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Leadership in questions?

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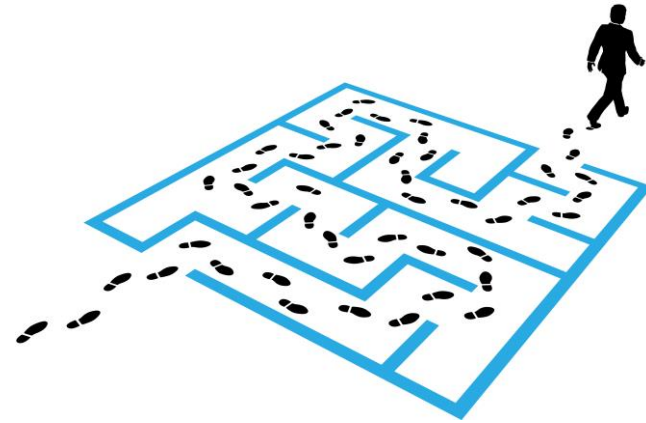
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Outline

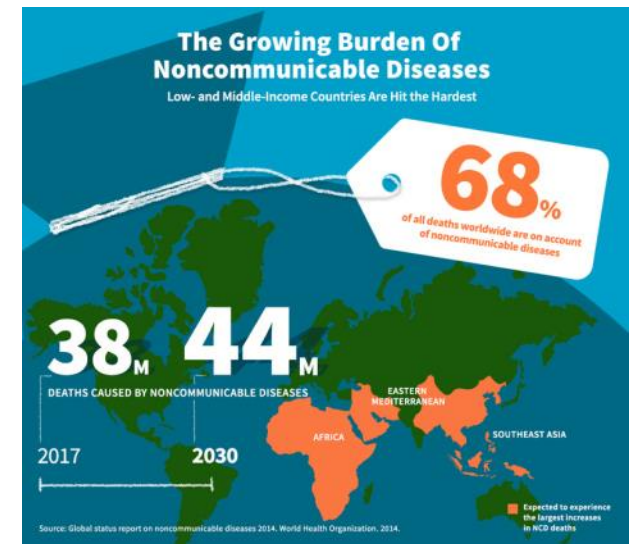
- Our context
- Some questions about leadership
- Leadership in nursing at a glance
- Conclusion



The context: our patients



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The context: our organizations

Managing health care under New Public Management

A Sisyphean challenge for nursing

Stuart Newman
University of Sydney

Jocelyn Lawler
University of Sydney

Abstract

The drive to reform the public health care system became a common feature of Australia's political and economic landscape from the early 1980s. Health care reform in Australia has been underpinned by New Public Management (NPM) which was promoted as providing more transparent policy and empowering managers to manage service delivery. However, these claims are a fallacy and nursing and nursing care have been affected adversely and severely. General (generic) management structures have replaced established nursing management structures and the distance between politics (politicians) and health service managers has narrowed to the extent that there is now an unprecedented level of political interference in the daily management of health services, in direct contrast to the tenets of NPM. This article reports on the 'reformed' health care environment as experienced by nurse managers. They reported that their ability to manage nursing services and provide professional and clinical leadership has been seriously diminished, as has their work satisfaction, motivation and commitment. They also report uncertainty about their future as well as the future of nursing itself.

Keywords: healthcare reform, leadership, management of nursing services, marginalization, New Public Management, nurse managers, politicization

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Fast food for thought: How to survive and thrive in the corporate university

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SUMMARY

Michael Oakeshott warned in 1950 that the very existence of the university as a place of learning and scholarship was under threat from corporate interests, and that the provision of education was being replaced by the sale of qualifications. By the end of the century, Bill Readings had pronounced that the university was in ruins, just as nurse education in the UK was making the move into higher education. It is against this backdrop of a corporate university sector that is increasingly coming to resemble a fast-food business that nurse academics are struggling to assert their values and make a difference to nursing practice through education, research and scholarship. As it becomes ever more difficult to make our way in the university with any degree of integrity, this paper offers some thoughts and suggests some strategies for not only surviving in the corporate university, but for thriving both personally and professionally in ways that do not compromise our commitments and values as healthcare professionals and human beings. It is offered as a personal reflection, based on nearly 40 years of experience in UK universities, firstly as a student and later as a lecturer and a professor of nursing. As such, it is delivered from a particular geographical and disciplinary perspective, the only perspective I can talk from with any real authority and authenticity. However, I believe that these ideas, thoughts and suggestions can be applied with a degree of success to other healthcare disciplines in other parts of the world.

