

Leading for Person-centred Effectiveness

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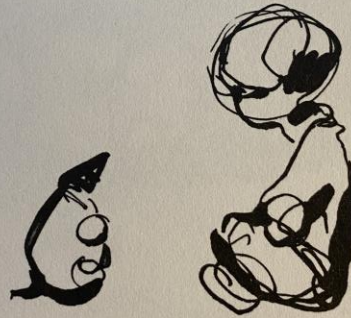
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"I wonder if there
is a school of
unlearning"

"I wonder if there is
a school of unlearning"



The Boy, the mole,
the fox and the Horse



Charlie Mackery

Do we have a global shortage of nurses, or do we have a global shortage of workplaces where registered nurses want to work?



The Workforce Dilemma

Randomized Controlled Trial > Health Aff (Millwood). 2021 Jun;40(6):951-960.

doi: 10.1377/hlthaff.2020.01808.

Health And Economic Outcomes Up To Three Years After A Workplace Wellness Program: A Randomized Controlled Trial

Zirui Song¹, Katherine Baicker²

Affiliations + expand

PMID: 34097526 PMCID: PMC8425177 DOI: 10.1377/hlthaff.2020.01808

Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom

William J. Fleming 

First published: 10 January 2024 | <https://doi.org/10.1111/irj.12418> | Citations: 2

SECTIONS

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The introduction of wellbeing strategies and practices (such as stress management, mindfulness classes, health apps) had no significant impact on employee wellbeing or job satisfaction. In some cases it made matters worse!

Healthcare Practice

Should I stay, or should I go? Australia's nurse retention dilemma

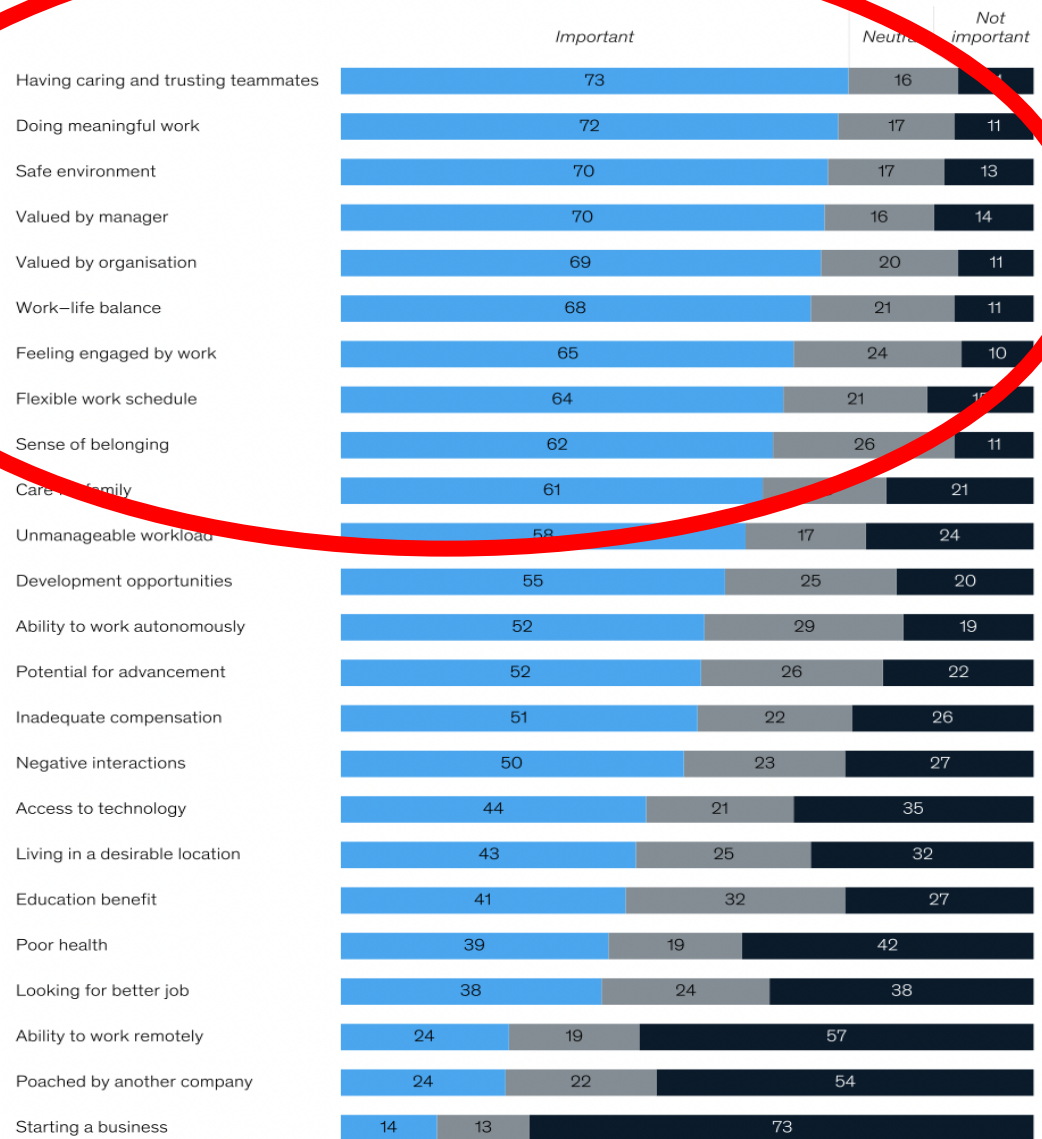
One-fifth of Australia's registered nurses say they intend to leave their current role in the next year. Avoiding major staff shortages will likely require targeted interventions from stakeholders.

