

The Nursing Leadership Battlefield: Are You Using the Right Tactics?

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As I reflect upon my role as Vice-President of Patient Programs and Chief Nursing Officer in a large community hospital in Barrie, Ontario, I constantly ask myself whether I am providing effective stewardship in a time of huge transformation. The battlefield in healthcare continues to be scarred with poor decisions. As leaders, we are faced with such major problems as health human resource shortages, excessive management spans of control, unacceptable patient and employee injury rates, exponential growth in chronic diseases spurred by episodic care approaches and technological growth that consumes inordinate amounts of money. Our collective challenges are in shaping and positioning our organizations, and their

articulation within healthcare systems, to ensure that we can meet the growing demands for high-quality health services within limited resources.

The wake-up call is before all healthcare leaders. How do we change so that we become effective leaders? The obsession with shrinking the bottom line and the imposition of approaches from non-healthcare industries are finally being mitigated by an evolution in health management research that forces critical thinking and reasoning. Commissioning and using high-quality health management research for informed decision-making is taking hold. Health management research by nursing career scientists is gaining credibility and visibility well beyond nursing circles. The nursing

*EXTRA: Executive Training in Research Application is a Fellowship Program of the Canadian Health Services Research Foundation in partnership with the Canadian Medical Association, the Canadian Nurses Association, the Canadian College of Health Service Executives and the Quebec Consortium. Kirsten Krull-Naraj is a member of the first cohort of graduates, 2006.

profession has also become a major field of study by researchers outside the profession. Nursing voices are finally being heard as we begin to understand the impacts this profession has on the health of the healthcare system. Investment to develop focused nursing research capacity is essential now, as statistics demonstrate that our healthcare system needs solutions to cope with what lies ahead (CIHI 2005). The lack of growth in the proportion of nursing researchers in Canada should be a major concern for all of us. In 2004, only 1% of Canada's registered nurses (2,466 of 246,575) were researchers, and this proportion had not changed since 2000 (CIHI 2005). Every nursing leadership table should be having discussions about how to contribute to this capacity and to weave our energies together across organizations to raise important questions, test models and disseminate learning.

Nursing leaders recognize that being experts at change management is fundamental to their roles. Now, though, they must extend their repertoire to understanding knowledge transfer and exchange. Our current healthcare organizations are novices when it comes to understanding how to use these vast amounts of management research. Nursing leaders in particular must rise to the occasion to design their roles, and the roles of their teams, to handle these demands. By virtue of the sheer number of nursing leaders, and the growing emphasis on postgraduate development, nurses must have the skills to influence this future effectively.

Nurse executives need to support their leaders to practise these skills and to facilitate access to role models to fine-tune them. Herein lies a fundamental challenge to community hospitals and healthcare organizations that are running lean where access to internally based expert role models is slim. Partnerships between health organizations and academic centres, formation of nursing leadership communities of practice (Wenger 2002) and support of leaders to complete postgraduate studies are potential early wins. Chief Nursing Officers are also beginning to learn how they need to influence and work closer with research producers and funders to target the production of valuable new knowledge.

Taking advantage of just-in-time learning from changes in key strategic directions in healthcare may offer the greatest catalysts we need to accelerate transformation. For instance, health services access management and the gamut of wait time strategies instituted by various provinces and countries draw upon significant evidence that is informing policy formation and tactical approaches. In Ontario, we are starting to feel the power of publicly revealing wait time statistics, and providing meaningful and timely information to practitioners and managers on productivity levels. These information tactics are shaking up the status quo and spurring on a readiness for change. The discomfort with potentially being "put out front" as not being able to perform at par with others is enough to propel teams to think differently. The 2005/06 annual report of the Ontario Health

Results Team articulates the transformation well:

We are now moving from a place where no one or only a few were accountable for a particular set of results, to a place where a wide range of health system partners are accountable for achieving a broad range of results.
(OHRT 2006: 16)

The new frame of reference forces new dialogue and behaviours among various practitioners, managers, board directors and regional leaders as they begin to understand their new accountabilities. The entire shift in access management approaches is empowering as the playing field norms are challenged.

Nursing leaders are in the perfect position to ask the right questions about the evidence regarding their populations' needs, to work with physician colleagues to identify priorities for care and to bring to light the insights and innovations of their staff to maximize the use of their physical and technological resources. Ensuring access to future healthcare also challenges nurse leaders to maximize the use of their knowledge and skills and to create new types of nursing roles within systems that are more integrated and client centred. Now more than ever, policy makers are looking to nurses for creative solutions to meet future needs. Nurse leaders and their teams need to be able to respond with ideas that can be tested, evaluated, refined and disseminated.