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The idea of a university

It is generally accepted that the idea of the modern university was formulated at the end of the eighteenth century and that the first concrete example was the University of Berlin, which was founded in 1810. Cardinal John Henry Newman, writing in the middle of the nineteenth century, regarded the business of the university as 'Liberal Education', the disinterested pursuit of knowledge for its own sake and without any consideration of its application outside of the ivory towers of academe. When Newman spoke and wrote about the purpose of the university as being the pursuit of knowledge, he made it quite clear that he was referring to the pursuit of learning rather than the creation of new knowledge through research. For Newman, then, the university:

is a place of teaching universal knowledge. This implies that its object is, on the one hand, intellectual, not moral; and, on the other, that it is the diffusion and extension of knowledge rather than the advancement. If its object were scientific and philosophical discovery, I do not see why a university should have students; if religious training, I do

not see how it can be the seat of literature and science. (Newman, 1982, p. xxviii, his punctuation and emphasis)

Furthermore, Newman was very explicit about what constituted a liberal education, arguing that a well-rounded diet of the classics, theology and philosophy was a sufficient foundation for any profession, including medicine and law and, presumably, nursing and the other healthcare disciplines, since 'it prepares [a man] to fill any post with credit, and to master any subject with facility' (Newman, 1982, p. 135). Newman was strongly opposed to the growing demands of an industrial society for narrow specialists, arguing that professional training had no place in the university, which should be concerned only with the pursuit of knowledge for its own sake.

The decline of scholarship and the rise of the McUniversity

Clearly, Newman's idea of a university was never going to endure very far into the twentieth century, and it is now more than sixty years since the political theorist Michael Oakeshott predicted the imminent demise of the traditional Enlightenment university with its values of broad scholarship and the disinterested pursuit of knowledge.

A University will have ceased to exist when its learning has degenerated into what is now called research, when its teaching

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Nurse leaders at all levels...

- Professional leadership: national/
regional/international
- Managerial leadership
- Clinical leadership

And

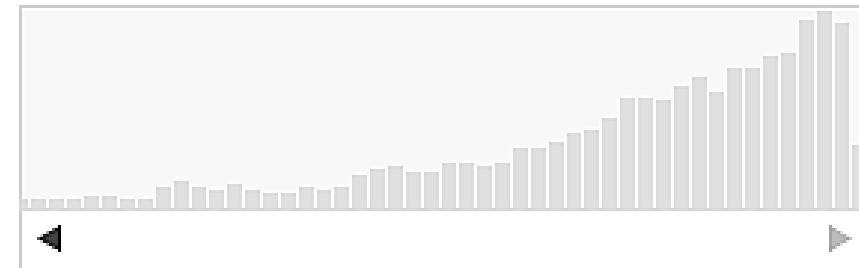
- Leadership in education/educate
leaders



Leadership in nursing:
a popular concept in nursing literature



- Keyword « nursing leadership » inserted in Pubmed® =13 695 references (May 2017)
- The term « nursing leadership » first appears in 1946, increase of publications in the 80's, in 2014, 772 references added in 2014 (Mai 2017)



Leadership in nursing...

- Is nursing leadership development essential in our context?
- Where do we need to have effective leaders in nursing?
- Are leadership and management two different concepts?
- What are the competencies required to be a leader?
- How could we build these competencies?
- What's about the ethics of leaders?
- Could we measure leadership in nursing?
- Does culture influence leadership?



