

A photograph of two healthcare professionals, likely nurses or doctors, standing side-by-side. They are wearing light blue and teal scrubs. Both have stethoscopes around their necks. The person on the left is wearing a black stethoscope, and the person on the right is wearing a red one. They are both looking towards the camera with neutral expressions. The background is a bright, slightly blurred indoor setting, possibly a hospital hallway or a common area. The overall tone is professional and clean.

TOWARDS LEADERSHIP PATHWAYS FOR HEALTH WORKFORCE WELLNESS

CANADIAN HEALTH LEADERSHIP NETWORK
NETWORK ROUNDTABLE

Oksana Niedzielski, Raffaella Loro, Joe Doiron
November 4, 2021

Agenda

- 01** Introduction
Meet the Design Team
- 02** The Challenge
Where to start when you're not starting from scratch
- 03** Methodology
Applying a human-centred design approach
- 04** Exploring Early Insights
Overview of what has emerged from the research so far
- 05** F.O.C.U.S.
Breakout sessions for deeper dive into the early insights
- 06** Shareback & Close
Shareback in Plenary, Review Next Steps

Our Design Team



Oksana Niedzielski
Program and Policy Design
& Human-Centred Design



Raffaella Loro
Strategic Design,
Change Management
& Communications



Joe Doiron
Health Public Policy
& Facilitation

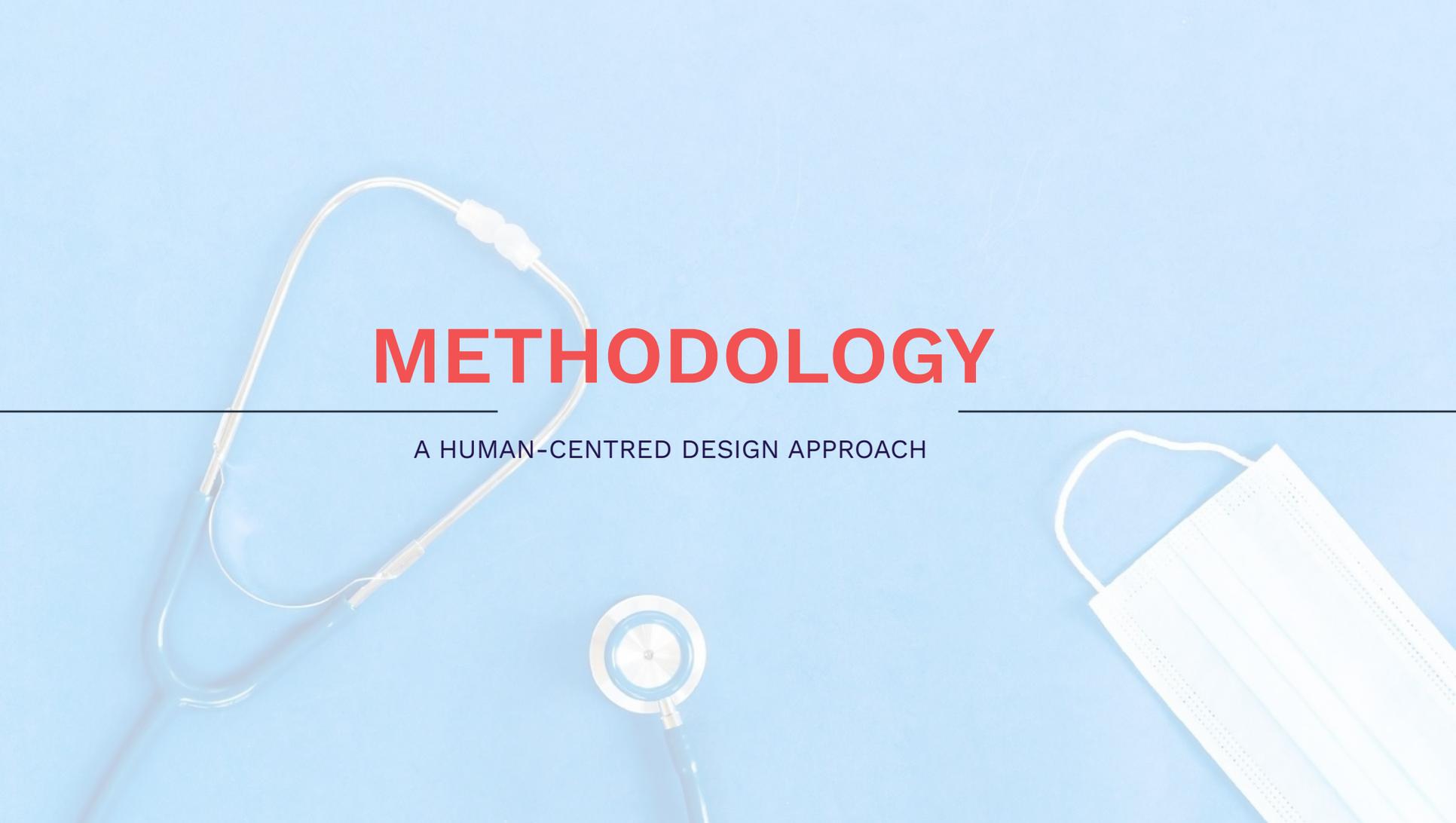


What is the role of leadership in improving health workforce burnout and distress?



**Network
Roundtable
F.O.C.U.S.**

LISTENING TO THE SYSTEM

A light blue background featuring a stethoscope on the left and a surgical mask on the right. The stethoscope is silver and blue, with its chest piece at the bottom center. The surgical mask is white with blue pleats and is positioned on the right side. The word "METHODOLOGY" is written in large, bold, red capital letters in the center. Below it, the subtitle "A HUMAN-CENTRED DESIGN APPROACH" is written in smaller, dark blue capital letters. Two thin black horizontal lines are positioned above and below the subtitle, extending across the width of the text.

METHODOLOGY

A HUMAN-CENTRED DESIGN APPROACH

Our Approach



Kathy MacNeil
Island Health

Sarah Topps
Emerging Health Leaders

Dr. Somto Ibezi
Community-Based Family Physician
Black Physicians of Canada



Catherine Butler
Canadian Blood Services