Another exciting catalyst to change

will be the incorporation of the Ontario Health Outcomes for Better Information and Care (HOBIC) database into our electronic documentation systems. The database was developed from extensive nursing research and piloting in Ontario. At Royal Victoria Hospital in Barrie and within our North Simcoe Muskoka region, our healthcare organizations jumped at the opportunity to be early adopters of this database. We believe that it will be an extremely powerful tool of change that will influence thinking and decision-making by bedside care providers, management at various levels, board members and regional and public policy decision-makers. If we use the database information well, it should offer the leverage we need to bring the agendas and dialogue among these players to some common ground.

The database will bring about an ability to understand the impacts of care by nurses and other disciplines, the workload and resources that went into the care, characteristics of our patient population and the impacts of the different healthcare service hand-offs. For Royal Victoria Hospital, which was a pioneer site as a Best Practice Spotlight Organization committed to progressive uptake and dissemination of several of nursing best practice guidelines produced by the Registered Nurses Association of Ontario (RNAO), HOBIC will continue to support the ongoing evaluation of these investments in care and practice.

HOBIC could be the first research-based tool to bring about dialogue on patient care that requires providers to

break down their silos. This tool will create the paradigm shift we need in healthcare to focus on the outcomes of patients and understand the impacts of health management decisions and their consequences. As we look for solutions to problems revealed by the data analysis, we will be linked right back to the research regarding the relationship between staffing and high-quality work environments: nursing workload, experience levels of staff, leadership, teamwork, professional development and more (McGillis-Hall 2005). The database will demand skills at analysis, and as we intend to build it into a balanced scorecard it will illustrate the interrelated impacts of resources, work environments, skills and outcomes.

Networking among nursing leaders is another essential component to our future success. The notion of “stealing shamelessly” has been part of continuous quality improvement concepts for years. Nursing leaders should conscientiously plan strategies that organize their networking power. Our leaders are currently struggling with information overload, and the strain of this cannot be overlooked. Organizing leaders to maximize their abilities to tap into information streams is critical to efficiency and effectiveness. Testing and sharing learning from these new approaches will be important among senior nurse leaders.

In the past, getting hold of the best ideas has been a cumbersome process and very much biased by “who you know.” Web-based applications are getting smarter, streamlining the amount of effort needed to grab good-

quality information that lends itself to easy “digestibility.” The Canadian Health Services Research Foundation website (www.chsrf.ca) is one of my favourite sites for finding powerful nursing and health management research that keeps me on top of the curve of knowledge development. Another up-and-coming tool will be the Canadian Nurses Association’s NurseONE (www.nurseone.ca), which is poised to be the “one-stop” location for all sorts of timely nursing information. The RNAO’s recent release of the first Healthy Work Environments Best Practice Guideline, *Developing and Sustaining Nursing Leadership*, is an exemplary guide incorporating extensive research into user-friendly recommendations aimed at healthcare organizations and government.

Beyond “battlefield” tactics, access to reliable financial resources is a necessity and has been nursing’s greatest dilemma. The politics of shifting money to support elements of healthcare are complex and risky. At a minimum, nursing leaders need collectively to ensure that every dime of money offered into the system is used to its maximum, and that the learning from new experiences is pumped back into the healthcare knowledge base. One-time funding does not offer abilities to adopt and sustain best practices in nursing staffing and the development of high-quality work environments. Nurses will continue to offer new ways of finding cost savings in our healthcare systems, but doing this with partners in the health system and with other disciplines will be the new order

of the day. Finally, nursing leaders are encouraged to become familiar with the extensive work occurring in the fields of health technology assessment and the application of this knowledge to decision-making with their teams and their organizations.

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Ontario Health Results Team. 2006. *Health Results Team Second Annual Report 2005/06: A Focus on Access and Quality Improvement*. Toronto: Queen's Printer.

Registered Nurses Association of Ontario (RNAO). 2006. *Developing and Sustaining Nursing Leadership*. Toronto: Author.

Wenger, E. 2002. *Cultivating Communities of Practice: A Guide to Managing Knowledge*. Boston: Harvard Business School.

Further information sources

Communities of Practice:
<<http://www.ewenger.com>>.

HOBIC: <http://www.health.gov.on.ca/english/providers/project/nursing/nursing_mn.html>.

RNAO Best Practices: <<http://www.rnao.org>>.

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