

# Networking Cafe

## Nursing Leadership Development: Lessons from the Field

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# Update on DMW-NLI & HLI



# Making a Difference

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- **Institutes**

- 11 DMW Institutes completed; 2 HLI
  - DMW #12 in May 2007, #13 in October 2007
  - HLI #3 in November 2007
- DMW Institutes are regularly full 6 months in advance

- **Participants**

- >1000 in DMW; approx 140 in HLI
- Coast to Coast to Coast
- Most Canadian jurisdictions
- Broad range of roles, sectors, demographics

- **Organizational Benefits**

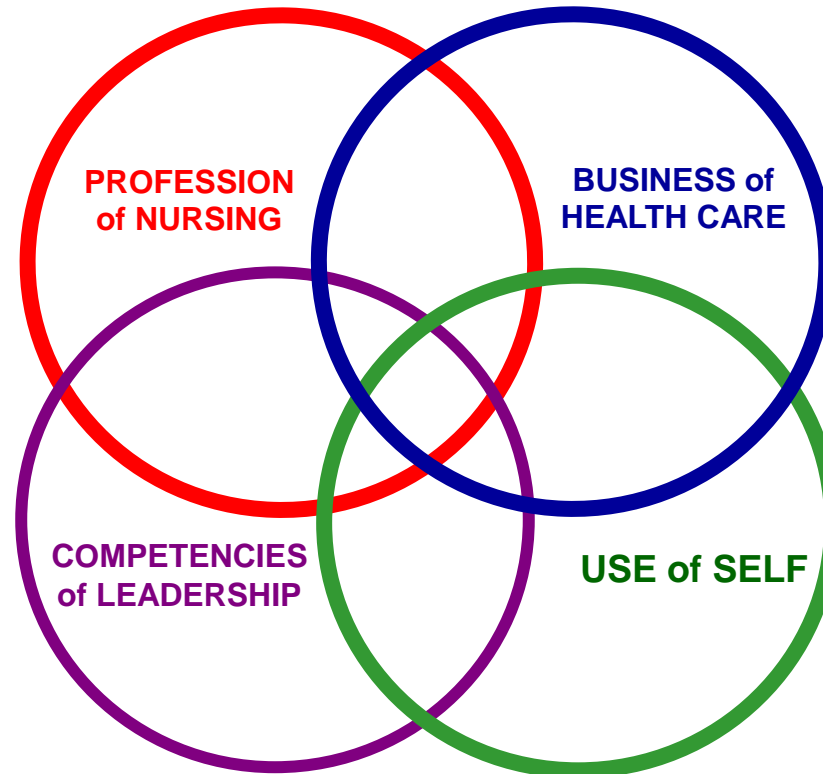
- 450 DMW home-based projects; 50 HLI projects



# DMW-NLI Conceptual Framework © 2003, R 2005

- Practice Entry
- Scope of Practice
- Standards of Practice
- Practice Guidelines
- Maintenance of Competency
- Professionalism
- Quality Practice Settings

- Modelling the Way
- Inspiring Shared Vision
- Challenging the Process
- Enabling Others to Act
- Encouraging the Heart



- Political & Health Environment Knowledge
- Human & Organizational Behaviour
- Consumer & Community Responsiveness
- Resource Management
- Results Management

- Personal Integrity
- Emotional Intelligence
  - *Self-Knowledge*
  - *Self-Management*
  - *Social Awareness*
  - *Relationship Management*
- Lifelong Learning
- Work-life Balance

