

Leading nursing beyond 2020-the challenge and the opportunity

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Leading nursing beyond 2020-the challenge and the opportunity

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Leading nursing beyond 2020-the challenge and the opportunity

Introduction

In the last months of 2018 a number of reports concerning healthcare leadership in England were published. In October the NHS Leadership Academy published the findings of a survey of Chief Executives which explored their views of the attractions and barriers to clinicians becoming chief executives (NHS Providers/NHS Leadership Academy, 2018). Then in November the Faculty of Medical Leadership and Management (2018) produced *Barriers and enablers for clinicians moving into senior leadership roles*, followed just under fortnight later by a review of the key challenges facing executive leaders in the NHS: *Empowering NHS leaders to lead* (Kerr, 2018). This coincided with a speech by the Health and Social Care Secretary, Matt Hancock on November 28th in which he argued that good NHS leadership starts with culture change (Hancock, 2018). This need for effective leadership of health and social care has been a familiar refrain in health policy in England from the Darzi Review (DH, 2008), to the Berwick Report (2013) in which the role of leadership in improving quality was emphasised, and more recently *the NHS Long Term Plan* (NHS, 2019) with its commitment to strengthen and support good, compassionate and diverse leadership at all levels –managerial and clinical – to collectively deliver greater value for the NHS and for patients. It is clear leadership remains an issue of concern in health care, however it is also clear that there is still much to do. This need has also been identified as an international concern with a global independent commission on the education of health professionals for the 21st Century concluding high-quality professional leadership is crucial for progress in improving health and developing effective health systems globally (Frenk *et al.*, 2010). Yet how to achieve such aspirations is less clear.

Nursing Now

The World Health Organization (WHO, 2020) has designated 2020 as the year of the nurse and midwife to coincide with the 200th anniversary of the birth of Florence Nightingale. As part of this a *Nursing Now* global campaign to improve health by raising the status and profile of nursing is in progress (<https://www.nursingnow.org/>). It aims to engage with nurses, governments, partners and stakeholders globally to achieve the ‘triple impact’ of improved health, greater gender equality, and increased economic growth (APPG, 2016). It is a social movement with an active network of 266 *Nursing Now* groups in 89 countries (as of June 2019) working to influence global and national policy (<https://www.nursingnow.org/>).

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3 Its aims with regard to leadership are to:
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- 6 • work with the International Council of Nurses and other organisations to strengthen
7 and develop programmes for the most senior nurse leaders, and build a network for
8 nurses who have completed these programmes.
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- 10 • support nurses at every level to develop their leadership and quality improvement
11 skills and knowledge, so they can lead and manage change.
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16 However there are significant challenges that will need to be overcome if these aims are to be
17 achieved. For example although women make up 70% of the total global health and social
18 care workforce, only 25% of health system leadership roles are occupied by women
19 (Newman *et al.*, 2019). This is the result of many barriers to nursing leadership that
20 marginalise and exclude female nurses from decision making roles. These take the form of
21 gender discrimination, bias and stereotyping which serve to limit opportunities for skill
22 development, perpetuates the gender pay gap, and results in unequal treatment of men and
23 women in the health workforce (Newman *et al.*, 2019).
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31 In an effort to redress this imbalance *Nursing Now* issued the Nightingale Challenge
32 ([https://www.icn.ch/news/nightingale-challenge-inspires-next-generation-nurse-and-midwife-](https://www.icn.ch/news/nightingale-challenge-inspires-next-generation-nurse-and-midwife-leaders-during-2020-year)
33 [leaders-during-2020-year](https://www.icn.ch/news/nightingale-challenge-inspires-next-generation-nurse-and-midwife-leaders-during-2020-year)) to every health employer around the world to provide leadership
34 and development training for a group of their young nurses and midwives during 2020. The
35 aim is that 20,000 nurses and midwives aged 35 years and under benefit in 2020, and that at
36 least 1000 organisations participate. Although this is a laudable aspiration, health systems
37 worldwide are under extreme pressure and securing commitment to meet this target will be
38 difficult.
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45 **Challenges**

