

“Just Say ‘Yes!’”: Mary Ferguson-Paré and the Art of Influential Leadership

Morgan Holmes

Introduction

In December 2010, Mary Ferguson-Paré, RN, PhD, CHE, officially retired from a distinguished nursing and healthcare administration career that spanned over 40 years. As many readers will know, Ferguson-Paré played instrumental roles at several of the country’s major healthcare organizations, including Toronto’s University Health Network, Baycrest Centre for Geriatric Care and Queen Elizabeth Hospital, as well as the Vancouver Hospital and Health Sciences Centre.

Throughout her career, Ferguson-Paré dedicated herself to improving the quality of patient care as well as the quality of nurses’ and allied health professionals’ working lives and environments. As a result, she is now one of Canada’s most widely respected nurse leaders.



“Three commitments underpinned Mary’s leadership: developing nurses, ensuring a quality work life for staff and delivering the highest standard of patient care. *Everything* Mary said and did combined to have an impact on those objectives.

“Mary and I worked closely together on UHN’s nursing and allied health executive team for eight years. During that period, I witnessed numerous examples of her taking on projects nobody else would or could. UHN’s partnership with communities in James Bay, the mobile nursing program involving long-term care residents – Mary’s vision of and support for these and other initiatives not only made them happen, but transformed them into outstanding programs.

“A key element that distinguished Mary from other nurse leaders was her focus on innovation and the future. When colleagues – including me – brought ideas forward to her, she would support us before all our i’s were dotted and t’s were crossed. She helped us to think through our plans, and then trusted us to do what needed to get done for them to work.

“Mary never micromanaged, and she very often pushed us beyond our comfort zones. But great leaders like Mary are, by nature, risk-takers. And that’s a quality she instilled in us, too.

“I miss her now that she’s retired. Mary always kept our heads above water, and there was certainly no getting stuck in the muck!”

*Debra A. Bournes, RN, PhD
Director of Nursing, New Knowledge and Innovation
University Health Network, Toronto*

The high esteem in which she is held by her peers is attested by the numerous honours bestowed on her. These include Sigma Theta Tau International’s Nursing Media and Knowledge Advancement awards (2007); the Canadian College of Health Service Executives National Nursing Leadership Award (2005); a Prism Award for Coaching from the nursing and allied health staff at the University Health Network, Toronto (2004); a Distinguished Alumni Award from the Faculty of Nursing, University of Toronto (2003); and the Ontario Hospital Association’s Award of Excellence in Nursing Leadership (2003).

Longwoods recently had the pleasure of interviewing this remarkable individual. We were not looking to develop a conventional biographical

profile; determined seekers will find this information online. Instead, we sought out Ferguson-Paré’s understanding of *leadership*, a vision that was developed over time as she undertook to lead individuals, teams and organizations in the pursuit of healthcare excellence.

Even people who know Ferguson-Paré well are often struck by her ability – extemporaneously – to find just the right words to express often complex ideas. To ensure that her insights into leadership are presented in as undiluted a form as possible, in this profile we have kept our editorial presence to a minimum. Ferguson-Paré’s own eloquent voice, therefore, takes centre stage in this profile. Three sidebars offer additional insights from Ferguson-Paré’s former colleagues – Debra Bournes, Vanessa Burkoski and Joy Richards – into the qualities that made her such an outstanding leader.

Look After Your People

In 2001, when Tom Closson hired Ferguson-Paré to become UHN’s vice president, professional affairs and chief nurse executive, the organization was suffering from low rates of both staff and patient satisfaction. Tasked with addressing this serious situation, Ferguson-Paré drew on her firm conviction in the “inseparable duality of work–life quality and care quality.”

“As a leader in healthcare, you must look after your people so that your people can look after your patients. That is the lens through which I have viewed all my administrative work.”

Ferguson-Paré’s first step at UHN was, therefore, “to listen to the voices of our nurses.” In order to do so, she initiated a broad consultation process that involved visiting every practice environment at UHN – almost 80 of them – over a three-month period. In each gathering, she sat down with nurses and asked them, “What do you believe I need to know?”

“I could have taken a straight route from the published evidence,” says Ferguson-Paré. “After all, since at least 1980 plenty of data had been published about what needs to be done to improve nurses’ working situations and the connection to better patient care.”

