NURSING AND MIDWIFERY LEADERSHIP: 200 years of making the extraordinary ordinary

Professor Mary Chiarella

Professor Chiarella said she has long believed that what nurses and midwives do is to make the extraordinary ordinary, the intolerable tolerable, and the unbearable bearable. It is one of our great strengths that we have the ability to alleviate suffering, even when a disease cannot be cured.

Whatever we are doing about global health isn't enough: we didn't meet the MDGs by 2015 and there are still huge variations in the quality of health care services across the world:

- Unequal distribution of health care workers with many migrating to developed countries or leaving the profession.
- Increases in communicable and non-communicable diseases (TB, Malaria, HIV, diabetes, heart disease).
- A need for new models of care both at community and hospital levels – primary health care and preventing ill health.
- Ad hoc introduction of new cadres of health workers.
- Unequal access to technologies.
- The challenge of drug and treatment affordability and availability.
- The need for skilled birth attendants to meet UN Sustainable Development Goals.
- The imposition of western models of health service delivery through conditions of international bank loans.
- Adverse event science reinforces what we get wrong instead of promoting what we get right.

But what we know doesn't make us change unless we can imagine what we need to do to make things better. We have to RE-IMAGINE what is possible.

New ways of integrating health care

- Do people want to be cared for mostly IN hospitals or mostly OUT of them?
- Do people want to have interventions mostly BEFORE they get sick or AFTERWARDS?

New partnerships with our communities of care – co-production of health, woman-centred care

- Does the public want to decide how their health care ought to be delivered?
- Do people want to be partners in the design of their health care services?

New ways of defining our health care workforce

- Ought families and friends to be recognised as the 'real' health care workforce and health care professionals as the auxiliary workforce?

New ways of funding health care

- Ought the public to decide how their health care dollar is spent, rather than health professionals?
- Ought we to give the money to the public to spend, rather than remunerate practitioners directly for service items?
- Ought we to take stock of what the public wish to spend their money on?

How far have we come since Nightingale? Here's what we know:

- What we currently do is unsustainable – nationally and globally.
- We are big spenders on health and illness – both from a government and personal perspective.
- Neither of these forms of expenditure works properly. We need better evidence to know what works.
- We need debate – public debate. That means debate with the public, not just with us.
- We need to decide what functions we want government to pay for and what we are prepared to pay for ourselves. Then we need to decide what forms each of those should take.

We all need to reflect and we all need to join the debate. The question is always "what is to be done?" The conversation must be had at our tables, in our workplaces, outside the school gates, on our Facebook accounts, on Twitter, and whatever other personal media we use. Nightingale would have had a Twitter account, she would have had her own Facebook page. She knew all about the social media of her day.

Then we must engage professionally. We mustn't just pay our fees to our professional associations – we must lobby them. We mustn't just vote for our politicians – we must lobby them. We must sign petitions, go to rallies – the world will only change one person at a time. We can influence others, but we can only change ourselves. This we can achieve by 2020.

MY LEADERSHIP JOURNEY: 26 years using the Magnet® model roadmap

Dr Linda Lewis

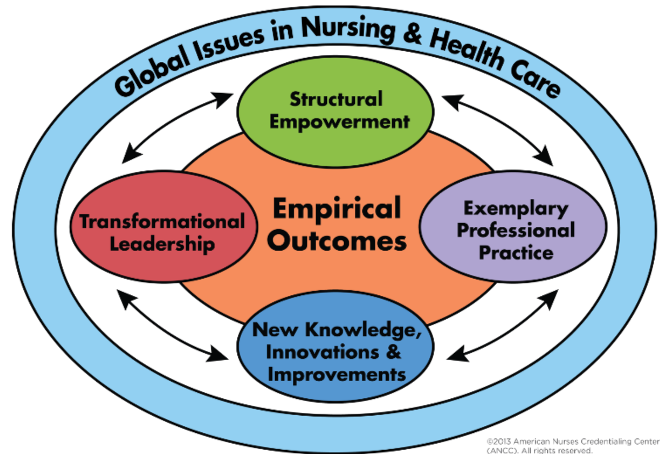
Having a global model of excellence for nursing was never in my vision, nor in my strategy when I first became interested in leadership. Rather, it was a need to change the way things were being done in the organization. My personal leadership journey has been mentored through the work and the principles of Magnet. The 'Fourteen Forces of Magnetism' are the foundation for excellence in leadership and continue today as the sustained infrastructure for the global nursing model, the Magnet Recognition Program. As the ANCC credentialing programs CEO, I hope you will learn from my experiences and how I used this global model for nursing to shape the future in my country and around the world.

