

DEVELOPING THE FUTURE NURSE LEADERS OF FIJI

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Accepted for publication July 2005

Key words: Fiji, nursing leadership, leadership education, clinical governance, change

ABSTRACT

Background:

Nurse leaders in Fiji are currently involved in meeting the challenges of being at the forefront of an AusAID supported Health Sector Improvement process. Fiji is experiencing the same shortages of health professionals (including nurses) as is occurring internationally, while simultaneously striving to improve the quality of its health services.

Primary argument:

This paper provides information about the current situation in relation to health services in Fiji, and describes strategies being undertaken by the nurse leaders of Fiji to meet the challenge of leading an exciting reform process. James Cook University, School of Nursing Sciences, has been privileged to support the provision of contemporary leadership and management education for current and future nurse leaders in the Fiji Health Sector as a component of a current education program to educate registered nurses to bachelor level. This paper will provide an overview of the current Fiji Health Sector Improvement Program, with a particular focus on the preparation of nurse leaders.

Conclusion:

There is an ongoing need to understand beliefs and values, and styles of interaction and communication, and indeed, ideas about time. With collaboration between Australian academics and Fiji tutors from the Fiji School of Nursing, the program appears to be remarkably successful.

INTRODUCTION

Manaini was the second woman in the village to become a teacher, and this completely changed her status in the family and in the village. Other girls in the village had become nurses but at that time Amelia [Manaini's sister] saw that teaching was regarded as the highest achievement (Amratlal, Baro, Griffen and Bala Singh 1975, p.53).

The Fiji Health System is currently engaged in an unprecedented reform process. Nursing leaders are key participants in managing much of this change. The Australian Government, through the Australian Agency for International Development (AusAID), is involved in the development of the health industry in Fiji through the Fiji Health Sector Improvement Program. This is to be conducted over five years and commenced in 2003. Given the important contribution of the nursing workforce to health service delivery in Fiji, the success of the program depends to a great extent on the effectiveness of the nurse leaders. Therefore it is essential to prepare nurses who are destined to be leaders of the future with the skills required of contemporary leaders in health. This paper is a review of what is happening, and what is possible, for the contemporary nurse in Fiji who is required to provide leadership in a developing country involved in a period of profound change.

Preparing for reform

Within an environment of rapid development and change, the necessity for careful planning and execution of health services is paramount. In May of 2003, the Fiji Ministry of Health created a combined role of Director of Nursing and Director of Health System Standards (DNHSS). This role involves overall responsibility for nursing practice in Fiji, and includes the registration of all nurses in the country. As Director of Health System Standards, the incumbent is also responsible for coordinating the implementation of all aspects of clinical governance throughout the Fiji health services, including

continuous quality improvement, risk management policies and practices, professional performance of all staff employed by the Fiji Ministry of Health, and consumer satisfaction with the delivery of health services. Preparation for the latter role has been a process which includes the involvement of a James Cook University (JCU) School of Nursing Sciences academic, who acts as a consultant and has provided support to the DNHSS in developing this aspect of the role.

The development of the role is in accordance with the idea that nurses, of all the health professionals, are multi-skilled and are the most likely group to both plan creatively and to mobilise their forces to achieve real outcomes associated with improved patient or client care. The decision to create a new role of Director of Health System Standards is consistent with international movement in health care and health care delivery toward improvement in the quality of health care. Scally and Donaldson (1998, p.1) provide a clear direction for the future noting that 'a commitment to deliver high quality care should be at the heart of everyday clinical practice'.

During 2003 and 2004, the Fiji Ministry of Health in conjunction with the World Health Organisation commissioned a number of consultants to review different aspects of health care delivery in Fiji. Included in these reports were a plan for the overall development of clinical services (O'Connor 2003), development of a quality framework for developing standards in the Fiji Health System (Stewart 2004) and reviews relating to the education, recruitment and retention of the nursing workforce across the country (Driu Fong 2003; Usher 2003). Clearly, a plan to develop a culture of continuous improvement of health service delivery was developing. Indeed, the mission statement for the Fiji Ministry of Health Strategic Plan 2003-2005 is 'To provide quality health services for the people of Fiji'.

