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ICt and Advanced Nursing
to Reconsider learning Outcomes

Talking about Leadership 2

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Before to begin...self assessment

The RNAO (Registered Nurses' Association of Ontario) suggests and presents several questionnaires to assess one's own leadership and that of others.





The organisational culture

Please, reflect:

why do we start from organizational culture to talk about leadership and its implications on safety, quality of care, patients and family members, and employees?

The organisational culture

In the meantime, let's start by defining what are the elements that describe a 'culture'.

We must perhaps first refer to the social environment in which we are embedded.

There are fundamental elements that differentiate, sometimes significantly, the behaviour of human beings within social groups and organisations.

We become aware of these elements when, for example, we change country or region of work.



The organisational culture

Culture is:

- "the particular configuration of underlying ideas, values, habits, which each organisation constructs and which is expressed in the behaviour of its members." (Rotondi, 2019)
 - "Culture is a publicly and collectively accepted system of meanings operating in a given group...that serves to interpret the situation of people to people themselves" (Pettigrew, 1986 in Rotondi, 2019)
- The dominant values of an organisation, such as 'product quality' or 'price leadership' (Deal & Kennedy, 1982 in Rotondi, 2019)



Culture & Leadership



Let's try to understand why we start from the organisational culture to talk about Leadership (L). L is one of the tools, perhaps the main one, to change a culture. However, in order to initiate actions, it is necessary to have a measurement of the existing cultural situation. We need to understand if and what critical issues are present at the cultural level and how we can affect them through L action.

Culture as described by the image is the element from which L derives and, at the same time, which it can influence and modify. In other words, it is certainly true that L influences culture, but it is equally true that each leader, when starting a new experience, finds himself/herself in an already defined cultural sphere and that his/her influence will gradually exert itself on this sphere.

Culture & Leadership



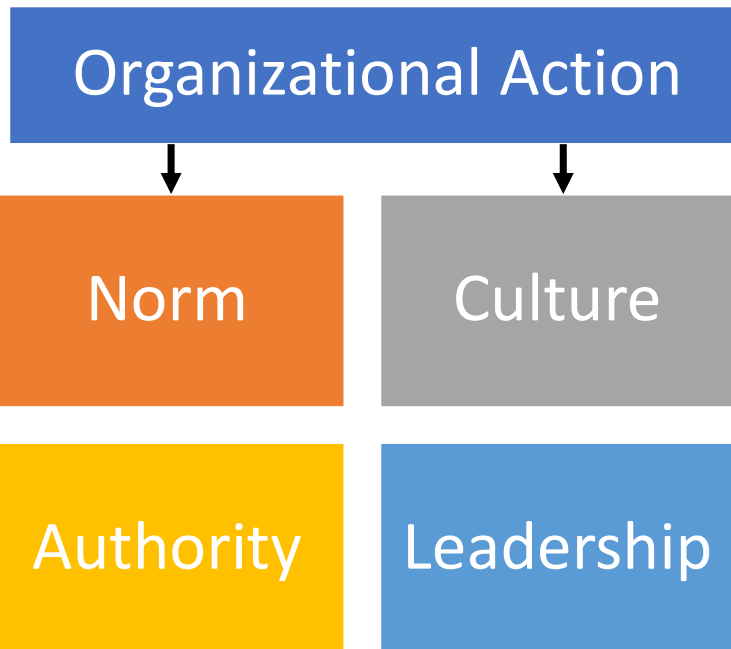
This is especially so when the autonomy/discretion of the organisation's operators is high, as is the case in health organisations.

The organisation is usually vested with authority, through normative devices (e.g. job descriptions, old job descriptions, etc.).

However, it should be reflected that it is not good to use the norm to change the culture. Often in such cases, 'cosmetic', superficial, seemingly reassuring effects will be achieved, but these do not actually change culture and ways of thinking in the desired way. Culture is changed through conviction, constant awareness and motivation.

Culture & Leadership: summary

- Leadership is one of the tools to change a culture
- Culture is the element from which leadership derives
- Leadership influences culture



Pillars of organisational action

Rotondi, P. (2019). Notes on culture in healthcare organisations. Milan: SDA Bocconi.



GLOBE study

An example studying the relationship between culture, leadership and organisation is the study 'Culture, Leadership, and Organisations: The Globe Study of 62 Societies' - (House et al., 2014), initiated in 1994 by a group of 160 researchers, which isolated nine variables that differentiate organisational 'cultures' around the world and the leadership exercised in important ways.

