



# QWEST SYMPOSIUM

*Reporting-Back to the Community*

## **Table of Contents**

<b>Background</b>	<b>- 4 -</b>
<b>Knowledge Translation Goal</b>	<b>- 4 -</b>
<b>Approach to Data Collection and Synthesis</b>	<b>- 6 -</b>
<b>QWEST Symposium Areas of Focus for Improvement</b>	<b>- 7 -</b>
<b>Complexity of the Healthcare Workplace</b>	<b>- 7 -</b>
<b>Areas of Focus for Senior Administration</b>	<b>- 7 -</b>
Areas of Focus for Vision and Values	- 8 -
Areas of Focus for Managers	- 8 -
Areas of Focus for Clinical Nurses	- 10 -
Areas of Focus for Human Resources (Sickness Absence Management/Absenteeism)	- 11 -
Areas of Focus for Unit Identity	- 12 -
Areas of Focus for Long Term Care Contexts	- 13 -
<b>Lessons Learned</b>	<b>- 14 -</b>
<b>What's Next</b>	<b>- 15 -</b>
<b>References</b>	<b>- 16 -</b>
<b>Appendix</b>	<b>- 19 -</b>

**Research Team**

Dr. Greta Cummings, Principal Investigator

Dr. Judith Spiers, Co-Investigator

Dr. Heather Laschinger, Collaborator

Dr. Michael Leiter, Collaborator

Dr. Carol Wong, Collaborator

Dr. Peter Norton, Collaborator

Dr. Ian Gellatly, Collaborator

Dr. William Midodzi, Collaborator

**Presenters**

Greta Cummings

Sheli Murphy

Heather Laschinger

Michael Leiter

Ian Gellatly

Debbie Barnard

Carol Wong

## **Background**

The nursing work environment is a significant cultural, policy, health and safety issue. The Quality of Worklife Environment Study (QWEST) looked at four areas of high priority in healthcare organization - nursing workplace environment, leadership styles, healthcare provider outcomes, and cultures of patient safety. This was done in three contextual settings - teaching hospitals, community hospitals, and long term care centres. During this time, Alberta Health Services (AHS) moved towards one provincial health system and introduced a restructuring plan to accomplish this. As a result, manager data was collected during the restructuring that entailed multiple layoffs and changes to roles. All managers who completed the survey were invited to the Symposium. Participants who attended were grateful to be invited to the symposium to hear about the QWEST research findings because rarely are research findings provided to participants. It was also a chance for senior Vice Presidents in AHS to express that the participants' work was valued. Some participants became very emotional at the end of the symposium due to having been "heard".

The QWEST study itself was funded by Social Sciences and Humanities Research Council (SSHRC) and the QWEST Symposium was funded by the Canadian Institutes of Health Research (CIHR) - Meetings, Planning and Dissemination Grant.

## **Knowledge Translation Goal**

The research teams' goal for the symposium was to communicate knowledge emerging from the QWEST study on the relationships between features of the work environment and outcomes for nurses and cultures of patient safety. Thus, the QWEST symposium was designed to foster an exchange of knowledge of study findings among key members in the healthcare community; the focus was on the implications of the findings for the participants.

This one-day symposium translated Quality Work Environment Study (QWEST) findings to key groups in healthcare administration and practice in order to lay the ground

work for evidence-based interventions to improve healthcare work environments for nurses and patients. Goals were to: share and discuss QWEST research findings, involve those who will use the results in their daily practices in a more meaningful way, and facilitate new areas for research and future interventions.

Specific goals of the QWEST Symposium were to:

1. **Share** research evidence on the role leadership styles play in the area of nursing management, quality worklife, and patient safety.
2. **Discuss** the significance and implications of the QWEST findings to its key audience- decision-makers, policy developers, nurse managers and nurses.
3. **Involve** those who will use the results in their daily-practices in a more meaningful way.
4. **Employ** actions for interventions that are specific to the healthcare context- acute care teaching hospitals, community hospitals, and long-term care centres.
5. **Facilitate** new areas for research and future funding initiatives.

