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Building Capacity in Nursing: Creating a Leadership Institute

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Biosketches

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Judith Skelton-Green, RN, MSN, PhD, FCCHSE, has a broad background in professional nursing, nursing education, and health service administration. She has more than 25 years of nursing leadership experience in widely varied health and educational settings. During her career, she has developed and implemented innovative solutions in start-up, rationalization, transition, and downsizing situations.

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Background

In the past several years it has become increasingly apparent there is an immediate and pressing need for opportunities for leadership development for nurses.

Significant changes in health care systems and structures, new models of care and accountability, and the need to attract and keep different cohorts of nurses with complex retention requirements all require new leadership skills. The Conference Board of Canada (1997) stated that “people are the key to helping organizations reach new competitive heights. Being able to attract, develop and leverage talent has become the number one organizational priority worldwide. Leadership development remains the most important people issue.”

Restructuring and mergers in health care organizations have derailed traditional career paths for nurse leaders (O'Brien-Pallas & Baumann, 1998). The significant restructuring and downsizing which occurred during the late 80's and 90's had the effect of eliminating a large percentage of first-line and middle management nursing positions. Leadership roles and relationships have changed, and there is more uncertainty regarding the nature and requirements of nursing leadership positions. Moreover, a significant number of current nursing leaders are expected to retire over the next few years.

Significant changes in leadership roles and practices are needed to develop critical transformational and visionary leadership skills at many levels of health care organizations. Leadership development has become an important component of a complex strategy to overcome current system problems in health care.

Few programs exist 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 in the winter of 2001 to establish a Nursing Leadership Institute in Ontario.

The Need for New Leadership Skills

Leadership and management practices have changed significantly over the past decade (Kanter, 1982, 1995; Kotter, 1996; Porter O'Grady, 1997; Skelton-Green, 1995). In order to develop human capital to meet today's workplace challenges, new forms of leadership must come from everywhere in organizations (Conger, 1993; Spreitzer & Quinn, 1996; Wylie, 1994).

Kets de Vries (1994) describes effective leadership as the merging of two important leadership roles: the charismatic and the instrumental. Leadership today is “influencing human behaviour in an environment of uncertainty.... Instead of telling people what to do, real leaders focus on helping people find their way through adaptive challenges which are problems without readily apparent solutions” (Sherman, 1995). In an analogy comparing organizational leadership to the conducting of a symphony orchestra, Henry Mintzberg (1998) suggests that as more and more work is being done

by trained and trusted professionals, leadership roles and relationships will need to change to a more conducting and a less controlling style.

Peter Frost, Professor in the University of British Columbia Business School, states that the competitive labour market shifts the balance of power to the employee (Globe and Mail, November 24th, 2000). As well, he believes that organizations will not be able to survive in the new knowledge economy without the passion, intelligence and creativity of their employees.

Considered one of the world's experts on leadership, Jay Conger from the Leadership Institute at the University of Southern California, compares leadership today to walking a tightrope, and says that while learning to let go of a command and control model of leadership and to be less directive, leaders must challenge themselves to be visionary and to provide overall direction, guidance, support, reassurance, and opportunities to a highly diverse work force (Conger, 1993). Conger encourages the exploration of new learning processes for effective leadership development, and applauds the use of long-term thinking, strategy training, cross-functional relationships, role modeling, community building, and multiple session programming.

We are beginning to understand that staff nurses today value nursing leaders who understand the challenges of their work; provide direction, support, information, and resources; and, engage them in the personal and professional development and challenge they seek (Simpson & Yaffee, 2002). With a significant nurse shortage upon us, it is critical for nurse leaders to develop and support environments that enhance the recruitment and retention of professional staff; manage performance; and engage, coach, and mentor staff to facilitate their ongoing development as practice leaders.

In order to retain the best and brightest nurses in current practice and to attract dynamic and committed young people into the profession, work life and leadership issues must be addressed. The creation of healthy work environments to empower and engage nurses requires a new breed of leader with a variety of new skills. Nurse leaders will need to create and sustain environments that support excellence in professional practice and a consistently high level of care. They will need to promote the development of care delivery approaches grounded in principles of evidence-based practice, quality improvement, therapeutic relationships, and patient-focused care. They will need to develop vision and strategic directions for interdisciplinary professional practice, influence change, and lead pilot projects that bring together disparate groups of providers to build on the strengths of existing care models, systems, and structures while testing and evaluating new ones.

In summary, nursing leadership in Canada is at a crossroads. Significant changes in health care systems and structures, the requirement for new models of care and new accountability mechanisms, and the need to attract and keep a new and different cohort of nurses, will require significantly different leadership skills and strategies than those of the past. There exists both an opportunity and a necessity to develop current and future leaders with a broad variety of critical transformational and visionary leadership skills at all levels of health care organizations (Ontario Ministry of Health, 1999). Nurse leaders and leadership skills must be developed, fostered, and supported.

