Nothing to Disclose

The presenters, Caryn Douma and Carol Turnage Spruill, have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.
Introduction

- Name
- Role
- Years of leadership experience
Session Objectives

- Learn and share best practices and strategies for developing frontline and mid-level leaders in dynamic healthcare environments
- Identify key leadership competencies that enhance patient, family and staff engagement and resiliency
- Describe an innovative approach to bringing engagement and joy back to work for frontline and mid-level leaders
Buzz Session

• Interactive

• All participate

• All contributions are valued

• Take home new ideas and strategies to develop mid-level and frontline leaders
Why?

- Changing healthcare environment
- Leaders need to have the skills and knowledge to adapt rapidly to changing conditions
- Patients and families needs are evolving
- Multigenerational staff and leaders in the workplace
- Electronic record
- New learning and communication styles
- Internet and rapid pace for obtaining new knowledge
Why?

Changing healthcare environment

Leaders: Adapt to rapidly changing conditions

Multigenerational staff/leaders

NEWS
03 October 2018
Japan set to allow gene editing in human embryos

EMR

New Learning and Communication Styles

Evolving needs of Patients and families
Future

What leadership capabilities will become more important for health care organizations transitioning to new care delivery, financial risk and population health management models?

What new capabilities will health care organizations and leaders need to develop or acquire?
<table>
<thead>
<tr>
<th>Old Power Values</th>
<th>New Power Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal (representative) governance, managerialism, institutionalism</td>
<td>Informal (networked) governance, opt in decision-making, self organization</td>
</tr>
<tr>
<td>Competition, exclusivity, resource consolidation</td>
<td>Collaboration, crowd wisdom, sharing, open-sourcing</td>
</tr>
<tr>
<td>Confidentiality, discretion, separation between private and public spheres</td>
<td>Radical transparency</td>
</tr>
<tr>
<td>Expertise, professionalism, specialization</td>
<td>Maker culture, “do it ourselves” ethic</td>
</tr>
<tr>
<td>Long-term affiliation and loyalty, less overall participation</td>
<td>Short-term conditional affiliation, more overall participation</td>
</tr>
</tbody>
</table>
“teams that had traditionally resided in separate silos would now have to become fused to one another via trust and purpose”

Team of Teams, New Rules of Engagement for a Complex World
General Stanley McChrystal, 2015
Redefining Leadership

Myth versus Reality

“Leadership is a complex system of relationships between leaders and followers, in a particular context, that provides meaning to its members.”
Structure

Discussion:

• How has your organizational structure and leadership style adapted to rapidly evolving changes in healthcare delivery? Will it work in the future?

• Why is a leadership development program critical for mid-level leaders?
Why focus on mid-level leaders?

Care environment and organizational culture makes a difference!

Patient Safety
Influence on quality outcomes

Closest leader to patients and families
Providing support and guidance to direct caregivers
Ability to influence and guide clinical outcomes
ABSTRACT The Institute of Medicine concluded in *To Err Is Human* in 1999 that transformation of nurse work environments was needed to reduce patient harm. We studied 535 hospitals in four large states at two points in time between 2005 and 2016 to determine the extent to which their work environments improved, and whether positive changes were associated with greater progress in patient safety. Survey data from thousands of nurses and patients showed that patient safety remains a serious concern. Only 21 percent of study hospitals showed sizable improvements (of more than 10 percent) in work environment scores, while 7 percent had worse scores. For hospitals in which clinical care environments improved, patients and nurses reported improvements in patient safety indicators. These included increases in percentages of patients rating their hospital favorably (a change of 11 percent) and stating that they would definitely recommend the hospital (8 percent) and in percentages of nurses reporting excellent quality of care (15 percent) and giving the hospital a favorable grade on patient safety (15 percent). Where work environments deteriorated, fewer nurses (~19 percent) gave a favorable grade on patient safety. Failure to improve hospital work environments may be hampering progress on patient safety.
Co-created Environment

Work Environment

Staff and Leader experience

Patient and Family Experience
Hospitals and health systems have not typically prioritized nurse manager training and development. But that's changing as healthcare leaders begin to recognize the critical role nurse managers play in achieving an organization’s outcomes and initiatives.