The QWEST Symposium was organized to bring together relevant stakeholders in research, policy, management, and front-line healthcare staff from across the province of Alberta. This full-day event took place in Edmonton, Alberta on December 1st, 2010. Approximately 45 participants attended including 18 Registered Nurses comprised of managers and staff from all three contextual settings, six expert presenters, three senior vice-presidents (one from each of the three contextual settings), two directors from professional organizations, one individual from the government, the Vice-Dean of the Faculty of Nursing, and graduate students from the Faculty of Nursing. Six panel experts comprised of members of the research team and contextual settings presented the most important implications from these findings in two sessions. *Session 1: Individual and Unit Outcomes* presented findings related to nursing absenteeism, burnout, and leadership practices, while *Session 2: Organizational and Policy Outcomes* presented findings on patient safety cultures, empowerment structures, and policy and workplace environments. Following each session, attendees were asked to discuss the implications of the main research findings in small breakout groups based on their contextual setting – long term

care, teaching or community hospitals. The breakout groups were structured to allow for focused dialogue specific to the findings and presentations for the development of future interventions for the workplace and for research. In order to maximize collaboration, sharing of expertise, ideas and skills for application of evidence-based strategies to real life scenarios, discussion groups were facilitated by panel experts and research team members with semi-structured, open ended questions. Each group then reported a summary of their discussions back to the entire group to get a higher-level of discussion and feedback.

### **Approach to Data Collection and Synthesis**

The research team and representatives from the expert panel facilitated break out groups by setting. The following three questions were asked of each group:

1. Results – what stood out?
2. What is applicable (or not) to your workplace?
3. What can/should be done in the future? Where to from here?

Participant group discussions were recorded on flip-chart paper by research staff to be reported back to the larger group, and for summary in the QWEST final report. The content of all flip-chart notes were transcribed and synthesized using content analysis for similarities and differences and the most meaningful information is presented here. In general, four categories that emerged from the summary of break-out group discussions are; 1) organizational structure, 2) management role, 3) leadership practices, and 4) safety in healthcare environments. Later in the day, symposium participants were asked to discuss specific interventions, strategies and areas of focus for future work at the organizational, unit and individual levels. These have also been synthesized for most meaningful information into the following categories – areas of focus for senior administration, for vision and values, for managers, for clinical nurses, for human resources, for unit identity and for long term care contexts. A month after the symposium, a follow-up questionnaire was sent out electronically to all registered participants, and feedback is summarized here as well.

## **QWEST Symposium Areas of Focus for Improvement**

In each break-out section, groups were asked to identify aspects of the work environment that would be worthy of further investigation or intervention. As participants were grouped by context, i.e. long term care, community hospitals and teaching hospitals, there was a range of clinical nurses, nurse educators or specialists, and managers or leaders in each group. We have compiled the suggestions for different levels of nursing organization.

### **Complexity of the Healthcare Workplace**

The healthcare workplace is incredibly complex, and therefore any suggestions in this document are necessarily reductionistic. The focus in the symposium was to identify specific areas that urgently required attention and in which practical interventions are most likely to have tangible benefits. Therefore they need to be considered within the larger context of workforce and leadership management and development.

### **Areas of Focus for Senior Administration**

1. *Span of control for front line managers:* The scope of responsibility for front line managers is diverse and expanding, often beyond manageable degrees. Participants strongly recommended that senior administration review the span of control for managers.
  - a. Discuss and clarify boundaries of the manager role and sphere of responsibility.
  - b. Span of responsibility is intricately linked to degree of empowerment. Enhancing managers' empowerment to do their job, in particular to be allowed to make decisions related to their unit, hiring and leading their staff, etc. is critical.
  - c. Have open and transparent discussions about reasonableness of workload and what is dropped if new work is added. Contextual factors, such as current bureaucracy, red tape, and excessive meetings should be reduced

to free the manager to accomplish their work and be visible and available on their units. There was an identified need to discuss the acceptability of saying “no”.

2. *Quality Improvement:* Formal quality improvement teams should be established to help managers and staff to create safety cultures, and to make their own changes to improve care in the context of their patient populations and care requirements.
3. Senior administration must role-model relational and responsive leadership. This will permeate throughout the organization. There needs to be an articulated expectation that leadership will be relational, rather than commanding and directive. Leaders need to appreciate (and show this appreciation) that their staff are their most valuable resource.

