

Case Study: Developing, Implementing, and Evaluating a One-Day Leadership Conference to Foster Women's Leadership in Healthcare

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Abstract

Despite women increasingly entering the healthcare field, they still face barriers to advancing in leadership ranks within healthcare. To address the need for leadership development among women in healthcare, the Center for Leading Healthcare Change (CLHC) at the University of Minnesota College of Pharmacy piloted a one-day conference in November 2012 entitled "Women Impacting Healthcare: Decide to Make a Difference." This conference utilized an interactive agenda: each speaker's presentation was followed by hands-on leadership activities during which attendees developed their own personal leadership visions. Specific leadership activities were designed to build upon one another and help design a leadership pathway. All activities were consistent as they included personal reflection and interaction with others. Attendees were asked to complete two evaluations, one immediately at the conclusion of the conference, and another two-weeks post. The conference committee achieved the goal of delivering the conference objectives. As the Women Impacting Healthcare committee continues to look for ways to develop leaders in healthcare, the focus of future conferences will also evolve to include the needs of women currently in leadership roles, as well as ways women can grow into leadership roles.

Introduction

Despite women increasingly entering the healthcare field, they still face barriers to advancing in leadership ranks within healthcare.¹ Though 75% of healthcare employees are women, only 12% of chief executive officers in healthcare are women.^{1,2} According to the 2012 RockHealth report *Women in Healthcare*, while women make up 73% of managers in medical and health services, only 4% of chief executive officers (CEOs) in healthcare are women.³ The report cites the top barriers to leadership advancement are, in order: self-confidence, time constraints, ability to connect with senior leadership, and family obligations.

When women develop leadership skills, they are more likely to advance their careers and strengthen the profession overall. When gender diversity is present in a group, the collective intelligence increases.⁴ Women are also noted for their compassion and ability to support teamwork.⁵ These qualities are essential for the development of better patient care and increased inter-professional teamwork. A 2011 report from McKinsey & Company found that companies with three or more women in top leadership roles scored higher than their peers on the McKinsey's Organizational Health Index.⁶ Sheryl Sandberg, former chief operating officer (COO)

of Facebook[®], writes in her book, *Lean In: Women, Work, and the Will to Lead*: "Teams that work together well outperform those that don't. And success feels better when it's shared with others. So, perhaps one positive result of having more women at the top is that our leaders will have been trained to care more about the well-being of others."⁷

To address the need for leadership development among women in healthcare, the Center for Leading Healthcare Change (CLHC)⁸ at the University of Minnesota, College of Pharmacy piloted a one-day conference in November 2012 entitled "Women Impacting Healthcare: Decide to Make a Difference."

The author of this paper, a faculty fellow in the Center for Leading Healthcare Change, was motivated to organize the Women Impacting Healthcare conference to further her passion for leadership development among women in healthcare. She holds a Doctorate of Education in Leadership and has a background in leadership development among managers and executives in corporate healthcare. As university faculty, she wanted to bring her years of experience to a broader audience via the Women Impacting Healthcare conference.

This conference targeted a specific need in healthcare – developing women as leaders – and utilized an interactive agenda; each speaker's presentation was followed by hands-on leadership activities during which attendees developed their own personal leadership vision. Each participant not only heard inspirational speakers and had the opportunity to

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network with other healthcare professionals, they also developed a concrete, individualized leadership plan to apply to their respective healthcare careers.

Currently the literature on conference development is not well-represented in journals, nor is research available on interactive workshops. According to Steinert, "Although workshops have the stated advantage of increasing motivation for teaching and learning, and promoting skill acquisition, they are often limited by their brevity, lack of built-in follow-up, and limited ability to sustain change over time."⁹

This article details how the conference was developed, how the innovative activities and speakers introduced and reinforced leadership principles, and how attendees evaluated the overall experience. The article also includes the benefits and limitations of the conference, as well as goals and improvements for future conferences.

