**LEADERSHIP IN HEALTH CARE: NURSES AND MIDWIVES AS AGENTS OF CHANGE**

**PAPER PRESENTED AT NANNM INDUCTION WORKSHOP BY PROFESSOR MILDRED E. JOHN, DEPARTMENT OF NURSING SCIENCE, UNIVERSITY OF CALABAR, CALABAR**

**Protocols**

**INTRODUCTION**

The health care industry globally has continued its quest to transform into a care delivery model that is more efficient, less costly, and more outcomes-oriented. Faced with changing global disease patterns and trends, healthcare reforms, global healthcare imperatives, and health personnel shortages, today's healthcare landscape has become very dynamic and complex. Some of these same issues have also weakened the current health care system in many third world countries and made it problematic and unsustainable. The scenario in such countries is 21st-century medical technology being delivered with 19th-century organizational structures and management practices. Because of this, many protocols put in place to improve health care delivery merely add quantity but fail to improve the value and quality of the care delivered. The contemporary health care consumer on the other hand is becoming more knowledgeable and is expecting to engage properly to manage his illness. He also desires the highest quality care at lower cost, expects to have better health outcomes and prefers to pay for these outcomes rather than for mere activities. To regain public trust, the health care system must initiate and sustain some core changes and adapt them to the needs of patients. Nurses and midwives are in the best position to determine effective ways of improving the value of care, creating change, and effectively leading patients to engage in care. In Nigeria the problems and needs of the health system are usually identified by people in management and frontline staff are expected to comply with the solutions generated and prescribed by management. But times have changedandthe healthcare setting has become dynamic and more complex so frontline staff closest to patients must initiate change and own and resolve the issues that arise. This recognizes nurses and midwives as critical change agents in this care transformation agenda. The nurse/midwife whether in senior executive role or at the ward or unit level, is well-placed to initiate and implement change and is therefore a potential change agent. To achieve this, nurses and midwives must be effective leaders by acquiring some leadership capabilities that would make them best equipped to initiate change in the organization and in patient care for value addition**.**

This paper discusses leadership in the healthcare sector in Nigeria, nurses and midwives as agents of change, challenges to being agents of change, and the way forward.

**CONTEMPORARY HEALTHCARE AND NURSING IN NIGERIA**

The landscape of the health sector generally and nursing in particular is changing in Nigeria. Several factors are responsible for this. One of such factors is personnel shortages which has led to task shifting. The division of labour in the health system is constantly changing. Role substitution or task shifting is the paradigm shift and so nurses tend to take on the responsibility for work previously done by other health personnel and vice versa. Unfortunately apart from losing some of their core activities to lower cadre health personnel, nurses also let patients’ relatives perform nursing activities and erroneously think that it is lightening the work of nurses. I agree that as part of task shifting patients, their family and community should be actively involved in managing their own needs and health care, but what we are doing is ***“task dumping”*** rather than ***“task shifting”*** and if we don’t tread with caution we might soon be losing our relevance in the system. Global dynamism in healthcare has also caused several changes in nursing locally. The factors responsible for these include:

* Technological changes and advancement
* Advanced communication and information technology
* Knowledge explosion
* Nursing shortages (especially of educators) resulting in unsafe nurse: patient and educator: student ratios
* Expanded scope of nursing practice and yet not practising at the full scope of practice
* Health Reimbursement policy e.g. NHIS, and the need for nursing to market its services
* Change in consumer knowledge, expectations and demands; and consumer empowerment to take control of their own care and voice their health needs
* Clinical governance in the health sector
* Innovations in health e.g. technologically-driven patient care, Standardized nursing languages, application of theories and nursing models to impact care etc.