This article is a collaborative effort by Gretchen Berlin, Damien Bruce, Meredith Lapointe, Kunal Luthra, and Madeline Maud.



The work environment is the most important factor in nurses' decision to stay in their current role.

Factors that would influence the decision to stay in current position,¹ % of respondents (n = 202²)



Note: Figures may not sum to 100%, because of rounding.

¹ Question: To what extent do the following factors impact whether or not you will stay at your job? Responses were categorised as follows: not important (1-2), neutral (3), important (4-5).

² Sample size reflects only the responses of registered nurses.

Source: McKinsey 2021 Future of Work in Nursing Survey

Practice Context

▪ Highly political & unsettling

Requires spaces that provide opportunities for creative problem solving and the determining of practical, context specific solutions and that create sufficient **psychological safety**

(Brown & McCormack 2010; 2017)

Emotional survival depends on ...

- Feeling psychologically safe
- Feeling good about oneself
- Feeling close and respected in relationships and groups that are important

PSYCHOLOGICAL SAFETY

Insufficient support

- Threat to working relationships
- Lack of value
- Lack of respect
- Lack of support
- Poor communication

Oppressive behaviours

- Behaviours of staff in the unit
- Multiple interruptions to nurses work
- Vulnerability

Weak leadership

- Power imbalance
- Lack of autonomy
- Leadership ability
- Time constraints
- Poor communication