Kerri Ritchie
The Ottawa Hospital



Network Survey

Purpose: To understand the partner experience at individual and organizational levels, strong focus on the state of practice implementation of actions. Participants included CHLNet and Organization for Health Action (HEAL) members.

01. Partner Experience

What leadership capabilities are the most valuable and need to be prioritized in order to shape the health system of the future?

02. Leadership Practice

Using individual and organizational leadership lenses, what is the state of implementation for the leadership practices identified in leadership practices identified in CHLNet's *Leading Through COVID Project*?

03. Systems-Level Actions

Using individual and organizational leadership lenses, what is the state of practice for different systems-level recommendations?

04. Open-Ended Questions

What has been the most promising and what is raising the most hope for improving conditions for health workforce and reducing moral distress?

Network Survey



39

Respondents from varying levels of leadership

- 67% Executive
- 16% Senior
- 16% Middle
- 0% Emerging

Work Environment

- 37% National Healthcare Organization
- 24% Provincial Healthcare Organization
- 24% Other (National Professional Association, Regional Health Authority, National Nonprofit, Private Practice, Private Clinic, Mix of Academic and Community Settings)

Regional Distribution

- 69% Ontario
- 14% Alberta
- 6% Manitoba
- 3% Prince Edward Island
- 3% Saskatchewan

Years in Leadership

- 11% Under 5
- 19% 5 - 10 Years
- 14% 10 - 15 Years
- 17% 15 - 20 Years
- 39% 20+ Years

Your Profession

- 32% Administrator
- 24% HR or Organizational Development Professional
- 19% Other (Health economist, PhD policy analyst, Government relations, Association Leader, National Associate CEO, Non-practicing Nurse)
- 18% Physician
- 3% Nurse
- 3% Other Health Professional

Health Leader Interviews

The Health Leader Interviews provided lived experience perspective about the current challenges and opportunities facing leaders across the system. While just a snapshot, the insights from these conversations, layered with the data from the literature and network survey, are the start of an empathy and resources map that can guide the next steps of this design process.



