



# **NURSING LEADERSHIP DEVELOPMENT IN NOVA SCOTIA**

**A REPORT OF THE LEADERSHIP DEVELOPMENT  
FOR PROFESSIONAL PRACTICE WORKING GROUP**

**February 2006**



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## **Leadership Development for Professional Practice Working Group**

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## 1.0 Executive Summary

In 2003 Nova Scotia's Provincial Nursing Network identified leadership development as a nursing priority based on the recommendations of the Canadian Nursing Advisory Council Report (2002). As a result, the Leadership Development for Professional Practice Working Group was established in January 2004. The purpose of the Working Group was to develop and recommend strategies to support nursing leadership development in Nova Scotia. The project involved the collaboration of nurse leaders from across Nova Scotia including education, clinical practice, administration, and regulatory bodies.

With the health care system undergoing unprecedented change, it is widely believed that nursing leaders of the 21st century will have to go beyond traditional managerial practices and behaviours and focus on achieving change and credible leadership rather than predictability in organizational outcomes (Fedoruk & Pincombe, 2000). A significant body of research links investment in nursing leadership with improvements in key health, organizational, and provider outcomes (ACEN, 2004; Aiken et al., 2002; McGillis-Hall et al., 2003; Needleman et al., 2001; O'Brien Pallas et al., 2004; Stanton & Rutherford, 2004). Furthermore, leadership has been shown to have a significant impact on cultivating environments for continuous learning, improving interdepartmental and intradepartmental relationships within and across agencies, increasing the effective use of resources, strategic planning, and compliance with regulatory requirements (Ridenour, 1996). Leadership behaviours and styles have the potential to transform individuals, organizations, and outcomes (IOM, 2004). Thus, investing in leaders and leadership development is critical for organizations.

Accordingly, a leadership development strategy has been developed by the Leadership Development for Professional Practice Working Group. The strategy includes core leadership development competencies required for complex nursing roles and support for the integration of the concept of personal attributes developed by the NHS Modernisation Agency Leadership Centre (NHS, 2003). It is recommended that organizations use these tools to work with nurses in assessing their personal readiness for leadership and then identify how that will be developed. As such, the following recommendations were put forward.

The Leadership Development for Professional Practice Working Group recommends that:

- Leadership competencies and personal attributes be used to assist individual nurses interested in leadership development to self-assess and to develop an individualized plan, which can be integrated with a continuing competency assessment
- Competency statements be further developed with behavioral indicators to provide clarity around performance expectations

Additionally, the following recommendations are targeted toward relevant stakeholders. The Working Group recommends that:

### **Employers**

1. Employers dedicate funding to support access to leadership development programs based upon a strategic long range plan that targets specific numbers of nurses for funded opportunities
2. Employers make a commitment through policy directives to ensure that leadership development and succession planning (short and long term) become a priority and receive sufficient resources
3. Employers develop a mechanism to promote leadership development within their organizations by:
  - i. Adopting a competency approach as part of role descriptions and performance review
  - ii. Supporting preceptorship and mentorship opportunities for leadership positions
  - iii. Developing mechanisms for career pathing within performance review systems
  - iv. Identifying leadership opportunities such as job exchanges and committees
  - v. Including management programs as part of a mandatory orientation plan based on identified competencies for the management role
  - vi. Creating a culture that supports learning and leadership (e.g., positive feedback for good work, involvement in visioning and decision-making) to acknowledge that leadership development is for **all** staff
  - vii. Establishing formal processes to help individuals identify that they want to be (a) mentored and/or (b) mentors
  - viii. Developing programs that help potential mentors to focus on self-reflection and analysis. It is important for both decision-makers and potential mentors to understand that mentorship requires time and emotional space.

### **Educators**

- The competency statements be used in conjunction with program reviews to assess if the program contributes to specific competency development
- The competency statements be promoted within the undergraduate nursing curriculum and used in the development of new continuing education programs

### **Governments**

- Funding be provided to support leadership development among health care professionals through grants or funding from the Nursing Strategy
- Policy development and review be undertaken to promote and support a leadership development strategy, including the development of policies to deal with specific clinical and administrative issues

## **2.0 Introduction**

Leadership development is critical to the success of the health care system. Across Canada and around the world, there has been mounting interest in creating strategies for developing leadership capacity within organizations (Conference Board of Canada, 2003). Leadership development for professional practice has been identified as a priority within the health system in Nova Scotia as well. This trend has arisen as a result of the following factors:

1. Recognition that the transformational changes that are needed in the system require skilled and knowledgeable leaders (Conference Board of Canada, 2003), and
2. Leadership positions remain vacant for longer periods of time as the nursing shortage worsens, increasing numbers of existing leaders are due to retire, and a lack of interest in management roles among younger nurses.

In 2003 Nova Scotia's Provincial Nursing Network identified leadership development as a nursing priority based on the recommendations of the Canadian Nursing Advisory Council Report (2002). A Working Group (Leadership Development for Professional Practice) was established to set a direction for nursing leadership development in Nova Scotia.

This document outlines individual and organizational work of the Leadership Development for Professional Practice Working Group. It is designed as a resource to assist health care organizations, managers, and providers in planning for leadership development for themselves throughout Nova Scotia. It describes the issues and challenges that have been identified, provides information about existing leadership development programs and leadership competencies, and makes recommendations for responding to these issues. This project is intended to complement the work of other Leadership Development programs and groups. In particular, it is intended that this work complement the Leadership Best Practice Guidelines currently being developed by the Office of Nursing Policy (Health Canada) and the RNAO (Healthy Work Environment Best Practice Guidelines). With the support of nursing leaders, administrators, and other health care decision makers, it is anticipated that the strategies recommended by the working group will help to integrate leadership development activities and everyday nursing practice in all health sectors.

## **3.0 Leadership Development for Professional Practice Working Group**

The Leadership Development for Professional Practice Working Group was established in January 2004 to set a direction for nursing leadership development in Nova Scotia. The Terms of Reference for this group are found in Appendix A.

### **Purpose**

The purpose of the Working Group on Leadership Development for Professional Practice was to develop and recommend strategies to support nursing leadership development in Nova Scotia. Towards this end, the Working Group agreed on the following objectives:

- To create a shared vision for nursing leadership development in Nova Scotia
- To identify elements of the vision that can be addressed and identify gaps

- To identify strategies to address gaps (including options analysis if needed)
- To develop recommendations for presentation to the Provincial Nursing Network.

### **Process**

The project involved the collaboration of nurse leaders from education, clinical practice, administration, and regulatory bodies in Nova Scotia. Their work included:

1. A review of the literature on leadership practices and models
2. A review of existing leadership development programs available to nurses in Nova Scotia
3. Identification of leadership competencies
4. Identification of strategies and recommendations for nursing leadership development in Nova Scotia

Towards these ends, the group:

- Analyzed the theoretical frameworks and concepts described in the literature on leadership development,
- Distinguished “leadership development” from “leadership” through an iterative process that helped with identifying and refining their vision and core assumptions about leadership, leadership development, and leadership competencies in nursing, and
- Explored what other jurisdictions across Canada have been doing with respect to leadership development, including but not limited to the Health Canada Office of Nursing Policy Healthy Work Environments Best Practice Guidelines on Nursing Leadership.

The concept of leadership is defined by the College of Registered Nurses of Nova Scotia (CRNNS, 2004) as:

“being involved, open to new ideas, having the confidence in your own capabilities and a willingness to guide and motivate others. Leadership is action, not a position and is not limited to formal leadership roles. Leaders have influence through their position, behaviour, experience, knowledge and development. Nursing leadership at all levels in an organization and in all areas of practice is essential to the provision of safe, effective and ethical nursing practice and maintenance of public trust (CRNNS, 2004).”

As such, leadership has been identified as a core competency for all registered and licensed practical nurses, not only those nurses in management roles. In addition, the literature shows that the leadership of front line managers is key to the development of personal and positional leadership in nurses and the achievement of quality patient and health care system outcomes (Institute of Medicine of the National Academies (IOM), 2004). Therefore, the Working Group set out to formulate a leadership development strategy that prioritizes the development of leadership competencies (skills, attitude, knowledge) among front line managers as a first step towards leadership development for all nurses. This has been captured in our vision (below).

## Vision for Nursing Leadership Development in Nova Scotia

### **Vision**

That Nova Scotian nurses (registered nurses and licensed practical nurses) have access to programs that are matched to clearly defined leadership competencies and that these programs will provide employers with a strategy to support succession planning within their organizations.

Based on the premise that front line managers are key to the development of leadership capacity within the health system, the promotion of leadership development programs for existing and potential front line managers is intended as an important first step towards attaining the overall vision.

### **Goals:**

Progressive enhancement of leadership competencies and recognition of the importance of leadership development through targeted, timely and appropriate leadership education that:

1. Heightens awareness of leadership issues and behavior or practices in everyday practice, decision-making and organizational processes;
2. Builds capacity for leadership practice for all staff within organizations and the health system; and
3. Takes advantage of formal and informal leadership education programs and processes

### **Key Assumptions**

Recommended strategies will be based on the following assumptions:

1. Nursing leadership in Canada is in difficulty. This is a critical point in time as the profession is facing erosion. We need to help nurses and organizations to deal with those challenges and create an environment for leadership development.
2. Leadership is a core competency for all nurses. Whatever solution(s) is/are identified, it/they will be accessible to all nurses.
3. Strategies need to address different challenges across multiple sectors.
4. Leaders are not just born, they are also nurtured and grown. There are sets of leadership skills that can be learned.
5. People need an awareness of, and access to, resources for leadership. Leadership development may not be the result of a formalized education program. Whatever strategy/solution is identified, it will not be tied to an educational credential.
6. Sustainable strategies must be developed. The environments where people practice must support leadership development. Thus, strategies will need to address the need for supportive environments in order to address sustainability and

accountability. Strategies must support existing positional leaders in creating environments that support emerging leaders/leadership.

