Leadership by Design

The evolving nature of Canada's healthcare system has necessitated a corresponding evolution of leadership informed by contemporary theoretical perspectives. It has long been recognized that the leadership capabilities, knowledge and skills of the past are no longer sufficient to manage and lead amidst the complexities of today's healthcare system. Events of this millennium have challenged the most talented of leaders to thrive and lead in the face of managing: unprecedented critical incidents and technological advances; a multigenerational, multicultural and interprofessional workforce; shifting scopes of practice and spans of control, never-ending fiscal constraints; and new legislative changes to mention but a few.

What do these changes of recent decades herald for requisite leadership capabilities into the future? Will new theories emerge to inform the design of leadership programs to contend with issues as yet unknown? Contemplating the emergence and most certain prominence of artificial and augmented intelligence, robotics, data science and practice-based evidence leads one to speculate that leadership styles and skills will need to be reconsidered. What, for example, might supplement the notion of "emotional intelligence" in the face of dealing with non-sentient entities? How will leaders provide oversight of a workforce that blends humans and robots, primarily delivers remote and virtual care that is predicated on the provision of a just-in-time skill and professional mix? And what skills and know-how will be required to lead with ever-evolving real-time evidence at ones' fingertips? And what of the emerging demographic of increasing numbers of nonagenarians and centenarians? Consider the design of leadership for 2030 and beyond, for a world in which healthcare delivery, the workforce and society will look very different than today.

Tracing the historical progression of leadership theories and styles, those of us of an age will have experienced the stifling impact of traditional command and control, authoritative leadership and perhaps the frustrating inaction of a laissez-faire "leader." However, in recent times, some of you may have been fortunate enough to be engaged by a truly transformational leader. Being led by someone with an inspiring vision, someone who motivates, intellectually stimulates, and considers individuals' unique strengths and challenges to the status quo, is a gift. Working with such leaders is unfortunately not a universal experience in healthcare or many other industries as yet. Experience tells us that inspirational, impactful leadership does not happen without intention. While many individuals innately possess leadership characteristics and inclinations, the development of a full package of effective leadership and management capabilities needs to be designed and informed by evidence.

Leadership development in nursing and healthcare has received much attention in recent decades, including programs of research designed to advance our understanding of effective leadership behaviours and educational programs designed to support the development of leadership competencies. What knowledge and talents will practice environments demand of nurse leaders in ensuing decades? What do "we" need to do to prepare nurses for effective leadership and management into the future? In this issue, our authors describe current issues faced by leaders and leadership development opportunities for nurses and others to consider.

Marcellus and colleagues (2018) provide examples of how to build leadership capacity in undergraduate, graduate and continuing professional development programs. They suggest the development of a leadership pathway to better prepare all nurses to both lead and manage, and the importance of questioning what it means to lead in the current context of unprecedented changes in health and society. In particular, they describe the importance of self-reflection and attention to experiences of power. Scott et al (2018) describe the original design and intent of the Dorothy Wylie Health Leader Institute and its evolution over the last 18 years. While the impact of the Institute has been previously described (Purdy 2018), the authors recognize that the context of leadership has changed over the years, as they outline the key features, principles, concepts and streams of learning within the Institute program. They also emphasize how leadership attributes and behaviours can be developed to meet current and new healthcare challenges. Siren and Gehrs (2018) describe an internship training initiative designed to support graduate nurses interested in management roles to develop the skills necessary for success. This initiative has been also been previously detailed (Gehrs et al. 2017) but this piece specifically chronicles one nurse manager intern's experience in a mental health and addictions setting, describing the development of management competencies and the mobilization of mentorship support. These methods of leadership development are serving us well today, but will they continue to do so into the future?

A key consideration for leaders includes an ever increasingly multicultural workforce. The significance of having Black nurses in leadership positions is described by Jefferies, and colleagues (2018). They discuss how to move towards increasing the representation and visibility of Black nurse leaders to further enrich the nursing profession as well as the lives of Black individuals, families and communities. Jefferies' (2018) describes her own leadership philosophy, essential leadership competencies and her learning development plan that incorporated aspects of Black Feminism and Transformational Leadership. As described, the plan has relevance to graduate and undergraduate students and clinicians and those from a variety of racial backgrounds.

