

Leadership

Regional Nursing Workshop 2017, Hilton
Garden Inn, Saskatoon, SK
CEDN

Susan Bazylewski, RN BSN MCED

What we are going to discuss today...

- ◉ What is leadership and why do we care?
- ◉ What is your personal philosophy about your own leadership today
- ◉ Challenges of leading today and what this means for each of us
- ◉ Improving leadership effectiveness
- ◉ Practical tips and advice

Introductions



Compelling reasons to care about leadership as nurses

Our Health System today:

- Social determinants of health, many health inequities, poverty and impacts on disease
- ◉ Changing population demographics Immigrant rich nation, our Aboriginal peoples growth, seniors growth: Silver Tsunami
- ◉ Multiple and complex diseases, co morbidities, obesity in our province very high
- ◉ Technology changes, treatment changes, drug changes

- ◉ Canada's health ranking is 3rd last in 11 developing nations when health care is compared
- ◉ 2010 survey, Canada was second highest in cost and second last in performance
- ◉ \$ spending
- ◉ 75% of good health is the result of factors beyond direct health care

<http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/>

Our system is in flux and chaos as it transforms-how do our patients and clients navigate this? And how do we as nurses support our clients, patients and families across care sectors?

The Case for Investing in Patient Safety CPSI August 2017

- Over the next 30 years in Canada, within acute and home care settings, there could be roughly 400,000 average annual cases of patient safety incidents (PSIs), costing around \$6,800 per patient and generating an additional \$2.75 billion (2017\$) in healthcare treatment costs per year.
- The PSIs considered, and the costs incurred, are all preventable.
- In terms of mortality, PSIs in total (acute/home care combined) rank third behind cancer and heart disease with just under 28,000 deaths across Canada (in 2013).
- This is equivalent to such events occurring in Canada every 1 minute and 18 seconds, and a resulting death every 13 minutes and 14 seconds.
- <http://www.patientsafetyinstitute.ca/en/About/Documents/The%20Case%20for%20Investing%20in%20Patient%20Safety.pdf#search=leadership%20for%20safety>

As nurses,
we are
front and
center in
our roles
to impact
safety .
This takes
leadership



Saskatchewan's Health Care is changing as we speak.....

Organizational Design Overview

Design Event Criteria:

1. Maintain existing Primary Healthcare Hubs currently based along RM boundaries
2. Grouping together of "Like" Populations
3. Balance Populations
4. "Think and Act as One"
5. Each Area would include at least **one regional or provincial hospital** to serve as a hub of acute care needs
6. **Boundaries are flexible and porous**
7. **Acute care flow patterns were considered**, but emphasis was on access to PHC
8. **First Nations borders, boundaries, and existing relationships were not interrupted**
9. **Referral patterns** for medical care were considered
10. **Natural highway patterns** were referenced to ensure ease of patient transportation



Better

Workforce Leadership Challenges

- ◉ Lack of leaders in nursing management positions: Age, complexity of job, span of control, work life balance
- ◉ Leadership “with” the people knowledge technology
- ◉ Tolerance and patience in the “quick results” world
- ◉ Meeting needs of diverse workforce
- ◉ Trusting that the people have the answers-having skills and time investment without seeing the solution/results as clear as we would like-and it’s not OUR answer, it’s theirs and ours-facilitation skills needed
- ◉ Things are messy and skills sets to navigate this are not always comfortable for leaders

Enough Talking



- ◉ We need to seriously examine our system and our own leadership role as nurses
- ◉ Critically think: what is our individual role to influence, how do we use our personal power to impact and be a part of change-there are lots of us-over 298,000 nationally.
- ◉ Sask: over 10,000 nurses

Making leadership part of who you are

“In what we’ve discovered and re discovered, leadership isn’t the private reserve of a few charismatic men and women. It’s a process ordinary people who use when they’re bringing forth the best from themselves and others. Liberate the leader in everyone and extraordinary things happen.”

Kouzes and Posner The Leadership Challenge 4th edition 2007

So, what does this mean for me?