7. There is no single solution. Some solutions will be found in nursing; some will be found among other disciplines. We need an openness to learn from, and be challenged by, others. We need to be open to leadership knowledge, experience, insight and lessons that have been gained elsewhere (e.g., in other disciplines).
8. “Personal leadership” refers to personal style and competencies that develop as a person moves into a variety of areas, while “positional leadership” refers to management roles and role-specific competencies.
9. Understanding and valuing followership is an important element in understanding leadership.
10. Developing the skills of front line managers facilitates:
  - Capacity building/personal leadership development in staff
  - Succession planning within organizations and the health system
  - An environment in which others can flourish

#### **4.0 Health System Trends And Nursing Leadership in Nova Scotia**

**Core leadership competencies** have been shown to have a significant impact on patient outcomes, cultivating an environment for continuous learning, improving interdepartmental and intradepartmental relationships within and across agencies, increasing the effective use of resources, strategic planning, and compliance with regulatory requirements (Ridenour, 1996). In addition, studies show that organizations benefit from reduced costs and improved patient care when work environments are created that foster nurses’ job satisfaction, thereby improving the retention of those with the capacity for management and leadership roles (AHRQ, 2004 & O’Brien Pallas et al, 2004).

In “Keeping Patients Safe: Transforming the Work Environment of Nurses”, the IOM (2004) suggests that specific leadership behaviours and styles have the potential to transform individuals, organizations, and outcomes. Clearly, health care organizations need to foster the growth and development of their nursing workforces by providing appropriate organizational resources and supports for nursing leadership development. Evidence of the need for urgency with regard to leadership development arises from concern about:

- Rising acuity, intensity and complexity of care related to health system reorganization in the 1990s
- Disaffection and alienation between leaders and followers at all levels within organizations
- Perceived gaps between management and clinicians with regard to money, values, and problem-solving approaches
- The rising average age of existing leaders and the ongoing loss of experienced leaders
- The smaller pool of talent from which to recruit new managers and increased demands on the time and energy of existing leaders, negatively impacting on effective succession planning (CCHSE, 2000)

Effective **succession planning** should be integral to an organization's culture. Succession planning is described by the Canadian Nurses Association (2003) as a process that moves beyond 'one-off' replacement planning into a process of identifying and nurturing a pool of potential candidates for leadership positions. Succession planning processes cultivate 'predictability' rather than 'chaos' or last minute scrambling to find potential leadership candidates. Succession planning processes:

- Attract high potential people (rising stars) to develop as leaders;
- Enhance other's leadership skills through formal and informal methods;
- Improve all aspects of others' potential; and
- Institutionalizes leadership development at different levels within organizations.

With the health care system undergoing unprecedented change, it is widely believed that the nursing leaders of the 21st century will have to go beyond traditional managerial practices and behaviours and focus on achieving change and credible leadership rather than predictability in organizational outcomes (Fedoruk & Pincombe, 2000). **Transformational leadership** is defined as "a relationship of mutual stimulation and elevation that raises the level of human conduct as well as the aspirations of both the leader and those led, and thereby has a transforming effect on both" (IOM, 2004, pp. 108-161. Transformational leadership occurs when leaders engage with their followers in pursuit of jointly held goals. The effectiveness of leaders and leadership is measured by the extent to which intended change is actually accomplished and human needs and expectations are satisfied. Often, as those who are led feel elevated, they become more active, thereby creating new cadres of leaders. Leatt and Porter (2003) assert that progressive organizations that invest in leadership development will yield the most significant returns on investment in terms of organizational effectiveness.

Typically, front line managers have much larger areas of responsibility than ever before and may or may not have nursing backgrounds. Nurses find themselves working in rapidly changing work environments at the same time that the nursing workforce is undergoing significant changes. It has been predicted that the combination of increased workloads, increased patient acuity, uncertain work environments, and an aging nursing workforce could have a significant detrimental effect on the anticipated shortage, the cost of nursing services, workplace safety, and the quality of patient care (Kerr et al., 2005). However, as aforementioned, a growing and significant body of research links investment in nursing leadership with **improvements in key health, organizational, and provider outcomes** (ACEN, 2004; Aiken et al., 2002; McGillis-Hall et al., 2003; Needleman et al., 2001; O'Brien Pallas et al, 2004; Stanton & Rutherford, 2004).

Conversely, **negative outcomes** are associated with inadequate resources or supports particularly excessive workloads and lower staffing levels. Mounting evidence shows that negative work environments burn out experienced nurses and discourage new recruits (Baumann et al, 2001; Fooks et al, 2002). Moreover, negative work environments and the erosion of nursing leadership are associated with negative health, nurse and system outcomes such as:

- Higher patient morbidity and mortality rates,
- Lower patient satisfaction,
- Higher staff turnover,
- Higher stress,

- Low levels of job satisfaction,
- Vulnerability to violence or injury,
- High absenteeism and disability,
- Disrupted care, and
- Increased health system costs (Baumann et al, 2001).

Job dissatisfiers include:

- limited opportunities for career progression,
- Excessive workloads,
- Lack of remuneration for overtime,
- Lack of job security,
- Too few permanent full-time work opportunities,
- Inadequate support and resources,
- Role ambiguity,
- Budget pressures and constraints,
- The rate and volume of organizational change,
- Nonexistent or slow increases in salary,
- Lack of recognition or feedback from immediate supervisors, and
- Excessive amounts of paperwork (Fooks et al, 2002).

Many organizations acknowledge the importance of healthy work environments and supporting nurses as much as possible to meet their professional needs. However, in placing the needs of patients/clients first, they may have concerns about being unable to meet professional needs when faced with shortages, inadequate utilization of existing nurses, and fiscal constraints. Far from being a burden, the studies cited above show that organizations can reap significant benefits from investing in nursing leadership development and succession planning.

### **Critical Success Factors to Support Leadership Development**

The challenges presented by an ever complex healthcare delivery system requires competent leaders. Key to improving health care delivery is the understanding that the health system must invest in leadership development at all levels and then rigorously evaluate the impact on the individual and organization (Leatt and Porter, 2003). Critical success factors include:

1. Visible clear commitment from senior management. Leadership development requires progressive investment in staff including the provision of instrumental skills for managers which allow them the confidence and competence to develop their own leadership abilities as well as provide mentorship to new and emerging leaders.
2. Strategies for leadership development. These must be based on individual leadership competency, organizational improvements, and strategic positioning of the organization.
3. Leadership skills development within a framework of quality improvement.
4. Lifelong learning models to acknowledge that there are multiple stages of education intervention rather than just graduate and continuing education.

5. Understanding of individual learning abilities such as adult education which is reflective, interactive and participative.
6. Leadership development at all levels. Must be competency based and assessment oriented.
7. Constant practice of skills development.
8. Leadership development that is collaborative and inclusive of all disciplines.
9. Continuous development of team participation and team leadership.

## **5.0 Recommendations**

Investing in leadership is not only worthwhile, but critical, for organizations. Leadership development planning must be linked to organizational goals and formal processes for identifying leaders. Growing evidence suggests that organizations can improve patient, organizational, and nurse outcomes by investing in positive work environments that support nursing leadership (Aiken et al, 2002). Thus, it is important that organizations be aware of the evidence linking nursing leadership to these key outcomes.

Leadership development needs to be marketed as helping emergent leaders to self-identify while employers provide the building blocks or access to leadership development opportunities. With this in mind, a leadership development strategy has been developed by the Leadership Development for Professional Practice Working Group. It includes core leadership development competencies (Appendix 2) required for complex nursing roles and support for the integration of the concept of personal attributes developed by the NHS Modernisation Agency Leadership Centre (Appendix 3) as a distinguishing feature of leadership selection (NHS, 2003). This strategy is intended to support individual nurses and organizations wishing to assess and develop their leadership capacity. It is recommended that organizations use these tools to work with nurses in assessing their personal readiness for leadership and then identify how that will be developed. These tools can then be used within a broader personal and professional development planning process in conjunction with a number of leadership programs, some of which are referenced in Appendix 4. The program review grid (Appendix 4) depicts details of development opportunities that are available currently (2004/5), plus approaches used by the organizations that provide them. This may be updated as new programs become available.