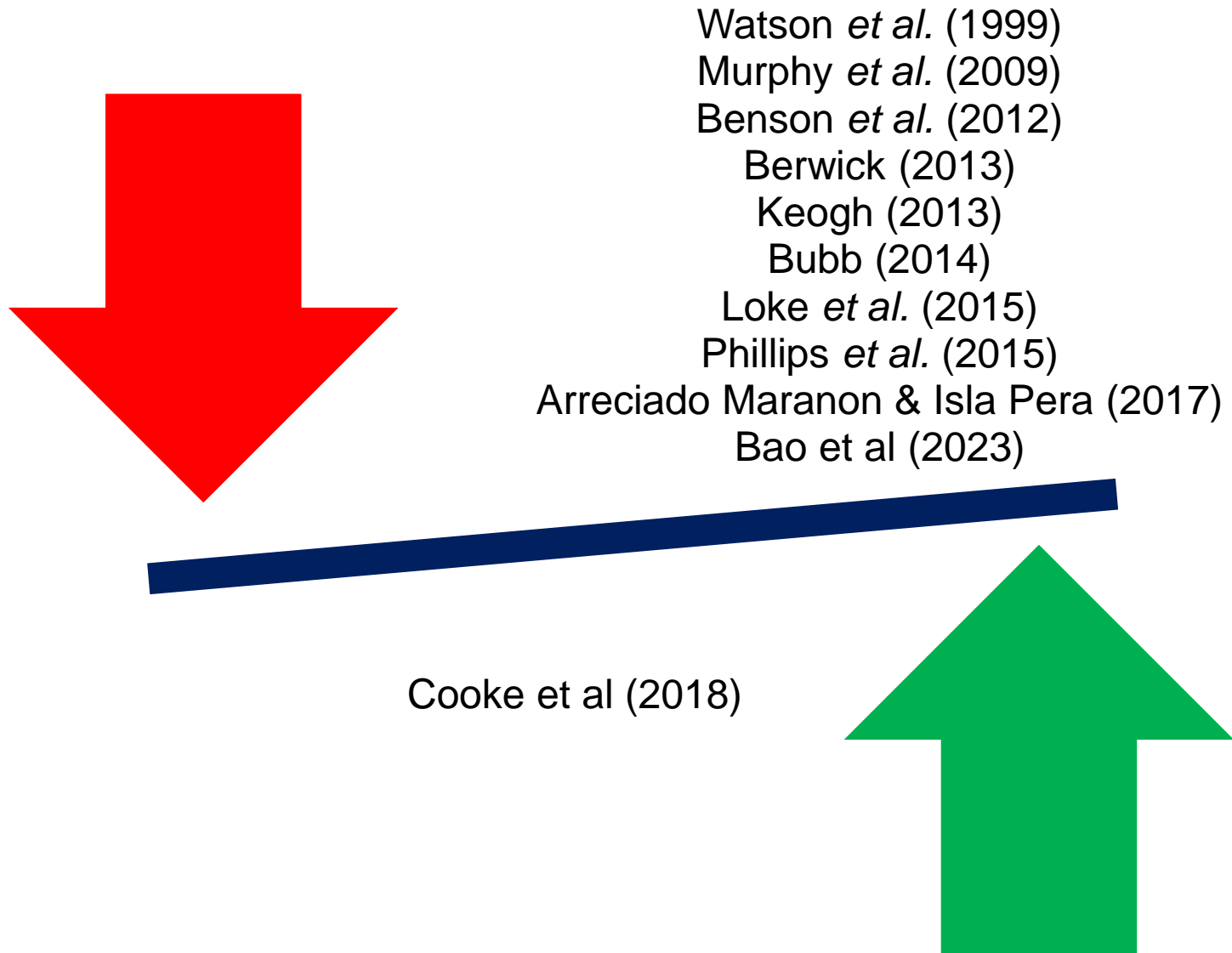
The Danger of Task Orientated Models of Care

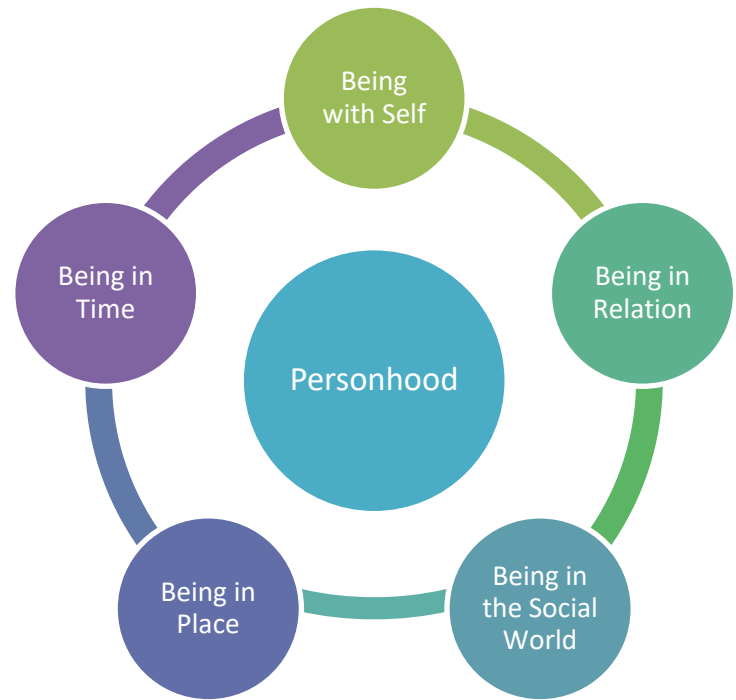


nurses and care workers need to be 'emotionally touched' by their everyday care experiences and the systems in which we practice need to be structured and managed in such a way that they enable the quality of such encounters to be maximised