46 Also leadership development activity is only part of the solution. Fundamental changes in
47 health and social care organisations are needed which take account of local contexts and
48 combine expert support, organisational development and leadership development founded on
49 evidence, if such change is to happen (West *et al.*, 2015). In addition urgent political action
50 is needed in many nations, particularly with regard to resource allocation, if health and social
51 care systems are to meet the pressing challenges presented by an ageing population, multi-
52 morbidity (Murray *et al.*, 2018) and a shrinking workforce (Liu, 2017).
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3 Returning to the aim of *Nursing Now* to support nurses at every level to develop their
4 leadership and quality improvement skills and knowledge, so they can lead and manage
5 change, could be seen to place additional demands on an already hard pressed workforce,
6 because many practitioners would argue that clinical work is difficult enough without the
7 addition of significant leadership responsibilities. However if notions of ‘traditional’
8 leadership are set aside and new approaches considered the huge potential for nursing
9 leadership could be released. For example the old model of ‘heroic’ leadership by
10 individuals is limited and if leadership is to progress and meet the needs of patients and staff
11 then a focus on developing the organisation and its teams and leadership across systems is
12 required, rather than relying solely on individual leaders (The King’s Fund, 2011). With
13 regard to nursing leadership there are several areas of inquiry/development that hold promise
14 for the future and if harnessed could empower nurses as leaders to realise the goals of
15 *Nursing Now*. These are summarised below and set out an agenda for research and action
16 that has the potential to help ensure 2020 becomes a turning point for nursing leadership.

27 28 **Opportunities**

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31 If clinical staff are to have an impact on the care patients receive there is a need to engage
32 with leadership because it has been found to influence the culture that affects quality, safety
33 and the working environment (Mannion and Davies, 2018). Indeed some argue that engaging
34 in leading and managing systems of health care, be it at the level of the team, department,
35 unit, hospital or health authority – is a professional obligation of all clinicians (Swanwick and
36 McKimm, 2011). Four approaches are summarised below that hold promise in terms of
37 enabling nurses to meet this professional obligation.