Challenges in Fiji

Despite the international community's familiarity with a vision of magnificent beaches, glorious scenery, and friendly people and more recently, a reputation for political upheaval, Fiji is neither the ideal nor the worst of environments. It is a rapidly developing country. The Fiji Islands are, in fact, a republic covering 18,000 square kilometres, with a population of some 814,000 people living on more than 300 islands. In terms of health care planning and delivery, this particular geography poses major challenges for providing services across such a large oceanic population (Fiji Ministry of Health 2003). There are currently about 1,750 nurses and 300 doctors to deliver the care (Usher and Lindsay 2003). These doctors and nurses work in one of the seventeen subdivisional hospitals, an area medical hospital, one of the two national hospitals, or in one of the many health centres and nurse's stations located throughout the islands.

The country is experiencing similar shortages of health professionals as is happening globally. Migration of

health professionals out of the country, including nurses, is of particular concern, especially so since the recent political instability in Fiji (Driu Fong, pers. com January 2004). This shortage is occurring while Fiji deals with health challenges which are not dissimilar to those of the developed world.

These health challenges include an increasing incidence of chronic and degenerative diseases such as: diabetes, heart disease; hypertension; stroke; cancer; mental health problems; and communicable diseases such as leptospirosis, HIV/AIDS and sexually transmitted diseases. Instances of people suffering from dengue fever, lymphatic filiarisis, measles and rubella are also increasing, as are levels of traumatic injury, and domestic violence and substance abuse (Fiji Ministry of Health 2004). Therefore, it is imperative that health care leaders provide good governance to respond to the health needs of the people of Fiji.

Clinical governance in health care

In order to achieve their mission, Fiji faces the same challenges being experienced across the world. The challenge is how to transform such generic mission statements into real improvement in health outcomes for the people of Fiji. As Scally and Donaldson (1998, p.2) note, the achievement of quality in clinical care has always 'engendered a multiplicity of approaches' with universal definitions difficult to achieve and the dangerous temptation existing to claim that 'clinical quality' is a term that is too subjective and therefore not useful. Fortunately, the World Health Organisation has been particularly helpful in exploring the idea of improving clinical care by taking the idea of improvement in care through clinical governance, and then dividing 'quality' into four specific areas.

Clinical governance is a way of addressing issues associated with the quality of health care. It has been defined as 'a system through which...organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish' (Scally and Donaldson 1998, p.2). The four areas under which the World Health Organisation considers clinical governance are: professional performance (which is concerned with the technical quality of care); resource use (about efficient use of all resources including both human and material); risk management (about the risk of illness or injury directly associated with or caused by the service provided); and patients/clients/consumers' satisfaction with the service provided. Clinical governance serves to 'consolidate, codify, and universalise often fragmented and far from clear policies and approaches, to create organisations in which...final accountability rests with the chief executive of the health organisation...and daily responsibility rests with a senior clinician' (Scally and Donaldson 1998, p.2).

Good clinical leadership, then, is the fundamental foundation on which successful governance rests. The

link between good governance and good leadership is about leaders not only developing strategic thinking and better management skills (Clark and Smith 2002), but is also concerned with leaders having followers committed to a vision for the future of health care delivery (Nicholls, Cullen, O'Neill and Halligan 2000). The strategy which is the subject of this paper has been designed and implemented to contribute to achieving those aims in Fiji.

The challenge for Fiji is to take a similar approach to quality improvement to that which is occurring internationally. Teal (1996, p.44) notes that leadership and management take 'exceptional, sometimes heroic people to do it well'. The nurses of Fiji are meeting the challenge of being exceptional. One of their major strategies is a systematic, sustained program of learning which includes contemporary leadership and management education. As Courtney, Yacopetti, James, Walsh and Montgomery (2002) so clearly point out, relevant education for nurse leaders continues to be a topic of strong debate. Although there appears to be substantial correlation between educational levels and leadership effectiveness, just what this education needs to be remains contentious. Certainly there are core skill sets that people in nursing management and leadership positions require, and the program in Fiji takes account of such knowledge and skills as strategic planning, human resource management, financial management and quality management, as well as developing the leadership attributes that will be discussed further in this paper.

Nursing leadership in Fiji

Nursing has evolved in Fiji from an initial nurse education program commenced in 1893, through various styles and stages of nursing training. Currently, the Fiji School of Nursing in Tamavua graduates approximately 125 nurses each year to diploma level. A private School of Nursing also commenced nurse education in 2004, with a JCU Fiji Graduate as Principal Nurse Educator, and with an eventual planned intake of 100 students per year.

Improved nursing education is a crucial component of the Fiji Health Sector Improvement Program. A key objective identified by the Fiji Ministry of Health is the 'management and development of a health workforce to enhance the delivery of quality health services' (Fiji Ministry of Health 2003). The JCU School of Nursing Sciences is currently collaborating with the Director of Nursing/Director of Health System Standards, the Fiji Ministry of Health and the World Health Organisation to strengthen the nursing educational foundation so that the nursing workforce is equipped to meet the needs of a country and a health service in transition.