As aforementioned, the Leadership Development for Professional Practice Working Group recommends that:

- Leadership competencies (Appendix 2) and personal attributes (Appendix 3) be used to assist individual nurses interested in leadership development to self-assess and to develop an individualized plan, which can be integrated with a continuing competency assessment
- Competency statements (Appendix 2) be further developed with behavioral indicators to provide clarity around performance expectations

Additionally, the following recommendations are put forth by the Working Group and are targeted toward relevant stakeholders. The Working Group recommends that:

### **Employers**

- Employers dedicate funding to support access to leadership development programs based upon a strategic long range plan that targets specific numbers of nurses for funded opportunities
- Employers make a commitment through policy directives to ensure that leadership development and succession planning (short and long term) become a priority and receive sufficient resources
- Employers work with nursing staff to develop a mechanism that promotes leadership development within their organizations by:
  - ▶ Adopting a competency approach as part of role descriptions and performance review
  - ▶ Supporting preceptorship and mentorship opportunities for leadership positions
  - ▶ Developing mechanisms for career pathing within performance review systems
  - ▶ Identifying leadership opportunities such as job exchanges and committees
  - ▶ Including management programs as part of a mandatory orientation plan based on identified competencies for the management role
  - ▶ Creating a culture that supports learning and leadership (e.g., positive feedback for good work, involvement in visioning and decision-making) to acknowledge that leadership development is for **all** staff.
  - ▶ Establishing formal processes to help individuals identify that they want to be (a) mentored and/or (b) mentors
  - ▶ Developing programs that help potential mentors to focus on self-reflection and analysis. It is important for both decision-makers and potential mentors to understand that mentorship requires time and emotional space

### **Educators**

- The competency statements be used in conjunction with program reviews to assess if the program contributes to specific competency development
- The competency statements be promoted within the undergraduate nursing curriculum and used in the development of new continuing education programs

### **Governments**

- Policy development and review be undertaken to promote and support a leadership development strategy, including the development of policies
- Funding be provided to support leadership development among health care professionals through grants or funding from the Nursing Strategy

## **6.0 Conclusion**

As highlighted throughout this report, investing in and building leadership capacity in organizations is critical and essential to meet future health care needs and to sustain an adequate supply of candidates for imminent leadership positions. This report emphasizes that organizations will need to make a deliberate investment in supporting their front line managers if they are to succeed in a competitive world. It is increasingly recognized that the greatest returns come from building capacity among front line managers and that effective succession planning and leadership development is integral to improvements in key health, organizational, and provider outcomes (Aiken et al., 2002; McGillis-Hall et al., 2003; O'Brien Pallas et al, 2004).

The aforementioned recommendations and strategies as put forth in this report by the Leadership for Professional Practice Working Group will provide the necessary guidance and support to organizations in their efforts to build nursing leadership capacity and development in Nova Scotia.

## **7.0 Next Steps**

This report is respectfully submitted to the Provincial Nursing Network as part of the mandate of the Leadership Development for Professional Practice Working Group. A great deal of time, energy and enthusiasm has been invested in the development of this report and its recommendations. However, much work surrounding leadership development in Nova Scotia remains to be completed. In an effort to move the recommendations forward the Working Group has outlined the following next steps:

1. Sharing of key recommendations with relevant stakeholders must occur. It is suggested that the PNN take steps to disseminate this report to employers, educators and government to ensure that there is knowledge of and uptake of the recommendations put forth in this report.
2. An implementation and evaluation plan must be developed. In order to evaluate the outcomes and extent that the recommendations are accepted and implemented within organizations, it is suggested that an implementation and evaluation plan with measurable outcomes be developed.
3. Leadership development for professional practice in nursing must be a priority. Available evidence supports the need for investment in nursing leadership. It is suggested that leadership development for professional practice be accepted as a priority of the PNN and that funding be distributed accordingly.

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## Appendix 1

### LEADERSHIP FOR PROFESSIONAL PRACTICE WORKING GROUP

#### TERMS OF REFERENCE

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#### **PURPOSE OF WORKING GROUP**

To develop strategies to support nursing leadership development in Nova Scotia.

#### **VISION OF WORKING GROUP**

There will be capacity within the nursing workforce leading to personal and positional leadership that will sustain the health system and optimize nursing's contribution to quality outcomes.

#### **VALUES**

1. Cooperation and collaboration/partnerships
2. Creativity
3. Courage
4. Diversity/ inclusiveness
5. Empowerment
6. Fiscal responsibility and accountability
7. Growth and learning
8. Innovation
9. Respect
10. Sustainability

#### **OBJECTIVES**

- To create a shared vision for nursing leadership development in Nova Scotia.
- To identify elements of the vision that can be addressed and identify gaps
- To identify strategies to address gaps (including options analysis if needed)
- To develop recommendations for presentation to the Provincial Nursing Network.

#### **FUNCTIONS**

The Working Group will:

1. Identify assumptions of working group.
2. Identify and engage stakeholders.
3. Identify and access resources that may be required to inform the work of this committee.
4. Prepare a work plan to reflect the objectives.
5. Reach consensus on key elements of strategy.
6. Develop an implementation and evaluation plan (incl. feasibility and impact analysis).
7. Ensure all relevant information is compiled.

## **MEMBERSHIP**

Barb Oke (Chair), Nursing Policy Advisor, DoH

### ***From Practice:***

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Judy LeBlanc, DHA 2

Heather MacGregor, DHA 4

Edith Menzies, DHA 3

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### ***From Education/Regulation:***

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Patti Hansen-Ketchum, St. FX School of Nursing

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Ann Mann, College of Licensed Practical Nurses of Nova Scotia

Michelle Kucey, Nova Scotia Community College

### ***From DOH:***

Debra Barrath, Senior Policy Analyst, Nursing Advisory Services, DoH

## **MODE OF OPERATION**

- A representative from the Office of the Nursing Policy Advisor will act as secretariat.
- The Working Group will complete its mandate by December 2004.
- The budget for the Working Group will be covered by the Nursing Strategy.

## **REPORTING RELATIONSHIP**

The Working Group will make regular reports to the Provincial Nursing Network.

## **MEETING FREQUENCY**

As determined by the Working Group. The working group will meet face to face and conduct additional business via teleconference, fax, mail, and e-mail as required.

## **TIMELINES**

- Working Group to start by February 2004.
- Strategy development will be completed by December 2004.
- Implementation of the strategy will begin in April 2005, pending approval and resources.

**Revised: April 15, 2004**

## Appendix 2

### Leadership Competencies

**Based on a review of the existing literature and leadership development models, the following tables shows the core leadership development competencies and associated competency statements that were identified by the working group.**

CORE COMPETENCIES	COMPETENCY STATEMENTS
<b>1. Accepting accountability for client care and outcomes</b>	<ul style="list-style-type: none"> <li>a. Ensures a focus on client-centered care</li> <li>b. Fosters an environment conducive to quality care outcomes</li> <li>c. Facilitates monitoring and evaluation of patient care outcomes</li> <li>d. Provides and/or advocates for necessary resources to accomplish goals and objectives</li> <li>e. Demonstrates accountability and takes responsibility for decisions and outcomes</li> <li>f. Establishes accountability frameworks and monitors outcomes</li> <li>g. Uses a decision-making framework</li> </ul>
<b>2. Building relationships</b>	<ul style="list-style-type: none"> <li>a. Demonstrates/models integrity and fairness</li> <li>b. Demonstrates care and personal concern</li> <li>c. Creates a sense of presence and accessibility</li> <li>d. Demonstrates openness, valuing of diversity and respect for others</li> <li>e. Communicates effectively</li> <li>f. Helps others to understand conflicting perspectives</li> <li>g. Manages conflict effectively</li> <li>h. Builds trust</li> </ul>
<b>3. Enabling others to act</b>	<ul style="list-style-type: none"> <li>a. Builds and promotes collaborative relationships and teamwork</li> <li>b. Acknowledges and incorporates multiple perspectives</li> <li>c. Strengthens others by sharing power, providing choice, developing competence, and assigning critical tasks.</li> <li>d. Advocates for nurses to have appropriate formal power (i.e. jobs that afford flexibility, visibility and the right to participate in decisions that affect their work and work lives)</li> <li>e. Supports nurses use of informal power through a network of colleagues and others both within and outside the organization</li> <li>f. Establishes a culture that fosters opportunities for autonomy, growth, a sense of challenge and the opportunity to learn and grow</li> <li>g. Facilitates nurses' access to needed resources (e.g. information i.e. data, technical knowledge, and expertise required to function effectively in their positions)</li> <li>h. Facilitates and supports decision-making at the most appropriate levels</li> <li>i. Initiates problem-solving and engages others in solutions</li> </ul>

CORE COMPETENCIES	COMPETENCY STATEMENTS
<p><b>4. Fostering learning</b></p>	<ul style="list-style-type: none"> <li>a. Engages in self-reflection, self-development, and competency-development</li> <li>b. Critically analyses existing and new knowledge for relevance to practice</li> <li>c. Demonstrates competence appropriate to the role</li> <li>d. Fosters development, sharing and application of knowledge and evidence-based strategies</li> <li>e. Encourages participation in, and use of, research</li> <li>f. Coaches, mentors, guides and provides effective and timely feedback</li> <li>g. Assists others in reflective practice</li> <li>h. Uses experience as a learning opportunity</li> </ul>
<p><b>5. Facilitating change</b></p>	<ul style="list-style-type: none"> <li>a. Engages others in creating a shared vision</li> <li>b. Anticipates and communicates scope of change and its impact on others</li> <li>c. Involves nurses, stakeholders and other experts in planning and design of change.</li> <li>d. Anticipates behavioral responses to change</li> <li>e. Puts in place mechanisms to support the change</li> <li>f. Mobilizes resources to support implementation of change (includes budgetary and decision support tools, and coaching, training and mentoring to support the change)</li> <li>g. Develops and implements mechanisms for communication and feedback</li> <li>h. Develops and implements mechanisms for measurement and evaluation of change</li> <li>i. Redesigns systems based on evidence, using multiple data sources</li> <li>j. Maintains commitment (“Stays the course”) when faced with challenging circumstances</li> </ul>
<p><b>6. Professional Nursing Practice</b></p>	<ul style="list-style-type: none"> <li>a. Fosters best practice</li> <li>b. Understands, articulates and demonstrates principles of empowerment (i.e, clinical autonomy, promoting control over context and content of nurses’ practice)</li> <li>c. Demonstrates passion and respect for the profession of nursing, its values, knowledge and achievements</li> <li>d. Engages in knowledge development and continuous learning (to be defined).</li> </ul>

## Appendix 3

### PERSONAL, COGNITIVE AND SOCIAL QUALITIES

There are fifteen personal, cognitive, and social qualities within the NHS Leadership Development Framework. They are arranged in three clusters – **Personal qualities, Setting direction, and Delivering the service** (National Health Services (NHS) Modernisation Agency Leadership Centre, 2003). The diagram below shows how the clusters work together. Further details of the Leadership Development Framework can be found in the following pages and on the NHS Leadership Centre website at: <http://www.nhsleadershipqualities.nhs.uk>.



