

Editorial

NURSING LEADERSHIP AS A KEY FOR NURSES ADDRESSING CHRONIC CONDITIONS IN PRIMARY HEALTH CARE

EL LIDERAZGO DE ENFERMERÍA COMO CLAVE PARA LAS ENFERMERAS QUE ABORDAN LAS ENFERMEDADES CRÓNICAS EN LA ATENCIÓN PRIMARIA DE SALUD

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Nursing leadership has been identified as critical for many years, most recently with the World Health Organization *Global Strategic Directions for Nursing and Midwifery*⁽²⁾ and the WHO/ICN/Nursing Now *State of the World's Nursing Report*⁽³⁾. Both reports recognized that nursing leadership is a pillar to improve the health of the world's people. Yet there are still challenges for nursing leadership development, including confusion between leadership and management, and recognition that nurses at all levels need leadership development support.

For nurses in primary health care who work with people with chronic conditions, leadership development may be even more challenging as many leadership development programs are either focused on those nurses in formal leadership roles or those nurses working in acute care settings. I would argue that nurses working in primary health care need even more support for leadership development because they are working in settings where there are often fewer nurses and more involvement in interdisciplinary care with other health care professionals. As a result, nurses working in primary health care settings need to be highly skilled in leadership skills including collaboration, communication and systems thinking.

Collaboration in primary health care

Collaboration is important for all nurses but for those in primary health care, the collaborations are with the patient and family, within the interdisciplinary team (e.g. physicians, pharmacists, physiotherapists), and with community service providers of all types. Because of the nature of chronic conditions, the patient and family are key to success at managing the conditions through self- and family-based care. Engaging the patients and family members in medication management, diet, exercise, symptom recognition and follow-up requires the ability of the nurse to recognize their role as “coach” or “adviser” versus the “teacher-student” roles that were often used in the past.

Working effectively within an interdisciplinary team in primary health care requires a nurse with confidence in one's ability, competence in one's role and skills, and recognition that all members of the team bring a distinct yet complementary world view. Despite traditional

roles where physicians were seen as the leaders within any interdisciplinary team, nurses (and especially advanced practice nurses), can and should be seen as the central component for primary health care for persons with chronic conditions. This role transition can be challenging for nurses who were educated and socialized in the “physician as leader” system.

Nurses in primary health care focused on persons with chronic conditions may refer patients and families to other community services. Depending on the resources available in the community, these services may include food or housing assistance, assistance with financial resource constraints, community-based care for functional abilities and so on. Understanding the criteria for service access and qualifications requires the nurse to understand the services. As well, nurses are highly respected in many countries and are effective advocates for changing and revising policies for services.

Communication

Nurses are known for the ability to communicate effectively with persons from all educational and social backgrounds. All nurses should communicate in ways that recognize contextual sensitivity, interpret what is said without judgment and are aware of one’s own biases⁽⁴⁾. This is particularly important in addressing chronic conditions as patients and families have their own perspectives on the condition or conditions, the impact of the condition on their day-to-day life, and their ability and willingness to enact self-care. Nurses who are new to primary health care may not initially understand the reluctance to enact self-care on the part of patients and families, using their own perspective on the situation. Nurses who are more skilled at communication will be more able to view the patient through the patient’s own lens and understand why the patient may be making the decisions they are making. It is through this ability to see the world through the patient’s eyes that will allow the nurse to provide information and coaching that may enable better self-care. The astute nurse recognizes that even the most evidence-based information on self-care may not be enough to change a patient’s behavior.

Within the interdisciplinary team, the communication skills of the nurse as leader represents the contributions of the nurse to the work setting. Skilled communication requires recognizing conversations that may not be explicit in the expressing of concerns. For example, a team member who is feeling marginalized may communicate verbally in a way that does not indicate the marginalization as the issue and may use another issue as the focus, even unknowingly. Nurses who are skilled communicators will recognize that there may be more being communicated and gently probe for what is behind the communication. Self-awareness is critical to strong interdisciplinary communication. Recognizing one’s thoughts and feelings about a work situation and bringing them forth will improve teamwork in the long run. Nurses in formal positions of leadership can facilitate effective teamwork by making a work culture that is safe for discussions of concerns.

Systems Thinking

Systems thinking may be a new concept for nursing leaders but, in reality, is the description of how any particular system (e.g. a nursing unit) interacts with other systems laterally (e.g. other nursing units) and are part of bigger systems (e.g. the hospital, the health care system). Pesut and colleagues describe a case example of systems thinking for interprofessional education⁽⁵⁾, identifying how systems thinking requires a nurse to recognize the differences between one's own actions and the system. All nurses work in systems, the goal is for the nurse leader to recognize how their leadership within one unit affects and is affected by other parts of the system.

For nurses in primary health care settings, the system may be the clinic in which they work and the lateral systems may be other services within the clinic (e.g. pharmacy). The larger systems that impact their work includes the communities in which their patients live and work, the health care system that may or may not facilitate the care needed, and even the political structures of the region and country that provide payment for services. Similarly, the patients with chronic conditions that are being cared for are parts of systems as well: their family system, their community, and the larger health care system. Thus, nurses impact the patient through their work but progress may be facilitated or inhibited by any of the other systems.

Leadership Development

All nurses need and deserve continual support for their leadership development. However, "leadership development" for nursing has been relatively undefined for many years. Sigma Theta Tau International Honor Society of Nursing, with support from the Johnson & Johnson Foundation, developed a Nursing Leadership Competency Framework (NLCF) that can be retrieved from [here](#). The NLCF is free to any nurse anywhere and is in 8 languages, including Spanish and Portuguese. The framework was developed using a scientifically rigorous approach including:

- A professionally led search of the literature,
- A core team (three nurses and one public health expert) who chose and categorized existing frameworks, including new concepts reflecting the need in the post-Covid world
- Fourteen global health nursing experts who provided feedback on the framework categories and wording
- Forty nine raters from all levels of nursing and all regions of the world who ranked the items for importance and relevance
- Leveling of each item within each category for novice nurses/new leaders, competent leaders, expert leaders and luminaries (renowned expert).

Nurses can use the framework to develop their own personal development plan. The NLCF can also be used by educational systems and nursing organizations to map their program to the competencies and for revision and/or expansion. The framework may also be of use for employers who wish to support nurses in leadership development.

Nurses sometimes think that only formal programs can be used for leadership development. In addition to the value of formal programs, nurses can also further their leadership skills with books and readings, shadowing more advanced leaders, coaching and mentoring by more advanced leaders, and through observation of skilled nurse leaders. Combinations of all these approaches can be useful. Through my experience in leadership development programs, however, it is clear that experiential development is key. In other words, it is not enough to read about leadership development. Like any other skill, practice and reflection are critical in improving.

Summary

For many years there has been discussion of the need to support nurses in leadership development and while there has been progress, much more is needed to make this a reality. Nursing is key to the achievement of the Sustainable Development Goals⁽¹⁾, with nursing and midwifery representing half of the world's healthcare workforce. Now is the time to make this a reality: nurses can put pressure on their policymakers to support nursing leadership development to make the world a healthier place and on the organizations that provide nursing leadership development to expand their programming. Imagine the progress that could be made if nursing leadership development was provided to all the world's nurses.

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