#### **Areas of Focus for Vision and Values**

1. The recent healthcare system reorganization has largely focused attention on structure and workers. There needs to be a refocusing on the center of healthcare concern: *Everyone and everything should focus on the patient.*
2. A strong and universal recommendation was to enhance respect in the workplace.
  - a. Strengthen partnerships between management, unions, staff and patients.
  - b. Civility education and conflict management was seen as important in the work context between clinical nurses, between nurses and managers, and within the clinical professional teams.

#### **Areas of Focus for Managers**

1. Leadership training continues to be a high priority area that has perceived to have diminished in the recent financial restrictions. There are several dimensions to this training and support:
  - a. Management skills training
  - b. Mentorship training and opportunities
  
2. It is important to raise awareness (have discussions) with staff regarding how the role of managers includes considerable communication between staff and senior administration (the vital link) to diminish perceptions that front line managers are “between a rock and a hard place” i.e., powerless to advocate for their staff or patients.
  
3. Increasing awareness and visibility of the work of managers is a strategy to clarify how leadership functions in the healthcare organization. This consists of multiple strategies:
  - a. Recognizing managers’ contributions
  - b. Ensure transparency of decision making and recognition, and
  - c. Pushing decision-making down the organization, rather than centralization.
  
4. Participants in all areas perceived that managers need clinical knowledge to have credibility with staff and to have a comprehensive understanding of the nature of the clinical environment.
  
5. ***Succession planning***. Both clinical nurses and managers expressed concern at the lack of interest in assuming management roles. Staff would benefit from an introduction to manager roles, and opportunities to be groomed for leadership positions. There needs to be opportunities to assume in-charge responsibilities in a safe environment.

### **Areas of Focus for Clinical Nurses**

1. **Preserving patient-centered care:** A recurring theme in the Symposium was the reduced nursing satisfaction related to overwhelming task load and inability to attend to nursing of patients and families in ways that are inherently satisfying and meaningful. This nursing work includes emotional and psychological comforting, teaching, and using nursing knowledge to help patients achieve health and well-being. *Therefore, in any model of care initiative, it is critical to ensure that decisions about staffing are not made on task assignment but on the necessary nursing knowledge for the situation and the population of patients. Nursing knowledge about holistic and interdependent care ought not to be reduced to tasks such as IVs, medication administration, assessment and dressings.*
2. **Scheduling.** The recent fluctuations in actual or perceived nursing staff shortages has resulted in many nurses feeling forced to comply with undesired work schedules. Part of this discussion is the simultaneous aging workforce and the new Millenium generation of nurses, both of which value work/life balance. Participants identified the need to employ more flexible positions for FT and PT positions to allow individual nurses to work in positions of preference.
3. **Recognition.** Organizational recognition of service was strongly seen as the responsibility of senior administration. Many participants were dismayed with the recent retractions in employee recognition programs. They recommend creating *face to face and truly appreciative recognition programs* to replace the current system of a checklist on a website for your gift of choice or expecting that managers will organize a “tea” on behalf of the organization. They point out that *little things matter* and have meaning for staff – e.g. Christmas dinner, long service awards and educational support are seen as *investments in staff*.

**Areas of Focus for Human Resources (Sickness Absence Management/Absenteeism)**

1. ***Punitive approaches to absenteeism are ineffective:*** We heard clearly that the current sickness absence management program **does not** work to reduce absenteeism. There is a need to acknowledge and discuss the “*elephant in the room*” – that on some units it is “*the norm*” to take as much sick time as possible. Rather than a monitoring program, it is recommended to identify units where there is high or inexplicable absenteeism to look at normative cultures and the impact on absenteeism and presenteeism. Using a participatory action approach, it may be possible to hold meetings with staff to identify action. These discussions by the unit team are unit-based consciousness-raising. The participatory action approach allows the team to decide how they will deal with absenteeism its consequences.
  
2. ***Sick time is the only option:*** Sick time is sometimes seen as the only viable option for staff who are required to work mandatory overtime, who lack seniority for leave, or where units are understaffed. Finding ways to increase flexibility in FT and PT roles may alleviate this.
  
3. ***Workplace Violence:*** The introduction of zero-tolerance of abuse policies has not influenced rates of workplace violence in healthcare. To manage workplace violence among peers and among management, physicians and staff, participants recommend:
  - a. introduce tested interventions such as CREW (Civility, Respect and Engagement in the workplace).
  - b. focus on developing relationships, building trust, respect and team work based on the principle that *everyone and everything should focus on the patient*
  - c. violations need to be addressed promptly and transparently. Then acceptability of the behaviour will decrease.

