

Sustaining a Focus on Transformative Change

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As I reviewed Bev Simpson's remarks for this focus on the Dorothy Wylie Health Leaders Institute, I was struck by how similar the current environment is to that which birthed the Institute in 2000. Sixteen years later, we are still trying to achieve transformative change in the healthcare system and leadership still needs our focused attention (Naylor 2016). To complicate the current picture, health human resource data indicate a looming shortage of middle and senior managers, because of projected retirements. And we have no national plan for how we are going to address the potential leadership gap, much of which will be in nursing. Nurses are the largest single healthcare provider group in Canada; they are the only one that consistently crosses healthcare sectors and is present on a 24/7 basis. Thus, nurses are key agents for transformative change or, alternatively, a force for inertia if they are not engaged in the change process.

As clearly stated by Bev Simpson, transformative change simply cannot be achieved by a top-down approach and must focus on how we are going to empower all of the health professionals in the system, no matter what their role or position, to be active participants in applying the best available evidence to the change process. Leadership development and coaching is just as important today as it was when the Ontario Ministry of Health and Long-Term Care (MOHLTC) provided seed funding to get the first Institute off the ground.

I was fortunate to be in the position of Provincial Chief Nursing Officer in the MOHLTC, and the Minister of Health at the time was the Honourable Elizabeth Witmer – a strong supporter of the nursing profession and its role in the health system. It was Ms. Witmer who approved the request for seed funding for the initial offering of the Dorothy Wylie Health Leaders Institute, in response to a strong proposal submitted by Bev Simpson, Judith Skelton-Green and Julia Scott. They provided an evidence-based submission that made a credible business case for seed funding. I would say that this was among the most impactful projects that the Nursing Secretariat was able to support during my tenure in the MOHLTC.

Transformation is an important word; to transform means to considerably alter the form, appearance, condition and function of the target for change (OED 1980). Substantive change of this nature requires leadership vision, influence, knowledge and skill beyond what is normally seen among health professionals – most of whom are focused on the provision of clinical care. Leadership requires special preparation and coaching and mentoring to acquire. Our current health-care system, particularly settings in the institutional sector, would still be recognizable in how they structure and carry out their business, to any nineteenth-century doctor or nurse. They would be amazed by the technology and complexity and by the variation in types of providers on the healthcare team, but much of what we actually do would be quite recognizable. The persistence of hierarchy, historical roles, centralized control over decision-making, a focus on physical production in work processes, and the passive role of the patient, remind us that we are holding onto an industrial model for our healthcare system that is outdated and no longer working for the people whom we serve (Uhl-Bien 2007).

Recently, the acknowledged founder of the patient safety movement, Dr. Donald Berwick (2015), has begun to talk about the next frontier in this field being person-centred environments, which meet the needs of healthcare providers as well as patients. Transforming healthcare so that it is safe, effective, person-centred (McCormack and McCance 2006) and evidence-based, is a change of the greatest magnitude. The new federal Minister of Health, The Honourable Jane Philpott, has confirmed her intention to leverage transformative change through the new Health Accord between the Federal government and the provincial and territorial jurisdictions (CBC News online 2016). Among the desired changes is greater support for home- and community-based care. This is a significant area of focus for nursing professionals, and it is timely to think about what the Institute has accomplished and what we still have left undone.

Over the past 16 years, I was honoured to support the Institute and the leadership team by offering closing remarks to participants. I always attended the full final day and had the opportunity to hear some of the presentations and observe the activities, as well as talk to participants and attending students. Over time, the Institute evolved to include other members of the interprofessional health team and this strengthened the learning experience. I was able to review the poster presentations on change projects that participants carried out in their organizations. As a leader, I sponsored faculty to attend from the nursing program at the Humber Institute of Technology and Advanced Learning and community nurses and leaders from the various regions of First Nations and Inuit Health Branch of Health Canada. Because of my relationship with the Institute, and my own experience with its impact on organizations that I was involved with, I am able to provide my insights into the impact of this kind of learning on individual participants and their organizations.

Those organizations that fully invested in participation and aligned the learning with organizational change processes realized the greatest return on investment. The number of participants from each organization also contributed to a critical mass of like-minded leaders, who were able to leverage change. Change projects that were linked to and endorsed by organizational strategic plans were also effective. Some organizations, like The Hospital for Sick Children, or a health authority in the Annapolis Valley in Nova Scotia (under the leadership of CEO and nurse Janet Knox) arranged for targeted, organization-specific offerings that focused on building leadership capacity in a shorter, more impactful time frame. My own experience with sending nursing faculty and clinicians was that the exposure with health professionals from other health sectors was extremely beneficial. It helped individuals recognize that some leadership issues are universal and that there are evidence-based approaches to leading and influencing change, rather than struggling in isolation. It helped to create bridges across practice and academia (although I wish more universities and colleges participated) and created a sense of optimism and possibility that things really could be different and more satisfying. The creation of a community of practice through the Institute's list serve and the development of mentoring relationships was another feature that contributed to success. Further, the Nursing and Health Services Research Unit at the University of Toronto/McMaster University played a key role in evaluating the outcomes of the Institute, making it one of the few such offerings with evidence of goal achievement (Simpson et al. 2002).

Over the past few years, organizations have implemented a number of different approaches to quality improvement and change that focus on business processes. However, we are forgetting that the core of how change takes place is by empowering and supporting people – creating high challenge; high support environments that foster innovation and risk taking. A large number of people have had the opportunity to attend the leadership Institute, but their reach and influence tends to be regional, local and/or organization specific. While many graduates have moved on to formal leadership roles in other settings, they face the same challenges of capacity building in their new settings. And we are facing the emerging challenge of replacing leaders as the current generation of leaders retires. While this is a challenge, it is also a major opportunity to shift the way that we think about organizational change and system transformation that could substantially contribute to achieving our stated shared goals. The job of creating the next generation of health system leaders has just begun, but we do have a credible example of the way forward in the experience of the Dorothy Wylie Health Leaders Institute. The partnership with the CNA presents a new and exciting chapter and offers new opportunities for scaling up and expanding the reach of the Institute. I look forward to the next leadership chapter.

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