Leadership in Action

June 2, 2014
Community Health Nurses of Canada Conference
Ottawa, ON

Sponsors/Partners

- Claire Betker, National Collaborating Centre for Determinants of Health
- Robin Buckland, First Nations Inuit Health
- Joan Reiter, Public Health Agency of Canada
- Ruth Schofield & Genevieve Currie, Community Health Nurses of Canada

---

Workshop objectives

1. Learn about current and emerging leadership trends and issues
2. Critically reflect on your person leadership philosophy
3. Identify the opportunities to enhance your leadership competencies
4. Identify strategiesto address leadership challenges

Agenda

09:00	Welcome and introductions
09:45	Current and emerging trends
10:15	Break
10:30	Current and emerging trends (con't)
11:00	Leadership philosophy (part 1)
12:00	Lunch
12:45	Leadership philosophy (part 2)
14:00	Break
14:15	Enhancing our leadership
15:00	Addressing the challenges
16:15	Wrap up and evaluation

Setting the stage

Why leadership?
How is it described?
- Public leadership
- Nursing leadership
- Community health nursing leadership

Why leadership?

- Leadership is one of the categories of the Public Health Agency of Canada's (PHAC) Core Competencies for Public Health in Canada: Release 1.0 (2008)

- Leadership is included in the discipline-specific competencies for public health nurses (CHNC, 2009) and home health nurses (CHNC, 2010)

- Public health/community health nurses "are leaders of change to systems in society that support health" (Canadian Public Health Association, 2010, p. 6).

Why leadership?

- CHNs are called upon to use their relationship with individuals, families, aggregates and communities to take action on the determinants of health (e.g., Cohen & Reutter, 2007; Falk-Raphael & Betker, 2012; Smith 2007)

- Community health nurses work at the "intersection where societal attitudes, government policies, and people's lives meet…(and)…creates a moral imperative not only to attend to the health needs of the public but also, like Nightingale, to work to change the societal conditions contributing to poor health " (Falk-Rafael, 2005, p. 219)

Why leadership?

- Leadership is an essential element for quality professional practice and practice environments (CNA, 2009)

- Leadership is a shared responsibility – community health nurses in all domains of practice and at all levels can enhance their leadership potential (CNA, 2009)

- Blueprint for Action (CHNC, 2012) identified nursing leadership as necessary to support CHN practice and provide a voice for the profession – an imperative for a robust future

Speed Networking – Round #1

Introduce yourself
"For me, leadership is…"

"I apply it in my work when…."

Speed Networking – Round #2

Introduce yourself

"Today, something I hope to contribute is… something I hope to get from today is…"
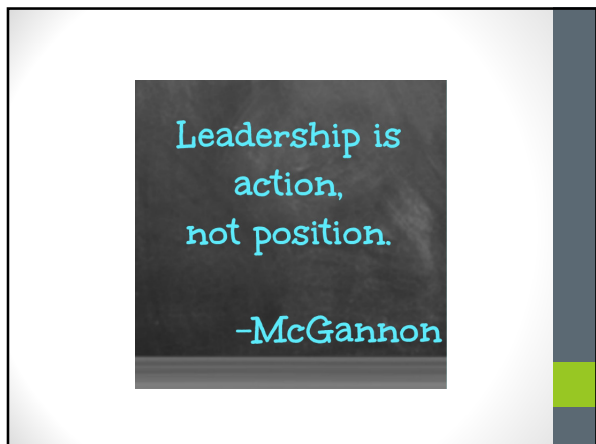
What is leadership?

"Leadership is described in many ways. In the field of public health it relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge". (PHAC, 2008, p 12)

What is leadership?

Leadership is about influence that moves individuals, groups, communities and systems toward achieving goals that will result in better health.

(Betker & Bewick, 2012)

"Leadership is the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers"

(Gardner, 1993, p.1)

Leadership is action, not position.
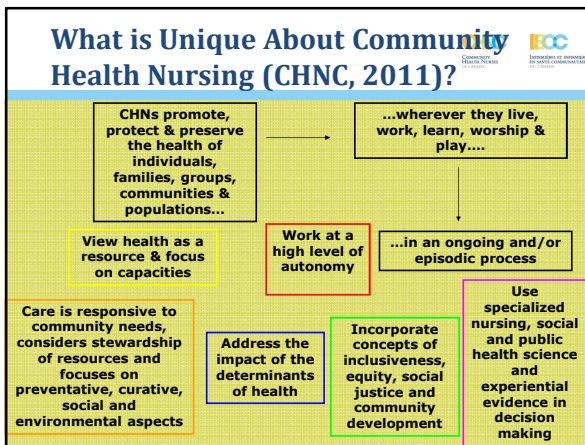
— McGannon

What is leadership?