FORCES OF MAGNETISM

1. Quality of nursing leadership
2. Organisational structure
3. Management style
4. Personnel policies and programs
5. Professional models of care
6. Quality of care
7. Quality improvement
8. Consultation and resources
9. Autonomy
10. Community and health care organisation
11. Nurses as teachers
12. Image of nursing
13. Interdisciplinary relationships
14. Professional development

As an innovative and transformational leader, my focus has been on the implementation of creative models of care delivery, workforce engagement, and advancing nursing leadership's decision-making power.

I joined the American Nursing Credentialing Center (ANCC) in the spring of 2013, as the Director for the Magnet® Recognition Program and in February 2014 began my newest journey within ANCC, with my promotion to Chief Officer responsible for the overall mission, vision and value worldwide. My leadership has focused ANCC's innovation and programs on global expansion of certification, research and accreditation.



Under my leadership at ANCC, innovative credentialing initiatives have been created and implemented. The newly patented portfolio credentialing process offers ANCC the ability to attest to the expertise, knowledge and skill sets required for a nationally certified specialty. As a result, transformational nursing specialties emerging to address the broad range of health population needs can be rigorously evaluated and credentialed to serve the public and nursing profession with confidence.

The ANCC World Division has been created which focuses on the development of international credentialing programs in partnership with the country's health care governing bodies and their national nursing organisations. Substantial evidence demonstrates the Magnet, Pathway and Accreditation programs, improves quality, excellence in nursing, and patient outcomes. This quality advancement is considered by many health ministries as the "road map for health care excellence", including the World Health Organization and the International Council of Nurses. The research and science that has been developed and continues to evolve has set nursing strategies to achieve the post-2015 sustainable development goals and universal health coverage practices.

I enjoy being at the forefront of advancing health policy and practice through the generation, synthesis and dissemination of nursing knowledge particularly in the context of credential science. This has allowed me to broker partnerships that will influence the implementation of health care reform in our nation and worldwide. The certification of professionals and organizations ensures the public of the competency and knowledge of the clinicians care for the health of populations.

THERAPEUTIC HUMOUR IN CLINICAL PRACTICE: Leading with humour

Mr Eric Grech and Ms Marie-Claire Pellegrini

Dwight D Eisenhower said: *A sense of humour is part of the art of leadership, of getting along with people, of getting things done.*

Mr Grech and Ms Pellegrini said humour and laughter are being increasingly used in a variety of therapeutic situations and they have joined forces to introduce therapeutic humour into their workplace. Research into the use of therapeutic humour tells us it has the power to motivate, alleviate stress and pain, and improve one's sense of wellbeing.

Types of leadership styles can be closely aligned with types of humour.

Autocratic leaders centralise power and decision making within themselves. They give orders and assign tasks without consulting their employees. Their sense of humour is often aggressive and potentially detrimental toward others. It is characterised by the use of sarcasm, put-downs, teasing, ridicule, and humour used at the expense of others.

A laissez-faire style of leadership avoids power and responsibility, passing on decision making to subordinates, takes no initiative and gives no directions. A laissez-faire leader has a self-defeating type of humour, letting others make fun of them, and in that way receiving approval from others by being the 'butt of the joke'.

A paternalistic leader ('papa knows best'), guides and protects his subordinates as if they were members of his family. But instead of gratitude, this style of leadership often generates antagonism and resentment.

The sense of humour style of a paternalist leader is often self-enhancing; they have the ability to laugh at themselves and the circumstances in a constructive and non-detrimental manner.

Democratic leadership is characterised by consultation with subordinates and their participation in decision making, leading by persuasion and example rather than by fear and force. The sense of humour style of a democratic leader is affiliative in nature, used to enhance relationships with others in a benevolent and positive way. In an organisational setting, affiliative humour has been shown to increase group cohesiveness and promote creativity in the workplace.

