

Editorial

Global nursing leadership

The theme of this issue is ‘Global Nursing Leadership’. The terms ‘global’ or ‘globalisation’ are not new, but have been used increasingly since the mid-1980s, for example, in the newspapers and media. How often do we stop and think: what do these really mean? What is globalisation? Today it is easy to ‘Google’ everything and find from the internet that... ‘Globalisation is the process of international integration arising from the interchange of world views, products, ideas, and other aspects of culture... Advances in transportation and telecommunications infrastructure, including the rise of the telegraph and its posterity the internet, are major factors in globalisation, generating further interdependence of economic and cultural activities... In 2000, the International Monetary Fund (IMF) identified four basic aspects of globalisation: trade and transactions, capital and investment movements, migration and movement of people and the dissemination of knowledge...’

Globalisation has been an unfolding trend for over three decades, as our communities and cultures become both closer via the internet and also more diverse, as people migrate, move and travel for different reasons. Nurses and nurse leaders are in the forefront of their communities and increasingly face the need to understand and take initiatives in responding to this rapidly changing world. Today health services, including nursing, are undergoing fast changes. Health reforms are occurring in many parts of the world and this trend is accelerating. The ‘wake-up’ call is that health care reforms are also many times part of a much wider process of social and political restructuring. How ready and prepared are we, as nurse leaders, for being part of this change, restructuring and reform processes? Those of us who are or will be in key leadership and management positions need to be well prepared to work effectively in interdisciplinary teams, plan and manage effective and cost-efficient services, involve communities and key stakeholders in health care planning and delivery, formulate policies and prepare and empower nurses, nurse managers, leaders, educators, and staff for the future.

Our biggest challenge in the 21st century is the transformation of nursing. Global nursing leadership requires active participation and leadership in practice,

education, research, and policy/political arenas. To participate in this transformation process and innovative development of new health care systems, nurse leaders must be ‘super’ active within the national, but also multinational and multidisciplinary decision processes that discern health care at home and abroad. For this to happen we need to provide our nurse leaders with new tools and knowledge. In other words, we need to ensure that our global nurse leaders have a good understanding of the health care system, social and political context, purposes of health reform, a vision of how health and nursing services may be developed in their countries, the ability to plan strategically for and manage change, and the strength and confidence to be proactive in a challenging and often stressful change environment.

Global nursing leadership has been increasingly highlighted in the literature, for example, from workforce (Douglas 2011, Rollins Gantz *et al.* 2012), educational and capacity building (Nichols *et al.* 2011, Blaney 2012, Clark Callister 2012, Zittel *et al.* 2012) and quality/excellence perspectives (Ferguson 2013). An important remark here is that global nursing leadership is based on – and needs to draw from – the expertise of international scholars, researchers who can expand our perspectives with new knowledge to review and enhance our understanding on leadership and skills within a collaborative and stimulating learning culture and networking across borders.

When we compiled this issue, our starting point was an assumption that global nursing leadership can be enhanced by sharing the selected articles and research from authors all over the world. We are convinced that every reader and leader can find remarkable similarities with their own experiences and in the topics studied and discussed despite cultural differences. We strongly believe that global nursing leadership, evidence-based practices and high quality health care services are promoted by connecting nurses worldwide to share ideas, innovations and new knowledge through the articles of this issue. This issue illuminates the theme from the following perspectives: empowerment, competency development, effective leadership including workforce and patient care safety issues and excellence of global leadership.

The first three articles focus on empowerment. MacPhee *et al.*'s (Part 1, pp. 4–15) from Canada demonstrate how leaders' use of empowering behaviors can be increased through training and a workplace empowerment process. The reported findings are showing that leader empowering behaviors can be associated with more engaged staff and healthier work environments. The second article (Part 2, pp. 16–28) from these investigators focuses on reporting results how a leadership development program impacted staffs' perceptions of organizational support and commitment. The leader-empowering behaviors were found to be catalysts for staff empowerment; with structural empowerment mediating the effects of leader empowering behaviors on organizational commitment. The results of these studies illuminate a new perspective on empowerment from the leaders' and also staffs' perspectives. Bish *et al.* (pp. 29–37) provide insights into the perceptions of structural empowerment of nurse leaders in Australia. The results of this study show that rural nurse leaders perceive themselves to be moderately empowered. Additional research is still needed to increase our knowledge on empowerment of rural nurse leaders and what global strategies would best support their leadership practices.

