CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Nursing Leadership Development in Canada

A descriptive status report and analysis of leadership programs, approaches and strategies: domains and competencies; knowledge and skills; gaps and opportunities.

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Executive Summary

Nursing leadership is alive and well and in evidence in every nurse practicing across the country and indeed around the world. The need for effective nursing and health care leadership has never been more critical for client care, health promotion, policy development and health care reform. The ongoing development of existing and emergent nurse leaders at this point in history is imperative. Nursing leadership encompasses a wide range of definitions, activities, frameworks, competencies and delivery mechanisms

This report was produced to determine if current Canadian nursing leadership development programs are providing the skills and knowledge required for tomorrow's leaders. Internet searches, a review of published research and literature and key informant interviews were conducted with representatives and contact persons from relevant programs to gather information on existing leadership development approaches. Programs, experiences, courses, centers, projects, institutes and strategies (internationally and nationally; nursing and non-nursing initiatives) were reviewed.

The key objectives of the report were:

1. To examine key nursing leadership development programs in Canada.
2. To explore other non-nursing programs such as that of physicians.
3. To determine the frameworks, approaches, qualities and evaluations of these programs
4. To identify the domains/categories of leadership competencies being provided by these leadership programs.
5. To identify the domains/categories of competencies required for tomorrow's leaders.
6. Perform a gap analysis in terms of what is being provided and what is required.
7. To identify suggestions for next steps.

Current Canadian health and nursing documents such as the Commission on the Future of Health Care in Canada and the Academy of Canadian Executive Nurses' Leadership Paper all indicate that increased attention to nursing leadership and human resource development in health care is needed and essential. According to The Canadian Nurses Association, "leadership plays a pivotal role in the lives of registered nurses and is essential in ensuring quality client outcomes, especially during a time of health care reform." The Canadian Nurses Association, Canadian Association of Schools of Nursing, Academy of Canadian Executive Nurses, Canadian Nursing Advisory Committee, Canadian Health Services Research Foundation and the Office of Nursing Policy at Health Canada are all eager to address the needs for continued nursing leadership to deal with needs of the profession, and Canadian and global health care.

Nursing leadership development initiatives and approaches by universities, unions, and professional nursing organizations are identified and described. Special approaches and initiatives are described including the International Council of Nurses Leadership Change Program (LCP); the Dorothy Wylie Leadership Institute; the Centre for Nursing Leadership (CNL); The Institute of Nursing Leadership (INL); Sigma Tau International; and the National Nursing Leadership Project.

The report reviews non-nursing leadership initiatives that are also available to nurses and could be used as possible frameworks and competency models for nursing leadership. Non-nursing leadership initiatives that are included in the report are the Canadian College of Health Care Executives; the Physician Leadership Programme of the University of Toronto; the Leadership and Coaching Programme of the Conference Board of Canada in conjunction with the Niagara Institute; Aboriginal leader development courses; the Ontario Society for Training and Development competency certification; and several other professional, non-nursing approaches.

The report identifies the domains and areas of competencies required for nursing leaders. The leadership domains are identified in concert with the four domains of nursing: clinical practice; education; research; and administration. A framework of leadership and management is presented and specific competencies, knowledge and skills are described under each. The ten leadership competencies identified are: change, caring, leading self, leading others, policies/politics, managing, teambuilding, project managing, communicating, and visioning. In addition, the approaches to leadership development are reviewed including: courses; mentoring; modeling; coaching; journaling; case scenarios and problem solving; internships and fellowships; leadership project initiatives. Aboriginal approaches to leadership development are also described. Of importance to note is that no one program reviewed provides all of the needed competencies.

Finally, the report outlines 12 suggestions to create a supportive environment for nursing leadership development and possible collaborative initiatives and opportunities that arise to address the identified gaps. General approaches are outlined and specific ideas are identified. Some creative suggestions to explore further are included in the report: approaches and possibilities for establishing summer immersions; Institutes and Centers; a Centre for Nursing Leadership in Policy Development and Analysis; a circle of influence project; and an approach to engaging retired nurse leaders and wise elders as The Nurse Leader/Mentor/Consultant Network of Canada. The next steps for possibility thinking, visioning, strategic action planning and implementation are outlined.

Le développement du leadership infirmier au Canada
*Rapport descriptif d'étape et analyse des programmes, modalités et
stratégies de leadership :
domaines et compétences; connaissances et habiletés; lacunes et possibilités.*

Résumé

Le leadership de la profession infirmière est vivant, dynamique et manifeste chez toutes les infirmières qui pratiquent dans le pays, et même dans le monde entier. Le leadership efficace en soins infirmiers et dans le secteur de la santé est une nécessité critique pour les soins aux clients, la promotion de la santé, l'élaboration des politiques et la réforme des soins de santé. Le perfectionnement constant des infirmières dirigeantes et des chefs de file éventuelles à ce stade de notre histoire constitue un impératif. Le leadership infirmier englobe toute une gamme de définitions, d'activités, de cadres, de compétences et de mécanismes de prestation.

L'objet du rapport était de déterminer si les programmes canadiens actuels de préparation au leadership infirmier fournissent les compétences et les connaissances voulues pour les leaders de demain. Nous avons fait des recherches sur Internet, dépouillé les études et la documentation publiées et mené des entrevues informatives avec des représentants et des personnes-ressources des programmes pertinents pour recueillir des données sur les modalités de préparation au leadership. Nous avons en outre analysé les programmes, les expériences, les cours, les centres, les projets, les instituts et les stratégies (sur les scènes internationale et nationale; initiatives du secteur infirmier ou non).

Principaux objectifs du rapport :

1. Examiner les programmes clés de préparation au leadership infirmier au Canada.
2. Analyser des programmes non infirmiers comme ceux des médecins.
3. Déterminer les cadres, les modalités, les qualités et les évaluations de ces programmes.
4. Cerner les domaines et les catégories des compétences en leadership fournies par les programmes.
5. Déterminer les domaines et les catégories des compétences nécessaires pour les chefs de file de demain.
6. Analyser l'écart existant entre les programmes en place et ceux qui sont nécessaires.
7. Trouver des suggestions pour les prochaines étapes.

Les rapports canadiens actuels sur la santé et les soins infirmiers, comme ceux de la Commission sur l'avenir des soins de santé au Canada et de l'Académie des infirmières et infirmiers en chef, soulignent tous qu'il faut s'intéresser davantage au leadership infirmier et au développement des ressources humaines dans le secteur des soins de santé. Selon l'Association des infirmières et infirmiers du Canada, « le leadership joue un rôle pivot dans la vie des infirmières; il est essentiel pour assurer des résultats de qualité aux clients, surtout en période de réforme des soins de santé ». L'Association des infirmières et infirmiers du Canada, l'Association canadienne des écoles universitaires de nursing, l'Académie des infirmières et infirmiers en chef, le Comité consultatif canadien sur les soins infirmiers, la Fondation canadienne de la recherche sur les services de santé, et le Bureau de la politique des soins infirmiers de Santé Canada veulent tous répondre aux besoins d'un leadership permanent de la profession infirmière. Celui-ci s'attacherait aux besoins de la profession et aux soins de santé à l'échelle canadienne et internationale.

Après avoir décrit des initiatives et des méthodes établies par les universités, les syndicats et les organismes professionnels d'infirmières pour le développement du leadership de la profession infirmière, nous présentons des exemples spéciaux comme le programme Diriger le changement (DLC) du Conseil international des infirmières; le Dorothy Wylie Leadership Institute, le Centre for Nursing Leadership (CNL); l'Institute of Nursing Leadership (INL); Sigma Tau International; et le National Nursing Leadership Project.

Le rapport présente des initiatives de leadership externes au secteur infirmier qui sont accessibles pour les infirmières et qui pourraient servir de cadres et de modèles de compétences pour le leadership de la profession. Il analyse des initiatives comme celle du Collège canadien des directeurs de services de santé; le Physician Leadership Programme de l'Université de Toronto; les programmes de leadership et d'encadrement du Conference Board du Canada de concert avec le Niagara Institute; les cours de formation des chefs de file autochtones; la certification des compétences de l'Ontario Society for Training and Development, et divers autres programmes professionnels non infirmiers.

Les domaines et les secteurs de compétence nécessaires pour les chefs de file de la profession infirmière figurent dans le rapport. Nous dégageons les domaines de leadership liés aux quatre domaines des soins infirmiers : la pratique clinique, l'enseignement, la recherche et l'administration. Nous présentons ensuite un cadre de leadership et de gestion avec, dans chaque cas, la description des compétences, des connaissances et des habiletés spécifiques. Les dix compétences en leadership cernées sont les suivantes : changement, empathie, aptitude à diriger (soi-même), aptitude à diriger les autres, politiques, gestion, établissement d'un esprit d'équipe, gestion de projets, communication et vison de l'avenir. En outre, nous étudions des modalités possibles (cours, mentorat, rôles de modèle, encadrement, journalisation, scénarios de cas et résolution de problèmes; stages et bourses d'étude; initiatives de projets de leadership). Il est important de signaler qu'aucun des programmes individuels examinés n'offre une formation réunissant toutes les compétences requises.