To manage workplace violence from patients, residents and families in the **long term care context**, there is a need to:

- a. provide training for HCAs in dealing with disruptive behaviour
- b. training for RNs and LPNs to de-escalate situations, and in coaching HCA in managing difficult behaviors.

### **Areas of Focus for Unit Identity**

**1. Unit culture trumps individual and organizational culture:** It is important to build identity on a unit base to support the team, followed by nursing identity, facility/agency identity, and AHS identity. Each needs to understand where they fit within the larger organization and this provides a layer of meaning to the work. “Unit culture trumps organizational culture” so the culture on the unit needs to be strong, positive and the focus of interventions by AHS.

**2. Profiling Organizational commitment in unit teams:** Organizational commitment is often shared among members of a team on a unit; that is, profiles of organizational commitment are more alike within units than across units. It may be valuable to ask staff to complete commitment scales, then profiles within the unit would be shared and discussed anonymously with unit teams to raise consciousness about the needs and expectations around work commitment and work/life balance. For example, new graduate nurses need to gain experience in a variety of areas early in their careers. Frequent movement in and out of units can be disruptive to the core team, and lessen motivation to mentor and support new staff. Or, nurses involved in parenting often have different attitudes to work and scheduling. Finding balance and flexibility to meet the demands of the unit with flexible schedules and positions is necessary.

**3. Turnover:** Does the current structure of hiring into a vacant position inhibit growth of the individual nurse? In some organizations, there is an open and accepted progression of moves or transitions for nurses as they grow in knowledge, competence and confidence in their area of specialty. This does lead to unit level turnover; however it leads to growth in the nurse and ultimately retention for the organization overall. Allowing natural progressions to aid growth and confidence contribute to engagement, commitment and meaningful work. Opportunities for transition within the specialty within the organization should be discussed openly and transparently and supported by the organization.

#### **Areas of Focus for Long Term Care Contexts**

1. **Team leadership:** Team leadership training is needed to support RNs and LPNs in their supervision of HCAs.
2. **English as a second language workers:** Proportions of HCA whose native language is not English is growing. HCAs in long term care contexts may represent a wide variety of cultures, and have divergent values and attitudes toward patient care, team work, communication and conflict management. Finding ways to support HCAs who are not native English speakers, and for dealing with cultural differences within workplaces are important particularly in long term care.

A key intervention was rebuilding trust at the unit level through developing leadership and management capacities. Participants were impressed with the Civility Respect and Engagement in the Workplace (CREW) program as a specific researched-based intervention. This was presented by Dr. Michael Leiter.

Overall, there was discussion on ensuring that QWEST research findings create a response with recommendations for change. Follow-up research on the quality of the

workplace environment after organizational changes has come into effect to explore if the new structure has made a positive/negative impact in healthcare workplaces.

### **3. Summary of follow-up survey and participant feedback**

The one-day symposium was a novel and encouraging approach that had a noteworthy impact. The symposium design offered the opportunity to enhance both the research teams' ability to share results and participants to discuss the implications of the findings in their daily lives. An evaluation form with a 5-point rating scale of the symposium indicated that respondents felt the format, presentations, and discussions were 'very much' effective. However, it was a closing comment made by a participant that revealed the deeper meaning of the workshop; "It's valuable to not only fill out a questionnaire (from QWEST study), but see the actual results of it. I know there is concern using the word 'empowerment', but I feel empowered".

### **Lessons Learned**

Based on informal discussions during the symposium and completion of evaluation surveys by participants, the goals of research knowledge dissemination were achieved. The majority of respondents found it valuable to discuss research findings and network with researchers and other stakeholders. Importantly, participants thought that constructive action will result from the symposium workshops. Specific goals achieved are: 1) interactive knowledge translation - the symposium provided relaxed opportunities for stakeholders to engage with researchers in open discussion of the meanings of the research findings in their daily lives; 2) Engagement with and facilitation of evidence-based interventions that are context-based and focused on real-life strategies; and 3) future research looking at the impact of current organizational restructuring on nursing work environment is a promising outcome of the symposium.