The Partners

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. With the visionary support and tenacity of Ontario's Provincial Chief Nursing Officer and the knowledge and experience of the Co-Director of the Nursing Effectiveness, Utilization, and Outcomes Research Unit (Toronto site), a team of nurse consultants came together to create a highly specialized and interactive learning experience to mirror the best leadership learning experiences available.

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.

Significant seed funding was obtained from the Ontario Ministry of Health and Long-Term Care. The Nursing Leadership Network of Ontario (NLN. ON), an interest group of the Registered Nurses Association of Ontario, strongly supported and formally sponsored the inaugural Institute.

During the development process, exploration of private sector support revealed interest in the establishment of the Institute. Although monetary support from the private sector was not generated, several private health care companies provided complimentary services. The planners successfully secured a venue to support the Institute's learning community during both phases of the program, and negotiated an extremely competitive rate for accommodation, meals, meeting rooms, and state-of-the-art audiovisual services.

Objectives

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.

Preparations

A number of activities were undertaken prior to design of the Institute.

First, existing leadership development programs were reviewed to obtain information on the feasibility of the program and the needs of both existing and up and coming nurse leaders. While a number of universities and organizations offered executive development programs, we could not find a Canadian program designed specifically to meet the needs of nurse leaders. The review confirmed our belief that the development of a targeted program for nurse leaders designed to use best practices for fostering leadership was a worthwhile goal. Across industries, the development of leaders was seen as a high priority and a significant challenge.

Second, an in-depth literature review was completed in the winter of 2001 with the assistance of InfoFinders, a literature search firm based in Waterloo, Ontario. The review revealed that the concept of leadership is widely prevalent in the literature. Transformational leadership, considered to be valuable in a fast-paced knowledge economy, is a relatively new area of research and

development. Few programs on leadership development are described in the nursing literature, and there is a paucity of research on leadership concepts, theories, and interventions.

Third, a market survey of approximately 700 nurse leaders across all sectors in Ontario was conducted in the spring of 2001. Despite a very short response time, 25% of surveys were returned from a wide variety of sectors and positions, across the province.

The survey results indicated broad support for the concept of an institute targeted to both established and up and coming nurse leaders. Most respondents supported the concept of a week-long residential program with 75% rating it as very valuable or valuable. Most respondents also supported the concept of a weekend reinforcement seminar to be held a few months after the initial session, with 74% of individuals rating it very valuable or valuable. The following suggested topic areas, which were gleaned from the leadership literature, were strongly supported: visioning; inspiring/enabling others; building and leading teams; coaching and mentoring; managing change; enhancing political and negotiating skills; and, developing personal capacity. While the concept of the institute was supported across the industry, cost was a major concern, especially for the community and long-term care sectors.

Finally, an Advisory Committee was convened composed of nursing leaders from across the health sectors and several key informants with expertise in leadership development. The Committee engaged with the Core Planning and Design Team to react and respond to plans and designs.

Conceptual Framework

After the preparatory work was completed, the Core Planning and Design Team immersed themselves in developing frameworks and designs to create an environment for active learning and development of leaders. The planning team believed strongly in the importance of developing an integrated guiding framework to allow participants to capture the flow between and among concepts. Integrated guiding frameworks are seen to be an important part of learning in today's very complex environments (Southern, 2001). A Conceptual Framework was developed (see Figure 1).

Figure 1. Conceptual Framework for the Institute Design

The framework 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 use of self to lead others. The program would be designed to provide opportunities for participants to enhance their use of self and to 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 (1995) highly developed and acclaimed Leadership Framework formed the basis for the definition and application of leadership. These practices are: Challenging the Process, Inspiring Shared Vision, Enabling Others to Act, Modeling the Way, and Encouraging the Heart.

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 design will be characterized by experiential learning** i.e., the belief that learning is enhanced when there is an opportunity to experience ideas and concepts in practice. Experiential learning derives from the belief that personal involvement in the subject matter is essential for the development of competence.
2. **Learning activities will link theory and practice.** Content will be evidence-based and literature supported. The concepts and theories studied will be related to action. Opportunities will be provided to engage in real world exercises, which help participants make the bridge from theory to practice.
3. **Learning will be collaborative.** Faculty, facilitators, and participants will engage as partners in learning. Personal, interpersonal, and professional development will be valued and supported. Self-reflective learning will be respected and supported. Networking and mentorship will flourish.
4. **All activities will challenge, stimulate, and deliver value.** Furthermore, all exercises and tools will be designed and shared so that participants can actively use them in their every day work.