According to Ferguson-Paré, however, the problem was that the evidence was not getting put into practice. “Some managers and administrators simply didn’t know about it. In many cases, though, day-to-day operational priorities were clouding people’s thinking and drawing their attention. That left them unable to see how investing in staff could add to efficiency, productivity and care quality.

“So, I decided to come at my work from the direction of listening to nurses. What I learned was that their perspectives accorded with the published evidence. They told me that their work–life quality was impaired and the design of their work was often unnecessarily difficult. Nurses also said they wanted to feel respected both as professionals and human beings. They wanted to have reasonable workloads, the right tools to do their jobs, opportunities to grow and learn and organizational leaders who would listen, be responsive and act on their behalf.”

The analogy Ferguson-Paré cites is to think about a human being who is ill, and to recognize that, in a meaningful sense, he or she is an expert in his or her own situation. “Similarly, staff members, whether nurses or allied health professionals, are experts about themselves and their jobs. It’s important, therefore, to ask them about their needs.”

“Mary and I worked closely together when I was the provincial chief nursing officer in Ontario’s Ministry of Health and Long-Term Care. During that time, I witnessed on numerous occasions the power of Mary’s *outcomes-focused leadership*. In a rather contentious stakeholder engagement meeting, for instance, Mary was able to put aside the ‘noise’ and to re-clarify the direction in which all parties wanted to travel. It was a skilled manoeuvre that brought everyone back on track.

“Textbooks say that the attributes of a leader include a professional demeanour, trustworthiness and walking the talk. Mary possesses all those traits. But she also demonstrated an additional leadership quality: she consistently made her colleagues *feel the learn*.

“What I mean by that is Mary always sought opportunities to be a purposeful mentor. She identified knowledge or experience gaps in her colleagues, and then gave them the support they required to advance their understanding and abilities – all the while preserving their dignity and sense of self.

“I have a metaphor for this aspect of Mary’s leadership: she doesn’t hand out loaves of bread; she teaches others how to bake. By doing so, Mary was more than a transformational leader. She was also a *servant leader*. The entire focus of Mary’s work was to facilitate opportunities for her followers to succeed by ensuring they had the skills, knowledge and capacity to accomplish their goals.”

*Vanessa Burkoski, RN, BScN, PCNP, MScN, DHA
Vice President, Professional Practice and Chief
Nursing Executive
London Health Sciences Centre*

After gathering all this information, Ferguson-Paré presented her new colleagues’ feedback to UHN’s board of directors and senior management team. “By coupling this information with published research evidence, I was able to make a powerful statement that immediately generated support among board members and senior managers. With that in place, we were then able to begin rebuilding nurses’ work design in order to help them deliver care better.”

Keep Your Eye on the Positive

Having served throughout her career in many different capacities – as a front-line nurse, nursing educator and healthcare administrator – Ferguson-Paré has developed a strong belief that “the best way to approach any issue is to focus on the positive. In fact, arriving at that realiza-

tion has, I would say, fundamentally changed my practice.”

In the past, Ferguson-Paré says, many people (including herself) thought that strategy development was best undertaken by identifying what staff were doing wrong and then generating ways to fix those errors. “Experience has shown me, however, that starting from the negative is simply not the most effective approach.”

As evidence to support her contention, Ferguson-Paré points to the success at UHN of the Best of Nursing Initiative (and a similar effort with allied health professionals). “This enormous consultation process with nearly 3,000 nurses led us to develop three key themes. Out of these, we generated six strategies for achieving the Best of Nursing. This was the most successful approach to strategic

planning I have ever used. I can call it an ‘intervention’ because the nursing staff owned it. The right-away initiatives the nurses identified for their particular units were ones they were dedicated to and anxious to implement.

“In past efforts, strategies came from the top down. We inverted the process and created a ‘blossoming up’ process. In so doing, I learned that leaders can be most effective when they concentrate on the positive and the ideas that have their inception at the actual unit level.”

Learn to Say “Yes”

“In the world of day-to-day management, people have a tendency to look only at their feet and to walk in the same spot. That’s a good way to not go anywhere!”

As an antidote to that tendency towards stasis, Ferguson-Paré developed a new leadership philosophy: “Just say ‘yes!’”

The point of saying “yes” is, Ferguson-Paré notes, to help people get their heads up. “When I began working with nursing leaders at UHN, I had to do a lot to encourage everyone to keep their eyes not on where we were, but on where we wanted to go.