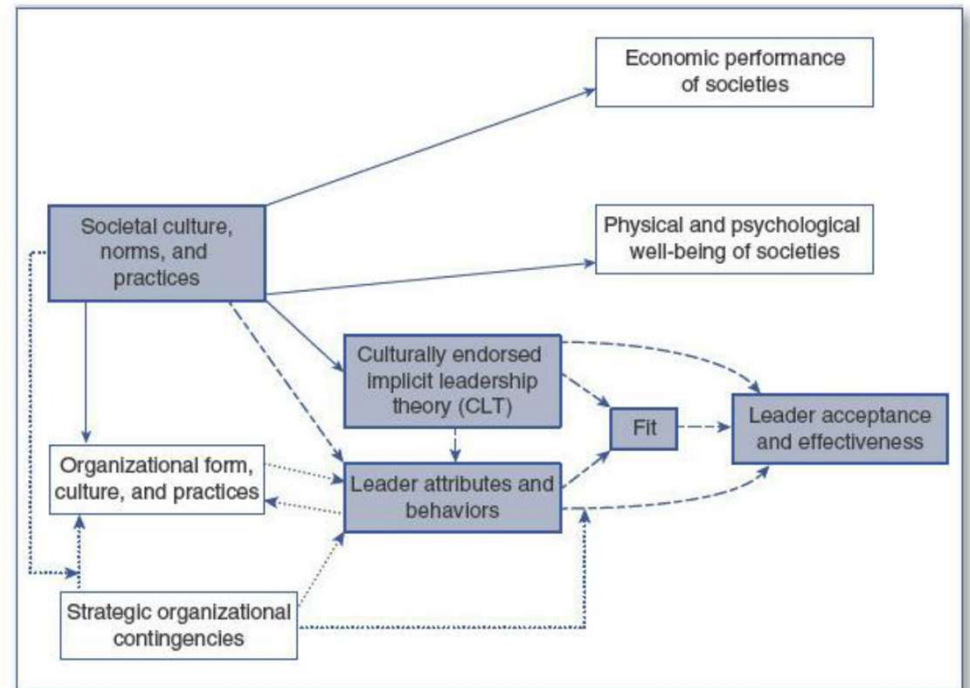
For more than 20 years it:

- studies the organisational culture within the most diverse companies in 62 countries around the world;
- investigates the interrelationships between leadership-related behaviour, effects and performance of CEOs and their direct teams;
 - its main focus is to prove that leadership is influenced by the local culture, society and organisation, and in turn, influences expected leadership behaviour.



GLOBE study

Here is a model that well exemplifies what should happen inside and outside organisations in the area of culture and leadership.



House, R. J., Dorfman, P. W., Javidan, M., Hanges, P. J., & Sully de Luque, M. F. (2014). Strategic Leadership Across Cultures. Thousand Oaks: SAGE Publications.

GLOBE study

The nine variables identified are as follows. For each one, two statements are expressed on which each person may or may not agree. The level of dispersion that a group of people expresses for each of these statements describes, in fact, the situation of greater or lesser cultural uniformity present in a specific organisational context. Leadership action should be able to consider what the elements of greater or lesser diversity are and move accordingly. Although diversity can still be an added value.

1. Reducing uncertainty

- In an ideal group, accuracy and concreteness should be given high priority, even at the expense of experimentation and innovation;
- In an ideal group, requirements (e.g. goals to be achieved) and social norms (e.g. not permissible behaviour) are explained in detail so that group members know how to behave.



GLOBE study



2. Distance from power

- In an ideal group, co-workers are expected to argue with the leaders when they disagree Vs obey the leaders even if they disagree;
- In an ideal group, power is shared among group members Vs concentrated among those who lead.

3. Institutional collectivism

- In an ideal group, leaders encourage group loyalty even at the expense of each member's goals;
- The remuneration system in an ideal group is structured to maximise individual interests Vs collective interests.

4. Group collectivism

- In an ideal group, employees take pride in the achievements of their leaders;
- In an ideal group, managers take pride in the achievements of their staff.

GLOBE study



5. Gender equality

- In an ideal group, the male gender is encouraged more than the female gender to pursue advanced degrees;
- In an ideal group, who is more likely to be placed in high positions? Male gender Vs Female gender.

6. Assertiveness

- In an ideal group, co-workers should generally be non-assertive Vs assertive;
- In an ideal team, co-workers should tend to be sensitive vs. detached.

7. Future orientation

- In an ideal group the usual practice is to accept the status quo Vs plan for the future;
- In an ideal group, its members tend to place more emphasis on finding solutions to current problems Vs planning for the future.

GLOBE study



8. Performance orientation

- In an ideal group, young trainees are encouraged to develop a continuous improvement of their performance;
- In an ideal group, people are rewarded for their excellent performance.

9. Human contact orientation

- In an ideal group, people generally show little concern for others Vs show significant concern for others;
- In an ideal group, people generally have no sensitivity for others Vs total sensitivity for others.

GLOBE study

The dimensions of L that depend on the organisation are:

- charismatic/value-based or non-value-based;
 - team- or individual-oriented;
 - participatory or non-inclusive;
 - human or detached;
- autonomous or without accountability.



Organisational & Professional Culture

A first problem is not to confuse 'organisational culture' with 'professional culture'.