Defining leadership

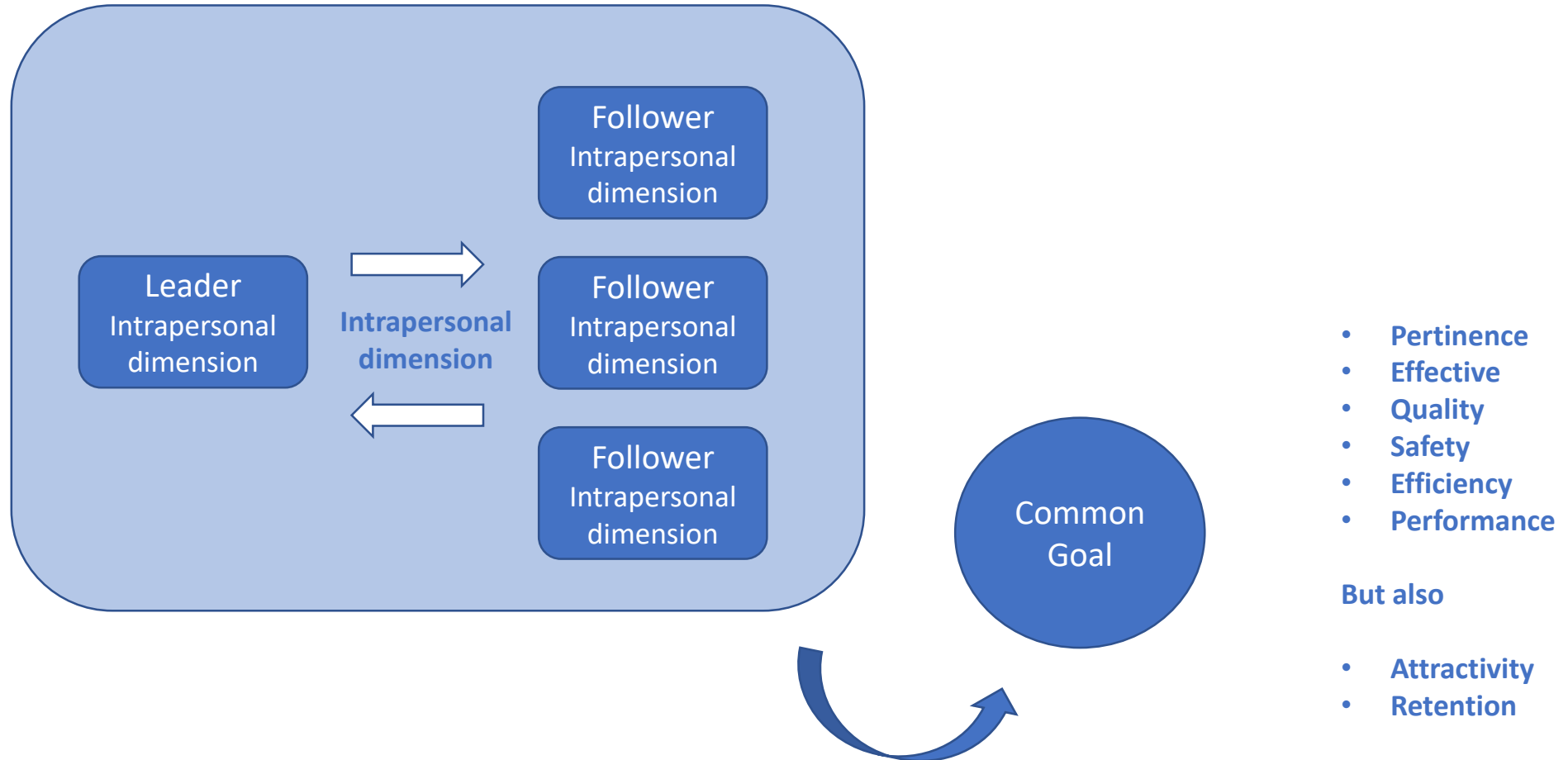
Many definitions...

“A complex and multifaceted process which involves providing support, motivation, coordination and resources to enable individuals and teams to achieve collective objectives”

(Davidson et al. 2006; Wong and Cummings 2007)



More visually



Multiple theoretical frameworks available

Many definitions leads to many theoretical frameworks...