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43 Adopting a focus on compassion can provide a bridge between clinical practice and clinical
44 leadership. Compassionate care for patients and staff should be the foundation of all health
45 and social care (Hewison and Sawbridge, 2016) and it has been argued that to harness the
46 power of leadership in health care there is a need to develop and support clinical leaders
47 (Imison, 2018). Compassionate, caring and inclusive leadership (Edwards *et al.*, 2018) may
48 be what health and social care need, however if this vision is to become a reality then the
49 approach needs to be developed, tested and evaluated to contribute to the evidence base for
50 clinical leadership. Compassion can interpreted in a number of ways (Singh *et al.*, 2018) and
51 ensuring that leadership maintains a focus on an inherently complex concept is by no means
52 straightforward, but such an approach is vital to serve as a corrective to the corrosive and
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3 negative effects of austerity and command and control approaches which can result in
4 incivility, and has a destructive effect on the workplace and patient care (Armstrong *et al.*,
5 2018). Some exploratory work has been conducted in this area (Hewison *et al.*, 2019, 2018),
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7 however much more is needed to determine its benefits for patients and staff.
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11 Another recent strand of work that could inform understanding of the leadership role of
12 nurses is leadership as practice (Raelin, 2016). This has emerged from the premise that no
13 one knows the practice better than the practitioner who must negotiate and arrange that
14 practice. Also many practitioners work in teams that are interfunctional and interdisciplinary,
15 yet not necessarily co-located (Raelin, 2011). Leadership as practice redirects attention from
16 what (extraordinary) individuals [leaders] are, to what ordinary people do as they engage in
17 leading (Crevani and Endrissat, 2016). It is experiential, interactive, situated, embodied,
18 sustained and relational-in sum a new kind of engagement with self, others and world
19 (Carroll *et al.*, 2008). In thinking about how to develop leadership in a group, including
20 nursing, there is a need to find ways to bring more of the unconscious and unreflective into
21 the conscious and intentional domain and investigate instances of failure, dissonance, crisis
22 and obstruction in the workplace (Raelin, 2015). In this way new insights on nursing
23 leadership can be generated and fresh approaches developed to meet the coming challenges
24 noted earlier.
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36 Elements of this line of inquiry can also be found in Allan's study of the invisible work of
37 nurses (Allen, 2015). Using Actor Network theory (Allen, 2018) as part of an ethnographic
38 study of the reality of nursing, she found that it is nurses that are mainly responsible for
39 managing emergent organisation and this work is important in ensuring the quality and safety
40 of patient care. However although nurses are often referred to as the 'glue' in healthcare
41 systems we know little about the work that this involves. She contends that too often
42 prescriptions for nursing have arisen from armchair theorising about what nurses should do
43 rather than research into what they actually do, and an understanding of how this role
44 function is shaped by the contexts in which they work is needed (Allen, 2015). This suggests
45 that more research to investigate the reality of nursing leadership in context would provide
46 useful data to inform the development of this area of practice.
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56 One further perspective that may yield a new way forward for nursing leadership research
57 and practice is Strengths-Based Nursing Leadership (Gottlieb and Gottlieb, 2017; Gottlieb *et*
58 *al.*, 2012). It is defined as a value driven philosophy of nursing that is focused on
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3 understanding, uncovering, discovering and releasing biological, intrapersonal, interpersonal
4 and social strengths to meet challenges in care and enable achievement of team and system
5 goals (Gottlieb and Gottlieb, 2017; Gottlieb *et al.*, 2012). It is designed to guide system
6 transformation, placing the family at the centre of care and create environments to empower
7 strengths based care (Gottlieb *et al.*, 2012). It is founded on eight principles incorporating the
8 ideals of empowerment and equity (Gottlieb *et al.*, 2012). The intention is that this provides
9 a model for nursing to create a more holistic, humanistic, integrated, health-based system
10 (Gottlieb *et al.*, 2012). Work is underway to enable clinical managers and leaders to work
11 through a strengths-based lens, to build communities of caring, and create safe workplaces
12 for nurses and all healthcare workers ([https://www.mcgill.ca/nursing/article/transformational-
13 mcgill-nursing-research-project-awarded-2-million-dollar-grant](https://www.mcgill.ca/nursing/article/transformational-mcgill-nursing-research-project-awarded-2-million-dollar-grant)). The findings from this
14 study, combined with research in the other three areas, will be vital in uncovering the
15 contribution and potential of nursing leadership. Investigation of nursing leadership using
16 new perspectives and approaches that take account of the reality of practice rather than
17 outdated notions of what leadership should be represents an exciting opportunity to advance
18 nursing leadership.

31 **Conclusion**

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33 It has been argued that at a system level, collective leadership cultures for high-quality,
34 compassionate care extend beyond the boundaries of specific organisations and provide the
35 basis for the creation of such cultures across the whole system, forging an interdependent
36 network of organisations that work together to deliver high-quality care (West *et al.*, 2014).
37 In recognising that organisations cannot work in isolation to achieve the best possible care, it
38 follows that their cultures need to be conducive to interdependent working within and across
39 the system (West *et al.*, 2014). Yet there is much to be done before this can be achieved. For
40 example Newman *et al.* (2019) recommend that more research is needed to investigate the
41 intersection of gender with other axes of stratification and exclusion that may inhibit
42 women's opportunities in nursing leadership. Also the continued recommendations based on
43 male dominated 'hero' accounts of leadership (Idelji-Tehrani and Al-Jawad, 2019; Ford,
44 2016) do little to acknowledge the emergent nature of leadership created by the interaction
45 between people, practice, and structure (Woods, 2016). For all its importance, nursing
46 remains underappreciated and its full value unrealised (The Lancet, 2019).
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3 The exploration of nursing leadership, in context, centred on its emergent and contingent
4 nature holds the promise of revealing how best to enable ‘nurses at every level to develop
5 their leadership and quality improvement skills and knowledge, so they can lead and manage
6 change’.
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References

Allen, D. (2018) Translational Mobilization Theory: A new paradigm from understanding the organisational components of nursing work. *International Journal of Nursing Studies* 79, 36-42

Allen, D. (2015) *The Invisible Work of Nurses: Hospitals, Organisation and Healthcare*. Routledge, London.

All-Party Parliamentary Group on Global Health (APPG) (2016) *Triple Impact – how developing nursing will improve health, promote gender equality and support economic growth*. APPG, London. (<http://www.appg.globalhealth.org.uk/> accessed February 2020).