KATHY MACNEIL
Island Health



DR. SOMTO IBEZI
Community-based
Family Physician
Black Physicians of Canada



CATHERINE BUTLER
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Canadian Blood Services



DR. KERRI RITCHIE
Professional Practice
Coordinator for psychology
at The Ottawa Hospital



SARAH TOPPS
Calgary Co-Chair
Emerging Health Leaders

Health Leader Interview - Listening to the System

Method: Two Interviewers, 30-45 minutes, Conversational Style Interview with Prompts, Real-Time Mapping Exercise

01. Setting the Context

Describe the current state for your organization. What are some of the growing pressures? What has been changing around you and how has that impacted your role in your organization? What are you seeing right now and how is it different from what you have seen before?

04. Points of Promise

What has been the most promising and what is raising the most hope for improving conditions for the health workforce and reducing moral distress?

02. The Experience Lens

What in your experience has prepared you for dealing with these challenges? What is most significant for you as an individual leader at this time?

05. Lessons

Can you describe who or what are the top hurdles for your organization in putting recommendations into action?

03. Examining Uncertainties

What has been the most uncertain and most concerning at this time from a leadership perspective?

06. A “Helpful” Map

As a leader, who or what (the people, groups in your organization, professional networks, processes, tools) are helpful and not helpful for you in addressing health workforce distress?



EXPLORING EARLY INSIGHTS

NETWORK SURVEY
HEALTH LEADER INTERVIEWS

Early Insights- Leadership Capabilities

Top 5 Leadership Capabilities that are most valuable and need to be prioritized to support chronic stress and moral distress

- 25** **Listening well** and encouraging open exchange of information and ideas using appropriate communication media
- 22** **Facilitating collaboration, cooperation and coalitions** among diverse groups and perspectives
- 18** **Create connections, trust and shared meaning with individuals and groups**
- 16** **Creating a climate of continuous improvement** and creativity aimed at **systems change**
- 15** **Creating engaging environments** where others have meaningful opportunities to contribute

Listening to the edges

- 2** **Negotiating through conflict and mobilizing support**
- 2** **Gathering intelligence**, encouraging open exchange of information
- 2** **Finding opportunities and challenges for personal learning, and growth**
- 2** **Contributing to change processes** that improve health service delivery

Listening to the System

“So it's not that we didn't invest in people before, but **I think people need even more investment in them as a person, not a cog in the wheel like that personal piece.** So I'm spending much more time than I would have, **like checking in** with everyone **seeing what they need**, and trying to foster more sort of community or sort of work health activities.”

Early Insights- Leadership Capabilities

Finding opportunities and challenges for personal learning, and growth

Modeling qualities like resilience and confidence requires additional learning when leading and managing multiplicity of factors brought on by COVID-19 in order to hold relationships intact.

“I feel confident in my ability to provide perspective and advice. I don't know if leaders are prepared. It's not something we're taught in school. **When you're talking about burnout, it's the *multiplicity of factors* coming together - I don't know how to navigate that as a leader.** The pressure is not stopping from here down... and at the end of the day you have to get a job done.”

“I am learning on the job. It's it's something that I've never been in a situation to deal with so many personal levels so many emotional things happen at work with the staff, and not with the patient. So it's a whole new level. *So am I equipped? I am learning as I go.*”

“The closer you are to the point of care the more difficult it has been to lead in the way the system is asking you to lead and hold those relationships intact.”

Early Insights- Leadership Capabilities

Negotiating through conflict and mobilizing support

Leaders are challenged to hold space for difficult workplace conversations and to bridge polarities in behaviors and team dynamics, driven by preferences and viewpoints of individuals, who may be actively contributing to moral distress at team levels.

We've been through tough times before. **What's different this time is the impact of social media and the sources and narratives, and the polarization that this creates.** We are preparing for the vaccine mandatory order, and we are no different than society as a community, and we should be more informed because we are healthcare workers- there is a polarization in our organization and this polarization in itself is taking energy.

There are some business units where the **numbers of unvaccinated staff and the conversations have been so difficult for their leaders to hold.** I think people are holding on until we get through this. I don't know if they are going to be able to hold on.

