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Breakthrough planning: Operationalizing a vision

By Janet Beed

Abstract

Heraclitus (540-486 BC) wrote: "There is nothing permanent except change." Change is not only certain, but in health care the pace has been accelerated tenfold. In the past, health care organizations have looked to business resources and literature to provide models for strategic planning. Strategic planning is a systematic approach to decision-making used by organizations to determine priorities and activities. In many organizations strategic plans have been well written but not implemented well.

The Patient Care Portfolio undertook a process of strategic planning. Within this process there was a typical review of strengths, weaknesses, internal and external impacts. However, the group discovered that the process was ineffective in helping us to change "the way we do our business", and therefore managing health care impact changes effectively.

New concepts experienced in the business field led us to re-think. The end result was a process that included values clarification, identification of four key breakthrough areas and the use of Hoshin planning to guide and operationalize our vision for oncology care.

Without a link between vision and the strategic plan, without a monitoring mechanism for determining how far we are in achieving the vision, an organization cannot be successful. There must be a strong association between vision, mission, what our business is and how we do our business.

The four key breakthrough areas are: Quality of life for staff and volunteers; quality of life for patients and families; leadership in oncology patient care, and leadership in the hospital. This presentation will focus on the development and operationalization of the breakthroughs and our vision for patient care.

Janet Beed accepting the lectureship award from Michael Schiffner of Schering Canada.

Background

In the late spring, Marion Stotts called to ask if our abstract addressing visioning would be the Schering Lecture. We were delighted by the honour, however, I had to ask myself how I could stand before a group of dedicated nurses and talk about visioning when I felt that my own life was undergoing such a significant transition that I was not sure if I had, perhaps, lost my own way.

Upon reflection, however, I realized that it is easy to have a vision and to put that vision into operation when life is proceeding according to plan. The challenge truly is how to maintain and work toward the vision when the "chaos" of the world is upon us.

These reflective thoughts helped me to see that I was of more value to you, the leaders of oncology nursing and cancer care, with my struggling perspectives than I would have been a year ago when the world was proceeding according to what appeared to be a divine plan.

PRIX DE CONFÉRENCE SCHERING 1994 LA PLANIFICATION DU PROGRÈS : LA RÉALISATION D'UNE VISION

ABRÉGÉ

Héraclite (540-486 av. J.-C.) écrivait : "Rien n'est permanent, si ce n'est le changement". Non seulement le changement est-il une certitude, mais il se produit dix fois plus vite dans les soins de santé. Par le passé, les organismes de soins ont cherché dans le monde des affaires et les documents pertinents des modèles de stratégie d'intervention. La stratégie d'intervention est une méthode systématique de prise de décision qu'utilisent les organismes pour déterminer leurs priorités et leurs activités. Dans de nombreux organismes, les stratégies d'intervention ont été bien conçues, mais pas bien mises en oeuvre.

Le *Portfolio des soins au patient* entreprenait un processus de stratégie d'intervention. Au coeur de ce processus se trouvait le bilan typique des forces et des faiblesses, ainsi que des impacts internes et externes. Le groupe a toutefois découvert que ce processus ne permettait pas de changer "notre façon de faire" et s'avérait donc inutile pour la gestion efficace de l'impact des changements dans les soins de santé.

De nouveaux concepts expérimentés dans le monde des affaires nous ont incités à repenser notre approche. Nous en sommes venus à adopter un processus qui inclut la clarification des valeurs, l'identification de quatre domaines clés du progrès et l'utilisation de la méthode Hoshin pour guider et réaliser notre vision des soins oncologiques.

S'il n'y a pas de lien entre la vision et la stratégie d'intervention, s'il n'y a pas de mécanisme de contrôle pour déterminer le progrès dans la réalisation de la vision, un organisme ne peut pas progresser. Il faut un lien solide entre la vision, la mission, la nature de l'entreprise et les moyens utilisés.

