

Leadership Best Practice Guidelines: The Next Generation

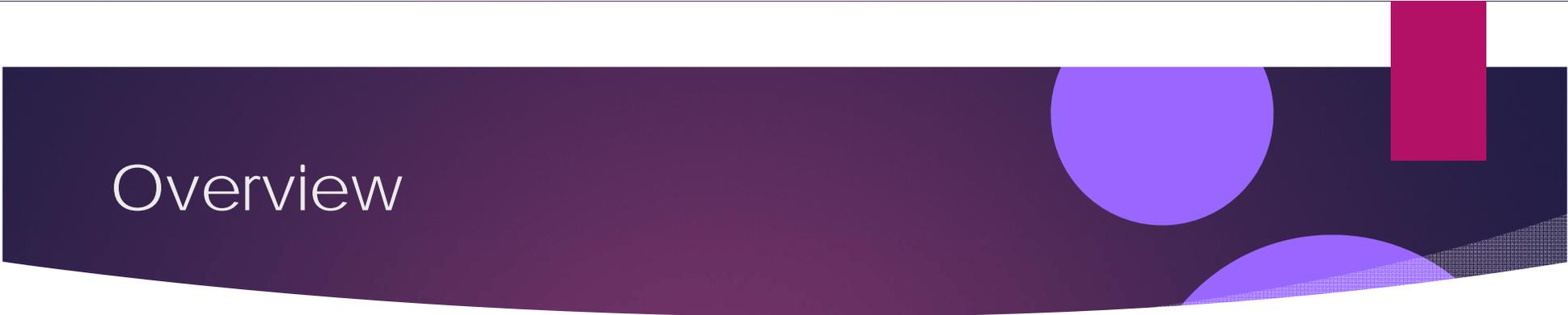


Nancy Purdy
Althea Stewart-Pyne
Karen Ray
Coleen Flynn
Sarah Telfer



Hongkiat, 2012

NLN Mar 21, 2013



Overview

- ▶ evidence and framework for leadership practices
- ▶ competencies and related behaviours for effective leadership
- ▶ leadership expectations for RNs in clinical roles
- ▶ application of the leadership BPG at the level of the organization, front line manager and point of care nurse
- ▶ recommendations for leadership development and future research

JUNE 2006

 **RNAO** Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario
NURSING BEST PRACTICE GUIDELINES PROGRAM

Healthy Work Environments
Best Practice Guidelines

Developing and
Sustaining Nursing
Leadership
2nd Edition



 Ontario

Review Panel Members

Co-Chairs:

Nancy Purdy

Pam Pogue

Panel Experts:

Wendy Gifford

Allison Patrick

Judith Skelton-Green

Karen Eisler

Michelle Acorn

Diane Bewick

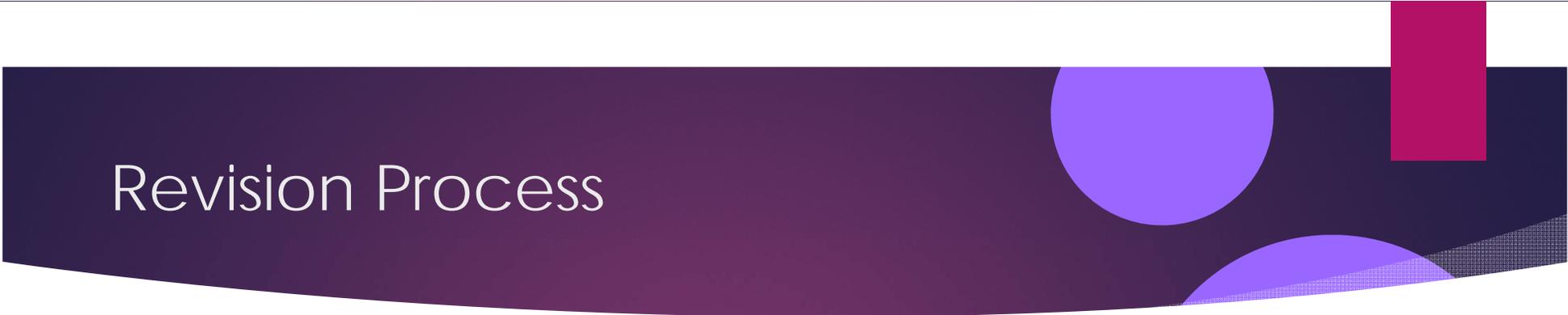
Nancy Lefebvre

Cecile Marville-Williams

iaBPG Staff:

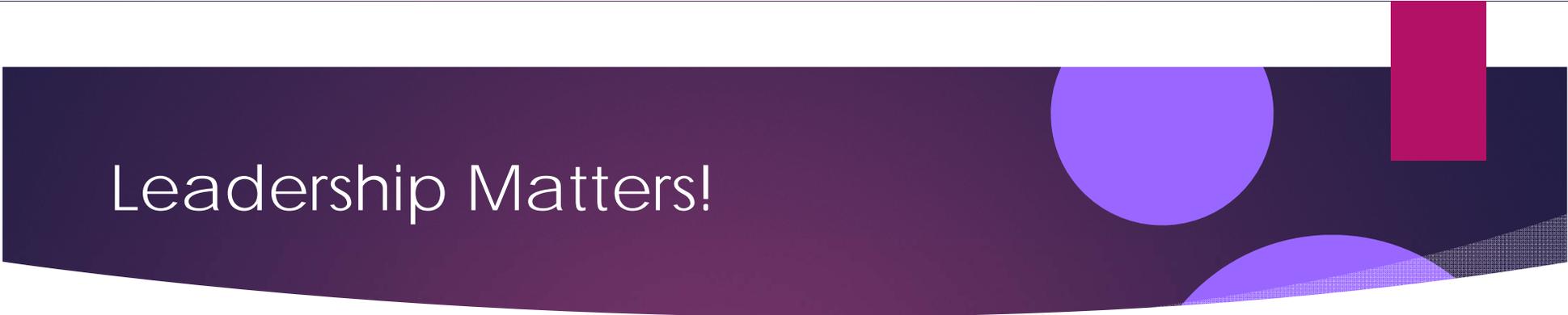
Althea Stewart-Pyne

Patricia Hogg/ Alice Yang



Revision Process

- ▶ Literature review 2005-2012 (1003 abstracts)
- ▶ 280 extracted
- ▶ 44 selected (plus personal files)
- ▶ Leadership at the point of care
 - ▶ 30 abstracts
 - ▶ 10 selected



Leadership Matters!