En conclusion, le rapport offre 12 suggestions pour la création d'un environnement propice au développement du leadership infirmier et des initiatives et des occasions possibles de collaboration pour combler les lacunes recensées. Il met de l'avant des méthodes générales et des idées précises, et propose des pistes originales qu'il faudrait approfondir : des méthodes et des possibilités de stages d'immersion l'été; des séminaires et des centres; un centre de leadership infirmier en élaboration et analyse des politiques; un projet de cercle d'influence; et une approche visant à encourager les infirmières dirigeantes retraitées et les Aînés sagaces pour former un réseau canadien d'infirmières chefs de file, de mentors et de conseillers. Les prochaines étapes seraient une réflexion sur les possibilités, des perspectives d'avenir, la planification et la mise en œuvre d'interventions stratégiques.

INTRODUCTION TO NURSING LEADERSHIP DEVELOPMENT

Nursing leadership is alive and well and in evidence in every nurse practicing across the country and indeed around the world. The need for effective nursing and health care leadership has never been more critical for client care, health promotion, policy development, health care reform and for the future of the profession. The ongoing development of existing and emergent nurse leaders at this point in time in history is imperative. Nursing leadership encompasses a wide range of definitions, activities, frameworks, competencies and delivery mechanisms

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Current Canadian health and nursing documents such as the Commission on the Future of Health Care in Canada Report (Romanow, 2002), the First Ministers' Accord (Health Canada, 2003), the Academy of Canadian Executive Nurses' Leadership Paper (Paré, Mitchell, Perkin, & Stevenson, 2002) and the Canadian Nurses Association's (CNA) Policy Statement on Nursing Leadership (2002) all indicate that increased attention to nursing leadership and human resource development in health care is needed and essential. They all also sound an alarm that it is essential to attend to those leadership and human resources needs now. Nurses in all settings in our health care system can be better leaders with the appropriate preparation, education and quality of work life support.

According to the CNA "leadership plays a pivotal role in the lives of registered nurses and is essential in ensuring quality client outcomes, especially during a time of health care reform"(2002). Canadian nursing organizations including the Canadian Nurses Association, Canadian Association of Schools of Nursing, Academy of Canadian Executive Nurses, Canadian Nurses Advisory Committee, Canadian Health Services

Research Foundation and the Office of Nursing Policy at Health Canada are all eager to address the needs for continued nursing leadership to deal with needs of the profession, and Canadian and global health care.

"Emergence as a leader is a developmental process in which capabilities, insights, and skills gained through one experience or at one level serves as the basis for further growth: thus, leaders go though stages in their development. It is also generally acknowledged that one learns to be a leader by serving as a leader. Observing others in that role does not make one a leader. One is a leader when he or she exercises leadership" (Grossman & Valiga, 2000).

" Leadership development is a lifelong process. As nurses progress throughout their careers, they will face new challenges. The need for change will always exist, and groups will need leaders to help them to weather the forces of change. Conflict will always exist, particularly as resources become more scarce and new healthcare workers challenge traditional roles; groups will need leaders to help them to manage those conflicts. New visions will continually be articulated as previous visions are realized or changing societal expectations demand new directions: groups will need leaders to help them see and realize those new visions. As the circumstances of our lives are constantly altered, our leadership skills also need to be refined, renewed and further developed" (Grossman & Valiga, 2000).

Nursing Leadership
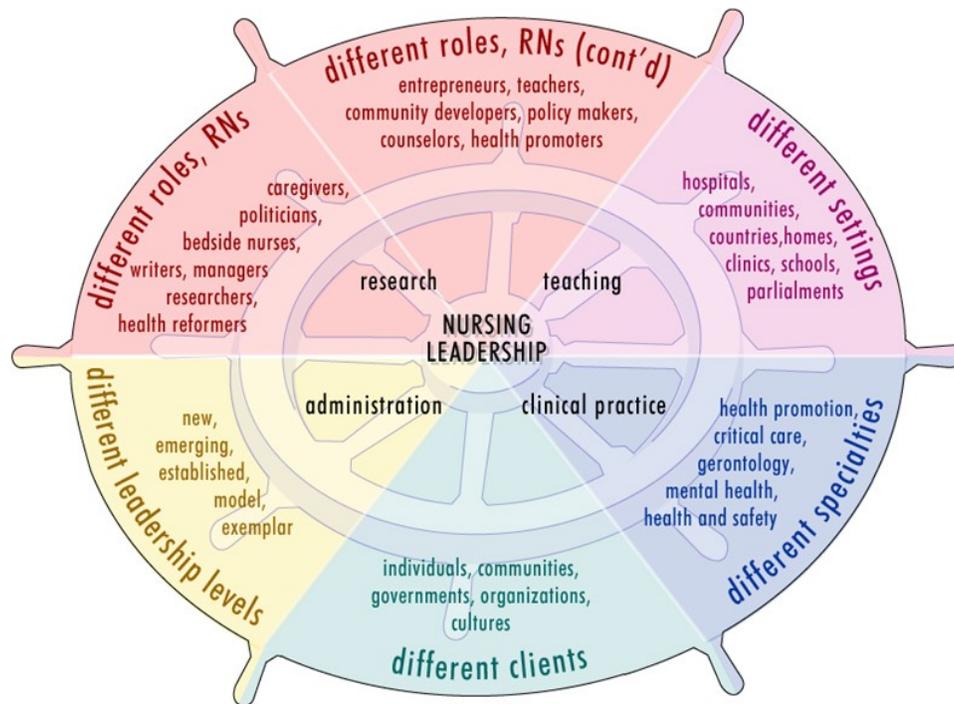
A report of this nature is an attempt to capture the overall status of a topic at a point in time so that new visions and plans can emerge to set a new course or to address existing gaps. There is always a risk that in such an overview many wonderful leadership efforts

and initiatives may be overlooked and not be highlighted. In this report occasionally a specific example will be described as an example of the typical or the unique. Nurses are engaged in their own self learning over a lifetime and all those dedicated to studying and concentrating on how to develop nursing leaders now and for the future are to be commended.

OBJECTIVE -#1. Examine key nursing leadership development programs in Canada, and a sample of those in the US and internationally.

Many collaborative partners are presently engaged in designing and delivering nursing leadership development programs and activities: a) colleges and universities; b) special leadership projects, centers, institutes for nursing leadership; c) professional nursing associations internationally, nationally and provincially; d) unions and collective bargaining bodies; e) organizations employing nurses. Some of those initiatives will be described and examined in this report.

a) Examples of College and University nursing undergraduate and graduate programs with leadership components.

Over 40 of the 80 listed university or university/college collaborative nursing programs in Canada were reviewed for this report along with the 8 top current leadership and management texts being used in programs and courses. Many of the leadership or leadership and management courses in combination are not offered until the 3rd and 4th year of undergraduate programs.

Internet searches and university websites and course descriptions were used for the most part. Some leadership content and skills are included in other nursing and health sciences programs, particularly courses on trends and issues, communications, Primary Health Care and health care in Canada. A few nursing schools, faculties or departments include leadership in their vision and philosophy statements or as a thread throughout the program. Leadership appears woven into the 4 domains of nursing and appears in university programs in clinical, educational, administrative and research areas. What will be described here will be those initiatives that are focused on leadership for nurses more particularly.

A review of specific leadership courses at the undergraduate level yielded this composite of areas covered. **Please note that no one program or course has all of them**.

General leadership development content … leadership theories; leadership qualities and characteristics; vision and values of leadership; change and change models and strategies; power; transformational and other leadership styles; followership; mentoring; communications; conflict management; teambuilding; decision making and problem solving; visioning; innovation; empowerment; gender issues; career development; personal management; time management; stress management; marketing; and political and professional activism.

Management content … systems thinking; motivational theories; critical and creative thinking; organizational structure; collective bargaining; case management; governance; nursing delivery systems; budgeting; human resource management; staff development; policies and procedures; legislation; strategic planning and quality improvement; supervision and performance appraisal. Only occasionally did the leadership courses for nurses cover policy development and health care reform in with the leadership and management courses. Critical thinking and decision-making appeared throughout the clinical courses. Some programs had patient education/teaching courses.

The programs that will be described here have a clear nursing leadership and management focus.

The McMaster Nursing and Health care Leadership/Management Program was originally administered by the Canadian Nurses Association and was transferred to McMaster in 1993. The program is offered to nurses throughout Canada and internationally primarily by means of distance education. It is also offered locally through self-directed study and tutorial methods of delivery. The course work is designed to familiarize RN's with the theory and clinical application necessary to function effectively in a formal or informal leadership position. Content includes theory and techniques of management, leadership, organizational development and change, motivation, labour relations, legal implications, ethics, finance and the Canadian Health care system. Modules are available on budgeting, total quality management, and leading effective teams in Health Care Organizations.

