Dr Laurie Gottlieb (Canada)

Strengths based nursing and healthcare: re-envisioning nursing, empowering clinicians, leaders, managers, educators
Symposium: Strengths-Based Nursing and Healthcare

Re-envisioning Nursing, Breaking Down Barriers, Empowering Nurses, Clients/Patients/Families
Introduction to our Symposium

- Introduction to SBNH
- Part 1:
  - Educating nurses in SBNH
- Part 2:
  - Transforming the workplace: Creating a Culture of Strengths-Based Care and Leadership
- Part 3:
  - Empowering Nurses Through SBNH: Reclaiming Nursing---Finding Voice
- Part 4:
  - Breaking Down Silos: Creating and Strengthening Partnerships
- Panel Discussion
Introduction to Strengths-Based Nursing & Healthcare (SBNH)

Laurie N. Gottlieb, RN, PhD
Professor and Developer of SBNH
Ingram School of Nursing, McGill University
Canada
WHY SBNH?

Humanizing healthcare for patients/families/staff through SBNH compassionate, knowledgeable nurses, leaders/managers

- The current healthcare system is fragmented and disease-focused, with efficiency often trumping effectiveness and caring.
- Patients and families all too often feel disempowered and voiceless, as do the nurses/staff who care for them.
- SBNH is about reclaiming nursing values for the 21st century.
### An alternative worldview to the deficit model

<table>
<thead>
<tr>
<th>DEFICIT/PROBLEM BASED</th>
<th>STRENGTHS-BASED</th>
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<tbody>
<tr>
<td>Disease-oriented; Pathology</td>
<td>Holistic, Health-promoting, Experiences, Living with; Growth-</td>
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<tr>
<td>Fixing</td>
<td>Possibilities, Opportunities, Person/Family find their own solutions with guidance</td>
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<td>Compliance</td>
<td>Adherence, Negotiated approach that fits</td>
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<tr>
<td>Paternalistic</td>
<td>Partnership</td>
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<td>Doing for</td>
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<td>De-contextualized</td>
<td>Contextualized, Situated</td>
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<td>Detached, Coercer</td>
<td>Engaged, Facilitator/Coach</td>
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SBNH is...

Both a philosophy as well as a value-driven approach that guides clinicians, leaders, managers, educators, researchers

Philosophy is…

- A set of related beliefs that influence “the what” as well as “the how” a discipline and its practitioners should practice
- Represents a purpose, a description and a justification for the approach taken

• Guides
• Directs
• Explains
SBNH is…

Rooted in four foundations & operationalized in eight core values

Person Family Driven

Empowerment/Agency

Innate Health Capacities

Healing Mechanisms

Relationships/Relational

Collaborative Partnership

Learning, Timing, Readiness

Self Determination

Health and Healing

Uniqueness

Holism/Embodiment

Subjective Reality/Created Meaning

Person Environment/Integral

Person Family Staff Learner

Laurie N. Gottlieb, RN, PhD, ISoN, McGill University
SBNH is…
About uncovering/discovering/developing strengths to optimize functioning
Biological, Person, Unit/Organization

Contain
Circumvent
Compensate
Motivate
MY AHA Moment!!

Laurie N. Gottlieb, RN, PhD, ISoN, McGill University

Strengths-Based Nursing Care

Health and Healing for Person and Family

in collaboration with Bruce Gottlieb

Nursing Leadership
**HOW SBNH IS BEING IMPLEMENTED**

**Figure 2: Process of Implementation**

- **Trying out; Testing Out**
  - Is SBN relevant?
  - Does SBN make a difference

- **Raising Awareness**
  - Finding champions
  - Early adopters

- **Deepening Understanding**
  - Book Clubs
  - Workshops, Symposiums
  - Reflective practice

- **Re-Orienting-Re-training**
  - Bottom Up-Top Down-Top
  - Involving, engaging & expanding stakeholders:
    - Co-designing
    - Shared ownership

- **Replacing Silos with Networks and Communities**
  - Communities of Practice
  - Reaching out; expanding

**Phase 1: Pre-commitment-Pre-adoption**

**Phase 2: Adoption**
SBNH into Education Curricula

Training Leaders/managers/staff in SBNH-L; SBNH-CP

RESEARCH
SBNH-CP
SBNH-L
SBNH-P/E

Training Educators SBNH-P and content

SBNH into the Workplace

Laurie N. Gottlieb, RN, PhD, ISoN, McGill University
SBNH CHAMPIONS, COLLABORATIONS, & COMMUNITIES: A GROWING MOVEMENT