Conference Design

In August 2012, the CLHC appointed a steering committee to design and implement the one-day Women Impacting Healthcare conference in November 2012. The committee was comprised of University of Minnesota students, faculty, and deans, as well as outside practitioners and entrepreneurs. The Women Impacting Healthcare conference was specifically designed to engage the attendees in their own leadership development and incorporated a two-week post check-in evaluation.

The target demographic for the first conference included women in a variety of healthcare professions, at the critical junction of five to ten years into their careers. Due to the conference's affiliation with the College of Pharmacy, and the fact that most members of the planning committee were pharmacists, the mailing list consisted largely of pharmacists, although other professional groups were invited through social media networks. The target audience was primarily from local and regional University connections, with an emphasis on the State of Minnesota. The conference was also available to men and women at all levels of their careers, from students to retirees.

The committee's first step toward creating the conference was to determine the vision, objectives, speakers, and the overall structure for the conference. The vision for the conference was to provide a collaborative opportunity for women across the entire spectrum of healthcare professions to gather, enhance their leadership skills, and network with colleagues to build a better patient experience. This vision

became the guiding force of the conference and all objectives and activities were tied closely to making this a reality.

Objectives of the conference were to provide actionable items that attendees could use immediately in their practices and personal lives. All activities were consistent as they included personal reflection and interaction with other attendees. At the end of the conference, attendees would be able to:

- Articulate their personal leadership philosophy and how they would use it to positively affect patient care.
- Outline ways to balance the myriad of challenging demands on today's healthcare leaders, to better recognize and take advantage of opportunities to improve the patient care experience.
- Examine ways women in healthcare can become successful change navigators to help their organization more effectively offer the best patient experience.

Once the vision and objectives were determined, speakers and panelists, based on committee recommendation, were invited to share their varying leadership journeys with attendees of the inaugural conference. The list of presenters was determined based on identified needs and their expertise in effecting change within healthcare.

The conference expenses were covered by the attendee registration fees; the minimal profit was given to the Center for Leading Healthcare Change at the University of Minnesota College of Pharmacy for future leadership programming. The conference was accredited through the University of Minnesota, thus attendees could receive six continuing education credits in pharmacy.

Conference Implementation

"Women Impacting Healthcare Conference: Decide to Make a Difference," took place on November 9, 2012 at the University of Minnesota. Sixty-five attendees participated. According to the post-conference evaluation, the attendees' professional designations were: 27 pharmacists; three nurses; three academics (PhD); and 14 other (graduate and undergraduate students, business professional, healthcare executive, health coach). Eighteen did not complete the post-conference evaluation.

Leadership activities threaded throughout the conference were an important part of the overall experience and success of the conference. The interactive structure of the conference provided attendees an opportunity to develop their own

personal leadership approach through a series of collaborative discussions and group learning activities, interspersed with speakers' presentations. Specific leadership activities were designed between presenters to build upon one another and help design a leadership pathway.

The leadership activities interwoven throughout the conference were: 1) defining a vision; 2) making a "to don't" list; 3) designing an "integrated" life; 4) final note to self.

The first activity of the conference, defining a vision, serves as the key first step in any leadership journey. Therefore, it was imperative to begin the conference with an explanation and activity to crystallize this activity for attendees. A vision is meant to drive decisions in any professional or personal environment. In order to make a difference in our environments, we need to know where we want to go. A reflective exercise based on materials adapted from Kouzes and Posner consisting of a series of questions was offered to attendees to start crafting their personal leadership visions.¹⁰

The second activity, the "to don't" list, was an interactive discussion which generated quite a bit of energy from attendees. The purpose of this process was to reduce extra activities that can consume a person's everyday life. "To-do" lists can overrun lives, ultimately hampering productivity and keeping leaders from doing tasks that provide the most long-term benefit. Creating a "to-don't list," similar to the "Stop Doing List" that Jim Collins describes in his 2001 book *Good to Great*, helped attendees to focus their energies.¹¹ Each participant described items that were necessary to include on their personal "to don't" lists, and shared these with colleagues during the conference. Letting go of certain responsibilities or tasks can sometimes seem overwhelming; conducting this activity as a large group discussion helped attendees share ideas and experiences.