Les quatre domaines clés du progrès sont : la qualité de vie du personnel et des bénévoles; la qualité de vie des patients et des familles; le leadership dans les soins dispensés au patient, et le leadership à l'hôpital. Cette communication sera axée sur l'élaboration et l'exploitation du progrès et notre vision des soins aux patients.

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I am delighted to be sponsored by Schering Canada because of their reputation for creativity and innovation in the development of treatments that can maximize cancer care and contribute to cancer control.

Their commitment to patients as evidenced by their support of Interferon for needy patients, their commitment to research - particularly oncology research - and their commitment to education for those who care for the patients, make Schering a leader among many.

I feel confident that these attributes exist because of a unique and dynamic corporate vision.

I feel proud to present the work of my staff. To understand how truly remarkable their work is, it is essential that you understand the concepts of change, chaos, visioning and spirituality.

On behalf of them, I hope that my words today can touch your hearts and your minds so that we can all see with new clarity.

The theme of this conference has been "Sharing Our Worlds". We have heard how the 58 countries represented here this week care for patients with cancer; how they care for their pain both physical and psychological, and how they integrate into their care both the traditional and contemporary families that come with their patients.

All of this care is being delivered in an environment that is facing constant change.

Chaos

But what is change? In the early '80s, change was described by the concepts such as unfreezing the current situation, establishing new working realities and then freezing into a new state. It next appeared that we were changing so quickly that we no longer had time to refreeze, so to speak, and this rapid progressive change became known as a "transitional state". Those who talk of transitional states now have been left behind.

Today, change is at a level of magnitude and velocity that some are calling "chaotic". Chaos is the state where the pattern of events cannot be discerned. One feels uncertain of what will follow in a normal progressive pattern. It can be likened to the dance floor when everyone is dancing to the music of a waltz and then overlaid on the waltz is the rhythm of a polka. As you look at your partner you are uncertain what steps to take. Because the tunes are played on top of one another you are not sure what you are hearing. Over time you will condition your ears until one music strain predominates and guides you to your next dance steps.

The physicists are comfortable with this philosophy of life. Having studied the forces of the world, they know that nothing occurs in a random fashion. Each activity will ultimately be part of a pattern. It is this pattern we don't recognize or see when we are in need or feel lost.

Given that we are facing this chaotic world, we cannot give up and wait and see what will happen to us; we cannot wait to be the victim of health care; or let our patients and their families become the victims of our changing or not changing health care systems.

To do so would be like taking a trip without a map, or driving in the middle of a snowy white-out or a sand storm in the desert. You will end up somewhere, but it may not be where you wanted to be.

We need to take responsibility and be accountable in our roles as nurses in oncology. To do this we must have a vision of where we wish to end up. That vision is our map to guide us when we cannot see clearly, to remind us of the reasons we started on this journey and to reward us as we arrive at our check points.

In 1992, our organization was experiencing change that was approaching a chaotic nature. We were seeking approval for the relocation of our whole hospital; there were new financial pressures; the executive team was brand new; with this new executive came a new mission, vision and strategic plan; and the public was demanding that the cancer system be accountable to their actual, not their perceived, needs. Our changes were highly complex because they required a new philosophy of leadership, a new philosophy of purpose, and a new definition of success.

The members of the nursing department had risen to numerous

challenges and opportunities, but they were beginning to feel that they could not keep up. They asked for clarification on the priorities so that they could make choices as to where to direct their energies. One nurse manager conceptualized the problem as follows: "I feel as if we are all working very hard on a tapestry which is intricate and detailed, but I feel uncertain of the pattern and where it will hang". As a former bedside nurse and as a director of nursing who had experienced similar struggles, I wanted to be certain that the staff not only were heard, but felt heard. I wanted to do a better job of leading my staff.

Clearly, I needed to work with my staff to conceptualize our vision for the future.

Vision

What is a vision? Simply stated, it is a mental picture of the desired future. It is this picture that provides meaning to our work and our lives, and facilitates our life choices and the choices of the people who work in the organization.

