HEALTHCARE LEADERSHIP
RESILIENCY THROUGH CARING:
A MODEL FOR PRACTICE AND
EDUCATION

2015 INTERNATIONAL CONFERENCE TO
PROMOTE RESILIENCE, EMPATHY AND WELL-
BEING IN THE HEALTH PROFESSIONS: AN
INTERPROFESSIONAL FORUM
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Team

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Objectives

1. Describe the tenets, concepts, & interrelatedness of the elements of the Healthcare Leadership Resiliency through Caring Model (HCLR-CM)
2. Define & discuss the concept of resiliency & its application to leadership
3. Discuss evidence & strategies supporting self-care, reflection & accountability
4. Discuss specific initiatives implemented within an organization transitioning professionals from a Culture of Blame to a Culture of Safety through caring
5. Apply the adapted Healthcare Leadership Resiliency through Caring Model to one’s own practice
6. Deliberate on ideas & opportunities to implement best practices for caring & resiliency
Overview

- Leaders in healthcare & education regularly face complex & rapidly changing demands with competing priorities

- The purpose of this symposium will offer one guiding framework derived from nurse leadership practice data & adaptable for healthcare leaders

- The Healthcare Leadership Resiliency through Caring Model (HCLR-CM) will be presented & discussed
Resiliency

- **Definition:** Capacity & dynamic process of adaptability & successfully overcoming stress & adversity.
  - Exists on a continuum: always present to differing degrees

- Adaptation relies on effective responses to environmental challenges & resistance to effects of stress
  - The decision to fight back against diversity is complicated – people have the remarkable capability to do so
  - Our self-regulation (caring for self) are vitally important to adapting, overcoming stress → being resilient
Self-Care

• **Definition:** the practice of **compassionately responding to personal cues that helps nurture caring & resiliency.**
• Is a competency every Healthcare Leader should master!
  
  - **Self-cues:** knowing inner self, your personal morals and convictions, state of health
  
  - **Daily Time Management:** block time, take breaks, build self-reliant teams
  
  - **Fostering Supportive Relationships:** with team members, direct reports, family, friends, attend conferences and engage with colleagues, faculty
  
  - **Establishing Boundaries:** pace yourself, shut down, walk away, relax, regroup

Most importantly, **Self-Care** is about being kind to oneself. A leader must have the physical and mental capacity to treat him/herself with **Love** and **Optimism**.
Reflective Practice is not just for students
Navigating Complex Systems:
- Critical Thinking
- Emancipatory
- Transformative
- Action
Accountability Fosters Quality

- Accountability $\rightarrow$ Empowerment $\rightarrow$ Quality
- Clinical leaders
  - Mission driven
  - Advocate for accountability
  - Accountable at individual, unit, department, organizational & industry level
- Open & safe environment for communication
  - Active listening
- Quality & safety are most important outcomes
  - Patient centered focus
- Authentic leadership presence & perseverance
- Attitude for gratitude
Discussion Questions

- What are the most important determinants or drivers of resilience for healthcare leaders?
- Are there other unique challenges that healthcare professionals/leaders face that impede resilience and negatively effect health and personal well-being?
- In addition to the constructs presented in the HCLR-CM, are there additional ones that should be considered as this model is further tested?
Discussion Questions

- What are the most effective resilience-enhancing interventions for HC leaders?
- Are there different strategies needed (resilience-enhancing interventions), based on the age/maturity of the HC leader, that will enhance/build resilience?
- What are some successful strategies in the promotion of a culture of safety-
  - Clearly articulating language supporting a “just culture”
    - There is a difference in the perceived punitive nature of some human resources policies- time/attendance/dress code versus none punitive culture of safety where analysis occurs before blame
Discussion

- Thank you!