© NHS Leadership Centre (2003).

## Personal Qualities

Personal qualities and values are at the core of the framework. The scale and complexity of the change agenda and the level of accountability means that leaders need to draw deeply upon their personal qualities to see them through the demands of the job. The Personal qualities and values at the core of the framework are **self belief, self awareness, self management, drive for improvement** and **personal integrity**.

*Personal Qualities*

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### Self Belief

The inner confidence that you will succeed and you can overcome obstacles to achieve the best outcomes for service improvement.

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#### *Description*

Outstanding leaders maintain a positive 'can do' sense of confidence which enables them to be shapers rather than followers, even in the face of opposition. This prime personal quality is built upon success and learning in a broad range of varied situations over time. The role of leader in the health service is a very challenging one, carrying high levels of public accountability. Effective leaders need a strong sense of self worth so that they can be resilient in the face of such criticism. A sense of self belief – which is critically based on a sound depth and breadth of experience – needs to work hand in hand with a leader's personal integrity, enabling them to hold out for what is right. It takes substantial courage and conviction to stand up and be a lone voice.

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#### *Features*

- Relishing a challenge.
  - Being prepared to stand up and be counted.
  - Working beyond the call of duty, when required.
  - Speaking up if this is needed. In doing so, their integrity and their motivation for service improvement will sustain them.
- 

#### *Rationale*

In a pressurized and rapidly changing environment, leaders need the confidence to make tough decisions and to keep going in the face of adversity. This sense of confidence supports them when faced with ambiguity and uncertainty – as the future shape of the service changes. It is needed to underpin their determination when dealing with pressures and problems and bringing others on board with key priorities. It is also vital when taking action to transform the service and to address poor or unacceptable levels of service.

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## Quality Levels

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- 0**                    **Doubts own capability or is arrogant**
- Feels overwhelmed by the pace and scale of change. May see self as a victim
  - Is hesitant or gives in when faced by opposition. Holds back from challenging others
  - Or - Is arrogant and overly confident, ignoring the views of others in taking particular courses of action.

- 
- 1**                    **Acts with confidence**
- Manages own anxieties and appears confident to others.
  - Has the courage to make full use of the formal authority of the role.
  - Gives it a go, however difficult / impossible a task or confrontation may seem.

- 
- 2**                    **Is confident in own ability**
- Sees self as a 'can do' person, and is positive about own ability to succeed.
  - Draws on own relevant experience.
  - Is optimistic about achievement of goals even when the going is tough.

- 
- 3**                    **Takes on challenges**
- Rises to, and relishes, a range of challenges.
  - Has the confidence to involve others in support of a particular goal.
  - Is optimistic about achievement of goals even when the going is tough.

- 
- 4**                    **Relishes challenge**
- Takes on very stretching challenges that others may back away from.
  - Is able to challenge others in positions of power in pursuit of a specific goal.
  - May be a 'lone voice' challenging the status quo, but will always be able to back up their position with evidence that the action is aimed at achieving service improvement.
-

## Self Awareness

Knowing your own strengths and limitations and understanding your own emotions and the impact of your behaviour on others in diverse situations.

---

### **Description**

Outstanding leaders have a high degree of self awareness. They know their own strengths and limitations, and they use failure or misjudgement as an opportunity for learning. A high level of self awareness helps the effective leader to sustain their energy and to be resilient, especially in difficult times. It enables them to learn from mistakes or misjudgements. Recognition of their own strengths and limitations means that they are more likely to empower others, giving them the opportunity to develop and to support broad service improvement goals. Successful collaborative working requires leaders who are well aware of, and sensitive to, the impact they have on others in a range of work situations.

---

### **Features**

- Being aware of their own emotions.
  - Being aware of their personal impact on others, particularly when they are under pressure as they have an understanding of the 'triggers' to which they are susceptible.
- 

### **Rationale**

Leadership in the health service is increasingly about working across organisations and as part of networks. This means that leaders must be able to share leadership with others and to be aware of the impact they have on others, especially where the other party's priorities differ from their own. Effective leaders take account of their personal limitations, either through Self management, or by positioning other people with the right strengths to take the lead in some situations.

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## Quality Levels

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- 0**                    **Fails to consider own emotions**
- Does not stop to understand own emotions.
  - May be surprised by own reactions to certain situations; and, does not set time aside for personal reflection.
  - Does not recognise or acknowledge the impact of own behaviour on others.
- 
- 1**                    **Registers own emotions**
- Is aware of their own feelings.
  - Notices when their emotions are aroused.
- 
- 2**                    **Understands own emotions**
- Understands the nature and causes of their emotional reactions to particular situations.
  - Recognises how challenges to their personal values are likely to trigger certain responses in them.
- 
- 3**                    **Understands own strengths and limitations**
- Understands the likely implications and impact of their emotions, both on self and others in a range of situations.
  - Knows their own strengths, and limitations, in providing leadership that makes a difference to patients and users.
-

## Self Management

Being able to manage your own emotions and be resilient in a range of complex and demanding situations.

---

### **Description**

Outstanding leaders are able to pace themselves, staying for the long haul when necessary. Self management, supported by emotional self awareness, enables them to regulate their behaviour, even when provoked. Self management is underpinned by a high level of Self awareness; knowing your own trigger points in certain situations helps a leader to manage their reactions appropriately. Self management is critical for any interaction with people, especially at times of conflict or disagreement, pressure and other frustrations. It has particularly strong links with all qualities found in Delivering the service, which requires leaders to be tenacious and focused on the achievement of both short-term and long-term goals, irrespective of the obstacles or resistance that stand in the way.

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### **Features**

- Being tenacious and resilient in the face of difficulty.
  - Being able to cope with an increasingly complex environment – with the blurring of organisational boundaries and the requirement to work in partnership across the health and social care context.
- 

### **Rationale**

To improve services for patients requires leaders who are able to lead major change. To lead change in the context of the NHS requires staying power, especially in the face of challenge or resistance. Leaders need to manage their emotions when challenged, especially when it is a challenge to their own values.

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## Quality Levels

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**0**

### **Loses control**

- May lose control in stressful situations; for example, may become aggressive, 'freeze', or run away from difficult decisions.
  - May suffer from 'burn out' without recognising the warning signs or seeking help in advance.
- 

**1**

### **Shows restraint**

- Carefully manages own responses and reactions when faced with demanding situations.
  - Remains calm in a crisis.
  - Resists the temptation to take over; for example, when leadership has been delegated to others or when working in collaboration with other partners.
- 

**2**

### **Manages own emotions**

- Takes conscious steps to manage own emotions and pressure when necessary.
  - May withdraw from a stressful situation temporarily, creating time out for reflection or recuperation, or seeking support from peers/learning set.
- 

**3**

### **Demonstrates resilience**

- Manages their own energy, pacing their efforts for the long haul.
  - Recognises others' anxieties and problems, and encourages them to find ways of dealing constructively with their stress; models a healthy work/life balance.
  - Is able to absorb and deal constructively with criticism, seeking support as necessary.
-

## Drive for Improvement

A deep motivation to improve performance in the health service and thereby to make a real difference to others' health and quality of life.

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### **Description**

The Drive for improvement describes the scope and scale of delivering real service improvement, and typically underpins a number of other qualities which are about delivering real service improvement, ie Drive for results and Leading change through people. The most effective leaders are motivated by making a real difference to people, through how their health services are planned, shaped and delivered. Outstanding leaders are motivated by wanting to make a real difference to people's health by delivering a high quality service and by developing improvements to service.

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### **Features**

- A deep sense of vocation for public service driven by an identification with the needs of patients and service users.
  - A primary focus on achievement of goals for the greater good of others, and not the leader's own reputation.
  - Investing their energy in bringing about health improvements – even to the extent of wanting to leave a legacy which is about effective partnership, inter-agency working and community involvement.
- 

### **Rationale**

This quality provides the value base and the drive for what leaders in the service have to do to improve and transform health services. It fuels their stamina and resilience to manage the challenges of a complex leadership role and is underpinned by a fundamental commitment to public service. It describes the scope and scale to which leaders think about developing and delivering health and service improvements.

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## Quality Levels

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### **0**                    **Wants personal recognition**

- Is driven by a need for personal kudos and recognition alone, seeking the limelight, rather than by achievement of goals for the greater good.
- 

### **1**                    **Targets effort for service improvement**

- Stays focused on the goal of service improvement and resists being side-tracked.
  - Takes time to be personally helpful and constructive to others in achieving the goal.
  - Puts the needs of others first where these are concerned with service improvement.
- 

### **2**                    **Aims to make a difference with stakeholders**

- Invests effort in making a difference to how services are planned and delivered.
  - Works with and for key stakeholders inside and outside of the organisation to achieve positive outcomes.
  - Sees own organisation as only one amongst a number of stakeholders needing to work collaboratively to plan health improvement and deliver health care to users in a coherent and integrated way.
- 

### **3**                    **Demonstrates resilience**

- Invests sustained effort in making a significant impact on health improvement in the local area and securing positive outcomes for stakeholders inside and outside the organization.
  - Looks to the longer term, seeking to leave a legacy of improved health services with enduring benefits for stakeholders.
  - Puts own experience and expertise at the disposal of others in the wider health and social care context, for the greater good.
-

## Personal Integrity

A strongly held sense of commitment to openness, honesty, inclusiveness and high standards in undertaking the leadership role.

