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Canada West Health Leaders
CONFERENCE

IN-PERSON
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Caring for people who
care for people



CANADIAN COLLEGE OF
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Canada West Health Leaders Conference Plenary Sessions Written Report

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PLENARY 1

Many of the delegates who travelled to Victoria were reminded on their airplanes to put their own oxygen masks on before helping others.

That simple instruction would symbolize the conference and the message from Dr. Marie-Hélène Pelletier, the event's first keynote speaker. Dr. Marie-Hélène Pelletier is an award-winning workplace mental health expert, psychologist, advisor and speaker.

Self-care for people who care for people

Dr. Pelletier's presentation centred on the importance of looking after yourself, implying that the conference's theme of "caring for people who care for people" can only be realized when health practitioners start with self-care.

Describing a hiking trip she and her husband took, Dr. Pelletier explained the difference between day 1 when they were working together versus day 8 when they were only walking together.

On day 8, by the banks of a rough river that had been much calmer on day 1, a lack of communication led her to reject his help getting across. She went in alone, and nature took it (and her) from there.

Fortunately, Dr. Pelletier's husband acted fast and pulled her out of the water by her bag. And as they sat together on the shore collecting their thoughts, she saw that the difference between the first and eighth day wasn't the river, it was the team. They were tired, hungry, thirsty, sunburned, moody and in no position to work as a team. None of this was true on day 1.

Preparing for a day 8

"Day 8" became Dr. Pelletier's shorthand for describing a situation where a team is at its wit's end. Carrying the metaphor forward, she talked about what you can notice in yourself on a day 2 or day 3 to avoid a day 8 situation:

- Sleep problems
- Impatience, irritability, anger
- Low concentration
- Difficulty making decisions
- Sadness or feel nothing
- Worry, stress, anxiety
- Alcohol, medication, drugs
- Not your usual self

The first step, she said, is to notice these things and acknowledge they're not crippling now, but they could easily be if you don't act.

The second step is to take an action, and her suggestion was easy: track your daily mood at the end of every day. If you felt great, it's a 9 or 10, if you felt lazy, afraid or unmotivated, you're at a 2 or 3. Seeing that number every day, noticing a trend simplifies the next steps. It also forces self-awareness, which is easy to fall out of as you get closer to day 8.

Applied self-awareness

Bringing self-care back to basics with a number will simplify everything, providing clarity into what Dr. Pelletier identified as the four most commonly neglected areas of life for people who are on the path to a day 8: emotional peace, nutrition, sleep and relationships with others.

The next steps then become obvious, but your brain, she says, will try to sabotage any heartfelt effort, and send you in directions contraindicated to raising your number.

Her recommendation is to practise *presuasion*, which is training your brain to see things before a catastrophe, versus *persuasion*, which is convincing your brain to act differently after a catastrophe. She suggested simple priming as a way to begin.

Priming is influencing your brain with images that depict the future state you want to achieve. If your goal is to climb a mountain, put a picture of the summit in your line of sight every day. You may not actively look at it, but you'll see it. And research has shown this helps you stay on track and keep your brain from sending you down one of these rabbit holes:

- An all or nothing mindset — “if I don't succeed, I've failed.”
- Personalization — “the lack of success is all my fault.”
- Catastrophizing — “I'm going to get fired, or worse...”
- Mental filter — “Nothing I do is good enough.”
- Mind reading — Other people don't think I'm any good.”
- Emotional reasoning — “I feel like a failure, I must be a failure.”
- Labelling — “The situation isn't the problem. I am.”
- Minimizing — “This situation is normal. My response isn't.”

However, Dr. Pelletier said the most important active coping strategy for dealing with these feelings is to acknowledge and defuse them before they drown out all the good work you've done.

A well-earned applause

Dr. Pelletier's wisdom could apply to any industry and any person. In healthcare, and especially with pandemic scars still fresh, committing to self-care in the pursuit of caring for others is more than recommended — it's absolutely necessary.

PLENARY 2

Part of Dr. Pelletier's presentation in Plenary 1 focused on the impact self-care has on a manager's ability to decrease turnover by being present for their teams. In the second plenary session, three delegates spoke about their theoretical and practical approaches to retention.