“So, for instance, if a nurse asked her manager for time off for personal reasons, the easy and customary answer was to say ‘no.’ As a result, UHN was losing excellent staff members – they’d simply resign! I asked my managers to consider what the harm would be of giving a good nurse a leave of absence instead. What would we lose? As it turns out, nothing! And what would we gain? Well, a loyal employee who would return to work.”

Ferguson-Paré took the same just-say-yes approach when it came to fostering innovation among her staff. “When people who reported to me came forward with a new idea, my usual answer would be (assuming their ideas wouldn’t sink the ship or cause anyone harm!), ‘Sounds great. Now go do it.’ As a result, my colleagues would sometimes joke, ‘Be careful about going to Mary with an idea, because then you’ll have to find a way to get it done!’

“A good example of the benefit of saying ‘yes’ was a proposal that Debra Bournes, our director of new knowledge and innovation, brought forward to encourage nurses to conduct research at the unit level. When she presented that idea to me, there was almost no research being done among practising nurses. I thought Deb’s ‘research challenge’ idea was brilliant, and so I told her to go out and make it happen. Six years later, UHN now has over 40 teams conducting nursing research. And Deb’s now working on a provincial concept that’s looking to open the process to other organizations.

“My doctoral research focused on exploring and understanding the development and practice of feminine courage in nursing leadership. As my study unfolded, Mary Ferguson-Paré’s name repeatedly surfaced as the courageous individual who had exerted profound influences on numerous other women’s lives and careers.

“Throughout her career, that quality of courage acutely distinguished Mary as a great leader. She simply lived and thought in a different stratosphere than many people in formal leadership positions. Incredibly smart and brave, Mary was often ahead of her time, able to see possibilities and solutions before anyone else.

“But being a courageous leader at the forefront of change is often a lonely place to be. I admire Mary so deeply for having had the courage to do everything in her power – even in the face of doubt and criticism – to persevere towards her vision of improving our healthcare system so that it could deliver excellent patient-centred care.

“As I reflect on Mary’s role in my own professional development, it’s clear that she has been one of my most influential mentors. Time and again, Mary discerned potential in me that, to my eyes, was invisible. In fact, one of the key aspects of Mary’s leadership is that once she sees your potential, she does everything in her power to help you grow. If Mary believes in you, you have no choice but to do the same!”

*Joy Richards, BScN, RN, MScN, PhD
Vice President, Professional Affairs
and Chief Nursing Executive
University Health Network, Toronto*

“By saying ‘yes’ to my colleagues, we achieved more effective innovation annually with less money. In fact, we had to trim our budget every year.”

Empower Your People

“A fundamental tenet of my leadership philosophy is that if you treat people as they are, they will remain as they are. But if you treat people as they can be, they will become what they can be.

“Wherever I held a leadership position, I always set new expectations for my nurses based on what I believed they could become. In particular, I have always been convinced that the vast majority of nurses have the stuff to become academic practitioners. I therefore strove long and hard to help my nurses return to learning, to secure funding, to conduct research and to apply their research findings in patient care.

“At UHN, I’m proud to say that this support for my nurse colleagues has contributed to steadily – sometimes rapidly – improving satisfaction rates among both patients and staff. And there’s a clear link, too, to UHN’s reduced hospital standardized mortality ratio (HSMR). It’s only logical that an organization’s HSMR will drop when nurses are better informed, better educated and better able to rescue patients.

“In our profession there’s been an unfortunate history of seeing but not *hearing* nurses. That’s just intolerable, especially because nurses are critical to care quality and the sustainability of the healthcare system.

“I hope my leadership style has helped all the nurses who I have supervised and mentored to have the confidence to speak up and be heard. My goal, in fact, has been to empower everyone around me to be a leader – first, by thinking about the future they want to move towards as an individual and, next, to clarify and embrace a vision of where they want to travel as a group of capable, courageous caregivers.

“My method is really a very easy way to lead,” Ferguson-Paré concludes. “If I am able to foster a sense of empowerment in my colleagues – one that stems from being heard and the belief that management will take appropriate action – then everyone will typically get on board and develop ways to deliver optimal patient care.”

All around us, people are at work leading change in healthcare. All of these leaders have a journey of experience from which they have learned (and are learning!) lessons.

- Paul Batalden, *Editor*

