

Leadership in nursing

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Abstract (Summary)

A call for **nursing leadership** Sustainability of Australia's health workforce is on the national policy agenda and affects both public and private sectors of the Australian health care system (Productivity Commission 2005). Nurse leaders from health services and academia have been collaborating to build workforce capacity by aligning education and health service priorities.

Comment [CS1]: Read this first. The abstract tells the main ideas of the article: that it is important to have nurse leaders.

Comment [CS2]: Note taking: nursing leadership is important for private and public sectors of health care system

Full Text (896 words)

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A call for nursing leadership

Sustainability of Australia's health workforce is on the national policy agenda and affects both public and private sectors of the Australian health care system (Productivity Commission 2005). In addition since the early 1990s the quality of our health system has been a topic of national debate.

The widely reported Quality in Australian Health Care Study (Wilson et al 1995) put the safety of our hospital system (in the public agenda and was followed by a series of public inquiries into what was deemed unacceptable hospital care in five states. As nurses comprise over half of the Australian health workforce it is important that they increase their capacity to shape workforce and clinical governance.

Nursing response

Nursing in Australia has responded with **leadership activities at regulatory, organisational and individual levels.** At the regulatory level, the National Nursing and Nursing Education Taskforce (N^{sup} 3[^]ET) implemented specific recommendations of the influential Dull of Care Report (National Review of Nursing Education 2002). In addition, the recent decision to have a single regulatory and registration body for health professionals is set to shape the education and competency platform for nursing from a national level.

Comment [CS3]: Note taking: Leadership activities can occur on three levels: regulatory, organizational, and individual

At the organisational level, nursing leadership activities have responded to sustainability and clinical governance issues. Nurse leaders from health services and academia have been collaborating to build workforce capacity by aligning education and health service priorities. Similarly strategic links between university and health care organisations aim to address clinical governance issues. An example of such partnering was the collaboration of Deakin University School of Nursing and Epworth Hospital on a project funded by the National Safety and Quality Council explored the impact on patient care during transitioning of the new graduate into the workforce (Sheahan 2004). Inter-organisational collaboration also occurs with research programs into evidence for nursing practice. Leadership initiatives at the organisational level help build a culture that challenges a 'silo mentality'.

At the individual level the reporting of incompetent, unethical, or illegal practices in the workplace known as whistleblowing, is one form of leadership that has been associated with a number of the above public inquiries.

Whistleblowing typically occurs in the absence of organisational support and has been associated with serious professional consequences for the individual. However, it has been suggested that whistleblowing be transformed in a formal organisational reporting process that acknowledges the importance of clinical governance (Faunce et al 2004).

How do we make sense of these expressions of nursing leadership?

Defining leadership

One study found that leadership delivers organisational benefits if it secures the willing contribution of people (Mastrangelo et al 2004). This is achieved by combining professional and personal leadership. The Mastrangelo study claims that professional leadership calls for activities such as setting a mission, creating a process for achieving goals and aligning processes and procedures. This formal part of leadership needs to be backed by personal attributes such as expertise, integrity, empathy, sharing of authority and principled behaviour, if willing cooperation is to be won and organisational goals achieved. Fundamentally, leadership should aim to benefit the public and the profession. One way nursing leadership currently does this is by responding to issues of workforce sustainability and clinical governance.

Comment [CS4]: Note taking: Leadership = professional + personal

Comment [CS5]: Note taking: Professional leadership = set mission, specify goal process, connect processes and procedures

Comment [CS6]: Note taking: Personal leadership = expertise, integrity, empathy, shared authority, principled behavior

Acknowledging and enabling leadership in nursing

Leadership in nursing needs to be fostered in many settings such as: clinical, management, policy, education and research: across public and private sectors: and at regulatory, organisational and individual levels. We can learn much about how to enable nursing leadership by acknowledging instances of successful leadership. How have nurses sought to realise organisational goals? How did they engage processes and procedures, people and infrastructure? What personal attributes helped to win the willing cooperation of others?

Deakin University School of Nursing, with its sponsors, is launching an awards program to acknowledge nursing leadership activity at all levels of nursing practice and across all settings. These awards facilitate nursing leadership in three ways.

First the prize money will enable the recipient of an award to extend their leadership activity. Second the awards will foster current nurse leaders by providing follow up mentoring activity for award winners. Finally associated research into nursing leadership will foster nursing leadership in Australia and help to grow the next generation of nurse leaders.

For more information on the Deakin University Leadership in Nursing Awards visit:
<http://www.deakin.edu.au/hmnbs/nursing/awards/>

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[Author Affiliation]

By Margo Sheahan, Associate Professor Maxine Duke and Professor Pauline Nugent

[Author Affiliation]

About the authors

Margo Sheahan is a nurse project officer at Deakin University; Associate Professor Maxine Duke is from Deakin University's School of Nursing; and Professor Pauline Nugent is the Head of School at Deakin University's School of Nursing.