

GUEST EDITORIAL - Anne McMurray

Professor Anne McMurray is Dean, Faculty of Nursing and Health, Griffith University, Brisbane, Australia

LEADERSHIP FOR CHANGE

As nurses, we are never far from change; it is a hallmark of our profession. One of the opportunities of the new century is the impetus to stop and reflect on change, both past and future. Undoubtedly, our reflections would lead us to predict that the speed and magnitude of changes to health and health care in the last century will be greatly surpassed in the new one. Already, our roles, our tools, our knowledge and the way we are organised are being transformed in tandem with the physical, social and political milieu in which we work. The positive side of this is that we live and practise in interesting times, where the impact of new developments in health and health care often translates into better lives for ourselves and those entrusted to our care. However, change also brings challenges. Perhaps the main challenge for nurses, especially those in leadership positions, lies in keeping abreast of the pace and direction of change, to ensure that nursing takes its rightful place alongside other professions in securing and maintaining health and health services.

For this past year, my personal and professional reflections have been shaped by the opportunity to become involved in the International Nursing Council's (ICN) Leadership for Change (LFC) program. The program began in 1996 in response to ICN member countries' request for support in preparing nurses for leadership roles during health sector reform. Those planning the program envisaged that the 21st century would see selected nurses at country and organisational levels equipped with the knowledge, strategies and strength to lead and manage in health services undergoing major change. The focus was to be on policy development, management and leadership in nursing and health services, and the role of nurses in preparing future nurse leaders. With support from the W.K. Kellogg Foundation, ICN first developed the program for Latin American and Caribbean countries. By 1998, with funding from the New Zealand government, it was expanded to include the South Pacific. Next, LFC began in East, Central and Southern Africa as a joint venture between ICN and ECSACON, with funding shared between the Commonwealth Secretariat for East, Central and Southern Africa and ICN. In 1999, ICN also engaged in a joint venture with the Singapore Nurses Association to institute the LFC program in that country. In the year 2000 another collaborative sponsorship saw the program extend into Bangladesh, largely funded through

the WHO South East Asia Regional Office, with contributions from the Nursing Directorate of the Government of Bangladesh and ICN.

The LFC program components include a number of strategies, including mentoring by nurses and others, group workshops, individual development plans and team projects designed to mobilise and extend participants' personal knowledge of leadership and to share leadership strategies with others in the program. Currently, members of the evaluation advisory group are preparing what we believe will be a comprehensive and insightful analysis of the way nurses can have a powerful impact on personal, professional and health system development. My reflections on the program suggest a few lessons it has to offer our own nurse leaders.

First, the accounts of nurse leaders in other countries serve as a reminder that we belong to an extraordinary profession with strikingly similar influences and work pressures. In most countries of the world, nurses are dealing with the need to provide care that is adequate, accessible, continuous and culturally appropriate, in the face of constantly shrinking resources. The immediate challenge is to maintain a skill mix and patient allocation that will safely and effectively meet our carefully conceived professional standards for care. Further challenges lie in working within multi-disciplinary teams and demonstrating accountability to what are often non-clinical managers. This requires highly refined communication and negotiation skills designed to cultivate relationships both within, and external to, the profession. The heightened expectations of an informed public also require nurses who are well informed and able to communicate with people at their level, particularly in relation to ethical and legal obligations to patients and their families. And the rapid growth of health and health care knowledge mandates a need for adequate educational preparation for all nurses: our leaders, colleagues, and successors.

Leadership in health care can be many things, depending on a wide range of individual and contextual elements. Leadership in nursing is similarly dependent on context, but it also requires strategies for articulating nursing's contribution to change so that the work of nurses remains a visible part of the evolving health care landscape. This is an ongoing concern for many nurse

leaders, where current dilemmas and future uncertainties are often confronted in a frenetic professional environment with too few opportunities to garner support and input from other nurses. Our leaders and managers try to work through these issues, as do those in other health professions. A recent edition of the newsletter from the Caribbean nurses involved in the LFC program identifies the key attributes of modern nurse leaders as vision, strategic thinking ability, change management skills, strength, confidence, negotiation skills, well developed leadership attributes and a willingness to form strategic alliances (CNA 2000). I believe the key to nurturing these attributes is solidarity. There's a special bond between nurses that cuts across language, culture, specialist knowledge and practice circumstances, that allows us to share with one another our art, skill, knowledge and wisdom. I feel privileged to have read about the struggles of nurses in other countries, attempting to push through seemingly impenetrable ceilings, often in the face of natural disasters, epidemics, geographical barriers and a lack of both financial and educational resources.

The lessons I took away from their stories inspired my resolve to re-commit to this special profession of ours. Those of us in leadership positions need to make explicit what we do, to be transparent in how we navigate the changes to ensure that we leave safe and supportive places for our successors. And regardless of the type or magnitude of our needs, we need to share them with one another. We need our local, national and international nursing organisations to weave threads of coherence in our work, to facilitate opportunities for networking, mentoring and being mentored and to leave an informed legacy to the next generations of nurses. In short, we need each other, especially in times of change.

REFERENCES

Caribbean Nurses Association. 2000. Key attributes of modern nurse leaders. *Leadership News: A Quarterly Bulletin for Nurses in the Caribbean*. 1(1):1.

Note: Information on the LFC program can be accessed at the ICN website: www.icn.ch