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Building nursing and midwifery leadership capacity in the Pacific

ABSTRACT

Aim

The Australian Award Fellowship Program aimed to strengthen nursing and midwifery leadership and capacity in developing countries in the Pacific.

Background

It is necessary to build an optimal global health workforce, and leadership and mentorship are central to this need. This is especially important in small island states such as the Pacific who have limited capacity and resources.

Introduction

This health system strengthening program addressed quality improvement in education, through the mentorship of potential nursing and midwifery leaders in the South Pacific Region.

Methods

Program participants between 2013 and 2015 were interviewed. Data were audio-taped, transcribed and analysed thematically using an inductive process.

Results

Thirty-four nurses and midwives from 12 countries participated. There were four main themes arising from the data which were: having a country-wide objective, learning how to be a leader, negotiating barriers and having effective mentorship.

Discussion

Our study showed that participants deemed their mentorship from country leaders highly valuable in relation to completing their projects, networking and role modelling. Similar projects are described.

Limitations

The limitation of this study was its small size. There is a need to continue to build the momentum of the program and Fellows in each country in order to build regional networks.

Conclusions and implications for nursing and midwifery

The Program has provided beneficial leadership education and mentorship for nurses and midwives from Pacific countries. It has provided a platform to develop quality improvement projects in line with national priorities.

Implications for health policy

Global aid programs and the recipients of the program would benefit from comparable health strengthening approaches to nursing and midwifery in similar developing countries.

Keywords: Leadership, Health system strengthening, Developing countries, South Pacific, Mentorship, Thematic analysis

BACKGROUND

Globally, nursing and midwifery leadership can be defined as that which provides influence, support and motivation to empower others to achieve (Covey 2013). Distinct from management roles, although with many overlaps, leadership in nursing and midwifery can be found throughout all levels of the organisational hierarchy and involves individuals who work with a shared strategic vision, who challenge barriers that may occur in political and organisational arenas, and inspire and motivate others to excel.

Nurses and midwives are integral across a wide range of health services and provide care at the forefront of health service delivery. Their diverse roles involve not only their practice but also as drivers of safety and quality improvements, research and education, liaison, data collection and interdisciplinary collaboration. Nurses and midwives are also leaders that provide strategic direction to workplaces, policy development and help drive the necessary changes within organisations to remain current and effective.

There are various styles of leadership. These include innate leadership behaviours, and learned leadership behaviours (Huber 2013). More recently, transactional and transformational leadership styles have been described. Those leading through a transactional style focus on the efficiency of established routines and procedures and make little change to the structure of the organization, whereas transformational leaders identify necessary changes and guide reform through shared vision and collaboration with staff. What is clear is that leadership can be taught and learned; leaders can be made through improvement of personal leadership competencies. This has been shown through many positive evaluations of leadership programs (Cummings, Lee et al. 2008).

There is a growing need to build nursing and midwifery leadership in developing countries. The World Health Organization has recognised this as something that is vital to patient safety and the wellbeing of communities (World Health Organization 2006). Developing countries often have to deal with poorly maintained infrastructure, a lack of/unreliable medical supplies and little continuing professional development for staff. These factors, and staff shortages can exacerbate work stress which has been known to contribute to poor patient care (Spence Laschinger and Leiter 2006) and disrespectful care, in particular to women (McMahon, George et al. 2014) and older people (Almogue, Weiss et al. 2010). Building leadership (both political and in the health sector) has also been recognised as a way towards progressively realising universal health coverage (Gonani and Muula 2015). Furthermore, the development of locally relevant health policies is important for developing countries that are often relying on regional or global policies or local policies from very different cultures and norms such as Australia or the United Kingdom. Evidence-based decision-making, for nurses and midwives, has largely focused on the 'evidence base' while neglecting the 'decision-making context' both of which are important for effective policy development (Dobrow et al 2004).

The Australian Awards Fellowship (AAF) Program

The South Pacific Chief Nurses and Midwifery Officers Alliance (SPCNMOA) and the World Health Organization Collaborating Centre (WHO CC) at the University of Technology Sydney (UTS) developed the Australian Award Fellowship Program. This was a Health System Strengthening Program to address quality improvement in education through the mentorship of potential nursing and midwifery leaders in the South Pacific Region (namely, Tonga, Vanuatu, Niue, Kiribati, Papua New Guinea, the Solomon Islands, Tokelau, Nauru, Fiji, Niue, Samoa, and the Cook Islands). The SPCNMOA coordinate the program and conduct four meetings each year to ensure the program and Fellow's projects maintain links with national, global and regional policies.