Transformational leadership: very popular in nursing (Kouzes & Posner, 2006)



Model the Way	<ul style="list-style-type: none">• Clarify Values• Set the Example
Inspire a Shared Vision	<ul style="list-style-type: none">• Envision the Future• Enlist Others
Challenge the Process	<ul style="list-style-type: none">• Search for Opportunities• Experiment and Take Risks
Enable Others to Act	<ul style="list-style-type: none">• Foster Collaboration• Strengthen Others
Encourage the Heart	<ul style="list-style-type: none">• Recognize Contributions• Celebrate the Value and Victories

The influence of the leader

Leadership relies on a leader's ability to influence the **beliefs**, **attitudes**, and **motivation** of group members



Influence means power

- The leader exercises power over the group
- The power base of the leader could be:
 - Authority -> subordination
 - Only outcomes -> without any subordination



Ethics and leadership

Every leader must

- inspire his followers who often take him as a model
- demonstrate irreproachable conduct
- be attentive to the needs of those who follow him

The relationship between the leader and his followers necessarily rests on trust and mutual respect

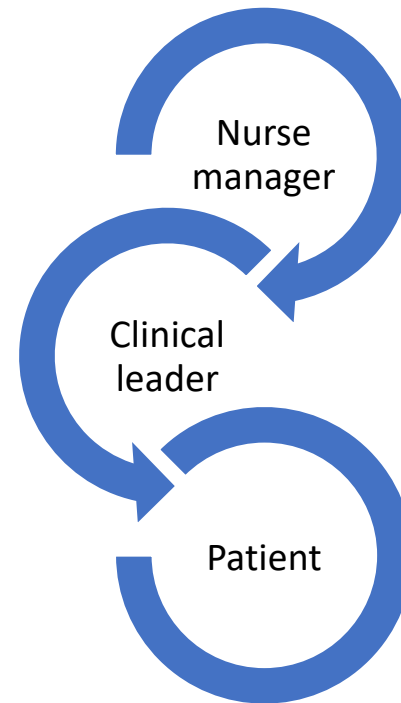
Manager is not the only leader in the team

Any nurse can therefore become a leader
within a team

It is a shared responsibility!

A synergy must be built

(Bohmer, 2013)



In many countries, clinical leadership
is a role expected from every nurses

(Daly & Al, 2014)

Leadership is a major APNs' role in
Hamric's competency framework

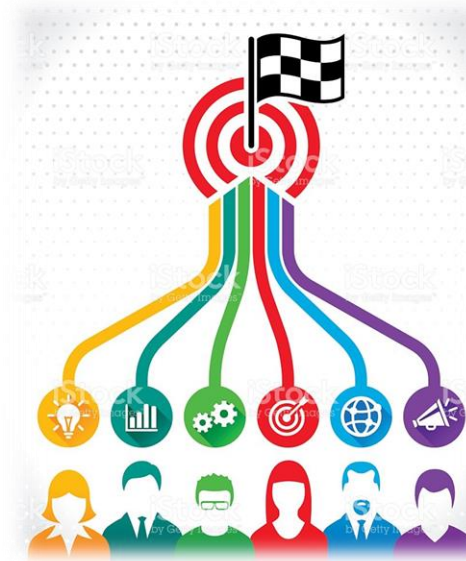
(Hamric, 2013)

Clinical leadership

Definition

« The process by which a health care professional influences other team members, although he or she has no authority, and thus facilitates individual and collective efforts to achieve the clinical objectives set. »

(De Souza & Klein, 1995)



Becoming and remaining a clinical leader

Acquisition of clinical leadership:

3 conditions

- Clinical knowledge and skills -> credibility
- Effective communication: shares observations from clinical reasoning, empowers
- Effective coordination of care