- ▶ Link to performance
- ▶ Link to healthy work environments (HWE)
- ▶ Current need for leaders
- ▶ Every nurse a leader (formal and informal)

Leadership and Performance

Patient/Client

Quality of life
Satisfaction
Reduced adverse event

Nurse

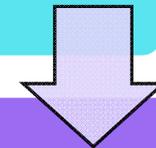
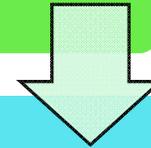
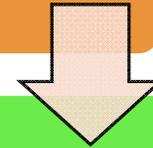
Job satisfaction
Empowerment
Emotional health, less burnout

Organization

Less absenteeism
Improved retention
Perceived unit effectiveness

System

Efficiency, effectiveness



Transformational Leadership

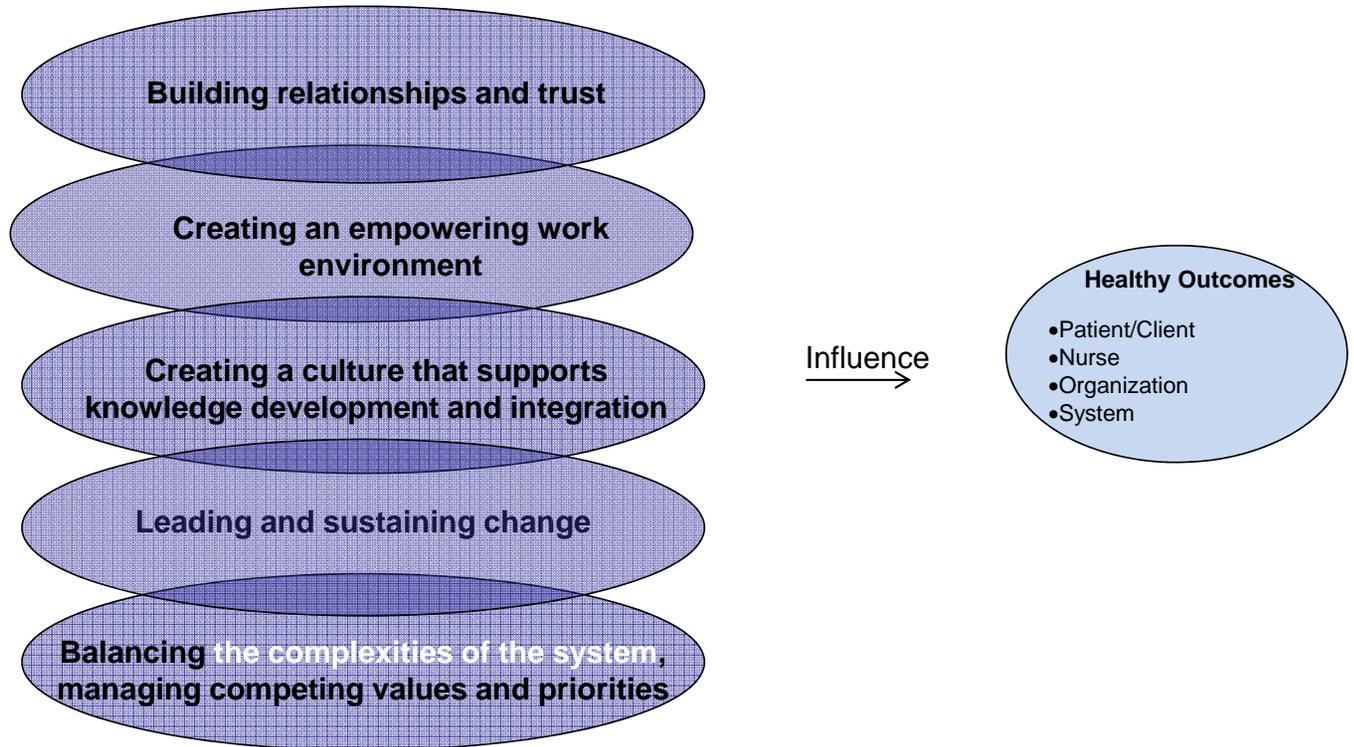
Theory base – relationship-focused leadership

- ▶ Burns, Bass and Avolio
- ▶ Kouzes and Posner
- ▶ Authentic leadership
- ▶ Resonant leadership

WARNING: It is contagious!

Conceptual Model for Developing and Sustaining Leadership

Transformational Leadership Practices



Example: Leading and sustaining change

Core Competencies

1. Nurse leaders create a shared vision for ongoing change with stakeholders and experts.
2. Nurse leaders engage others by sharing the vision for the change.
3. Nurse leaders involve stakeholders and experts in planning, designing and redesigning the change.
4. **Nurse leaders negotiate for the required budgetary support for the educational processes, decision support and other resources required to achieve the goals of the change initiative.**
5. Nurse leaders provide ongoing communication throughout the change process.
6. Nurse leaders develop and implement mechanisms for feedback, measurement and redesign during the change.
7. Nurse leaders support, coach and mentor others to succeed with the change.
8. Nurse leaders sustain attention to the change initiative throughout all stages of the change.