Early Insights-Early Insights- Leadership Capabilities

Gathering intelligence, encouraging open exchange of information

Some organizations are more equipped with wellness strategies and tools than others



“I am investing energy in discussions, and time, and education and learning for **monitoring for wellness**. We are looking at wellness differently with the team that I am with. How to flag mental health emergency issues in team members. In my previous role I was investing energy into managing change with the constant churn.”

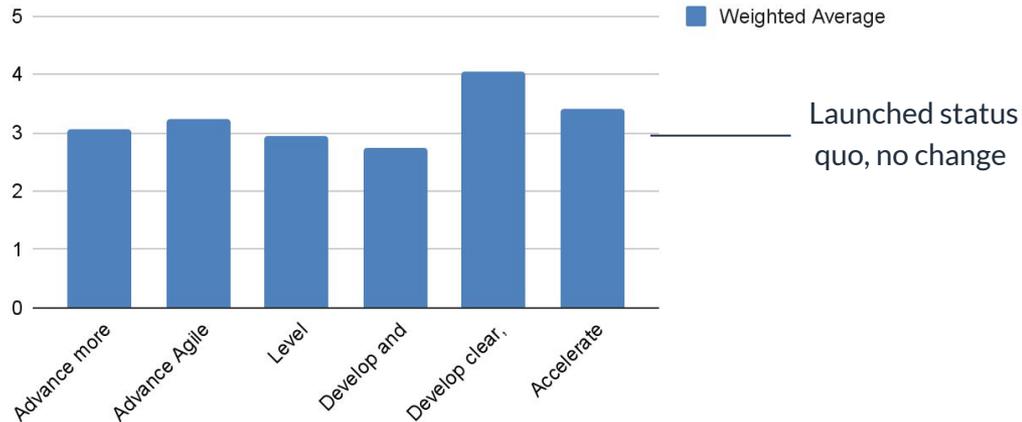
“I've been involved in **staff support at our hospital, I believe, since 2010**. So within so we've been doing these types of things with our hospital, which is why just before COVID launched, **we already had done a lot of training, we had a lot of materials prepared**. We had already started doing these pulse surveys. **So we systematically look at our wellness and we can get it by department by staff**. And so we were already kind of well positioned to say what's going on how are we doing? What do we need and we've had it for over a decade”



Early Insights- Integrating Practices into Organization

To what extent are practices integrated into your organization now?

Responses show many practices identified in CHLNet's Leading Through COVID Project as launched, some with no change, or are in full practice with objectives accepted and integrated.



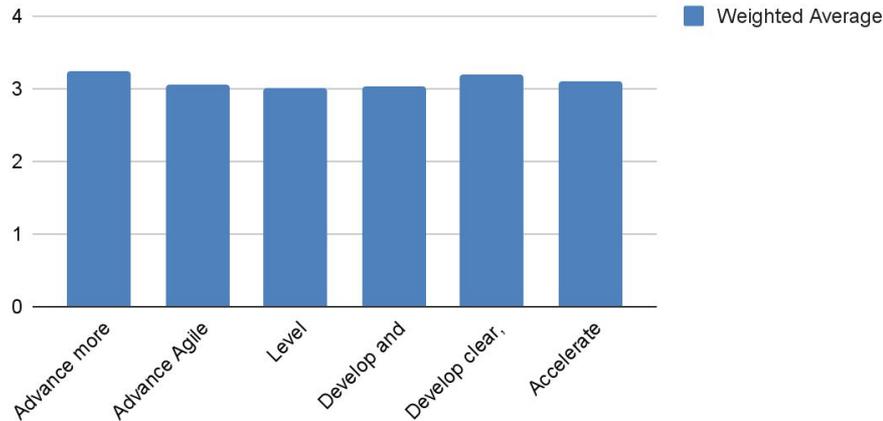
Listening to the System- Uncertainties

“What is most uncertain for me is that there is a strategy to address this longer term. I am not sure that with the exitus of healthcare professionals that I am seeing would not have detrimental impacts on the overall system. Now we are competing for resources in a smaller pool. Nurses and technicians are not being attracted into the system,so I feel very unsure of this.”

Early Insights

As an individual leader, to what extent do you have capacity to influence these leading practices?

