leadership development commonly asks what a leader should know or be able to do. Leadership formation asks who the leader must become in order to exercise responsibility wisely across changing conditions. The AONL competency framework's inclusion of the Leader Within, professional identity, reflective practice, well-being, systems thinking, decision-making, governance, and organizational resilience reinforces the expanding scope of contemporary leader preparation (AONL, 2026).

Leadership Formation Architecture™ therefore describes the intentional organizational approach through which leaders are formed to exercise sound judgment, sustain human capacity, steward institutional purpose, and lead transformation with integrity.

Adaptive Leadership Architecture™

The second discovery was that leadership itself is becoming increasingly adaptive and integrative. Healthcare leaders are no longer responsible only for isolated departments or functions. They increasingly connect workforce, operations, finance, technology, governance, strategy, clinical priorities, and organizational purpose.

Healthcare literature describes adaptive leadership as potentially useful for navigating complexity, uncertainty, innovation, engagement, and organizational change, while noting that the evidence base remains developing (Robinson et al., 2025). The Institute's synthesis places particular emphasis on leadership as enterprise integration: the capacity to preserve coherence while the organization changes.

Adaptive Leadership Architecture™ describes the leadership capability through which organizations integrate complexity, sustain alignment, exercise judgment, and guide continuous adaptation without losing sight of institutional purpose.

Adaptive Institutional Architecture™

The third discovery extended the inquiry beyond the leader. Continuous transformation cannot depend indefinitely on exceptional individuals absorbing institutional complexity. Organizations themselves must become intentionally adaptive.

Evidence on organizational support, nurse-manager retention, and turnover reinforces the significance of the conditions surrounding professional practice and leadership (Chang et al., 2025; Galanis et al., 2024; Penconek et al., 2024). Institutional design influences whether leaders have the authority, support, learning environment, trust, and capacity necessary to remain effective.

Adaptive Institutional Architecture™ describes the intentional organizational design through which healthcare institutions continuously adapt while preserving leadership effectiveness, institutional trust, organizational purpose, and sustainable performance.

These discoveries are not competing models. They represent three interconnected dimensions of one leadership system.

SECTION IV

An Integrated Leadership Architecture

Viewed together, the three discoveries form an integrated architecture for sustainable healthcare leadership. Each dimension performs a distinct function, but none is sufficient alone.

Leadership Formation develops the leader.
Adaptive Leadership enables leadership.
Adaptive Institutional design sustains leadership.

Leadership Formation Architecture™ addresses the preparation and formation of the human leader. Adaptive Leadership Architecture™ addresses the work of leading across complexity. Adaptive Institutional Architecture™ addresses the conditions, systems, and structures that allow leadership to remain effective over time.

The relationship is reciprocal. Institutions shape leaders even as leaders shape institutions. Leadership decisions influence culture, trust, governance, learning, and capacity; those same conditions influence the quality of future leadership decisions. Sustainable leadership therefore emerges from alignment across people, leadership practice, and institutional design.

This leads to a central proposition of the 2026 synthesis: leadership should be understood not only as an individual capability or executive function, but also as an institutional capability cultivated across levels of the organization.

Figure 1

Figure 1. The three architectural dimensions align to support sustainable healthcare leadership.

SECTION V

Implications for Healthcare Leadership

The integrated architecture changes the unit of analysis. Leadership effectiveness remains deeply personal, but it is also organizational. The question is no longer only whether an individual leader possesses the right competencies. Healthcare organizations must also examine whether their systems enable leadership to function well.

Leadership Capacity as an Institutional Resource

Leadership capacity should be treated as a finite institutional resource rather than an endlessly renewable personal trait. Persistent urgency, excessive spans of responsibility, fragmented priorities, and insufficient recovery can consume the very capacity organizations depend upon for judgment and transformation. Research on nurse-manager retention demonstrates that workload, organizational resources, decision authority, empowerment, well-being, and meaningful work are among the conditions associated with leaders' intention to stay or leave (Penconek et al., 2024).

Institutional Trust

Trust is not an emergency intervention. It accumulates through consistency, transparency, accountability, relationships, and the experience of organizational fairness. Institutions that require trust during transformation must cultivate it before transformation becomes urgent.

Organizational Learning

Adaptive institutions require mechanisms for learning across time. Reflection, feedback, data, professional dialogue, and disciplined knowledge transfer allow organizations to convert experience into institutional wisdom. A culture of continuous learning is also reflected in contemporary leadership expectations for quality, improvement science, systems thinking, innovation, and organizational resilience (AONL, 2026).