Dr. Ginette Rodger

Senior VP Professional Practice, and Chief Nursing
Executive, The Ottawa Hospital

Lead from where you stand

What leadership is...

- ◉ Leadership is about people
- ◉ Leadership is about being the leader of you
- ◉ Leadership is about internal motivation
- ◉ Leadership is about striving for perfection while accepting imperfection
- ◉ Leadership is about change
- ◉ Leadership is about confidence
- ◉ Leadership is about growth
- ◉ Leadership is about having energy
- ◉ Leadership is about creating a positive experience
- ◉ Leadership is about creating results with integrity
- ◉ Leadership is about reducing fear and increasing hope

Leadership from Within Peter Urs Bender 1997 pages 7-10

What does leadership actually look like on our everyday worlds?

Thinking of a leader you have worked with, seen.. What was it about them that resonated with you? Was it something that person said, or did?

Staff nurses as leaders

Is this leadership? How can you act instead?

1. Your patient asks you to heat up his magic bag to help his excruciating pain from his stage IV Cancer diagnosis and you say the microwave is only used for staff
2. A colleague is presenting at a workshop and you are sitting right in front of her. During her presentation you are checking facebook and playing candy crush on your phone and the doctor beside you is shopping for winter tires.
3. You are frustrated with equipment breakdowns on your unit and go and talk to your manager about this.
4. You are precepting a 4th year student nurse and see he is struggling and being slower to learn a complex procedure, so run to the instructor and say there are problems with this student and you don't think they should graduate.

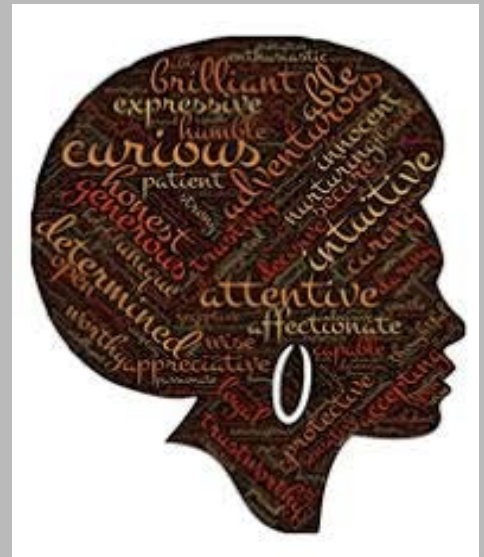
Staff nurses as leaders

Is this leadership?

5. A family is waiting to see a physician, they have come from out of town, and when they ask you, you say, “She will be here when she gets here”
6. You wonder what type of “mood” your manager will be in today as you know it affects everyone in your workplace....if he shows up. You find that everyone seems to be affected by his mood, even you.
7. A family is angry at the care their father is receiving in a LTC home. You start to listen to them, and as their anger rises, you tell them they can always find another place for their father to live.
8. You introduce yourself to your patient’s family and find out that they have been waiting all day for the physicians to come on rounds as they have many questions. You find out what their questions are, answer what you can, and let them know you will find out for them when the physician will be coming AND if not, you will arrange a conversation over the phone.

It's Personal...

- ◉ Your Own Personal Definition: What words would you use? Why do you get up in the morning? Why are you a nurse?
- ◉ What is your Mindset?
- ◉ What is your Inner Game saying?
- ◉ What is your “presence”



An Example....

- ◉ Fundamentally about living my commitment to get up in the morning and “do good” and “be of value to nurses, patients, families and my team”
- ◉ “Being With”
- ◉ Conscious enterprise, so that how I think, do and act is guided and demonstrated by these beliefs
- ◉ Help to create an environment and context that brings people together for shared and individual success.
- ◉ Partnering with others all across the continuum not just my own space to act with caring, courage, and integrity.
- ◉ Taking risks and thinking beyond what is in front of me
- ◉ How I do that is my personal challenge and opportunity

It's about our EM.....