The changing global healthcare landscape and paradigm shifts have very profound effect on nursing practice which calls for ***change*** (change in knowledge, attitude, aptitude, skills, competencies) and effective nursing ***leadership***. For this reason Hester Klopper, the Immediate Past President of the Honors Society of Nursing (Sigma Theta Tau International), asked the critical question **“Is nursing *“on the edge”*, *“over the edge”*, or *“cutting edge”?*** Nursing is advanced and "cutting edge" in the first world countries because of evidence-based/best practices; use of advanced technologies e.g. Avatar in patient care; value-driven and value-added care; ability of nurses to practise to the full extent of their education and training; the removal of scope of practice barriers; development of integrated care strategies to ensure better patient outcomes; transformation of care at the bedside; involvement of nurses in policy making; competency in nursing informatics and the use of electronic health records, etc. However in many developing countries, including Nigeria, nursing is either “on the edge” (at the brink) or “almost over the edge”. To respond to this dynamic healthcare climate and landscape nurses and midwives must strategically position themselves to lead change in order to flow with the dynamism in the sector and therefore remain relevant. They must be willing to be agents of change and assume their position of leadership in healthcare.

**LEADERSHIP IN HEALTHCARE**

Changes in healthcare necessitate leadership. As complex issues confront the health care system effective leadership becomes necessary with the need for nurses and midwives to develop leadership knowledge and skills. Making effective and lasting changes in patient care to increase quality, lower costs and thus improve value requires leadership. **L**eadership has been described as the behaviour of an individual when directing the activities of a group toward a shared goal. Leadership in the healthcare sector should be collaborative and on rotational basis, with each professional group taking the leadership role when his/her expertise is required for decisions concerning the patient and his care. This is what is done in advanced economies. Globally healthcare leadership is rotational and distributive but in Nigeria one healthcare professional assumes the role of know-it-all and therefore demands permanent leadership in healthcare. Other health professionals often feel short-changed but appear to be helpless.

In these changing times in healthcare, nurse leadership is important at every level. ***All nurses are leaders***, and can be strong leaders. Leading in the 21st century healthcare environment requires innovation and adaptation to the dynamic environment. To achieve this nurses and midwives must be prepared to ***“serve locally, transform regionally and lead globally”***. They must inspire those around them by demonstrating strong leadership skills and qualities; make meaningful input into processes of change; promote value and cost-effectiveness of nursing and patient care; advocate for a positive practice environment; transform care at the bedside; and improve patient outcomes. They need leadership education and development to implement effective change. In order to successfully transform the way leadership influences quality outcomes at the bedside, leadership competencies have to be aligned in the selection, development, and promotion of the organization's strategic priorities.

Effective leaders help others to achieve their highest potential and also empower them to be professional, competent leaders. Many **leadership models** are available to help nurses and midwives to become effective leaders. These models define effective leadership, describe leadership behaviour, and suggest paths of leadership development. Some models may work best in particular situations and be less useful in others. Nurses and midwives need the opportunity and the resources to identify the models that best fit the particular health care setting in which they work and also use them to develop effective leadership skills. Three very important models of leadership in healthcare - distributed leadership, transformational leadership and servant-leadership, will be discussed here because they involve change as principles.

**Distributed leadership (**sometimes called distributive leadership)is a conceptual and analytical approach to understanding how the work of leadership takes place among the people and in context of a complex organization approach. This leadership model ***encourages a shift in focus from the attributes and behaviours of individual ‘leaders’*** (as promoted within traditional trait, situational, style and transformational theories of leadership) ***to a more systemic perspective.*** Leadership is hereby conceived of as a collective social process emerging through ***the interactions of multiple actors***. This model of leadership involves group activity that works through and within relationships, rather than individual actions. It has related concepts, like ‘shared’, ‘collective’, ‘collaborative’, ‘emergent’, ‘co-’ and ‘democratic’ leadership; and requires 4 key characteristics:

* **Sense making** - the professional who assumes the leadership role should have the ability to understand the constantly changing healthcare environment and interpret the changes within the organization (make sense in his/her leadership actions)
* **Relating** - the ability to build trusting relationships, balance advocacy with inquiry, and cultivate supportive networks
* **Visioning** - creating credible and compelling images of a desired future that those in the organization can work towards, and
* **Inventing** - creating change and thinking of new ways of approaching tasks or overcoming seemingly insurmountable problems