Funded by the Department of Foreign Affairs and Trade, the AAF Program consisted of 14 days of lectures and group work delivered at UTS by academics and scholars in the field. The leadership program was designed to provide mid-level leaders with an understanding of management and leadership issues, and to ensure that nursing and midwifery practice influenced and facilitated ongoing development of the health system and practice within their own countries. Furthermore, a side-aim of the Fellowship was the building of a network community between Fellows, SPCNMOA, and previous Fellows and mentors of the AAF.

Each Fellow was selected by their country's Chief Nurse/Midwife for their leadership abilities or potential. Part of the program required Fellows to plan and execute a health promotion/improvement project within their workplace under guidance and mentorship of a senior professional in their country. Prior to the program, with the support of their mentors, Fellows completed two workbooks which formed a major part of the program. The projects ranged from discharge planning, credentialing of staff and management of severe malnutrition to protocols for obstetric emergencies (see Box 1). During the program, the Fellows presented their projects to a group of experts in project management, health and development to receive feedback on how to improve their project and overcome barriers to implementation in their country. Fellows gained knowledge and skills for policy analysis and development, leadership, regulation, human resources for health planning and data literacy. The Fellows' progress and career were then followed up by the SPCNMOA and WHO CC for 18 months following the program. Since its inception in 2009, 85 fellows (85% female, 15% male) have completed six leadership programs (and one further leadership program focused on Faculty Development not included in this study), five former Fellows have become Chief Nurses in their home countries and numerous projects have been implemented in the Fellows' home countries.

<Place Box 1 here>

Fellows who participated in the AAF program in 2015 developed a 'theory of change' graphic that explained the goals of the program (figure 1). The outcomes-based theory of change approach applies critical thinking to the design, implementation and evaluation of initiative and programmes intended to support change in their contexts' (Vogel 2012 p. 3) and is often used to support development outcomes internationally. Figure 1 shows the intentions and activities of the AAF program and identifies the long-term goal of improving health outcomes for Pacific populations. In terms of delivery responsibilities, the section in figure 1 stating the 'intermediate partnership outcomes' are the outcomes that the WHO CC and SPCNMOA specifically aim to address through the AAF program.

This paper describes the experiences of 34 Fellows who completed the program between 2013 and 2015.

METHODS

Data collection

All AAF program participants between 2013 and 2015 were asked to participate in this study (see Table 1 for demographic information). Information sheets regarding the study were distributed and written consent was given from the participants to be interviewed. All face-to-face interviews took place at UTS on the final day of the AAF program, either one-on-one or in pairs with one of their country partners. The interviews took approximately half an hour, and were semi-structured in format. All four interviewers were staff members at the WHO CC at UTS; they were not directly involved in the program but were known to the participants. Ethical approval was given for the study by the university (UTS HREC 2013000257).

Data analysis

Data were audio-taped and then transcribed using a commercial transcription company. The completed transcripts were re-read a number of times by the second author. Lines, phrases and words were grouped and analysed thematically using an inductive process. Themes were checked by all authors for credibility. Rigor and trustworthiness were maintained throughout the analytic process by ensuring all authors were involved in the analysis, and openly discussing any differences of meaning in the data and coming to a group consensus.

RESULTS

The participants consisted of 34 nurses and midwives from 12 countries (see Table 1). The majority (89%) of participants were female, had roles and qualifications in nursing and midwifery, and were between 28-57 years of age. There were four main themes arising from the data. These were: *having a country-wide objective, learning how to be a leader, negotiating barriers and having effective mentorship.*

<Place Table 1 here>

Having a country-wide objective

The Fellows showed a strong national objective to their participation in the program, as they were linked to SPCNMOA Chief Nurses and regional and country policies and strategies. This included articulating the necessity of leadership in their country in order to improve care and build a robust, sustainable workforce. Fellows also discussed the need for staff to have continuing professional development. They said:

'Before we came we haven't - we are leaders but the things that needs to be a good leader and to achieve high - this is there' AAF1

'My country's objective is to improve the quality of care' AAF2

'I think our nurses back home need capacity building, they keep complaining that you know we need to upgrade that's why most of them have left the workforce basically because we are just working, working, working, ... no one coming in to upgrade our knowledge or help improve - no updates with what's happening with other countries ... they are just there [to] work, work, work' AAF3

Learning how to be a leader

The Fellows described in detail the aspects of leadership that were important to them from attending the program. This included developing the confidence to lead, the importance of relationships and collaborative networks, learning from others and sharing their new skills. They said:

'This one has got this problem but I don't make an attempt at it to approach but now I think I'm capable, I can handle the situations with my friends to make it a good workplace for one, good environment... 'I have learnt a lot to be courageous, to be confident and to be networking, to be collaborating' AAF4

'I was expecting to see and learn what the nurses in the other countries especially you know pacific islands' AAF5

'I learn a lot and I - I want to share my experience my skills with others about leadership' AAF6

Other aspects of this theme included developing an understanding of other people's behaviours, and the importance of self-reflection in a leader. Being a role model and influencing other's values in the workplace was also described. They said:

'I think it's the way we - we lead our colleagues and understanding the values, behaviours and norms of our - where we come from, yeah. And knowing that we can change the behaviours and you know the values, I think that is what - what stands out' AAF4

'To lead... is a challenge but to lead is to have a self-reflection - a reflection on yourself - the characters - the characteristics of yourself and how you can lead by example' AAF7

Some Fellows discussed furthering their career and newly positive attitudes towards their work that they had developed during the program. Fellows felt more confident that they could change aspects of their workplace. Three Fellows said:

'Well to myself I am looking for work through my - maybe the next position as the head of the school maybe in the near future' AAF8

'Because we don't - we don't think about what is ahead of us we just work for the day and you know for that time, we don't look ahead, once a nurse always a nurse sort of thing and we don't plan where it is going to lead you. Coming here at this - you just don't sit and relax, you want to be a better person and do your work well' AAF1

'I think I opened my mind and my eyes and I could see what leadership is and what we should do back home and I think it helps me a lot. And I know that when I am - I'll be going back to where I work there will be some changed and I believe I can do that' AAF7

Negotiating barriers

Many Fellows stated they had no barriers to participation in the program, however a number of them described logistical, personal and cultural difficulties. Amongst these were family issues, including recent bereavements and childcare issues. There were also a number of Fellows who felt unworthy to be chosen for the course and that colleagues would complain about their selection.

'there were some misunderstanding because I think this course was on the leadership, I'm just a senior registered nurse and I think you know the nurse management were expecting that this is an opportunity for them not for us' AAF2

'I was scared towards the last few days just about the unknown environment, unknown of what we are letting ourselves in [for]' AAF9

'if you are selected to be in the program instead of other people they will put in complaints' AAF10

Many Fellows felt they needed a longer program to fully grasp all concepts. Some expressed that they would like to have come back to present the outcome of their projects. Others, dealing with the unfamiliarity of Australia, felt they needed more orientation prior to the course. One participant said:

'I really think it was too short a period on time you know I was sort of cramping everything into my head in a very short time' AAF11

Having effective mentorship

All Fellows in the program stated that having effective mentorship was highly beneficial. Mentors were engaged with Fellows several months before the program in order to help plan the Fellows' projects, enhance networking and ensure encouragement and follow-up once the Fellow returned home after the end of the program. The support from mentors was expressed:

'Yes I feel I have all the support and she [mentor] has a big part, she has played a big part in planning this thing and where it is now and I am sure she will still play a big part in taking the plan to certain people and making it work' AAF2

Since 2009 the AAF program has gained momentum and previous Fellows have been promoted, with some to the high position of their countries' Chief Nursing and Midwifery Officer. This has added value to the program through an understanding of all levels of leadership and change. A key aspect of the program was to build momentum and support as more Fellows completed the program. The following quote explains how the Fellow saw the success of a previous colleague's project, and how role-modelling helped the development of nurses. She said:

'Sister [mentor] is new but she is driving us and we can see the changes in our progress for the last six-seven months. And for her when she came here they did the project on continuous profession development and that is really going well in our workplace. So the nurses - it's given the nurses an insight on how to developed themselves in terms of knowing your - what you - why are you looking after this patient of this condition that sort of thing' AAF1

In summary, participants had a good understanding of their country's needs and objectives for improvement of their health care and workforce, they appreciated having a mentor as a role model and described positive learning experiences from taking part in the AAF program. They also recognised previous Fellows' work and some AAF projects built on previous projects.

DISCUSSION

This study describes the experiences of 34 Fellows from 12 countries who completed the AAF program between 2013 and 2015. The limitation of the study is its small size. There is a need to continue to build the momentum of the program and Fellows in each country in order to build regional networks. This will enhance and build the size of the program and ultimately the capacity of its participants.