Ronda J. McKay, DNP, RN, CNS, NEA-BC, vice president of patient care services and chief nursing officer at the 458-bed acute care Community Hospital in Munster, Indiana, began her journey into management as most nurse managers typically do.

"How you used to become a manager was, you were one of the best workers on the floor, so they made you a manager. It wasn't so much that you had the leadership capability, but that you were a hard worker," she says.
What?

Discussion:

• What type of leadership development program for mid-level leaders do you have in place in your organization? Is it effective? How do you measure?

• Do your mid-level managers and frontline informal leaders have the experience, skill set and talent to achieve success in their roles?
Where do you begin?
Essential Components

Critical Components of a leadership development program:

- Competency based
- Interactive
- Aligned with organizational vision and strategies
- Integrated with other system wide offerings and programs
- Incorporated into daily operations
- Multi-generational
- Innovative
- Engaging
The Healthcare Leadership Alliance created the HLA Competency Directory.

Interactive tool designed to ensure leaders have training and expertise to meet new healthcare leadership challenges.

Healthcare Leadership Alliance
- American College of Healthcare Executives – ACHE
- American Organization of Nurse Executives – AONE
- American College of Physician Executives – ACPE
- And others

www.ache.org/newclub/resource/Leadership-Competencies
Five Critical Domains in Leadership Competency

- Communication and Relationship Management
- Professionalism
- Knowledge of the Healthcare Environment
- Business Skills and Knowledge
How?

How do you develop an interactive curriculum that can be applied and practiced in their daily work?

- Assessment
- Onboarding process and pathway
- New employee series—competency program
- Peer to peer learning
- Mentor program
- Ongoing professional development series
The Learning Model

Pervasive Learning

Formal
- eLearning
- Conferences
- Webinars
- Case Studies
- Physical Classroom
- Performance Reviews
- Game-Based Learning
- Virtual Classroom
- Forums

Informal
- Mentoring
- Web Conferencing
- Books
- Websites
- Shadowing
- Workshops
- Podcasts
- Webcasts
- Coaching
- User Generated Content
- Wikis
- User-generated content
- Blogs
- Videos
- Workshops
- Discussions
- Mentoring
- Webinars
- Case Studies
- Physical Classroom
- Performance Reviews
- Game-Based Learning
- Virtual Classroom
- Forums

Social
- Mentoring
- Web Conferencing
- Books
- Websites
- Shadowing
- Workshops
- Podcasts
- Webcasts
- Coaching
- User Generated Content
- Wikis
- User-generated content
- Blogs
- Videos
- Workshops
- Discussions

© Dan Pontefract, author of Flat Army: Creating a Connected and Engaged Organization (Wiley, 2013)
Assessment

Assess current programs available within the organization

- What programs are already in place?
- Resources? Technology utilized in training and ongoing learning?
- Meet with frontline staff and leaders
- Culture surveys
- Engagement surveys
- Favorite learning styles (computer games, virtual, traditional, blogging discussions, classroom, buddy)

What else?
Organizational Alignment and Integration
Framework

Choose a framework that incorporates your organizational culture and needs

Discussion:
What are you using in your organization?
Models

American College of Health Care Executives

Kouzes & Posner’s "Leadership Challenge"

IHI: High-Impact Leadership Behaviors

IHI High-Impact Leadership Framework

Sigma Theta Tau Int

Four Essentials of Leadership

IHI Quadruple Aim
Communication and Relationship Management

- **Effective Communication**
  - Interpersonal relationships

- **Relationship Management**
  - Collaboration
  - Conflict resolution – speaking up
  - Trust

- **Influencing Behaviors**
  - Inspire and lead

- **Diversity**
  - Opinion sharing and exploration of new ideas to achieve shared outcomes
Relationship Building

Collaboration
Conflict resolution – speaking up
Trust
Respect

Discussion:
What leadership strategies do you utilize to increase trust in your organization?
Communication Skills

Discussion:

• What are key communication skills that impact leadership?