# HEALTH LEADERS INSTITUTE – CONCEPTUAL FRAMEWORK

©

## COLLABORATIVE RELATIONSHIPS

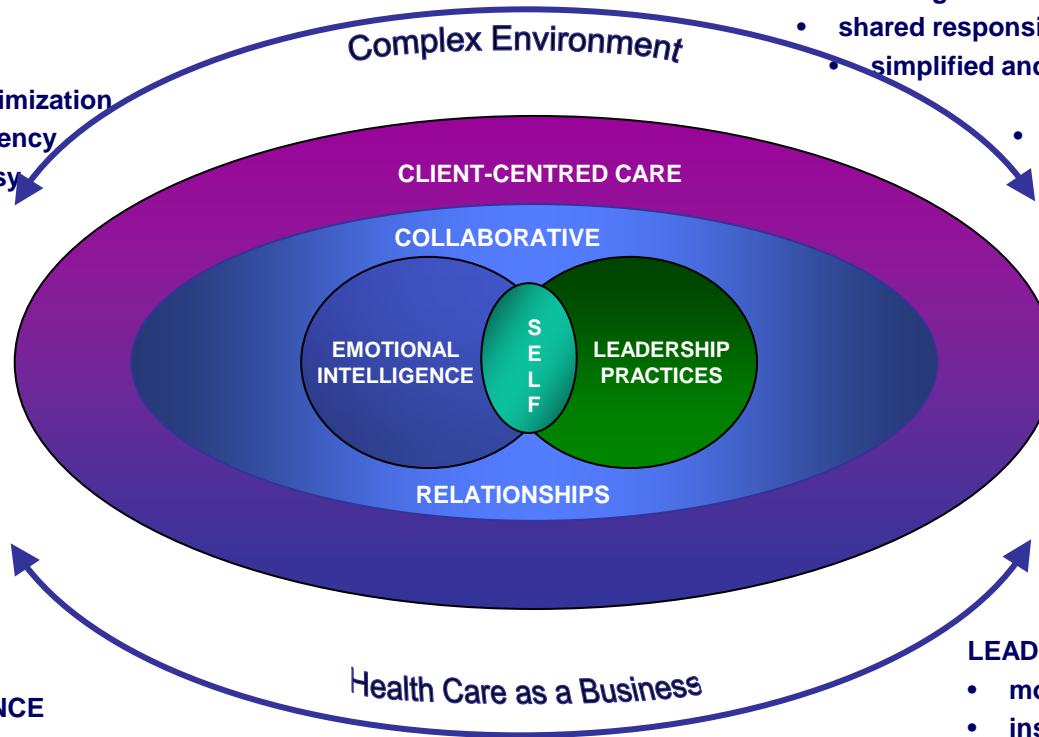
*(Intra & Inter-disciplinary; Intra & Inter-agency; Cross-sectoral; Cross-continuum)*

- trust and respect
- partnering and sharing
- role clarity and role optimization
- power and interdependency
- constructive controversy

## CLIENT-CENTRED CARE

*(Individual, Family, Group, Community)*

- respect, responsiveness, and client advocacy
- strong interdisciplinary and service teams
- shared responsibility for care and outcomes
- simplified and streamlined structures and processes
- client and staff satisfaction



## EMOTIONAL INTELLIGENCE

- self-knowledge
- self-management
- social awareness
- relationship management

## SELF

- personal integrity and professional identity
- lived experience
- personal and professional supports
- responsibility and accountability
- lifelong learning
- resilience and self-care