Sample Behaviours

4. Involve stakeholders.....

- Seek input from staff and labour groups early in the process
- Bring together people at many levels to talk about shared goals and ensure goals are aligned
- Involve the people who are affected by the change in the change process
- Identify expected behaviours clearly
- Engage stakeholders to build ownership for the change
- Identify key supporters, influencers and champions for the change
- Encourage a belief that changes can be made and build a sense of possibility
- Encourage considered risk taking and innovation, and role modeling these attributes
- Examine lessons learned regardless of outcomes

Context for Leadership

Value nursing

SNL
Nurses as FLM
Recognize contributions

Resources

Staffing
Budgets

Information

Technical/clerical support
Open forums, newsletters
Discuss measurement/indicator data with staff

Culture/climate

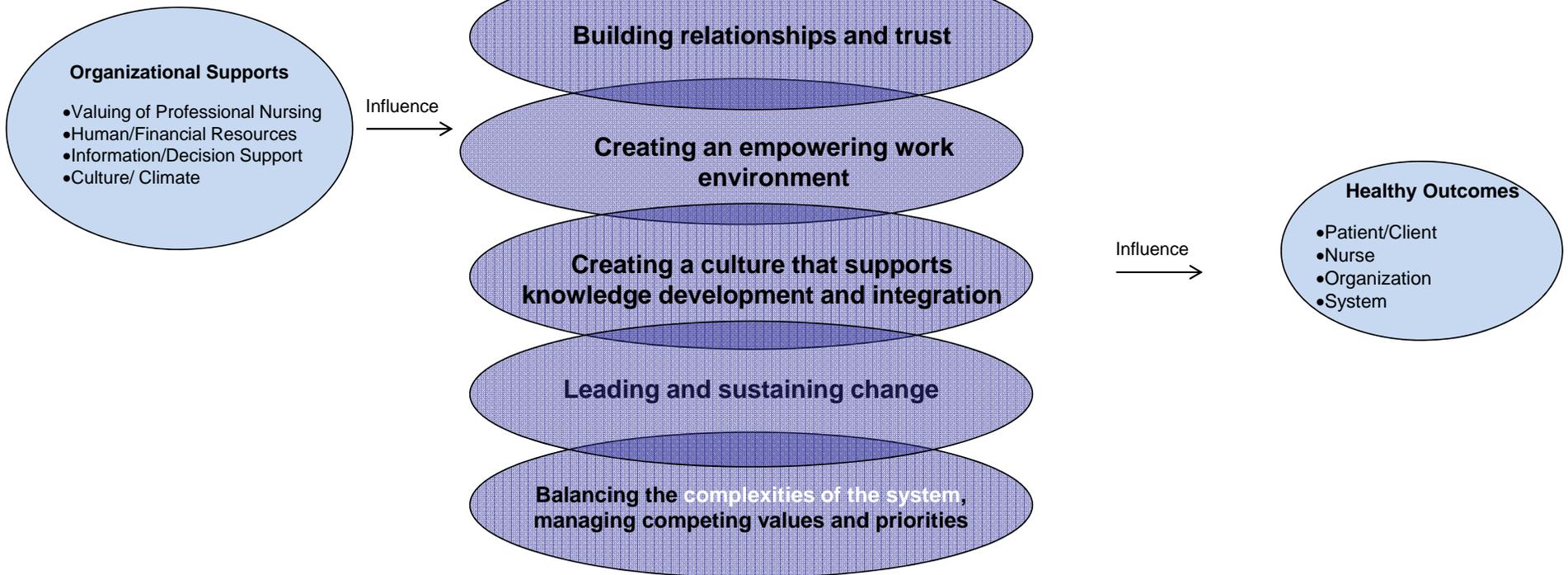
Learning
Empowering
Collaborative

Conceptual Model for Developing and Sustaining Leadership

Contextual Factors

Broad External Factors Sociocultural Context Professional/Occupational Context

Transformational Leadership Practices



Personal Resources

Identity

- Passion
- Nursing values
- Active in profession

Attributes

- Communication
- Resilience
- Self-reflection
- Self aware (EI)

Expertise

- Self-directed learning plan
- Education
- Broad knowledge base e.g. teams, evidence-based decision-making

Supports

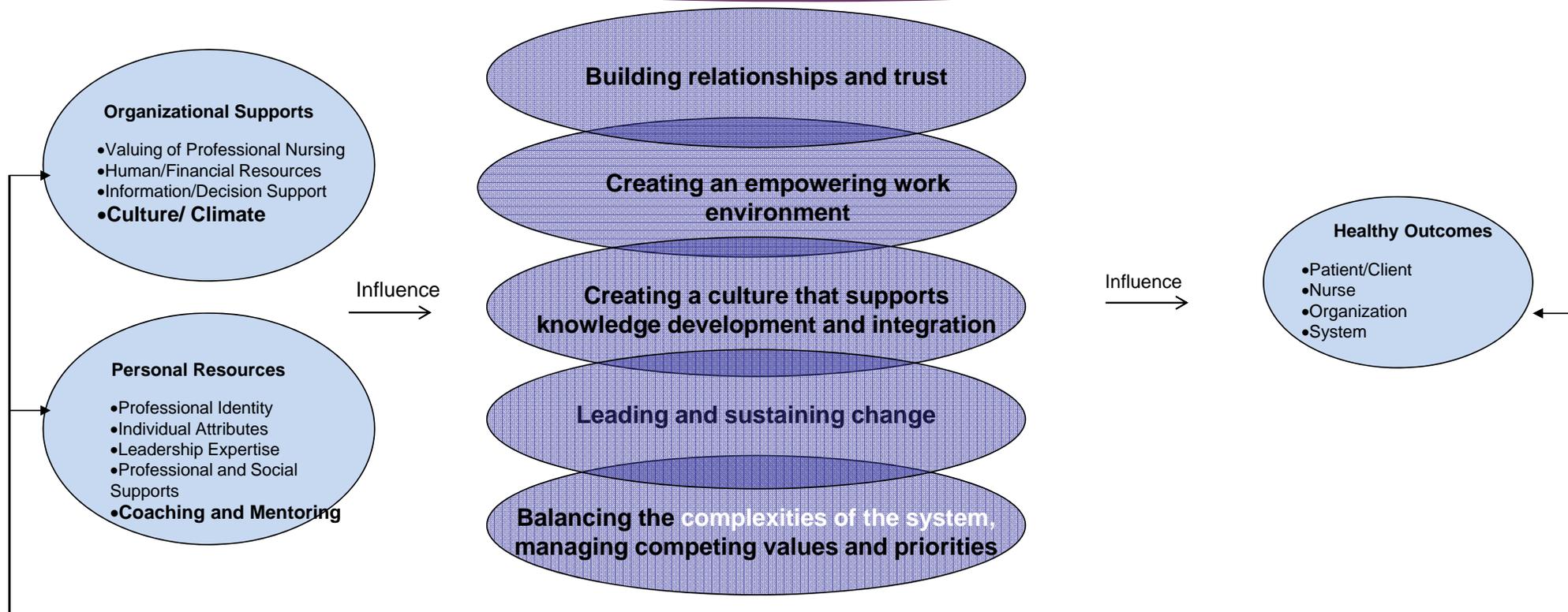
- **Mentorship**
- **Coaching**
- Networks
- Family, friends and confidante