Many of you are sitting at the table and influencing decisions, influencing and implementing decisions around practice integration



Listening to the System- External Drivers

“By virtue of time and focus on solving day to day problem and have very little ability to raise yourself to that strategic level. But when you get up into the strategic level, you realize that you don’t have immediate control, because it’s a supply and demand issue and health human resources and a broader mental health discussion, so that we can support staff when they are going through those challenges.”

“Before the antidote to burnout has been for people to go home and rest and renew. But what we see is that home is not necessarily the place to do that anymore...you’re coming from one high stress environment, there could be underlying mental illness and stress and anxiety that someone else in your family is dealing with..so you’re leaving that environment and coming into an environment that is highly charged.”

Early Insights - Systems Level Actions

Ranking State of Practice at an Individual Level

Dialogue & Engagement around health workforce burnout and wellness was ranked as a top priority, actively integrated into practice.

64% of Individual Respondents reported full practice for encouraging open dialogue and discussion around wellness and burnout, with practice principles accepted and integrated.

65% of individual respondents reported the measuring of engagement and wellness on an ongoing basis was in full practice.

Resources & Training

74% of individual respondents report full practice for provision of resources for wellness and mental health programs. Organizational Results vary by 16%

71% of individual respondents have either launched or have put into full practice digital tools to improve workflows

42% of individual respondents reported active and full practice of the examination of health force training and education programs

Early Insights - Systems Level Actions

Ranking State of Practice at an Organizational Level

Organizational Change

Far fewer individual respondents ranked recommendations for organizational change as fully integrated into practice

35% of individual respondents reported organizational policy changes being fully accepted and integrated.

34% of respondents reported that their organization fully engage in the examination of regulatory and legislative policies

31% of respondents reported that their organization is streamlining and reducing required documentation and admin work as part of fully integrated in practice

44% of respondents reported that their organization accepts and integrates practices for fair and equitable compensation for all work done. The variance for individual respondents who reported fully integrated practice for this same question is 12%, at **57%**

Early Insights

As a leader, who or what (*the people, groups in your organization, professional networks, processes, tools*) are **helpful** or **not helpful** for you in addressing health workforce burnout and distress?



01. Connections & Trust

The importance of trusting relationships, both personal and professional, is seen as more important than ever. High value is placed on peer relationships that understand the complexities of current challenges, There are stronger bonds amongst those who worked together on the front lines over the course of four waves of the pandemic, and across organizational lines (in the sense of sharing resources.)

02. Information Exchange

A constant demand cycle and balancing polarizing sources has elevated the need to collaborate and share learnings, knowledge, and resources within and across organizations. Consideration needs to be given to the authenticity of the approach (not just one-way) and that resources and tools are shared with context. Listening for what is not being said is just as critical.

Early Insights



03. Supporting the Whole Person

More energy than ever is being spent in discussions, education, learning, and time for monitoring for wellness. The collision of professional and personal stress has heightened existing tensions, around addictions and gender and racial inequality. For leaders closest to the point of care, “the more difficult it has been to lead in the way the system is asking you to lead and hold those relationships intact”.

04. A Systems Lens

New practices have emerged during the pandemic that have revealed new systems transformations, like sharing critical care beds across Health Zones or practical applications of quick wellness interventions. But looking at the system includes looking for gaps, not just alignment. Holes exist across the system where workforce has been pulled to backfill or fill new services and no replacement for those holes.

Early Insights

05. Making Space

There continues to be pressure from both inside and outside the organization to find capacity to take on new ideas, or space to be an active and eager participant in outside professional networks.

06. Flexible Policies

Policies put in place during COVID, which were meant to maintain patient and workforce safety need to have the points for ongoing developmental evaluation and flexibility for informed adaptation.

Professional Networks - one more responsibility that you are doing or not doing. Another obligation for people.

Broader Health Leadership Networks - conversation is focused on "tangibles" but not the deeper focus on why so many people are leaving. Fear of speaking up because their boss is in the room. Not breaking through to a real level.

Gov't **policy** that **undermines** the recommendations from healthcare professionals. Gaslighting

Lack of action on equity and inclusivity recommendations - Pandemic heightened issued for Women & BIPOC

Policies predating the pandemic being made into laws. **Policies should be flexible.** They should guide how things are done. Consider human impact.