Memorial University of Newfoundland, School of Nursing offers a Leadership and Management Course for an understanding of theories and principles of leadership and management in relation to the Coordinator of Care nursing role. Emphasis is placed on concepts of organizational structure and function, management of client care, team building, professional development, and application of nursing theories to practice. Current trends and issues will be explored. They also offer Advanced Professional Development. This course focuses on the development of a personal framework for nursing practice, nursing organizations at the international level and nursing's role and development within the health care system. Current trends and issues in health policy and health care are examined. Memorial University offers many distance education nursing courses, as does Athabasca University in Canada and Phoenix, Syracuse and many others in the United States.

University of Alberta - Faculty of Nursing …Leadership and management course … Using the primary health care framework, a variety of current professional, social, political and global issues affecting the nursing profession and the Canadian Health Care system are addressed. Key principles of leadership and management are addressed within the context of those issues. Topics include professionalization, union, career, legislation, political action, work life issues, opportunities for nursing entrepreneurship, nursing organizations, gender, ethics, technology, and theory/research/practice, groups.

University of Prince Edward Island: Leadership and Primary Health Care Course. This course extends the student's ability to examine theoretical and practice concepts in the nursing leadership/management and primary health care. Students discuss concepts in

health care organizations and management and the implications of those concepts when analyzing leadership styles in a clinical setting. Students explore leadership roles assumed by nurses and examine challenges confronting nursing leaders in an era of change. Models of partnership, decision making, collaboration and communication and the importance of the team are stressed.

At the graduate studies level, only a few universities focus particularly on leadership at the Masters level:

Athabasca University offers **Master of Health Studies Leadership**. This program provides students with competencies to discern emerging trends and to anticipate future directions in health care; to provide leadership in health service planning implementation and evaluation; to manage change; to critique and develop health and social policy; and to develop successful research and project proposals) open to any health professional with a degree.

The University of British Columbia, School of Nursing offers a **Master of Science in Nursing.** The University of British Columbia is a leading centre for nursing education, research, scholarship and practice. The Masters degree covers nursing in Canadian Society and being able to function at the international level, and contributes to the enhancement of health care by promotion of excellence, innovation and collaboration. They also offer courses on Leadership and Management in Health care which covers structures, contexts, and processes basic to management in health care settings; Interdisciplinary Approaches in Management and Leadership; Administrative Leadership in Nursing which covers organizational behaviour, management methods and administrative processes in health care; and Health Policy courses which cover the study of processes and strategies influencing health policy and the social/political context in which health policy is created.

Australian Catholic University, Master of Nursing Leadership. This degree is a 1 year or equivalent and involves 4 core units of study that are designed to provide a foundation in the theory and practice of leadership in nursing; the philosophical and theoretical bases of knowledge and methods of inquiry; theoretical and experiential aspects of nursing leadership; and an appraisal of the contextual factors. Students choose an area of leadership focus: The Nurse as Manager, The Nurse as Futurist or The Nurse as Researcher.

Nursing Leadership Programme 2003 (UK) This program includes learning sets; mentoring; negotiated placements and secondments within and outside a nurse's organization. The programme has 9 modules, one a week for a 2 year program. Subjects include leadership, power group working, managing organizational change, culture, identity and politics. The program has an emphasis on personal impact and learning through experience.

The National Student Nurses Association (NSNA) in the US is a voluntary organization through which nursing students practice self-governance; advocate for student rights and the rights of patients and take collective, responsible action on vital social and political issues. NSNA developed a project called Leadership University in

1992. They developed an independent study module to serve as a model for students to be active participants in learning about leadership and receiving a college credit for participating in a leadership opportunity. Nursing students through individualized learning contracts, can chair a SNA chapter or committee, study their leadership style, work with faculty and students on initiatives, and take on leadership projects. The Leadership University creates opportunities for mentor-protégé relationships; and the development of competencies that future leaders and managers will need. Local Student Nurse Association chapters can be established as part of this student leadership experience.

b) Special projects, centers, and institutes dedicated to nursing leadership development

The Dorothy Wylie Nursing Leadership Institute in Canada offers a unique approach to "developing nursing leadership by requiring an established leader and an emerging leader, preferably from the same organization to register and experience the program together." This mentorship dyad is essential to their leadership development model. This is seen as an opportunity to identify emergent leaders and begin a concrete and deliberate process for nurturing their development. Participants are required to attend a 7 day in-residence learning program (5 days and return for a weekend follow-up).

Participants receive a certificate from the University of Toronto upon successful completion of the two program components. Faculty are drawn from leaders in many existing university schools of nursing This Institute received initial funding from the Nursing Secretariat of the Ontario Ministry of Health and Long-Term Care and now is a collaborative partnership between the University of Toronto, Faculty of Nursing - Nursing effectiveness, Utilization and Outcomes Nursing Research Unit and CHSRF/CIHR Chair in Nursing Resources.

The program involves assessment, acquisition and development of a set of core competencies appropriate to the times and settings in which nurse leaders practice. The program integrates theory and practice. Topics of a recent 5 day program include: organizational development, process and systems design; innovation and solutions; teams and coaching; mentoring; quality of work life; power and empowerment; encouraging the heart; action projects.

Participants are actively engaged in individual and group assessment of skills and areas of development. They have integrated the work of Kouzes and Posner (1999) into the Institute. According to their research, " we have learned from leadership research that experience is the best teacher." Based on that research, the learners at the Institute complete a Personal Best Leadership Questionnaire and narrative recalling their personal best leadership experience. The core competencies of the Leadership Practices Inventory (LPI) of Kouzes and Posner (1999) were part of the assessment and process of recent programs. The entire *Instructor's guide to the leadership challenge* is available for free, outlining the results of their research, and a review of the literature related to leadership development (Kouzes & Posner, 1995). The competency instrument was designed to relate to these five practices and the commitments attached to them:

Challenging the process … searching for opportunities, experimenting
Inspiring a shared vision … envisioning the future, enlisting others
Enabling others to act … fostering the future, enlisting others
Modeling the way … setting an example, planning small wins
Encourage the heart … recognizing contributions, celebrating accomplishments

Leader participants take part in the learning community presentations and group discussions, and prepare and report on a home-based project as part of the application of learning.

The International Council of Nurses (ICN) Leadership for Change (LFC) states that for health care reform to be effective, nurses need to be part of the process. Leadership for Change works with nurse leaders and potential leaders to attain skills in management, leadership and policy development so as to impact health services and policy (ICN, 2001). LFC is "an action-learning programme to develop nurses as effective leaders and managers in a constantly changing environment " (ICN, 2001). LFC has been initiated in 50 countries of the Caribbean, Latin America, the south Pacific and East, Central and southern Africa and Southeast Asia. Funding for LFC programs have been from the Kellogg Foundation, Nursing Associations, and Ministries of Health and governments of host countries where nursing leadership change projects have been initiated.

LFC describes these areas of focus to enhance effectiveness:
- health planning and policy development
- leadership and management in nursing and health services
- developing quality cost-effective nursing services
- preparing future managers and leaders, nurses and non-nurses
- sustaining development
- contributing within the broader health and management teams
- influencing curricula changes
- networking nationally, regionally and internationally (ICN, 2002)

Their approach to leadership development has five interrelated program components: workshops; individual development planning; team projects; structured learning activities between workshops; and mentoring. They claim their basic methodology has proven effective in all environments and remains the same even when program content and structure are adapted to meet different the needs of different countries. Their intention is to equip nurses with the knowledge, strategies and strengths to be effective in any changing environment.

According to ICN " to be effective today's nurse must: understand health system reform and its impact; be visionary; think strategically; plan effectively; contribute to policy development; manage change; work effectively in teams; partnerships and alliances" (ICN, 2001).

Nurse leaders also require a wide range of business and interpersonal skills and competencies in areas such as: resource management; media and marketing skills; strategic planning; communication; negotiation; motivating and influencing others.

ICN has evaluated their the Leadership Change Project and prepared a report, *Impact and sustainability of the Leadership for Change Project 1996-2000.* The outcomes and impacts they reported on included:

- outcomes related to team projects that resulted in 9 new policies, leadership development programs for other nurses, curricula changes, quality improvement initiatives, and new national policies
- outcomes related to the development of stronger national associations and improved perceptions of nursing.
- outcomes related to individual nurse leader development (increased strategic communication, negotiation, networking, media and organization skills; equipped to implement change; ability to mentor and develop other nurses; increased self confidence).
- outcomes related to organizational and national long term improvements in organizations and national health policy.

Their findings to date indicate significant positive results, especially at the level of individual nurse leader development. A longitudinal evaluation study begins in 2003 especially around national health care policy leadership initiatives.