- Each profession defines its typical cultural elements from their respective epistemological foundations. In the field of healthcare, for example: the knowledge acquired during training at university, the experience gained in one's own activity and the object of one's activity, the individual patient, who is different from every other human being. From these foundations derive codes of ethics, professional 'policy', professional associations, and more. All this is quite different from what we have summarily defined as 'organisational culture'. Certainly the stronger structured and more diverse the professional cultures present in an organisation, the more difficult it will be to build a strong and cohesive organisational culture within it, and above all a homogeneous one.
- Among the different professional cultures present in the health care field there are some that are more complementary than others. Certainly, the professional histories of each of us can usefully trace situations in which we have experienced closeness or distance from certain specific professional categories.
- We can imagine 'professional cultures' as tending to be centrifugal forces that have to be counteracted by equally vibrant centripetal forces that are those generating an 'organisational culture'. As is easy to understand, this balance is quite delicate and variable over time. Leadership should be precisely one of the main centripetal forces, together with other elements such as salary levels, the prestige of the organisation, job stability, the working climate, etc.



About organisational culture:

ACTIVITY 2

Try to briefly describe the organisational culture present in the context in which you work.



Leadership, safety culture and working environment



A second problem is to understand which individual elements specifically define the 'culture' of a given organization and again how leadership is viewed within these elements.

There are various models of possible interpretations of organisational cultures and for discussion. Let us try to force the issue and take as an example some models that are already structured, referring you to possible personal insights. Let us therefore take, for example, the theme of the 'safety culture', which is very fashionable in the health field today.

In the image, you will find an initial example. In this case, the authors articulate the concept of safety culture according to three thematic 'blocks': the psychological aspects, the behavioral aspects, and the formal elements of the organization that can testify to a focus on safety.

Leadership, safety culture and working environment

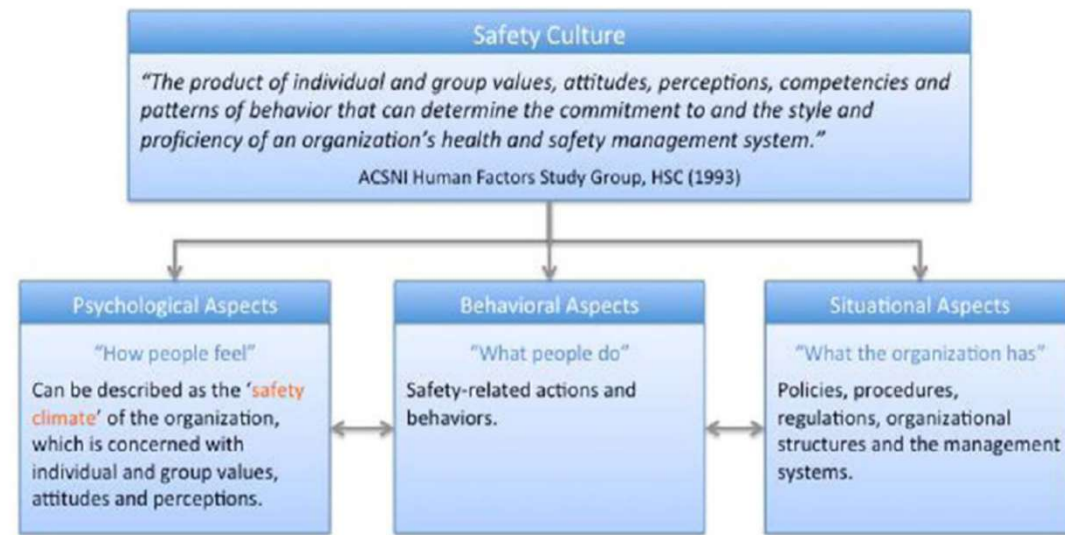


FIGURE 1. Safety culture abstraction developed by the United Kingdom's Health and Safety Executive depicting how a safety culture is comprised by the psychological, behavioral, and situational aspects or characteristics of hospital employees that work within the policies and procedures supporting patient care.¹⁴

Gampetro, P.J., Segvich, J.P., Velsor-Friedrich, B., Burkhart, L. (2019). Perceptions of Pediatric Hospital Safety Culture in the United States: An Analysis of the 2016 Hospital Survey on Patient Safety Culture. *Journal of Patient Safety*, 00, 00-00.

Leadership, safety culture and working environment

Sammer and colleagues (2010) in a systematic review draw an Ishikawa to describe what makes up a hospital safety culture and identify what they call 7 subcultures.

As you can see, for these authors, leadership represents one of these subcultures, whereas in the first case it is not present.