Respected leaders concentrate on:

- What they know = *competencies*
- What they are (beliefs/character) = *personal philosophy*
- What they do = *action*

CHNC for NCCDH, 2013

http://www.chnc.ca/documents/PHNLea...rtwl
ogoandacknowledgements2014Fub27.p

Nursing Leadership

"Nursing is a practice discipline and it is a political act. Nursing leadership is about critical thinking, action and advocacy – and it happens in all roles and domains of nursing practice. Nursing leadership plays a pivotal role in the immediate lives of nurses and it has an impact on the entire health system and the Canadians it serves" (CNA, 2009, p. 1)

CANADIAN NURSES ASSOCIATION

What is Unique About Community Health Nursing (CHNC, 2011)?

CHNs promote, protect & preserve the health of individuals, families, groups, communities & populations...

...wherever they live, work, learn, worship & play....

View health as a resource & focus on capacities

Work at a high level of autonomy

...in an ongoing and/or episodic process

Care is responsive to community needs, considers stewardship of resources and focuses on preventative, curative, social and environmental aspects

Address the impact of the determinants of health

Incorporate concepts of inclusiveness, equity, social justice and community development

Use specialized nursing, social and public health science and experiential evidence in decision making

---

Quick brain storm!

- What is unique about community health nursing *leadership*?

Current and Emerging Trends and Issues

Current Situation

1. Changing environment
Center for Creative Leadership, 2014

- complex, volatile & unpredictable
- "hyper turbulent times"

Current Situation

2. Competencies for effective leadership are changing
- Complex
- Adaptive
- Variable

Center for Creative Leadership, 2014

Current Situation

3. Leaders are no longer developing fast enough or in the right way to match the new environment
Center for Creative Leadership, 2014

What are the issues?

Many identified in a recent CHNC public health leadership literature review and survey of public health leaders.

Public Health Leadership Competencies

Objectives of the literature review
1. To assess the extent of the literature on leadership competencies for public health.
2. To determine what literature exists regarding enablers, facilitators and barriers for public health leadership.
3. To determine the literature available relevant to public health organizational readiness.

Public Health Leadership Competencies

Objectives of the on-line survey:
1. To understand the degree to which public health professionals agree with the results of the review.
2. To know how they prioritize these competencies.

Objective of the Focus Groups:
1. To validate the leadership characteristics, enablers and barriers determined to be most important by the survey results.

Barriers to Public Health Leadership: On-Line Survey

CHNC IICC

Top 5 Personal Barriers to Public Health Leadership

1. Colleagues and team members who are overloaded, overwhelmed, unresponsive, self-interested, passive
2. Organizational context and setting; lack of trust in the organization
3. Lack of political power; lack of political skills to influence policy
4. Lack of mentoring; lack of education or training; limited opportunities for continuing education
5. Underutilization of evidence to inform decision making both in strategy and developing performance indicators

25

Barriers to Public Health Leadership: On-Line Survey

CHNC IICC

Top 5 Organizational Barriers to Public Health Leadership

1. Organizational structures that do not align with professional values and priorities
2. Competition between clinical care and public health mandate
3. Absent culture of improvement; lack of organizational support for evidence-based practice and barriers to evidence uptake
4. No dedicated time for leadership (including time for training and health promotion work)
5. Unclear mission; misalignment of goals, objectives, and incentives

26

Barriers to Public Health Leadership: On-Line Survey

CHNC IICC

Top 5 Macro-level Barriers to Public Health Leadership

1. The public health sector is a small part of the larger health care system; with competition between curative and preventative activities
2. Outcomes of diminished funding; challenges for adequate funding of public health infrastructure, including technology
3. Lack of supportive legislation in some areas; legislation and public policy that affect population health outcomes
4. Sustainability of programs and efforts in the public health sector
5. Low visibility of public health practitioners

27

Quick brainstorm

What are the most significant challenges around leadership that you face?

28

Emerging Trends: Where do we need to go?

