International Nursing Review

Senior nursing leadership – capacity building at the global level

P. Blaney RN, BSC (HONS), LLM

Director, All Ireland Institute of Hospice and Palliative Care, Education and Research Centre, Our Lady's Hospice, Dublin, Ireland

BLANEY P. (2012) Senior nursing leadership – capacity building at the global level. *International Nursing Review* **59**, 40–47

Background: The International Council of Nurses (ICN) and its member National Nurses Associations have for some time recognized the need and potential for a global level leadership development opportunity for senior and executive level nurses. Through ICN's international health policy influencing activities and experience in the delivery of national and national association leadership development programmes, the need for more senior level global leadership development was increasingly evident. Various national and international studies and reports have also echoed the need for nurse leadership.

Aim: In response to this need, ICN established the Global Nursing Leadership Institute (GNLI), an annual leadership development programme for nurses at senior and executive levels from across the globe. A number of strategic outcomes that might be achieved from attending a GNLI programme were identified and used to secure funding support for the initiative. These were that participants would be better equipped to build strategic alliances, be aware of their own leadership capacity, increase global healthcare knowledge, be better equipped to influence policy, improve strategic planning and thinking, be able to take on higher leadership roles and develop international networks.

Process: A high-level advisory committee oversaw the design and development of the annual leadership development programme and undertook the selection of participants. The first GNLI was established in September 2009. The GNLI programme was delivered in English and was held at venues near Geneva in Switzerland. This article refers to the design, format and broad outcomes of GNLI 2009 and GNLI 2010 including the strategic objectives, funding arrangements, action-learning approach, participant selection and profile, development needs analysis, programme elements and design, learning environment and evaluation.

Outcomes: The resultant GNLI experience is unique in terms of senior nursing development opportunities available globally. GNLI is specifically unique in the diversity of participants; senior and executive level nurses from different countries representing all world regions and all levels of income and all settings and sectors. GNLI is also unique in its ability to provide participants with the leadership development opportunity within the international context and proximity to various international health-related agencies. This article refers to the first two GNLI programmes that have resulted in 60 GNLI graduates who continue to develop leadership capacity and utilize networks formed while attending the GNLI.

ICN has secured funding to continue the GNLI initiative for a further 3–4 years, and so GNLI will continue to build global nurse leadership at the strategic level.

Keywords: Evaluation, Executive Nurse, International, International Council of Nurses, Leadership Characteristics, Leadership Development, Learning Needs Analysis, Participant

Correspondence address: Paddie Blaney, All Ireland Institute of Hospice and Palliative Care, Education and Research Centre, Our Lady's Hospice, Harold's Cross, Dublin 6w, Ireland; Tel: 0035314912948; Mobile: 00353870995875; E-mail: pblaney@aiihpc.org.

At time of writing Blaney was ICN Nurse Consultant: Nursing and Health Policy and facilitator of GNLI. She moved to her present post in May 2011.

The International Council of Nurses (ICN) and its member National Nurses Associations have for some time recognized the need and potential for a global level leadership development opportunity for senior and executive level nurses.

ICN has an international health policy influencing role evidenced most clearly in its role at the World Health Assembly (WHA) each year. The WHA is the decision-making body of World Health Organization (WHO). It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. ICN has for some time sought to mobilize and support senior nurses' leadership contributions and interventions at this and other global level activities.

The need for more senior level global development was also increasingly evident through ICN's experience in the delivery of leadership development programmes including the highly valued national level leadership development programme: *Leadership for Change* (LFC). ICN has been delivering LFC for nearly 15 years and nurses in over 60 countries have undertaken the programme. Over 30 countries continue to deliver the programme across all world regions and ICN works closely with these countries in the ongoing leadership development of nurses at the national level. In addition, the ICN programme *Leadership in Negotiation* was developed to help build the capacity of senior nurses in National Nurses Associations and has been delivered across different world regions.

Various national and international studies and reports have also echoed the need for nurse leadership. For example, in 2006 Sir William Wells who chaired the advisory group of a study commissioned by the Burdett Trust '*Who cares, Wins*' commented that critical to the success of patient care in the future would be the preparation of nurse leaders. The study identified the need for development that:

- provided nurse leaders with the skills, confidence and tenacity in the boardroom,
- gave them a sophisticated grasp of the organizational and political context of care,
- exposed them to new ways of doing things, and
- gave them a real understanding and belief in the shift to primary health care (Burdett Trust for Nursing 2006).

The World Health Report *Now More Than Ever* (2008) also echoed the need for new forms of leadership for health. More recently, Gallup (2010), in a study commissioned by the Robert Wood Johnston Foundation, examined the views of nursing and nurse leadership among (USA) opinion leaders and identified the need for nurses to make their voices heard, commenting that nurses should be held accountable not only for patient care but also for healthcare leadership.

It was clear that the ICN, as the world's first and widest reaching international organization for health professionals and building on its track record in leadership development, was in an ideal position to provide an annual leadership development programme for senior and executive nurses worldwide in order to help build capacity and increase the pool of strong nurse leaders available to undertake senior roles at national, regional and international levels.

