Evolving Dynamic Leadership in Academia and Clinical Nursing Practice

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DECLARATION OF POTENTIAL CONFLICT OF INTEREST

*I do not have an affiliation (financial or otherwise) with a commercial entity.*
Overview of the Presentation

- Partnerships for dynamic leadership
- Leadership in education: A global perspective
- Leadership for innovation in teaching which will translate into enhanced clinical practice
Partnership for Dynamic Leadership: Spheres of Influence

- Government;
- Ministries (Education and Health);
- Regulatory bodies;
- Professional associations;
- Academia (universities, colleges);
- Clinical institutions.
For over a decade in Ontario, efforts to influence decisions affecting nursing practice and education were linked through a provincial chief nursing officer. In Quebec, since 2011 we have succeeded in obtaining a provincial chief nursing officer position and focus on achieving a partnership to ensure safety and quality of care.
Partnership for Dynamic Leadership: Some Principles

- Influence the development of local, regional, national, and international policies that define nursing education and practice;
- Give weight to the science of nursing education, and to research in teaching and learning by consolidating available funds;
- Promote an action orientation in our strategic plans for the future of the profession ensuring knowledge transfer between academic and practice environments.

(Institute of Medicine of the National Academies, Report, 2011.)
Partnership for Dynamic Leadership:
Some Principles

• Recognize the learning needs of the new generation of students;
  *(Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world, The Lancet, 2011)*

• Consider the emerging needs of the clinical milieus and integrate these into educational programs;

• Use the dynamic of continuous adaptation within a constantly changing context, [both in academia] and clinical environments.
Partnership for Dynamic Leadership: Strategies

How?

• Position the nursing profession’s contributions at the cutting edge of the evolution of health care;

• Unify nursing’s message in all contexts including networks within the health care system;

• Influence the decision making process within government departments, institutions, and professional groups;

• Present the needs of the profession at all decision making tables (from clinical environment to government);
Partnership for Dynamic Leadership: Strategies

How?

• Support the autonomy of the nursing profession while at the same time participating in the interdisciplinary movement;

• Advance the culture of nursing education, nursing practice, and nursing research at local, regional, national and international levels;

• Develop the leadership and the competencies necessary for all levels of influence, including the bedside;

• Ensure that competencies acquired are enacted so that nurses are practicing to their full scope and capabilities.
Partnership for Dynamic Leadership: Strategies

How?

• Promote an environment that supports professional nursing education and practice, as well as continuing education;

• Mobilize local, regional, interprovincial, national, and international stakeholders;

• Establish networks of clinical, administrative, academic, professional orders, and political partners.
Numerous accords have been signed to encourage the mobility of health professionals including:

- Bologna Accord;
- Convention de Lisbonne;
- Entente France-Québec;
- Canada-European Economic Union Accord;
- Interprovincial mobility in Canada and others.

(J.F. Thuot, Conseil interprofessionnel du Québec, 2011)
What effects will these accords have on?

- Educational programs;
- Local, national, and global innovation in pedagogy and clinical practice;
- Mobility of nurses;
- Professional qualifications;
- Continuing education;
- Global nursing shortages.
Context of Nursing Education in Canada: Interesting Statistics

• Since 2003-2004, it has not been possible for schools/universities to plan an increase in the student body;

• In general, the program completion rate for nursing students in Canada is around 70%;

• Nursing shortages across the country continue to increase. Alarming shortages are predicted:
  • In Canada, there will be a need for approximately 60,000 more full-time nurses in 2022. Source: CNA, 2011
  • In Québec, 23,000 additional nurses will be needed by 2023. Source: OIIQ, 2008
Context of Nursing in Canada: Interesting Statistics

• Total number of RN working in Health Care in Canada: 268,512.  
  Source: CNA, 2012 for 2010

• Total number of RN working in Health Care in Quebec: 73,622.  
  Source: OIIQ, 2015

Canada:
Baccalaureate: 104,105 (38.8%) - 39 % Quebec
Master’s: 8,922 (3.3%) - 3.6% Quebec
Doctorate: 586 (0.2%)  
  Source: CNA, 2012 for 2010  
  Source: OIIQ, 2015
Education Programs in Canada: Some Observations

- Lack of human resources;
- Pressure for rapid specialization of nurses;
- Clinical placement difficulties;
- Multiple types of nursing employment and roles in the workforce;
- Complementarity of all medical services;
- Financial issues for universities and for clinical agencies;
- Minimal investment in nursing education ($46 000 nurse / $113 000 physician).

(Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world, The Lancet, 2011).
Nursing Education & Practice in Canada: Some Observations

- Management cycle (government, universities, clinical);
- Significant shortage of educators (Ph. D. and Masters) as well as Leaders in clinical environments;
- Lack of adequate financing to maintain current functioning;
- No available financing to increase the number of student admissions or new roles;
- Uncertainty regarding decision makers’ determination to maintain the quality of nursing education and practice.
Objectives targeted:

• Scientific knowledge;
• Development and elaboration of theoretical knowledge that is specific to the nursing profession;
• Development of the competencies expected of the novice nurse (novice – expert) (Benner, 1984);
• Development and learning related to interpersonal relationships including communication;
• The nursing process;
• Clinical reasoning (Benner et al., 2010; Goudreau et al., 2011);
• Clinical leadership (Pepin et al., 2011).
Is it possible to guarantee that graduates will attain and be able to utilize all of these competencies when transitioning to the clinical environment?

- Professionalism;
- Clinical judgement;
- Clinical leadership;
- Scientific rigour;
- Humanism;
- Continuity of care;
- Integration into the interprofessional team;
- Flexibility...
“The stages [of development] are distinct and complement each other, and they all build on the preceding ones”. (They are based on the Cognitive Learning Model, Tardif, 2006).

CRN after graduation: 2 way progression

• To the expertise versus to a task-oriented practice,

• To the scientific aspect of the nursing role with the integration of evidence-based resources and hypothesis generation as critical milestones in the development of Clinical Reasoning in Nursing.

5 stages in the development of Clinical Leadership:
1. Awareness of Clinical Leadership in Nursing
2. Integration of leadership in my actions
3. Active leadership (with patients, families, sometimes with colleagues)
4. Active leadership with the team
5. Embedded clinical leadership extended to organizational level and beyond

...”The learning clinical context for new nurses to develop leadership also needs attention, because our data show little difference in clinical leadership experiences between third-year students and new nurses. The transition from student to nurse in itself may impede the development of the competency”...


Some questions?
What plans and specific approaches have been deployed to ensure a positive transition for the integration of new nurses?
What has been put in place to support this difficult process?
Leadership in Teaching Innovation & Transfer to Clinical Environment: Suggested Strategies

**Recommendations:** Education of Health Professionals for the 21st century: A Global Independent Commission.

- Adopt competency based approaches to education;
- Adapt the competencies to the rapid changes occurring in the clinical arena while taking the availability of resources into account;
- Encourage interprofessional programs, the elimination of silos, and team work;
- Exploit the power of technology in teaching;
- Develop common values regarding our professional and social responsibilities.

Leadership in Teaching Innovation & Transfer to Clinical Environment: Suggested Strategies

Recommendations: Educating Nurses. (Benner et al., 2010)

- Create educational programs that are centred on the development of relevant knowledge that can be applied contextually in different clinical environments;
- Avoid separating academic education from practice education by integrating teaching in all environments;
- Develop clinical reasoning using multiple ways of thinking including critical thinking;
- Place emphasis on learning rather than on role socialisation.

Evolving Leadership in Academia and Clinical Nursing practice: Suggested strategies

Should we?

- Develop a unified vision that crosscuts clinical and academic environments in order to meet the societal and environmental challenges in the contexts where nursing is practiced;
- Influence the development of policies for nursing education, nursing research, nursing practice and health in general;
- Mobilize knowledge within all networks;
- Support the development of continuing education.
Evolving Leadership in Academia and Clinical Nursing Practice: Suggested Strategies

Should we?

- Develop and implement methods for knowledge transfer/translation in the clinical environments;
- Assure knowledge transfer/translation through enriching and timely clinical placements;
- Demonstrate creativity by offering a variety of clinical experiences as the basis for clinical education;
- Support the transitional process of the new generation of nurses within the practice environment (Mentorship).
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

- Nursing education must be supported by clear, profession specific, government, academic, and institutional policies;

- Coherent policies between education and practice at all points of the continuum of care are essential to ensure the autonomy and accountability of the profession;

- Teaching innovation must be supported by research in nursing education (fundamental, applied, evaluation etc.) on best practices, solid evidences, and transferred to the clinical environments.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