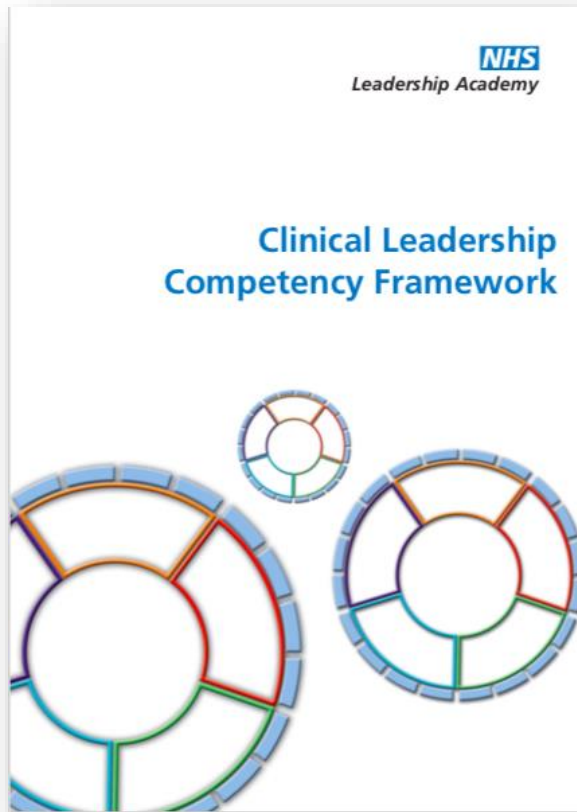
Maintaining clinical leadership

- Continuous process
- Respect the norms of the social group
- Promote innovation in practices
- Support change in the team

(Chavez & Yoder, 2014)

Competency frameworks are available

one example from UK



(NHS, 2010)



3 levels:



- Student
- Practitioner
- Expert

Instruments are available to measure clinical leadership

Eg.

The Clinical Leadership Survey (CLS)

It explores several areas:

- Clinical expertise
- Interpersonal relations
- Effective communication
- Collaboration

(Patrick & Al, 2011)



Leader: sometimes born but mainly raised

- Crucial role of education
- Many initiatives in different programmes and at different levels
- A lot of innovative practices

Developing leadership in nursing: the impact of education and training

Elizabeth A. Curtis, Fintan K. Sheerin, Jan de Vries

Abstract This is the second of two articles on developing leadership in nursing; this article explores the role and impact of training and education on nursing leadership. Nursing leadership education has been identified as much needed, and can be provided by universities (at Masters, diploma and certificate levels), healthcare organizations or hospitals. Research demonstrates that where leadership has been effectively taught and integrated into nursing, it has a positive impact on nurses' leadership skills and practice. It is suggested that healthcare organizations continue to develop and support leadership training, while also seeking ways of maintaining and promoting leadership development in practice. **Key words:** Nursing leadership • Education and training • Nursing leadership programmes • Integrating leadership into nursing practice

Elizabeth A. Curtis is Lecturer in Nursing School of Nursing and Midwifery, Trinity College Dublin; Fintan K. Sheerin is Lecturer in Intellectual Disability School of Nursing and Midwifery, Trinity College Dublin and Jan de Vries is Lecturer in Psychology, School of Nursing and Midwifery, Trinity College Dublin

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This is the second of two articles exploring the impact of education and training on nursing leadership. The first article (Curtis et al, 2011)

introduced definitions and theories of nursing leadership and the nature of leadership training in undergraduate programmes. It concluded that, based on available evidence, clinical leadership in nursing programmes is often relegated to a space late in the delivery of those programmes. Furthermore, it appears that leadership, which has been shown to be central to effective and efficient practice, is not being integrated throughout the course; thus graduates are being prepared within a context whereby leadership is being offered solely to management and not in addition to practice.

This article focuses on the role and impact of different types of nursing leadership education. It explores the manner in which it can be related to training needs, and asks what other steps healthcare organizations need to take to promote such leadership.