Leadership Continuity

Succession planning is necessary but insufficient. Leadership continuity also requires the transfer of judgment, institutional memory, relationships, professional standards, and stewardship responsibility. Organizations that repeatedly replace leaders without preserving knowledge may reproduce instability even when individual appointments are strong.

Purpose and Executive Stewardship

Continuous adaptation requires a stable reference point. Organizational purpose provides coherence when structures, technologies, and operating models change. Executive stewardship therefore includes responsibility not only for current performance, but also for the conditions future leaders will inherit.

Technology and Human Judgment

AI creates a particularly important test of institutional design. Current nursing leadership evidence emphasizes nurse-leader participation in AI design, deployment, ethical integration, monitoring, competency development, and multidisciplinary governance (Kiwanuka et al., 2026). The architectural implication is not resistance to technology. It is the intentional design of human-technology partnership so that intelligent systems strengthen rather than displace professional judgment, accountability, and human relationships.

Taken together, these implications suggest that sustainable leadership depends as much on what institutions intentionally preserve and cultivate as on what they change.

SECTION VI

The Future of Adaptive Healthcare Leadership

The future of healthcare leadership will be shaped by the capacity of organizations to adapt without treating adaptation as permanent disruption. Institutions will need capabilities that allow change to be absorbed, interpreted, governed, and translated into responsible action.

Organizational Capabilities That Will Matter Most

- Leadership Formation - forming judgment, identity, stewardship, and responsibility across the professional lifespan.
- Organizational Learning - converting experience, evidence, dialogue, and reflection into institutional knowledge.
- Leadership Continuity - preserving leadership capacity, institutional memory, and stewardship across transitions.
- Adaptive Governance - enabling oversight and decision-making that can respond to complexity without abandoning accountability.
- Human-Centered Innovation - integrating technology and new models of work while preserving dignity, relationships, professional judgment, and purpose.

What Should Healthcare Leaders Preserve?

Continuous adaptation raises a stewardship question alongside the innovation question. As healthcare changes, leaders will need to decide deliberately what should not be casually surrendered. The 2026 synthesis points toward human judgment, institutional trust, professional stewardship, organizational purpose, leadership continuity, ethical responsibility, compassionate relationships, and cultures of learning as enduring assets.

This is particularly relevant as AI becomes more integrated into nursing and workforce management. The emerging evidence points to opportunities alongside requirements for readiness, ethical oversight, trust, multidisciplinary participation, and continuing leader engagement (Kiwanuka et al., 2026).

The Institute's Future Research Agenda

- Leadership Capacity as an organizational asset
- Adaptive governance and organizational resilience
- Artificial intelligence and executive judgment
- Institutional trust during transformation
- Leadership formation across the professional lifespan
- Conditions that sustain leadership continuity
- Measurement of adaptive institutional capacity
- Longitudinal development of healthcare leadership architecture

Looking Ahead

The future of healthcare cannot be predicted with sufficient precision to design one permanent operating model. The more durable objective is to build organizations capable of learning, adapting, and exercising judgment as conditions change.

This requires a different relationship with change. Adaptation becomes less a sequence of special initiatives and more an institutional capability. Leaders are formed for complexity. Leadership integrates the enterprise. Institutions create the conditions in which learning, trust, judgment, continuity, and purpose can endure.

> **Adaptive institutions will not emerge accidentally. They will be intentionally designed.**

SECTION VII

Conclusion

Healthcare leadership is at an important point in its evolution. The complexity confronting healthcare organizations is unlikely to be resolved through stronger individual leaders alone, nor through organizational efficiency alone. The 2026 research synthesis of the Empowered Nurse Leaders Leadership Institute™ points toward a more integrated perspective.

Leadership Formation Architecture™ emphasizes the intentional formation of the leader. Adaptive Leadership Architecture™ emphasizes the integrative work of leading across continuous complexity. Adaptive Institutional Architecture™ emphasizes the organizational conditions and systems that allow leadership to remain effective, trusted, purposeful, and sustainable.

Together, these discoveries suggest that sustainable healthcare leadership is not achieved solely through stronger individual leaders or more efficient organizational systems. It emerges through the intentional alignment of leader formation, adaptive leadership, and adaptive institutional design.

This Perspective is offered as an architectural contribution to ongoing healthcare leadership scholarship rather than as a definitive theory. Its purpose is to give leaders, governing bodies, educators, and researchers a language for examining the relationship between the leader, the work of leadership, and the institution itself.