The third activity, designing an "integrated" life, was the creation of a personal guidebook (or journal) begun at the conference that will continue to develop beyond the conference. Adapted from the work of Connors, Smith, and Hickman,¹² attendees worked through their own lives based on the following principles:

- Know it – Describe key values
- See it – Create a diagram for current time allocation
- Own It—Diagram how the balanced/integrated lifestyle would look
- Solve It—Realize what elements you can control and stop stressing about the ones you can't control
- Do It—Set goals and reward yourself when you achieve them

Through this third activity, attendees began to take ownership of their lives by tying their vision and "to-don't" list with the integrated lifestyle they wanted to achieve. This is an ongoing reiterative process; those on a leadership pathway must continue to finesse this process until it becomes a part of their habitual practices.

Understanding that leadership is a journey makes the final activity – note to self – essential. Attendees received a note card in their conference folders. The purpose of the exercise was to provide a reminder of what each participant wanted to achieve six months or a year into the future. It was a chance for attendees to see their leadership journeys evolve. The letter also served to motivate attendees to continue incorporating their personal visions into their lives. Attendees were directed to complete the note to self, seal it, and make a date to revisit the letter.

Participant Perceptions

Attendees were asked to complete two evaluations, one immediately at the conclusion of the conference, and another two-weeks post. The first evaluation was designed to capture immediate thoughts from the attendees regarding the conference and also to meet the criteria for accreditation. The second was designed to "check-in" with the attendees regarding their leadership activities.

The first evaluation was provided to the attendee with a reminder to complete and submit prior to departure. Using the following descriptors, attendees were asked to rate various aspects of the conference as *Excellent*, *Very Good*, *Good*, *Fair*, or *Poor*. These aspects included: perception of the overall conference, how well the conference met each learning objectives, speaker presentations and conference design (including coordination), opportunity to ask questions, conference logistics, and registration services. The evaluation form also gave attendees the chance to expand on their responses through written comments. Finally, attendees were asked if, as a result of the conference, they would make any significant changes in their roles. If they responded yes, they were asked to identify and elaborate on those changes, or, if no, to identify what barriers may exist to prevent them from making changes. The evaluation also asked for the participant's professional designation.

These initial responses were important to gather because the information was recently experienced. The survey information was used for accreditation of the program through the Accreditation Council for Pharmacy Education and to develop future programming. In response to the question if, as a result of the conference, they would make any significant changes in their roles, 43 people responded to

the initial evaluation: 28 responded “Yes,” seven responded “Possibly, I am contemplating change, but would need more information and/or education,” and eight responded “No, but the content affirms my current behavior/practice.” Individual comments included:

- “I will have more confidence in my ability to effect change. I will identify informal and formal mentors.”
- “I will say no and really think about what adds value to my life and contributes to my vision.”
- “Bring more self-confident, striving for better balance based on my values.”
- “I will start making changes to the way I approach everything I do in terms of my attitudes and beliefs.”

Two weeks post-conference an email survey (Qualtrics, Provo, UT) was sent to attendees to revisit the leadership activities and the impact of the conference. (See Figure 1.) The rationale for sending a survey so quickly was to remind attendees of the goals they had set for themselves and to encourage them to complete the leadership activities begun at the conference. One reminder was sent to increase the response rate. A total of 28 attendees responded to the follow-up survey (65%), and almost half of the conference attendees completed the follow up questions. Questions primarily focused on the leadership activities from the conference and what attendees had done to further their leadership journeys. More than two-thirds of the attendees who had completed the survey had either completed or were working on all four of the leadership activities. Nearly all attendees, 89%, focused on vision and integrated life and 96% of respondents worked on their “to don't” list.

Attendees were asked two weeks after the 2012 conference, “As we continue to develop leaders in the healthcare profession, what do you foresee as some of the upcoming challenges that need to be addressed or changed in healthcare?” Two common themes emerged; how to develop or work as a team, and how to support women in healthcare through mentorship and networking. Understanding the needs of the attendees is important to designing future programs that will be relevant to the women.