### **What's Next**

1. With funding from CIHR and SSHRC, the QWEST research team led by Greta Cummings and the CLEAR Outcomes Research Program, are continuing to assess the dissemination, uptake and use of evidence emerging from the QWEST project and symposium specifically that which relates to leadership of nurse managers and staff perceptions of worklife quality. By following up with key stakeholders over the long term, we hope to shed light on the strategies that were most effective in communicating these research results, and whether such initiative have had an individual, unit and policy are influence.

2. Future research and interventions are currently being discussed.

## References

### Publications (Refereed; Trainees underlined)

Cowden T, Cummings GG, Profetto-McGrath J. (in press). Leadership Practices and Staff Nurses' Intent to Stay: A Systematic Review. *Journal of Nursing Management*.

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Cummings GG, MacGregor T, Davey M, Lee HP, Wong C, Lo E, Muise M, Stafford E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environments: A systematic review. *International Journal of Nursing Studies*. 47: 363–385.

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Lee HP, Cummings GG. (2008). Factors influencing job satisfaction of front line nurse managers: A systematic review. *Journal of Nursing Management*, 16, 768–783.

Cummings GG, Lee H, MacGregor T, Davey A, Wong C, Paul L, Stafford E. (2008). Factors contributing to nursing leadership: A systematic review. *Journal of Health Services Research & Policy*. 13 (4): 240–248.

Wong C, Cummings GG. (2007). The relationship between nursing leadership and patient outcomes: A systematic review. *Journal of Nursing Management*. 15: 508-521.

**Publications in review**

Cummings GG, Yurtseven O, Muise M, Estabrooks CE, Norton PG. (in review). Taking 'Care' Of Yourself and Others: Psychometrics of the Resonant Leadership Scale in Healthcare.

Cowden T, Cummings GG, Profetto-McGrath J. (in review). Staff Nurses' Intent to Stay or Intent to Leave: Is there a Difference?

Cummings GG, Spiers J, Yurtseven O, Muise M, Goad K, Lynch S. (2010). The Quality Work Environment Study Technical Report. Edmonton AB, Faculty of Nursing, University of Alberta.

**Oral and poster Conference presentations: Abstracts Peer reviewed (Trainees underlined)**

Cummings GG, Yurtseven O, Muise M, Norton P, Estabrooks CA, Harley D. Taking 'Care' of Yourself and Others: Psychometrics of the Resonant Leadership Scale in Healthcare. Paper presentation. Dare to Care, Academy of Management Conference, 2010 August 6-10, Montreal, PQ.

Currie LG, Gellatly IR, & Cummings G. (2010). Foci of identification in organizations: An examination of internal and external relations. Paper presentation, Administrative Sciences Association of Canada, Regina, Saskatchewan, May 22-25, 2010.

Wagner J, Warren S, Cummings GG, May L, Olson J, Smith D. (Nov 2007). Spirit at Work, Work Empowerment and Resonant Leadership. Canadian Association of Gerontology, Calgary, AB.

Bulmer-Smith K, Profetto-McGrath J & Cummings GG. (Oct 2007). Emotional Intelligence & Nursing: An Integrative Literature Review. Margaret Scott Wright Research Day, Edmonton, AB.

Lee H & Cummings GG. (Oct 2007). Factors Affecting Job Satisfaction of Front Line Nurse managers: A Systematic Review. Margaret Scott Wright Research Day, Edmonton, AB

Wagner J, Warren S, Cummings GG, May L, Olson J, Smith D. (Oct 2007). Spirit at Work, Work Empowerment and Resonant Leadership. Margaret Scott Wright Research Day, Edmonton, AB.

Wong C & Cummings GG. (Oct 2007). The Influence of Authentic Leadership Behaviour on Work Outcomes of Healthcare Staff. Margaret Scott Wright Research Day, Edmonton, AB.

Estabrooks CA, Cummings GG, Armijo-Olivo S, Squire J, Giblin G (Feb 2007). Effects of shift length on health professionals' outcomes and quality of patient care: A systematic review. Poster Presentation. Canadian Nurses Association National Leadership Conference, Ottawa, ON.

Wong C, Cummings GG (Oct 2006). The Relationship between Nursing Leadership and Patient Outcomes: A Systematic Review. Poster Presentation. 20th Annual Margaret Scott Wright Research Day, Edmonton, AB.