The future will be shaped not only by the technologies healthcare adopts or the operating models it redesigns, but also by the leaders it forms, the institutions it stewards, and the environments it creates for human judgment and responsibility.

The enduring challenge is not simply to adapt to change. It is to design institutions capable of continuously adapting while preserving the humanity upon which healthcare ultimately depends.

> **Healthcare leadership is ultimately measured not only by the organizations we improve today, but by the institutions we strengthen for tomorrow.**

Appendix

Integrated Leadership Architecture™

The Integrated Leadership Architecture™ represents the principal architectural synthesis emerging from the Institute's 2026 research program. It illustrates the relationship among three interconnected dimensions of sustainable healthcare leadership.

Leadership Formation Architecture™

The intentional formation of leaders through professional identity, judgment, stewardship, ethical responsibility, resilience, and executive maturity.

Adaptive Leadership Architecture™

Leadership as an enterprise capability integrating people, systems, governance, technology, organizational learning, and institutional purpose within environments of continuous change.

Adaptive Institutional Architecture™

The organizational structures and conditions that enable leadership, learning, trust, continuity, and institutional purpose to endure through ongoing adaptation.

Formation develops leadership.
Adaptation enables leadership.
Institutional design sustains leadership.

The architecture is intended as a conceptual contribution to ongoing healthcare leadership scholarship and as a foundation for continued inquiry into the organizational conditions that enable leadership to remain effective, adaptive, and deeply human.

References

American Organization for Nursing Leadership. (2026). AONL nurse leader core competencies. https://www.aonl.org/resources/nurse-leader-competencies

Chang, S.-Y., Sunaryo, E. Y. A. B., Kristamuliana, K., Lee, H.-F., & Chen, C.-M. (2025). Factors influencing nurses' turnover: An umbrella review. Nursing Outlook, 73(5), 102464. https://doi.org/10.1016/j.outlook.2025.102464

Galanis, P., Moisoglou, I., Papathanasiou, I. V., Malliarou, M., Katsiroumpa, A., Vraka, I., Siskou, O., Konstantakopoulou, O., & Kaitelidou, D. (2024). Association between organizational support and turnover intention in nurses: A systematic review and meta-analysis. Healthcare, 12(3), 291. https://doi.org/10.3390/healthcare12030291

Kiwanuka, F., Stevanin, S., Ahtisham, Y., Owusu, B., Nurmeksela, A., & Kvist, T. (2026). Nurse leadership and artificial intelligence integration in nursing workforce management: A scoping review. Journal of Advanced Nursing, 82(6), 5675–5686. https://doi.org/10.1111/jan.70296

Penconek, T., Tate, K., Lartey, S. A., Polat, D., Bernardes, A., Dias, B. M., Nuspl, M., & Cummings, G. G. (2024). Factors influencing nurse manager retention, intent to stay or leave and turnover: A systematic review update. Journal of Advanced Nursing, 80(12), 4825–4841. https://doi.org/10.1111/jan.16227

Prothero, M. M., Gross, T. L., & Lauren, J. (2026). AONL nurse leader core competencies updated for contemporary practice. Journal of Nursing Administration, 56(6), 298–299. https://doi.org/10.1097/NNA.0000000000001733

Robinson, N., Claringbold, G., Anglim, J., Fischer, S., Walker, A., & Forsyth, L. (2025). Adaptive leadership in health care: A rapid review. Australian Health Review, 49(6), AH25068. https://doi.org/10.1071/AH25068

About the Author

Dr. Terry Carter is Chief Executive Officer of Terry International Consulting and Chief Nursing Executive of the Empowered Nurse Leaders Leadership Institute™. A nurse executive and healthcare leadership researcher, he leads the Institute's research program focused on sustainable leadership, institutional stewardship, and the evolving architecture of healthcare leadership. He is the author of multiple books and publications on healthcare leadership, institutional stewardship, and leadership architecture.

About the Institute

The Empowered Nurse Leaders Leadership Institute™ advances sustainable healthcare leadership through research, executive education, publishing, leadership formation, and institutional stewardship. Its scholarship examines how leaders, leadership systems, and institutions can remain effective, adaptive, and deeply human within increasingly complex healthcare environments.

The Institute's public scholarship is preserved through the ENL Research Library™, creating an annual record of research perspectives, executive briefs, and leadership publications for healthcare executives, governing boards, educators, researchers, and emerging leaders.

Restore. Equip. Sustain.