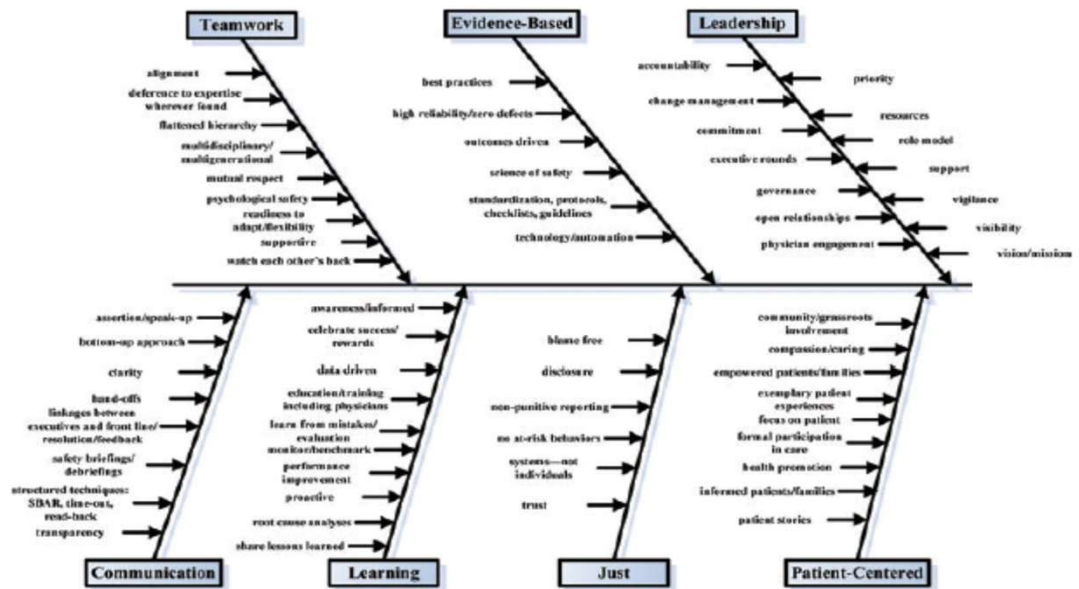


Figure. Hospital culture of patient safety.

Sammer, C. E., Lykens, K., Singh, K. P., Mains, D. A., & Lackan, N. A. (2010). What is Patient Safety Culture? A Review of the Literature. *Journal of Nursing Scholarship*, 42 (2), 156-165. doi: 10.1111/j.1547-5069.2009.01330.

Leadership, safety culture and working environment



Table 1-1. Patient Safety Culture Composites and Definitions

Patient Safety Culture Composites	Definition: The extent to which...
Communication About Mistakes	Staff discuss mistakes that happen and can talk about ways to prevent mistakes.
Communication About Prescriptions Across Shifts	Information about prescriptions is communicated well across shifts and there are clear expectations and procedures for doing so.
Communication Openness	Staff freely speak up about patient safety concerns and feel comfortable asking questions; staff suggestions are valued.
Organizational Learning—Continuous Improvement	The pharmacy tries to figure out what problems in the work process lead to mistakes and makes changes to keep mistakes from happening again.
Overall Perceptions of Patient Safety	There is a strong focus and emphasis on patient safety and the pharmacy is good at preventing mistakes.
Patient Counseling	Patients are encouraged to talk to the pharmacist; pharmacists spend enough time talking to patients and tell them important information about new prescriptions.
Physical Space and Environment	The pharmacy is well organized and free of clutter; the pharmacy layout supports good workflow.
Response to Mistakes	The pharmacy examines why mistakes happen, helps staff learn from mistakes, and treats staff fairly when they make mistakes.
Staff Training and Skills	Staff get the training they need, new staff receive orientation, and staff have the skills they need to do their jobs well.
Staffing, Work Pressure, and Pace	There are enough staff to handle the workload, staff do not feel rushed, staff can take breaks, and work can be completed accurately despite distractions.
Teamwork	Staff treat each other with respect, work together as an effective team, and understand their roles and responsibilities.

In the first image, safety culture exists at several levels (system and pharmaceutical community) and is determined by specific behaviours: recognition, support, expectations and sharing.

In the second image, the considered elements are: error culture, communication of prescriptions, open communication, continuing education, perception of patient safety, patient counselling, physical space and structure, error response, team training and skills, staffing, work pressure, teamwork.

Sammer, C. E., Lykens, K., Singh, K. P., Mains, D. A., & Lackan, N. A. (2010). What is Patient Safety Culture? A Review of the Literature. *Journal of Nursing Scholarship*, 42 (2), 156-165. doi: 10.1111/j.1547-5069.2009.01330.

Leadership, safety culture and working environment



Another example is this systematic review, which analyses the relationship between safety culture and patient care, aims to map methods for assessing safety culture in hospitals, analyse the prevalence of these methods in published research in the literature and the dimensions of safety culture.

Method: Studies reporting quantitative, qualitative and mix methods assessing safety culture in hospitals were included. The review was conducted using four databases (PubMed, CINAHL, Scopus and Web of Science), including studies from January 2008 to May 2020. The aim of the study was to extrapolate the type and size of the method used to analyse safety culture.