• How are you sharing skills and strategies with your teams?
Resolving Conflicts

Learn better language for resolving conflict.....
Four **RULES** for healthy disagreements in families and teams

1. Frame it as a debate, rather than a conflict
2. Argue as if you’re right but listen as if you’re wrong
3. Make the most respectful interpretation of the other person’s perspective
4. Acknowledge where you agree with your critics and what you’ve learned from them

Source: @AdamMGrant
## Leadership vs Management

<table>
<thead>
<tr>
<th>Issue</th>
<th>Manager</th>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>Sequence and task</td>
<td>Overview and result</td>
</tr>
<tr>
<td>Thinking</td>
<td>Assess risk and be rational</td>
<td>Challenge and be intuitive</td>
</tr>
<tr>
<td>People</td>
<td>Supervise and support</td>
<td>Motivate and encourage</td>
</tr>
<tr>
<td>Change</td>
<td>Maintain status quo</td>
<td>Actively promote change</td>
</tr>
<tr>
<td>Resources</td>
<td>Allocate and monitor</td>
<td>Identify and seek out</td>
</tr>
<tr>
<td>Focus</td>
<td>Detail conscious</td>
<td>Big picture</td>
</tr>
</tbody>
</table>

the 5 practices of effective leaders

[Managementcentre.co.uk/leadership-5-practices-of-effective-leaders/](https://Managementcentre.co.uk/leadership-5-practices-of-effective-leaders/)

Kouzes and Pozner’s Leadership Practices
Shifting Power

Power Continuum

Supervision

- Task setting
- Monitoring
- Evaluating
- Disciplining
- Rewarding

Facilitation

- Creating learning environment
- Helping others to learn
- Being a catalyst
- Confronting constructively
- Enabling catharsis

Power held over others in the organisation

Management

- Planning
- Appraising
- Coaching
- Delegating
- Decision making

Leadership

- Visioning
- Providing sense of purpose
- Strategic planning
- Networking
- Partnership building

Sketchnote by Hayley Lewis @haypsych norlopsychology
Being a middle manager

• Power dynamics within organizations
• Leading and following
• Role based expectations
  • Dual role of leader and manager
• Stuck in the middle—expected to change and lead teams through change

Strategies

• Simplify the reporting structure to minimize upward and downward power shifts—minimizing meetings requiring role changes
• Recognize your identity as integrated – remembering that we are all in this together and every role requires a different perspective
• Don’t micromanage
• Utilize scripts for role transitions and communication to both groups—ensures consistent messaging
Leadership

6 Skills for Leading from the Middle
MANAGING ORGANIZATIONAL COMPLEXITY

1. THINKING AND ACTING SYSTEMICALLY
Sees the big picture, how the organization’s parts function together.

2. LEARNING AGILITY
Seek opportunities to learn, and learn quickly.

3. COMMUNICATION
Model effective communication across groups and levels.

4. SELF-AWARENESS
Maintain an accurate picture of self and seek feedback to improve.

5. RESILIENCY
Handle stress, uncertainty, and setbacks well.

6. INFLUENCE
Gain cooperation to get things done.

© 2017 Center for Creative Leadership. All rights reserved.
Key Leadership Attributes

- Resiliency
- Presence
- Emotional Intelligence
- Mindfulness
- Active listening
- Communication skills
- Empowerment
- Inspirational
- Ability to engage in constructive debate
- Build relationships across the organization at all levels
Collaborative Peer Relationships

“It can also be helpful to remind each other that you’re all working toward a common purpose of building a great organization and achieving the company’s mission. Emphasize the “us” in your conversations, using phrases such as “we’re all on the same team” or “we all want this initiative to succeed”.

“It’s not enough to be great; you have to be great together.”

General Stanley McChrystal
Emotional Intelligence

Self-Awareness
Self-Regulation
Motivation
Social Skills
Empathy

Emotionally Effective Leader
Emotional Quotient (EQ) AND LEADERSHIP

“Emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.”