Traditional hospital leadership & management and their approach to problem-solving has **not evolved to the new generation of needs**

Anger, aggression and abuse that is directed towards healthcare professionals.

No Visitor Policy - kept people safe, but psychological impact

Having multiple experts debating, pulls energy apart

The Death of Expertise - before it was an honour and a privilege to share.

Someone comes up with an idea and everyone needs to do it - feels like an add-on. Additional Training with a change management component. Doesn't feel helpful.

not so helpful

actively unhelpful

Early Insights - *Promising Themes*

Connections & Trust

Peer relationships can help navigate and deconstruct the complexities of current challenges and create shared meaning.



Create connections, trust and shared meaning with individuals and groups

Exchange of Information

Authentic two-way communication, with a focus on listening, balancing polarizing narratives.



Listening well and encouraging open exchange of information and ideas using appropriate communication media

Supporting the Whole Person

More investment is needed in staff as a whole person, fostering better work health conditions to address the blurring of lines between personal and professional stressors.



Creating engaging environments where others have meaningful opportunities to contribute

A Systems Lens

Look for where you're in and out of step across the system, but also apply a foresight lens to see where tensions are creating holes and how you might repair them.



Creating a climate of continuous improvement and creativity aimed at systems change

Making Space

Taking on new ideas, or creating space to be an active and eager participant in new change management initiatives or outside professional network comes with consideration for personal capacity and practical application.



Facilitating collaboration, cooperation and coalitions among diverse groups and perspectives

Flexible Policies

Ongoing development and evaluation of policy directions is needed to maintain patient and workforce safety during continued operational instability



Measuring and evaluating outcomes, comparing the results and correct the course of action

A hand holding a stethoscope against a blurred light blue background. The stethoscope is silver and black, and the hand is positioned at the top right, holding the binaural part. The background is a soft-focus clinical setting with light blue walls and a window.

BREAKOUT DISCUSSION

DEEPER DIVE



F

FRAME
the CHLNet Offering



O

ORGANIZE
around the most pressing needs



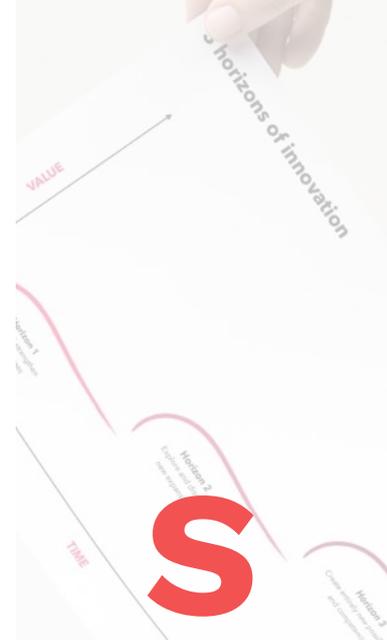
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CONSTRUCT
a winning leadership
and advocacy agenda



U

UNDERScore
and profile core competencies



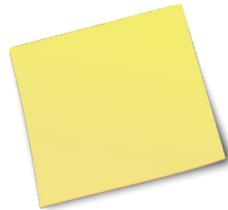
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STRUCTURE
insights across three horizons

How do we bring order to
achieving health workforce recovery?

Breakout Discussion - Expanding on the Themes

As a leader, who or what
*(people, groups in your
organization, professional
networks, processes, tools)*
are **helpful** or **not helpful** in
addressing health workforce
burnout and distress?