Conceptual Model for Developing and Sustaining Leadership

Contextual Factors

Broad External Factors Sociocultural Context Professional/Occupational Context

Transformational Leadership Practices



LEADS in a Caring Environment Framework

Comparison to HWE BPG Framework



Leads self
Engages others
Achieve results
Develop coalitions
System transformation

+ build teams
+ partnerships and networks
+ systems/critical thinking

Leadership....at the Point of Care

WHY? Improve patient care!!!
System complexity, restrained resources
Valuable source of expertise to improve care
Retention (job satisfaction)
Succession planning

HOW? BPG examples
Leading practices and programs (Doran et al., 2012)
Opportunity

WHAT? Effective communication
Project planning
Change management
Interprofessional collaboration
Improving care processes

GAPS?
**Lack of systematic
evidence...impact over time?**

Leadership...at the Point of Care

EXAMPLE

- use of their knowledge and clinical expertise to question the status quo, challenge the process, question treatments
- effectively communicate patient assessments, articulate outcomes of the assessments which may be concerning or present patient perspectives to other members of the health care team
- clarify information for patients and their families they are promoting a greater understanding of their illness and ensuring patients are empowered with informed decision making in their care.

(Patrick , Laschinger, Wong & Finegan, 2011)

System Recommendations



Government

Senior nurse leader - Nursing advisory council
Fund nursing leadership research



Researchers

Impact of leadership - Interventions
Educational outcomes



Accreditation Bodies

Include organizational recommendations in standards



Education

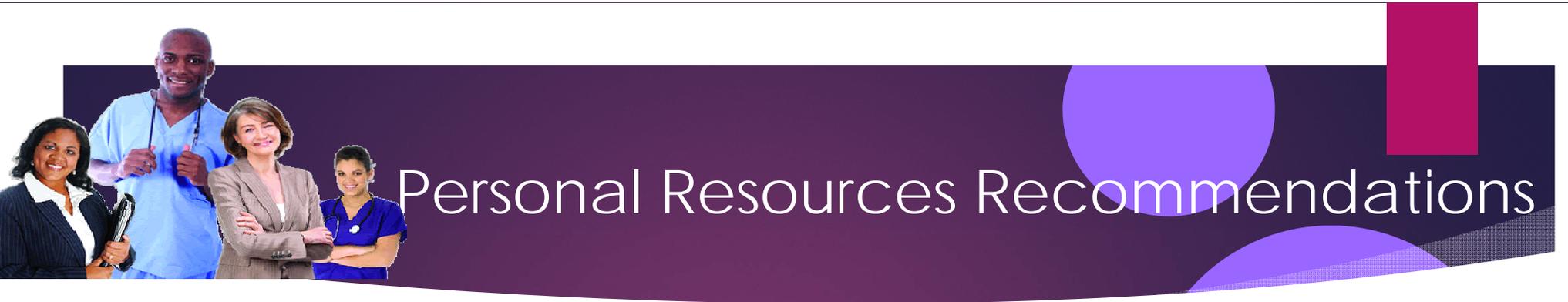
Use of conceptual model – experiential learning
Mentoring and coaching

Organizational Supports Recommendations

Health service organizations* provide supports for effective nursing leadership.



1. Demonstrate **respect** for nurses as professionals and as individuals and their contribution to care.
2. Plan and provide **opportunities for growth, advancement and leadership** development – all levels
3. Support a **culture of empowerment** to enable nurses to have responsibility and demonstrate accountability for their practice.
4. Provide timely access to **information, decision support** systems and necessary resources for patient/client care.
5. **Promote and support teams, collaborations** and partnerships.
6. **Support leadership roles to assist and facilitate change.**
7. Establish **scopes of responsibility and accountability** that enable effective nursing leadership practices.
8. **Invest in strategic succession planning** for the development of future leaders.



Nurses leaders continually develop their personal resources for effective leadership.

1. exhibit a strong professional **nursing identity**.
2. **reflect** on and take responsibility for the growth and development of their own leadership expertise.
3. **coach and mentor** others to develop leadership expertise.
4. cultivate professional and personal social **supports**.



