JOURNAL OF NURSING SCHOLARSHIP

The Need for Visible Nursing Leadership during COVID-19

Journal:	*Journal of Nursing Scholarship*
Manuscript ID	Draft
Manuscript Type:	Editorial
Key Words:	Administration/management/leadership/organization < Administration, Care delivery system < Administration, Quality improvement/Quality of care/Quality of services < Administration, Communication < Other, International health/Global health < Other

Visible Nursing Leadership

The Need for Visible Nursing Leadership during COVID-19

2020 was welcomed as the Year of the Nurse and Midwife (WHO, 2020a), but it will long be remembered as the year of 'COVID-19'. It has illustrated the best in nursing resourcefulness and also been the year when many nurses and other key workers died mainly due to a lack of personal protective equipment. In the Year of the Nurse and Midwife it seems an appropriate time to reflect on nursing leadership and plan for the future. Thus, in this editorial, we as a group of nursing leaders from across Sigma Chapters in the United Kingdom – Phi Mu (England), Upsilon Xi at Large (Wales) and Omega Xi (Scotland) aim to draw on this emergent critical dialogue about nursing leadership to offer our collective position for embracing future opportunities afforded by this unexpected global event. We constructively focus on three key aspects: 1) Leadership as not visible; 2) Leadership not collaborative; 3) Leadership not advocating for personhood of citizens. We aim to take a future facing position and search for what can be done and what is possible in the future moving out of the immediate crisis into recovery.

Globally 59% of health care professionals are nurses (WHO,2020b). Of these, there are leaders at every level, in practice, education and research. The recent WHO (2020b) report on the *State of the World's Nursing 2020*, calls for countries globally to take action to invest in their education, jobs and primarily to strengthen nurse leadership, ensuring their role in influencing the development of health policy as well as decision-making and contributing to the effective leadership and management of health and social care systems. We recognise that in a crisis of the COVID-19 scale, with incomplete and even conflicting evidence, speed is of the essence. We also recognise that safety remains a top priority, that preferred decision-making models and processes across nursing have been side lined for more directive and command based models. We believe it is time to reflect on how nurse leaders need to reinstate our preferred person-centred decision-making models and processes and regain our visibility across the

Visible Nursing Leadership

health care system. The inclusivity of such approaches allows for patient, carer and community response and collaboration in care.

Now is the time for nurse leaders to be increasingly visible and active participants with other key decision-makers, to offer our creativity and, for example, our extensive experience of practice development and quality improvements that can enable transformation in the system, grounded in enhancing staff and patient experience. Given the enormity of the task of leading and managing the safety and wellbeing of the population during this pandemic, several liberties that really matter to persons in care settings and others significant to them were eroded and often arbitrarily removed, for example, family contact and choices at the end of life. The consequences for people's health and well-being as well as community cohesion have barely been explored and it is time to recapture nursing's fundamental attention on person and person-centredness before it is relegated or even lost.

Indeed, we suggest there is an urgency to close the dissonance between the commitment of nurses with responsibilities for shared decision-making and person-centredness locally in practice, and the apparent silence of nursing leaders about the absence of citizen representation among the Scientific Advisory Group for Emergencies (SAGEs) advising the government using scientific evidence. After all, evidence-based and evidence-informed practice includes data from studies, clinical experience and patient preferences, and not a reliance on any one type of knowledge in isolation.

These are extraordinary times, especially as it appears that should we experience further waves of COVID-19, we need to be prepared and draw on the investment in nursing leadership, a global focus for a number of years and ensure that it is visible and effective at a strategic level. For example, leadership frameworks developed over the past 20 years have leaned heavily towards transformational, distributive, collaborative and person-centred methodologies and are now widely advocated and used in organisations globally. However, in the context of COVID-

19 we observed and experienced a master-servant model of leadership that failed to draw upon the collective intelligence, knowledge, wisdom and intellectual capital of the wider nursing community. As nurse leaders, we have reflected on the use of the crisis-management strategy of 'command and control' which at the outset we would continue to support in the interest of population safety. However, as the situation unfolds, we believe it is now time to reflect and learn from this and from others across the global community.

Reflecting on health and care systems around the world and their response to COVID-19, there are good examples of a more inclusive approach. New Zealand for example, has been dominated by these contemporary leadership values for an alternative approach and evidenced outcomes. Additionally, in Taiwan, building on their response to the SARS epidemic in 2003, nurse leaders worked together with government to protect public health and established nurse-led quarantine care call centres (Shwu-Feng, Ching-Chiu, Hsiu-Hung & Chia-Chin 2020). In contrast, we observed that in the UK, the visible geographical position of nurses was on the 'frontline', with a minimum visible profiling of nurse leaders orchestrating, or at least contributing to the strategic response to the pandemic.

Given one of our core responsibilities in advocating for persons as our primary partners, it is critical that we are leading the return to enabling shared decision making with the public and service user representatives. For example, the exclusion of families and others from hospitals and other care settings seems to have continued too long without review; especially when set alongside the fact that many organisations were able to bring in volunteers and train them and new support workers in one or two days. This would have been the chance to offer similar opportunities to families, as trusted partners in care.

In conclusion, it is important, now, to identify how to make nursing leadership more visible especially in how to drive the voices and decision making of nursing leaders as we move forward. We would advocate and support Sigma in setting up an international panel of nurse

Visible Nursing Leadership

leaders to debate how best we can help to assist in the endeavours to offer a more collaborative and inclusive approach to decision-making when we experience future waves of infection and future global challenges to nursing, healthcare delivery and systems. In addition to educating the next generation of nursing leaders in the medium term, we would recommend the following as immediate goals to be discussed among the panel of nurse leaders and nursing at large:

What are we recommending for future leadership?

Immediate goals:

1. Nursing leadership needs to be visible as an active ingredient in multidisciplinary and interprofessional collaborative decision-making that is needed at a time of crisis.

2. Harness strengths-based models of strategic leadership that respect shared distributive models of engagement and include participation of service-users and families

3. Strategic nursing leadership needs to demonstrate to all nurses that their wellbeing is paramount in all future decision-making.

4. Ensure the retention of person-centred principles and practices is a significant central focus of nursing strategic decision-making in future planning.

References

Shwu-Feng, T., Ching-Chiu, K., Hsiu-Hung, W. & Chia-Chin, L. (2020). Nursing's response to covid-19: lessons Learned from SARS in Taiwan. *International Journal of Nursing Studies*, doi: 10.1016/j.i.nursstu.2020.103587. Retrieved from https://pubmed.ncbi.nlm.nih.gov/32388221/

World Health Organisation (2020a). The Year of the Nurse and Midwife. Retrieved from https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020

World Health Organisation (2020b). State of the World's Nursing 2020: Investing in education, jobs and leadership. Retrieved from file:///C:/Users/rosse/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/9789240003279-eng%20(1).pdf

There is no conflict of interest nor any funding source for this editorial