Dorothy Wylie Health Leaders Institute: “If You Build It, They Will Come”

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It was Spring 2000 when Kathleen MacMillan and I were walking together after a meeting in Toronto. At the time, Kathleen was the Chief Nurse at the Ontario Ministry of Health and a former classmate at University of Toronto (U of T). I had been thinking a lot about leadership in the preceding weeks. There was tremendous upheaval in the Ontario healthcare system, with many people recognizing the need for significantly more than incremental change, and there was talk of transformative change – new terminology at the time.

I had been working with Jean Reeder, the Chief of Nursing at SickKids. Her mandate was to move nursing into the future. At the same time, I was in close contact with Dot Pringle, Dean of Nursing at U of T, who was leading transformative change, which involved significantly increasing the research agenda of the faculty and preparing more PhD students, as well as educating nurse practitioners in much larger numbers in both acute and primary care. I was fortunate to be observing transformative change leadership at its very best at both sites. I realize now both Jean Reeder and Dot Pringle were ahead of the curve in leveraging the uncertainty in the healthcare system to create adaptive action, and take advantage of complexity and seeming chaos to create significant transformative change (Eoyang and Holladay 2013).

Moreover, I had recently completed a MSc in Nursing Administration with Gail Donner and Dorothy Wylie, both visionary leaders and superb educators. I had also completed a Change Leadership Internship in Michigan. I was excited by the possibilities for using this body of knowledge to advance much-needed change in the health system, and, at the same time, I was disturbed by a significant lack of discussion about developing leaders. As a nurse, manager and educator, I was well aware of the many roadblocks to advancing professional nursing. I knew that
without strong leaders at the point of care, nothing much would change as quickly as it needed to do. I mentioned this concern to Kathleen and, with her customary action-orientation, linked these thoughts with a Ministry task force that had recently highlighted the need for more nursing leadership development. She requested a proposal she could take forward, mentioning there was a possibility of seed funding.

I set to work to pull in colleagues. I had worked with Judith Skelton-Green on a number of initiatives and knew her tremendous strengths. She and I had discussed this phenomenon of massive system change in the absence of leadership development, and in an important nod to serendipity, it was at that point that we met the talented Julia Scott. I realize now, looking back on the past 15 years, that the strength of our partnership rests largely both in our differences in educational preparation, experiences and ways of thinking and approaching issues, as well as in our similarities in personal and professional values, work ethic, approach to challenge and comfort with risk. Our differing networks were very helpful, too, as was our vision to create something that was completely different from what was then available.

Kathleen was quick to get back to us with seed funding. Although the weeks we waited are gone from memory, I know we were hopeful and continued to create broader networks and explore ideas about how to move forward. Our own invitations to leadership were somewhat fresh in our minds and we wanted to find ways to bring those experiences to others in ways that would engage, enable and encourage them.

We moved fast once the funds were released to Linda O’Brien Pallas in the Nursing Health Services Research Unit at U of T. We invited key colleagues to be part of an Advisory Committee, contracted with Sue Munro and Doug Rosser, very experienced event planners, researched evidence-based and resonant leadership models, polled colleagues about their development needs, found a highly suitable venue and developed a conceptual model that would advance our program planning. It was Linda who suggested that we name the Institute after Dorothy Wylie, whose transformative leadership had been pivotal both at the faculty, where she introduced significant new thinking, and in her numerous leadership roles in practice. Much of this is outlined in Simpson et al. (2002).

As we got closer to August 2001 and the first Institute, our thoughts were focused on the many unknowns; would we attract an audience? What we were trying to do was ambitious; could we pull it off successfully? It was both an exhilarating and a challenging time. We hoped we could offer a few successful Institutes and pave the way for existing and emerging leaders to really make an impact.
Now 15 years later, we are planning our 28th offering and excited about a new partnership with the Canadian Nurses Association (CNA). Many improvements have been made over the years; we’ve worked hard to remain current and relevant and adapt to changing models, theories and key concepts, perhaps the most important one being a focus on inter-professional leadership in 2005. We have learned a great deal about leadership and about leadership development – two very different, although closely linked, bodies of knowledge and we’ve paid attention to changing cultures and contexts, advances in organizational development, demographics and new technologies.

We have learned that most people need an invitation to leadership. Many participants said things like, “I didn’t know I was a leader until my boss asked me if I’d like to attend.” These comments made me think back to my days at the Montreal General Hospital and the wonderful role model I had in Val Shannon, whose invitation to leadership was a game-changer for me. Many participants have told us that being invited to attend the Institute was their invitation to see themselves as leaders and how important that emerging self-concept was to them. We have learned that no matter how well educated and experienced they are, people don’t always know how to get started. This may be especially true in professions like Nursing, where the past has been forged in hierarchy and patriarchy.

We knew intuitively and continue to believe strongly that leadership must be encouraged everywhere; it’s not about titles or roles or where you sit on the organizational chart, but about engaging people in collaborative ways to get important things done. “Leadership is the art of mobilizing others to want to struggle for shared aspirations,” write Kouzes and Posner (2012); or, as Ian Brown described in a recent Globe and Mail article about Stephen Harper: “We must see leadership as a shareable struggle and a story rather than as the management and retention of power.” (Brown, 2016). We are ever-mindful that the transformation that Canada’s healthcare system so badly needs will not happen quickly enough if it is only promoted from the top down (Naylor 2016). Leadership can and must be seen as the responsibility of every professional in every role and in every corner of every organizational structure.

And finally, the “build it and they will come” adage from the movie Field of Dreams is especially true if what you build meets a need, provides value and engages a community to learn, grow and care about the needs of others. In the end, it’s really about how healthcare leadership positively impacts patients and families by improving care and the environment where care is provided.
The Institute’s original goals still stand: To develop leaders, give them encouragement, a sense of their own value and the importance of the leadership work they do, and provide relevant frameworks, tools, networks and supports they can use to guide their leadership work. We are very pleased about our emerging partnership with the Canadian Nurses Association and secure in the knowledge that there is a bright future ahead for the Dorothy Wylie Health Leaders Institute.

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References