Saint Elizabeth

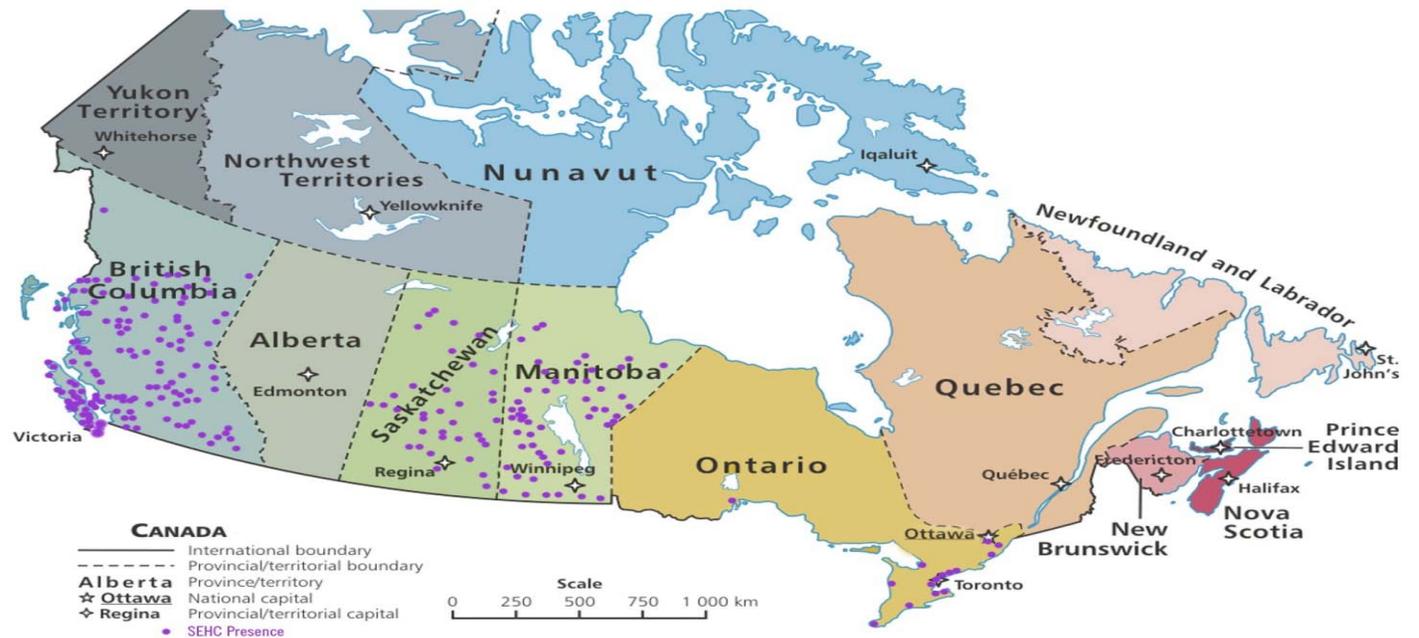
Well beyond health care



Leadership Best Practices
in
Home and Community Care

Home and Community Care: Where We Are

Saint Elizabeth Health Care's National Presence

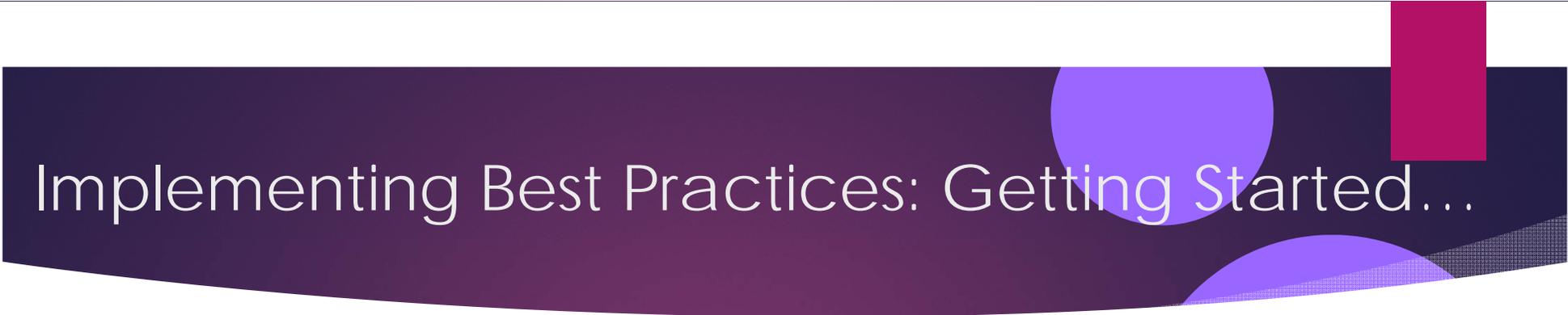


Saint Elizabeth: What We Do

- Health Services
- Consultation
- Education
- Research
- Charitable Activities
- Thought Leadership

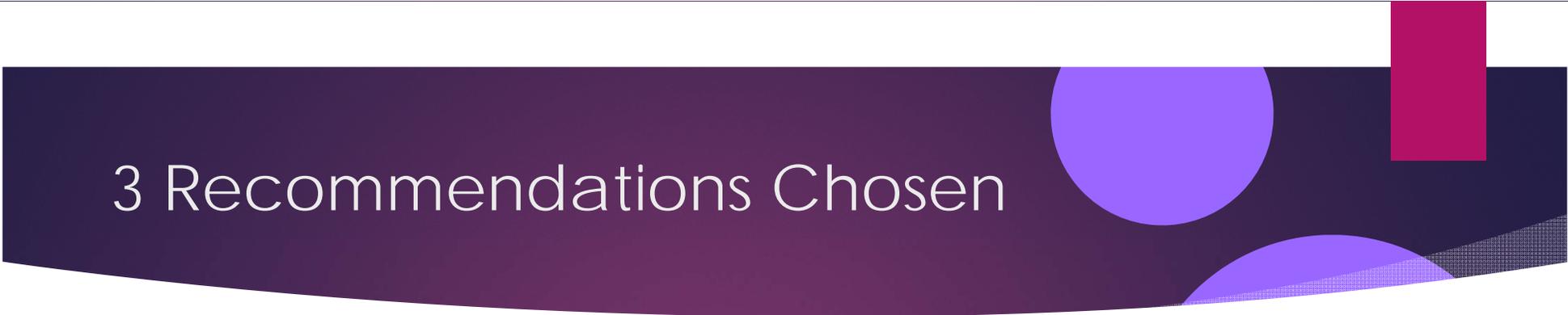
Saint Elizabeth: Realizing our Vision

- Innovation fuels *growth and diversification*
- We all have a *responsibility to lead*
- *Learning* is caring to know
- You can never have too much *talent*
- *Operational Excellence*....being really great at what we do