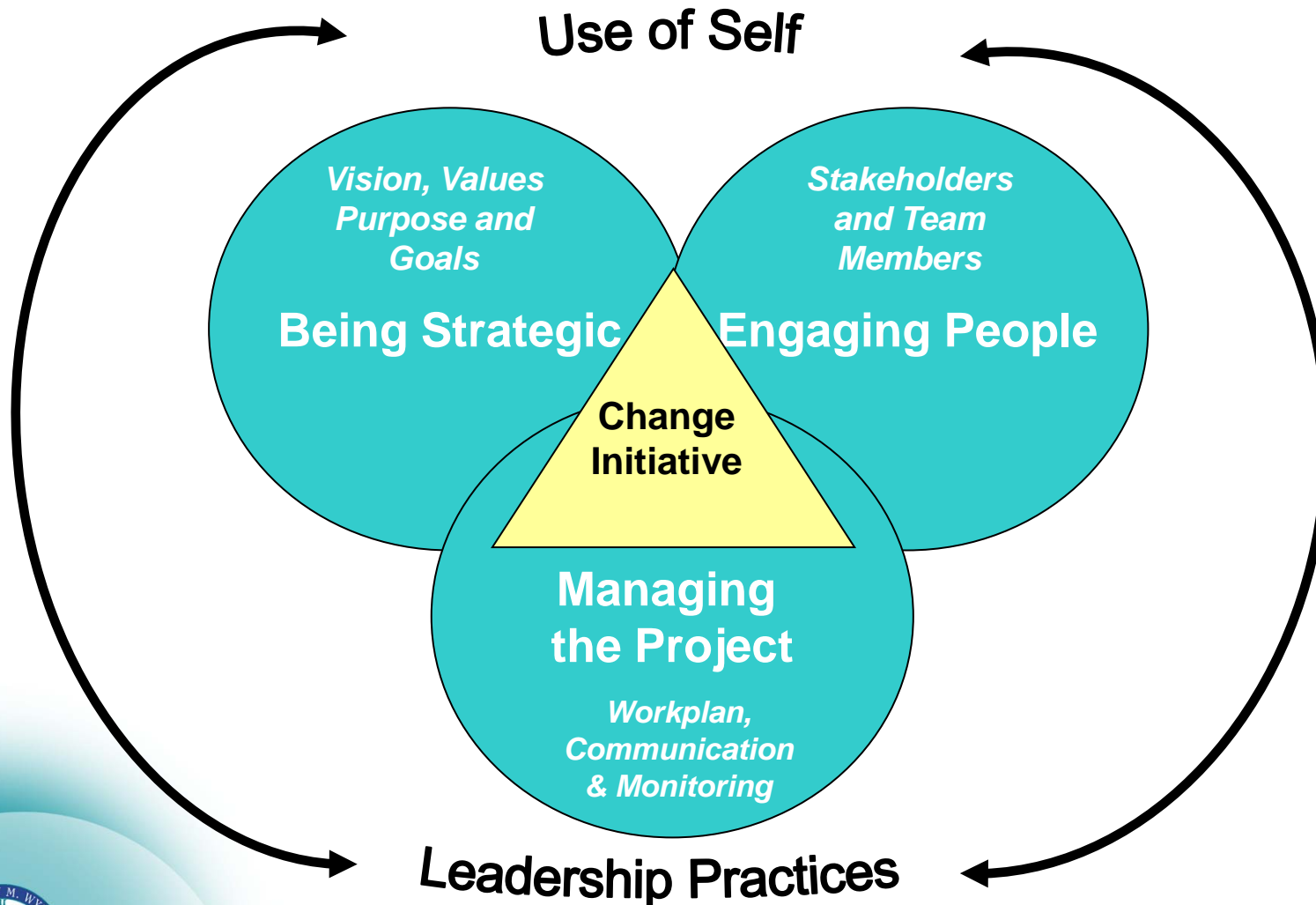
## LEADERSHIP PRACTICES

- modelling the way
- inspiring shared vision
- challenging the process
- enabling others to act
- encouraging the heart

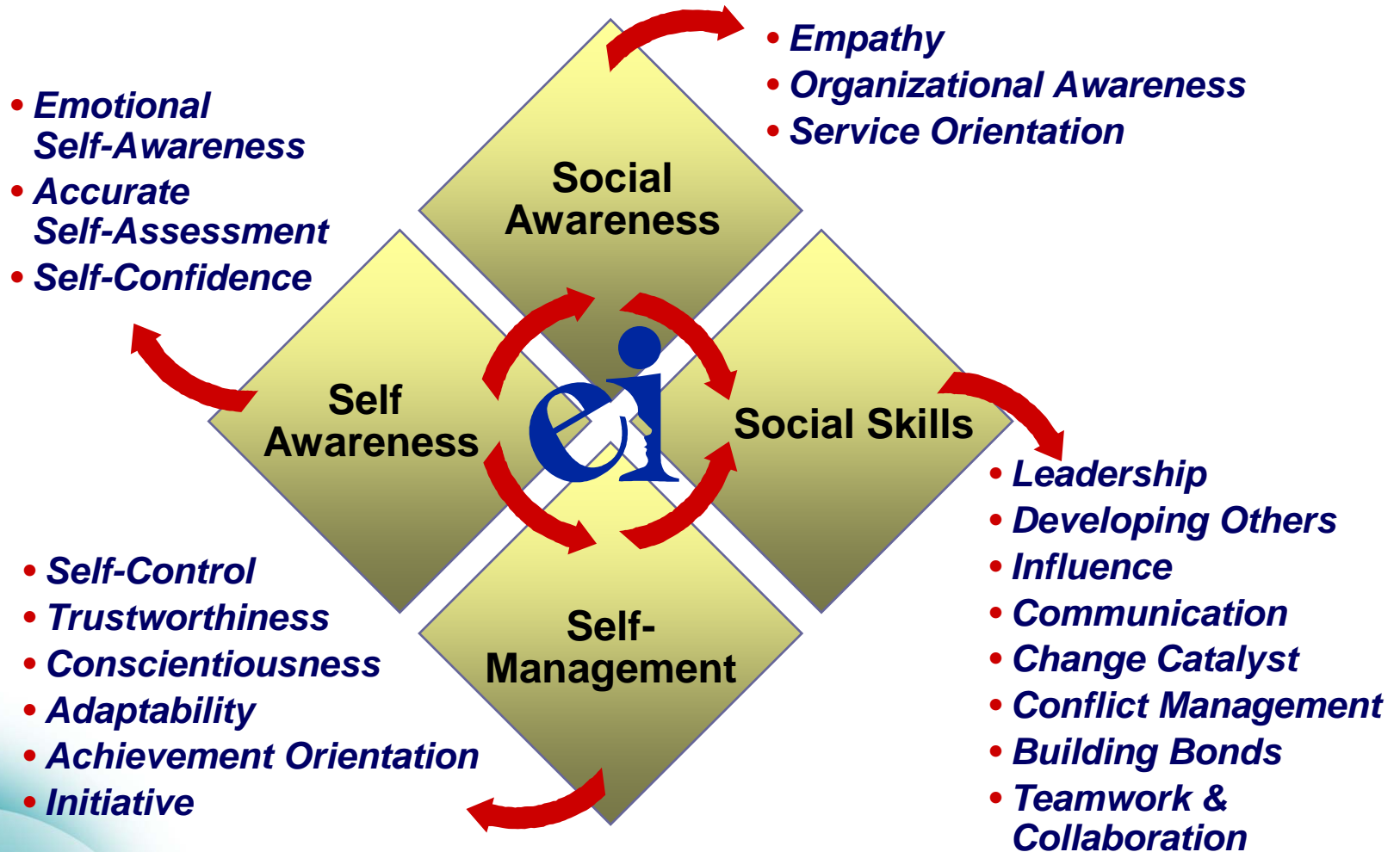
© 2005 Videre Leadership  
[www.healthleaders.ca](http://www.healthleaders.ca)