***Considering these characteristics, can we confidently say that the nurse/midwife is capable of possessing and exhibiting these key characteristics? Is he/she capable of taking on the leadership role when necessary or is he/she just contented to just carry on his/her duties and leave leadership to others?***  In applying this model the nurse may be operating from a position of "*unequal* *subject"* or "*marginalized leader*" or "*"unwanted leader"* and so has to prove himself or herself in order to be accepted. ***This is food for thought!***

**Transformational leadership:** Transformational leadership is defined as a leadership approach that causes change in individuals and social systems. [It is a style](http://www.businessdictionary.com/definition/style.html) of [leadership](http://www.businessdictionary.com/definition/leadership.html) in which ***the*** [***leader***](http://www.businessdictionary.com/definition/leader.html) ***identifies the needed*** [***change***](http://www.businessdictionary.com/definition/change.html)***,*** [***creates***](http://www.businessdictionary.com/definition/create.html) ***a*** [***vision***](http://www.businessdictionary.com/definition/vision-statement.html) ***to guide the change through inspiration, and*** [***executes***](http://www.businessdictionary.com/definition/execute.html) ***the change with the*** [***commitment***](http://www.businessdictionary.com/definition/commitment.html) ***of the*** [***members***](http://www.businessdictionary.com/definition/member.html) ***of the*** [***group***](http://www.businessdictionary.com/definition/group.html)***.*** This leadership model was first developed by James MacGregor Burns (1978) to create and sustain change; and in its ideal form creates valuable and positive change in the followers with the end goal of developing followers into leaders. It is one of the most inspiring leadership tools and is a model of integrity and fairness. With transformational leadership, the leader takes control of the situation by conveying a clear vision of the group's goals, shows a marked passion for the work, and an ability to make the rest of the group feel recharged and energized. This he does by setting clear goals, having high expectations, encouraging others, providing support and recognition, stirring the others to look beyond their self-interest and abilities, and inspiring them to reach for the improbable. Transformational leadership has 4 basic components:

* **Intellectual Stimulation** – Transformational leaders not only challenge the status quo; they also encourage [creativity](http://psychology.about.com/od/cognitivepsychology/tp/how-to-boost-creativity.htm) among followers by encouraging followers to explore new ways of doing things and new [opportunities](http://management.about.com/cs/generalmanagement/g/opportunities.htm) to learn.
* **Individualized Consideration** – Transformational leadership involves supportive relationships and offering support and encouragement to individual followers. This he does by maintaining open lines of communication so that followers feel free to share ideas
* **Inspirational Motivation** – Transformational leaders have a clear vision that they are able to articulate to followers and inspire them to experience the same passion and motivation to achieve the vision
* **Idealized Influence** – The transformational leader also serves as a role model for followers.

**Servant-leadership:** Serving others is an expectation in healthcare; it is our product, our business. People who choose to work in healthcare have a desire to serve, care, and enhance the lives of people in need. A service orientation is the bedrock and primary value of the nursing profession. However this is not always experienced because the constant and rapid changes in the healthcare landscape may put pressure on this concept of health care. Servant leadership can be considered a philosophy of leadership, where ***leaders primarily seek the well-being of their followers***. Leaders assume leadership positions from an inherent desire to serve others, providing them with the necessary support to achieve their goals.Servant-leadership as a leadership philosophy was first defined by Robert K. Greenleaf in 1977.  He described ***servant-leaders as those who achieve results for their organizations by attending to the needs of those they serve;*** and argued that true leadership is essentially synonymous with service and great leaders are identified by the service they perform for individuals and society.  Servant-leadership is caring leadership and helps to build trust because followers believe that their leader genuinely cares about their welfare. Servant-leadership behaviour appears to be what healthcare organizations need to effectively lead their organizations in today’s challenging times. Trastek, Hamilton and Niles (2014) agree with this and stress that servant-leadership is the most effective model of leadership in healthcare and that the healthcare industry is ideal for adopting a servant leadership mind-set since caring for others is one of the ethical and professional core values of all healthcare providers (Trastek et al, 2014; Shalaby, 2015). This model should therefore be embraced by nurse leaders as the philosophy that guides their practice. The alignment between the concepts of servant leadership and the values of healthcare make servant leadership highly compatible with healthcare. It also focuses on the strength of the team, developing trust and serving the needs of patients. A nurse servant-leader looks to the needs of his/her staff and continually asks how she can help them solve problems and promote their personal development, while coaching them in their professional practice.  Ten key characteristics to the development of a servant leader to include ***Listening, Empathy, Healing*** *(*fostering healing relationships*),* ***Awareness, Persuasion,*** ***Conceptualization, Foresight, Stewardship, Commitment to the Growth of People, and Building the Community.***