(McCormack & Skatvedt, 2016)

Retention of Caring Attributes (after Cooke et al 2018)





“... the results of the research by Cooke et al (2018) confirm that a curriculum framed in person-centredness enabled students to develop an increasing grasp of caring concepts over time and that these values were not diluted by the practice learning experience”.

(Cooke et al 2018)

Person-centred Practice Culture

A person-centred culture enables effective practices based on the formation and fostering of healthful relationships between all team members and key stakeholders. It has explicit values of respect for persons self-determination, mutual respect and understanding. It empowers all staff to engage in continuous development and quality enhancement.

(adapted from McCormack & McCance 2017)

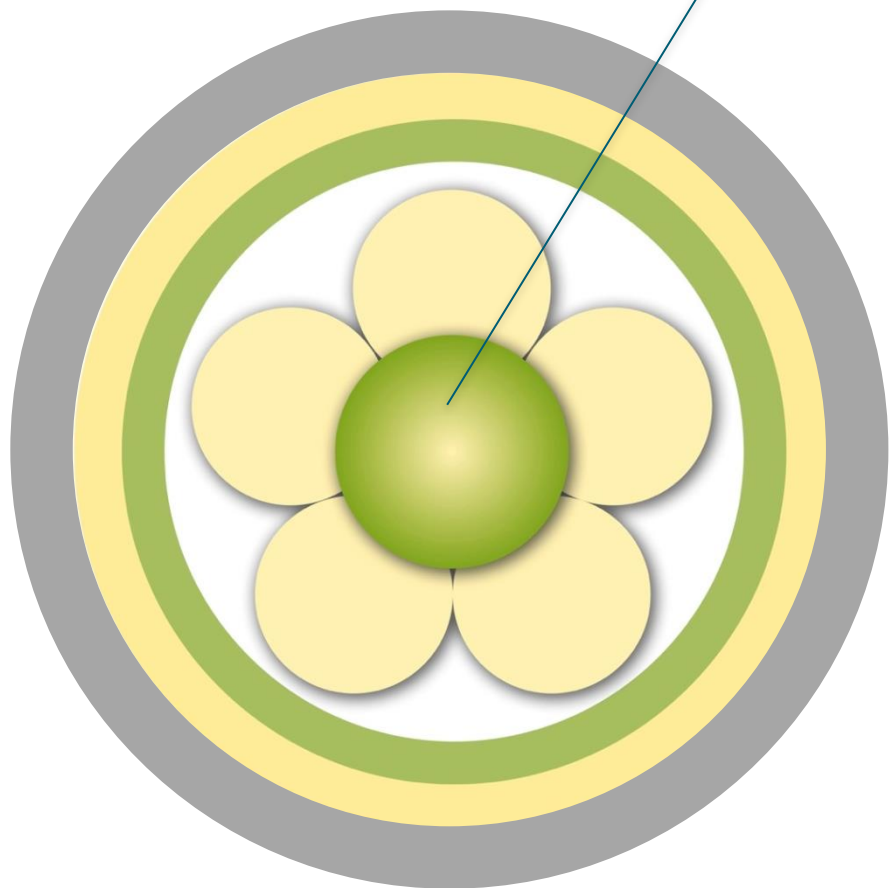


Person-centred Leadership

“Person centred leadership is a dynamic, contextualised, and complex practice, enabling leaders and teams to achieve empowerment and self–actualisation. Not only does person centredness improve team engagement and productive relationships, but also allows for the 'culture of healthfulness'; promoting shared leadership - team members as associates, rather than followers. It empowers teams to take ownership of outcomes from their practice with the focus on person-centredness. This improves staff productivity and satisfaction ...”