- **Languages**: English, French, Spanish, Portuguese, Japanese

- **Pockets of commitment**: Australia, Belgium, Brazil, Britain, Canada, China, Ireland, Japan, Portugal, Scotland, Spain, Switzerland, Tasmania, USA

- **Places**: Universities and colleges, healthcare services (acute/chronic care/community), private industry
Part 1

Educating Nurses in SBNH
Teaching SBNH in the Bachelor of Nursing - Implementing a flipped classroom pedagogy

Lindsay Smith, RN, PhD
School of Nursing,
University of Tasmania, Australia
Current healthcare system (in Australia) is not fit for 21\textsuperscript{st} century purpose

- Unable to address social determinates of health – modernity’s paradox
- Unable to meet UN Sustainable Development Goals

Economic and political imperatives restrict nursing care unjustifiably towards biomedical and acute focused nursing practice – technical excellence without attention to effective therapeutic relationships that:

- establish trust,
- support collaboration and shared decision making,
- create conditions for healing and wellbeing outcomes.
Development of a Strengths-Based Nursing & Healthcare unit

12 ½% weighted; Year 3 Semester 1 in a 3 year undergraduate program

Take Home Messages for students

1. Be strong—personal strengths, strengths & community strengths

2. Think family.—increase family involvement (family strengths & functioning) in nursing and

3. Focus on relationships.—respect person not the problem (or disease) strengthen connectedness.

4. Promote wellbeing. — soften and enhance resilience through a perspective.

Lindsay Smith, RN, PhD, School of Nursing, University of Tasmania
Case based learning using a flipped classroom

Teaching Schedule
- 1 week introduction
- 6 weeks practicum
- 1 week pre-workshop learning & reflection
- 2 day intensive workshop with formative assessment
- 3 weeks post workshop application of SBNH to case study & summative assessment work

Learning Resources
- Emma Gee case study
- Situational strengths-based nursing actions compared to holistic systematic SBNH learning activity – TED style talks
- Workbook with ten learning activities completed during 2 day workshop supported with self directed learning resources

Lindsay Smith, RN, PhD, School of Nursing, University of Tasmania
Outcomes/Impact
Emma Gee’s healthcare journey

• a real and engaging story
• raises a thought-provoking issue of the struggle between the medical model and a Strengths-Based Nursing experience of healthcare
• recounting episodes of care that are at times distressing and inspiring
• the journey lacks an obvious or clear-cut right answer of how to best implement SBNH

Unsolicited graduate student feedback

“Strengths-Based Nursing unit increased and shifted my perspective in what nursing truly is. Harnessing inner strengths and creating environment that is conducive for patients and families to have control over their lives” (Feb 2020)
Adopting SBNH as the Philosophy and Approach to Underpin the ISON Nursing Curricula

Annie Chevrier, N, MSc(A), CMSN(C)
Assistant Professor, Ingram School of Nursing, McGill University
The mission of the Ingram School of Nursing is to educate current and future nurses; advance the art and science of nursing; and optimize health and health equity globally through academic excellence, strengths-based nursing, and innovation (adopted December 11, 2015).

Creating conditions for health and healing through knowledgeable, compassionate, strengths-based nursing.
ISON Strengths-Based Teaching and Learning (SBTL)

2014-2015
- ISON Curriculum Committee
- SBNH

- Creating the pathway/roadmap for journey of renewal and revision of the curricula
- Mapping “OLD” curriculum

2016-2017
- SBTL
- Mapping New Curricula & Pedagogical Approach UG and Graduate studies
- Inquiry Based Learning (IBL) – Allied and Nursing Sciences and Clinical and Simulation
- Aligned
- Contextualized
- Integrated
- SBN Faculty Development

- Launch of BScN Revised Curriculum (09/17)

2018-2020
- Launch of UG Nurse Entry program (09/18)
- Launch of Direct-Entry Graduate program (09/19)
- Curriculum Committee
- Review and refine mapping to SBNH competencies inventory
- Scholarly Dissemination

- Graduation of 1st cohort of revised curricula May 2020

Annie Chevrier, N, MSc(A), CMSN(C), ISoN, McGill University
3 C’s: Coordination, Cooperation and Collaboration