The vision for today and for tomorrow is significantly different than the vision of yesterday. It is and must be a vision that comes from our hearts and not our eyes. A vision of the eyes is solid and functional. It is focused on tangible tasks leading to measured outcomes. It is fear-motivated as it describes hurdles that must be jumped if performance is to meet the bottom line.

A vision of the heart is alive and flexible. It is spiritual, with unbounded opportunities because it is value-centred. A vision of the heart is focused on our own selves, our abilities yet untapped, and our dreams of what can be accomplished. I call this a "life-driven" vision which is a modification of Carol Orsborn's theories from her book, *Inner Excellence*.

The heart is our lifeline. It is its biological purpose to take the old blood, have it replenished with life-sustaining oxygen and then distribute it to every part of our being.

A vision for today must do the same for each of you and the staff that work and live within that vision. The vision should never intimidate or create a sense of victimization, rather it must leave the staff stimulated and challenged to lead the organization.

The development of a vision that meets this definition is a challenge because there are no rule books, there is no protocol document. The vision of which I am speaking simply draws on the most significant and valuable characteristics of your department, hospital, clinic or unit.

It draws on a belief in the goodness and the innate desire of your staff to excel. It suggests that there are new forms of inspiration locked up in the unconscious minds of our staff that are new sources of guidance for our practical lives.

This definition of a vision must establish itself in all our cultures, and we know from our experiences in this last week that some cultures will be more receptive than others. No culture has been immune to the proliferation of management and leadership books and their very existence continues to reinforce the idea that someone knows the answer, someone knows how or what the vision is supposed to be. It suggests that if we just get the people who are smart enough, bright enough, educated enough, and so on, we can develop the right vision.

There actually is no "right vision". There is no correct answer. The vision of choice reflects the desires of those who dream for the future. The vision of choice must create the atmosphere that will sustain the energy of those who work for and are guided by it.

I believed then and I continue to believe today that there are two key emotions in life: Fear and love. I also believe that these two emotions are the two key motivators in life. I knew I wanted the staff that worked with me to be motivated through love.

I also believe that working harder and longer can lead to desperation which, in turn, can lead to immobilization from panic or depression. I had heard that people could not work any harder and that they could not see the end goal.

I had to discover an alternate energy source to help us see our vision through the chaos of change. This energy source, I concluded, needed to be the spirituality of each individual which is that "deeply

alive place within each of us that longs for fulfillment". (Orsborn, 20)

Believing in the spirituality of your staff is to recognize that personal values, spirit and integrity are not checked at the door of the workplace. Orsborn states that spirituality is an inner longing which, when acknowledged, can be a task master far more demanding than the external prods to action that many of us currently allow to call the shots in our busy lives.

The nursing department decided to initiate a task force to look at how we could define our tapestry. This task force, initially consisting of nurses, saw clearly that if care was to be coordinated, nursing could not define oncology care in isolation. Other members of my portfolio were invited to participate in the plan to describe our vision which would guide our choices. They welcomed the opportunity and became part of the task force that recommended how we would proceed. A facilitator was hired for two reasons: We needed an objective person among our now diverse group; and I did not wish to participate as the facilitator of the process - now called our planning process.

I will not tell you that our task was easy. It is amazing that we expect the health care team on the patient unit or in the clinic to work as a team when they have rarely studied together and when their philosophical underpinnings are so diverse. Managers and staff representatives at our planning sessions were significantly challenged and very cautious about a joint vision, particularly one that was as unstructured as that which I was promoting.

We did succeed in defining our vision. Our vision represents the collective thoughts of the staff in the patient care group. It is courageous and spiritual, and it is best communicated through a picture developed by the implementation task force. It shows a circle of people with their hands together. In the centre are three words - quality, caring and achievement. These words are not clearly defined, nor are they measurable. They exist to stimulate the inner driving force of each individual. They are there to help with decision-making, including the choices that must be made when demands exceed available resources.