---

### **Description**

There is much at stake in leading health services. Outstanding leaders bring a sense of integrity to what they do that helps them to deliver to the best of their abilities. Their sense of personal integrity works hand in hand with their self belief to underlie the most effective leaders' determination to make a real difference to how health services are planned, shaped and delivered. It is at the heart of how they communicate consistently with users of the service and involve them in improving services. It also drives their respect for diversity and determination to make equality of opportunity happen.

---

### **Features**

- Believing in a set of key values borne out of broad experience of, and commitment to, the service which stands them in good stead, especially when they are under pressure.
  - Insistence on openness and communication, motivated by values about inclusiveness and getting on with the job.
  - Acting as a role model for public involvement and the dialogue that all staff, including the front line, need to have with service users.
  - Resilience that enables them to push harder, when necessary, in the interests of developing or improving the service.
- 

### **Rationale**

Their Personal integrity enables leaders in the service to deal fairly, and communicate consistently, with service users, staff, and partners. This means that they do their best to ensure open access to information and that diversity is respected. Motivated by a personal value about inclusiveness, effective leaders promote and model the openness needed in patient and carer relationships. Their integrity guides them when decision making is difficult and it underpins the confidence needed to take tough and radical action, even in the face of opposition. It helps them cope where the achievement of a goal that is about real service improvement in the long term appears, at least in the short term, to be disadvantageous to some groups.

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## Quality Levels

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- 0**                      **Takes the line of least resistance**
- Responds to pressure by not standing up for own values and beliefs.
  - Demonstrates behaviour that is counter to core values of openness, inclusiveness and honesty.
- 
- 1**                      **Acts consistently**
- Behaves consistently with own stated values and beliefs.
  - Delivers on what they have promised, or is open about their own short-comings.
  - Models and promotes the organisational values – ie ‘walks the walk’.
- 
- 2**                      **Chooses transparency**
- Creates an environment of openness, cutting through ambiguity to provide clarity in communication.
  - Requires and expects others to be equally as open in their communication, with staff, patients and other stakeholders.
  - Uses plain language in communication to demystify clinical and other issues.
- 
- 3**                      **Shows personal courage**
- Stands up for what is right in terms of leading and developing health services, even when it is difficult to do so, and there may be a personal cost in doing so.
  - Acts as a role model for involvement of staff, patients and other stakeholders, even where this results in challenges to how things are done.
  - Is prepared to support others who are acting consistently with core values.
-

## Setting Direction

High performing leaders are motivated to take action and shape a radically different future – one in which health services are truly integrated and focused on the needs of patients through **seizing the future, intellectual flexibility, broad scanning, political astuteness** and **drive for results**.

*Setting Direction*

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### Seizing the Future

Being prepared to take action now to shape and implement a vision for the future development of services.

---

#### *Description*

Outstanding leaders maintain a positive 'can do' sense of confidence which enables them to be shapers rather than followers, even in the face of opposition. This prime personal quality is built upon success and learning in a broad range of varied situations over time. The ability to Seize the future in the health service requires a leader to have a high level of Political astuteness. This enables them both to anticipate and interpret policy direction – translating this into local action. The most effective leaders are those who can take their strategic vision and turn it into action – this quality is therefore often associated with Drive for results and Leading change through people. Importantly, those with real vision take the time to Empower others – thus ensuring that the vision has real longevity.

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#### *Features*

- Being able to interpret the likely direction of changes in the health service and beyond – using their political astuteness.
  - Using their insights into the broad strategic direction of health and social care to help shape and implement the approaches and culture in their organization, and to influence developments across the wider health and social care context.
  - Underpinning their vision and action with a strong focus on local needs.
  - Being prepared to undertake transformational, rather than just incremental, change where this will achieve service improvement.
- 

#### *Rationale*

Leaders of health organizations often work with uncertainty, ambiguity and incomplete information. They need to have an eye to the future in making decisions about the present, driven by a motivation to achieve service and health improvements. This strategic vision enables them to take the radical actions, which may be needed to modernize the service and make it genuinely responsive to the needs of users. The improvement of services often requires leaders who are prepared to take some risks, to dare to be different, to be creative and to challenge the way things are done. Those with the vision also need to be prepared to put the vision into action and to bring others with them.

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## Quality Levels

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- 0**                    **Is locked in the present**
- Fails to think about the consequences of actions in the future.
  - Is preoccupied with the present and the operational detail, failing to balance this out with a longer-term view.
  - Resists new ideas and approaches.
- 
- 1**                    **Acts decisively**
- Reacts to current issues and problems and does so decisively.
  - Acts quickly and decisively in a crisis or other time-sensitive situations.
- 
- 2**                    **Thinks and acts up to 3 months ahead**
- Anticipates and takes action to avoid an approaching problem that might interfere with effective service delivery.
  - Makes the most of current opportunities to bring about incremental improvements that are of benefit to staff, carers or patients.
  - Looks ahead within a 3-month timeframe.
- 
- 3**                    **Thinks and acts 4 to 12 months ahead**
- Sees how the current service developments fit into the bigger picture for service improvement.
  - Takes action to realize service improvements in the short term.
- 
- 4**                    **Thinks and acts over a year ahead**
- Thinks through and actions decisions, goals and priorities that can further the stated strategy for health and service improvement over the next year or so.
  - Identifies the implications and risks of alternative courses of action; goes out to make these work, looking beyond existing organizational boundaries.
  - Takes action to improve service delivery, the benefit of which should be fully realized in the medium term (1 year +).
- 
- 5**                    **Thinks and acts for the future**
- Looks to the future and is able to see current opportunities and linkages that others may struggle to see; acts on these.
  - Generates, tests and implements a range of innovative approaches to move a situation on, understanding the broader trends in health improvement and service delivery.
  - Thinks and acts with a long-term, futuristic perspective.
-

## Intellectual Flexibility

The facility to embrace and cut through ambiguity and complexity and to be open to creativity in leading and developing services.

---

### **Description**

High performing leaders are quickly able to assess a situation and to draw pragmatic conclusions. They are able to switch between the significant detail and the big picture to shape a vision – for their own service, organization or across the wider health context. A leader requires emotional intelligence to lead and motivate others (the Personal qualities). In the complex context of the NHS, a leader also requires a high level of Intellectual flexibility. The intellectual capacity to make sense of complex information and situations is critical, especially to spot opportunities for Seizing the future or making an investment for future service delivery. Intellectual flexibility is a critical prerequisite for Leading change, be it through people or through Effective and strategic influencing.

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### **Features**

- Being receptive to fresh insights and perspectives from diverse sources, both internal and external to the organization (driven by their values of inclusiveness and service improvement).
  - Understanding that change may have to be radical to achieve health improvement.
  - Being open to innovative thinking and encouraging creativity and experimentation in others too.
- 

### **Rationale**

Leaders in the health service need to be able to get a grip on short and long-term priorities, especially where resources are finite, and in order to provide direction to others. This requires the ability to move rapidly between big picture thinking and paying sufficient attention to significant detail. Keeping an open mind is important for radical and creative thinking. To define and drive through change and reorganization or to reconfigure and reorganize services so that they are more responsive to the needs of diverse user groups, a leader needs to be receptive to new ideas, especially around how patients and staff are treated and involved in decision making.

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## Quality Levels

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**0**

### **Fails to integrate information**

- Fails to make connections and relate things to a wider context.
- Cannot see the 'wood for the trees'.
- Ignores information from diverse, or 'non standard', sources.

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**1**

### **Considers new information and perspectives**

- Is open to new information and views from diverse standpoints, including different professional areas.
- Modifies own thinking, and sets of assumptions, to take account of new and diverse viewpoints.

---

**2**

### **Integrates information**

- Makes sense of disparate information; sees patterns and trends.
- Finds and uses existing models, for example of how organizations work, to help integrate things into a whole.
- Is adept at moving between significant detail on the ground and the big picture.

---

**3**

### **Clarifies complexity**

- Crystallizes key points from a mass of disparate information and makes sense of complex situations.
  - Comes up with new ways of explaining something complex, or seeing beyond the obvious, so that others are able to understand it; this may include the use of analogies.
  - Encourages others to be innovative, in finding ways of developing service improvements.
-

## Broad Scanning

Taking the time to gather information from a wide range of sources.

---

### *Description*

High performing leaders in the health service demonstrate high levels of seeking and networking for information. By keeping abreast of developments, both locally and nationally, they are best positioned to shape the vision for a service or organization as well as understand how to influence others. A leader's natural curiosity underpins their Broad scanning activities, and provides the food for thought on which to base decisions around service delivery and changes in strategy or direction. It provides a critical means of developing a leader's Political astuteness and acts as the fuel for their Intellectual flexibility. Having the best quality of information helps to ensure any resulting activity is focused on providing the best quality outcomes.

---

### *Features*

- Making it a priority to know about how services are being delivered and what the experience is of patients and users on the ground.
  - Being persistent in getting the key facts of a situation.
  - Having systematic ways of informing themselves about key developments.
- 

### *Rationale*

The focus on continuous improvement in provision of healthcare requires leaders who stay aware of best clinical and management practice. Being aware of practice elsewhere enables them to replicate or improve upon it in their own organizations and across the health community. Leaders are held accountable for service delivery in their own organization. Thus, they need to understand how services are being delivered to patients, to pick up early warning signs of difficulty, and to seize opportunities to improve the patient's experience.

