NURS6031 Leadership and Collaborative Practice

Lecture 1a (Week -1): Becoming a professional RN

❖ What is a professional?
  • Mastery of specialist theoretical knowledge
  • Autonomy and control over your work and how it is done
  • Being motivated by intrinsic rewards and the interests of clients
  • Being committed to a professional career and the objectives of the organisation you work for
  • A sense of commitment, collegiality and responsibility to colleagues

❖ Role of the professional RN on entry to practice
  • Practices independently and interdependently
  • Assuming accountability and responsibility for their own actions and delegation of care to ENs and healthcare workers
  • Assess, plan, implement and evaluate nursing care in collaboration with individual(s) and the multidisciplinary healthcare team to achieve goals and health outcomes
  • Recognise that ethnicity, culture, gender, spiritual values, sexuality, age, disability and economic and social factors have an impact on an individual’s response to and beliefs about, health and illness, and plan/modify nursing care appropriately
  • Providing care in a range of settings
    o The RN provides care in acute, community, residential and extended care settings, homes, educational institutions or other work settings and modifies practice according to the model(s) of care delivery
    o The RN takes a leadership role in coordination of nursing and healthcare within and across different care contexts to facilitate optimal health outcomes
  • Contributes to quality healthcare through lifelong learning and professional development of self and others, research data generation, clinical supervision and development of policy
  • Develops professional practice in accordance with the health needs of the population/society and changing patterns of disease/illness

❖ Professional development through NSW Health
  • Essentials of Care Program: framework to support the development and ongoing evaluation of nursing and midwifery practice and patient care
    o Underpinned by the principles of transformational practice development
    o Requires that all stakeholders (patients, carers, staff, families) have opportunities to participate in decision making about care
  • Primary purpose of regulation is to protect the public from those not suitably educated/qualified to provide competent professional care in an ethical manner

❖ Being a professional RN
  • Following registration, continue developing knowledge and skills and demonstrate this annually when registering
  • Demonstrate Recency of Practice
• Guided by:
  o Code of Professional Conduct for Nurses in Australia
  o Code of Ethics for Nurses in Australia
  o Standards for Practice
  o Boundaries of Professional Practice
  o Media Guidelines
  o Continuing Professional Development Registration Standard

❖ Strategies to facilitate transition
  • Align expectations between Universities and Clinical Nursing Services
  • A Positive Preceptor relationship
  • A supportive work environment
  • Opportunities to incrementally develop clinical skills and patient management skills
  • Provision of support and counselling for new employees

Lecture 1b (Week -1): Leadership in Theory

❖ Reflexivity
  • Reflection and reflexivity run along a continuum
  • We are capable of reflection but only some are capable of reflexivity
  • Reflection = concern for generating understanding
  • Reflexivity = thoughtfulness about oneself
  • “We actively construct knowledge” (Farrell 2002)

❖ Authority vs Leadership
  • Authority
    o An assigned position with defined role and functions
    o Always ‘formal’ and ‘legitimate’
    o Power due to authority of position
    o Specific and predetermined tasks
    o Emphasis on control, decision making, decision analysis and results
  • Leadership
    o A socially defined/constructed phenomenon
    o Not always part of the ‘formal’ organisation – wider variety of roles
    o Functions not necessarily organisationally defined
    o Sometimes no delegated power
    o Focus on group process and empowering others

❖ Discourses of leadership
  • Autocratic style
    o Strong, directive, controlling actions to enforce rules, regulations, activities, and relationships
    o Followers have little discretionary influence
  • Democratic style
Collaborative, reciprocal, interactive actions
Followers have high degree of discretionary influence

- Laissez-faire Style
  - The leader fails to accept the responsibilities of the position
  - Creates chaos in the work environment
  - +/- loss of followers

- Naturalistic theories: Great Man theory 1860s – 1940s
  - Assumes that leadership traits are intrinsic – leaders are born not made
  - Criticism: these people were simply more advantaged as a result of social conditions
  - The right qualities or personality for the position remain evident in contemporary organisational/recruitment activities

- Naturalistic theories: Trait Theory 1930s – 1940s
  - Assumes that certain qualities make people good leaders
  - Three categories of traits:
    - Cardinal traits – characterise a person's life such that they are recognised specifically for these traits e.g. Freudian, narcissistic, altruistic
    - Central traits – form the basic foundation of personality e.g. intelligent, honest
    - Secondary traits – related to attitudes or preferences and are activated by specific stimuli or circumstances
  - 1930 – development of psychomotor tests to measure personality traits
  - Criticised because of lack of context

- Functional Theories: Behavioural theories 1940s – 1960s
  - Focus is on behaviours of leaders as opposed to social characteristics or traits
  - Assumes with the right learning (conditioning) people can be leaders – leaders can be made (e.g. political leaders)
  - Theorists evaluated how successful leaders behaved
  - Behavioural theories incorporate Skinner’s theory of behaviour modification – the effect of reward and punishment on changing behaviour

- Contingency theory
  - Successful leadership is contingent
  - Focus is on the environmental/organisational variables to determine leadership style
  - No single leadership style suits all situations
  - Success dependent on the context, qualities of the followers and leadership style

- Situational theory
  - Different styles of leadership may be more appropriate when different decisions need to be made
  - Leadership style dependent on the maturity of the followers

- Management theories: Transactional theory 1970s
  - Based on meaningful leader/follower exchanges
  - Aligned to adequate reward/punishment
Dependent on a mutually reinforcing environment
Need to understand motivation and reward

- Management theories: Autocratic and Participative Theories 1980s
  - Developed from the earlier concept of leadership style – autocratic, democratic, laissez-faire