The need for nursing leadership and leadership education

It is often stated that there is a need for leadership skills in nursing because nurses are responsible for leading and managing the care environment and must exercise leadership during their interactions with patients and their families and colleagues (Heller et al, 2004). Moreover, leadership has a positive impact on employee satisfaction and patient care (Paterson et al, 2010). In addition to this, it is frequently emphasized that the need for knowledgeable and skilled nurse leaders within healthcare organizations is increasing (Soble and Russell, 2003; Huston, 2008). Words of warning have even been directed at nurses, that if they want their views and opinions to make a significant contribution to the future of health care they must develop leadership skills, and take on leadership positions (Mahoney, 2001).

In tandem with the increased need for leadership in nursing, there are signals that the availability of this kind of leadership does not currently meet requirements. Writing about the shortage of nurses and the leadership crisis in nursing, Barbara Woodring (2004), Deputy Director of the World Health Organization Collaborating Centre for International Nursing Education, stated that:

'A problem equally critical, although not yet receiving as much press, relates to the looming shortage of nurses prepared to assume leadership roles within clinical agencies, professional organizations and health care in general'.

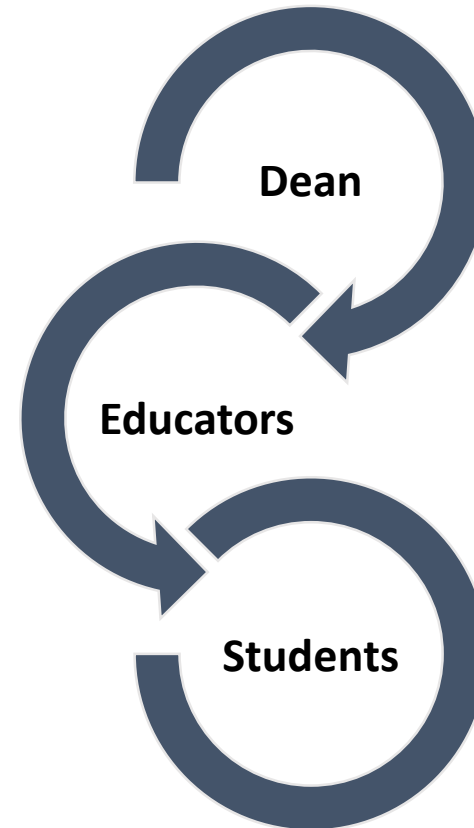
Clarke (2000), cited in Mahoney (2001), also reported a shortage of both leaders and leadership in nursing, a viewpoint supported by Wolfe et al (2005), Woodring (2004) in the USA, and Carney (1999) in the Republic of Ireland. Woodring (2004) further proposes that developing leaders and leadership potential in both clinical and academic arenas is vital to the profession and demands urgent attention. A common recommendation is that the challenges of both clinical care and nursing leadership and management duties be met through education and training (Kleinman, 2003). More specifically, Mahoney (2001) advises that leadership skills can be advanced through leadership programmes, workshops and professional education seminars.

These calls for leadership education programmes evoke two fundamental issues for consideration. First, there is the issue of whether primary degrees in nursing address leadership sufficiently well to prepare nurses for its application in their professional practice or whether additional training is necessary. The answer, as suggested in the previous article (Curtis et al, 2011), is that primary degrees in general do not