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## Quality Levels

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**0**

### **Focuses Narrowly**

- Has a narrow range of vision – misses important developments within own organization, locally, or nationally.
  - Is haphazard, rather than systematic, in scanning for information.
- 

**1**

### **Personally Investigates**

- Gets out personally to find out directly from those who are involved what is happening.
  - Checks what is happening on the ground, asking patients and staff about their experience of services.
- 

**2**

### **Looks More Widely for Information**

- Probes to find out more about what is actually happening.
  - Asks questions to get to all the facts, and to get to the heart of an issue.
  - Accesses local networks for information and to benchmark own services.
- 

**3**

### **Seeks Diverse Viewpoints**

- Has systematic ways of keeping self informed, or keeping in touch, through wider networks.
  - Keeps abreast of national developments in health and social care through active involvement in national networks.
  - Commissions research to probe particular local issues.
-

## Political Astuteness

Showing commitment and ability to understand diverse interest groups and power bases within organizations and the wider community, and the dynamic between them, so as to lead health services more effectively.

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### **Description**

Outstanding leaders demonstrate a political astuteness about what can and cannot be done in how they set targets and identify service improvements. Political astuteness is absolutely key for Strategic influencing to be effective; the leader must fully understand the politics of the health and social care context. It also underpins their Seizing the future, ensuring it is both forward-looking and politically realistic. It is critical that the leader has a clear understanding of what is – and what is not – achievable in a given context.

---

### **Features**

- Understanding the climate and culture in their own organization and in the wider health and social care environment.
  - Knowing who the key influencers are – both internally and externally to the organization – and how to go about involving them, as required.
  - Being attuned to health strategy and policy at a national and local level and being able to plan a way ahead that takes account of these strategies.
  - Understanding that the role of leader in the health service is now broader than simply being responsible for one organization and that no one organization in the health service can be 'stand alone'.
- 

### **Rationale**

Leaders in the NHS operate in a complex local and national political context. To meet the challenge of bringing about radical and integrated change for the benefit of patients and other service users, leaders in health organizations have to understand the politics and work with them. This includes the understanding that the boundaries between organizations are not important, that services should work across boundaries, and that no one organization in the health service can 'stand alone'.

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## Quality Levels

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**0**

### **Lacks political 'antennae'**

- Fails to tune in to what is really going on across the health and social care context.
- Tends to over-rely on formal processes and structures.
- Does not understand or work with the informal networks and process within the organization.

---

**1**

### **Uses informal networks**

- Identifies key people inside and outside the organization who can help to influence or get things done.
- Uses own networks to gain information or communicate.

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**2**

### **Understands culture and climate**

- Understands what is and is not possible in a given local or national climate, in terms of health service provision.
- Is keenly aware of group norms and the way things have been customarily done.
- Uses this understanding of how things have been done in the past to manage and pace the changes required to bring about local service improvements.

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**3**

### **Understands the politics**

- Understands the 'politics' – with both a small and a large 'p' – of the health and social care context.
- Is well aware of the relevant interest groups, networks and groupings, and uses this understanding to get things done in terms of service improvements and service delivery.

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**4**

### **Understands the long-term, underlying issues**

- Understands the underlying social, political and historical factors shaping local and national realities of health services, and uses this understanding to get things done.
  - Knows who the key influencers are and how to go about involving them to shape and deliver change across the wider health and social care system.
-

## Drive for Results

A strong commitment to making service performance improvements and a determination to achieve positive service outcomes for users.

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### **Description**

High performing leaders are motivated to transform the services for patients and thereby to improve quality. The Personal qualities at the core of the framework provide the energy and the sheer determination which fuel the drive for results. Drive for results is fuelled and defined by a leader's Drive for improvement, the effort of which is focused by Intellectual flexibility. The conviction in Personal integrity helps leaders to be ambitious in achieving results. Political astuteness enables leaders to be realistic and grounded, while Broad scanning makes it more likely that targets will be appropriate in changing circumstances. There is a key link to delivery through Leading change through people, with leaders communicating a clear direction as the basis for setting goals for others.

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### **Features**

- Setting ambitious targets which may exceed the minimum standard required and taking calculated risks – all with the aim of delivering added value to the service.
  - Focusing their own, and others', energy on what really makes a difference, rather than being constrained by methods which were used in the past.
  - Actively seeking out opportunities to improve delivery of service through partnership and new ways of working.
- 

### **Rationale**

Setting and achieving key priorities and targets requires energy and determination – focused on tangible and quantifiable gains for users of the service. Leaders need to interpret national policy directives and to translate these into plans at a local level – setting appropriately stretching targets to deliver real health improvements. The drive and energy of leaders creates the momentum needed for service change and for meeting challenging targets.

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## Quality Levels

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- 0 Fails to focus effort**
- Spreads efforts too thinly and dilutes own, and others' impact by focusing on too many – or the wrong – priorities.
  - Continually 'firefighting' rather than applying learning from past situations.
- 
- 1 Strives to deliver local targets**
- Takes actions that lead to the delivery of set service targets.
  - Shows determination to meet the objectives set by others.
  - Keeps track of and measures outcomes against own standards, over and above those set by others.
- 
- 2 Places a focus on improving performance**
- Takes actions that lead to quantifiable service improvements.
  - Encourages others to find ways of delivering services that will better serve the needs of patients while meeting local targets.
- 
- 3 Sets and meets challenging goals**
- Sets self and others stretching goals, over and above those required to meet national standards and targets, where these will help to improve local services.
  - Takes the necessary actions to meet these goals; identifies and applies measures to track and quantify achievement.
  - Overcomes obstacles to achieving goals and uses failure as an opportunity to learn.
- 
- 4 Sustains focus**
- Is unceasing in their determination to achieve goals over time; resists any pressure to be deflected from this attainment.
  - Is prepared to challenge others and address poor performance where this is impacting effective service delivery.
  - Takes calculated risks, based on learning and experience, to achieve longer-term service improvements.
-

## Delivering the Service

High performing leaders provide leadership across the organization as well as the wider health and social context to make things happen - to deliver service results. They use a range of styles which challenge traditional organizational boundaries and emphasize integration and partnership. They do this by **leading change through people, holding to account, empowering others, effective and strategic influencing and collaborative working.**

*Delivering the Service*

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### Leading Change Through People

Communicating the vision and rationale for change, and engaging and facilitating others to work collaboratively to achieve real change.

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#### **Description**

Outstanding leaders are focused on articulating the vision with compelling clarity. The energy for Leading change through people comes from the Drive for improvement, and is focused by the Setting direction cluster. A leader's Self belief must underpin it. Political astuteness helps the leader decide how much change to make, and how fast. 'Holding to account' supports 'Leading change through people' in making sure that assigned accountabilities happen, while Empowering others helps the leader create space for others to grow and take responsibility.

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#### **Features**

- Sharing leadership and gaining the support of others by ensuring that they understand the reasons behind the change.
  - Encouraging others, especially front line staff, to find new ways of delivering and developing services and to take the lead in implementation of change.
  - Demonstrating a highly visible, authoritative and democratic leadership style which is underpinned by strongly held values around equality, diversity and openness.
  - Taking a collaborative or facilitative approach in working in partnership with diverse groups.
  - Enabling teams, within the organization and across the health community, to work effectively together.
- 

#### **Rationale**

Leadership is critical in setting the organizational climate that people experience – whether the context is a hospital, a community setting or network. How prepared people are to expend the extra effort required to implement change is impacted by this climate. Strong and clear leadership is critical in inspiring people to make changes and in getting diverse stakeholders to work effectively together. As health services become more integrated with other agencies it is critical that leaders provide clarity about individual and team roles.

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## Quality Levels

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- 0**                    **Abdicates leadership responsibility**
- Fails to provide clarity and direction or to lead others to achieve a vision.
  - Does not step up to the leadership role.
  - Passes the buck when faced with leadership responsibility.
- 
- 1**                    **Manages the team**
- Sets up regular communications with the team (e.g. through team meetings or a newsletter) and makes sure the team is kept informed on what is happening.
  - Explains the reasons behind key decisions.
  - Is visible as the leader of the team.
- 
- 2**                    **Secures the right resources and support**
- Secures needed support or development for the benefit of both individuals and the team as a whole.
  - Facilitates the effectiveness of a group by obtaining and providing them with the right resource or information.
- 
- 3**                    **Creates the right team condition**
- Creates the conditions that enable a team to perform at its best – provides the right structure and gets the right people doing the right things.
  - Gets input from others with the intent of promoting the effectiveness of the group or process.
  - Acts to build team spirit so as to promote team effectiveness.
- 
- 4**                    **Articulates a compelling vision of change**
- Communicates the vision and brings it alive – describing what the future needs to look like in terms of service improvements and modernization.
  - Gives people a sense that change is achievable and that their contribution matters.
  - Explains the rationale for changes and key service priorities.
- 
- 5**                    **Mobilises people's energy and commitment**
- Gets buy-in and commitment to the vision within the organization and across the local health context, involving diverse groups.
  - Inspires people to contribute to and lead change initiatives.
  - Creates momentum and excitement about what needs to be done.
- 
- 6**                    **Makes change inclusive and effective**
- Aligns efforts and shares leadership to achieve the vision of integrated service change.
  - Removes obstacles to the working of the team in the organization and in cross boundary working. Identifies and secures resources as required.
  - Encourages others to drive forward change. Enables teams to succeed in making change.
-

## Holding to Account

The strength of resolve to hold others to account for agreed targets and to be held accountable for delivering a high level of service.