- Relational theory: Transformational theory 1980s – 1990s
  - Advocates contend that leaders must have the capacity to be visionary, to create new opportunities and generate organisation-wide commitment to the vision
  - Focuses on the leader/follower connection
  - Distinguished by their ability to drive innovation and change
    - Recognise followers’ needs and concerns
    - Question the status quo

- Shared leadership/Ethico-moral leadership/Eco-leadership/Servant leadership 2000s
  - Organisation’s internal and external ecosystem – sustainable leadership
  - Shared/distributed leadership
  - Emotional/cultural and social intelligences – underlying the capability to recognise and use emotion
  - Emotion work and emotional labour
  - Emotional competency – personal and social skills that lead to superior performance in the work world

READINGS: Week -1 to Week 2 – Being a Professional Nurse; Leadership; Transition

❖ Introduction
- Nurse leadership is needed to inform the strategic direction of Australia’s health system and help drive necessary changes within organisations
- Nursing leaders are informed by the patient-centred care philosophy of nursing, an understanding of the complex challenges facing the nursing profession and a strong knowledge of the broader health system
- Able to make connections between challenges at the local level and the broader political, economic and social context
- Understand the factors that have shaped the current health system and are able to look beyond day-to-day challenges to develop long-term strategies to drive improvements in patient and population health outcomes

❖ Defining leadership
- Management is centrally concerned with operational aspects of planning, organising and monitoring service delivery; leadership is fundamentally about creating a long-term strategic vision and enabling people to work towards change
- Managers occupy formally recognised positions of power within the organisational hierarchy; leadership is often distributed throughout the organisation and can be found at all levels
• Informal nurse leaders “make things happen” through relationship building, sharing organisational knowledge, informal coaching and mentoring and elevating the contributions of others

❖ Nurses as leaders and change agents

• Nurse leadership in world health
  o Nurses are often at the frontline of care in responding to natural and human-induced disasters, incidents of terrorism and the like
  o Nurse leaders, who are confident on the world stage, will ensure that Australia is able to learn from international experiences, share national nursing expertise and be involved in developing, implementing and coordinating solutions to major global challenges

• Nurse leadership in the Australian health system
  o Nurse leaders identify and challenge the financial, social and cultural barriers people face in accessing healthcare; they have a strong grasp of the enablers, constraints and challenges of effective service development in the Australian health care environment
  o Their professional backgrounds gives them a strong understanding of the roles and relationships of the different healthcare groups providing care in Australia
  o Nurse leaders are well placed to advocate not only for the strategic development of both the nursing and broader health workforce but also for the models of care that will be needed to deliver healthcare

• Executive nurse leadership
  o Executive nurse leaders build connections and alliances across the organisation by fostering communication across organisational silos
  o They are well placed to build strong partnerships with external stakeholders, educational institutions, patients, families and carers, contractors, and state and local governments
  o Important role in providing professional leadership to nursing leaders, throughout the organisation and the nursing staff as a whole

• Clinical nurse leadership
  o Involves delivering and monitoring evidence-based practice, evaluating outcomes within a continuous improvement framework, assessing and mitigating risks to individual patients, improving efficiency and coordination at the point of care and advocating for patients
  o Clinical leaders engage with patients in the context of the care and take account of the patient’s social, cultural and economic environment
  o Facilitate strong communication and collaboration with patients and within the multidisciplinary team
  o Able to recognise and address gaps in patients’ care as well as systemic issues of concern

❖ Impact of nurse leaders

• Patient outcomes
  o Nurses’ ability to provide best-practice care is influenced by the environment in which they work, their interactions with other health care providers and the level of support and resources available
Positive leadership styles have been directly correlated with patient outcomes and complications across a broad range of clinical settings; effective leadership has been linked with lower rates of UTIs, lower rates of medication errors, lower rates of falls.

- Effective leadership styles facilitate high quality care, improve patient outcomes and prevent deaths.

- **Positive work environments**
  - Positive workplace environments are built and sustained by strong nurse leaders.
  - High quality nursing work environments empower nurses by giving them autonomy and accountability within their scope of practice, as well as support, resources and opportunities to grow.
  - Nurses who feel valued by colleagues and recognised for their contributions by management are more likely to be satisfied at work.

- **Financial performance**
  - Nurse leaders are required to make sound fiscal decisions without compromising quality of care or undermining staff satisfaction.
  - Effective nurse leaders are the unit and executive levels are able to create a sense of ownership of financial goals within nursing teams and build a shared understanding with financial decision-makers.

- **Retention**
  - High levels of staff movement have a significant financial impact (recruitment costs, legal and HR costs, cost of training) as well as impact on cohesion within the nursing team and continuity of care, which influence patient outcomes.
  - Work environments in which NUMs provide effective and visible leadership, consult with staff and recognise nurses’ contributions are associated with higher job satisfaction and intent to stay.
  - Supportive nurse leaders are also able to buffer the effects of job stressors such as high role demands and workloads which contribute to high turnover.

- **Challenges**
  - A critical challenge is ensuring that healthcare providers maintain nurse leadership positions at appropriate levels within organisational structures; there is a risk that the redesign of healthcare organisations’ management structures may result in the removal of nurse leadership roles at the executive level.
  - At the unit level, the most significant threat is under-resourcing of the role; NUMs may find a mismatch between their perceived authority and their actual influence within the organisation, which can undermine their ability to lead.
  - Excessive administrative burden can draw NUMs away from clinical leadership, mentoring and communicating with their teams, which reduces their capacity to provide day-to-day leadership and develop a strategic vision for the unit.
  - At the health systems level, there is often a lack of recognition of the importance of nurse leadership in driving change.