Humour enhances leadership skills. It creates more opportunities and builds credibility. The benefits of therapeutic humour are numerous. Laughter has been compared to 'inner jogging' because it increases heart rate, improves blood circulation, and works muscles all over the body. Humour improves employee creativity, communication and wellness, which results in organisational renewal and greater effectiveness. Humour is a powerful tool in building more cohesive groups and this is important because cohesive groups work together better in pursuing common goals, especially in situations where there is an expectation of high performance.

Through humour we can get our message across in a more acceptable way. This allows us to lead better because it makes us better communicators.

A range of therapeutic humour interventions have been introduced into the Mater Dei Hospital in Malta.

Klown doctors

Humorous videos which cover a range of topics such as hand hygiene; tissue viability; safe practice within the clinical environment; and safe handling of patients have been developed and have been very well received, getting a serious message across in a visual, inoffensive and memorable way.

Special awareness days (such as kidney health day), and difficult topics (such as incontinence) can be sensitively and effectively dealt with using humour.

Humour and laughter are useful caring tools. Nurse and midwife leaders should aim to increase the amount of laughter in their environments for patients as well as staff.

NIGHTINGALE: The collected works of Florence Nightingale

Professor Lynn McDonald

2020 marks the bicentennial of the birth of Florence Nightingale. This conference celebrates the leadership of Nightingale, the founder of modern nursing, the first nursing theorist, a great nursing leader, and a role model for nurses everywhere. All the available surviving writing of Florence Nightingale, edited by Lynn McDonald, has now been published in the sixteen-volume: *Collected Works of Florence Nightingale*, much of it for the first time.

The Collected Works of Florence Nightingale makes available Nightingale's major published books, articles and pamphlets (many long out of print) and a vast amount of previously unpublished correspondence and notes. Known as the heroine of the Crimean War and the major founder of the modern profession of nursing, Florence Nightingale (1820-1910) was also a scholar, theorist, researcher, statistician, political activist, and social reformer of enormous scope and importance.

Nightingale was a national heroine in her own day and unofficial consultant on numerous matters of public policy for decades. As early as the 1860s she had formulated the central principles of a public health care system. Her work can be seen now, in an age more sensitive to environmental issues, as greatly prescient in integrating factors of the biophysical environment with social and economic factors. Some attention has been paid to her work in applied statistics but little to her expertise more generally in methodology, philosophy, theology and spirituality, and women's issues.

She was in touch with an extraordinary cross-section of people: royal personages, prime ministers and Cabinet members, leaders in medical science, philosophers, and theologians, the military, literary figures and natural scientists.

The introductory book, *Florence Nightingale at first hand,* reports what Florence Nightingale said and did, based on her writing. Published to commemorate the centenary of Nightingale's death, it presents Florence Nightingale as an author of great style and wit, a systems thinker and pioneering public health reformer.

Volume 1: *Life and family*
Volume 2: *Spiritual journey*
Volume 3: *Theology*
Volume 4: *Mysticism and eastern religions*
Volume 5: *Society and politics*
Volume 6: *Public health care*
Volume 7: *European travels*
Volume 8: *Women*
Volume 9: *Florence Nightingale on health in India*
Volume 10: *Social change in India*
Volume 11: *Florence Nightingale's suggestions for thought*
Volume 12: *The Nightingale School*
Volume 13: *Extending nursing*
Volume 14: *The Crimean War*
Volume 15: *Wars and the War Office*
Volume 16: *Florence Nightingale and hospital reform*

Available online from:
http://www.uoguelph.ca/~cwfn/publications/index.htm

Professor Lynn McDonald from Canada is the editor of the sixteen volume: *Collected works of Florence Nightingale.* The volumes are also available as e-books.

Of significant interest to nursing scholars are Volumes 12 and 13.

These volumes bring to light much unknown material about the founding of the Nightingale School of Nursing at St Thomas' Hospital and Nightingale's guidance of its teaching for the rest of her life and her mentoring relationships with emerging nursing leaders. The volumes also cover the introduction of professional training and standards beginning with London hospitals and others in Britain, followed by hospitals in Europe, America, Australia and Canada; and Nightingale's evolving views on nursing. Struggles with cost-conscious hospital administrators are part of the story, as is the challenge to keep nurses safe at a time when hospitals were dangerous places.