# Leading Change Framework © 2003



# Emotional Intelligence Framework © HayGroup



# DMW Educational Support

	<b>Funded Places</b>	<b>Value</b>
Bursaries (small organizations without educational budget; 2-for-1)	21	\$68,250
CIHR/CHSRF Awards (Linda O-P; full funding for both)	18	\$58,500
DMW-NLI 2-for-1 Prize Draw	4	\$13,000
Studentships	18	\$58,500
<b>TOTAL</b>		<b>\$198,250</b>



# Sponsors



Canadian Institutes of Health Research  
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# Strategic Alliances



Nursing Health Services Research Unit,  
University of Toronto



Canadian College of  
Health Service Executives  
Collège canadien des  
directeurs de services de santé



# Feedback from Participants

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- Love being chosen to attend. I now feel I really am a leader.
- I was losing it, feeling discouraged, tired, overwhelmed. I have made an important reconnection to the nursing profession.
- I remember once again why I chose to be a nurse.
- Comments about being afraid to make a mistake – what if I don't get it right.....
- Comments about being an imposter.
- Comments about how to find the time ....energy, talent, resources to take the project forward.



# Challenges Anticipated Back Home

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- Can I effectively use what I've learned to make a difference, be a better leader?
- Can I rise above the day-to-day issues and really lead?
- Will my boss/team support me?
- How will I manage competing priorities?
- Will I find the resources - people, time, money, tools?
- Will I have what it takes to lead this project?



# Key Employers Feedback: Identifying Individuals for Leadership Development

- A variety of approaches are used to **identify participants**:
  - **Strategic**, e.g. to build a critical mass, those working on priority projects or ideas, team building, to develop those new to leadership roles, or those who are not in a formal management role but are emerging leaders, those who have supported previous strategic change
  - **Opportunistic**, e.g. people who display initiative, respond to a call, come forward with energy, ideas and commitment.
- Many organizations are making a commitment to send either all of their current and prospective leaders over time, or choosing groups of colleagues who work together (programs, etc.)
- Other organizations are sending all of the members of a leadership team together



# Key Employers Feedback: Supporting Participants

- Organizations **support attendees** through several ways and means, e.g.
  - paid time and travel (may be through operating budget or funded by foundation or other resources),
  - time to work on projects.
  - senior leaders meet with attendees prior to attending the Institute, to
    - review their expectations for complete involvement in the week,
    - discuss projects, how to prepare, encourage them to call back during the week if project unfolds differently than anticipated during the week etc.
- Some indicated they have found ways to send more people by **redirecting educational bursaries** traditionally spent in a particular way.
- Many organizations offer **opportunities to debrief and discuss** project accomplishments (although a few recognized that they could enhance in this area).
- Some organizations require participants to **share experiences** through management or program committees, quality councils, mini-retreats, display of posters, presentation at ground rounds, nurses week activities, etc.