Embleton M, Lee H, McGregor T, Paul LH, Stafford E, Cummings GG (Oct 2006). The determinants and impact of Leadership on Health Outcomes. Paper Presentation, 20th Annual Margaret Scott Wright Research Day, Edmonton, AB.

Cummings GG. *Nurse manager and nurse perceptions of work environments, unit leadership and patient safety cultures across three contextual settings*. Oral presentation. Pacific Institute of Nursing 2011 Conference: Advancing Practice, Education and Research, Honolulu, Hawaii, March 30-April 1, 2011.

#### **CLEAR Outcomes Website**

<http://www.clear.ualberta.ca/Clear%20Outcomes%20Events/QWESTSymposium/Presentations.aspx>

## Appendix

QWEST Symposium Program

# SPECIAL THANKS

Many thanks to all the people whose efforts made this possible.

## QWEST Research Team

Dr. Greta Cummings, Principal Investigator

Dr. Judith Spiers, Co-Investigator

Dr. Heather Laschinger, Collaborator

Dr. Michael Leiter, Collaborator

Dr. Carol Wong, Collaborator

Dr. Peter Norton, Collaborator

Dr. Ian Gallatly, Collaborator

Dr. William Midodzi, Collaborator

## QWEST Advisory Committee

Glenda Coleman-Miller, Alberta Health Services

Judy Bloom, Alberta Health Services

Tracey Neil, Good Samaritan Society

Dr. Lynn Redfern, CARNA

Linda Stanger, CLPNA

Linda Mattern, Alberta Health & Wellness

Bev Dick, United Nurses of Alberta

Dr. Sheli Murphy, Alberta Health Services

Iris Neumann, Capital Care

Dr. Judith Birdsell, Symposium Facilitator

Andrea Robertson, Alberta Health Services



## QUALITY WORK ENVIRONMENT STUDY (QWEST) SYMPOSIUM

December 1, 2010

8am – 4:30pm

Wild Rose Room

Lister Conference Centre

University of Alberta

Edmonton

“...It is unacceptable to fund, govern, manage, work in or receive care in an unhealthy health workplace”

~ QWQHC



The **Quality of Worklife Environment Study (QWEST)** looked at the three areas of high priority in healthcare organization - nursing workplace environment, leadership styles, and patient outcomes. The purpose of this one-day symposium is to translate QWEST findings to key groups in order to lay the ground work for evidence-based interventions to improve healthcare work environments and outcomes for nurses and patients.

#### INVESTIGATORS



Greta Cummings joined the Faculty of Nursing, University of Alberta in 2004, following 15 years of senior leadership experience in the health care system. Dr. Cummings is principal investigator of the *Connecting Leadership Education & Research (CLEAR) Outcomes Program*, which focuses on the development of leadership by individuals and organizations to achieve better outcomes for health-care providers and patients.



Jude Spiers is involved in nursing education at the undergraduate and graduate levels. She is particularly interested in teaching research methods, specifically qualitative methods and the philosophy and theory of nursing knowledge at the graduate level. Dr. Spiers primary research interests are exploring the communication and interaction between people living with chronic and hidden illness and their health care professionals.

#### SYMPOSIUM FACILITATOR



Judy Birdsell is principal of On Management Health Group, a company that consults across Canada on organizing and policy in health care, health care research and the voluntary sector. Clients include research funders, research organizations and those involved in using research results. Prior to that, she was Director of Dissemination for the Alberta Heritage Foundation for Medical Research for several years. Judy's current role is comprised primarily of volunteer commitments and facilitating meetings related to research and research policy. Current volunteer roles include chairing the Board of MCF Housing for Seniors; membership on the Board of the Health Quality Council of Alberta and the Stem Cell Oversight Committee (CIHR). Her work in the health voluntary sector has been recognized by the awarding of a several national awards. Working to ensure research knowledge influences practice and policy decisions is a pre-occupation in whatever role Judy undertakes.