Argyris (1991) says we define learning too narrowly, often focusing on problem solving and identification and correction of errors rather than looking inward, reflecting, and critically examining how the way we define and solve problems can of itself inadvertently contribute to the problems. He says we need to learn to reason productively, to legitimize the discussion of issues that have been out of bounds, the undiscussables, and to rethink our own meanings of leadership and facilitation - moving from a paradigm of control and prediction to one based on shared experiences, deep listening, influence, and understanding. This is the experience of learning that planners were striving to achieve in the Institute.

Today's economy runs on knowledge and the ability to capitalize on that knowledge. Building communities of practice is an important way to leverage knowledge in today's environment. According to Wenger and Snyder (2000), members of communities of practice share their experiences and knowledge in free-flowing creative ways that foster new approaches. Through the Institute's activities, the facilitators wanted to push the boundaries of community learning.

Design

The Institute was set out as a five-day residential experience, with a follow-up weekend after three months. Planners were able to secure the Bank of Montreal's state-of-the-art Learning Centre in Toronto as the venue. The centre has accommodations, and learning and recreation facilities well suited to the development of a learning community among participants.

Major topics explored during the first week included the Institute's Conceptual Framework; Kouzes' and Posner's (1995) leadership competencies; visioning and creating a culture of nursing excellence; development of a quality work environment; and, application of a policy evolution model.

Dr. Barry Posner from Santa Clara University in California (co-founder with Jim Kouzes of the Kouzes and Posner Leadership Styles Inventory) provided an exciting day by introducing the Kouzes and Posner (1995) Leadership Framework. This framework has been extensively researched for two decades with large numbers of subjects. The Kouzes and Posner Leadership Profile Inventory (LPI) received high acclaim in a review of nursing administration instruments by the Journal of Nursing Administration (Huber et al, 2000).

The program also provided an important opportunity for Dr. Linda O' Brien-Pallas to present the latest thinking and research on approaches to planning and managing health human resources. As the Canadian Health Services Research Foundation/Canadian Institutes of Health Research Chair in Nursing Human Resources, Dr. O'Brien-Pallas is highly committed to ensuring that leaders and decision makers in all sectors and levels of the health care system are kept abreast of successful research-based strategies, best practices, and issues in health human resource planning.

Other distinguished faculty included: Dr. Heather Laschinger from the University of Western Ontario; Dr. Judith Shamian, Executive Director of Nursing Policy, Health Canada; Shirlee Sharkey, President of the Registered Nurses Association of Ontario; and, Dr. Donna Wells, Associate Dean of Education at the Faculty of Nursing, University of Toronto.

From the onset of the Institute, faculty, facilitators, and participants were engaged as partners in learning. Self-reflective learning was highly supported in all activities. Attendees worked frequently in small groups to identify, explore, and reflect on concepts and share their reflections with others. Throughout the week, participants worked in collaborative groups to apply their individual and group learning in planning home-based projects for their sponsoring organizations.

Opportunities were provided for i) personal assessment in several spheres; ii) reflection and development of leadership competencies; iii) project management and development; and, iv) development of a network of colleagues working on similar initiatives. Group process, mentoring, coaching, networking, personal development, and application of theory to a home based project were integrated throughout.

During the follow-up weekend, facilitators focused on uncovering the challenges experienced by participants in applying their learnings in their workplaces – both in the execution of their home-based projects and in other leadership situations. Beckhard's (1989) change theory formed the basis for this work. In addition, a poster session was arranged to allow participants to share and to showcase progress on the home-based projects. Additional theory was explored related to developing "hot groups" (Leavitt & Lipman-Blumen, 1995) and to coaching, mentoring, sponsorship, and stewardship.

Participants' Experience of the Inaugural Institute

One of the important principles discussed in Fast Company's Leadership Model (1999) is the premise that good leaders make more leaders. The Institute was designed so that participants registered as a dyad, with an established leader and an up-and-coming leader attending together.

Seventy-three participants from across Ontario health care organizations, two from the Calgary Health Region, and two from the Health Branch of the Government of the North West Territories

participated in the first offering. The participants represented 28 organizations, including 22 hospitals, 1 health region, 1 large private sector long-term care organization, 1 provincial government, 2 universities, and 1 professional association. The 22 hospitals were primarily acute care with 2 mental health facilities, 1 children's hospital and 1 remote northern health care facility participating. Several of the sponsoring organizations sent more than two participants.

There was a wide range of backgrounds among participants, including several Vice-Presidents of Nursing, Chief Nursing Officers, program directors, managers, educators, and staff nurses. Several university nursing faculty, as well as a few individuals in policy positions, also attended. The diversity of the participants by role, geography, and health sector significantly contributed to the richness of content and process.