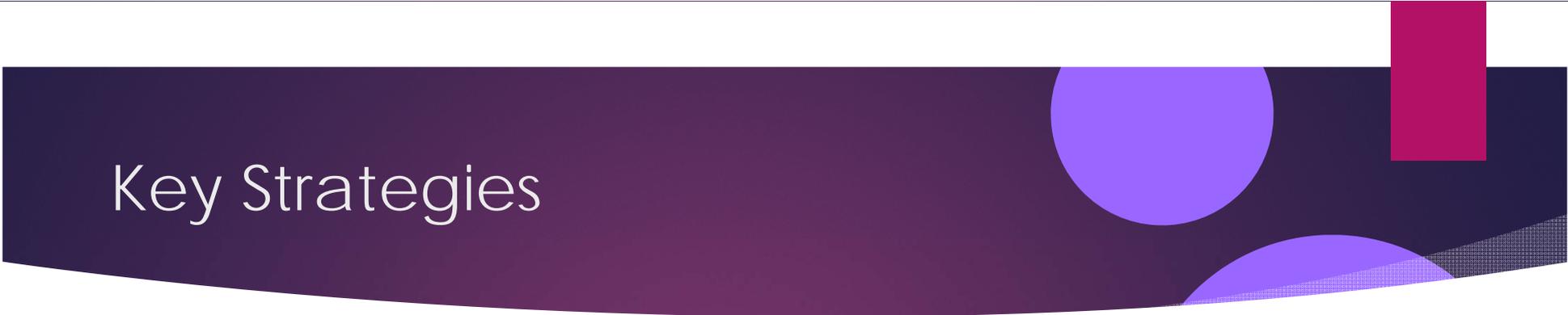
Implementing Best Practices: Getting Started...

- Project Management Team
- Conducted an environmental scan including Leadership initiatives within the organization to determine focus/recommendations
- An RNAO Advanced Leadership Fellowship
- Implementation and evaluation plan relevant for the community (e.g. geography, local issues)



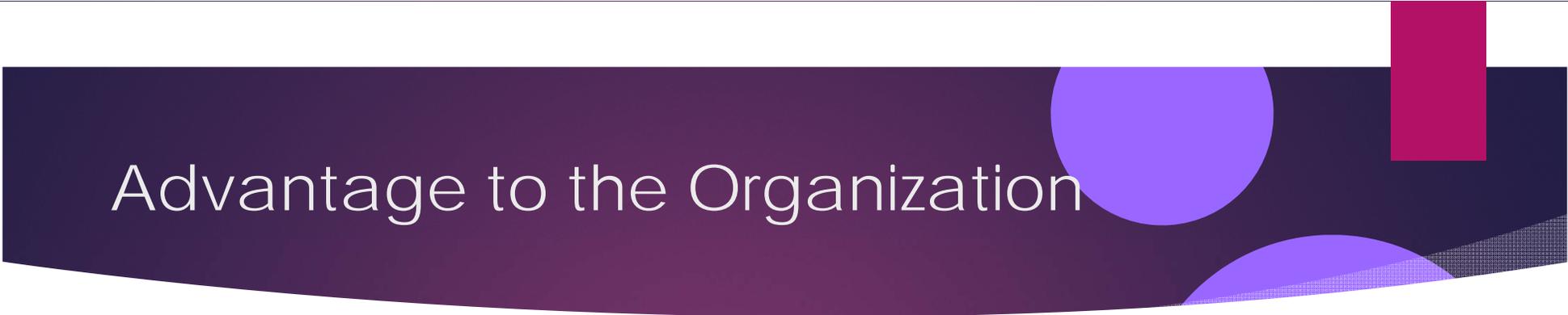
3 Recommendations Chosen

- 1.3 Nurse leaders create an environment that supports knowledge and integration
- 2.3 Health service organizations provide opportunities for growth, advancement and leadership
- 2.7 Health Service Organizations establish scopes of responsibility and accountability that enable effective nursing leadership practices



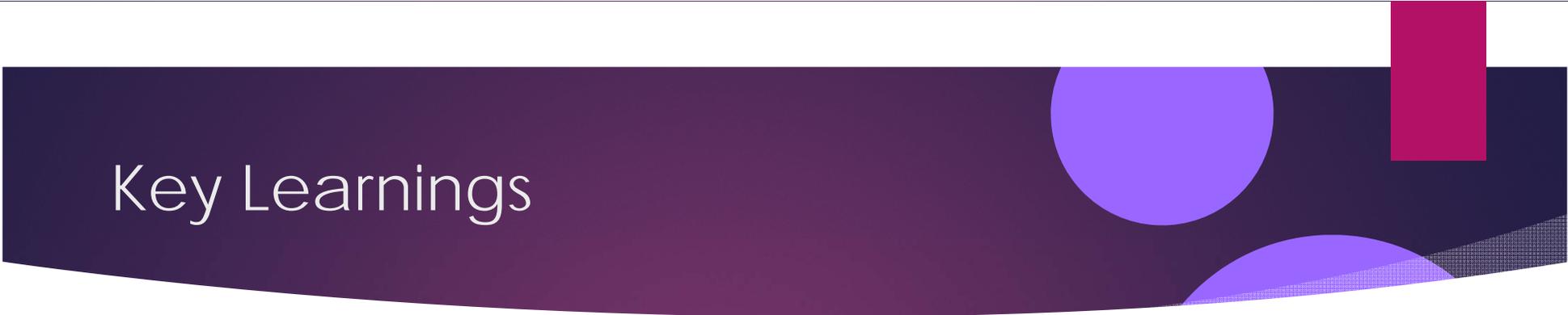
Key Strategies

- Organizational communication re leadership
- Evidence Informed Decision Making in Practice
- Training & education especially related to having a voice and influence; Fellowship in Leadership
- Rewards for top performers
- Personal development and career opportunities