The leaders in nursing in Fiji have identified that the bachelor level will be the basic requirement for nurses, and, to that end, are currently educating selected registered nurses at a tertiary level. In addition to this Bachelor of Nursing Sciences (BNSc) post registered nurse (RN) program, the JCU School of Nursing Sciences

and the World Health Organisation are also involved in supporting post-graduate education for nurses in Fiji in the areas of intensive care and cardiac nursing, and have offered additional support to enable nurses to gain masters qualifications. The nurses who are undertaking these educational programs are destined for nursing leadership in Fiji. They are selected for their potential to fill leadership positions in the Fiji health industry in the future.

One current strategy to enhance leadership knowledge and skills is embedded in the BNSc post RN program being offered in Fiji by the JCU School of Nursing Sciences. This program was adapted from a leadership and management subject currently offered at postgraduate level in Australia, following consultation with Fiji senior nurses about what was particularly needed for Fiji. The nurses in the program are introduced to contemporary leadership and management information within a dedicated subject to assist them in their current and future leadership roles. The leadership and management subject included in the BNSc course provides information about core operational tasks such as strategic planning, human resource management, financial management and quality management.

Perhaps more importantly the program focuses on nurses acquiring the skills and attributes needed to confront the opportunities involved in managing change (Daly, Chang, Hancock and Crookes 2004). Such knowledge may be the very foundation of the 'personal power of the leader' (p. ix). This type of thinking is not inconsistent with traditional notions of leadership in Fiji. Nayacakalou (1975) made a strong claim that traditional Fijian leadership is hierarchical and 'based fundamentally on rules of descent and kinship' (p.114). Nevertheless, the chiefs in Fiji have been, in fact, leaders rather than 'headmen'. This distinction is clarified with the following statement related to the chiefs' leadership style:

Positions were inextricably interwoven with the structure of their groups so that goals for which the groups organise under the leadership of their chiefs remain common goals... this is the essence of what Fijians mean when they say that 'the chiefs and the people are one' or that 'the people are chiefs' (Nayacakalou 1975, p.115).

Contemporary notions of leadership and teamwork, then, have long been valued in Fiji culture.

The BNSc post RN program in Fiji involves a series of 'residential' schools, where the senior nurses who are the students are released from their positions for a one or two week period five times in the year they are undertaking the program. Generally, JCU lecturers travel to Fiji and co-facilitate learning with Fiji tutors in various subject areas for five days, followed by a second week of students' self-directed study.

Relating Western leadership theories to the culture of Fiji

Teaching and learning about (mostly North American) leadership theories for Australian and Fijian nurses comes with unique challenges. Initially, rather than focusing on differences in cultures between developed and developing countries, it has been crucial to recognise the effects of colonialism and post-colonialism in Fiji. Central to the process is the recognition that leadership theory as it has been developed in the United States of America and in other developed countries will not necessarily transfer to the culture of Fiji. Concerns such as those raised by Gott (2001, p.675) in relation to colonialism and post colonialism continue to be addressed during the interactions that occur during the education process: ‘...although the Empire departed over the horizon a long time ago, it still shows signs of life...from Sierra Leone to Kashmir, from Sri Lanka to Fiji...the Empire simply refuses to go away’.

Notwithstanding the negative effect of colonisation on Fiji leadership earlier last century (Sharpham 2000), it is important to note that the country has been subject to extensive Western influences, and that discussions about leadership theory are often understood in similar ways by both Australian and Fijian nurses. This means that, for example, when discussing issues surrounding transformational leadership, our communication is trans-cultural, that is, transcending cultural boundaries (Meleis and Lipson 2004) rather than cross-cultural.

There is necessity for these Australian academic(s) to have someone function as a ‘cultural broker’ (Washington, Erickson and Ditomassi 2004) in order to minimise behaviours that might be misunderstood or might offend the leadership students. This role is often undertaken by the Fiji School of Nursing Tutor who is also employed by JCU. Rather than attempting to ‘adapt’ the theories to a stereotypical Fiji context and applying a reductionist, so-called ‘laundry list’ approach (Meleis and Lipson 2004) to understanding how best to learn about leadership in Fiji, a different approach is needed. This takes the form of a continuing conversation between all parties, to maximise understanding and cultural relevance for all of the teaching and learning sessions.