Evaluations provided by participants after the first week were extremely favourable. Over 95% of participant evaluations indicated the program was highly relevant. Several people indicated it was "the best learning opportunity I have experienced to date". Others said it was "rejuvenating, inspiring, invigorating and rekindled their hopes for the future". Several said that it "stimulated them to think about their work in new and different ways, and to reconnect with their abilities" and it was "a transformational experience". Participants remarked on how much they appreciated the opportunity to network with other nurse leaders, to understand leadership in new ways, to apply tools and frameworks to everyday issues, and to reflect on their personal skills development. The overall evaluation indicated the program needs only minor changes before being offered again.

An interesting finding during the follow-up weekend was that several of the participants had changed jobs, many accepting new leadership opportunities that had presented themselves. We hope to continue to collect stories from participants about how they applied their learning in their organizations.

Research

A separate arms-length team of researchers from the University of Toronto's Faculty of Nursing and Nursing Effectiveness, Utilization, and Outcomes Research Unit has undertaken a formal evaluation of the Institute, with funding from The Change Foundation. The goal of the evaluation study is to increase understanding of the effects of leadership development strategies for nurses. Specific outcomes being studied include changes in leadership competence, as assessed by self, peers, and managers; and career path decisions, choices and intentions.

Next Steps

The inaugural Institute included processes to encourage participants to stay connected to one another once they had returned to their organizations. All participants shared e-mail addresses, and can communicate via a listserv. Many participants have arranged site visits to each other's facilities.

Other mechanisms to continue development of this community of learners include linkages through the Chair in Nursing Human Resources' web site (www.hhr.utoronto.ca), sharing of group projects at conferences, and use of different practice networks that exist in the province. The Institute will be hosting an alumnae session at the March 2002 Nursing Leadership Network Conference, and many of the 2001 participants are keen to return as alumnae to the 2002 Institute offering for a day of participation and sharing with the next cohort of learners.

It is anticipated that the Dorothy M. Wylie Nursing Leadership Institute will be offered on an annual basis, and planning has begun for the August 2002 session. Interest in the Institute from across Canada is mounting, and it may be offered in venues outside Ontario in the future.

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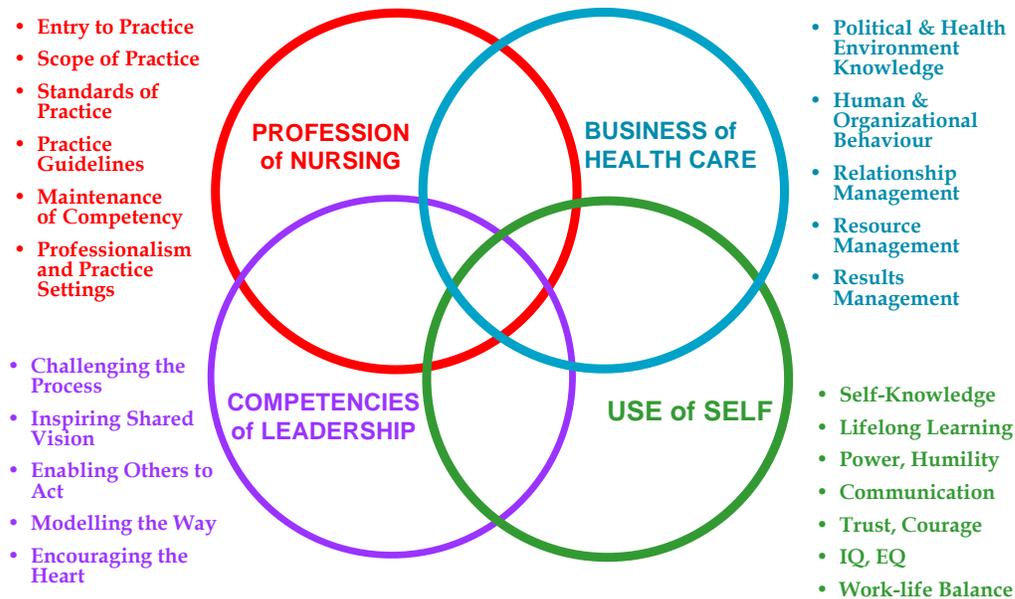
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Figure 1.

Dorothy M. Wylie Nursing Leadership Institute



ABSTRACT

The authors describe the development of the Dorothy M. Wylie Nursing Leadership Institute, an innovative partnership of the Nursing Effectiveness, Outcomes and Utilization Research Unit at the University of Toronto site and nurse consultants with expertise in organizational and human resource development. The context for the initiative, needs and rationale, supporting literature and the coalition-building and planning activities are outlined. The program and its conceptual underpinnings, creation of a learning community, participant profiles, evaluation processes and future plans are described.