1. ***We need to transfer greater developmental ownership for leadership to the individual***
   Center for Creative Leadership, 2014

- Leaders no longer 'picked' – what do we need to do individually to develop our leadership skills?
- Leading where you land
- Need creativity - limited 'formal' leadership opportunities specifically focused on community health nursing

30

Emerging Trends:
Where do we need to go?

2. *Greater focus on collective rather than individual leadership*
Center for Creative Leadership, 2014

http://www.youtube.com/watch?v=fW8amMCVAJQ

• What conditions do we need for leadership to flourish?

Competencies needed:
• Appreciating diversity & inclusiveness
• Building partnerships, networks & alliances

Emerging Trends:
Where do we need to go?

Technology
Leadership

3. *Greater focus on innovation in leadership*
Center for Creative Leadership, 2014

• How do we use technology?
  e.g. access to data has an effect on leadership
  (CHNC, 2013)

• Innovation using a competency-based approach/management to leadership

---

What is leadership?

Respected leaders concentrate on:

• What they know = competencies
• What they are (beliefs/character) = personal philosophy
• What they do = action

CHNC for NCCDH, 2013

What are competencies?

The essential knowledge, skills and attitudes necessary for practice.

Example:
(PHAC, 2008)

SEVEN…
LEADERSHIP
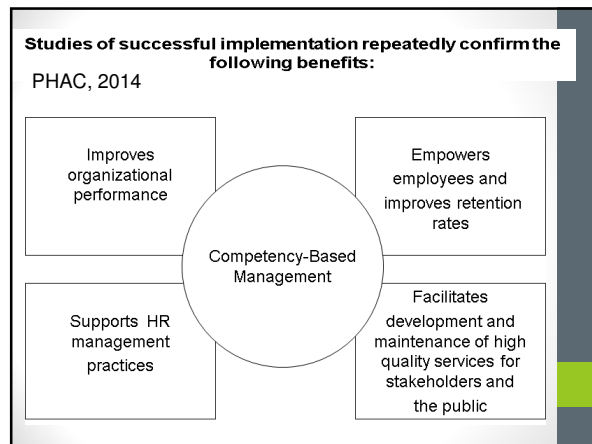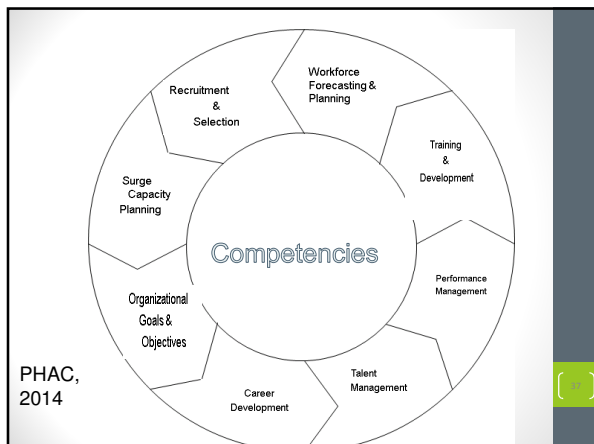
Core Competencies for Public Health in Canada: Release 1.0:

7.1 Able to describe to mission & priorities of the organization where one works & apply them to practice

7.2 Contribute to developing key values & a share vision in planning & implementing programs & policies

7.3 Utilize public health ethics to manage self, others, information & resources

---

Example:
(PHAC, 2008)

SEVEN…
LEADERSHIP

Continued….

7.4 Contribute to team & organizational learning in order to advance public health goals

7.5 Contribute to maintaining organizational performance standards

7.6 Demonstrate an ability to build community capacity by sharing knowledge, tools, expertise and experience

PHAC, 2014

Studies of successful implementation repeatedly confirm the following benefits:

PHAC, 2014

Characteristics of Public Health Leaders: On-Line Survey

Top 5 Knowledge Areas of Public Health Leaders

1. Population and public health
2. Determinants of health
3. Values and ethics
4. Health demographics and outcomes
5. Inequality, inequity and social justice

Public Health Nursing Literature

1. Empiric knowing- theories, concepts

Characteristics of Public Health Leaders: On-Line Survey

Top 5 Behaviours of Public Health Leaders

1. Serves as a catalyst, builds partnerships, coalitions and capacity, and shares leadership
2. Is accountable
3. Demonstrates drive, motivation, forward thinking
4. Engenders rapport and trust
5. Models and mentors

Emerging Trends: Where do we need to go?