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### **Description**

Effective leaders have a strength of resolve that they can use in both holding others to account, as well as being held to account, for targets to which they have agreed. To hold others to account, the strong leader must have Self belief – the inner sense that the actions they are taking are focused on achieving the best outcomes for service improvement. This also gives them the confidence and strength to be held to account for what they have promised to deliver. Self management gives them the resilience to manage both their own actions and emotions, and those of others. In Leading change through people, the most effective leader is the one who is able and prepared to hold others to account for delivering the change.

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### **Features**

- Setting clear targets and standards for performance and behaviours, ensuring the processes are in place to support individuals in achieving these standards.
  - Insisting upon improved performance if standards are slipping.
  - Creating a climate of support and accountability, rather than a climate of blame.
  - Holding people to account for what they have agreed to deliver.
  - Being prepared to be held to account by others for what they have contracted you to do as the leader.
- 

### **Rationale**

Leadership is critical in setting the organizational climate that people experience – whether the context is a hospital, a community setting or network. How prepared people are to expend the extra effort required to implement change is impacted by this climate. Strong and clear leadership is critical in inspiring people to make changes and in getting diverse stakeholders to work effectively together. As health services become more integrated with other agencies it is critical that leaders provide clarity about individual and team roles.

This is key in ensuring quality and consistency of care, and in ensuring that people inside and outside the organization do what they have contracted to do. Leaders are accountable for clinical and corporate standards of governance – they have a key role in setting the climate for high standards and for holding others accountable for the performance of the organization and services, as well as being held accountable themselves.

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## Quality Levels

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- 0**                    **Lets poor performance drift**
- Fails to identify and address performance issues.
  - Challenges people about their performance inappropriately and/or inconsistently.
  - Places blame and provides no support for failure.
- 
- 1**                    **Assigns clear accountability**
- Provides others with clarity of purpose and direction, developing individual and team performance contracts.
  - Ensures clear protocols are developed, e.g. for clinical/corporate governance and for the co-ordination of services.
- 
- 2**                    **Sets boundaries for accountability**
- Sets the parameters for how others are to act.
  - Ensures that the processes are in place to support individuals in achieving standards and to learn from their mistakes or failures.
  - Is prepared to be held openly to account for own agreed goals.
- 
- 3**                    **Promotes a high performance culture**
- Holds others directly accountable for delivering what has been agreed, both within and outside of the organization.
  - Intervenes swiftly and consistently when performance is slipping, using the appropriate processes.
  - Challenges and confronts conflict, especially where this is impacting on service delivery and standards, and contributes to brokering agreement.
-

## Empowering Others

Striving to facilitate others' contributions and to share leadership, nurturing capability and long-term development of others.

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### **Description**

Outstanding leaders support the long-term capability of their own and other organizations that is essential for future development of services by empowering others. To be able to empower others, a leader needs a high level of Self awareness – knowing when to involve others or to give others the space to take the lead. Empowering others is strongly linked with Collaborative working which is all about finding new and more inclusive ways of developing and integrating services across the health and social care context. It is also driven by a leader's motivation to make a real difference to health services, ie their Drive for improvement, since they cannot do this alone.

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### **Features**

- Having the humility to work in the background, creating the space for others to take the lead on particular issues and to grow in confidence and capability.
  - Being able to spot potential and support the development of people across the organisation.
  - Taking personal responsibility for ensuring that diversity is respected and that there is genuine equality of opportunity.
  - Fostering the development of others across the health community so that health improvement and service development agendas can be created and owned by the communities themselves.
  - Engaging and involving users in service improvement.
  - Developing relationships with service users which are equal, open and honest, and modelling the power-sharing which is required if solutions are truly to be at the discretion of the patient.
- 

### **Rationale**

To bring about real and lasting health gain, people across the organisation and the wider health community need to take on the responsibility for changing and improving health services. Providing encouragement and space for them to do so accelerates the growth of communities and of organisations where decision making is close to the action. This in turn minimises bureaucracy and enables a greater focus on the interests of patients and users. This is also about the sharing of power in the direct relationship with patients.

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## Quality Levels

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**0**

### **Dominates**

- Takes over and dominates proceedings.
- 

**1**

### **Encourages and supports**

- Gives explicit encouragement and makes self available for support, especially when others have experienced a setback; listens empathetically.
  - Uses mistakes as an opportunity for learning.
  - Seeks dialogue with stakeholders and patients as a means of learning.
- 

**2**

### **Stands back**

- Deliberately lets others take the lead and the credit by stepping to one side, to grow their capability and confidence.
  - Allows freedom with accountability.
  - Actively promotes the role of stakeholders and patients in shaping services and influencing decisions about services.
- 

**3**

### **Fosters independence**

- Coaches others, challenging and asking questions to help them work out the answers for themselves.
  - Provides space for others to be creative and to take risks so that they can develop their own capabilities and approaches.
  - Shares power within the organization, and across networks; and, develops constructive relationships with patients and stakeholders which are focused on their true involvement in, and consultation on, service decision making.
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## Effective and Strategic Influencing

Being able and prepared to adopt a number of ways to gain support and influence diverse parties, with the aim of securing health improvements.

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### **Description**

Leadership in the health service is characterized by an unusually high and complex level of influencing, which is seldom seen in leadership roles in other sectors. This particular quality runs through the whole framework; the most effective leaders make things happen by using particularly high levels of influencing. Effective and strategic influencing runs through the whole leadership framework; NHS leaders need high levels of this quality to work effectively in the changing and complex health context. It is underpinned by Political astuteness, which gives the political context, and Self awareness – a knowledge of the impact you have on others. Personal integrity and a leader's commitment to health service values must also temper it.

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### **Features**

- Getting results by working in partnership, within their organisation and with a wide range of other agencies and individuals over whom they have no formal authority.
  - Influencing relationships which are critical to achieving change in terms of service improvement.
  - Being able to cope with ambiguity, as organisations continue to change role and shape, and the agenda for change in health gathers pace.
  - Employing a range of influencing strategies – ones that will work for the long term and bring about change in modernising the health service.
  - Combining Effective and strategic influencing effectively with empowering others, to ensure that the health agenda is driven and owned by local people, by staff throughout the organization, and by other agencies.
- 

### **Rationale**

Health improvements can only be brought about by people in different organizations and agencies 'joining up' and working collaboratively. Leaders of NHS organizations need to be adept at sophisticated influencing to build support across the wider health and social care context for action to transform healthcare. Influencing needs to be subtle in order to empower others, and to create ownership of the change agenda – influencing matters internally in the organization to bring different groups together to embrace radically different ways of working.

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## Quality Levels

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- 0**                    **Over-relies on own impact**
- Does not use subtle or informal influencing, failing to understand the networks and coalitions across the health context.
  - Relies too much on the force of their own impact, seeing only their side of the 'argument'.
- 
- 1**                    **Uses direct logical persuasion**
- Points out the costs and benefits associated with a particular course of action.
  - Tries to persuade using one or two well-reasoned arguments.
  - Relies on facts and figures to convince others of a certain course of action.
- 
- 2**                    **Calculates an impact**
- Deliberately plans an approach, or steps in an 'argument', that will be successful with a particular audience or interest group.
  - May include taking a dramatic, or unexpected, action to persuade others round to a particular point of view.
- 
- 3**                    **Influences both directly and indirectly**
- Uses subtle influencing tactics, such as lobbying before a meeting, which fit with the particular situation.
  - Understands the need to use informal persuasion and provision of information, to influence others over whom they have no formal authority.
  - Takes the time to build critical mass or support for a position, with the end aim of getting results by working in partnership.
- 
- 4**                    **Uses complex influencing strategies**
- Uses complex and multi-layered influencing strategies – ones that will work for the long term and bring about change in modernizing the health service.
  - Builds and uses extended networks of influence, understanding that organizations are changing role and shape.
  - Strives to ensure that local people, staff and other agencies are involved in shaping the health modernization agenda.
-

## Collaborative Working

Being committed to working and engaging constructively with internal and external stakeholders.

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### **Description**

Leaders in the health service work with a wide range of internal and external stakeholders. Effective leaders understand that truly collaborative working is therefore essential. It is imperative that leaders in the health service work collaboratively in order to be effective – and such partnerships must exist with their own staff, with patients and their carers, as well as with other statutory and voluntary agencies. It is a key means of Delivering the service in a joined up and integrated way, thereby ensuring the best possible health provision within the realities of limited resource.

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### **Features**

- Ensuring that the strategy for health improvement, and the planning, development and provision of health services, are cohesive and 'joined up'.
  - Understanding and being sensitive to diverse viewpoints.
  - Striving to create the conditions for successful partnership working.
- 

### **Rationale**

Collaborative working is critical in delivering measurable and radical health improvements in a complex and changing health and social care environment. Effective partnership promotes the sharing of information and appropriate prioritization of limited resources. It also supports 'joined up' provision of integrated care. The quality of dialogue in collaborative working is critical so that problems can be identified and common solutions agreed. Partners or 'stakeholders' include patients, carers, health service staff and people working in other statutory or voluntary agencies.

