

# Nurses: Leaders in a Changing World

Proceedings of a Maltese  
Nurses' conference held on  
the 30<sup>th</sup> - 31<sup>st</sup> May, 2018

Each of the twelve presentations of this two day conference offered the participants, a ray of hope, if not a tangible lead, that shared learning is possible and within our grasp. Moreover, the emphasis was on providing the right commitment and environment for a supportive structure to afford the backbone to the initiatives shared by our Nurse Leaders.

The conference theme was introduced with Dr Corinne Ward's doctoral research, Specialist Nurses' Role and Potential, proceeding to share the main findings from the interdisciplinary focus groups amongst nurse managers, medical consultants and nurses in specialist roles. The medical consultants' positive view of nurses in specialist roles, was qualified by a need for further education. The approach where an interview determined the assignment of a nurse to the role of a 'specialist nurse' was questioned, further advising on the need of an educational and practice linked competence path. The lack of legal standing and support was a shared concern by the individuals in the post. Fifteen years since the introduction of the specialist nurse role in Malta, a national policy perspective leading to regulation, is needed, whilst a 'revalidation to practice' system, supported by a live 'nurse specialist' public register, was suggested

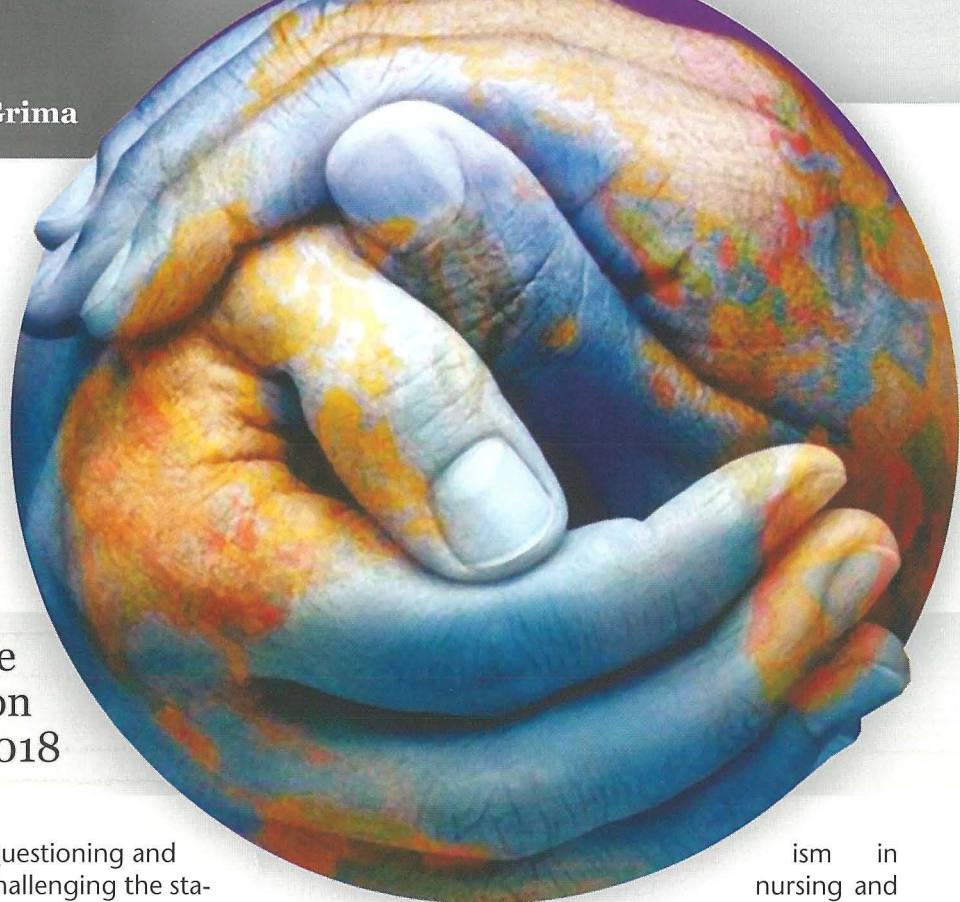
Questioning and challenging the status quo, being leaders in nursing practice, Apple's Steve Jobs clip seemed to sum up the presentation's notion. It offered a tribute to the "crazy ones, the misfits, the ones who see things differently [...] they push the human race forward [...] the crazy ones who think they can change the world are the ones who do".