- Influence decisions within ministries, regulatory bodies, academia, workplaces;
- Establish a strategic direction and common objectives shared by clinical and academic institutions through real partnership;
- Assure that decisions affecting nursing education and nursing care are based on evidence and best practices;
- Ensure that the environment stimulates professional and autonomous nursing practice.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

- Identify mechanisms for knowledge mobilization between academic and clinical environments;
- Create and maintain linkages with decision makers;
- Respond rapidly to local, regional and national priorities.
Evolving Leadership in Academic and Clinical Practice: (Academic setting)

Conditions for success

- Ensure availability of clinical placement sites for students;
- Improve conditions for attracting and retaining clinical instructors;
- Deploy efforts to increase laboratory and classroom spaces;
- Decrease the variation rates of student admissions in the last decade.
Evolving Leadership in Academia and Clinical Practice: Conditions for Success

We should:

- Have the courage to explore different approaches, different models;
- Assure the continuous development of knowledge and competencies among nurses;
- Demonstrate flexibility in educational approaches and use models that link clinical and theoretical knowledge;
- Strengthen the sustained participation of clinical institutions in educating future nurses;
- Place emphasis on evidence-based approaches in nursing education and clinical practice.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

We should:

• Promote the exchange of knowledge and resources between academic and clinical environments in order to improve nursing education, the standards of practice, and the delivery of safe, quality care;

• Answer the needs of the clinical milieus and offer continuing education in response to the professional demands nurses face;

• Recognize trends and the emerging needs of the clinical environments (notably, the addition of new roles such as the advanced practice nurse).
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

Offer programs that respond to:

- Society’s needs;
- The nursing profession;
- Students’ expectations for
  - Flexibility (timetable, part time studies, alternating work-study, online courses);
  - Learning opportunities to develop and master the competencies essential for the delivery of safe, quality care;
  - Clinical experiences to become able, competent practitioners.
Evolving Leadership in Academia and Clinical Nursing Practice: Strategies for Educational Programs

We must:

• Transform our institutional approaches;
• Become known for the quality of academic programs and the competencies learned in them;
• Demonstrate leadership in research and evaluation of teaching and learning;
• Develop research programs shared by academic and clinical environments;
• Encourage students to continue their studies at the masters and doctoral level. (Benner et al., 2010)
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

We must:

• Develop an integrated strategic plan;
• Select appropriate change agents in academic and clinical milieus;
• Identify mechanisms to support the mobilization of knowledge;
• Create links with senior administrators in clinical agencies, universities, regulatory bodies, and governments.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

- Propose a clear vision;
- Put emphasis on the implications for people rather than conformity;
- Offer a philosophy of change rather than procedures;
- Develop a conjoint action plan.
Communication, communication, communication:

- Visibility of the change agent throughout the project, from bed side to the Board room;
- Include changes in everyday activities;
- Establish clear timelines, revise them as needed;
- Identify indicators of results and measure them.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for success

**Structure:**

- Identify the structures that are already in place in Academia and the Clinical environments;

- Determine those that must be changed to implement new modalities;

- Support all groups affected by the change.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

Process:

• Question how we are doing things?
• Collaborate in networks;
• Maintain active sponsorship (change agent);
• Assure the transitional process from one model to another by taking decisions at the right moment.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

Measure outcomes (indicators):

• Academic and projected clinical outcomes;

• Best practices, evidence-based approaches;

• Global effects on the organization and society.
Evolving Leadership in Academia and Clinical Nursing Practice: Conditions for Success

- Demonstrate leadership focused on the future;
- Develop a unified and integrated vision;
- Manifest belief in the nursing profession in concrete situations;
- Establish a process based on mutual respect among academicians, clinicians, and decision makers;
- Promote equalitarian partnerships;
- Provide ongoing support for the education of the new generation of nurses.
Evolving Leadership in Academic and Clinical Nursing Practice

Vision:

Our profession has a great need for nursing leadership by deans/directors in nursing education, practice leaders, representatives of professional bodies and governments, all nurses who have the ability and the willingness to integrate research, education, and practice knowledge.
Evolving Leadership in Academic and Clinical Nursing Practice

Vision:

These strategies will create unbelievable possibilities for transforming nursing education, clinical practice and for improving quality of care. They will inspire the next generation of nurses to exercise a leadership that will contribute to the health of our populations at local, regional, national, and international levels.
“Let us each and all realizing the importance of our influence on others - stand shoulder to shoulder - and not alone, in good cause”.

(Florence Nightingale, in Beth Ulrich, 1996, p.10)
Thank you!

Questions?