(adapted from CODH <https://councilofdeans.org.uk/studentleadership/wp-content/uploads/2018/12/Being-a-person-centred-leader.pdf>)

Outcome



A Healthful Culture (*living a positive life embracing all dimensions of our being*)

A healthful culture is one in which decision-making is shared, staff relationships are collaborative, leadership is transformational, innovative practices are supported and is the ultimate outcome for teams working to develop a workplace that is person-centred

Measured By:

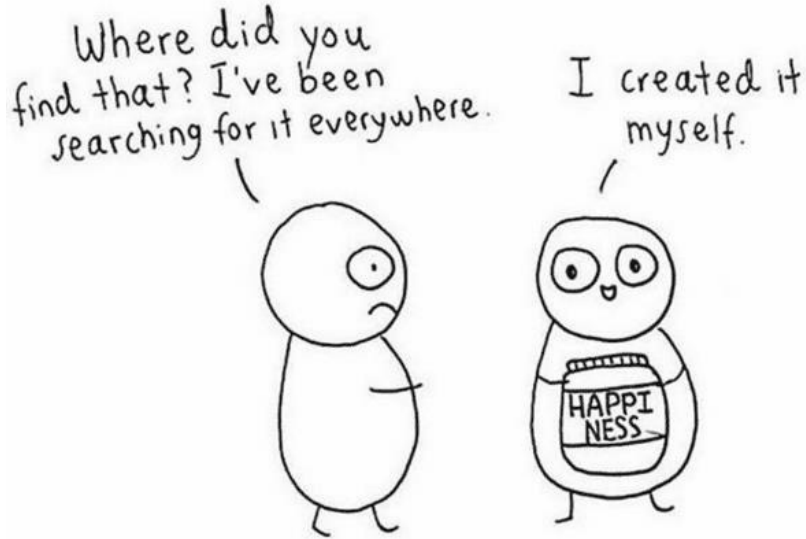
- Person-centred Practice Inventory (PCPI)
- Observations of Practice
- Narrative & Stories
- PCP-KPIs
- Routine data

Human Flourishing

Flourishing is the highest good of human endeavours and that toward which all actions aim. It is success as a human being
(Aristotle)



The Four Elements of Flourishing



- Challenge
- Connectivity
- Autonomy
- Using our valued competencies

(Gaffney, 2011)

Personal resilience is not the answer to avoid burnout among nurse leaders — A cross-sectional questionnaire-based study

Funding Information The study received no external funding.

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Improving Person-Centred Leadership:

Key Findings

1. Ward managers often experienced a lack of timely, relevant information, involvement in decision-making and acknowledgement from the head nurse of department and the executive management ... caused by the existing organizational cultures and the traditional hierarchy of communication.
2. Ward managers with a formal management education had the managerial competences to effectively manage the COVID-19 situation; and those leaders with more than five years of experience identified having the managerial competences to effectively manage the situation.

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staff will change, as health care organizations have gained experience with handling the consequences of the disease.

Methods: An online survey was sent out to Danish health care leaders during the first and the second pandemic wave. Comparative analyses were performed in relation to three key characteristics: management level, management education and experiences as a leader.

Results: Eighty-nine health care leaders completed both surveys. Significant differences were found within the entire group across the key characteristics as they felt more prepared for each stage of the situation, they had more influence on the decisions taken, and they felt more concerned about the quality of treatment and care and their own health. Further significant results related to the three

