



**Key Employers Meeting
Westin Prince Hotel Toronto
November 10, 2006.
Summary of Discussion**

History of the Development of the Institute

In 2001, few programs existed for nurses in leadership roles to better understand and utilize leadership concepts such as engaging and motivating professionals, developing human capacity, building learning communities, leading self-managed work teams and managing practice change. Leadership development is seen by many nursing leaders both as an investment in the present - by helping the system adapt quickly to new requirements and challenges, as well as an investment in the future - by providing for necessary leadership succession.

Understanding the importance of the issues, the Ontario Ministry of Health and Long Term Care, through the sponsorship of the Nursing Secretariat, provided seed funding to the Nursing Effectiveness, Utilization, and Outcomes Research Unit at the University of Toronto to establish a Nursing Leadership Institute in Ontario.

The Dorothy M. Wylie Nursing Leadership Institute was the brainchild of several nurses who realized the importance of nursing leadership development and envisioned a unique way to address the needs. The Institute was named after Dorothy M. Wylie in recognition of her innovative leadership in several senior nursing positions in Ontario and her pioneering work on the different facets of nursing leadership during her professorship at the Faculty of Nursing at the University of Toronto.

The planners successfully secured the BMO Institute for Learning, a superb location for a venture of this nature.

Objectives of the Institute

The objectives of the Institute, agreed upon by sponsors and designers, were as follows:

1. To promote the assessment, acquisition, and development of a set of core leadership competencies appropriate to the times and settings in which nurse leaders practice.
2. To support participants in applying leadership concepts in real life situations through reflective learning.
3. To allow for individual and group assessment of skills and areas for development.
4. To identify and develop current nurse leaders and leadership aspirants, and begin a concrete and deliberate process for nurturing their development.

The conceptual framework for the Institute design recognizes that today's nurse leaders must have competence in nursing practice and professional issues as well as in the business of healthcare. Leaders must cultivate an in-depth understanding of their own strengths and limitations and be skilled in the use of self to lead others. The program was designed to provide opportunities for participants to

enhance their use of self and to strengthen and apply leadership competencies to the advancement of the nursing profession within the context of the business of health care.

The five practices of Kouzes and Posner's highly developed and acclaimed Leadership Challenge framework (1995, 2002) formed the basis for the definition and application of leadership. These practices are: Modeling the Way, Inspiring Shared Vision, Challenging the Process, Enabling Others to Act and Encouraging the Heart.

Institute Design Principles

Considerable thought was given to the principles to guide the Institute's planning and development. Planners were committed to the belief that The Dorothy M. Wylie Nursing Leadership Institute should create a learning community for nurse leaders guided by the following principles:

1. **The program is characterized by experiential learning** i.e., the belief that learning is enhanced when there is an opportunity to experience ideas and concepts in practice.
2. **Learning activities will link theory and practice.** Content is evidence-based and literature supported. The concepts and theories studied will be related to action.
3. **Learning is collaborative.** Faculty, facilitators, and participants will engage as partners in learning.
4. **All activities will challenge, stimulate, and deliver value.**

Current State

- 11 Institutes to date
- #12 fully subscribed for May 2007
- Over 900 participants and 450 projects data-based on website
- Coast to coast to coast
- Broad range of roles, sectors, ages
- Program refinements
- Strongly positive evaluative comments from over 1000 participants
- To date \$180,000 provided for bursaries and student fellowships
- Broad range of sponsorships and partnerships
- Several universities across Canada granting credit (baccalaureate & masters)

Rationale for the Key Employers Meeting

The meeting was convened to create an opportunity for chief nurses in organizations which have sent 10 or more participants to the Institute to get together for a focused discussion on how they have, or they might, best leverage the leadership learning which participants have acquired to the organization's advantage – in relation to both internal leadership and succession planning. The goal was to discuss topics such as building a culture for leadership succession, coaching and mentoring for leadership, encouraging and supporting young leaders, and any other topics related to leadership development and succession planning. Participants were asked to bring ideas, practices, concerns and challenges to facilitate pertinent conversation about what works and what doesn't.

Attending

21 people attended a one day retreat in November 2006, from Cambridge Memorial Hospital, Chatham Kent Health Alliance, FNIHB Health Canada, Hospital for Sick Children, Humber

Institute of Technology and Advanced Learning, Joseph Brant Hospital, Royal Ottawa Hospital, Seven Oaks Hospital, Southlake Regional Health Centre, St. Michael's Hospital, St Joseph's Healthcare (Hamilton), Whitby Mental Health Centre, Winnipeg Health Science Centre, Winnipeg Regional Health Authority, Victoria General Hospital (Winnipeg).

Discussion & Themes

How are individuals chosen for participation? How are their home-based projects chosen? How are they prepared? Supported? Debriefed?