Lessons Learned

The 2012 planning committee was mostly comprised of pharmacists. Because invitations to the conference were sent to mailing lists made available by the steering committee and the University of Minnesota College of Pharmacy, it follows that most of the attendees of the inaugural conference identified as pharmacists. After the 2012 conference, the steering committee felt it necessary to broaden the reach of

future conferences; to make a truly interprofessional healthcare conference, the conference will have to be led by an interprofessional steering committee. Thus, the 2013 planning committee will include deans and faculty of colleges of dentistry, nursing, medicine, pharmacy and organizational administration. Invitations will be sent to the variety of colleges represented on the steering committee. The 2013 conference speakers will include a wider range of healthcare professions represented. (See Figure 2.)

The steering committee found that the one-day conference format worked well, but that growth would be possible. The planning timeline and costs for the event were also sufficient.

Future Direction and Research

The success of the first conference has inspired a second annual conference to be held in November 2013, entitled “Preparing to Lead.”

Based on feedback from the committee and attendees as indicated in the, future conferences will evolve to include a greater cross-section of healthcare professions and more activities devoted to developing mentoring and networking relationships. As noted by the attendees, continuous development of leadership skills is necessary to make changes in all health professions, specifically by developing mentoring and networking relationships. Consistent with earlier research, conference attendees noted the need to create inter-professional team environments and mentors for women. Much of this has to do with developing a culture within healthcare, therefore this will be an emphasis for the 2013 conference.

While the inaugural conference was led primarily by individuals related to pharmacy, future conferences will include representation from all healthcare professions. As stated above, the steering committee for the 2013 conference will expand to incorporate representatives of pharmacy, nursing, dentistry, medicine, and administration. Input from the new committee members will broaden outreach to a larger audience of women. It is also important that the ongoing experiences of repeat attendees be evaluated, to determine if the interactive components and conference program have made positive long-term positive changes for the attendees.

Based on the feedback from 2012 participants when asked for topics and themes for future conferences, attendees expressed a need to continue including the interactive leadership components of the program. These components could focus on mission development, personal vision action planning, managing difficult situations, creating teams,

developing interprofessional relationships, and professional branding.

As the Women Impacting Healthcare steering committee continues to look for ways to develop women as leaders in healthcare, the focus of the conference will also evolve to include the needs of women currently in leadership roles.

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References

1. Lantz, P. M. (2008). Gender and Leadership in Healthcare Administration: 21st Century Progress and Challenges. *Journal of Healthcare Management*, 52, 291-303.
2. Hoss, M. A. K., Bobrowski, P., McDonagh, K. J., Paris, N. M. (2011). How Gender Disparities Drive Imbalances in Health Care Leadership. *Journal of Healthcare Leadership*. 3, 59-68.
3. Rock Health Survey of 100 women in healthcare. (2012). Retrieved from <http://www.slideshare.net/RockHealth/rock-report-iii-women-in-healthcare>. Accessed October 15, 2013.
4. Wooley, A. W., Chabris, C. F., Pentland, A., Hashmi, N., Malone, T. W. (2010). Evidence for Collective Intelligence Factor in the Performance of Human Groups. *Science*. 330(6004), 686-688.
5. Fontenot, T. (2012). Leading ladies: women in healthcare leadership. *Frontiers of Health Services Management* 28.4:11-21.
6. Barsh, J., Yee, L. (2011). Unlocking the full potential of women in the U.S. economy. Special Report produced exclusively for *The Wall Street Journal* Executive Task Force for Women In The Economy 2011. Retrieved from <http://online.wsj.com/public/resources/documents/WSJExecutiveSummary.pdf>. Accessed October 15, 2013.
7. Sandberg, S. (2013). *Lean In: Women, Work, and the Will to Lead*. New York: Alfred Knopf.
8. Center for Leading Healthcare Change. <http://www.pharmacy.umn.edu/clhc/>.
9. Steinert, Y., Nasmith, L, McLeod, P., and Conochie, L. (2003). A Teaching Scholars Program to Develop Leaders in Medical Education. *Academic Medicine*, 78(2), 142 – 149.
10. Kouzes, J.M. & Posner, B. Z. (2008). *The student leadership challenge*. San Francisco, CA: John Wiley & Sons, Inc.
11. Collins, J. (2001). *Good to Great: Why Some Companies Make the Leap and Others Don't*. New York: Harper Business.
12. Conners, R., Smith, T., & Hickman, C. R. (2004). *The Oz Principle: Getting results through individual and organized accountability*. New York, N.Y.: Portfolio.