“Emotional intelligence and nurse leaders is considered to be critically important, as this skill or ability is required to inspire others to be successful in achieving goals and providing higher level care, even in difficult circumstances. These leaders understand the emotions of others with whom they work and enable them to manage their emotions even in stressful environments.”

(Review of emotional intelligence and nursing, (between 1995-2007)

Article by Smith, Profetto-McGrath, and Cummings, 2009 review, quoted in 2015 Nursing Leadership and Management Working in Canadian Healthcare Organizations)

- “How health care leaders behave beyond their competencies-that is what they say and do in interactions with others to achieve outcomes is **what matters**”

(Kemerer, 2003 Leadership : What works in the real health care world. Healthcare Papers, 4 (1) 37-38).

Leadership Effectiveness: Outer and Inner Game

(Anderson and Adams, Mastering Leadership 2016)

- ***The inner game runs the outer game***
- Most efforts at developing leaders has targeted outer game , dominant approach is competency based.
- Can learn new competency but stuck at level of inner game as this is only half the game

Outer Game

Leadership process

Science of leadership
Business and Rhythm and
Management Processes

Leadership Competencies

Outside Game of Leadership
Leadership Competency Research

Inner Game

Leadership Consciousness

Inside game of leadership
Evolving consciousness



Outer and Inner Game explained

Inner Game

- **Leadership Consciousness:**

Your inner operating system, what drives you, how you define yourself, what is important to you, what you believe.

Your mean making system: what you use to make sense of the world

Your decision making system: how you analyze, decide and act.

Your values and spiritual beliefs

Your level of self awareness and emotional intelligence

Mental models you use to understand reality, think act, and create

Underlying beliefs and assumptions making up your personal identity, systems you use to know who you are and define and deploy yourself in certain circumstances



- **Outer Game**

- **Leadership process:** allocation and effective utilization of resources, people, time and money. Management systems we use -how effective you are impacts organizational effectiveness.

- **Leadership competencies:** Outer Game Business acumen, job competencies

Inner Game and our Mood

“We’ve known for years that emotional intelligence improves results - often by an order of magnitude. Now research shows that a leader’s mood plays a key role in that dynamic - a discovery that should redefine what leaders do first and best”

- Primal Leadership: The Hidden Driver of Great Performance.
Goleman, Boyatzis, McKee, Harvard Business Review. Dec. 2001.

Emotional Wake-Oh yes we can tell

What you remember after I am gone.

Whatever you feel.

The aftermath, aftertaste or afterglow.

It is the story that is told about each of you in the organization and the story when you leave the room, the impression you leave with others.

How obvious is your inner game?

Building Personal Leadership Capacity AKA Leadership Muscles

Physical capacity: the amount of energy we have to invest in our leadership activities, fuel for our thinking and communicating and our emotional state we need.

Mental capacity: our ability to organize our lives and focus our energy and attention on what matters most (NO to multitasking). Logical thinking, self awareness, self regulation decision making are part of this.

Emotional capacity: 1) Our ability to be aware of our own emotions ie. Recognize a feeling when it happens, monitor from moment to moment, 2) manage or self regulate our emotional reactions

Social capacity: focus on others, ability to effectively navigate and negotiate complex social relationships and environments. Daniel Goleman, (2005) Emotional Intelligence

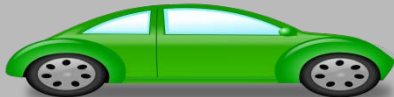
Improving our Inner Game will benefit Leadership Capacity up to 38% increase.

Physical Capacity: A wellness issue is a leadership issue

Some results of data collection on senior executives over a series of years:

- More than 75% high cholesterol
- 2/3 above ideal percent body fat
- Fewer than half consistently exercise
- 47% report higher than average stress levels
- Most don't get the requisite 7-8 hours sleep per night
- Fruit and vegetable consumption is very low (3-4 servings per day compared to recommended 9)
- Most put in 60 hours per week at work
- Travel more than 50 days per year

Sharon Mc Dowell Larsen (2012). The Care and Feeding of the Leader's Brain (whitepaper).
The Center for Creative Leadership



Physical Capacity: Strategies

Breathing: Take a few deep breaths, to help you relax, focus, reduce muscular tension and anxiety and promote more efficient oxygen transport to your cells. Helps restore feelings of calmness, focus, confidence, engagement.