Results: A total of 694 studies were included. One third (n=244, 35.2%) had a descriptive purpose, 225 (32.4%) tested relationships between variables, 129 (18.6%) evaluated an intervention, and 13.8% (n=96) had a methodological focus. The majority of the studies used surveys (n=663; 95.5%), with 88 different surveys identified. Only 31 of the studies (4.5%) used qualitative or mixed methods. Thematic analysis identified 11 themes related to safety culture, with leadership being the most common of the dimensions.

Discussion: no single method or instrument seems to measure all issues of safety culture. Future attempts to assess the safety culture in hospitals should consider integrating qualitative methods into the survey to get a more multifaceted picture.

Churruca, K., et al. (2021). Dimensions of safety culture: a systematic review of quantitative, qualitative and mixed methods for assessing safety culture in hospitals. *British Medical Journal Open*, 11, e043982, 1-13. doi:10.1136/bmjopen-2020-043982

Leadership, safety culture and working environment



Finally, a recent example defining how an organisation prone to change is more conducive to a safety culture, which in turn the stronger it is, the lower the likelihood of adverse events.

The study is set in the USA in the context of old people's homes and investigates precisely the link between organisational readiness for change and the security climate.

Methods: seven domains of safety climate and organisational readiness for change were measured with a validated employee survey that investigated attitudes towards resident safety and organisational readiness for change. Domains investigated included safety priorities, supervisor and management commitment to safety, attitudes towards safety, environmental safety, interactions with colleagues on safety and an overall assessment. Results and conclusions: 1397 workers (frontline staff and managers) from 56 countries in the USA responded. Organisational readiness for change was found to be directly related to the seven domains of safety climate, particularly the domains related to interactions with co-workers, supervisors and managers. These associations highlight that readiness for change at multiple organisational levels (between peers, between supervisors and supervisees, and between managers) is a necessary aspect of improving the safety climate. Therefore, dimensions such as leadership and openness/flexibility of frontline staff and the exchange of information between them can lay the foundation for a safety climate that prevents the negative effects of adverse events. Therefore, it is important to foster support for change, the strengthening of behaviours and skills that find solutions in and from practice, and to enable sharing.

It is important to foster support for change, the strengthening of behaviours and skills that find solutions in and from practice, and to enable sharing.

Quach, E. D., Kazis, L. E., Zhao, S., Ni, P., Clark, V. A., McDannold, S. E., & Hartmann, C. W. (2021). Organisational readiness to change as a leverage point for improving safety: a national nursing home survey. *BMC Health Services Research*, 21 (842), 1-8. <https://doi.org/10.1186/s12913-021-06772-y>.



Try to answer this question:

“What emerges from these examples on the subject of the relationship between 'safety culture' and leadership?”

... Now see if you are in line with what is presented next in the lesson.

Leadership, safety culture and working environment

What emerges from these examples on the subject of the relationship between 'safety culture' and leadership?

Some consider leadership as a separate element, while others believe that it should influence each of the elements taken into consideration in a more or less direct way.

This diversity of approach obviously leads to variations in the possible measures of leadership within specific 'cultures'.

If leadership is infact a 'stand-alone'/separate element, explained by certain specific behaviours, systems or instruments must be found to measure these behaviours.



Leadership, safety culture and working environment

If, on the other hand, leadership is an element that influences the different elements of the culture we are examining, it will be necessary:

- First of all, ask yourself, for each of these elements, how much influence Leadership will have
- Next, identify the signs of this influence and measure them.

In both the cases, however, it must not be forgotten that one of the three fundamental characteristics of leadership is that it is a 'process', i.e. a condition in continuous becoming, therefore, the measurements that will be adopted should be:

- Repeatable at regular intervals
- They can be compared in order to assess trends and correlate them with treatment results.

What measurements of leadership are possible we see next.



Supporting nursing leadership for impact on clinical outcomes - RNAO Guidelines

RNAO recommendations:

- They are applied with the aim of building and maintaining a healthy working environment;
- They propose transformational leadership practices aimed at nurses, who play a decisive role in developing and maintaining a good working climate;
- The shortage of nurses is in essence the result of 'unhealthy working environments'.

Dunleavy et al., 2003; Grinspun, 2000; Shindul-Rothschild, 1994 in RNAO, 2013



Registered Nurses' Association of Ontario. (2013). Developing and Sustaining Nursing Leadership Best Practice Guideline (2nd ed.). Toronto: Registered Nurses Association of Ontario. https://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf [2.01.2024].

Supporting nursing leadership for impact on clinical outcomes - RNAO Guidelines

OBJECTIVES

- identify best leadership practices that are effective on professionals, patients and the organization;
- identify personal and others' resources, culture, values supporting these practices;
 - define the expected results of good practices;
- involve nurses engaged in professional practice but also administrators and managers, educators, researchers, students, politicians, professional organizations.



Registered Nurses' Association of Ontario. (2013). Developing and Sustaining Nursing Leadership Best Practice Guideline (2nd ed.). Toronto: Registered Nurses Association of Ontario. https://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf [2.01.2024].