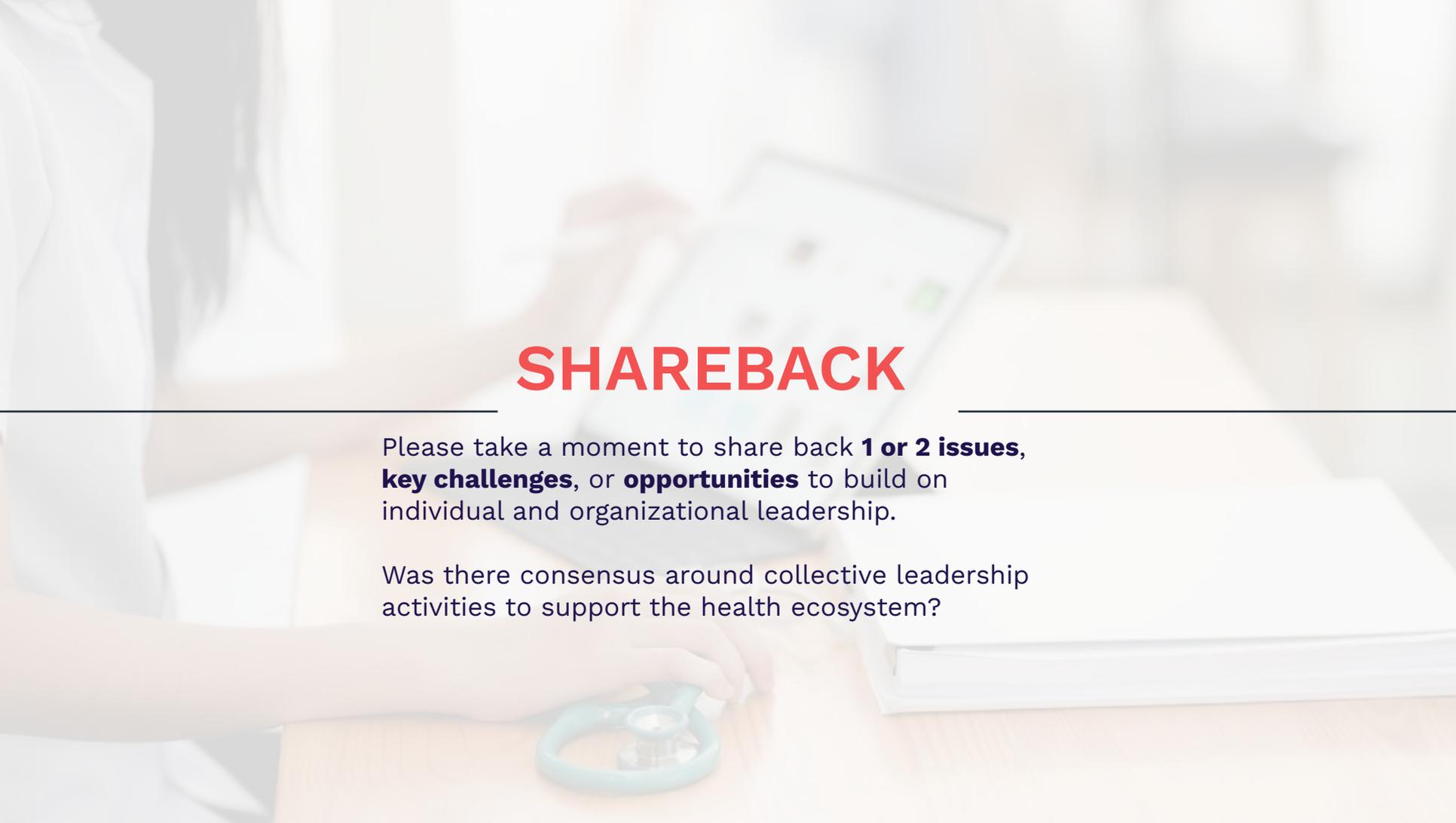


Health Leader Helpful Map

As a leader, who or what (the people, groups in your organization, professional networks, processes, tools) that are helpful and not helpful for you in addressing health workforce distress?

very helpful pretty helpful not so helpful actively unhelpful

The diagram consists of three concentric semi-circles, each with its flat side at the bottom. The innermost semi-circle is the smallest, the middle one is larger, and the outermost one is the largest. Below the semi-circles, there are four labels: 'very helpful' is positioned below the innermost semi-circle, 'pretty helpful' is below the middle one, 'not so helpful' is below the outermost one, and 'actively unhelpful' is to the right of the outermost one.



SHAREBACK

Please take a moment to share back **1 or 2 issues**, **key challenges**, or **opportunities** to build on individual and organizational leadership.