4. Focus on context & the environment
Center for Creative Leadership, 2014

• Constant change & in some cases, volatility

• We are losing nursing leadership – boomers, attrition, lack of mentoring, lack of succession planning

---

Emerging Trends: On-Line Survey- Where do we need to go?

• Call to include leadership goals and successful outcomes in PHAC definition of Leadership

• Value of ethics in public health leadership in Canada was not adequately captured

• Critical social theory not identified as a top knowledge area – underpins population health and health promotion

Emerging Trends: On-Line Survey – Where do we need to go?

- Leaders need specific knowledge that goes beyond general leadership competencies and knowledge

- Cooperation and collaboration needed to solve complex health issues

- Urgent need for new approaches within the health system to move toward a culture of responsibility that values and respects inter-professional teams

43

What is leadership?

Respected leaders concentrate on:

- What they know = competencies
- What they are (beliefs/character) = personal philosophy
- What they do = action

CHNC for NCCDH, 2013

Health Canada   Santé Canada   *Your health and safety… our priority.*   *Votre santé et votre sécurité… notre priorité.*

Developing Your Leadership Philosophy: Leadership @ All Levels

Robin Buckland, RN MScN
Executive Director
Primary Care Division
First Nations and Inuit Health Branch
Health Canada

Canada

Overview

- Our leadership role – leadership @ all levels
- Importance of developing and sharing your leadership philosophy
- One piece of paper – introduction and overview
- The Four Agreements – a leadership philosopy example
- Group work – developing your leadership philosophy
- L'homme qui plantai des arbres

46

Leadership @ All Levels

- Each of us has a leadership role to play
  - As a new public health nurse
  - As a nurse policy analyst
  - As a nurse researcher
- What's your role and how are you leading?
- What facilitates your ability to lead?
- What challenges your ability to lead?

47

Developing & Sharing – Your Philosophy

- Clarifying your leadership philosophy for yourself
  - Doesn't need to be a 20 page document
  - It does take time and reflection
  - Will guide how you manage yourself and your time
- Sharing it with those around you is key
  - Lets people know what they can expect of you
  - Lets people know what you expect of them

48

One Piece of Paper

- By Mike Figliuolo
- "The Simple Approach to Powerful, Personal Leadership"
- Guide for defining who you are and what you want to be as a leader
- Walks you through the process of writing your own leadership maxims

49

The Four Agreements

1. Be Impeccable With Your Word
2. Don't Take Anything Personally
3. Don't Make Assumptions
4. Always Do Your Best

50

Be Impeccable With Your Word

- Speak with integrity
- Say only what you mean
- Avoid using the word to speak against yourself or to gossip about others
- Use the power of your word in the direction of truth and good

Story: "You can't go back to school"

51

Don't Take Anything Personally

- Nothing others do is because of you
- What others say and do is a projection of their own reality

Story: CTJ

52

Don't Make Assumptions

- Find the courage to ask questions and to express what you really want
- Communicate with others as clearly as you can to avoid misunderstandings

Story: The Airline Pilots

53

Always Do Your Best

- Your best is going to change from moment to moment
- It will be different when you are healthy as opposed to when you are sick
- Under any circumstance, simply do your best and you will avoid self-judgment and regret

Story: Our Rocket Scientist

54

Develop your Leadership Maxims

- Work in groups of three
- Work thru the questions together – answer the questions for "yourself"
- Develop your Leadership Maxims
- Consider your stories to go with each Maxim
- Each table to share one Leadership Maxim and its supporting story

55

Leading yourself?

Leading yourself
- Why do you get out of bed every day?
- How will you shape the future?
- What guidelines do you live by?
- When you fall down, how do you pick yourself back up?
- How do your hold yourself accountable?

56

Leading the thinking?

Leading the Thinking
- What standards do you hold your team to?
- Where are you taking your people?
- How will you foresee the future?
- How will you drive action?

57

Leading people

Leading Your People
- What is your natural style?
- How will you remember to treat your team members as individuals?
- How will you stay connected to your team's reality?
- How will you commit to your people's growth?

58

Leading a Balanced Life

Leading a Balanced Life
- How will you define your boundaries?
- How will you keep things in perspective?
- What are you passionate about?