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Prof Charlotte McArdle presentation Enabling Professionalism-Creating a Strong Narrative elaborated on Dr Ward's assertion that nurses need to have proof of their professionalism. A framework to enable professional-

ism in nursing and midwifery prepared by four UK Chief Nursing Officers, through three UK nursing organisations, was presented. Articulating what being a part of a profession means and [what] professional behaviour looks like in practice, whilst understood by the public and policy makers, Prof McArdle acknowledged that professionalism means different things to different people. Within a media world interpretative potential, emphasising specificity and choice of language in a profession's practice framework, comes natural. Hence, whilst practising with other professions, nurses and midwives should still be able to quantify what makes them distinct from others, what their contribution is, in order to improve, strengthen and develop it. Emphasising the relativity of a 'scope of practice' to a profession, the need for periodical review, was advised.

Maintaining professionalism's theme, Prof Elizabeth Rosser 'Advanced Practice: Importance of Education for Leadership' provided a historical background to the establishment of 'advanced practice' nursing roles. Same as within our shores, uncertainties in defining and allocating the role/s to these nurses in the UK, also existed. Prof Rosser presented





an action learning approach towards this enabling stance, through the sharing of a learning experience. The insight provided nurses in 'advanced practice' to visualize one's professional role, embedded within a leadership/education/research/practice paradigm, thus potentiating its value. Whilst the difficulties are universal and dependent on what part of the world the nurse comes from, the accountability of the individual nurse towards a self-leading role, was highlighted, notwithstanding. She stressed that the nurse needs to 'accept oneself internally' and 'take ownership' of arising decision-making situations, in nurturing, a much needed self-leadership trait.

In Celebrating the Science and Art of Nursing, Prof Laura Serrant explained that as a profession, nursing was always at the forefront to support people and communities to manage their lives and their health. In spite of the human and financial resources challenge faced, upholding the focus on policy, practice and research remains an aim. Perceived of having no more than a 'caring' and 'responsive' role, the nursing profession is deemed as secondary to the scientific achievements of medicine; this albeit several nurse scientists' contribution towards establishing both traits [art and science], as pillars to the nursing profession. Being culturally competent, compassionate in care and leadership, the 21st century nurse will

be championing both pillars.

Attributes of 21st Century Nurse Leaders paved the often convoluted path for a number of nurse executives to be effective 'by making things happen' within their roles, as illustrated by Ms Helen Kirk. Pushing the glass ceiling in Nursing Occupational Health (OH) England, through an array of self-conducted studies, Ms Kirk exemplified the attributes for an effective leadership.

These included knowledge of the work place, 'organisational scanning', 'listening' and 'being a powerful influential operator'. A courageous value laden leader embracing a need for constant adjustment, with an enduring attitude and a focus on innovation, were essential qualities, advocated upon.

In A Seat at the Table or Standing by the Door, Mr Paul Trevatt brought the strong influence nurses have through an advocacy role towards policy preparation and enactment. It was asserted that policy should be part of the clinical area, by being integral to nurses' duty and responsible for change in patient care and national policy. Mr Trevatt demonstrated a structured example of nurse lead initiative, in namely a threat to a specialist [nurse] role in UK. An appraisal of beneficial patient outcomes provided the *raison d'être* for a sustainable ratio of nurse specialists to the patient cancer in-

cidence across the whole of UK. A government policy commitment ensued, with the oncology care path being guided by the specialist nurse. Windows of opportunity occur of their own accord, thus policy approaches have to match the arising opportunity in its flexibility.

Mr Martin Ward discussing People Centred – Care, highlighted that the patient and healthcare provider should be equal partners in the care process. To achieve this, nurses need to think differently and conquer that paternalistic, controlling way of working that dominates traditional professional behaviour. Hierarchical, controlling health systems may limit the delivery of people-centred care through abusive blame oriented managerial system/s. In an environment deemed value neutralising, a question follows- "What happened to our students?" to which Mr Ward's response being "They became like everyone else!"

Mr. Dustin Balzan's presenting The Consequence of Silence asserts that the first obligation in healthcare is to keep the patient away from harm. An awareness and action towards healthcare errors, latent and active, may be stifled by a failure to act and speak up in fear. Flagging safety alerts promptly whilst sharing the lessons learnt may reduce preventable mishaps, hence patient harm.

• continued in next issue