NHS National Nursing Leadership Project (US) This is an e-learning programme where students learn at their at own pace. Content covered includes: meeting effectiveness; paperwork; life balance; career strategies; conflict management strategies; negotiation skills; effective communications; effective strategies for leading change; ways to nurture staff; ways to develop relationships; ways to make empowerment work; stress management; and dealing with difficult employees and managers.

Centre for Nursing Leadership (US) This programme is described as a 1 year educational "journey toward mastery" for nurse executives, managers, clinicians, researchers, teachers and entrepreneurs. It became a not-for-profit organization in 1999 and was initially under umbrella of the American Organization and the Network for Health Care Management. The Center's source of funding is the Hill-Rom Corporation. They cover 8 dimensions of leadership: holding the truth; intellectual and emotional self; discovery of potential; quest of the adventure towards knowing; diversity as a vehicle to wholeness; appreciation of ambiguity; knowing something of life; holding multiple perspectives without judgement; keeping commitments to one's self.

They divide their skills development into a) *functional skills* that influence the external world; and b) *transformational skills*, which influence the internal world of values, beliefs, and the spirit. The learning methods they use are: curriculum learning partnerships; computer conferencing; educational retreats; mentoring; distance learning; and action research centers. Learning guides serve as coaches and use some content of Asian and African healing traditions, healing circle practices for shared leadership, and the formal negotiation process. They view it not as a program but an "experience." Center participants are "partners for life" in this learning process and the journey toward mastery costs $2,000 for a week long program that takes place at the Hill Rom Corporation farm (Jawacdah) in Indiana.

They use experiential learning, discovery paths or different ways of knowing, being and working in the world and include *The Dimensions Medicine Wheel* by Judith Walker. Their approach is more holistic and aboriginal in nature as a way of growing as a leader.

The Harvard Institute for Nursing Healthcare Leadership (INHL) is in partnership with Harvard Medical School that draws upon Harvard Medical School's faculty of over 7,000 and 17 affiliated teaching hospitals and institutions. The INHL has developed the Centre for Nursing Fellowship, which offers four program opportunities for international nurses: International Nurse Fellowship Program; short-term 1-2 week study program; on-line consultation services between INHL staff in Boston and participants in their own country settings; nurse consultant abroad whereby staff provide consultation in the participant country. This initiative has a good international foundation of practice and is the only nurse leadership centre with a strong affiliation with a medical school.

Institute for Nursing Leadership (INL). The American Academy of Nursing (AAN) and the American Nurses Foundation (ANF) formed a partnership to create INL. They conducted a study of existing programs and convened a panel of experts to study the leadership initiatives available and to develop, plan and evaluate a new initiative. The Institute is designed " to educate and strengthen the leadership capacity of nursing in all organizational and community contexts, and across every point in nurse's careers."

Their approach to leadership development is through self assessment, skill-building learning modules, industry mentoring, alumni networks and programs designed to connect nurses with mentors, sponsors and other disciplines (Fergueson, 1998 in Grossman & Valiga, 2000, p.92). It is intended to foster leadership competencies through skill building, learning opportunities in early and emerging career points; fellowships for nurse in first managerial position; and strategies to build a new generation of leaders.

They received a $200,000 grant from the Helene Fuld Health Trust to build specific skills and competencies among graduate and undergraduate nursing students and to conduct a two-week Summer Immersion Leadership Forum for graduate nursing students. It advertises itself as the nation's (US) largest foundation devoted to exclusively nursing students and nursing education

INL is described as multi-focused and relevant to nurses at all stages of their careers. It includes the following approaches to leadership development: fostering leadership skill building among undergraduate and graduate nursing students; fostering leadership competencies for the nurses at early and emerging career points; facilitating, mentoring and networking for nurses in their first managerial position; brokering access to leadership development programs (exec) for senior executive nurses and enhancing connections with leaders in the fields to maintain leadership.

The Nursing Leadership Academy in End-of-Life-Care (US) was created by the John Hopkins University, Nursing School and funded by The Open Society Institute's Project on Death in America.

The Leadership Initiative for Nursing Education Program was funded by the Helene Fuld Health Trust (New York) and it offers a 6 month fellowship and a 5 day Leadership Institute to develop the leadership skills of both nurse educators and nursing students. This is a model that includes nursing students with nurse educators

c) Provincial, national and international professional nursing organizations.

This report will not attempt to cover all of the nursing leadership organizations and initiatives at the Canadian and other levels. However, let it be acknowledged that every nursing association and organization at every level has tirelessly been involved in aspects of nursing leadership. Their efforts have been directed towards improving health care for all our citizens and to improve the education, skills and working conditions for nurses so that nurses and other health care professionals can continue to be present in the system to give excellent health care and to be included in decision-making. All of the groups have been involved in sponsoring conferences and workshops on leadership and preparing papers and reports on nursing leadership and status issues related to retention and shortage; the need for education; the need for leadership; and the need for quality of work life in nursing.

Sigma Tau International, the Honor Society of Nursing is an international nursing organization that has as one of its major goals the development of nursing leadership for its members. This includes nursing scholarship, leadership and excellence in the nursing profession. The ultimate purpose of focusing on leadership according to them is to promote the discovery, dissemination, and utilization of knowledge to improve the health of individuals and communities worldwide. Workshops, conferences, the International Leadership Institute and regional, national and international chapters carry out their goals for a nurse to " be able to influence people, organizations and situations to bring about transforming change" (Annual Report, 1998, 1999, in Grossman & Valiga, 2000, p. 192)

Their new Omada Board Mentoring Program prepares nurses to serve on national and international boards of directors; Arista International hosts think tank conferences; the Chiron Mentor- Fellow Program provides individual learning and mentoring; the Gallery of Honor Website and the International and Pinnacle Regional Awards offer recognition to nurse leaders world-wide.

The Canadian Nurses Association (CNA) has a rich legacy of supporting and indeed advocating for nursing leadership development. CNA's policy statement on Nursing Leadership in 2002 outlined a set of 16 principles to support a professional practice environment that will nurture and facilitate leadership in any practice setting. These principles can be and updated for inclusion in any new leadership development emerging frameworks.

CNA continues to organize national nursing leadership conferences, reports and policy discussions related to leadership. As recent as February 2003 they sponsored another successful national nursing leadership conference to bring together nursing leaders to study and report on initiatives and research related to leadership. The three areas of focus for the 2003 Ottawa conference were building professional practice environments; building primary health care; and promoting evidence-based practice. In their policy

statement they state " the responsibility for educational support for competent nursing practice is shared among individual users, professional nursing organization, employers, educational institutions and governments as they all make decisions that affect the common goal of quality care" (CNA, 1998).

Canadian Association for Nursing Research (CANR) is a national organization whose purpose is to foster research-based nursing practice and practice-based nursing research. They serve as an interest group to CNA.

The Canadian Association of Schools of Nursing (CASN) provides leadership to the universities and colleges offering nursing education and has a rigorous candidacy and accreditation process in place to ensure a level of quality and standards for each educational institution and educational program for nurses.

Based on the work of Boyer (1990), AACN (1999) and Glasser et al (1997) they prepared a statement *Defining scholarship for CASN Accreditation* (2001) to guide all the college and university education programs in Canada. They outline the 4 domains of nursing scholarship as discovery, teaching, application, and integration. These domains overlap well with some of the identified domains of nursing practice: discovery … research (interdisciplinary research models); teaching…education; application and … clinical practice; and integration … all areas plus administration (policy analysis). They form the basis of a possible leadership competency model that could flow from domains of practice and scholarship.

Canadian Nursing Advisory Committee (CNAC) (defunct) prepared a comprehensive overview of the key issues affecting nursing working conditions across Canada and offered 51 recommendations to strengthen Canada's nursing workforce (Health Canada, 2002).

First Nations Inuit Health Branch at Health Canada (FNIHB) has developed many initiatives to improve care for aboriginal, First Nations people. The Commission on the Future of Health Care in Canada (Romanow, 2002) strongly commits further development and structures to work in this area. Nurse education and leadership education that honors the culture, beliefs and values of the client is needed. Integrating some of the Aboriginal leadership lessons and learning methods would be good for all nurses.

Office of Nursing Policy (ONP) was established in 1999 in Canada with a focus on the health of the nursing workforce; nursing education and research; and health care system renewal and reform. They have sponsored think tanks on shaping education for the future including influences, issues and strategies.

Canadian Nurses Foundation (CNF) is a national charitable organization that has been in existence since 1962 that fosters excellence in nursing through nursing research grants, study awards and specialty certification. They also operate a Nursing Care Partnership (NCP) that is a research initiative funded by the Canadian Health services Research Foundation (CHSFRF) to increase clinical nursing research.

Canadian Health Services Research Foundation (CHRF) offers Career Reorientation Awards and Postdoctoral Awards and support for nursing research.

Nursing Leadership Network of Ontario (NLN.ON) is an interest group of the Registered Nurses of Ontario (RNAO) that is committed to support and advocate for nursing leaders and leadership at all levels across all employment areas. NLN.ON is committed to linking strategically with nurse leaders across the province in order to influence the future direction of health care. It achieves this by offering educational awards and research grants; helping to shape healthcare system's policy and care delivery; providing an annual conference; building strategic partnerships; and building networks of leaders.