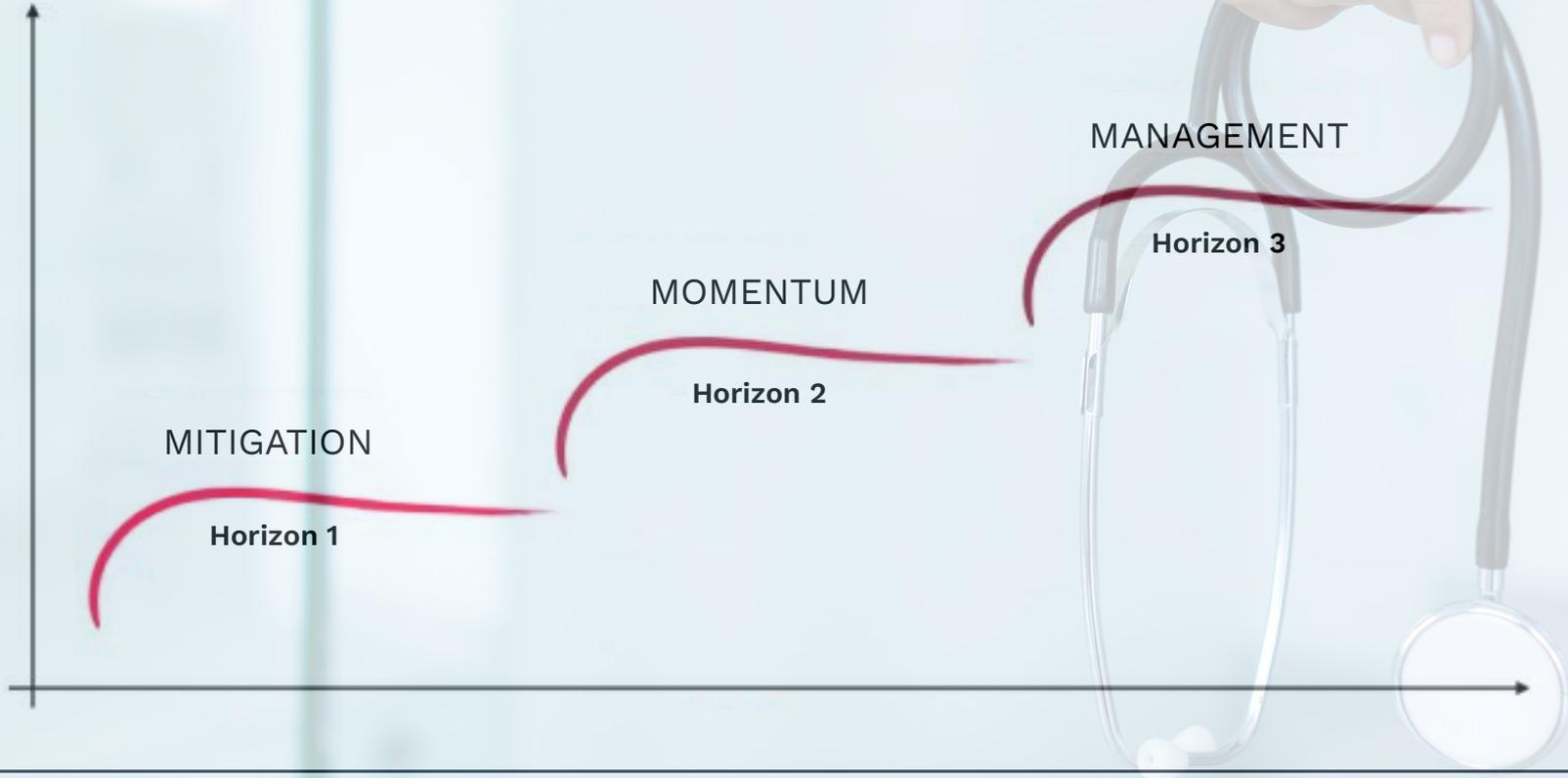
Was there consensus around collective leadership activities to support the health ecosystem?

A photograph of a doctor in a white lab coat shaking hands with a patient. The doctor's stethoscope is visible around their neck. The patient is wearing a light blue button-down shirt. The image is overlaid with a semi-transparent white filter.

NEXT STEPS

CO-DESIGN WORKSHOP

Structure Insights Across Three Horizons





THANK YOU.

TOWARDS LEADERSHIP PATHWAYS FOR HEALTH WORKFORCE WELLNESS

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