Supporting nursing leadership for impact on clinical outcomes - RNAO Guidelines

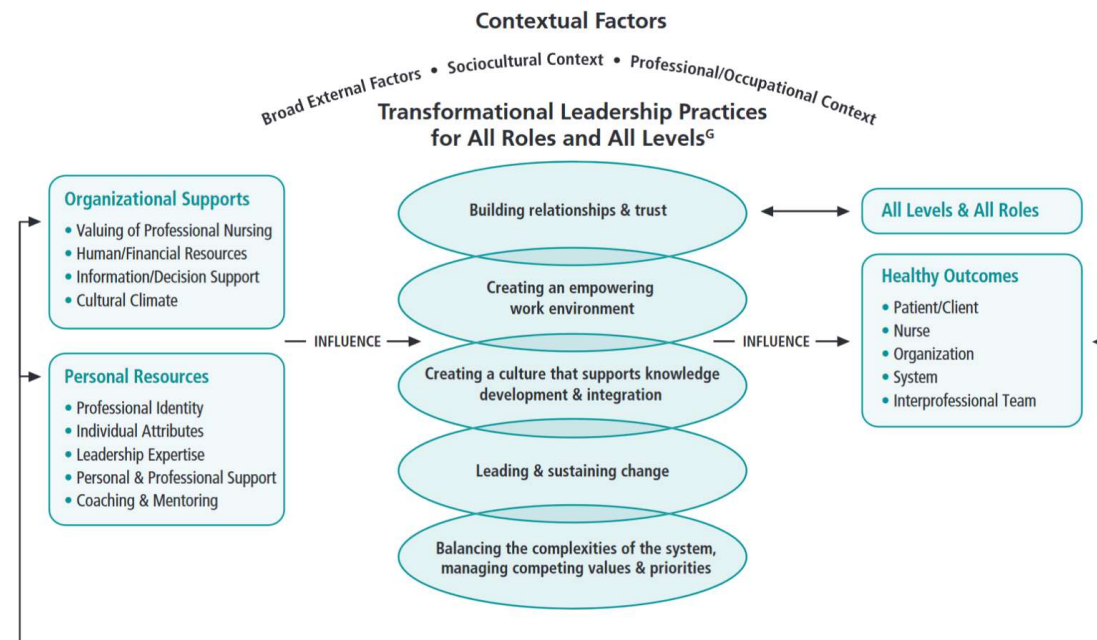


Figure 2. Conceptual Model for Developing and Sustaining Leadership

Registered Nurses' Association of Ontario. (2013). Developing and Sustaining Nursing Leadership Best Practice Guideline (2nd ed.). Toronto: Registered Nurses Association of Ontario. https://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf [2.01.2024].

Supporting nursing leadership for impact on clinical outcomes - RNAO Guidelines



The five practices of transformational leaders:

1. *Building relationships and trust* is a critical leadership practice, the foundation on which the other practices rest. Relationships include those formed between individual nurses, on teams and in internal and external partnerships.
2. *Creating an empowering work environment* depends on respectful, trusting relationships among people in a work setting. An empowered work environment has access to information, support, resources, and opportunities to learn and grow, in a setting that supports professional autonomy and strong networks of collegial support.
3. *Creating a culture that supports knowledge development and integration* involves fostering both the development and dissemination of new knowledge and instilling a continuous-inquiry approach to practice, where knowledge is used to continuously improve clinical and organizational processes and outcomes.
4. *Leading and sustaining change* involves the active and participative implementation of change, resulting in improved clinical and organizational processes and outcomes.
5. *Balancing the complexities of the system, managing competing values and priorities* entails advocating for the nursing resources necessary for high-quality patient care, while recognizing the multiple demands and complex issues that shape organizational decisions. Proper use of evidence is the key.

Registered Nurses' Association of Ontario. (2013). Developing and Sustaining Nursing Leadership Best Practice Guideline (2nd ed.). Toronto: Registered Nurses Association of Ontario. https://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf [2.01.2024].

Supporting nursing leadership for impact on clinical outcomes - RNAO Guidelines

Each practice is supported by a type of evidence that varies depending on how it was obtained: controlled studies or meta-analyses, systematic reviews, descriptive studies, qualitative research, expert opinions, integrative reviews, critical reviews (Aiken et al., 2014; Kelly et al., 2014).

The positive aspects of this document can be found, among other things, in the numerous list of actions that can be traced back to the five key behaviors, which are explained in an exhaustive and detailed manner; in a simple and intuitive way, they are of reference to those who are setting themselves up as leaders and wish to support with a rationale the main style choices made. Moreover, this list helps to correct certain actions and to measure the transformation, both of those who are facing the transition and of the employees.