Advantage to the Organization

- Continue to build leadership capacity at all levels
- Identified relevant issues that can be influenced by leadership within the organization including HWE
- Better understanding of leadership; informal versus formal and leadership at all levels
- Aligned leadership initiatives
- Continued SE research in nursing leadership (WG)



Key Learnings

- Need role clarity for staff from formal leaders to Point of Care nurses
- Environmental scan helped to identify unique issues at the local and provincial level
- Effective educational and implementation strategies that were relevant to dispersed Point of Care staff
- Need infrastructure and supports for leaders

Coleen Flynn, RN, BScN

MANAGER, CHILD HEALTH
NIAGARA REGION PUBLIC HEALTH

BPSO PROJECT COORDINATOR 2006-2009



Niagara  Region

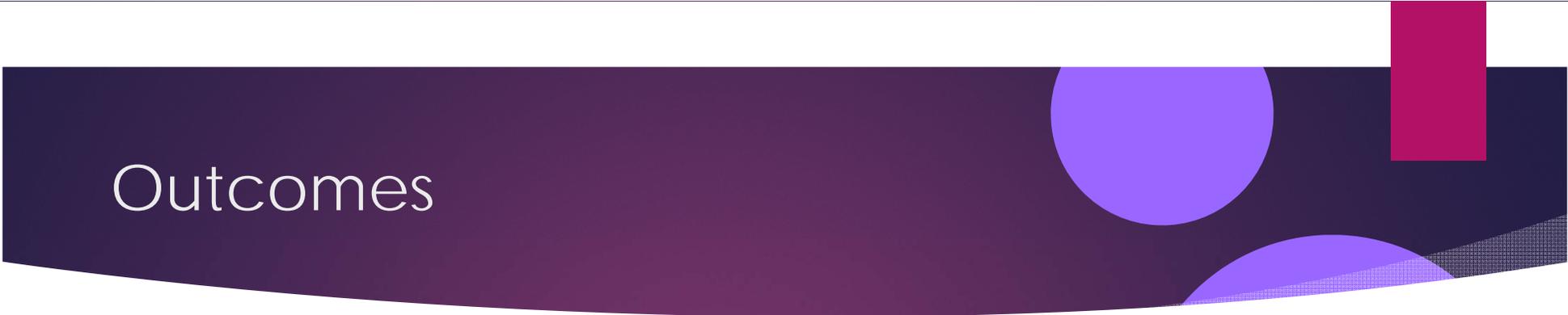
Application of Leadership BPG

Organizational implementation

- ▶ Support clinical BPG implementation
- ▶ Practice Council development
- ▶ Succession planning

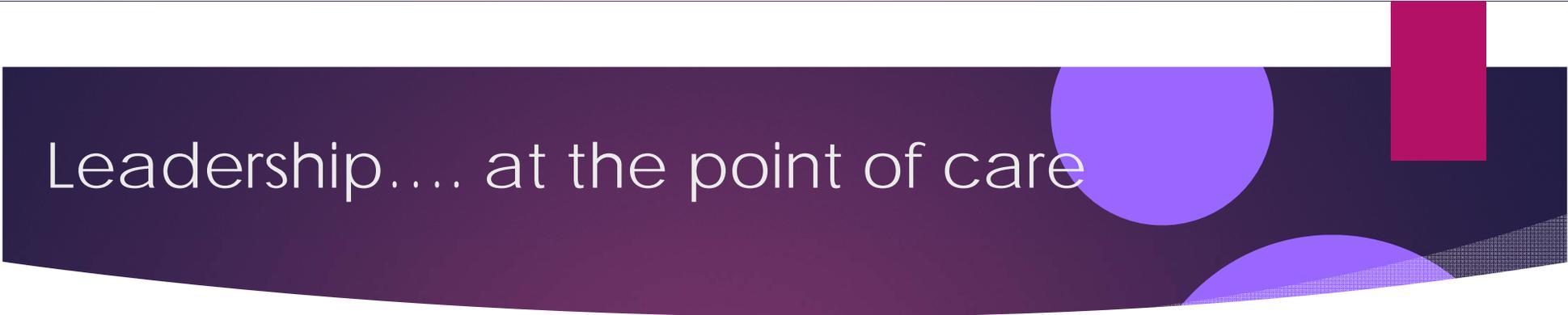
Personal implementation

- ▶ Desktop resource
- ▶ Formal education (McMaster University)
- ▶ Develop personal performance objectives (shape career path)



Outcomes

- ▶ No observable difference but did not establish performance indicators (2006)
- ▶ More invested in personal development
- ▶ Supports Practice Council members
- ▶ Reinforces organizational culture and values



Leadership.... at the point of care

- ▶ Autonomous role of PHNs
- ▶ “Leader within” part of organization’s strategic plan
- ▶ Leadership development well embedded
 - ▶ Practice Council member selection
 - ▶ Internal leadership development programs

Front-Line Leadership Exemplars

OVER 10 YEARS ACUTE CARE EXPERIENCE WITH
FRONT-LINE STAFF ENGAGEMENT

TRILLIUM HEALTH PARTNERS



Trillium
Health Partners
Better Together



1001 Leaders:
The right people making the right
decisions.

Harsh Realities

“There is an air of dehumanization, fragmentation, and focus on doing more, faster, and better. Intelligent, caring, and committed people feel alone, powerless, and voiceless in the midst of the demands.”

