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DEVELOPING A GLOBAL MINDSET FOR NURSING SCHOLARSHIP AND HEALTH POLICY

Few would argue that globalisation has affected many spheres of our life in recent years. Nursing is no exception. In this new 'knowledge worker age' new technologies have transformed most local, regional and national markets into global markets without borders. The universal connectivity that is afforded by these advanced information technologies has benefited nurse scholars worldwide to share their knowledge instantly and conduct international collaborative research effectively.

This globalisation phenomenon has changed the concept of benchmarking of excellence from national to 'world class' (Covey 2004, p.104). However, systematic efforts to develop global leaders and scholars to parallel this transforming world have not been a major focus of many nursing leaders in the world. Nursing needs to develop global leaders, not only for nursing but also for all health professions. This editorial focuses on our urgent need to develop nurse leaders who have a global mindset and who can advance nursing scholarship and health policies worldwide.

'Global mindset' is a convenient catchall phrase that describe competencies such as knowledge, skills, attitudes, and abilities for would-be global leaders (McCall and Hollenbeck 2002, p.31). It includes cultural sensitivity and the ability to deal with cognitive complexity. It was developed through a transformation process encompassing both the cognitive complexity of crossing organisational boundaries and the emotional complexity of dealing with other cultures (Hollenbeck in Mobley and McCall 2001). In nursing, the global mindset is determined by the balance of two factors that have a linear relationship: cultural and business (nursing) complexity (McCall and Hollenbeck 2002).

Expatriate, transnational/global, or 'corporate seagulls' models can be considered for global nursing leadership (McCall and Hollenbeck 2002, p.20). Whichever model is used, one must have the competencies and attributes of a global mindset. Global leaders should be open-minded and flexible in thought and tactics; resilient; resourceful; optimistic; and energetic. Honesty, integrity, and value-added technical or business skills are other assets necessary for global leaders (McCall and Hollenbeck 2002).

Leaders with a global mindset should employ two types of leadership to advance the agenda of nursing research and health policy: effective leadership and adaptive leadership. The core signs of effective leadership are the 'results' that are multiplied by one's attributes (Ulrich et al 1999). Leaders without results are

ineffective. Nursing leaders worldwide must provide leadership that produces results in scholarship that benefit the health of people. One such result that signifies the importance of scholarship in the United States of America (USA) is the annual account of faculty research productivity, as represented by the number and amount of externally funded research projects, particularly by the National Institutes of Health (NIH). For example, the top ten nursing schools in the USA that received funding from the NIH during the fiscal year 2003 were: University of California at San Francisco, University of Washington, University of North Carolina Chapel Hill, University of Illinois at Chicago, University of Pennsylvania, University of Pittsburgh, University of Texas Austin, Johns Hopkins University, Yale University, University of Michigan (NINR 2003).

Adaptive leadership (Heifetz and Laurie 1997) challenges 'the way we do business' and helps people distinguish immutable values from historical practices that have become obsolete. Adaptive leaders view patterns of nursing behaviours on the 'balcony' to see or create a context for change, and they view conflicts as surface phenomena that can be used as clues for framing key questions and issues. Adaptive leaders create a 'holding' environment that allows an organization to feel external pressures within a range that it can withstand, and they challenge unproductive norms (p.127).

Developing health policy is akin to having a three legged stool. The first leg of a three-legged stool is using empirical data from clinical research. The study of Aiken et al (2003) is a good example. They showed that the greater the proportion of nurses on staff that have a bachelor degree (BSN), the better the outcome for the patient. They predicted that raising a hospital's share of bedside nurses who have a BSN from 20% to 60%, while keeping the patient-nurse ratio at 4:1, would save four lives per 1,000 surgery patients. After considering total staffing levels, whether a person's surgeon was board-certified, and several other factors, they found that every 10% increase in the proportion of BSNs at a hospital led to a 5% reduction in a person's risk of dying within 30 days of being admitted.

In an earlier study, Aiken et al (2002) also showed how important patient-to-nurse staffing ratio was to patient safety, and such studies eventually led to the development of a California law on staffing ratio.* In a cross-sectional analysis of linked data from 10,184 staff nurses (surveyed 1998-99), the authors showed that each additional patient per nurse was associated with a 7% increase in the likelihood of dying within 30 days of admission in

surgical patients and a 7% increase in the odds of failure-to-rescue, after adjusting for patient and hospital characteristics. As the nation's first law requiring hospitals to maintain a set number of nurses to patients at all times, the California law took effect in January 2004. The law requires that most medical wards maintain one nurse to six adult patients, and this will drop to one to five next year. The ratio is one to four for children wards, and one to two for the intensive care unit (Appleby 2004).

Such enactment of health law demonstrates, in part, political activism by nurses, which is the second leg of the stool for health policy development. Today's global nurse leaders should emulate Florence Nightingale, who was a consummate politician and who understood how to influence the British parliament to allocate funds to reform military hospitals and substantially improve the health of and sanitary conditions for the troops.

The third leg of the stool for health policy development is the evaluation of the policy established. Practitioners and researchers alike should monitor the implementation of the policy and measure its effectiveness.

Developing global nurse leaders with a global mindset is essential for advancing nursing scholarship and health policy worldwide. Leaders may begin to develop a global mindset by *undoing* unproductive old habits and norms, and *enveloping* or growing our global knowledge and skills in accordance with the etymology of the word *develop* (from the old French word *des*, meaning 'undo' and *voloper*, meaning 'to wrap up or to envelope'). A global mindset should be coupled with efforts to master the interplay of complexities between the culture of

nursing and the business of nursing. Such an undertaking is an evolving globalisation journey. As global leaders with global mindsets, let us enjoy the journey, neither as the pessimist who complains about the wind, nor as the optimist who expects the winds to change, but as the realist who adjusts the sail (William Arthur Ward).

* *At the time of AJAN going to press, the Governor of California, Arnold Schwarzenegger had issued an executive order effectively suspending the ratios in hospital emergency rooms, and postponing for at least three years, the introduction of improved ratios in medical, post-surgical, and mixed medical wards. For more information visit the California Nurses Association website: www.calnurse.org.*

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