Aiken, L.H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Közka, M., Lesaffre, E., McHugh M. D., Moreno-Casbas, M.T., Rafferty, A.M., Schwendimann, R., Anne Scott, P., Tishelman, C., van Achterberg, T., & Sermeus, W. for the RN4CAST consortium, (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383, 1824–30. [http://dx.doi.org/10.1016/S0140-6736\(13\)62631-8](http://dx.doi.org/10.1016/S0140-6736(13)62631-8).

Kelly, D.M., Kutney-Lee, A., McHugh, M. D., Sloane, D. M., Aiken, L.H. (2014). Impact of Critical Care Nursing on 30-Day Mortality of Mechanically Ventilated Older Adults. *Crit Care Med.*, 42 (5), 1089–1095. doi:10.1097/CCM.000000000000127..

Registered Nurses' Association of Ontario. (2013). Developing and Sustaining Nursing Leadership Best Practice Guideline (2nd ed.). Toronto: Registered Nurses Association of Ontario. https://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf [2.01.2024].



Supporting nursing leadership for impact on clinical outcomes - more literature

Here are other examples extrapolated from the literature:

Study results – relationship between leadership and patient outcomes

Fourteen different outcome variables were reported in these seven studies. After extracting data, the researchers decided that outcome variables could be categorized into four themes based on content analysis: relationship between leadership and (1) patient satisfaction, (2) patient mortality and patient safety outcomes: (3) adverse events and (4) complications. A summary of findings is presented in Table 4.

Wong, C. A., & Cummings, G. G. (2007). The relationship between nursing leadership and patient outcomes: a systematic review update. *Journal of Nursing Management*, 15 (5), 508-521. doi: 10.1111/j.1365-2834.2007.00723.

The report recommends:

- A combination of different leadership styles and characteristics can lead to positive outcomes in staff and patients and create a positive, healthy work environment.
- Structures designed to empower leaders, who in turn provide empowerment for their subordinates, can result in higher levels of positive outcomes that lead to the creation of a positive, healthy work environment.

Pearson, A., Laschinger, H., Porritt, K., Jordan, Z., Tucker, D., & Long, L. (2007). Comprehensive systematic review of evidence on developing and sustaining nursing leadership that fosters a healthy work environment in healthcare. *International Journal of Evidence Based Healthcare*, 5 (2), 208-53. doi: 10.1111/j.1479-6988.2007.00065.x.



Supporting nursing leadership for impact on clinical outcomes - more literature

Leadership may or may not be a critical contextual factor influencing the effective integration and implementation of EBPs (Bianchi et al. 2018; Castiglione, 2019). A recent systematic literature review by Li et al. (2018) found that organisational context characteristics such as culture, communication, network and resources significantly influence EBP implementation, but L appears to be the key factor.

Aim: This integrative review aims to explore how nursing leadership influences evidence-based practice in contemporary health care settings.

Background: Although managers and environmental ward culture have long been identified as being among the main barriers to evidence-based practice, there is little overall conceptualization and understanding of the specific role of nurse leaders in directly influencing and supporting this.

Evaluation: The team carried out an integrative literature review (n = 28) utilizing PubMed, CINAHL and the Cochrane Library (2006-2016).

Key Issues: The key role of leadership, the methodology used, and understanding and addressing barriers to or facilitators of the implementation of evidence-based practice emerged as key issues.

Conclusion: Nurse managers have a particular influential role on the implementation of evidence-based practice in terms of providing a supportive culture and environment. For this they need to have an underlying knowledge but also to be aware of and address barriers to implementation, and understand the key role of nurse managers in creating and supporting the optimum environment.

Implications for Nursing Management: Nurse managers need to facilitate and enhance nurses' use of evidence-based practice. Both managers and nurses need to have the necessary academic preparation, support and resources required for practising using an evidence base.

KEYWORDS

barriers, environmental ward culture, evidence based practice, integrative review, leadership, nurses managers



Bianchi, M., Bagnasco, A., Bressan, V., Barisone, M., Timmins, F., Rossi, S., Pellegrini, R., Aleo, G., & Sasso, L. (2018). A review of the role of nurse leadership in promoting and sustaining evidence-based practice. *Journal of Nursing Management*, 26 (8), 1-15. <https://doi.org/10.1111/jonm.12638>

Supporting nursing leadership for impact on clinical outcomes - more literature



In addition, frontline nurses report that contexts characterised by good L make significantly greater use of research results (Castiglione, 2020). Aspects conducive to the implementation of EPB that also emerge from the literature are the assignment of responsibilities, interprofessional collaboration/sharing, meetings, regular feedback, valuing the leader him/herself or recognising behaviours that create a positive and constructive working environment, and the supervision of clinical practice at the patient's bedside, which in turn are characteristic of a transformational leadership style.

Leadership characteristics that support an EBP culture:

- positive and constructive working environment;
- assignment of responsibilities;
- collaboration/sharing/direct communication;
- interprofessional network;
- valorisation of resources;
- supervision of clinical practice at the patient's bedside;
- regular meetings and feedback.