Since 1978, NLN.ON has been working to:

- advocate for nursing leaders at all levels
- consult with colleagues in other health care sectors
- encourage leadership development
- profile and celebrate nurse leaders and mentors
- provide a forum for discussion and debate

The College of Nurses in each province establishes and sets out the competencies and expectations of entry-level practice; the scope of practice and license requirements. They encourage nurses to be involved in decision making, community, collaboration, scope of practice, research, outcomes, collaboration and innovation and to maintain the standards as set down by their College.

Provincial Professional Associations. The respective provincial professional nursing associations operate in each province and territory to support the profession. They are all engaged in professional development, public education and advocacy initiatives to improve programs and services and the image and conditions of the profession and are taking leadership on behalf of their members. Many offer workshops and courses related to nursing issues, professional development and clinical and leadership skills development. There is one initiative that has been long standing and impactful in the area of nursing leadership development for the nurse in a staff, front-line position.

The Registered Nurses Association of Ontario (RNAO) Center for Professional Excellence has offered the courses Clinical Leadership for Staff Nurses levels I and II since the early 80's. This five day (36 hour) course is a collaborative program between the RNAO and the Ontario Hospital Association and the Leadership/Management Institute. This course has been offered to nurses across all departments, programs and settings primarily in hospitals in Ontario. Recently it has also been offered by some organizations to the interdisciplinary health care team. It has been offered to nurses in community and long-term care and in some provinces outside of Ontario. In over 20 years, courses have been offered in over 75 organizational sites to over 5,000 nurses and many other interdisciplinary participants, both established and emerging nurse leaders.

The course includes lectures, experiential learning exercises, small group discussions and debates, role-play and skills development, practice and coaching. Students have to prepare a leadership change project integrating all the critical thinking and skills of the course preferably at their site of practice.

Leadership topics of Level I include: the profession in a changing world; career and self management strategies; change process; communication; assertiveness; conflict management; style awareness; group process; presentations of leadership projects. Level II covers: innovation and selling a proposal to management; marketing ideas, attitudes and innovations; dealing with difficult people; negotiation savvy; personality and communication; strategies of power communication; team building and support systems; creative problem solving and decision making; caring for the caregiver; and demonstrating leadership.

Thousands of leadership change projects have been initiated by nurses as a result of this leadership program that has adapted to the needs over the years in areas of patient care: safety, comfort and education; quality of work life improvements; networking and team building; policy, process and procedure improvements; and health prevention and promotion initiatives. Each organization must have an on-site coordinator to work with the facilitator. Many of the coordinator's work at preparing the organization, the managers and the culture to support the nurses leadership learning and change projects. This program has the unique feature of being offered to nurse leaders on site and building a team of nurse leaders and competence who work in the same area. Many participants continue to meet after the courses and many sites invite the staff nurse level to present their projects and ideas to senior management.

American Nurses Association (ANA) is a professional association for US nurses and is the strongest voice for the nursing profession and workplace advocacy. ANA is at the forefront of policy issues and plays a strong legislative and political role in shaping health care reform. It also is a labour union. It prepared a recent document on Nursing's agenda for the future and Leadership and Planning was one of the key initiatives. For this initiative, it set out a vision, objectives and co-champions to work with them on this initiative.

Academy of Executive Nurses (ACEN) sponsored an open forum to discuss Nursing Leadership and circulated a paper on the topic to stimulate discussion (Paré, Mitchell, Perkin & Stevenson, 2002).

d)   Nursing unions and bargaining units developing leadership:

Nursing Unions are the collective bargaining bodies that act solely in the interest of its members. Over the years they have been active in leadership development strategies for their members, bargaining units and union representatives. They have offered leadership training to their members on various aspects of leadership such as, but not limited to, meeting organization and effectiveness, conflict management, communication, mediation, work life issues, employee assistance programs and union counseling. By the very nature of their mandate, they have developed and used leadership skills in systems thinking, legislation, advocacy, communications, marketing and contract negotiation.

e) Leadership development offered by employers of nurses.

The Ontario Hospital Association OHA continues to offer continuing education workshops, certificates and diplomas for the health care professional and they have changed their offerings as the needs have changed over time. Presently they offer a Diploma in Health Care Administration, and some of the courses are Essentials of Health Law, Managing Human Resources, Financial Planning and Budgeting, Leading and Managing in the New Millennium I and II, and Adult Education. They also offer an annual convention with current topics and provide opportunities for each of the professional healthcare groups to host their meetings. This conference is attended by many nurses from the hospital and the health care system and those who practice in a specialty area get together with colleagues to discuss issues related to leadership in their area of practice. The OHA also administers the Change Foundation that supports many health care leadership initiatives that nurses are a part of in the areas of applied research, education programs, development programs and grants to charities.

Organizational education and staff development initiatives for nurses:
Organizations with education departments and resources nurse educators on staff are often in a position to develop nursing leadership. Training on-the-job takes place through managerial, team leader, charge nurse and resource nurse positions of leadership. Quality improvement teams and projects help develop nurses as leaders. Leadership courses and skills are often taught in-house for nurses and the health care team. However there is a great variability in the time and money dedicated to nurses access to education and leadership development in general and specific to nurses across organizational settings

OBJECTIVE # 2. Explore other non-nursing programs such as that of physicians.

Nurses work in any of the 4 domains of education, administration, research and clinical practice. Often the leadership training they take part in may actually be from those areas. Many nurses continue their educational development through the nursing stream. Others follow an educational path more specific to the other practice and scholarship domains. For example nurses also receive their graduate studies and degrees in education, administration, business, health sciences and clinical non-nurse specialties (psychology, addictions, etc.). Other disciplines and interdisciplinary programs also offer leadership development. Other professional, disciplines and professional bodies can offer some insight into approaches and competencies for leadership development for nurses.

Physician Leadership Education. Physicians have a multi-faceted and well-developed system of education through Canadian Medical Association (CMA) Forums, Continuing Medical Education credits, the Executive Coaching Program, and Internships and Fellowships that are relevant to establishing a comprehensive approach to leadership. The CMA has three professional programs specifically geared at leadership development. These include CMA's Leaders Forum, a new initiative held in 2002 which brought together physicians interested in building their leadership skills; the Physician Manager Institute (PMI) which provides physicians with the leadership and management tools they

need to tackle the challenges of health care management; and the CMA Leadership Workshop for Medical Women that addresses issues of concern to women physicians and women in academic medicine involved or interested in medical leadership.

They have three instruments available that are worthy of examining for nursing leadership competency assessment:

- The Physician Leadership Performance Wheel looks at 10 different parameters of an effective leader.
- The Physician Leadership Needs Assessment expands on the Leadership wheel to assess your strengths and "gaps" across 20 different parameters of leadership effectiveness.
- The Clinical Practice Performance Wheel looks at 10 different aspects of a highly productive business practice.

The Canadian College of Health Service Executives is an educational and professional association with over 3,000 members across all sectors of health services. Since 1984, they have offered the only Certified Health Executive Program (CHE) to over 900 members and over 75 leading corporations based on a set of competencies for health service executives. It advertises a role in enhancing professional image; increasing knowledge of management; and enriching personal growth. It has regional chapters and a vision to lead the profession of health service management. It provides career services, credentialing, a Forum, a directory, networking, professional development programs, publications, research and public policy. It prepared a detailed brief (2001) to the Romanow Commission and the *Commission of sustainability of the public system; Managing change; and Co-operative relations* in which it lauded the report for its attention to human resource development for health care. It provides standards of conduct for their members and believe health care executive lead through learning knowledge, skills and leadership abilities.

It is affiliated with the Canada Council on Health Services Accreditation (CCHSA) and have a strategic alliance with Canadian Healthcare Association (CHA) Health Services Management (HSM) and Long Term Care Management (LTCM). It offers distance education programs and sponsor a national health care leaders conference. It seeks to enhance the competencies they identify as: leadership, communication, lifelong learning, consumer/community relations, health environment awareness, conceptual skills, results management, and resource management.

The Conference Board of Canada has offered Leadership Development for more than a century and presently offers leadership programs through the Niagara Institute. It describes these as world-class leadership development programs and they will develop custom interventions geared to the specific organization. It conducts a Leaders' Roundtable on Health, Health care and Wellness; multi-stakeholder approach to costs and services; and operate a Centre for Women's Advancement. Its leadership programs and research are designed and delivered to address a wide-spread leadership gap that it believes presents a serious challenge to Canada's competitiveness and quality of life.

The Niagara Institute Executive Leadership Program and Leadership Coaching Program include components of leadership development: working with others; optimizing change; reaching agreement; coaching for performance; leadership and ethics; leveraging innovation; leadership impact and influence; and executive leadership.

