

Building Nursing Leadership Capacity: *An Australian Snapshot*

John Daly, PhD, RN, FACN, FAAN, Debra Jackson, PhD, RN, FACN, Michele Rumsey, RN, FACN, Karen Patterson, MMid(Res), GradDip (CBEd), RN, RM, and Patricia M. Davidson, PhD, RN, FACN, FAAN



Leadership is a highly prized commodity across a range of contemporary industries, and healthcare is no exception where the stakes are high.^{1,2} Healthcare, previously viewed as peripheral to many other societal structures, is now front and center, largely due to increasing costs and the increased consumption of gross domestic product.³ Australia is a culturally diverse and pluralistic society supporting a

system of universal healthcare that is accountable and transparent.⁴ There are over 200,000 nurses in Australia, working in hospitals, clinics, aged care facilities, and schools, and these individuals are integrally important to the effective and functional health system. Moreover, Australia is intensely aware of the effects of globalization and the importance of a global strategy for human resources for health.^{5,6}

The increasing politicization and scrutiny of healthcare underscores the importance of competent, confident, and courageous leadership.¹ Broadly, leadership may be defined as “a multi-faceted process of identifying a goal or target, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals.”⁷ These goals are increasingly fluid and subject to external forces—social, political and economic.⁸ An example of this is the intense focus on decreasing readmissions to hospital and lengths of stay that is driving clinical practice models and incentives.⁹ Increasing demands on the healthcare system, fiscal constraints and community scrutiny require leaders to be dynamic, reflexive, and resilient.¹⁰

Effective and responsive leadership is essential if organizations are to achieve their objectives and prosper. Health is a major area of concern globally and contributes significantly to societal stability.^{11,12} Moreover, it is evident that pandemics have no borders, and social determinants of health have a global reach.¹³ Increasingly, healthcare systems internationally are confronted by a myriad of challenges.¹⁴ Increasing demands for services include concerns about access and equity, human resources for health issues, the growing burden of chronic illness, demographic transitions, and in particular, aging populations, growing urbanization, maldistribution of human resources, quality and safety, escalating costs, and increasing complexity due to technological and scientific advances.⁶

Leadership is a key area of concern in healthcare because many of the complex issues facing the health sector locally, nationally, and internationally require care management, foresight, and high-level leadership skills. Leadership must be exercised at many levels of healthcare organizations and by all health professional groups. In nursing, leadership capability and capacity is required in clinical practice, education, policy development, implementation, and research.²

Concerns for the development of the next generation of leaders is shared across disciplines and healthcare settings.¹⁵ Yet contextual factors can influence leadership in healthcare, particularly for nurses, whose value is on patient needs, not profits as a primary professional responsibility is for patient advocacy.¹⁶ Therefore, ensuring nurses have the necessary knowledge, skills, and competencies is of increasing importance among care delivery across settings and the career trajectory.¹⁷

Development of leadership capacity ideally starts at the undergraduate or pre-licensure level of education for health professional practice.¹⁸ However, the pressures on undergraduate health curricula are overwhelming. Though “new nurses should be able to demonstrate knowledge of leadership and management principles,”¹⁹ there is little evidence as to how this knowledge is able to be actualized or implemented in the health environment, particularly early in their career. Curriculum design needs to be responsive to these challenges and integrate leadership across the curriculum. This is likely to include just as much about personal development as professional skills and competencies. This can be challenging for both students and faculty who see nursing programs within a context of clinical skills. What is evident across the Australian healthcare system is the need for development of leaders within the context of their workplace.

Leadership skills need to develop with continued exposure to professional practice and continuing professional education, and most importantly supportive and enabling environments that promote personal and professional growth. Indeed, the need for ongoing and continued opportunities to develop effective leadership capacity that translates into action is evidenced by the growing options for leadership education at the postgraduate level across academic programs in Australia and internationally. In the United States, the Magnet program is responsible for ensuring that professional practice environments inspire and motivate excellence in patient care and this is a model increasingly emulated in Australia and other countries.²⁰

Clarifying the ambiguity between management and leadership remains of critical importance, as emphasis on the need for leadership in driving clinical practice improvement is of increased recognition.^{10,21} Driving clinical practice improvement is dependent on individual attributes as well as organizational factors.

The pursuit of dynamic efficiency has been a key reform driver within the Australian healthcare system. The ideal system is one that is agile and self-improving.²² The key elements for services include factors that are well integrated and networked, provide local and ease of access to multidisciplinary teams linked to specialist services, and where patient autonomy is respected.^{22,23} Although there are a number of ways the elements of a system could be organized to achieve this ideal, effective leadership is recognized as critical in every interaction and at every level of the system. Kotter²⁴ details eight incremental errors known to undermine reform efforts within any industry, even in the context of certain personal, financial and productivity gains. The successful reform efforts that demonstrated critical success factors involved investing in the capabilities of the next-generation workforce, distributing leadership, and building alliances.

In recognition of the vulnerability of system reform efforts and awareness of leadership as a critical driver for sustainable systems transformation, the Australian Health Ministers Advisory Council commissioned the development of a health leadership framework, positioning it as a strategic priority.²⁵ As the Australian College of Nursing (ACN) leveraged evidence that nursing leadership is strongly associated with the delivery of high-quality patient care and that nurses are well situated to be system leaders,²⁶ ACN operationalized the guiding principles of the Australian Health leadership framework as follows: “Everyone owns leadership; developing capable leaders builds health leadership capacity; and the person you are is the leader you are.”^{27(p.4)} ACN also considered the National Competency Standards for Registered Nurses, when developing a suite of leadership programs designed to support nurses’ leadership aspirations, for fellow colleagues as they transition at different stages of their career.²⁷

At the operational level of the healthcare system, and using the Australian state of New South Wales (NSW) as an example, there has been significant investment over the past decade in leadership development. Initiatives have included the NSW Clinical Excellence Commission Clinical

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