The QWEST Symposium is designed to generate a collaborative exchange of ideas to improve healthcare work environments, patient care, and research. During the symposium, two breakout sessions will be held to give participants the opportunity to discuss how the research findings presented may (or may not) be used in their work contexts, offer suggestions for implementation of evidence-based practices, and provide recommendations for future interventions and/or research. For each breakout session, participants will be asked to attend a group related to their area of expertise. **Goals of the QWEST Symposium are to:**

1. **Share** research evidence on the role leadership styles play in the area of nursing management, quality worklife, and patient safety.
2. **Discuss** the significance and implications of the QWEST findings to its key audience- decision-makers, policy developers, nurse managers and nurses.
3. **Involve** those who will use the results in their daily-practices in a more meaningful way.
4. **Employ** actions for interventions that are specific to the healthcare context- acute care teaching hospitals, general hospitals, and long-term senior care centres.
5. **Facilitate** new areas for research and future funding initiatives.

We will prepare a comprehensive report of the outcome of the symposium. We will outline lessons learned and next steps for future research. The QWEST Advisory Committee will continue their role in knowledge translation by moving knowledge into practice.

If you have any further information to contribute, please do not hesitate to contact us. Also, look for synopsis of the symposium presentations and updates at CLEAR Outcomes website [www.clear.ualberta.ca](http://www.clear.ualberta.ca)

THANK YOU !



**1:45-2:15 Panel E Presentation: Policy and Workplace Environments ~ Dr. Sheli Murphy**



Sheli has held executive leadership roles in Catholic health care for the past decade. Most recently, she provided leadership to the four Catholic facilities in East Central Health Region. Sheli has also served as Acting President of the Caritas Health Group and Vice President, Operations at the Misericordia Community Hospital. At Caritas, she also provided professional practice leadership as the Chief Nursing Officer and as the executive lead for Academics and Research. Sheli has extensive clinical experience as a registered nurse, educator and clinical researcher positions in active treatment settings. She has a combined Masters of Science in Nursing and in Business Administration - Health Care Management and has just completed her PhD in Business Administration on Leadership & Administration.

**2:15-2:45 Panel F Presentation: Empowering Work Environments ~ Dr. Heather Laschinger**



Since 1992 Dr. Laschinger has been Principal Investigator of a program of research designed to investigate the impact of nursing work environments on nurses' empowerment for professional practice, their health and well-being, and the role of leadership in creating empowering working conditions. A major focus of Dr. Laschinger's research is examining the link between nursing work environments and nurse and client outcomes. Since 2003 Dr. Laschinger has received 4 major awards in recognition of her work. Most recently, she was elected to the prestigious Canadian Academy of Health Sciences, considered one of the highest honours for individuals in the Canadian health sciences community. She has served on numerous advisory groups at the provincial and federal levels in relation to healthy workplace issues and is currently a Healthy Workplace Champion for the Ontario Ministry of Health and Long Term Care. Her current projects as Principal Investigator include two CIHR studies (1) testing a workplace civility intervention in Ontario and Nova Scotia hospital settings, (2) a national study of nurses' career aspirations to management positions across the country, and a SSHRC funded longitudinal study of new graduate nurses' workplace bullying in Ontario hospitals.

**BREAKOUT SESSION 2**

**QWEST SYMPOSIUM ITINERARY**

Time	Plenary Sessions	
8:00 - 8:45	Registration and Breakfast	
8:45 - 9:30	<b>Symposium Introduction-</b> Greta Cummings What are the key findings of QWEST? Where do we go from here?	
9:30 - 10:00	<b>Session 1</b>	
10:00 - 10:30		<b>Panel A Commitment and Absence</b> Presentation: Ian Gellatly
10:30 - 11:00		<b>Panel B Burnout</b> Presentation: Michael Leiter
11:00 - 11:45		<b>Panel C Leadership Practices</b> Presentation: Carol Wong
11:00 - 11:45	<b>Session 1 Break-Out Group</b> Each Panel A-C will facilitate an interactive discussion of key findings, current issues and concerns, and future goals.	
11:45 - 12:15	Reporting of Group Discussions	
12:15 - 1:15	Lunch	
1:15 - 1:45	<b>Session 2</b>	
1:45 - 2:15		<b>Panel D Patient Safety Cultures</b> Presentation: Debbie Barnard
2:15 - 2:45		<b>Panel E Policy and Workplace Environments</b> Presentation: Sheli Murphy
2:45 - 3:30		<b>Panel F Empowering Work Environments</b> Presentation: Heather Laschinger
3:30 - 4:00		<b>Session 2 Break-Out Group</b> Each Panel D-F will facilitate an interactive discussion of key findings, current issues and concerns, and future goals.
4:00 - 4:30	Reporting of Group Discussions	
4:00 - 4:30	<b>Concluding Comments-</b> Andrea Robertson and Greta Cummings	

Each panel will begin with a presentation followed by audience questions then concluding comments.