[Mayer and Salovey]

Emotional Quotient (EQ) vs. Intelligence Quotient (IQ)

A study comparing OUTSTANDING MANAGERS with AVERAGE MANAGERS found that 90% of the difference was accounted for by EQ.

Exposure to a traditional LEADERSHIP SKILLS DEVELOPMENT does not correlate with IMPROVEMENTS IN EQ OR CAREER SUCCESS.

A study at PepsiCo found that company units led by MANAGERS with higher IQ AND PERSONALITY even when taking IQ AND PERSONALITY into account
# Emotional Intelligence Domains and Competencies

<table>
<thead>
<tr>
<th>SELF-AWARENESS</th>
<th>SELF-MANAGEMENT</th>
<th>SOCIAL AWARENESS</th>
<th>RELATIONSHIP MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional self-awareness</td>
<td>Emotional self-control</td>
<td>Empathy</td>
<td>Influence</td>
</tr>
<tr>
<td></td>
<td>Adaptability</td>
<td></td>
<td>Coach and mentor</td>
</tr>
<tr>
<td></td>
<td>Achievement orientation</td>
<td>Organizational awareness</td>
<td>Conflict management</td>
</tr>
<tr>
<td></td>
<td>Positive outlook</td>
<td></td>
<td>Teamwork</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Inspirational leadership</td>
</tr>
</tbody>
</table>

Source: MORE THAN SOUND, LLC, 2017
Emotional Intelligence (EQ) Model

Correlation with leadership and organisational success

Starts with self-awareness and builds from there

Emotionally-intelligent does not necessarily mean “nice”

Capacity vs utilisation research

Further reading:
Making Sense of Emotional Intelligence, Dulewicz & Higgs;
The New Leaders, Daniel Goleman
Business Skill and Principles

- Systems thinking
- Business administration
- Financial management
- Human resources – staffing management
- Nursing care models
- Management principles
- Healthcare economics and financing
- Project management
Professionalism

- Developing higher leadership competencies
  - Higher education
  - Workshops
- Refining problem-solving skills
- Acquiring and working with a mentor
- Career planning
- Setting goals for growth and development
- Creating peer networks
- Participation in professional organizations
Resilience

“We often take a militaristic, “tough” approach to resilience and grit.”

The very lack of a recovery period is dramatically holding back our collective ability to be resilient and successful. Research has found that there is a direct correlation between lack of recovery and increased incidence of health and safety problems. And lack of recovery — whether by disrupting sleep with thoughts of work or having continuous cognitive arousal by watching our phones — is costing our companies $62 billion a year (that’s billion, not million) in lost productivity.
A whopping 75% of them said that the biggest drain on their resilience reserves was “managing difficult people or office politics at work.” That was followed closely by stress brought on by overwork and by having to withstand personal criticism.

**WHAT’S THE BIGGEST DRAIN ON RESILIENCE AT WORK?**
Survey responses from 835 British employees.
Stress and Coping

- Self-awareness
- Self-regulation
- Regular meetings with other managers
- Alleviating stress
- Exercise
- Nutrition
- Mindfulness
- Meditation
- Essential oils
- Arts / crafts
Opportunities for Learning Skills

- Summit/workshop format
- Safety Rounds
- QI programs and initiatives
- Safety and Quality Councils
- Personal examples and storytelling

© Dan Pontefract, author of Flat Army: Creating a Connected and Engaged Organization (Wiley. 2013)
Barriers to success

- Constantly changing priorities
- Cognitive bias
- Cult behavior
- Lack of acceptance of diverse styles
- “Death by meeting”
- Time constraints
- Lack of resources
- Lack of organizational commitment
Is Your Organisation a Cult?

https://knowledge.insead.edu/blog/insead-blog/is-yourorganisation-a-cult-10371
Cognitive Bias

A cognitive bias is a mistake in reasoning, evaluating, remembering, or other cognitive process, often occurring as a result of holding onto one's preferences and beliefs regardless of contrary information. Psychologists study cognitive biases as they relate to memory, reasoning, and decision-making.