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## Quality Levels

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**0**

### **Goes it alone**

- Fails to involve others in bringing about integrated healthcare.
  - Does not share information with other stakeholders.
- 

**1**

### **Appreciates others' views**

- Expresses positive expectations of internal and external stakeholders.
  - Acknowledges and respects others' diverse perspectives.
- 

**2**

### **Works for shared understanding**

- Shares information with partners when appropriate.
  - Summarizes progress, taking account of differing viewpoints, so as to clarify understanding and to establish common ground.
  - Surfaces conflict and supports resolution of this conflict.
- 

**3**

### **Forges partnerships for the long term**

- Maintains positive expectations of other stakeholders, even when provoked, and strives to create the conditions for successful partnership working in the long term.
  - Is informed on the current priorities of partners, and responds appropriately to changes in their status or circumstances.
  - Ensures that the strategy for health improvement is developed in a cohesive and 'joined up' manner.
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## Appendix 4

LEADERSHIP DEVELOPMENT IN NOVA SCOTIA: PROGRAM REVIEW									
NAME OF LEADERSHIP DEVELOPMENT PROGRAM	PROVIDER/ ADVISORY STRUCTURE	TARGET AUDIENCE	PURPOSE	COST	FEEDBACK/ EVALUATION	LENGTH OF PROGRAM	THEORETICAL MODEL	KEY CONTENT AREAS	COMPETENCIES ADDRESSED
LPN Professional Development Seminar (PRNS 1003)	Nova Scotia Community College	LPNs	To develop leadership skills, especially peer leadership as most participants are not in charge positions	\$175	Evaluation Forms - positive	12 hours (2 days)	Not specified	<ul style="list-style-type: none"> <li>• Identify and describe effective leadership skills</li> <li>• Explore personal leadership style.</li> <li>• List common management functions</li> <li>• Discuss career opportunities and job seeking</li> <li>• Review the role of the professional association and Licensing Board</li> <li>• Present portfolio</li> </ul>	<ul style="list-style-type: none"> <li>• Interpersonal and professional skills (eg professional accountability and responsibility)</li> <li>• Self-awareness</li> <li>• Legal and ethical issues</li> <li>• Leadership skills</li> <li>• Team communication</li> <li>• Decision-making</li> <li>• Group process</li> <li>• Conflict resolution</li> <li>• Change management</li> <li>• Time management</li> <li>• Delegation</li> <li>• Interdisciplinary partnership development</li> <li>• Career planning/ job seeking</li> </ul>
Leadership in Professional Practice	College of Registered Nurses of Nova Scotia	RNs	To advance and promote effective nursing leadership in all domains of practice			1 day	Not specified	<ul style="list-style-type: none"> <li>• Principles of leadership</li> <li>• RN Act, the college, Self-regulation</li> <li>• Professional leadership review</li> <li>• Leadership and nursing</li> <li>• Standards and code of ethics</li> <li>• College resources as leadership tools</li> </ul>	<ul style="list-style-type: none"> <li>• Effective behaviors of nursing leadership</li> <li>• Techniques for managing daily issues and challenges</li> <li>• Enhancing individual and team success by using leadership strategies</li> </ul>

LEADERSHIP DEVELOPMENT IN NOVA SCOTIA: PROGRAM REVIEW									
NAME OF LEADERSHIP DEVELOPMENT PROGRAM	PROVIDER/ ADVISORY STRUCTURE	TARGET AUDIENCE	PURPOSE	COST	FEEDBACK/ EVALUATION	LENGTH OF PROGRAM	THEORETICAL MODEL	KEY CONTENT AREAS	COMPETENCIES ADDRESSED
<b>Developing Transformational Leadership Capacity</b>	NSAHO		To develop self-awareness as an essential characteristic of effective leadership	\$1,000 (Pilot Program)  \$1,350 thereafter		5 days	<ul style="list-style-type: none"> <li>Adult education theory</li> <li>Leadership &amp; organizational development theories (not specified)</li> </ul>	<ul style="list-style-type: none"> <li>Leadership as an internal process</li> <li>Developing self-awareness/self-knowledge</li> <li>Accountability</li> <li>Personal integrity</li> <li>Communication and dialogue skills</li> <li>Collaboration and reframing skills</li> </ul>	<ul style="list-style-type: none"> <li>Self-awareness</li> <li>Accountability</li> <li>Personal integrity</li> <li>Communication and dialogue skills</li> <li>Collaboration and reframing skills</li> </ul>
<b>NSAHO Management Development Program</b>	NSAHO	Managers	To provide participants with management tools that will begin the process of building leadership capacity	\$700		6 days (four 1 and 2-day workshops)		<ul style="list-style-type: none"> <li>Building blocks for managing (\$100)</li> <li>Supporting change and transition (\$100)</li> <li>Foundations of relationship building (\$200)</li> <li>Management processes (\$300)</li> </ul>	
<b>St. Francis Xavier University BScN Leadership Course:</b>  N493: Leadership and Research in Nursing	School of Nursing, St. Francis Xavier University	BScN Students	N493 is a seminar course which examines concepts and theories related to nursing management and leadership. Research methodologies are reviewed with emphasis on their usefulness in exploring specific nursing problems.		Seminar format, scholarly paper, oral presentations, quizzes		Multiple theories of leadership and management are examined.	<ul style="list-style-type: none"> <li>Research utilization</li> <li>Research process in nursing</li> <li>Research critique</li> <li>Qualities and behaviours that contribute to effective leadership</li> <li>Managerial effectiveness</li> <li>Interpersonal communication, constructive feedback</li> <li>Peer review, performance appraisals</li> </ul>	Personal and professional leadership and development, research utilization, continuous quality improvement

LEADERSHIP DEVELOPMENT IN NOVA SCOTIA: PROGRAM REVIEW									
NAME OF LEADERSHIP DEVELOPMENT PROGRAM	PROVIDER/ ADVISORY STRUCTURE	TARGET AUDIENCE	PURPOSE	COST	FEEDBACK/ EVALUATION	LENGTH OF PROGRAM	THEORETICAL MODEL	KEY CONTENT AREAS	COMPETENCIES ADDRESSED
								<ul style="list-style-type: none"> <li>• Models of care delivery</li> <li>• Continuous quality improvement</li> <li>• Critical pathways</li> <li>• Personal career goals</li> <li>• Power and empowerment</li> <li>• Process of change/resistance to change</li> <li>• Collective bargaining and labour relations</li> <li>• Stress, reality shock and burnout</li> <li>• Workplace safety</li> </ul>	
<b>Dalhousie BScN Leadership course:</b> NURS 4030: Collaborative Leadership for Nursing Practice.	School of Nursing, Dalhousie University	Undergraduate students	Based on the view that the practice of leadership is the practice of every nurse, the focus of the class is on the leadership theory and behaviours essential to nursing practice.		Papers, exam	1 Term	Uses leadership, management, behaviour, and organizational theories	Change theory; leadership behaviours; cognitive, interpersonal and intrapersonal skills essential to effective leadership	Critical thinking, decision-making processes and other leadership behaviours
<b>Dalhousie MN Program</b>  Leadership course: NURS 6000.03: Nursing Administration and Leadership (Leadership and Administration in Health Care).	School of Nursing, Dalhousie University	Graduate students	This class focuses on the changing role and expectations for health care managers and leaders within the Canadian health care system.		Student presentations, field assignments, papers	1 Term		Organizational theories, the philosophy of primary health care, management theory, research-based practice and management challenges.	Students acquire the knowledge and skills that are the basis for professional and clinical leadership.

LEADERSHIP DEVELOPMENT IN NOVA SCOTIA: PROGRAM REVIEW									
NAME OF LEADERSHIP DEVELOPMENT PROGRAM	PROVIDER/ ADVISORY STRUCTURE	TARGET AUDIENCE	PURPOSE	COST	FEEDBACK/ EVALUATION	LENGTH OF PROGRAM	THEORETICAL MODEL	KEY CONTENT AREAS	COMPETENCIES ADDRESSED
<b>Master of Nursing/ Master of Health Service Administration (MN/MHSA) Program</b>	A collaborative effort between the School of Nursing and the School of Health Services Administration, Dalhousie University		<p>To provide a conceptual background for the increasingly complex managerial tasks that need to be performed in health service organizations and health-related government departments.</p> <p>To enable students to: (1) advance knowledge in the area of nursing management;</p> <p>(2) analyse, implement, and evaluate theories and models relevant to nursing;</p> <p>(3) conduct independent, and/or collaborative research;</p> <p>(4) work collaboratively with allied professional persons in planning, implementing, and evaluating health care;</p> <p>(5) demonstrate leadership in nursing and society; and</p> <p>(6) pursue doctoral level education</p>			78-credit hour program	An effort is made to balance political, social, cultural, medical and psychological approaches to understanding the health care delivery system with those of the management sciences.		Graduates of the MN/MHSA program are expected to be leaders in the professional discipline of nursing. The graduate has rigorous academic preparation and strong skills in critical inquiry, logical analysis, and decision making which can be applied in management, clinical or research positions and in graduate education at the doctoral level.
<b>PhD (Nursing) program</b>	School of Nursing, Dalhousie University		Prepares nurse scientists who will develop nursing practices that improve health outcomes generally or women's health outcomes specifically. These nurse scholars will provide leadership in the advancement of nursing knowledge, nursing theory and practice, and health policy through scholarly research and the dissemination of research findings.					No specific courses on leadership, although leadership concepts and the development of competencies are integrated throughout the program.	

**Additional programs to be explored:**

- Saint Mary's University (SMU)
- Mount Saint Vincent University (MSVU)
- Programs offered by private consultants (Various; needs to be assessed personally for fit with identified competencies)
- Dorothy M Wylie Nursing Leadership Institute
- Banff Leadership Institute
- Rotman School of Management (University of Toronto)
- Queens University
- Canadian College of Health Services Executives (CCHSE) Program
- Canadian Hospital Association:
  - LTC Departmental Management
  - Administrative Management
  - Health Services Management (1 and 2)
- Henson College



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