Selection of Individuals:

- A variety of approaches are used to identify participants. They could be 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) or opportunistic (e.g. people who display initiative, respond to a call, those come forward with energy, ideas and commitment).
- One organization requires staff to compose a letter with personal goals, contributions to the organization thus far, how attending would further their contributions to the organization & how this will help them contribute to the profession. They have a panel who selects from among the 20-30 applicants per year. Once selected, they meet with the senior team to become aware of corporate priorities & pillars/values, nursing practice & leadership council priorities, potential projects, etc.
- Most organizations stated that they had a mix of selecting and putting out a call.
- Another organization has the selection and awarding of dyads during Nursing Week.
- One organization noted that the hand-picked selection process can create challenges because senior staff may become resentful (because of a sense of entitlement).

The Dyad Model:

- Some participants are able to send a dyad of an established and junior partner. Others commented that they do not always follow that approach; that they sometimes wish to develop their senior team before more junior members. Others commented that they don't send traditional dyads because they are trying to match people to achieve other goals (i.e., cross-program projects, priority projects; projects that need to come from organizational development strategic plan and priorities, and sometimes individuals are identified who fit the priority projects, have potential to contribute in the future & or to reward a contribution already made).
- From a practical perspective there are also times when no one is readily available to attend as a partner, and they may need to advertise.

Selection of Project:

- Some individuals have a project idea which is explored with their leadership team. Some already are working on projects and they explore the feasibility of using it at the DWNLI and work on a plan; others are not clear on organizational priorities, so ideas are brainstormed.
- Projects may arise out of yearly goals, either those that are already defined or those that the individual feels would advance an organizational priority. Most try and ensure that

there is some synergy with organizational priorities and initiatives (e.g. RNAO best practice guideline implementation, balanced nursing score card, etc).

- It was generally recognized that participants should be enthusiastic and energized about the project.
- For organizations that are spread out geographically there are challenges at times with dyad partners who do not work together.

Support

- Organizations support attendees through several ways and means, including paid time and travel (may be through operating budget or funded by foundation or other resources), time to work on projects. Many 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.
- Others commented that perhaps there were 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.

What are you currently doing to leverage the learning of the individuals to your organization's advantage?

- 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.
- Specific organizational examples include:
 - Development of a stronger professional practice structure and council (Royal Ottawa Hospital and Cambridge Memorial)
 - Building on relationships made during the DWNLI, leverage a partnership in a research endeavor (St. Michael's Hospital)
 - Planned use of the Change Leadership framework in an organizational initiative (St. Michael's Hospital)
 - Attendance at the DWNLI is one part of a multiple intervention strategy to achieve service excellence at Humber Institute of Technology and Advanced Learning.
 - The Winnipeg Health Region 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.

- St. Joseph's Hospital, Hamilton is pursuing a linkage with McMaster University to develop a nurse ambassador program with a leadership component to link front line staff, advanced practice nurses and faculty.
- 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
- Kingston General has explicitly articulated the leadership competencies within the professional practice model; have developed the infrastructure for moving this forward via intra-professional & nursing councils
- Hospital for Sick Children has developed nursing leadership principles and evolved them to an intra-professional model. In addition, staff participation at the institute has been highlighted to the board of directors.

What else might the organizations and facilitators do to leverage the investment in DWNLI?

- Look at regional priorities and funding to support cross-sector and cross organization projects.
- Internal presentations during nursing week, best practice days. Capitalize on the energy of the latest group of staff who attended.
- Develop a community of practice to keep the spirit and the learning alive; alumni group intra-organizational or within a region. Dinner/speaker – to share stories re how participants used what they learned since attending the Institute; Internal focus groups, etc.
- Developing a concrete list for graduates about how to connect with each other after attending (e.g., presenting to the board or foundations, newsletters).
- Report back to nursing practice council & engage council in selecting participants & projects.
- Access the Winnipeg tool and link that to succession planning.
- Finding funding; weaving in the benefits of nursing leadership in relation to patient care into the corporate priorities; highlighting the link with CCHSE which may draw in the CEO.
- Engaging union labour leaders in discussion about how their agendas fit with the DWNLI framework (Facilitators).
- Go to universities and colleges to share the DWNLI framework with students & to orientate new grads (Facilitators).
- Collaborating with RNAO on their advanced practice leadership fellowship and on their leadership framework (Facilitators).
- Use content and framework to prepare and support mentors, preceptors & tutors
- Develop on-line learning – before and after the Institute (Facilitators)
- Threading the language into agendas, job descriptions, performance evaluations
- Using the language to capture & measure small changes that have large impact (pearls of practice)
- Capitalize on the interest, energy and “buzz” among nurses and other health professionals.

Where do we go from here?

Several organizations are working towards a stronger focus on healthy workplaces and competing for (or already received - the Top 100 or Top 50 Employers awards; e.g., Seven Oaks in Winnipeg). Continuous learning opportunities and leadership development for ALL health professionals play an important role in that process.

One of the current and important challenges expressed by several organizations (e.g., Cambridge Memorial Hospital, Chatham Kent Health Alliance, Royal Ottawa Health Care Group, Seven Oaks, Winnipeg Health Sciences Centre) is the need to advance the collaborative leadership learning and project work of members of the inter-professional team.

To this end several organizations are using the Health Leaders Institute, developed in 2005 as an offshoot of the DMW-NLI, to support leadership development across the health professions and offer the learning opportunity to a variety of health professionals including nurses and advance inter-professional teamwork and projects.

Respectfully submitted,

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