~Bonnie Wesorick, 2002



Partnership Council Purpose

An *infrastructure* that creates a place to:

- ▶ develop leaders
- ▶ tap individual gifts and collective capacity
- ▶ enhance relationships
- ▶ have meaningful conversations
- ▶ improve care and service
- ▶ achieve the shared mission and vision
- ▶ improve the quality of work life



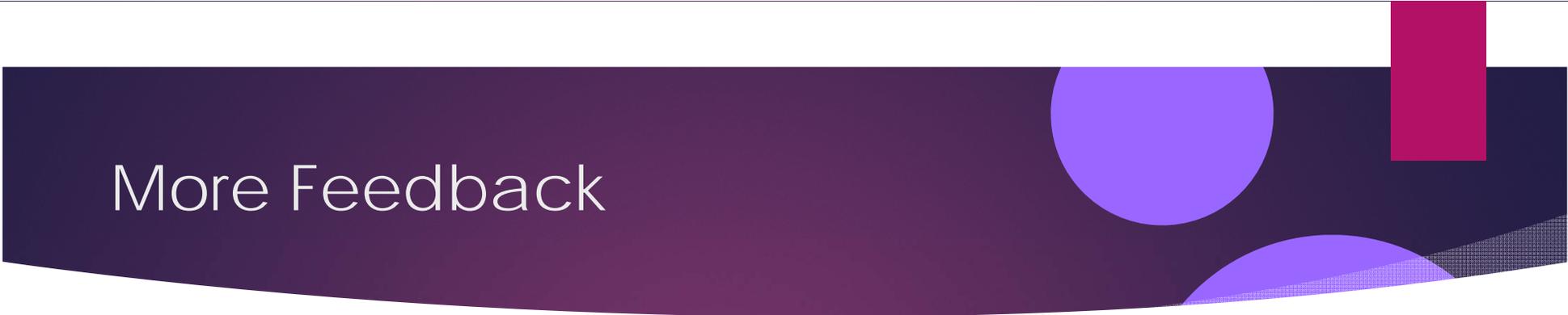
Managers

- “At councils, staff take ownership of the issues instead of looking to the Manager or Educator for resolution.”
- “Brings team together in dialogue about issues. Instead of staff stewing about issues, they talk about them, leading to less gossip.”



The Possibilities are Endless

- ▶ Cardiac Surgery Council worked through answering call bells by whole team, ambulation of patients for discharge
- ▶ Cardiac Diagnostics Council got feedback from their patients to improve processes
- ▶ Surgery Council used council forum to work out issues related to new model of care
- ▶ Lab Council, stat glucose results in NICU were reduced and continue to be monitored to sustain gains
- ▶ Lab Council created a strategy to reach out to Nursing Units
- ▶ Complex Continuing Care Council discussed Healthy Workplace Survey results and worked on action plans
- ▶ ICU Council restarted inter-disciplinary rounds



More Feedback

- ▶ “Staff feel more ownership of the unit and its issues and collaborate well together working on strategies to resolve them”
- ▶ “There is obvious pride in practice and staff feel listened to with good morale on the unit”
- ▶ “I find less resistance to change because staff are engaged and understand the rationale for change such as bedside reporting for instance”
- ▶ “Overall our healthy workplace scores were the best and most improved in all of medicine”

Other Initiatives

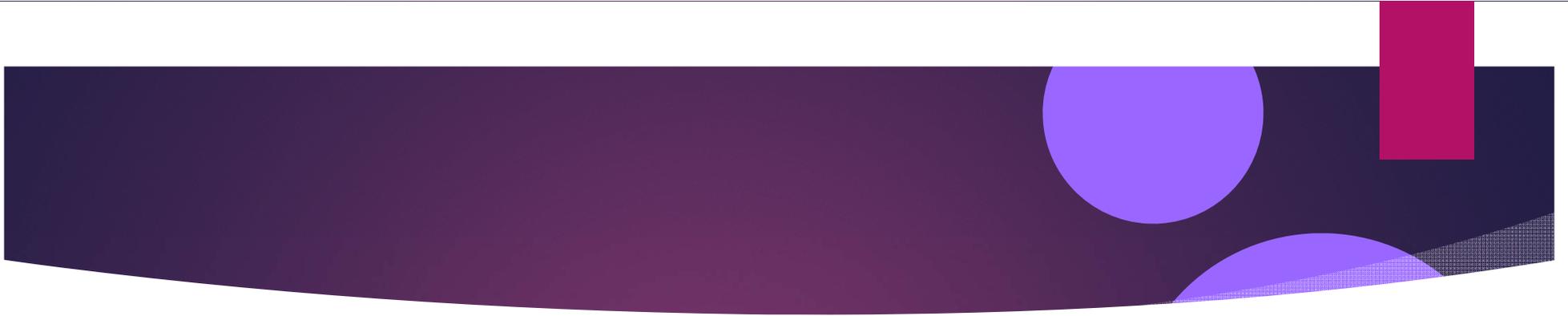
- ▶ Releasing Time to Care-Safety Crosses and the Well Organized Ward
- ▶ Clinical Quality Care Leader Role



“When people see the respect and trust we have for one another they will know this is a good place.”

~Bonnie Wesorick





The background is a dark purple gradient. It features several large, semi-transparent purple circles of varying sizes scattered across the frame. In the top right corner, there is a solid red vertical rectangle.

"If your actions inspire others to dream more,
learn more, do more and become more, you
are a leader."

-John Quincy Adams