Definition of Cognitive Bias | Chegg.com

https://www.chegg.com/homework-help/definitions/cognitive-bias-13
18 Cognitive Bias Examples Show Why Mental Mistakes Get Made

When it comes to assessing risk, humans often fail to make rational decisions because our brains take mental shortcuts that prevent us making the correct choice. Since the 1960s, behavioural scientists and psychologists have been researching these failings, and have identified and labelled dozens of them. Here are some that can cause havoc when it comes to assessing risks in business.

[Diagram showing various cognitive biases with examples]

- **Anchoring Effect**: Relying too much on the initial piece of information offered when making decisions.
  - Example: "The first test seemed OK. Do we need to look any more?"

- **Availability Heuristic**: Overestimating the importance and likelihood of events given the greater availability of information.
  - Example: "I saw something very similar to this on LinkedIn. We need to take it seriously.

- **Bandwagon Effect**: Judging the strength of an argument on the believability or plausibility of the conclusion.
  - Example: "I didn't quite follow your argument but the conclusion seems about right.

- **Belief Bias**: Seeing oneself as less biased than others.
  - Example: "Let's ignore Sarah's views on this one. She's biased."

- **Clustering Illusion**: Emotionally overestimating the importance of small clusters or patterns in large data.
  - Example: "This is the second week in a row that this has happened. There must be a problem.

- **Confirmation Bias**: Focusing on information that only confirms existing preconceptions.
  - Example: "We did loads of simulations. Most of them showed there's no problem."

- **Endowment Effect**: The tendency for people to place more value on things because they already own them.
  - Example: "I know it will cost a fortune to fix but it cost us £15,000. We can't just throw it away.

[Further examples of cognitive biases with related content]

https://www.visualcapitalist.com/18-cognitive-bias-examples-mental-mistakes
World Café

- Choose a table host
- Discuss questions and record findings on table
- Rotate to next table—*table host stays to orient next group*
- When are rotations are completed—group report out

Draw sketch notes!
Discussion:

What strategies and formats for developing mid-level leaders have you found to be successful in your organization/career?
Discussion:

Think about your own professional development and onboarding process—was it effective? Is ongoing development self directed or part of organizational culture?

How are you providing ongoing development for your direct reports?
Discussion

*Discuss barriers to leadership development in your organization*

*Solutions?*
Discussion:

Does cognitive bias influence our ability to lead?
Engagement and Joy

How does your joy influence your staff?
How does the work environment impact staff and leader engagement and joy in work?

What about the patient and their family?
What Brings You Joy at Work?


Joy

• Trust
• Mutual respect
• Compassion
• Positivity
• Empowerment
• Comfortable speaking up
• Effective communication
Key drivers of burnout and engagement in physicians

Consider what presence and mindfulness do for you and your staff, patients and families.

- Embracing Mindfulness
  - Journaling
  - Practice
  - Being
  - Doing

- Mindfulness & the Body
  - Self-care
  - Prevent Injury
  - Save Energy
  - Reduce Stress

- Nurture Compassion
  - Self-Compassion
  - Avoid Fatigue
  - Compassion for others

- Better Performance
  - Mindful Teams
  - Communication
  - Better Thoughts
  - Synergy
How do you bring joy to work for yourself and others?
Strategies and Solutions

Discuss ideas from your discussions today that might work in your organization or enhance your personal leadership skills
Summary

• Mid-level leadership onboarding and professional development creates a community of diverse, skilled and innovative leaders able to lead organizations into the future.
• Start with an assessment, choose a framework that aligns with organizational vision and strategy
• Create a multi-generational curriculum based on competencies and desired behaviors.
• All learning incorporates available technology and flexible approach to time and location
• Incorporate into daily operations--team approach!
• Practice! Practice! Practice!
• Have fun!
Leadership is not defined by the exercise of power but by the capacity to increase the sense of power among those led. The most essential work of the leader is to create more leaders.

— Mary Parker Follett —

AZQUOTES
Thank you!

It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change.

Darwin

Caryn Douma MS, RN, IBCLC  caryndouma@gmail.com
Carol Turnage Spruill MSN, APRN-CNS, CPHQ  cacarrie@utmb.edu