There are several humanitarian, strategic and commercial mandates in relation to Australian aid overseas. Overall these consist of aims to promote effective governance, economic growth and enhancing human development. The World Health Organization state that there is an urgent need to strengthen capacity for health promotion leadership in developing countries and that by doing so it would help to raise developing countries' Human Development Index (HDI) (World Health Organization 2015). The HDI is an assessment of long-term progress in three aspects of human development: life expectancy and health, access to knowledge and standard of living. In 2014, out of 187 countries, PNG and the Solomon Islands were ranked 157th in the HDI index which is deemed a low human development rank (United Nations Development Programme, 2014). Other countries in the Pacific such as Samoa, Vanuatu and Tonga have been rated to have a medium human development rank. Hence advancement of health systems and personnel in these countries was considered important.

In alignment with this, the SPCNMOA and WHO CC UTS aimed to strengthen leadership capacity in nurses and midwives from the Pacific adhering to an objective of the *Global Strategy on Human Resources for Health: Workforce 2030* (World Health Organization 2015) to 'build the capacity of national and international institutions for an effective leadership and governance of HRH actions' (p.2). This report recognises the necessity of building an optimal global health workforce, and how leadership and mentorship is central to this need. This is especially important in small island states such as the Pacific who have limited capacity and resources in the Ministries of Health who coordinate this work.

Clinical mentoring programs have been effective in developing countries. Anatole et al (2013) describe a collaborative mentoring program in 21 health centres in Rwanda that provided ongoing, on-site mentorship to nurses and drove systems-level quality improvement activities. Significant improvements in quality indicators were evident after six months.

Similarly, as part of the AAF program, participants had mentors from their own countries (to enable accessibility and follow-up) and put together projects within their workplace that were linked to national, regional and global policies aimed to address a specific health-related need.

Our study showed that participants deemed their mentorship from country leaders highly valuable in relation to completing their projects, networking and role modelling. A longitudinal evaluation in the UK studied the effect of mentoring vs coaching upon nurses' careers (Fielden, Davidson et al. 2009). This showed that those nurses who had mentors reported the highest level of development with significantly higher scores in eight areas of leadership and management. Separating the actions of coaching to mentoring, this study demonstrated how structured supportive assistance and guidance in the form of mentoring over a period of time can be beneficial to nurses in terms of their career development and leadership abilities.

IMPLICATIONS FOR NURSING AND MIDWIFERY HEALTH POLICY

Understanding, integrating and developing nursing and midwifery policies are integral to the AAF's Health System Strengthening Program. The mid-level leaders who are participants in the program are introduced to regional and global policies, their development and how to have an impact on policy development. Participants are asked to learn about and recognise their local health policies. The interview process revealed the majority of participants already had a deep understanding of their local national health plans and other relevant health policies and this informed their work. Furthermore, developing policies for their local context were presented to and in most cases implemented into their workplaces.

Local health policies that have been developed through this program include: Standard support supervisory guideline— Primary Health Services (prevention), Kiribati 2015; Standard Operational Procedure for Triaging Patients Ffoo Hospital, Nuie 2015; Development of Code of Ethics and Conduct for Tongan Nurses and Midwives, Tonga 2015; Obstetric Emergencies Policies & Procedures, Tokelau 2014, and Reproductive Health Policy, Tuvalu 2014. As a leadership program it is imperative participants are able to understand, work with and develop policies that affect their workplaces. The development of locally relevant policies is important for small island states that are often relying on evidence from very different cultures and norms such as Australia or the United Kingdom. Health policy must have input from nursing for it to be relevant and effective (Antrobus & Kitson 1999). The AAF program allows sharing of standards, policies and procedures across the network of participants and mentors who are all nursing and midwifery leaders in small island states. Global aid programs would benefit from comparable health strengthening approaches to nursing and midwifery in similar developing countries.

CONCLUSION

The Australian Award Fellowship Program in partnership with a regional leader's alliance SPCNMOA and WHO CC UTS have provided beneficial leadership education and mentorship for nurses and midwives from Pacific countries. This has been especially important in Ministries of Health that have limited human resources. This leadership program provides a platform to develop national projects in line with national priorities, leading to the development of policies incorporating global strategies.

Fellows have stated that the program has challenged them to be reflective and confident to change aspects of their work. This has been supported with former Fellows who have been promoted and hold high positions in their country. These now act as mentors for more recent Fellows building upon previous projects, incorporating regional strategies and maintenance of national interest in the program. The projects undertaken have national and global relevance. Longitudinal research beyond the existing 18-month follow-up would be desirable on the outcomes of the Fellow's projects and their leadership roles.

Also, impact studies focussing on global strategies of universal health coverage of individual projects would provide further evidence of indirect outcomes of the leadership program.

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