**NURSES AND MIDWIVES AS AGENTS OF CHANGE**

 Change is a leadership-focused solution to address problems and challenges. The magnitude of health care problems challenges traditional approaches to problem-solving and care improvement. A well performing nursing workforce is one that works in ways that are responsive, safe and efficient to achieve the best outcomes possible given available resources and circumstances. This implies that such a nursing workforce should be ready to initiate and implement necessary change in practice and in patient care. Change is the only constant thing in life, and in today’s healthcare landscape is a daily if not an hourly reality. Change is however difficult because it requires time, effort, patience and commitment. Moreover since the world is constantly changing responding to these changes using only a local approach is useless. The nurse leader therefore has to read and broaden his/her scope of knowledge of the global happenstances in healthcare and nursing. ***Nurses must advance health and lead change.*** How can the nurse/midwife be an agent of needed change? Nurses and midwives can identify gaps in technology and medical procedures to lead change that increases the value of health care, and they are always aligned with the best interests of the patient. As frontline service professionals, nurses and midwives are capable of effecting change in health care delivery and so should be at the forefront as leaders of change. This is because:

* They work in a variety of settings with all types of patients, families, communities. As such they are critically positioned to create innovative solutions and change that make a difference in the life and wellbeing of patients, and families
* Their place in the healthcare system – nursing is the glue that holds the system together, although it has been an invisible glue for so long in Nigeria
* By sheer numerical strength (210,306 nurses in Nigeria) nurses should lead change in healthcare in Nigeria because of their unique understanding of and interaction with the patient
* They stay most with the patient (24/7 in shift). By constant presence at the patients’ bedside the nurse/midwife is in the position to learn and know more about the patient to lead advocacy and change

Areas that nurses and midwives can lead change in Nigeria include promoting wellness, reducing medical errors, working at full scope of nursing practice, protection of the title “nurse”, mentoring, transforming care at the bedside. Innovation and change are not new to nursing. Nurses have been innovators and change agents. Florence Nightingale is an example of this. She initiated several changes and innovations in nursing practice, for example her systematic handwritten records, graphical display of descriptive statistics (polar-area) diagram as a means of presenting evidence while arguing for nursing reforms. Contemporary nurses have also led change in the healthcare system globally, for example,

* Creation and maintenance of innovative environment (transforming care at the bedside initiated by the American Organization of Nurse Executives in partnership with Robert Wood Johnson Foundation)
* Mobile technology (use of mobile phone to track and monitor patients, initiated by nurses in US, UK)
* An intensive care nurse in England won an award for her tracking technology for infection prevention and control by transforming hand washing compliance using real time tracking technology
* A group of nurses at the University of Pennsylvania (Penn nurse scientists) developed a Health Technology innovation incubator which won an award. Also developed the *Neonur* (a feeding device) designed to reduce failure-to-thrive in newborns
* Wound care using nurse-developed material (sterile larva, and innovative healing and skin restoration ointment)
* Nurse-led diabetes care with profound positive results on patients’ glycaemic control in the Netherlands
* Focused antenatal care
* Midwife-led practice –in many countries
* Use of theoretical models
* Standardized nursing languages

