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## **Who speaks for nursing? COVID-19 highlighting gaps in leadership.**

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In many areas of the world, the discipline and profession of nursing has been strengthened through the efforts of strong and effective leaders in education, research and clinical practice. The Seventy-second World Health Assembly designated 2020 as the International Year of the Nurse and the Midwife; not only to honour the 200th anniversary of the birth of Florence Nightingale, but also to recognize the contributions of nurses and midwives to the health and well-being of the world's population. Recently, on World Health Day, the World Health Organisation (WHO) released the *State of the World's Nursing 2020* report providing data on nursing globally (WHO 2020). The report also provides a compelling case for development of the global nursing workforce, investment in nursing education, jobs, and leadership. However, operationalizing these recommendations will require investment and support at all levels of government and across all health jurisdictions.

Effective leaders have the courage and provide the vision required to foster the pursuit of excellence; they inspire and motivate, counsel and coach colleagues, and draw out the best in those they lead. They also meaningfully engage the status quo to leverage power and generate influence. Our best leaders share wisdom and expertise in leading, and give freely of their knowledge and strategic thinking. Importantly effective leaders provoke us to exercise our imagination and intelligence in constantly questioning the status quo, and pondering how situation improvement can be effected in all that we do.

Leaders create the context for professional growth and development, and environments in which participants feel influenced, encouraged and supported to thrive. We can all recall stand out leaders who left a lasting impression on us in our professional lives, who influenced our values and beliefs, changed us for the better, enriched our working lives, valued and encouraged us to do our best sometimes against adversity. These leaders were courageous – speaking up without fear when a strong voice was needed, and were able to attract followers who derived high job satisfaction through

working with them. In nursing, the recipients of care were often the beneficiaries in settings where excellent leadership fostered excellent nursing practice.

However, while there is much to celebrate in nursing leadership, the COVID-19 pandemic has highlighted that we do have some gaps in leadership, and that there are areas of leadership that could be strengthened to better serve our constituent groups – the profession itself, that is the broader nursing workforce, as well as patients and clients, their families and communities. Though nurses have and are serving at the very front lines of the battle against COVID-19, an enemy about which so little was (and is) known, overall and when compared to other health professionals, also at the front line of the pandemic, nursing has had a much lower profile. Many commentators on social media have commented that nursing has not had a strong enough voice, and that the interests and concerns of nursing have not been well acknowledged or addressed.

Instead of nursing having a strong and audible voice, in many parts of the world we see nurses largely silenced – though nursing has a central role to play in the battle against COVID-19, nursing is discussed as a commodity and a transactional element of a supply chain. We have seen decisions made about bringing retired nurses back into the workforce, with little discussion of how these nurses will contribute, the nature of education and support they would require, and how we could protect their health. Many of these individuals are in fact in known high-risk categories (Buerhaus 2020). In some countries, we have seen student nurses positioned as ready sources of labour, able to be rapidly deployed to the front line of the effort against COVID-19, with little evidence of formal plans in place to support them in their transition to full time worker, or to protect their emotional and physical wellbeing. At the time of writing this editorial, we have seen reports of deaths in both student nurses and retirees returning to the workforce (Ford 2020; Marsh 2020).

We have seen constant concerns raised by nurses at the frontline suggesting that many nurses are working without adequate personal protective equipment (PPE) (Smith et.al. 2020). The lack of access to personal protective equipment has been of great concern around the world and some nurses and other health workers have suffered repercussions for speaking out about this (Lander 2020). The moral distress that many nurses feel from the death of vulnerable populations is palpable (Davidson & Szanton 2020). From the information currently to hand, it may be that nurses from some backgrounds are experiencing disproportionate loss of life and health professionals are paying a hefty burden (CDC 2020). After this pandemic is over we will hopefully be able to gain more insight into the nature of this tragic loss of life to better understand the factors that contributed (and are contributing) to these deaths.

Contemplating these issues, we are left with questions around who is advocating for nursing, particularly in the context of global health governance? Carryer (2020) has argued that nurses are frequently not getting a place at the table, even when issues directly affect nurses and nursing, and the COVID-19 pandemic has brought that into stark reality. The tragedy provides an opportunity for nurses to lead reforms. At no time in recent history has the impact of nurses created such public attention. Through a focused campaign using in part, social media nursing voices can potentially fill the leadership vacuum but we also need to be at decision-making table as equals. Nurses are the health professionals the public views as the most ethical and trustworthy. With international and respective national leadership combined with nursing grassroots actions, nurses can become the healthcare leaders so desperately needed

Effective leadership is a prized commodity in many areas of human endeavour, and one often in short supply. Many vexed questions exist in leadership knowledge. Who is a leader, how do we recognise a highly effective leader, why is the empirical evidence base on effective leadership in many fields of endeavour including nursing so thin? Many argue that nursing in some contexts faces a leadership crisis due to an anaemic pipeline particularly for senior professional leadership roles. Effective senior leaders are critical to safeguarding the ongoing strategic development of nursing education, research, scholarship and practice. COVID-19 has put the need for leadership in politics and public policy into stark focus. This need has never been more apparent than now. The nurses at the frontline of the COVID-19 pandemic need and deserve strong leaders who will speak with courage, and sound knowledge, to ensure that their interests are front and centre at the decision making table.

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