# Key Employers Feedback: Leveraging Learning

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- Participants come back energized and appreciative of the opportunity, rejuvenated. They tend to be empowered personally & professionally and perceive their organization as supportive.
- Over time, organizations that have sent multiple attendees have been able to leverage the K&P practices and further develop a cadre of people with leadership skills.
- Several commented that they felt there were opportunities to further keep the momentum going, through profiling projects and their impact on the organization.
- Some organizations are looking for ways to link with other opportunities, e.g., RNAO leadership fellowship, linkage with local universities/encouragement of nurses (attendees & their non-attendee colleagues) to further their academic education.



# Key Employers Feedback: Leveraging Learning con't

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- Specific organizational examples :
  - Planned use of the Change Leadership framework in an organizational initiative
  - A Health Region in one province has used the DWNLI framework to develop a comprehensive leadership framework for the Region, defined competencies and behaviours. Next steps involve linking to performance management processes including self reflection, learning plan, etc.
  - A Health District in another province has adopted the K&P Framework as it's official leadership model; trained all managers in basic K&P competencies; and is preparing a group of champions to support braod use of the framework
  - One Hospital is pursuing a linkage with a local University to develop a nurse ambassador program with a leadership component to link front line staff, advanced practice nurses and faculty.



# Key Employers Feedback: Leveraging Learning con't

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- Specific organizational examples include (con't):
  - Development of collegial relationships across the country – one table group who attended the Institute from a variety of organizations continues to connect on practice issues.
  - Some home-based projects have been replicated on other hospital units
  - One hospital has explicitly articulated the leadership competencies within the professional practice model; have developed the infrastructure for moving this forward via intra-professional & nursing councils
  - Another hospital has developed nursing leadership principles and evolved them to an intra-professional model.



# Healthcare Leadership is taking legs in Canada

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- **BC Nursing Leadership Institute**
  - Gov't funded pilot X 2 yr; Evaluation project just funded
  - Many features similar to DMW
  - 3 offerings/year
- **CHLNet**: an ad-hoc "coalition of the willing" resolved to initiate work toward addressing the issues through the creation of a Canadian Health Leadership Network
  - Started last spring; survey ongoing; meeting mid-May
- **Centre for Health Leadership & Research**
  - Hosting roundtable discussion on "Self-Directed Learning: Creating a New Model for Health Professionals" April 11 & 12
- **CHSRF** funding a number of research programs & roundtables
- Several universities offering Master's level courses in Health Leadership



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# Insights from the Literature



# Characteristics of Organizations that Develop Leaders

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- Recruit high potential employees
- Coach for competencies and skills
- Mentor for career development
- Give clear and honest feedback on performance
- Create stretch assignments
- Reward and reinforce success
- Surrender high performers for new challenges
- Treat failure as learning and support the process

Gandz, 2006



# Growing Talent

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- Launch formal high level succession planning.
- Outline leadership development process to fill holes.
- Cascade it throughout.
- Align leadership development process with strategy.
- Ensure HR creates tools and facilitates process.
- Ensure business units own the activities.
- Oversee process at highest levels, communicate commitment.
- Reshuffle rising stars throughout the organization.

– Cohn, Khurana, Reeves (HBR, Oct 05)



# Leadership Development System



Gandz, 2002.