**There are however challenges for nurses and midwives being agents of change.** Certain factors may constrain implementation of change in healthcare by the nurse. These include lack of funds and resources, resistance to change, depleted and overworked workforce, lack of confidence in the making change etc. Evidence has shown that nursing is a cost-effective yet often undervalued health care resource because particular members of the health team erroneously believe that the work of the nurse is not special and so can be done by anybody with or without training. Nurses must therefore articulate and demonstrate to consumers and other health workers, the value and cost-effectiveness of nursing practice and nursing outcomes. It is clear globally that nursing, especially in developing countries like Nigeria, has to prove/ justify itself both financially and professionally, and actively advocate participation of nursing in policy making in the health sector. Financially, as the largest group of health care workers, how much are we contributing to the revenue of the hospital? Has our work been quantified and given a cost? Or is everything the nurse does invisible and put under room rates? Professionally, technological advancement implies that the nurse must have appropriate knowledge, skills and capabilities to embrace technology in health care and also support new ways of working. Nursing scope of practice statements must guide nursing decisions and hands-on care. Nursing practice should be guided by the latest research and evidence-based practice. Nurses should be leading changes in guidelines, policies, and patient education based on the new knowledge in the literature. Nursing image should also be redefined through a change in attitude and aptitude. The care environment should be transformed at the bedside to ensure the best possible patient outcomes. To lead change the nurse/midwife must set clear expectations and roles, have communication skills, a positive attitude to change, effective decision making abilities, develop capability for lifelong learning, be creative and innovation-conscious, and enhance team work and true collaboration.

**Way forward**

Before creating change or embarking on any proposed change, the nurse/midwife should ask certain questions like, What are the potential benefits, costs and risks of the proposed change? Are we and the system ready for this change? Do we have the ingredients for success? NANNM has a role to play in this issue. The Association has to drive and support innovative approaches and innovative culture in the workplace; advocate for key innovations; provide the forum for discussion of innovations for change; assist in disseminating innovations; and ensure that innovations are adopted and effectively implemented to bring about needed change in practice. It also has to enhance skills and competencies of nurses and midwives through capacity building, and also strengthen nursing and midwifery leadership. The issue of internship for BNSc graduates like other professionals in health care should be re-visited. The Nursing & Midwifery Council should include in the nurse and midwife training curricula courses in leadership development which should be tailored to students' professional needs. The Institute of Medicine (IOM) report “The future of Nursing: leading change, advancing health” is a good blueprint for the future of nursing leadership and should be adapted for cultural relevance and adopted as a guide for nursing practice and leadership in Nigeria. There should also be advocacy to the ICN to include Nigeria in the Leadership for Change (LFC) programme (an action-learning programme that develops nurses as effective leaders for health planning and policy development). This will equip nurses and midwives with the knowledge and skills to lead change in healthcare.

**CONCLUSION**

Leadership and change are two critical issues that the nurse and midwife in Nigeria should embrace with a positive aptitude and attitude. The time has come for us to demand and take our leadership position in healthcare by becoming knowledgeable and skilled in leading change. Knowledge is power so nurses and midwives should equip themselves with this and take their place of leadership in healthcare.

***The ball is in your court!!!***

**Thank you for your attention!!!**

**REFERENCES**

Burns, J. M. (1978) Leadership. New York: Harper & Row.

Greenleaf, R. K. (1977) Servant Leadership: A Journey Into the Nature of Legitimate Power and Greatness. New Jersey: Paulist Press.

Shalaby, M. E. (2015) Servant Leadership for Healthcare Organizations. Retrieved on 09-12-15 from https://www.linkedin.com/.../**servant**-**leadership**-**healthcare**-organizations

Trastek, V., Hamilton, N., & Niles, E. (2014). Leadership models in health care - a case for servant leadership. Mayo Clinic Proceedings, 89(3): 374-381.