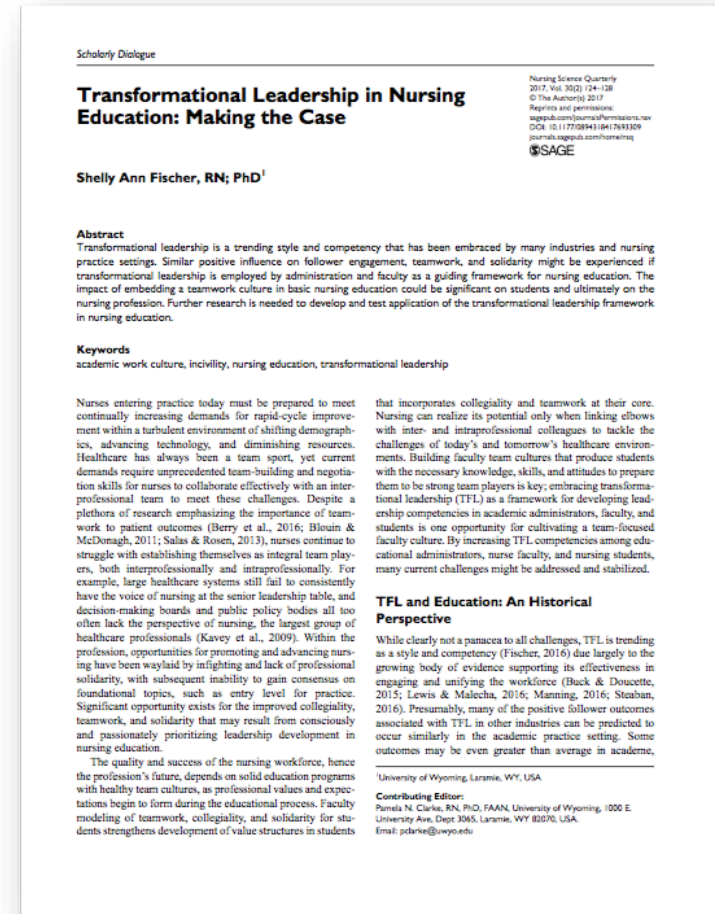
Building a synergy in nursing education

- Nursing leadership in education is based on synergy between the leadership of dean and that of the educators
- The synergy contributes to the achievement of the objectives set and ideally to the development of students' leadership skills.

(Berman 2015)



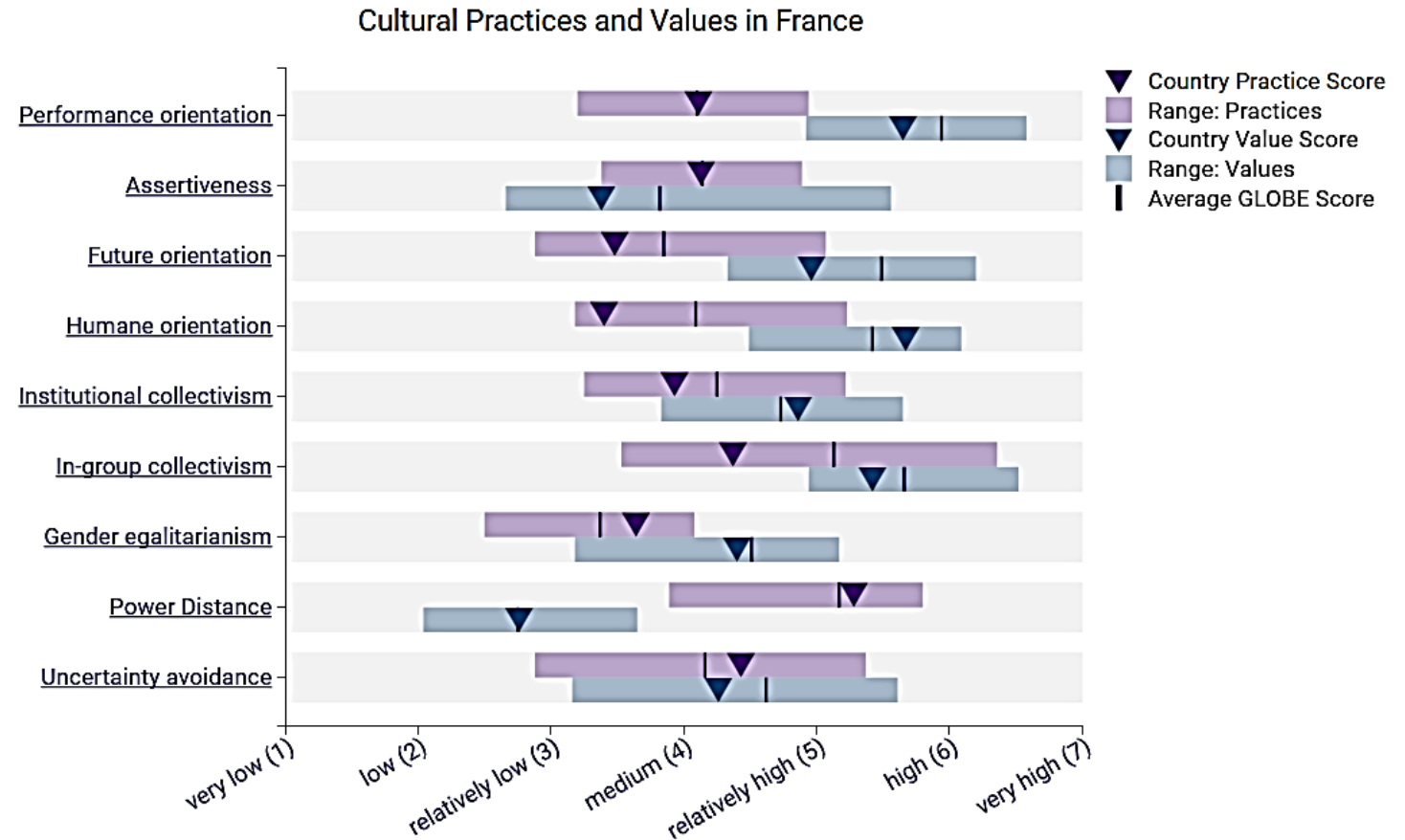
Transformational leadership seems promising in nursing education