- ISON Leadership: Associate Dean of FOM and ISON Director
- Program Directors
- Teaching Faculty and Administrative support
- Academic Clinical Partners
- Community Stakeholders
- Student Representatives

**Key ingredients for success:**
- Communication and Open-Dialogue
- Curiosity and Creative Thinking
- Motivation and Engagement
- Commitment
- Generosity
- Aspirational goals
- Humor
- Celebration of progress

Annie Chevrier, N, MSc(A), CMSN(C), ISoN, McGill University
SBTL Moving Forward

- ISON Faculty and Community
  - Embodied and Embedded: depth and breadth of knowledge, skills and attitudes
    - Teaching/ Clinical/ Research and Leadership
  - Refinement of integration of SBN in curricula
    - Program and Course evaluation tools
    - Scholarly activities and dissemination
      - National, International
      - Faculty development (Outreach )
Part 2

Transforming the Workplace: Creating a Culture of Strengths-Based Care and Leadership
Transforming the Workplace: Creating a SBNH culture in a children’s rehabilitation hospital

Marilyn Ballantyne, RN, PhD
Chief Nursing Executive/Clinician Investigator
Context: Children`s Rehabilitation Hospital
Why SBNH

• SB nursing vision & rehabilitation nursing model
• We enable ourselves, our teams & our clients to achieve full impact
• Readiness to grow SB approaches
What: Innovative Story Sharing

Week in the life of two nurses

Develop a prototype of insight into the life-worlds of nursing

Marilyn Ballantyne, RN, PhD, Chief Nursing Executive/Clinician Investigator, Holland Bloorview Kids Rehabilitation Hospital
Implementation: A day in the life of a nurse …
Impact

What changed?

• Insight & strengths
• Relationships & collaboration
• Recognition & engagement
• Sense of accomplishment
• Practice improvements
• Leadership training & growth
SBNH Training Program for Clinical Leaders and Managers

Pam Hubley, RN, MSc
VP Education & Academic Practice, Chief International Nursing
SickKids, Toronto, Canada
Context: Why SBNH at SickKids?

• To **build capacity** in strengths-based care for nurses, leaders, educators

• To **enable nurses to be in partnership with patients and families using a developmental, empowering approach that is values based**

• To create a **shared language** for compassionate, person-centred care

• To **make the invisible visible**

• To **bring new perspectives to the traditional deficit-based paradigm**
What: Introducing SBNH at SickKids
How: Implementation

Partnerships – Vision - Creativity – Emerging Opportunities – Commitment – Change Leadership

Intentional
• Partnership with Laurie
• Building awareness
• Engaging influencers

Creative
• Cool ideas
• Challenge Status Quo
• Distributed leadership

Alignment
• Current Structures
• New structures & processes

Testing
• Grant #1
• Pilot Program
• Evaluation

Celebrating
• Always!

Pam Hubley, RN, MSc, VP Education & Academic Practice, Chief International Nursing
SickKids
Outcomes/Impact

- Organizational interest and commitment across roles and all levels of nursing and health care
- Practical strategies have engaged early adopters
- New approaches demonstrated with positive anecdotal results
- Faculty/leadership development (deepening SBNH knowledge and pedagogy)
- SBNH Leaders emerging (next generation)
- Partnership Grant #2
- Preparing for SBNH Leadership Program delivery x 2 (approx. 40 learners)
Part 3

Empowering Nurses Through SBNH:
Reclaiming Nursing—Finding Voice
Impact of SBNH Reflective Practice Sessions on Clinicians

Christina Clausen, N., PhD
Coordinator, McGill Nursing Collaborative
Jewish General Hospital, Integrated University Health and Social Service Centers – West Central, Montreal, Canada
Our context

- 637-bed McGill University acute care teaching hospital
- Approximately 1,300 nurses - 90 nurse leaders reporting to the Director of Nursing

Goal of implementing SBNH into our philosophy of nursing care within the organization

Initiated reflective practice (RP) sessions to:

- sensitize and raise awareness of the philosophy and approach to SBNH;
- support the “trying out” and experimentation of the SBNH principles in practice;
- explore nurse’s perception of the impact of SBNH facilitated RP sessions on their practice

Christina Clausen, N., PhD, Coordinator, McGill Nursing Collaborative, Jewish General Hospital
Reflective Practice Sessions