Sleeping: No single behaviour more fundamentally influences our effectiveness in waking life than sleep.

Every 30-45 minutes, stretch your muscles whether sitting or standing by performing small movements, while taking deep breaths

Every 90-120 minutes, walk away from your desk if sitting, set a destination, climb stairs, do other major movements

Physical activity in your schedule beyond those during workday

Leadership Strategies

Eating: nutritional practices to sustain blood sugar so provide your brain with glucose and oxygen to perform..**eating often** and light, eating low glycemic snacks, breakfast..

Hydrating: A mere 2% drop in hydration will begin to shrink the brain and cause fuzzy short term memory, difficulty focusing and daytime fatigue. “Brain fog!!”

- When are your meetings? What kind and type of food do you have at meetings?
- What types of snacks are available?
- How readily available is water?
- Does your organization have a “healthy eating policy”
- Meet another manager for a short walk *section coming up on rituals, habits
- How do you prepare for interactions with your clients

Building mental capacity: The muscle of attention

Strategies

Pay attention to how you pay attention.

Consciously manage your distractions

Are you in a culture that is always turned on?

Be silent in a quiet place, breathe deeply, pause, breathe deeply.

Establish rituals and habits using a different part of the brain that is less taxing

Plan intensive highly focused activities when you are fresh...after a good night's rest, after a break, after exercise, with a well fuelled body.

Plan your day to minimize task switching as much as possible

When you really need to pay attention to something, carve out uninterrupted time.

***Mental activity draws on physical capacity**

What about multi tasking?



- It is not possible to do many tasks well.
- Switching attention from one to another, splits your focus and means it takes longer to fully engage
- Leads to significant decreases in the performance of both.

Consciously manage distractions such as your office environment-do you work on business cases beside your phone and email?

What are your guidelines for meetings, phones?
How can you improve decision making and performance in your worklife?

Emotional capacity

- Our ability to be aware of our own emotions ie. Recognize a feeling when it happens, monitor from moment to moment, 2) manage or self regulate our emotional reactions

Quick strategies

- ✓ Move your physical energy
- ✓ Shift from complaining to taking action
- ✓ Act as if you are feeling positive: “Fake it until you make it”
- ✓ Humour: Being able to laugh puts you in emotional control.

Social capacity: how will you navigate the complex social environments of today?

Strategies:

If I choose calmness, others will be calm

Listening and being attentive to the verbal and non verbal so we can be “with” our clients, patients, families.

Compare notes with a trusted colleague on what each of you “read” in a particular situation

Reverse roles, image yourself in the other person’s shoes and think about how you would be feeling

Critic observer role gives permission for feedback.

Using WHAT questions...”What are your thoughts on how we could do this differently”?

Improving as a Leader: Make it a new habit

- Rituals are consciously acquired patterns of thinking and acting driven by something that really matters to you.
- Building blocks for new habits, and ensure that you do the right thing at the right time in spite of life's storms
- Power of rituals is that **we use very little conscious energy as possible when it is not absolutely necessary, so we save our energy is available for us to use strategically, creatively**

Making a change: Habits and Rituals

- Can become automatic in 30-60 days
- Specificity and precision means you can produce under pressure.
- Use ensure as little conscious energy as possible when not absolutely necessary
- Frees us to use rest of energy in more enriching an positive ways

Strategies:

Frame the ritual in terms of what you want to do or be

Invest extraordinary energy in new ritual for minimum of 30-60 days

Be as specific as possible

Focus on only acquiring one or two at one time

Create a supportive environment

Strategies for changing the Inner Game Building Capacity

- ◉ Need to invest up front with more energy, get momentum for the return. Energy/effort relationship.
- ◉ Stick with it..30-60 days
- ◉ Invest in yourself
- ◉ Attitude and Behavior=Results
- ◉ **Set SMART Goals:** Specific, measureable, attainable realistic truthful

Journey: Developing means

- ◉ Play to your strengths.
- ◉ Getting out of your comfort zone
- ◉ Surrounding with those who are different than you and learning
- ◉ Can't be all things to all people, even as a parent
- ◉ Conscious leadership: being awake, aware and present

Your strategies

What are your 1-2 strategies that you want to improve for your own leadership effectiveness? How will you make this happen? When will you start and how will you know it is effective?