Ontario Society for Training and Development (OSTD). The society has developed a competency assessment tool that identifies criteria in 5 categories that they use for standards that was adopted for use by the American Society for Training and Development. It provides career development, an Annual training event and assessment of practical skills, work experience, and a knowledge exam. It uses the Training Competency Architecture's to describe the five areas of performance.

University Leadership Institutes/Programs. Many of the universities in North America have leadership/management institutes that offer courses, diplomas, certificates, or summer schools. They offer courses, diplomas, certificates and degrees in components of leadership and particularly leadership in a management context. They also offer week long programs in strategic planning, human resource management, performance appraisals and are often affiliated with the business schools within the university.

Three of the many programs will be highlighted here. McGill University works in cooperation with the Canadian Institute of Management. York University works with the National Council of the Canadian Institute of Management. Queens University has the Queen's Leadership Program, a five day immersion focused on developing more effective leadership by developing a role in coaching, managing, developing high-performance teams and leading performance improvement and change. They also offer one-on-one with session leaders in their Consultant's-in- Residence advisory service and after the program participants have access to Queen's By Your Side to assist students with integration of the learning into leadership practice. Harvard's Kennedy School of Government offers a range of summer and week long executive management programs, certificates, workshops and health policy development activities, as does the Harvard School of Business.

Private Companies. The private sector has many organizations that offer leadership development programs, certificates and workshops. The Centre for Creative Leadership, Cirrus, LEAD, and Career Track, and The Leadership/Management Institute are but a few examples. Worthy of note, many entrepreneurs in training and development are nurses.

University of Chicago's International Centre for Health Leadership Development conducts development activities from communities, community health centers, health profession education to build links and partnerships between communities and institutions (Grossman & Valiga, 2000).

University of Richmond Virginia offered the first baccalaureate program in leadership in 1992 and **Chapman University (CA)** and Fort Hays State University Kansas) have since added majors in leadership. **The University of Denver's** "Pioneer Leadership Program" (Reisberg, 1988 in Grossman & Valiga, 1989) combines leadership classroom instruction and adventure-based outings. As of 1998, at least eight institutions in the

United States offer minors in leadership studies, and a source book of courses and programs in leadership) has been developed to document the growth of such opportunities (Schwartz, 1998, in Grossman & Valiga, 2000).

Canadian Healthcare Association (CHA). This is a federation of provincial and territorial hospital and health organizations across Canada. It works through policy development and advocacy. It provides distance learning programs, conferences and they publish resources.

OBJECTIVE # 3 To determine the frameworks, approaches, qualities and evaluations of these programs.

Many of the frameworks, approaches, qualities and evaluations of these programs were reviewed in objectives # 1 and #2 in the descriptions of the individual programs.. Key points will be reviewed in this section only.

a) **Frameworks …** An analysis of current nursing leadership development programs indicates that some of them can be described by their frameworks of delivery or their framework in terms of the theory or model that that guides their approach to leadership development.

In regards to their framework of delivery, most of existing programs in leadership development that are available to nurses in Canada are offered through five major delivery frameworks:

- Through the framework of college/university structures as courses, programs or degree majors. Many of the courses have more of a management focus than a leadership focus. One masters program is in *leadership in health studies* and one in *leadership and management*.
- Through the framework of professional nursing and non-nursing organizations where leadership is one of many areas of focus and interest but not the only or major focus of these organizations. Many of the leadership approaches in these frameworks are conference based or through internships and fellowships.
- Through the framework of non-nursing, whereby leadership is a part of another discipline offering leadership to nurses but not designed with a nursing focus. Nursing is one of the professions invited to participate (eg. College of Healthcare Executives, Queen's Leadership Institute). Most of these have more of an emphasis on the management part of leadership.
- Through the framework of a major identifiable Center, Institute or Council dedicated to nursing leadership. Of these, Canada has only one and it is not national or in international in scope. The Dorothy Wylie Institute has nursing leadership as its major focus in Canada. The International Council of Nurses is International in scope and has projects in many underdeveloped countries. Sigma Tau is international in scope and offers Fellowships and mentoring to Canadian nurses as well as other countries and local chapters are established. Several of the example nursing leadership centers described in this research are in the United states (NHS-National

Leadership Centre, Centre for Nursing Leadership, Harvard Centre) Most of these larger initiatives encourage affiliates at the state level. Without a national Canadian initiative there is no delivery framework or mechanism to create provincial and territorial affiliations for nursing leadership as a major thrust to respond to needs of emergent and established nurses and health needs over time.

In regards to theoretical frameworks, only a few leadership centers operate with an advertised theory or model framework. Most competency models develop from a theoretical framework. The Dorothy Wylie Leadership Institute is based on the leadership model and principles of Kouzes and Posner (1995) and the framework for the curriculum is based on competence in nursing practice and the business of health care. The leadership competency categories are: challenging the process, inspiring shared vision, modeling the way, encouraging the heart.

The National Public Health Leadership Institute (PHLI) in the US has a well developed PHLI conceptual model with goals, principles, competencies, outcomes and evaluation that are well described and flow from that foundation Http://phli.org. This model has a wider framework for the categories of public health and health policy reform.

In addition to the program examples, the literature can guide some of the discussion of frameworks that are relevant to nursing leadership development. This will be a brief review on the topic. Laurent (2000) examined the use of nursing theories for nursing leadership development. She concluded that the nursing theories of Roy, Orem, Henderson, Neuman and Rogers focus on the management of patient care and therefore are strongest as theories of management and are weak for leadership. The Deming Model of Scientific Management, Shared Governance Model and Transactional Theory have been used in leadership development, but she concludes that they are not as relevant to nursing and are more management focused. She suggests utilizing the J. Orlanda's model for nursing as its encompasses both patient care management and leadership.

The transformational model of leadership has been studied for nursing and non-nursing leadership application and found to have merit in many studies. Licata (1983) developed six competencies from the transformational model (communication, association, sanction, delegation, initiation, external legitimacy) and developed an accompanying 18 behaviours as a Leadership Performance Competence Profile. DeSimone (1996) used these to teach leadership in a nursing degree program and found them to be relevant.

The Neuman systems model was studied by Neuman, Neuman and Holder (2000) and they referred to it as the true practice model for integrative leadership-scholarship in nursing. The Integrative Leadership Practice Model has been proposed as applicable for the practice of nurse executives (Perra, 2001).

McEnerney (1999) successfully used the ACE (Analyze the problem, Create the solution, Explain and defend the solution) adaptation of the situational leadership model of Hersey and Blanchard for teaching nurses.

The caring paradigm has been suggested for nursing practice and nursing leadership (Veronesi, 2001) and has been incorporated into a *Leading via caring-healing: the*

fourfold way toward transformational leadership (Watson, 2000). In a practical sense the Healing Web delivery approach has been evaluated as successful for teaching nursing students (Nelson, Howell, Larson, & Karpiuk, 2001). In the Ramasammy (1999) concerns regarding nursing leadership (1948-1998), one of the major concerns was that the scientific management approach often put them at odds with the care and caring part of leadership.

The model of community leadership is integrated into the public health leadership and practice models and include more categories and competencies of collaboration, interdisciplinary team leadership and health reform strategies (PHLI)

Most studies of nurse leadership have been about the research related to qualities, attributes and skills of identified leaders; transformational and transactional leadership frameworks; and specific aspects of leadership such as change theory; decision making theory; and conflict resolution theory (Vance & Larson, 2002).

There are several other theories that show great promise in studying the effectiveness of leadership development methods to help nurses develop leadership attitudes, knowledge and competencies. Some of them would be worthy of exploration since they are also familiar to nurses who are engaged in health promotion. They include The Health Belief Model; Social Learning Theory; the Theory of planned change; The Health Action Process Model and the Transtheoretical Model

b) Approaches …
A brief review of the key approaches that hold promise and appear in practice settings and in the literature will be introduced here. Since leadership development is a lifetime journey and the needs of leadership need to change to meet the needs of clients, the profession, the individual and the nature of health, approaches need to be dynamic and adaptable. Several of the popular ways to learn leadership will be reviewed here.

Formal courses in leadership:
This approach to leadership development provides a formal and group learning opportunity to examine the phenomenon, skills, research, studies, qualities, attributes, visions and values. Lecture, distance education, videos can all be used. Students examine salient writers, research and exemplars of leadership. Facilitators/teachers use various learning tools such as lecture, distance education, movies, lives and resources to look at the complexity of the topic. Many of the university courses are more focused on management than on leadership.

Most university offerings give more weight to content, knowledge and management than on leadership, skills and competencies. They are designed best for developing clinical leadership skills and have clinical placements and clinical teaching well developed for these purposes. Post-RN students are beginning to choose practice sites with no or less clinical responsibilities, to expand their practice skills and broader leadership learning opportunities are more likely to be exercised at this level. Distance education programs are also on the rise as a cost efficient and convenient way to deliver nurse education including leadership. This trend could affect the access to the mentoring and coaching relationship with instructors/professors.