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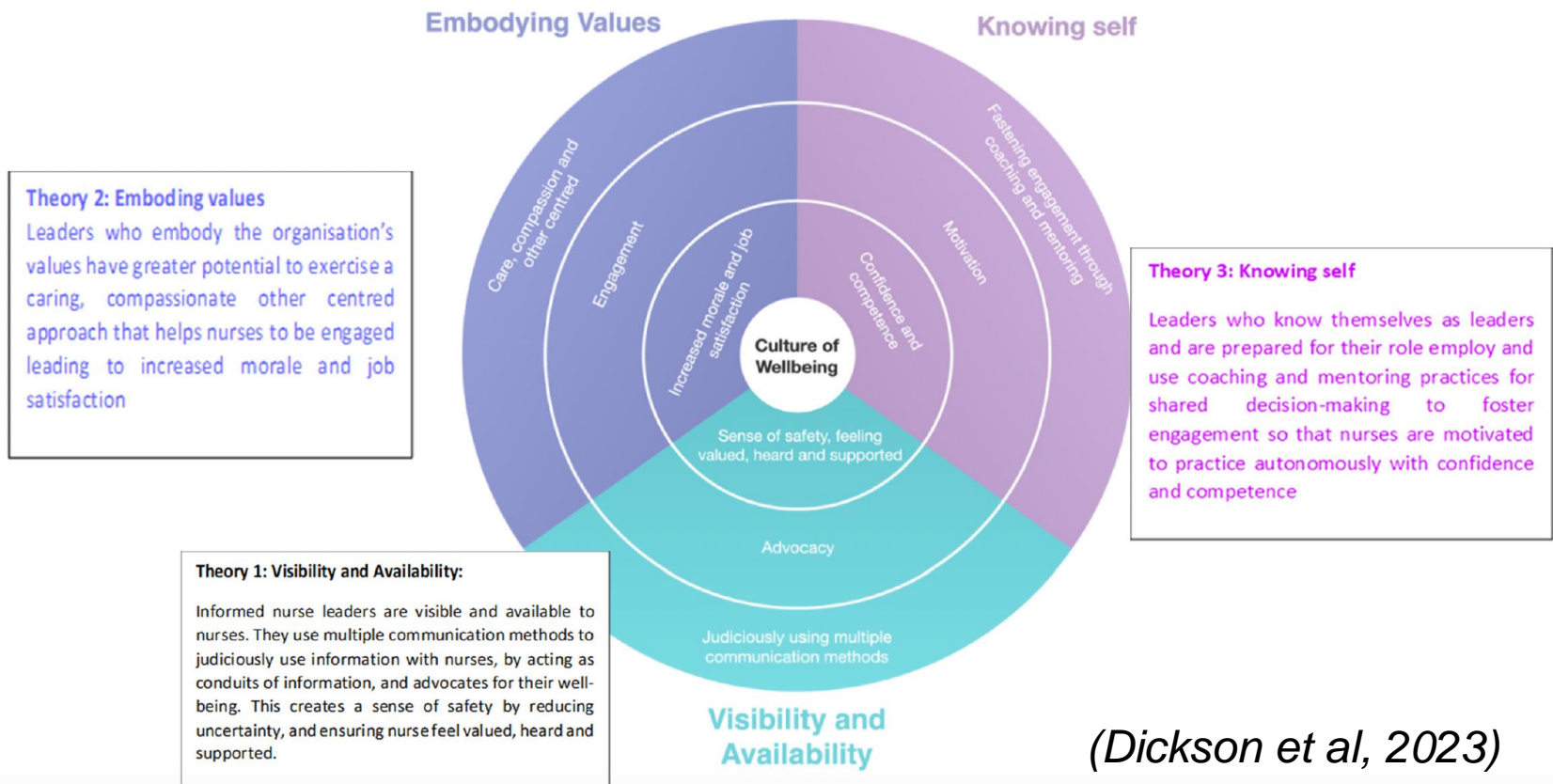
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the pandemic may hit in several waves within the next year and therefore healthcare leaders must be prepared for these waves.

Methods: An online survey was developed, and comparative analyses were performed.