Armstrong, N. (2018) Management of Nursing Workplace Incivility in the Health Care Settings: A Systematic Review. *Workplace Health & Safety* 66 (8), 403-410.

Berwick, D. (2013) *A promise to learn– a commitment to act: Improving the Safety of Patients in England*. National Advisory Group on the Safety of Patients in England, London.

Carroll B., Levy L. and Richmond, D. (2008) Leadership as practice: challenging the competency paradigm. *Leadership* 4 (4), 363-379.

Crevani, L. and Endrissat, N. (2016) Mapping the leadership-as-practice terrain-comparative elements. In Raelin, J.A. (ed), *Leadership-as-Practice: Theory and applications*. Routledge, New York, pp. 21-48.

DH (2008) *High quality care for all: NHS next stage review final report (Darzi Review)*, London: HMSO.

Edwards, L., Till, A. and McKimm, J. (2018). Meeting today's healthcare leadership challenges: is compassionate, caring and inclusive leadership the answer? *BMJ Leader* 000031 <http://dx.doi.org/10.1136/leader-2017-000031>.

Faculty of Medical Leadership and Management (2018) *Barriers and enablers for clinicians moving into senior leadership roles*. Faculty of Medical Leadership and Management, London. (<https://www.gov.uk/government/publications/clinicians-moving-into-senior-leadership-barriers-and-enablers> accessed November 2018)

Ford, J. (2016) Gendered relationships and the problem of diversity in leadership-as-practice. In Raelin, J.A. (ed), *Leadership-as-Practice: Theory and applications*. Routledge, New York, pp. 223-241,

Frenk, J. *et al.* (2010) Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376, 1923–58.

Gottlieb, L.N. and Gottlieb, B. (2017) Strengths-based nursing: a process for implementing a philosophy into practice. *Journal of Family Nursing* 23 (30), 319-340.

- 1
2
3 Gottlieb, L.N., Gottlieb, B. and Shamian, J. (2012) Principles of strengths-based nursing
4 leadership for strengths-based nursing care: a new paradigm for nursing and health care for
5 the 21st century. *Nursing Leadership* 25 (2), 38-50.
6
7
8 Hancock, M. (2018) Good NHS leadership starts with culture change (Speech by Health and
9 Social Care Secretary at the King's Fund, London.)
10 (<https://www.gov.uk/government/speeches/good-nhs-leadership-starts-with-culture-change>
11 accessed November 2018)
12
13
14 Hewison, A., Sawbridge, Y. and Tooley, L. (2019) Compassionate Leadership in Palliative
15 and End of Life Care-A Focus Group Study. *Leadership in Health Services* 32 (2), 264-279.
16 doi: 10.1108/LHS-09-2018-0044.
17
18
19 Hewison, A., Sawbridge, Y., Cragg, R., Rogers, L., Lehmann, S. and Rook J. (2018) Leading
20 with compassion in health care organisations: the development of a compassion recognition
21 scheme-evaluation and analysis. *Journal of Health Organization and Management* 32 (2),
22 338-354. DOI 10.1108/JHOM-10-2017-0266.
23
24
25 Hewison, A. and Sawbridge, Y. (eds) (2016) *Compassion in Nursing: Theory, Evidence and*
26 *Practice*. Palgrave Macmillan, London.
27
28
29 Idelji-Tehrani, S and Al-Jawad, M. (2019) Exploring gendered leadership stereotypes in a
30 shared leadership model in healthcare: a case study. *BMJ Medical Humanities* 45, 388-398.
31
32
33 Imison, C. (2018) "Addressing staff burnout: a moral and ethical imperative", Nuffield Trust
34 comment. [https://www.nuffieldtrust.org.uk/news-item/addressing-staff-burnout-a-moral-and-](https://www.nuffieldtrust.org.uk/news-item/addressing-staff-burnout-a-moral-and-ethical-imperative)
35 [ethical-imperative](https://www.nuffieldtrust.org.uk/news-item/addressing-staff-burnout-a-moral-and-ethical-imperative) (accessed January 2019)
36
37
38 Kerr, R. (2018) *Empowering NHS Leaders to Lead*. Department of Health and Social Care,
39 London. ([https://www.gov.uk/government/publications/sir-ron-kerr-review-empowering-nhs-](https://www.gov.uk/government/publications/sir-ron-kerr-review-empowering-nhs-leaders-to-lead)
40 [leaders-to-lead](https://www.gov.uk/government/publications/sir-ron-kerr-review-empowering-nhs-leaders-to-lead) accessed November 2018)
41
42
43 Liu, J.X., Goryakin, Y., Maeda, A., Bruckner, T. and Scheffler, R. (2017) Global Health
44 Workforce Labor Market Projections for 2030. *Human Resources for Health* 15:11 DOI
45 10.1186/s12960-017-0187-2.
46
47
48 Mannion, R. and Davies, H. (2018) Understanding organisational culture for healthcare
49 quality improvement. *BMJ* 363:k4907 doi 10.1136.
50
51
52 Murray, L.J. *et al.* (2018) Global, regional, and national incidence, prevalence, and years
53 lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–
54 2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet* 392.
55 1789–858.
56
57
58 Newman, C., Stilwell, B., Rick, S. and Peterson, K. (2019) *Investing in the Power of Nurse*
59 *Leadership-what will it take?* Nursing Now, London.
60 ([https://www.intrahealth.org/sites/ihweb/files/attachment-files/investing-nurse-](https://www.intrahealth.org/sites/ihweb/files/attachment-files/investing-nurse-leadershipreport.pdf)
[leadershipreport.pdf](https://www.intrahealth.org/sites/ihweb/files/attachment-files/investing-nurse-leadershipreport.pdf) accessed January 2020).