This is, I believe, a vision of the heart. To assist you in recognizing its spirit, contrast it to what a more traditional vision might be. The words most likely would be expressed in an outcome statement and would define the parameters of performance. For example:

"To deliver the best quality of care in an atmosphere of caring which contributes to patient and staff well-being."

Contrast these two together. Which realizes the inner self and challenges of staff to excel; which one defines the hurdles to be jumped if the vision is to be met?

Having prepared the vision, the next challenge was to establish mechanisms for communication such that it became a part of our day-to-day and strategic lives.

A series of value statements were developed to guide our staff and ourselves towards this life-driven vision. Eight values were articulated and are considered to be our cornerstones. I wish to highlight the first four as they describe more fully what a life-driven spiritual vision can be.

Beliefs

1. People are the most valuable organizational asset. Each person is a free agent capable of immense achievement if valued, respected and supported.
2. Each individual's uniqueness is recognized, respected and capitalized on so that they can contribute to the success of the organization while fulfilling their individual aspirations.
3. Leadership includes not only a bottom-line, event-centred focus, but also a top-line, value-centred focus.

You might wonder here why we addressed the bottom line. Given we were in a chaotic state, I did not want the abandonment of tasks which were necessary to maintain the organization and frequently required by departments such as finance which were outside my domain of responsibility.

4. Excellence or high performance is an individual choice. A leader's responsibility and accountability is centred on creating an environment in which employees choose to strive for excellence.

The vision statements along with the belief statements have their power unleashed if they are viewed from the heart. Critics will say that they lack definition and measurement. Cousins says that: "Words that mean the most are the ones that lack definition".

The next phase was to create a framework which would help us live up to the vision and value statements.

In keeping with the leadership of our organization at that time and in recognition of the words of Peter Drucker, we adopted the philosophy that gradual change would not work. There had to be a total break with the past, however traumatic it might be. A comforting thought at this phase is the knowledge that it is not so much the change that is difficult, it is that time "in between". It is that time when the trapeze artist lets go and has not yet grabbed the next bar. It is the time when your comfort blanket is in the dryer.

Given the dramatic change required, the natural next step, the development of objectives, would not meet our needs. Objectives tend to be short-term and small in nature and they are consistently associated with immediate outcomes which are success/failure driven. We felt that to develop objectives would not show the magnitude of the change envisioned.

We chose to identify four key breakthrough areas which would guide our daily choices. The term "breakthrough" captures the message that simple improvement is not what is sought. Simple improvement would lead to people working harder and they had already told us they were working as hard as they could. A breakthrough is a significant change in how or why something is done and the associated benefits to that action.

The key breakthrough areas were defined as:

1. quality of life for staff and volunteers
2. quality of life for patients and families
3. leadership in oncology patient care
4. leadership in the hospital.

The order of the breakthroughs was intentional. If we believe in a life-driven spiritual organization we must first start with the people who will draw on their inner selves to operationalize the vision. I wish to focus primarily on this first breakthrough area.

Key breakthrough area I:

Quality of life for staff and volunteers

The goal of this breakthrough was to work together to optimize the quality of our work life.

The focus of this goal was to create an environment that supports the employee and the volunteers.

Key outcomes in this area included:

- communication and collaboration,
- creation of a learning environment,
- programs of support, and
- work teams.

Communication and collaboration

Roskind in his book "In the Spirit of Business", says: "We often do things that are inherently counterproductive to our corporate or stated goals, but which may increase our personal position within the workplace". How much more could a business produce if the environment was one of cooperation instead of competition. Essential to a cooperative communication philosophy is that it encourages a view of others as equals and helpers in our goals. The giving and receiving inherent in communication helps to promote a balanced life and when our lives are balanced our faculties are at their best and our vision is clearest.

Creation of a learning environment

When fear is the basis for human achievement, we are tempted to believe that the fear is desirable and should be left as it is, perhaps even nurtured (Roskind, 76). However, at the heart of the fear failing is the prevalent concept that our possessions, our accomplishments, and our successes are indicators of our value as a human being. Lifelong learning suggests that it is expected that we will learn through our successes and our errors. In essence, failure is a gift from which one can draw learning and comfort that he has tried and that trying is the true meaning of being human.

