

# Introducing a “Made-for-Healthcare” Leadership Approach: Strengths-Based Nursing and Healthcare Leadership

**We are excited to share** the promise and innovation of Strengths-Based Nursing and Healthcare (SBNH) Leadership (SBNH-L). As a mindset, SBNH-L is more than a management philosophy. It is an intentional and purposeful value-driven approach that puts humans at the forefront and helps leaders honour, mobilize and cultivate the strengths that reside in individuals and teams. SBNH leaders focus on people, systems and solutions, cultivating relationships and being transformative in the service of others and the system at large. An SBNH leader is one who leans into change with an open mindset, who thinks about the ecosystems we are in and who acts to make a positive difference and address challenges across the healthcare sector as we emerge from the pandemic period. What we need right now is authentic leadership to foster positive change, influence work environments and support much-needed recovery and healing. In short, this issue of the *Canadian Journal of Nursing Leadership* has arrived at the right time. You will find articles that offer valuable exemplars of how SBNH-L has guided advancements in nursing administration and leadership, practice, teaching and research.

This issue is intended to offer what seems to be missing in the leadership literature, that is, a model that makes an explicit connection between practice and leadership, given that most leadership models have been derived from outside of and adapted to healthcare. SBNH and SBNH-L originated in nursing and were derived from nursing practice values, specifically for the healthcare context, making them unique. Leadership that cultivates relationships and healthy respectful work environments and that uses an approach that lifts up and enables nurses and teams to be the best they can be is needed; it is about leadership that moves away from existing high-efficiency, toxic and disconnected systems of care. Capitalizing on the strengths of others orients leaders to lifting people up, finding the goodness in people and creating conditions of empowerment and individual agency. If leaders adopt an SBNH-L approach, they are naturally committed to humanistic and compassionate thoughts and actions toward staff and, in turn, staff can see they are valued and important. It is precisely this ripple effect that helps teams see that bringing their best selves to work is appreciated, acknowledging their unique

expertise and contributions. Leadership is key to positively influencing nursing retention, nurses' well-being, nursing practice, care delivery and the human experience of patients and staff. If leaders show up to meet the challenges of the day with the values of SBNH-L guiding their thoughts and actions, a different narrative begins to emerge. The prevailing pessimism could turn to constructive and realistic optimism.

Why is SBNH-L needed now? As healthcare leaders, it is essential that we focus on shining a light on the strengths of nurses and teams so as to acknowledge, support and retain them in workplaces. In essence, SBNH-L can drive positive change because taking a strengths-based orientation focuses us on what is working, not on what is wrong or problematic. This does not mean our problems go away; rather, it means the way in which nurses and teams are approached, assessed and responded to is more optimistic, with a chance to find solutions. SBNH leaders can help stabilize workforces, inspire nurses and reconstruct health systems because they are oriented toward deeply understanding the current reality as they seek solutions that build on what is already working well. SBNH-L makes sense because its foundations enable leaders to remain aligned with professional practice values and find ways to inspire a positive view of the future.

### **In This Issue**

The new perspectives shared in this issue build upon previously described leadership approaches. It offers insights into how SBNH-L has been used to guide leaders in developing the capabilities that embody SBNH-L (Hubley et al. 2024), which has seen international uptake in Japan, Ghana, Brazil and Portugal – far beyond our Canadian context. This issue also highlights a variety of approaches to implementing SBNH-L across the domains of nursing (DiMambro et al. 2024), leadership development (McAllister et al. 2024; Girgis et al. 2024), education (Aryee et al. 2024; LaPierre et al. 2024) and program development and research (Shiraishi et al. 2024).

Hubley et al. (2024) provide a practical, actionable framework to develop SBNH-L capabilities in emerging and current leaders, showcasing measurable leadership behaviours, that is, “ways of being” (p. 12) and “ways of doing” (p. 13).

DiMambro et al. (2024) describe a top-down and bottom-up intentional leadership approach that was undertaken to implement SBNH in a Canadian pediatric rehabilitation hospital over a 10-year period. The authors share their wisdom and recommendations so others can learn how to implement SBNH in a hospital setting.

Girgis et al. (2024) outline how SBNH leaders can be instrumental in promoting healthier, more equitable, diverse, inclusive (EDI) and culturally safe workplace environments that honour, develop, mobilize and capitalize on individual strengths. The authors present concrete and tangible suggestions on how to focus on EDI using an SBNH-L lens.

Aryee et al. (2024) shed light on how the integration of SBNH – interconnected with health equity and child- and family-centred care – was used to develop, implement and evaluate a postgraduate pediatric nursing program in Ghana in an international collaboration with Canada. This case study highlights the positive changes that occurred, resulted in a transformation of teaching and learning that enabled a safe and positive learning environment where students felt supported, that created positive relationships with colleagues, and that resulted in successful transitions toward therapeutic relationship building with patients in local communities.

Shiraishi et al. (2024) share their innovative integration of SBNH into program development and research in Japan focused on psychiatric nursing, an aging population and a 2025 mandate to shift to community-based care. Examples are shared that include a research project involving the development of a strengths-mapping tool, a nurses' strengths literacy scale and an innovative training program that will have international relevance.

LaPierre et al. (2024) describe how leadership within education can advance SBNH and strengthen international collaboration in undergraduate and graduate courses and programs across two universities in Canada and Brazil. The authors share diverse strategies intended to promote the adoption and implementation of SBNH-L by novice nurses in community health education, as well as by more expert nurses and researchers who are engaged in graduate studies and who exercise leadership roles in hospital settings.

McAllister et al. (2024) report on interviews with senior Canadian nurse leaders from practice, academic and policy environments to solicit their perspectives on SBNH-L and their insights into why it is relevant now and how we might accelerate its adoption across the country.

Lastly, Gottlieb and Villeneuve (2024) take us on a journey, sharing their insights and offering a path forward for nursing, guided by SBNH-L, a journey that is consistent with the Canadian Nurses Association's 2024 National Nursing Week theme: Changing Lives. Shaping Tomorrow (CNA 2024).

These authors are leaders who have already embraced and embodied the SBNH-L approach. They are change-makers who are inspiring individuals and teams to be the best they can be through an intentional, value-driven leadership approach that is grounded in the identity and purpose of nursing.

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