59

L'homme qui plantai des arbres

- Classic story by Jean Giono de France
- Family Nursing: NSG 3331 in 1992
- Inspirational film:
  - Forms the basis of my leadership style and my leadership maxims
    - No matter what you do…always do your best
    - No matter what we do…each of us has an important role to play – each of us is to be respected – each of us has a leadership role to play…
    - Build it and they will come…
    - Plant a tree and you will have a forest…

60
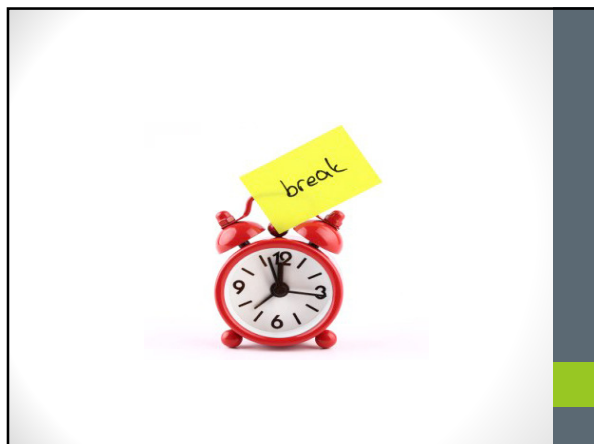
What is leadership?

Respected leaders concentrate on:

- What they know = competencies
- What they are (beliefs/character) = personal philosophy
- What they do = action

CHNC for NCCDH, 2013

Enhancing leadership

Using 1 – 2 – 4 – All

1 - Think of a time when you saw "leadership in action". A time when things went well and you were proud of what was accomplished. What is the story and what made the success possible?

2 - Tell the story to one other person – listen for what contributed to the success – what made it possible?

4 – Find another pair and tell your partner's story – again paying particular attention to what supported the success – note the factors on the flip charts

All – share insights and themes from the flipcharts

Public Health Leadership on social determinants of health and health equity (NCCDH, 2012) requires:

1. Organizational support

2. Bridging organization activity with community action
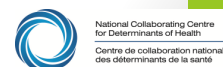
3. Professional Competency: Knowledge, Skills & Attitudes

- Moral conviction
- Risk taking
- Passion
- Energy and
- Motivation

Characteristics of Public Health Leaders: On-Line Survey

Skills (Top 5)

1. Communicates clearly and transparently
2. Supports, empowers, builds capacity
3. Has systems/critical thinking skills
4. Builds consensus, mobilizes, has negotiation/mediation skills
5. Uses evidence-based decision-making

Enablers for Public Health Leadership : On-Line Survey

Personal (Top 5)

1. Are empowering; enable others by providing strong, unwavering support
2. Are champions for public health principles, actions and interventions
3. Are responsive and accessible
4. Are able to engender trust
5. Have credibility, are opinion leaders

67

Enablers for Public Health Leadership: On-Line Survey

External Enablers for public health leadership

1. Organizations that value leadership at all levels and acknowledge, recognize, and take advantage of its formal and informal leaders
2. Organizations that foster trust through ongoing and transparent communication
3. Sustainable funding at system and community levels to maintain community engagement and population health programs
4. Mentorship and succession planning; professional development and networking support
5. Organizational empowerment of leadership vision; strategic and tactical support for the vision (ex. built-in support for vision in organizational planning and performance indicators)

68

Enhancing Leadership

- How are we investing in the assets and conditions that foster success?
- What opportunities do you see to do more?
- What are the tools and supports that you use to develop your leadership competencies or those of others?
- What are tools and supports for leadership in action that you wish you could tap into?

Tools and supports

- Reflection
- Team
- Mentoring
- Networks
- Collaborative practice

Tools and supports

- Competencies
- Values and beliefs
- Ethics
- Life long learning
- Frameworks and theory
- Historical figures
- Professional associations
- Peers

25 Gets You 10
Crowd Sourcing

- One card per person
- Write clearly, "an idea you are considering and an action that will get it into play"
- No name on index cards
- 5 rounds of scoring 1 to 5

Scoring
25 Gets You 10

1 = good idea / action

2

3

4

5 = "out of the ball park" idea

What is leadership?

Respected leaders concentrate on:

- What they know = competencies
- What they are (beliefs/character) = personal philosophy
- What they do = action

CHNC for NCCDH, 2013

Thank you!

Dr.Seuss

Today you are YOU,
that is TRUER than true.
There is NO ONE alive
who is YOUER than YOU!