Thus there is no ‘cookbook’ for adapting Western leadership theories for Fiji, and neither should there be. Rather, a group of nurses (Australian and Fijian) work together to apply their learning in a culturally appropriate way, utilising local examples in group work, and continually discussing the relevance of the work for Fiji.

The best that can be and has been achieved is for the Australian academic(s) to learn as much as possible about Fiji, both before visiting the country through ‘academic knowledge’ (Meleis and Lipson 2004) by reading about the socio-political and economic history of the country and the history of leadership, nursing and nursing leadership. Such knowledge is supported by ‘experiential knowledge’ which involves living in the country for the

time of the residential schools, and spending extended periods of time with the Fijian nurses, discussing each others’ personal lived experiences as nurses and nursing leaders. As Campinha-Bacote (1998 as cited in Meleis and Lipson 2004) so clearly implies, cultural competence is a journey rather than a state to be achieved.

Learning to lead

The leadership and management subject involves the nurses exploring their own values about what nursing means to them, and how those values equate with their objectives for health services and for the people of Fiji. They explore the concept of transformational leadership (Courtney, Nash and Thornton 2004; Wedderburn-Tate 1999; Bass and Avolio 1994;), comparing this with the less effective transactional style (Kuhnert 1994). Kur and Bunning (2002) make the distinction between transactional and transformational leadership by describing ‘transactional’ behaviour as essentially being about management and ‘transformational’ behaviour being about leadership.

As participants develop further along the path to effective leadership, the intent is that they will experience a stronger sense of inner direction and purpose. The aim is that they will notice they are being guided more by their own internal values, rather than doing things more often because other people think they should, or because doing them won’t ‘rock the boat’.

Participants are also exposed to information about the relationship between emotional intelligence and effective leadership (Goleman, Boyatzis and McKee 2002; Rozell, Pettijohn and Parker 2002; George, 2000; Sosik and Megerian 1999) and the importance of identifying one’s own level of both emotional intelligence and emotional competence. The dimensions of emotional intelligence have been linked to ‘emotional competence’ in a framework developed by Goleman (1995), and refined by Goleman, Boyatzis and McKee (2002) into ‘leadership competencies’. These are about self-awareness, self-management, social awareness (including empathy) and relationship management (including providing inspiration for followers).

The students also explore aspects of their own personality styles and how this might relate to their actions as nursing leaders. As Speedy (2004, p.38) contends ‘leadership in professional situations requires a foundation of knowledge and skills that is influenced by a diverse range of factors...[including] the personalities of leaders [and] their psychological characteristics and make-up’.

Engaging in ‘getting to know oneself’ can be confronting and is often difficult to do. This can be especially challenging in a culture where the traditional Fijian values of showing respect (vakarokoroko) and love (loloma) for others overrides the European habit of focusing on oneself (Katz 1983, p.28). Western ‘individuality’ is traditionally less important than being

‘one who is vikaturaga [showing] respect and love for all persons at all times, regardless of their social status...such a person is truly humble’ (p.28).

Such self-assessment and reflection can be considered however to be a first step toward beginning the process of effective leadership. Indeed, following a session in the 2003 residential school about developing a personal and professional as well as a health industry strategic plan, one student arrived early at the classroom in Tamavua and wrote on the blackboard: ‘We are going to be transformational leaders!’ For the people of Fiji, as elsewhere in the world, effective health care and good health outcomes are reliant on capable health industry leaders.

CONCLUSION

Cross-cultural education in Fiji is not without its challenges. Consistent with Laverack and Brown’s (2003) advice about cross-cultural research, there is an ongoing need to understand beliefs and values, and styles of interaction and communication, and indeed, ideas about time. Nevertheless, with collaboration between Australian academics and Fiji tutors from the Fiji School of Nursing, the program appears to be remarkably successful. Notwithstanding several amusing interchanges about the difference between ‘Fiji time’ and ‘JCU time’ in terms of arrival in the classroom, the willingness of all parties to deal with each other’s differences has been favourable. What is less certain at this stage is how nursing knowledge about leadership and management will translate into effective change management in the health industry in Fiji, and, most importantly, improved health outcomes for the people of the Fiji Islands.

One might alter Manaini’s story somewhat, and introduce a little piece of hopeful fiction, which is a vision for nursing in Fiji in the future:

M. was one of the women in the village who became a nurse. This completely changed her status in the family and in the village. Everyone knew that nurses had taken Fiji to a new level of good health, and that was regarded as the highest achievement...

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