1
2
3 NHS Providers/NHS Leadership Academy (2018) *Clinician to Chief Executive-Supporting*
4 *leaders of the future*. NHS Providers/NHS Leadership Academy, London.

5 (<https://nhsproviders.org/clinician-to-chief-executive-supporting-leaders-of-the-future>
6 accessed November 2018)

7
8
9 NHS (2019) *The NHS Long Term Plan*. (available at [https://www.longtermplan.nhs.uk/wp-](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf)
10 [content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf) accessed January 2019).

11
12 Raelin, J.A. (ed) (2016) *Leadership-as-Practice: Theory and applications*. Routledge, New
13 York.

14
15 Raelin, J. A. (2015) Rethinking Leadership. *MIT Sloan Review* 56 (4), 95-96.

16
17 Raelin, J. (2011) From leadership-as-practice to leaderful practice. *Leadership* 7(2) 195–211.

18
19 Singh P, King-Shier, K. and Sinclair, S. (2018) The colours and contours of compassion: A
20 systematic review of the perspectives of compassion among ethnically diverse patients and
21 healthcare providers. *PLoS ONE* 13 (5), e0197261.

22
23 <https://doi.org/10.1371/journal.pone.0197261>

24
25 Swanwick, T. and McKimm, J. (2011) What is clinical leadership...and why is it important?
26 *The Clinical Teacher* 8, 22-26.

27
28 The King's Fund (2011) *The future of leadership and management in the NHS- No more*
29 *heroes. Report from The King's Fund Commission on Leadership and Management in the*
30 *NHS*. The King's Fund, London.

31
32 The Lancet (Editorial)(2019) 2020: unleashing the full potential of nursing. *The Lancet* 394,
33 1879.

34
35 West, M., Armit, K., Loewenthal, L., Eckert, R., West, T. and Lee, A. (2015) *Leadership*
36 *and Leadership Development in Health Care: The Evidence Base*. Faculty of Medical
37 Leadership, London.

38
39 West, M., Eckert, R., Steward, K. and Passmore, B. (2014) *Developing Collective Leadership*
40 *for Health Care*. The King's Fund, London.

41
42 World Health Organisation (2020) *Year of the Nurse and Midwife*. (available at
43 <https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020>
44 accessed February 2020)

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3 **Further Information**
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5 <https://theinvisibleworkofnurses.co.uk/>
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7 <https://www.icn.ch/news/nightingale-challenge-inspires-next-generation-nurse-and-midwife-leaders-during-2020-year>
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11 <https://www.intrahealth.org/sites/ihweb/files/attachment-files/investing-nurse-leadershipreport.pdf>
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