Supporting nursing leadership for the impact on the working environment

Developing the practice of feedback

An example of the nursing leadership impact on the working environment is the support for the culture of feedback. The concept of feedback indicates the return of information and communication not only from the leader but also from those who work together and at all levels; it refers to the culture that develops in the work environment with respect to formal and informal support in the phases of change, to value work well done, to understand and provide feedback on behaviour, learning, perceptions, and achievements in general. It implies presenting one's views in a persuasive and clear manner so that people are motivated, understand expectations and state their own (assertiveness).

The topic of giving feedback refers to aspects such as sharing results, valuing achieved objectives, supervising working practices in departments, organising regular meetings and gatherings among peers and with co-workers to constructively discuss and reflect on activities and performance. Formal and informal feedback for work well done and for more critical work allows for the development of leadership skills together with the use of other supports such as training, learning, peer support, mentoring.



Supporting nursing leadership for the impact on the working environment

Developing the practice
of feedback



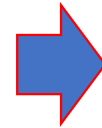
Return of Information



Formal and informal
moments



Objectives: support -
valorisation - sharing of
objectives and results -
referral of behaviour -
exposure of views



Developing leadership skills together
with learning, peer-to-peer support,
mentoring



Supporting nursing leadership for the impact on the working environment

Developing the practice of feedback

Feedback enables aspects related to shared clinical governance actions, delegation of clinical issues and topics to specific working groups, implementation of evidence-based practices (EBP), promotion of transparent communication and visibility of deserving professionals. The theme of giving feedback in the context of valuing results reinforces a positive work environment culture, aspects that we also find in Kvist et al. (2019).

FEEDBACK RESULTS:

performance enhancement and leadership skills development

Clinical governance and knowledge sharing

implementation of EBP

promotion of transparent communication

visibility of deserving professionals

positive work environment culture



Kvist, T., Voutilainen, A., Eneh, V., Mäntynen, R., & Vehviläinen-Julkunen, K. (2019). The self-organizing map clustered registered nurses' evaluations of their nurse leaders. *Journal of Nursing Management*, 27, 981-991. DOI: 10.1111/jonm.12758. <https://onlinelibrary-wiley-com.proxy2.biblio.supsi.ch/doi/epdf/10.1111/jonm.12758>.

Assessing and monitoring nursing leadership - Why?



Does it make sense to evaluate a nursing leader?

In order to develop and sustain nursing leadership at all levels, it is also necessary to measure and evaluate its implications in practice.

As we have seen, being a leader has implications for safety, quality of care, patients/family and co-workers, the people I interact with, the organisation, social consensus and the entire health care system.

As already mentioned, the adoption of a certain leadership style is possible for all nurses regardless of their title or position.

A first step in developing leadership at the bedside is therefore to become aware of what leadership is, what its standard practice requirements are, and to measure the results.

Colleagues

Quality of care

Security

Organisation

Patients/Family members

Assessing and monitoring nursing leadership: Concepts



- leadership style(s) adopted by all nurses (regardless of their title or position);
 - leadership development at the bedside;
 - leader awareness and resources;
 - organisational culture and climate;
 - professional practice environment and standards of practice;
 - patient satisfaction.
- job satisfaction
 - motivation/involvement
 - commitment to the organisation
 - trust
 - empowerment
 - autonomy
 - communication

Registered Nurses' Association of Ontario. (2013). Developing and Sustaining Nursing Leadership Best Practice Guideline (2nd ed.). Toronto: Registered Nurses Association of Ontario. https://rnao.ca/sites/rnao-ca/files/LeadershipBPG_Booklet_Web_1.pdf [2.01.2024].

Assessing and monitoring nursing leadership: Tools and methods

What tools and methods can I use?

- self-administration of scales
- scales or indices compiled by colleagues
- questionnaires - interviews - focus groups
- audits of processes and changes implemented in care settings
 - participant observations of performance
- pre-post model implementation and/or repeated evaluations over time

... to be combined in the most appropriate way according to needs ... and possibilities!!!



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EXERCISE

Team work & presentation

- Divide into 4 groups to answer the following question:
- What and how would I measure my leadership action and that of my colleagues? Summary of a mini-project
 - Duration of team work 30'
- Plenary presentation in a variety of formats 10' for each group

CONCLUSION

The tendency to measure leadership (L) behaviour without having first examined the cultural aspects of an organisation runs the risk of leading us to wrong conclusions that do not solve the real problems that may exist in an organisation. Amongst other things, measures of the organisational culture present in a context or of other particular types of cultures (e.g. safety culture, hospitality culture, etc.) may constitute an interesting «priority" not only for the nursing L, but for the entire management of an organisation.

We have good methodological and research traces that point us to what L directly influences. In general, these are the behaviours of the team and the working environment. We can assume that these actions are not useless for the good conduct of care processes. Few authors have set out on the road of directly relating L and care results. Moreover, the methodologies adopted are difficult to apply and almost always subject to strong methodological biases.



CONCLUSION



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