Description: **Facilitated, bi-monthly, one hour sessions**

23 participants from 2014-2018 (Nurse educators, Specialists & Head Nurses, Department coordinators) in the Department of Oncology and Surgery

General format of sessions:

- sharing a story around a patient scenario
- reviewing the SBN values;
- linking and labeling values to their scenario
- describing how they worked through the scenario using an SBN value

- Participants have variation in terms of understanding and exposure to SBNH values
- Variation in years of nursing experience

Christina Clausen, N., PhD, Coordinator, McGill Nursing Collaborative, Jewish General Hospital
Goals and objectives of study

To explore nurses’ perceptions of the impact of the facilitated SBNH reflexive practice sessions on their practice; factors facilitating the sustainability of their learning; how to formalize evaluation of the sessions

- Qualitative-descriptive design
- Convenience sampling
- Semi-structured individual interviews
- Data collection over 2 months
- Thematic content analysis (Miles and Huberman, 1994)
- Ethics approval obtained
Outcomes/Impact

- 13/23 participated in the study; 1/3 from Oncology, 2/3 from surgery.
- Experience described as a process of (re)discovering the essence of nursing by examining, (re) connecting to & claiming one's purpose.
- Impact of the RP sessions on clinical practice included being able to: detect the “deficit” model; identify, label & articulate strengths with patient/family; reframe issues with SBNH lens; acquire an SBNH language for clinical practice & teaching.
- Factors that supported learning: Facilitation skills & structure of sessions.
- Evaluation: Development of a logic model to guide the process of evaluation.
**Level 1: Activities**
Structure training activities according to learning objectives.
Post training evaluation criteria: Satisfaction of the participants; Relevance; Commitment / involvement of participants in training.
Assessment methods: questionnaires; interviews (individual or group, formal or informal); Observation

**Level 2: Learning**
Link each of the learnings (knowledge, skills, attitudes) to the learning objectives identified in level 1.
Pre-post training assessment methods using questionnaires/survey

**Level 3: Behaviour change**
Forward-looking and / or retrospective; Take into account the time it takes for behaviors to appear.
Assessment methods: questionnaires; Interviews (individual or group)/observation
Empowering practice with SBNH – Student: A motor for change

Valérie RENOUD-GRENIER, Inf., MSN
Maître d’enseignement, Haute École de Santé Vaud
Lausanne, Switzerland
Context: Why SBNH?

- Worlds-Society returned to basic value
- Philosophy is larger and inclusive
- SBNH = Soins durables
- Students are curious and willing
- School is a safe place to develop good habits (heart, mind, technical competences) and create meaningful experiences using SBNH

Valérie RENOU-D-GRENIER, Inf., MSN, Maître d'enseignement, Haute École de Santé Vaud, Lausanne, Switzerland
What: Teaching Health promotion with SBNH

Strategies
- Reflection sessions
- Small groups
- Seminars
- 18 months
- Use self-management
- Educator = coach ...

Project-based education using SBN
Partnership with team-trainers and referent educators
Empowerment of part-time students/new nurses to transform daily practice

Valérie RENOUD-GRENIER, Inf., MSN, Maître d'enseignement, Haute École de Santé Vaud, Lausanne, Switzerland
How: Implementation

- Self-reflection
- Vision of others
- Being open-minded and keeping a positive mindset
- Problem as part of a situation

**Step 1**
Being a Nurse with SBNH eyes

**Step 2**
Implementing projects to promote Health

- Spiral process (exploring / zeroing in)
- Empower the community
- Collaborate with the professional team

**Step 3**
Realisation in the workplace

- Implementation
- Test leader competencies
- Deal with unexpected events
- Share the SBNH vision with team

**Step 4**
Transforming the workplace

- Support organisation interest to adopt the SBNH

Valérie RENOUD-GRENIER, Inf., MSN, Maître d’enseignement, Haute École de Santé Vaud, Lausanne, Switzerland
Outcomes/Impact
After 3 years

SBNH = new perspectives

SBNH underpins future Nursing Program in HESAV-2022

Share practice and new findings

Valérie RENOUD-GRENIER, Inf., MSN, Maître d’enseignement, Haute École de Santé Vaud, Lausanne, Switzerland
Références