Figure 1. Responses to Email Survey Two Weeks Post-Conference

#	Question	answer	number	answer	number	answer	number	total answered
1	Defined your personal vision?	Yes	15	No, but working on it	10	No	3	28
2	Quit doing the items on your "To Don't" list?	Yes	13	No, but working on it	14	No	1	28
3	Found ways to integrate your life and reward yourself?	Yes	17	No, but working on it	8	No	3	28
4	Written a letter for yourself to be opened in 6 months to one year?	Yes	9	No, but working on it	9	No	10	28

Figure 2. Conference Presenters at 2013 Women Impacting Healthcare Conference: *Preparing to Lead*

Cindy Kent	Vice President, 3M
Mary Brainerd	President and CEO, HealthPartners
Julie Johnson	Associate Dean, University of Minnesota College of Pharmacy
Dan Pesut	Director, Katharine J. Densford International Center for Nursing Leadership, University of Minnesota
Kerry K. Fierke	Assistant Professor, University of Minnesota College of Pharmacy

Appendix 1. 2012 Women Impacting Healthcare Conference Agenda

Registration 8–9 a.m. Morning Sessions 9 a.m. – 12 p.m.	
Welcome	Marilyn Speedie, Dean, College of Pharmacy, University of Minnesota
Defining a Vision To make a difference in any professional or personal environment, we need to know where we want to go. This reflective exercise will help us begin to craft a personal leadership vision.	Kerry K. Fierke, Assistant Professor, College of Pharmacy, University of Minnesota
Change Agents: Women Who Make a Difference In the healthcare field, women are change agents who define the future of the industry. (Presenter will share a personal leadership story of how to make a difference in healthcare.)	Jeannine M. Rivet, Executive Vice President of UnitedHealth Group Inc.
Share Your Vision This interactive session will help further define our own direction, and help our colleagues do the same.	Kerry K. Fierke
Perspectives: A History of Women in Leadership This topic will tell stories of how women make a difference, and highlight differences in leadership styles of men and women.	Barbara C. Crosby, Associate Professor at the Hubert H. Humphrey Institute of Public Affairs and former academic co-director of the Center for Integrative Leadership at the University of Minnesota.
Lunch: Noon – 12:30 pm Afternoon Sessions: 12:30 – 3:30 p.m.	
To Don't List Our “to-do” lists can overrun our lives, ultimately hampering our productivity and keep us from doing the tasks that will provide the most long-term benefit. We will determine our “to don't” lists, and share it with our colleagues.	Kerry K. Fierke
Panel: The Work-Life Balance and How to Achieve It Facilitated by: Maggie L. Kading	Panel Members: Molly Ekstrand, Park Nicollet Dana Boyle, Life Science Alley Rachel Anhorn, Boehringer-Ingelheim Norrie Thomas, The Burchfield Group and Manchester Square Group Mary Ann Blade, Retired CEO of the Minnesota Visiting Nurse Agency and the Retired President of Hospice of the Twin Cities
Integrated Life “Work/life balance” has been a source of discussion and examination for decades. This reflective session will help us determine the highest priorities in our lives, and begin to visualize how we can focus more on these areas.	Kerry K. Fierke
Shaping the Future: How Can Women Shape The Healthcare Industry of Tomorrow? What are forthcoming trends in healthcare? How is the industry changing? During this discussion, we will examine how women can become successful leaders of change.	Sue Willman, Vice President, Wellness Products of OptumHealth