The next three articles examine competency development. Miskelly and Duncan (pp. 38–48) report on an evaluation of an in-house nursing and midwifery leadership program aimed at improving leadership capacity in clinical environments in New Zealand. This article provides evidence that in-house leadership programs can equip front-line nurses and midwives with opportunities to enhance their professional identity and expand their skills in a variety of ways. Stoddart *et al.* (pp. 49–59) discuss the changing leadership roles in Scotland and how the role of the senior charge nurse in providing clinical leadership has been evolving. This article reports about senior charge nurses' experiences in relation to the implementation of a national clinical leadership policy. Evaluation of this policy from the senior charge nurses' perspective suggests that the policy is emerging as a major step forward in the development of clinical leadership, clinical team performance and improvement of care delivery. Shapira-Lishcinsky (pp. 60–69) explores Israeli nurses' ethical decision-making in order to identify the benefits of team simulations for authentic leadership. The findings demonstrate that simulations are beneficial and should be incorporated more into nursing practice, for example, to help resolve power conflicts and to develop authentic leadership.

The following five articles focus on effective leadership, workforce and patient care safety issues.

Lawrence and Richardson (pp. 70–79) describe the leadership experiences of modern matrons in the UK. Modern matrons were re-introduced to the National Health Service in 2002; however, minimal research has been available exploring how modern matrons experience effective leadership. This article describes how matrons place great emphasis on adapting their leadership style and how they demonstrate their leadership credibility though 'walking the walk'. The results show that modern senior leadership roles are complex requiring leaders with ability to adapt their leadership style to meet various challenges. Premji and Etowa (pp. 80–88) address a need for research on workforce utilization patterns of ethnic and linguistic minorities in Canadian health care settings. This study developed a diversity profile of the nursing workforce in Canada. The results suggest that there is a need to increase diversity in nursing by facilitating the entry of certain groups in frontline management jobs and of all minority groups in higher level positions. The authors recommend efforts to increase diversity in nursing accompanied by commitment and resources to effectively manage diversity within organizations. Palmer (pp. 89–96), a researcher from the US, reports a study that adds to our knowledge about the nursing workforce and satisfaction in South America. This study is of professional nursing work environments in Ecuador. The paper reports, among other things, that the top factor of decreased satisfaction was low pay and this was also the factor for nurse turnover. Identified strategies to decrease turnover and increase satisfaction include: increasing pay, providing opportunities for nursing advancement, promoting the value of nursing, creating clinical protocols and enhancing autonomy. Keys (pp. 97–105) focuses on a workforce issue in the USA in her article 'Looking ahead to our next generation of nurse leaders'. Generation X nurse managers work with structures that were created by Matures and are now managed by Baby Boomers. This study is timely, because there is a paucity of research specific to the generation of nurses next in line to assume leadership roles. The study highlights the importance of preparation for the Nurse Manager role, openness to innovative scheduling alternatives and tailored support and feedback.

Vaismoradi *et al.* (pp. 106–116) report that there is a lack of knowledge in the international literature how nurse leaders facilitate provision of safe care and achieve the goal of a safe health care system. This article focuses on describing how nurse leaders can

facilitate safe care. The results indicate that to facilitate safe care, nurse leaders should improve nurses' working conditions, develop the nurses' practical competencies, assign duties to nurses according to their skills and capabilities, administer appropriate supervision, improve health care providers professional relationships and encourage their collaboration, empower nurses and reward their safe practice. The authors emphasize that a health care system needs to combine its efforts and strategies with nursing leadership in facilitating safe care and improving patient safety.

The last two articles illuminate excellence within the context of global leadership. Honkavuo and Lindström (pp. 117–126) focus on exploring difficult situations as a part of clinical nursing in Finland. Nurses are repeatedly exposed to situations that may cause them suffering and reduce their ability to serve patients. This article increases nurse leaders' awareness of difficult situations and how they can approach and alleviate suffering. The authors emphasize that nurse leaders' support, understanding, sympathetic attitude, ethical value basis, personality and ability to discuss are important aspects for nurses, help alleviate suffering and create a foundation for the nurses' professional development. The Anonson *et al.* (pp. 127–136) article reports the characteristics of exemplary nurse leaders in times of change from the perspective of frontline nurses in Canada. Large-scale changes in the health care system and associated challenges have highlighted the need for strong leadership at the front line. The study identifies six qualities of exemplary nurse leaders that allowed them to effectively assist and support frontline nurses: a passion for nursing; a sense of optimism; the ability to form personal connections with their staff; excellent role modeling and mentorship; and the ability to manage crisis while guided by a set of moral principles.

In conclusion, nursing leaders must innovate and explore to discover the paths to achieving excellence for those they lead and serve. We are a community of leaders who can significantly impact health care in our individual settings. However, it is imperative that we share our knowledge and experience with colleagues around the globe. Together we can learn how best to leverage our knowledge regarding the changes

required in our health care systems. It is nursing leadership that can be a pivotal force in creating a healthier tomorrow for the patients, clients and citizens for whom we provide care. It is our hope that the articles in this issue will stimulate, provoke, and mobilize your desire to be an active and informed leader of our global community. Finally, the editors would like to thank all the authors for sharing their perspectives and findings that will help us transform nursing through global nursing leadership.

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