- Speech of Joackim Phoenix, Oscar ceremony 2020: https://www.youtube.com/watch?v=31PDXB8D2uw
Part 4

Breaking Down Silos: Creating and Strengthening Partnerships
Advancing SBNH Through The Work of The McGill Collaborative

Melanie Lavoie-Tremblay, RN, PhD
Associate Professor / Professeure agrégée
Ingram School of Nursing / École des sciences infirmières Ingram
Synergy in training and empowerment of human resources
Education improvement
Access to shared resources
Production and application of beneficial knowledge into practice

Advancing SBNH Through The Work of The Nursing McGill Collaborative

https://www.mcgill.ca/nursing/about/mcgill-nursing-collaborative
Partnership: Leadership Training

• LEADS Training
  • LEAD SELF; ENGAGE OTHERS; ACHIEVE RESULTS; DEVELOP COALITIONS; SYSTEMS TRANSFORMATION

• Policy and Advocacy

SBNH Partnership Grant

Melanie Lavoie-Tremblay, RN, PhD, ISoN, McGill University
How: Implementation

SBNH was integrated into our Leadership initiative

Melanie Lavoie-Tremblay, RN, PhD, ISoN, McGill University
Group mentorship programme for graduating nursing students to facilitate their transition: A pilot study

Mélanie Lavioie-Tremblay | Lia Sanzone | Gilbert Primeau | Geneviève L. Lavigne PhD,
Creating SBNH Communities of Practice around women’s health: Cases of Burkina Faso, Africa and Quebec Mimosa Community

Judith Lapierre, RN, PhD
Professor, Faculty of Nursing
Université Laval, Québec City, Canada
Community-based nurse / community housing Mimosa du Quartier
Context

- SBNH: Framework to support disciplinary root, knowledge and practice
- SBNH: Values of nursing, care partnership and empowerment
- SBNH: Aligned to sustainable health, equity and social justice

- « Being with »
- « Spiralling process »
- « Partnership in care »

- Getting to know
- Focusing on strengths
- Considering the patient as expert

Judith Lapierre, RN, PhD, Université Laval
1- Sustainable health for women and children: Prevention, proximity and solidarity (Burkina Faso)

N = 15 midwives, nurses, and community based NGO worker
- 1 year of creating and engaging the partnership, eliminating obstacles
- Currently: active phase of operation

2- Preventive Telehealth Practices: Preventative circles (PC) and cyberhealth (Canada)

N = PC : 2 regions, rural and urban
- Telehealth: 4 mothers, 3 professionals (fall 2020)
- Currently: Évaluation pilot phase
Implementation of SBNH within the Virtual Communities of practice

- Training on site in Africa about SBNH + preventative health themes (28 hours)
- Video production: 2 videos related to SBNH
- Training on using Passerelles (VCP) technologies: [https://passerelles.quebec/](https://passerelles.quebec/)
- Three workshops (18 hours) on site (October, November, February)

- Self-learning modules on SBNH, discussion & exchange
- Training on using REACT (*Remote Education, Augmented Communication, Training and Supervision*): 4 sessions
- Training on using i-PADS for each family
- Spring: Evaluation of the care through a « distanced-relationship », SWOT, perceived impact assessment, etc.
Individual and collective perceived and experiential outcomes

- Potential for empowerment – participation in care
- Potential for increased trust and perceived affiliation
- Potential for perceived social support
- Potential for reinforced social safety net
- Potential for increased knowledge, ability and capacity for behavior change
- Potential for increased dignity in caring
- Potential for acting as a stress mediator, decision-making and health

**Individual impact** (education & care)

**Collective impact** (care, system and services)

- Potential for increased social justice (Fraser)
  - Recognition
  - Redistribution
  - Participation
- Potential for increased equity (social determinants)
- Potential for increased health gains through social capital
- Potential for increased social and citizen participation for health
- Potential for collective empowerment through the process of social construction of strengths and partnerships, advancing together for more equity

A transformative caring journey where...

Health Promotion – Prevention – Salutogenesis – Equity - Sustainable Development Goals

SBNH = catalyst of nursing essence of humanism, goodwill, trust, warmth, alliance, synergy and quality care

“So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.” — Florence Nightingale
Panel Discussion –
Questions from the Audience

Moderated by Bruce Gottlieb
End of Symposium

For more information, visit:
www.mcgill.ca/strengths-based-nursing-healthcare