The panel, hosted by Colleen Ferris, Director of Innovations and Strategic Development at Healthcare Excellence Canada, included:

- Melanie MacKinnon — Head and Executive Director of the Indigenous Institute of Health and Healing (Ongomiizwin) at the Rady Faculty of Health Sciences at the University of Manitoba
- Brenda Badiuk — VP, Health Solutions at Brivia and former President and COO of Seven Oaks Hospital
- Jason Klainchar, COO Churchill Health Centre

Three approaches to one overarching problem

Ms. MacKinnon spoke first and described a physician workforce that was 65% vacant, a 50% shortage for technology like dialysis machines and an insurmountable challenge of serving 35 remote communities in Manitoba and Nunavut.

Her first act was to pursue a direction of consistency and flexibility, fueled by respect for autonomy and accountability.

A big part of the consistency piece Ms. MacKinnon stressed was the idea of inner consistency, and that what makes someone successful at home is also what makes them successful at work. She encouraged her team to bring their whole selves to work, rather than silo off parts of their whole. Her inspiration for this approach was the Dakota concept of engaging “all your relations,” which means every part of a person is valuable everywhere they are.

The result of this has been an environment of “cultural safety” in the workplace for both patients and staff — where everyone is encouraged to bring and ask for what they need to do their best work and be their whole selves. And today, that 65% physician vacancy has dropped to 5%.

Ms. Badiuk’s retention challenges at Seven Oaks Hospital were at the leadership level: she had lost eight programs and 40% of the executive team.

She focused on the regulations and old habits that may have played a part in stifling the autonomy people need to do their best work. To that end, she reduced mandating and gave her people the language to lead by example. This included the billion-dollar question, “What do you know about this from someone else’s perspective?” with the billion-dollar answer being, “I know nothing unless I ask them.”

By giving her teams ownership of what they were doing and letting them figure out the answers versus giving them the answers, they saw medical patients’ length of stay reduced by 10 days, a 33% reduction in workplace compensation claims, more engaged teams, and a path to excellence once again.

The third speaker was Mr. Klainchar, and his problem was less about shortages and more about preventing them in the future. Getting new people to a remote town of less than 1,000 is even more difficult than it sounds, so Mr. Klainchar embarked on a mission to set his people up for whole happiness. This included four weeks of vacation to start instead of three, flexible schedules, subsidized housing (which worked out to under \$700/month), a daycare, a large community centre and no contracts, which means anyone can leave when they want.

But they don’t want to leave.

Instead, they want to stay, knowing they have what they need to stay balanced mentally, emotionally and physically, recharge when they need to and have the kind of personal lives that make a hard job easier.

What now?

The session ended with an interesting prompt from Ms. Ferris. She asked the three panelists what they would start, stop and continue doing. Their answers were to start encouraging courage and focus on working together with intentionality; to stop centring only the health of the patient when the health of the practitioner is just as important; and to continue being present as leaders and setting the example.

At the end of the session, the net takeaway was clear: retention starts with giving people reasons not to seek out other employment. That begins with giving them what they need to feel good about doing a good job.

PLENARY 3

The first plenary session of day 2, hosted by Dr. Jaason Geerts, Vice President of Research and Leadership Development at the CCHL, turned the conference's theme on its head.

He began his talk by describing the post-pandemic stage we find ourselves in now, which he referred to as the "Resolution Stage." In describing the characteristics of this stage, he mentioned realities like:

- Gratitude for those who rose to the occasion admirably;
- Pride in our collective response and the care we provided when people needed it most;
- Awareness of inequities and groups who were disproportionately affected or underserved;
- Resentment over perceptions of those individuals and organizations who did not do their part;
- A depleted workforce from burnout and 40–50% turnover among positional leaders;
- Fatigue around talking about the pandemic, a need to heal and a search for meaning after what we've endured;
- Hope for the future and things to look forward to; and
- A need to feel that, after all we've been through, some things will be better on "the other side" and thus, we are ripe for transformation.

But then he proclaimed that caring on its own isn't enough to address any of these issues if the leadership approaches and systems aren't in place to put that caring into action.

This, he said, is where the opportunity lies for reflection and change.

While, naturally, providing care to patients, colleagues and communities is the foundation of the way forward, results will be limited if the systems aren't in place across organizations to support improvement.

We have already proven we can generate caring systems transformation, but it needs to be coordinated and systemic.

Prioritize systems thinking

Dr. Geerts talked about ways to change the system at three levels: leadership approach, leadership development and a systems-wide unified leadership strategy.