## SESSION 1: INDIVIDUAL AND UNIT OUTCOMES

### 9:30–10:00 Panel A Presentation: *Commitment and Absence* ~ Dr. Ian Gellatly



Ian Gellatly is a Professor of Organizational Behaviour and Human Resource Management in the School of Business at the University of Alberta. Ian's research interests include the three-component model of organizational commitment, modelling motivational processes that govern a variety of employee behaviours (e.g., performance, citizenship), employee absenteeism (especially absence cultures) and studying the complexity of personality-behaviour relations. His published articles on these and other topics appear in *Journal of Applied Psychology*, *Journal of Organizational Behavior*, *Journal of Vocational Behavior*, *Human Performance*, and *Human Resource Management*. Ian currently serves on the editorial board of the *Journal of Applied Psychology* and is an ad hoc reviewer for many other journals. Ian is also an active member several professional associations, including the *Academy of Management*, the *Administrative Sciences Association of Canada*, the *American Psychological Association*, and the *Society for Industrial and Organizational Psychology*.

### 10:00-10:30 Panel B Presentation: *Burnout* ~ Dr. Michael Leiter



Michael P. Leiter is a Professor of Psychology at Acadia University in Canada and Director of the Center for Organizational Research & Development that applies high quality research methods to human resource issues confronting organizations. Dr. Leiter has conducted research and written on job burnout and work engagement throughout his career. Currently his research focuses on enhancing the quality of collegial relationships to enhance work engagement and to prevent burnout. Civility Respect and Engagement in the Workplace (CREW) is a program designed to improve community within a work team. CREW operates through a series of meetings in which employees strive to enhance the quality of interactions among team members. Working groups of employees identify key issues, set goals for improving teamwork, and evaluate progress toward these goals. Group facilitators receive training and materials to guide their work. A mentoring process brings together facilitators to assure support and knowledge sharing. As one cohort completes its six-month CREW initiative, it passes the torch to colleagues who are beginning the process.

### 10:30-11:00 Panel C Presentation: *Leadership Practices* ~ Dr. Carol Wong

Dr. Carol Wong is an Associate Professor in the Nursing Program at the University of Western Ontario. Prior to teaching at UWO she has 18 years experience in leadership positions as a professional practice leader, research and development director, and director of psychiatry services and 15 years in clinical nursing roles. A major focus of her research is nursing leadership, specifically authentic leadership, and how it influences nurse and staff and patient outcomes. She has been funded through the Canadian Health Services Research Foundation (CHSRF) (2003-2006) as a CO-PI to conduct a study profiling nursing leadership/management structures across Canada and recently awarded Canadian Institutes of Health Research (CIHR) funding (2008-2011) as a CO-PI to study nurses' career aspirations to management roles. She is also Primary Investigator on an Ontario Ministry of Health and Long-Term Care (MOHLTC) Nursing Research Fund study, examining the relationships between clinical manager span of control and manager and unit work outcomes in Ontario academic hospitals. Most recently she was awarded an Early Career Research Award by the MOHLTC, Nursing Research Fund for 2010-2013.



## BREAKOUT SESSION 1

## SESSION 2: ORGANIZATIONAL AND POLICY OUTCOMES

### 1:15-1:45 Panel D Presentation: *Patient Safety Cultures* ~ Debbie Barnard



Debbie Barnard is currently project manager for the SCOPE (Safer Care for Persons (in residential) Environments Research Project and former Safer Healthcare Now! project manager with the Canadian Patient Safety Institute (CPSI). She has worked in the healthcare industry for over twenty-five years in a variety of practice settings including acute care, home health, hospice and academia. She has successfully performed in a series of postings including JCAHO Surveyor, Nurse Instructor, Healthcare Consultant, and Performance Improvement Director. Debbie's educational background comprises a General Nursing Diploma (RN), a Certificate in Advance Nursing Education, a Bachelor of Arts in Applied Behavioural Sciences, and a Masters of Science in Human Resource Management & Development. Debbie is a designated Certified Professional in Healthcare Quality (CPHQ).