Leadership is: Standing up for something and living it out in your life and your work

What does “doing good” mean for me?

Doing Good: A people approach

- ◉ Sharpening my skills: Conflict resolution, coaching and some basics around IT, finance, etc.
- ◉ Not everyone will agree, surrounding myself with those who don't so I can grow and stretch
- ◉ Knowing what the word network really means
- ◉ The difference between genuine and doing it the cookie cutter way. People can tell
- ◉ Everyone has vulnerabilities and they need them supported, not exposed.
- ◉ Enlisting engagement, not forced compliance
- ◉ Hearing about the ugly it's part of the whole
- ◉ Taking the time, using communication skills, feedback, sucking it up, going for the big picture, and taking one for the team at times.
- ◉ Being with "the people" because they are part of my team. Seek to understand them as by valuing them as individuals I can utilize their skills most effectively.

Journeying: The real answer is not the obvious one

- ◉ Need to sort out root cause, go digging, get messy
- ◉ If solutions were so easy, the knowledge workers would have figured it out already
- ◉ Sometimes the answer is permission
- ◉ Creating a context to do good
- ◉ Looking above and below: to the political, social economic context and to the people who are closest to the situation

Journey: Balancing Relationships with Results and Obstacles

- Valuing people and relationships doesn't mean your aren't technical or strategic or linear
- The destination is equally as important as the journey.
- Skill sets needed for the results: facilitation, effective time and meeting management, IT skill sets, presentation skill, collaboration, content background
- "Going to their house"
- People want to be valued for their contributions and they also want their time and life valued as human beings
- 'Being ok with unpredictable situations

?Your own Mantra

Be the
change
you wish
to see in the
world...

- Mahatma Gandhi

References

- Anderson, R. J, and Adams, W. A. Mastering Leadership (2016) John Wiley & Sons, Inc., Hoboken, New Jersey
- A Nursing Call to Action The health of our nation, the future of our health system. Retrieved October 1, 2017 from https://www.cna-aiic.ca/~media/cna/files/en/nec_report_e.pdf
- Bender, Peter Urs. Leadership from Within (1997).Stoddart Publishing Co. Toronto, Canada
- Evidence Based Transformational Leadership Practices:2013 Retrieved November 2, 2017 from:
http://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf
- Goleman, Boyatzis, McKee. Primal Leadership: The Hidden Driver of Great Performance Harvard Business Review. Dec. 2001.
- Kemerer, 2003 Leadership : What works in the real health care world. Healthcare Papers, 4 (1) 37-38.
- Kouzes, J and Posner, B: The Leadership Challenge. (2017) 4th edition. John Wiley and Sons, Inc. San Fransisco. CA.

References

- Mc Dowell Larsen, Sharon (2012). The Care and Feeding of the Leader's Brain (whitepaper). The Center for Creative Leadership
- Schneider, E. C. et al., Mirror Mirror 2017 International Comparison Reflects Flaws and Opportunities for Better U. S. Health Care Retrieved October 31, 2017 from:
<http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/>
- Smith, Profetto-McGrath, and Cummings. Emotional intelligence and nursing: An integrative literature review. Retrieved November 1, 2017 from: <https://doi.org/10.1016/j.ijnurstu.2009.05.024>
- The Case for Investing in Patient Safety. CPSI Retrieved November 1, 2017 from:
<http://www.patientsafetyinstitute.ca/en/About/Documents/The%20Case%20for%20Investing%20in%20Patient%20Safety.pdf#search=leadership%20for%20safety>
- Many examples from those who I have had the joy to work with in my career