He says it's incumbent upon leaders to recognize that the landscape of leadership during the pandemic has changed, as have expectations in the workforce. Dr. Geerts advocated for the "True North" leadership approach, which maintains the constants of our purpose, vision, principles and people-centred approach, and considers *all* other factors adaptable based on the evolving context and our people. This approach can address burnout and retention issues, while also maximizing performance at all levels. Care for staff is not enough; people need personalization to thrive.

Second, this approach needs to be supported by robust leadership development. Executive leaders can use support in reconsidering their top strategic priorities and a leadership development and integration

strategy to achieve them. New positional leaders would benefit from foundational formal leadership programs. Again, care is not enough; people need training, development and integration.

Third, Dr. Geerts indicated that systems thinking is vital for individuals, organizations and communities. This involves understanding the intricacies of how the system works, officially and unofficially, and how it can be influenced.

Similarly, many healthcare professionals consider “business” and “politics” as interfering with their ability to provide the best care. However, within organizations and jurisdictions, it is essential to know how to “play the games” of business and politics to advance important initiatives. Care is not enough without the policies, resources and funding, and these can only be achieved through a unified, multi-sectoral approach with government support and funding.

To conclude, Dr. Geerts reiterated that we need a new approach to leadership, systems thinking, leader development and integration. And we need a unified leadership strategy for systems transformation. He professed that the time is ripe and that Canadian health leaders represent the hope that Canadians seek for healthcare improvement and transformation.

PLENARY 4 – Caring is Everything

The conference ended on an inspirational note with a riveting talk by David Irvine, author of *Caring is Everything*. Mr. Irvine’s talk was less about healthcare and more about humanity itself, and what caring does to us and for us.

Claims versus reality

Mr. Irvine’s talk started with a reassuring absolution: the values you claim to embody and care about don’t always come through in actions. Why? Because we’re imperfectly human, and part of that imperfection are those gaps.

Remembering this in every facet of life is critical because it’s easy for us to measure the health of our teams or relationships on those gaps, which leads everyone down an unnecessarily dark road. In truth, he says, if your values aren’t tested under pressure, you don’t know what your values are. That’s why the key is caring enough to discuss those gaps between what is being claimed and what is being lived so you can courageously recommit to the values that may have been effected an imperfect response.

Transaction versus transformation

An interesting theme Mr. Irvine weaved through his presentation was the idea that caring can move your relationship with something or someone from transactional to transformational. He drove the difference home powerfully by comparing it to the difference between a father and a dad. Anyone, he said, can become a father. But you earn the right to be called a dad by caring. And you earn the right to be called a leader the same way.

Pleasing versus caring

Mr. Irvine dropped an interesting bomb in this section that got a lot of the room nodding in agreement: pleasing people will deplete you because it comes from a place of fear and obligation. By comparison, caring will empower you because it comes from a genuine place.

And while he said that anybody can be taught to please their teams or superiors simply by observing what makes them happy, it's impossible to teach someone how to care. Rather, people who care allow it to come through them by letting their gratitude be bigger than their circumstances, and by making space for their true values to come through. His comparison in this case was to plants and how they can't be forced to thrive. Rather, they can only be given the right conditions to grow, and only then will they be in a thriving position.

Smart versus healthy

In this section, Mr. Irvine examined the pursuit of a smartly run team that was strong in operational excellence, planning, technology, rigor, finance and innovation, juxtaposing it with the profile of a healthy team that prioritized trust, safety, respect, responsibility, energy, clarity and minimal politics.

As these lists sat side-by-side on the green, it was clear to the delegation that healthy meant a sense of caring about the people doing the work versus the eventual outcome of the work. Of course, pursuing the former will improve the latter.

Your wall versus someone else's wall

Mr. Irvine ended his lecture with an image of his wall of photos: 25 people who he cares enough about and who care enough about him to be his inspiration. As he left the stage, he encouraged us all to think hard about who would be on our walls and, more importantly, whose walls we would earn the right to be on.

Tuesday morning versus Wednesday afternoon

As the conference ended, the faces in the delegation were filled with hope and resolve. What started with a deep look within ended with a hopeful look around. And with Mr. Irvine's words and images seared into everyone's hearts, the feeling of change, and the inevitability of it, inspired everyone.