Most formal education courses and workshops in leadership take place in a classroom sessions with lecture and discussion. Workshops often have skills demonstration, practice and coaching. Some skills/competencies are practiced by students planning and implementing change projects and leadership initiatives (The Dorothy Wylie Institute, RNAO courses, ICN projects)

Self-assessment. Most programs use some method of participant self-assessment in with the experiential learning exercises in the classroom. However, some of the centers build this is as essential to their program. Those that operate within a theoretical framework are more likely to do this (Wylie, INL, PHLI, OSTD, Queens). Many of these are based on competency lists and profiles.

Mentoring shows great promise as an effective and transformational leadership development approach for nurses (Gray & smith, 2000; DeSimone, 1999; Davis, 1999; Valadez, 2002). " A mentor is one who serves as a career role model and actively advises, guides, and promotes the career and training of another" (Manfredi, 1996, p. 314). " A mentor is an experienced individual who befriends and guides a less experienced individual" (Grossman & Valiga, 2000, p. 199).

Many programs offer mentoring in a structured or upon request approach. Few have mentor as a cornerstone of the program. The Dorothy Wylie Institute has this as a strong component and uniquely has two people (preferably form he same organization) attend the 7-day residency together as an emergent and established leader so that the mentoring can continue after the course.

Action-oriented leadership projects…
This is an excellent approach to integrating the leadership learning and putting it into practice. All places presumably emphasize this. However, ICN has this as a fundamental part of their leadership whereby leaders world-wide carry out Leadership For Action projects to improve health and to build networks for nurses internationally. They evaluate the part of their program extensively. The Wylie Institute builds this in at the first 5 days of the residency and then participants carry out a home-based project and report back on the follow-up weekend. The RNAO course requires leadership change projects and they have to be reported by presentation and written report. Many university leadership courses require leadership action projects. Harvard and Queens universities provide consultant follow-up contact to assist with applying the leadership skills after a residency program. These methods are based on the belief that the best way to learn about leadership is to lead and to exercise the skills, critical thinking and decisions required and to get feedback and coaching.

Case scenarios, modeling, role-play and simulations …
Leaders are expected to be creative, articulate, ethical, visionary leaders and to build on the strengths and potential of others to solve problems and make decisions. This involves skills development in the classroom and in the real world. The social learning theory guides this learning and many of the programs include an opportunity to observe, simulate demonstrate, practice, receive feedback, consultation and coaching. Relevant role-play and scenarios are effective examples from the available programs. Distance

education courses have also built these into the critical thinking and learning of leadership.

This approach to learning fits well with clinical leadership teaching methods of analyzing cases and assess, plan, implement and act within scope of decision-making and practice McMaster University and Harvard University have a reputation for problem based and case study methods of learning and their programs reflect this, The ACE program also includes this (McEnerney, 1999).

Institutes and Fellowships …
This is a formalized and professionally accepted approach to leadership development through participation in internships and fellowships. Physicians have mapped this approach well for clinical and leadership development but it is being used successfully by most of the professional groups reviewed, including nursing.

On the job-training and supportive environments …
Even with all the possible opportunities available to learn about leadership, nurses still learn primarily on-the-job and are often catapulted into leadership positions without support, education and mentoring. The fast demands of health care, the imminent retirement of so many of nursing leaders and the inexperience of many new leaders makes it imperative to have an organized approach to mentoring and leadership development in all the settings and in all the organizations where leaders practice and lead. With cost savings initiatives, this area is highly neglected and many organizations have cut their education budgets, supports and services as a result.

Nurse leaders require an environment and culture that is supportive to learning and exercising leadership innovation and creativity. If nurses practice in an environment that is collaborative and has a deliberate formal process of leadership development, mentoring and educational activities, conferences and opportunities to develop further this will support all the outside courses and residencies they participate in. If you can't use the competencies, they often wither and die.

RNAO courses require an on-site coordinator who often prepares the environment for the new leaders to be able to carry out their projects and leadership skills. The Wylie Institute ensures that at least a dyad from the same organization learns together for support.

Residencies, intensives and immersions …
Many programs include this feature and create the bonds of a learning community and an intensive way to cover knowledge and skills and to plan with other learners. This is a strong approach in many programs and even enhances a distance learning if a residency period is required.

b) Qualities of existing programs
 Some of the key qualities of many programs are:
- the inclusion of self assessment methods
- a mix of caring and humanism along with competency-based leadership development
- theory and practice

- establishing relationships and bonds of a learning community
- to have facilitators, mentors, coaches and consultants in the program and available after the program
- to have a supportive culture created in sites where nurses work
- to have a mix of learning approaches based on sound adult learning principles and practices
- to teach skills but to have a view toward integration and holism
- to honour both sides of the brain in the learning process
- to have a scope for regional, provincial, national and international leadership challenges and experiences
- to honour the diversity of learners, clients and …

Nursing Leadership Development
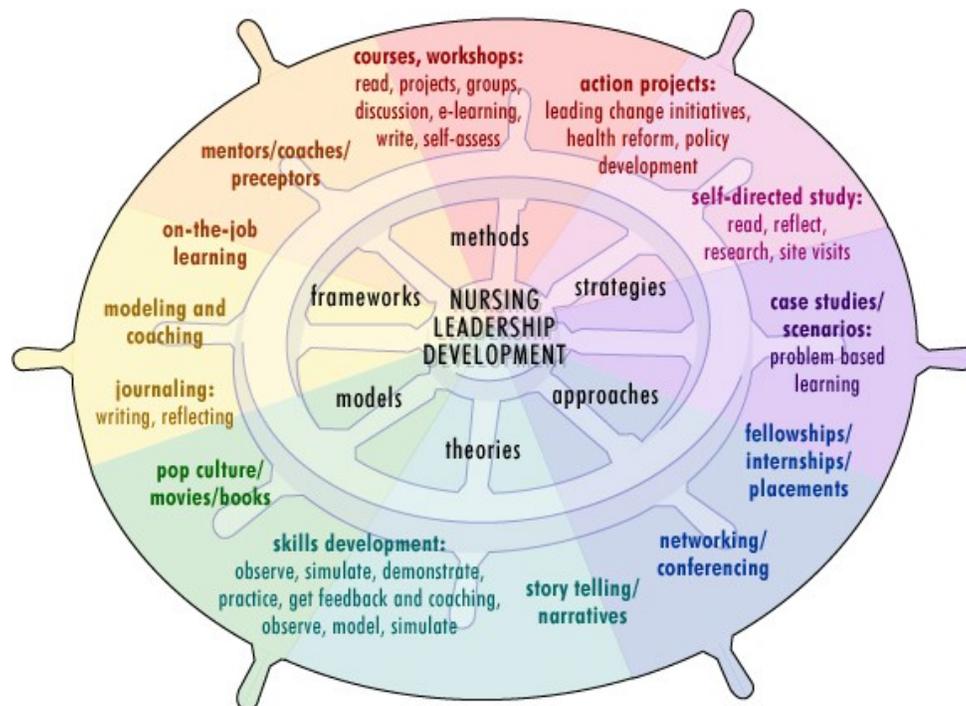
EVALUATION:

Evaluation of leadership development programs have been both summative and formative; quantitative and qualitative. Most of the evaluation available from all programs reviewed have been in the following areas:

1. Assessing Individual leadership development either through self-evaluation and journaling, personal stories, quantitative interviews of the learners or qualitative research through tests and competency development measurements.

2. Formative evaluation of the courses by participant feedback at all universities and by other programs. There is some evidence of quantitative and qualitative studies of outcomes in the published literature.
3. A small number of programs measured the effect of leadership education and the impact on the client. Vance and Larson (2002) who reviewed thousands of leadership research studies in nursing and business and found that only a small percentage of the studies looked at client impact as a result of leadership development. A few studied the impact of transformational leaders on the participants and the teacher/mentor mostly in university educational organization research.
4. Only a few included outcome evaluation as to the effectiveness of their projects and interventions. ICN (2000) reported on their project results and impact on individual growth and health care reform. They are initiating a longitudinal study in 2003. The PHLI published a study on their results.

OBJECTIVE # 4 To identify the domains, categories of leadership competencies being provided by these programs.

Readers are directed to each of the respective programs for the details on their components, domains and competencies as outlined. Here are the main categories covered in summary form in the management and leadership content and skills/competency areas of the programs:

Content areas for leadership development in many programs …:
- leadership theories, models and styles
- motivational theories and styles
- communications models and processes
- groups and teams process and roles
- vision and values
- creativity and intuition
- political and policy issues
- power and empowerment
- community development

Content areas for management development in many existing programs…
- systems thinking
- organizations and organizational development
- delivery systems
- legislation and ethics
- human resource management
- staff performance appraisal and coaching
- strategic planning and quality improvement
- the learning organization
- budgeting
- preparing policies, procedures and proposals
- quality of work life

Leadership skills areas in many existing programs …
- critical thinking, reflecting
- visioning
- mentoring
- self management
- career management and development
- communications skills (listening, asserting)
- caring and compassion skills
- assertiveness and confrontation, negotiation, mediation skills
- decision making and problem solving skills
- change adaptation and facilitation
- team building
- enabling, empowering, transforming
- coordinating, collaborating
- policy analysis
- social and service marketing
- entrepreneurship and innovation skills

OBJECTIVE# 5: Identify the domains/categories of competencies required for tomorrow's leaders.

