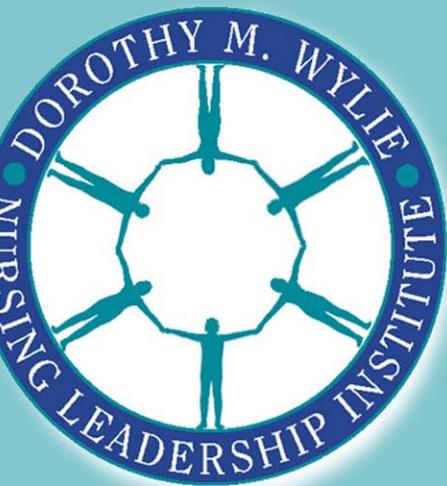


Networking Cafe

Nursing Leadership Development: Lessons from the Field

Beverley Simpson
Judith Skelton Green
Julia Scott



Thursday March 29, 2007

Update on DMW-NLI & HLI



Making a Difference

- **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

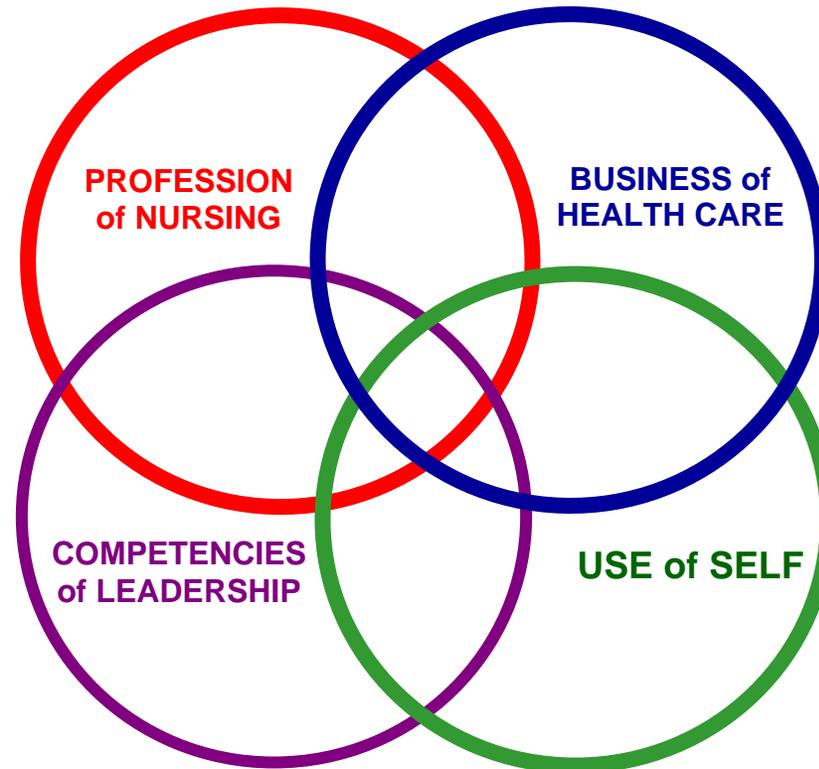
- **Organizational Benefits**

- 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

©

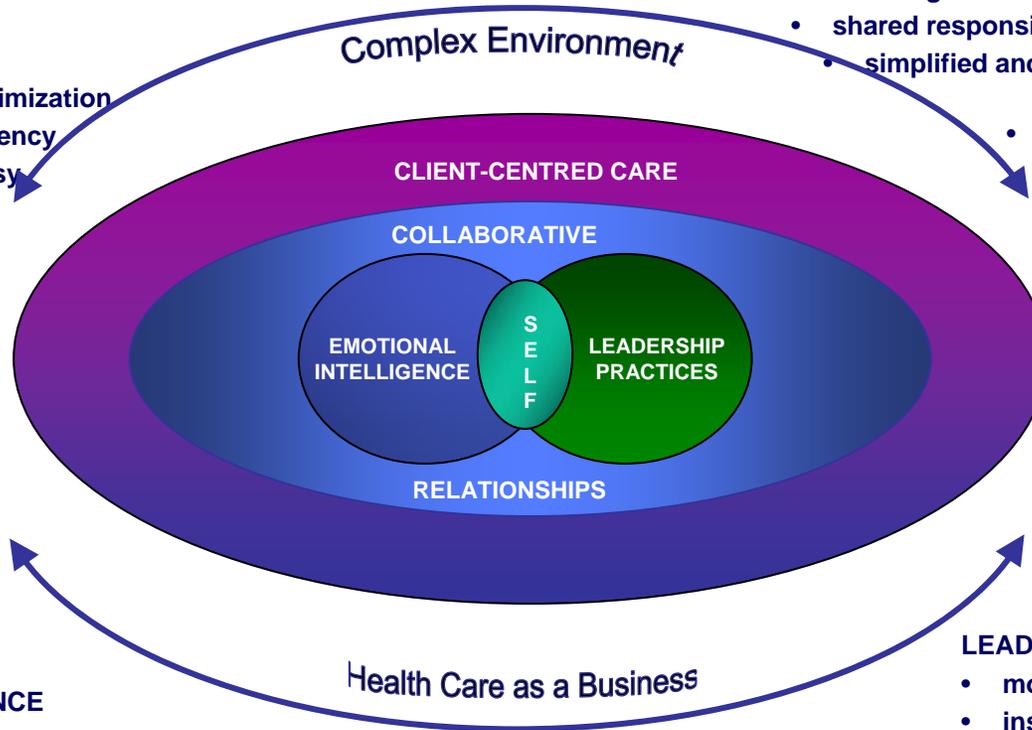
COLLABORATIVE RELATIONSHIPS

(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 controversies

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

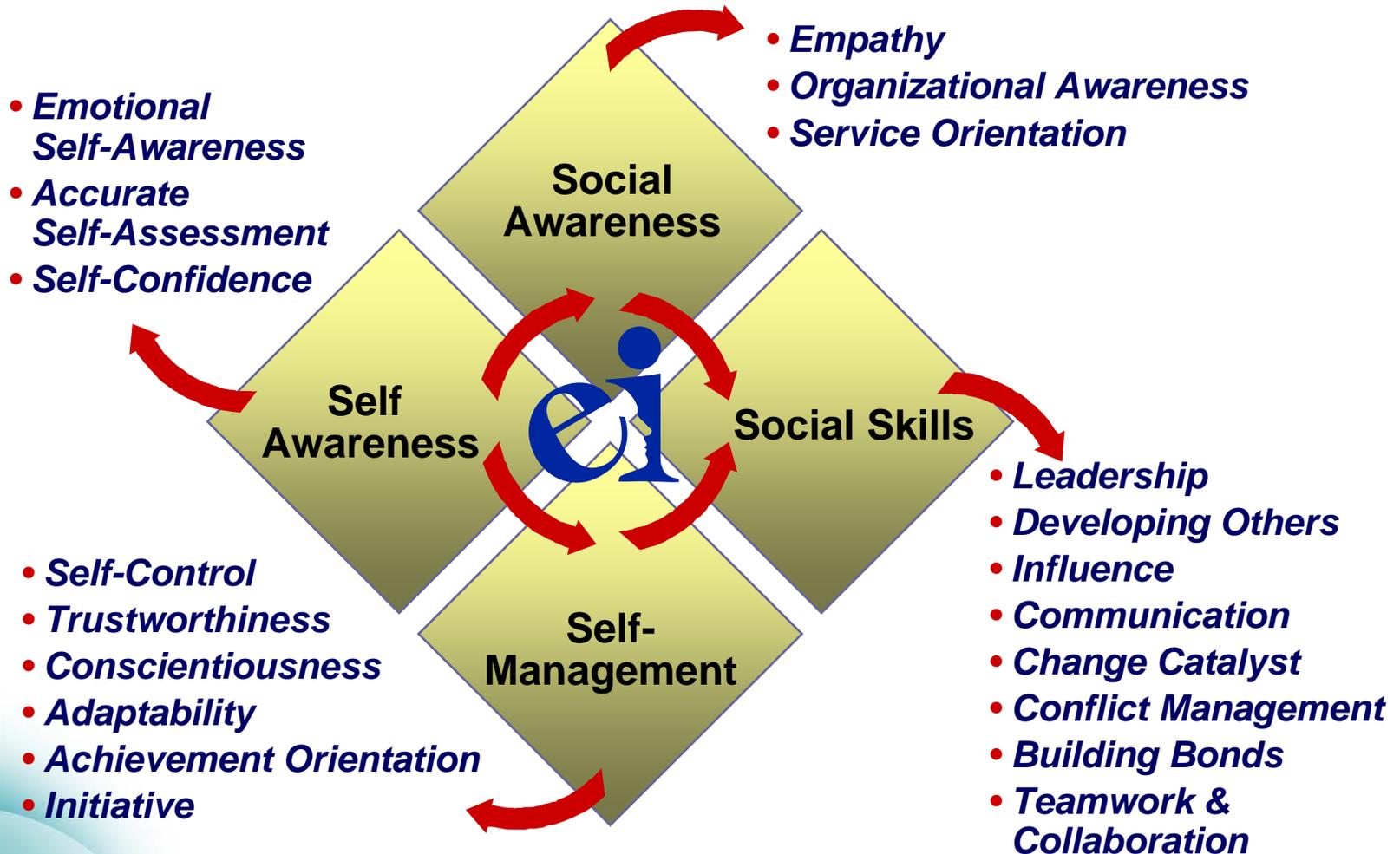
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Leading Change Framework © 2003



Emotional Intelligence Framework © HayGroup



DMW Educational Support

| | Funded Places | Value |
|---|----------------------|------------------|
| 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 |
| TOTAL | | \$198,250 |



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Feedback from Participants

- 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 timeenergy, talent, resources to take the project forward.



Challenges Anticipated Back Home

- 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

- 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

- 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

- 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

- **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



Insights from the Literature



Characteristics of Organizations that Develop Leaders

- 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

- 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

- 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

1. What has been your best personal leadership learning experience to date? What made it so good?
2. What is your organization doing about leadership development? What are you proudest of?
3. If you had your way, what would your organization be doing?



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

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