Recent legislated changes such as Medical Assistance in Dying (MAiD) have also given rise to new challenges for our leadership. Addressing the issue MAiD, Beuthin & Bruce (2018), use complexity leadership theory to emphasize the importance of relationships, and the generation of "novel and adaptive approaches" in dealing with contemporary issues in healthcare. Using complexity theory as a guiding framework, they identify 10 elements of MAiD that are essential for leaders to know. In particular, they discuss that nurse leaders need to acknowledge and accept the existence of diverse points of view on an issue such as MAiD.

Notwithstanding the emerging issues of the day, excellent examples of leadership in Canadian nursing prevail. Granger and colleagues (2018) describe the leadership of the Community Health Nurses of Canada's (CHNC) impacting nursing practice in public health and home health nursing. In particular, and likely unknown to many, the organization has significantly strengthened community health nursing in undergraduate education and supported advocacy for health policy improvements. Merkeley et al. (2018) describe their organization's experience in refining their nursing scorecard using the indicators as part of the Magnet Recognition Program® re-designation efforts. Using scorecard data corporately and at the local level, they describe how data is also used to drive quality improvement (QI) efforts. Although many of the NDNQI metrics indirectly reveal the strength of leadership, might we also consider the development of key measures that explicitly and directly reflect leadership vision, approaches, actions and outcomes? Such measures might provide the evidence to support the need for a change to existing leadership approaches and might I be bold enough to suggest a change in existing leaders!

While our contributors provide views of leadership and mechanisms to support the development and success of leaders, it is also clear that there is a need to be intentional and consider what needs to change in the face of new norms and emerging trends. Consider what leadership will look like in 2030 – is it time to redesign your leadership?

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References

Beuthin R. and A. Bruce. 2018. "Medical Assistance in Dying (MAiD): Ten Things Leaders Need to Know." *Canadian Journal of Nursing Leadership* 31(4): 74–81. doi:10.12927/cjnl.2019.25753.

Gehrs, M., G. Strudwick, S. Ling, E. Reisdorfer and K.Cleverley. 2017 "Addressing Gaps in Mental Health and Addictions Nursing Leadership: An Innovative Professional Development Initiative." *Canadian Journal of Nursing Leadership* 30(3): 23–42. doi:10.12927/cjnl.2018.25387

Granger, M., R. Schofield, J. Fox, K. E. Dilworth, N. Whyte, K. Thompson, C. Betker, A. Clarotto and E. C. Butler. 2018. "Three Decades of Professional Nursing Leadership: The Impact of the Community Health Nurses of Canada." *Canadian Journal of Nursing Leadership* 31(4): 63–73. doi:10.12927/cjnl.2019.25754.

Jefferies, K. 2018. "A Personal Leadership Development Plan for Black Undergraduate and Graduate Nursing Students." *Canadian Journal of Nursing Leadership* 31(4): 57–62. doi:10.12927/cjnl.2019.25755.

Jefferies, K., M. Aston and G. Tomblin Murphy. 2018. "Black Nurse Leaders in the Canadian Healthcare System." *Canadian Journal of Nursing Leadership* 31(4): 50–57. doi:10.12927/cjnl.2019.25756.

Marcellus, L., S. Duncan, K. MacKinnon, D. Jantzen, J. Siemens, J. Brennan and S. Kassam. 2018. "The Role of Education in Developing Leadership in Nurses." *Canadian Journal of Nursing Leadership* 31(4): 26–35. doi:10.12927/cjnl.2019.25758.

Merkley, J., N. Amaral, M. Sinno, T. Jivraj, W. Mundle, N. Peladeau and L. Jeffs. 2018. "Developing a Nursing Scorecard Using the National Database of Nursing Quality Indicators®: A Canadian Hospital's Experience." *Canadian Journal of Nursing Leadership* 31(4): 82–91. doi:10.12927/cjnl.2019.25752.

Purdy, N. 2016. "Impact of a Leadership Development Institute on Professional Lives and Careers." *Canadian Journal of Nursing Leadership* 29(2): 10–30. doi:10.12927/cjnl.2016.24811.

Scott, J., B. Simpson, J. Skelton-Green and S. Munro. 2018. "Building Healthcare Leadership Capacity: Strategy, Insights and Reflections." *Canadian Journal of Nursing Leadership* 31(4): 10–21. doi:10.12927/cjnl.2019.25760.