Results: One hundred and sixty hospital leaders were invited, and 72% completed the questionnaire. Significant differences were found within three selected characteristics: 1) Management level: significantly more heads of departments experienced taking complex decisions ($P=0.05$), being able to work in a way consistent with their beliefs and values ($P=0.05$), and they were less likely to experience that collaboration with other leaders was adversely affected by the COVID-19 situation compared to ward managers ($P=0.04$). On the other hand, ward managers were significantly more often worried about both their own health ($P=0.01$) and their family's health ($P=0.04$). 2) Management education: those with a formal

Leadership practices that enable healthful cultures in clinical practice



Leaders who promote healthful cultures know themselves as leaders and use facilitative practices. They are caring and compassionate, embody their values and are present for nurses and teams. They are able to do this when they are informed and adequately prepared for the role and the organisation privileges wellbeing. The outcomes of healthful leadership practices are nurses are engaged in shared decision-making, motivated to practice with confidence and competence. They experience increased morale because they feel valued/heard/supported, experience a sense of safety, and ultimately job satisfaction.

“By our very attitude to another we help to shape that person’s world. By our attitude to the other person we help to determine the scope and hue of his or her world; we make it large or small, bright or drab, rich or dull, threatening or secure.”
(Knud Ejler Løgstrup)

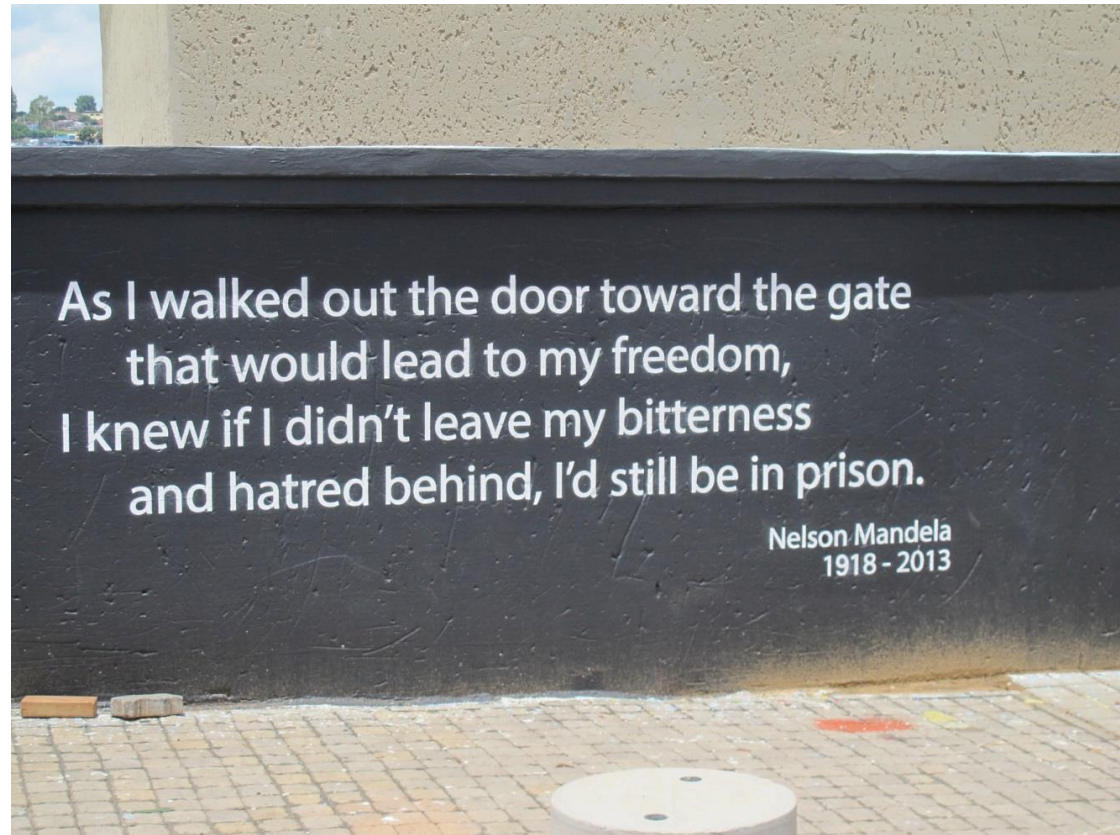
My Leadership Philosophy

Create the conditions for all persons to flourish and be the best that they can be.



“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete

(Buckminster Fuller, cited in Quillien, 2008)



Leaving a Person Centred Imprint



What imprint do you want to leave on those with whom you connect?