Culture and leadership

The Globe culture and leadership study gives an idea of how the concept of leadership is viewed different cultures (2004)

Culture Visualization



Source: <http://globeproject.com/results/countries/FRA?menu=country>

Potential obstacles to leadership development

3 types of obstacles:

- Individuals
- Intrinsic to the nursing group
- Extrinsic



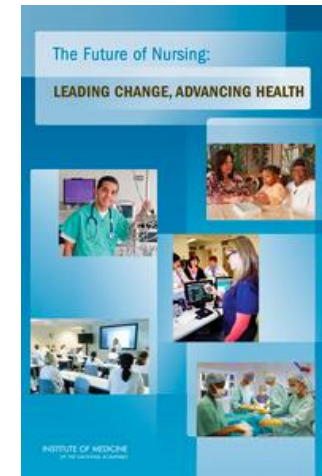
Conclusion

Effective leadership can produce positive outcomes at different levels

- Improved patient outcomes and safety
- Positive practice environments
- Satisfaction of HC Providers in the performance of their duties
- Reduced turnover
- Benefits for the organization

(Wong & Cummings 2007, Shirey 2009 Tregunno & Col, 2009 Cummings & Col 2010)

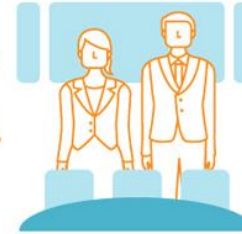
- Leadership: crucial role of education to prepare clinicians and managers...but also educators
- It is a central issue for the future of nursing (IOM, 2010)



TRANSFORMING LEADERSHIP



THE NURSING PROFESSION MUST PRODUCE
— LEADERS FROM THE —
BEDSIDE TO THE BOARDROOM.



NURSES MUST SEE THEMSELVES AS LEADERS

Leadership that involves working with others as full partners with mutual respect and collaboration is needed and has been associated with:



IMPROVED TEAMWORK
and patient outcomes



COST SAVINGS
and a reduction in medical errors



INCREASED JOB SATISFACTION
and retention among nurses

UNDERREPRESENTED ON INSTITUTION AND HOSPITAL BOARDS

Recent surveys have found that nurses are underrepresented...

IN HOSPITALS AND HEALTH SYSTEMS



ONLY 0.8%
of voting board members in institutions and
hospitals were chief nursing officers (CNOs)



COMPARED WITH 5.1%
who were vice presidents
for medical affairs

IN COMMUNITY HEALTH SYSTEMS



ONLY 2.3%
of nurses occupied seats on
institution and hospital boards



COMPARED WITH 22.61%
who were physicians

**NURSES SHOULD BE PREPARED TO
LEAD CHANGE TO ADVANCE HEALTH.**

FOR MORE INFORMATION, VISIT WWW.IOM.EDU/NURSING

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