Domain refers to those broad areas under which many approaches and competencies can be clustered. Nursing leadership is often practiced across many areas and settings, so overlap and integration is essential. Domains refer to those broad areas where nurses practice and exercise their skills and leadership. Presently they have been outlined as:
- The domain of **education/**academia/teaching
- The domain of **research/** scholarship/discovery
- The domain of **administration**/ management
- The domain of **clinical practice**

Note: policy development and health reform are beginning to emerge as a possible fifth domain of nursing practice. A more integrative model envisions clinical practice nurses having to do research, teaching and planning and that the domains are not separate and apart but different activities and might be attached to each other.

Category refers to those clusters of knowledge and skills related to nursing leadership and areas of competency (change, teamwork, policy).

Competency refers to the abilities and skills that can be performed and measured. Levels and standards of performance can be established based on them. Leaders can continue to progress through a lifetime to learn through courses, self- learning and mentorship over a longer period of time.

Examples:

Domain: Research
Competency area: writing skills
Competency level:
1. To be able to write a summary of a research article and describe the methodology.
2. To be able to write a critique of existing research in an essay format
3. To be able to prepare a research proposal.
4. To be able to write an ethics review submission,
5. To be able to write up the results of a research study/experiment
6. To be able to write and peer reviewed published an article
7. To be able to teach others how to write research proposals and results.

Example:
Domain: Policy
Category: policy analysis
Competency levels:
1. To be able to read health policies and understand their content and purpose.
2. To be able to critically review policies and form the basis of analysis.
3. To be able to analyze existing reports and policies and make recommendations from them.
4. To be able to prepare policy statements.
5. To be able to lobby and work with others to have new policies approved.

Leadership Competencies
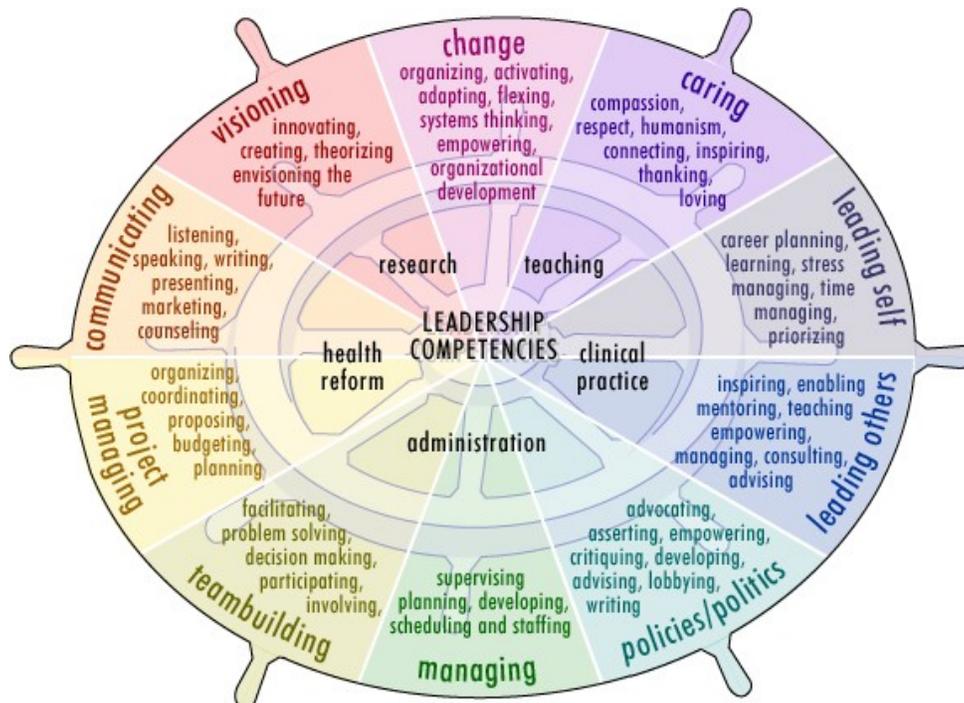
Levels of leadership skill education available:
- Learn about it … think critically, read
- Observe/hear … watch, demonstrate
- Learn to do it in simulation … practice, feedback, coach
- Learn to do it in the real world … practice, intern
- Reflect on it … examine, adjust, adapt, grow
- Show it, live it … model the way
- Teach it …pass it on/nurture/consult

OBJECTIVE# 6: Perform a gap analysis in terms of what is being provided and what is needed in regards to nursing leadership development.

Much of the analysis and discussion parts of the previous sections on existing programs and the literature form the basis of these summary points regarding the gaps in nursing leadership in Canada in this final section.

ONE DOZEN GAPS AND ONE DOZEN OPPORTUNITIES TO FILL THEM

- No National/International Canadian Nursing Leadership Centre and strategy exists that is totally dedicated to nursing leadership development and how to plan, respond and foster overall initiatives for nursing leadership at all levels for the present and future needs in nursing and health **…** *Bring together the interested stakeholders and develop a national nursing leadership centre model and strategy.*

- There is a gap between established senior nurse leaders who have developed leadership over time and younger emergent nurse leaders who will have to take on leadership competencies faster. There is also a need for senior nurse leaders to give leadership to other disciplines and decision makers on matters of health **…** *Establish a funded Council of Nursing Mentors/Circle of Wise Elders to be available for mentoring, facilitating Think tanks and providing consultation services for nurses, policy makers, other disciplines and organizations on nursing and health issues.*

- There is a gap between what is available for management education and what is available for leadership development especially for the frontline nurse and health care worker. Management development tends to get more funds and programs **…** *Increase general leadership initiatives and methods for all levels and positions, not just for identified leaders/managers in the system. Increase the content on leadership at all levels.*

- There is a gap in the identification of detailed leader competencies and levels of performance for many nursing leadership competencies in each domain **…**

Create detailed nursing leadership competencies in each domain much like the Kilty Wheel offered in this paper with detailed sample competency categories and Levels; the Physician Wheel; the 8 Dimensions native wheel of development; the certification competencies of the Ontario Society for Training and Development: the Public Health Leadership Institute; or the College of Health Care Executives that were reviewed in this report.

- There are gaps in the human resource pool available from which to draw the nursing leaders of tomorrow **…** *Add to that pool and take care of the education and quality of work life needs of the existing nurse leader pool.*

- There are gaps in mentoring as a deliberate, supported and planned process after graduation … *Establish a formal mentoring process and program with implementation resources that can be set in place in organizations where nurses work as well as other levels.*

- There is a serious gap in the number of nurse manager/leaders in positions of leadership in health care organizations, especially those where nurses are a majority of the workforce and nurse management positions have been seriously downsized **…** *Educate, recruit, promote and advocate for nursing leaders and their voices to be in on decision making.*

- There are gaps in international leadership learning opportunities for nurses when we need all of them on the home front **…** *Establish international connections for peer sharing or periodic short opportunities for nurses to visit other sites and countries and vice versa.*

- There is a serious gap in the amount of money available for internships and fellowships for nurse leaders **…** *Add to the funding and promote accessibility.*

- There is a gap in the existence of more transformational and experiential leadership development methodologies and a preponderance of cognitive, knowledge based programs and approaches in leadership **…** *Experiment with other methods and evaluate results (healing web, using movies and the pop culture and nature as teacher).*

- There is a gap in aboriginal and more culturally appropriate ways to develop leadership and the path of leadership development**…** *Invite proposals to increase Aboriginal nurse participation and other methods of teaching and learning leadership.*

- There are gaps in nurses preparation to deal with policy development and health reform and for nurses to teach others how to do this …

  Create a Health Care Policy Education Centre where nurses and other health professionals and the general public can learn how to actively take part in policy development participation in health decision making and have a placement in Ottawa

to dialogue with policy makers and politicians, observe the process and study documents and reports.

"*Leadership is an observable, learnable set of practices. Leadership is not something mystical and surreal that cannot be understood by ordinary people. Given the opportunity for feedback and practice, those with the desire and persistence to lead - to make a difference - can substantially improve their abilities to do so* " (Kouzes & posner, 1995)

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http://www.interlog.com/~ndallen/canassoc.html

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http://www.icn.ch/visionstatement.htm
http://www.nursingleadership.co.uk/news.htm
http://www.cnl.org/
http://ltcnurseleader.umn.edu/
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Nursing educators:
http://www.healthleadership.com/

College of Nurses:
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Physician leadership education:
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University leadership:
http://www.business.queensu.ca/execdev/lead.php
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Student nurses sites:
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