# Interdisciplinary Collaboration and the Health Leaders Institute

- “Health care is too complex for any solo practitioner to handle it all; the determinants of health are beyond the capacity of any one practitioner or discipline to manage; information is overwhelming and is beyond the management ability of any one practitioner or discipline. One must collaborate to survive, as disciplines and as professionals attempting to help our communities and each other to achieve better health now and in the future” *Mitchell and Crittendon, 2000*
- With the narrowing of roles within some health professions and the expansion of the scopes of practice of others the need to learn how to negotiate the overlap of roles becomes very important. *Oandasan 2005*
- Issues with continuity, collaboration, and coordination of care have contributed to many patient safety issues within and between health care providers and health care systems. *Crossing the Quality Chasm: A New Health System for the 21st Century. Institute of Medicine, 2001.*



# Managing Professionals

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- Inspiration not Supervision
- Lead – distribute ownership and control
- Lead – individuals through mentoring and coaching, protection and support
- Lead – organizationally by enhancing culture
- Manage information, people and action
- Bring talented people together regularly to tackle challenges together
- Link people with external resources, supports, ideas

**Mintzberg with Tovey, HBR, 1998.**



# Questions

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**1. What has been your best personal leadership learning experience to date?  
What made it so good?**

- When you are thrown in to a situation, and succeed – sink or swim. Support of others – need to have someone you can talk to.
- Its all about relationships – when there is mutual respect, integrity. People don't leave jobs, they leave bosses.
- May be more willing to jump into a sink or swim when there are people who support you.
- Leadership retreats offer an opportunity to stop and reflect – getting away from the day to day and reflect on your own leadership style. When you have a leader who gives you this opportunity.
- Clinical Leadership: one RPN – through patient feedback, was able to influence the organization to expand RPN Scope of Practice
- one Manager accepted a palliative patient on a mental unit – pushed past her comfort zone to do something important. Needed to communicate this to a group of nurses who had only ever worked on mental health.
- One Manager – who moved unit from an old but small building into a big new building found that staff grieved.
- Being passionate is important
- Creativity – in coming up with ways to mentor and support staff
- If you work with different groups of staff – their approach is different and you need to be in tune with different communication styles, etc.



# Questions

## 2. ***What is your organization doing about leadership development? What are you proudest of?***

- First go around was support for individuals to go to events, looking at QW for Managers, RNAO BPG.
- Some organizations are dedicating \$ for education at a broader level.
- Deliberating selected front line staff with potential and giving them lead roles for selected important projects (clinical documentation, least restraint). Took them out of their units, mentored and coached new leaders in business and personal issues. 10 – 12 projects over a few years. Most recently projects have been around Patient Safety projects. They are the people in the newsletter!
- Do we set up our nurses with our language. We need to use language that reinforces that they are clinical leaders – not staff nurses, front line nurses is a military term – (sending out to slaughter)
- One organization has a program where new leaders can ask for specific mentors, another has resources on the intranet for new leaders, one organization has partnered with the Rotman Institute, one organization has tuition assistance as many are back at school, supporting nurses to participate in committees, present at nursing rounds, etc.
- One hospital had not traditionally spent all their education budget, now they do. Taking new graduate into non traditional areas (ER) with mentorship. Retired staff coming back to orient new staff. New staff get as much orientation as they want.
- Advanced Clinical Fellowship program – 3 fellowship programs at RNAO – provides opportunities to many staff to show leadership.



# Questions

### 3. *If you had your way, what else would your organization be doing about leadership development?*

- Broadening use of educational dollars – not restricting it to specific courses, etc.
- Money to decrease manager span of control so you have the time to role model, spend with staff
- Should allow nurses to shadow on other units, programs, roles – to allow them to see if they are interested in trying other roles – RN to RN on a different unit, RN –Educator or APN, etc. Charge nurses shadow other charge nurses on different units
- Back pocket file – any ideas that they don't have \$\$ for immediately – keep in file so when \$\$ comes, you are ready
- Need to focus on mid career nurses – not just new grad and late career. Those in mid career that need a kick start – pull them out, give them an opportunity with a course, career planning, etc. Sometimes it just takes one encounter to revitalize, send someone back to school
- Fellowship programs – any nurse can apply – e.g. to wound care program. Have to write a report and do a presentation about what you learned.
- Concealing/revealing nature of leadership – women don't see themselves as leaders until someone says something that validates for the nurse that she has potential. Speak differently, notice and validate what we see.
- More resources to retain strong clinical nurses. Partnering with unions, with pension and benefit plans, so you can be creative and address some of the limitations of those programs.
- Business cases – sometimes the money is there – but we need to provide assistance in developing business cases – more creative. Don't hide behind the fact that there is no money. Build business cases that demonstrate the contribution of nursing to quality outcomes – that organizations are being held accountable for.



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DMW-NLI website: <http://www.dwnli.ca/>

HLI website: <http://www.healthleaders.ca/>