Programs of support

"Life-driven business is not about lowering standards or results. It is rather about the reclamation of vitality, creativity and natural inspiration from that most important business asset, our human resources." (Orsborn, 28)

Programs that support people to become more accountable for their thoughts and feelings are essential to the life-driven vision that will move the organization to greater heights. (Connors, i)

Work teams

We must face the fact that as individuals we will never be good enough, smart enough, or lucky enough to fix everything that will happen to us. We will, however, gain great insight from frequent, regular and ongoing feedback from other people as to their perceptions (Connors, 107). Whether we agree with others' perceptions or not, they always add important nuances to our own perceptions of the reality and the potential for change. It has been said that the most powerful work environments apply the principles of interdependence and joint accountability (Connors, 74). I believe that our lives are given extra value when we have meaningful relationships with people.

The three remaining breakthrough areas continue to promote the philosophies I have described under "quality of life for staff and volunteers".

Key breakthrough area II:

Quality of life for patients and families

The goal of this breakthrough area was to emphasize the importance of working with patients and families to optimize the quality of their life through their cancer experience.

Key outcomes in this area were:

- comprehensive pain management
- systematic assessment of needs
- staff role re-design
- community linkages.

Key breakthrough area III:

Leadership in oncology patient care

The goal of this breakthrough area was to create and pursue, collectively and within each discipline, opportunities for leadership and innovation in oncology patient care.

Key outcomes focused on:

- development of relationships internally and externally, and
- creating an environment that supports the generation of new ideas.

Key breakthrough area IV:

Leadership in the hospital

The goal of this breakthrough area was to individually and collectively commit our skills, knowledge and values to influence the organization's advancement.

Key outcomes focused on:

- a continuous quality improvement philosophy
- development of a leadership program, and a
- lead by example philosophy.

Our world continues to be chaotic. We process new information daily and sometimes we are unclear as to the purpose and direction of this new information. We do, however, know that, while we may not be able to discern the patterns of change, the three words that make up our vision are steadfast. No matter how confusing the day may be, our values hold true and our breakthrough areas assist us to make the choices that are part of balancing our work lives. I have attempted to describe the documents that were developed and the philosophies that underlaid the text. What makes these vibrant are their underpinnings in a life-driven philosophy and the fact that we changed the structure of how we did our business. As Winston Churchill said: "First we shape our structures and then our structures shape us". The agendas of our meetings were changed such that the breakthrough areas became the coordinating items replacing the traditional terms "old business" or "new business". Additionally, we have used these breakthroughs to assist us with decision making, priority setting, and they will constitute the framework for performance reviews. Throughout the hospital our vision, values and breakthrough areas are posted to remind ourselves and to let others remind us of why we are here caring for cancer patients.

You are reaching the end of a very stimulating and challenging conference. Your minds have been filled with new ideas. You have seen oncology nursing through the eyes of people from around the world and you have made new friends. You cannot go home from a conference such as this and be the same.

I hope I have also been able to stimulate you to think about the importance of seeing with your hearts. Your mind is a powerful device for change, but your emotions have a phenomenal ability to overpower your thoughts. I challenge each of you to return home, look inside your souls and determine that mission which is uniquely yours. Then ask yourself how you can bring that mission to your workplace, to the world of oncology nursing, and to contribute to a vision that is shared.

I can say with confidence that sometimes you will be inspired, sometimes you will feel lost. You will make mistakes along the way and you will learn from your mistakes, for spirituality is not passive. It takes courage to act on your own behalf and to live your life as if you really matter, mistakes and all.

Enjoy your journey through the chaos of change. It alone will offer new insights and opportunities to understand that only you yourself can achieve your desires. And with others you can move the world.

Thank you and may you be life-driven.

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