A high level advisory committee was convened to oversee the design and development of the programme, to undertake selection and to advise on evaluation. The Global Nursing Leadership Institute (GNLI) was established and the first programme ran in September 2009. ICN plans for GNLI to be an annual leadership development programme, delivered in English at a venue near Geneva, Switzerland.

This article refers to the design, format and broad outcomes of the GNLI programmes that ran in September 2009 and 2010. The article outlines GNLI's strategic objectives, funding, action-learning approach, participant selection, programme design and development needs analysis. It also provides information on the GNLI programmes participant profile, leadership development teams (LDTs), environment and evaluation.

Strategic objectives

The GNLI offers an advanced leadership programme for nurses and/or midwives at senior level and executive positions in developed and developing countries across the world. The programme, drawing on the expertise of international faculty, allows participants to review and enhance their national and global leadership knowledge and skills within a collaborative and stimulating learning culture.

ICN has considerable experience in developing leadership skills through its two well-established programmes: the *LFC* and the *Leadership in Negotiation* programmes. It was intended that the purpose of the GNLI was to address strategic level leadership development as opposed to more technical leadership skills development.

A number of limitations in running such a leadership development programme effectively were recognized:

- Achieving core change and development is challenged by the sheer logistics and cost of participants from (up to 30) different countries and world regions converging in one venue for a 6-day programme.
- The diversity of language proficiency (for many participants English was not the first language) challenged the quality and effectiveness of engagement and exchange.
- Different cultural backgrounds and their impact on health and nursing at the national level added complexity.

These very limitations, however, also provided unique opportunities where participants worked to overcome these challenges, enhancing their own leadership skills and changing their observ-

able behaviours and attitudes. The resultant GNLI experience is, we believe, unique in terms of senior nursing development opportunities available globally.

Strategic outcomes that might realistically be achieved through attending the GNLI were identified by the GNLI Advisory Committee. These were that a participant would:

1 be better equipped to build strategic alliances within their organizations, among national and international, public and private institutions, and across relevant professions and sectors,
2 through self-assessment, identify their own leadership strengths and areas for improvement,
3 acquire a deeper understanding of global healthcare challenges,
4 be better positioned to effect positive policy change at the local, national and global level,
5 be better equipped with strategic planning and thinking skills,
6 be better equipped to take on higher leadership roles nationally and globally, and
7 develop lasting international leadership networks with Institute faculty and participants.

In order to achieve these strategic outcomes, ICN identified the following objectives for the design of the GNLI:

- Input from international health leaders and participant engagement in related activities, thereby enhancing learning about global health challenges.
- Use individualized personality preference feedback to further develop personal leadership capacity.
- Engage in activities to develop communication skills and give a focus to healthy leadership.
- Provide opportunities to learn from and provide support to each other as senior international peers.

More detailed information on the design and elements of the GNLI programme is provided below.

Funding arrangements

Establishing the GNLI required funding support in order to provide a suitable venue, to attract international speakers, to have specialist input, to provide appropriate materials and to have appropriate administrative support. In addition and cognizant of the financial challenge for colleagues in senior and executive nurse roles particularly in low- and middle-income countries, ICN was keen to secure funding for at least ten participant bursaries which would include return airfares. ICN was delighted to have a funding partnership with Pfizer International in 2009 and 2010. Subsequently, ICN developed a 3-year partnership with the Burdett Trust for Nursing for a further 3 years of funding and ongoing year to year support from Pfizer for the initiative. The funding partnership subsidizes the total cost of the GNLI, and subsequently the fee for attending non-bursary participants has been kept at a competitive rate in comparison to similar high-level leadership development opportunities.

Action-learning approach

Literature supports the approach for such a development programme being based on an action-learning approach. ICN's own experience in the *LFC* programme supports the value of action learning in leadership development (Shaw 2007). Shaw holds that attributes and behaviours can be developed and new skills learned with such an approach; citing Posner & Kouzes (1996) who showed that leadership is an observable, learnable set of practices and that this is reflected in action-learning-based leadership development programmes. In a later text, these authors appear to suggest that just as significant is the openness to learning:

> The truth is that the best leaders are the best learners. (Kouzes & Posner 2010, p. 133)

Similarly, Ulrich et al. (2008) refer to the need for leaders to be 'curious', to see the world not as it is but as how it could be. They cite Lombardo & Eichinger (2000) in relation to 'learning agility' – authors who found that leaders who learned quickly and well, applying new ideas to current problems, succeeded not only in the short but also over the long term.

Other research into how chief executives learn reinforced the case for using action-based approaches (Beamish 2005). Toegel and Conger (2003) reference the work on how adults learn, confirming the power of action-learning experiences when developing complex skills such as leadership. They refer to different types of knowledge, procedural (that is tasks that can be accomplished according to a clear set of procedures) and declarative knowledge (involving the ability to develop principles and concepts to explain complex events, Clark 1992). They explain that we use declarative knowledge (in the business context and applicable in the healthcare context) when we are in a leadership capacity, for example, leading people through organizational change or formulating a strategic vision. These they say are complex situations with many contingencies and no one situation is likely to be identical to the next. For this procedural knowledge is of little use, rather the leader must detect patterns, make creative connections and formulate in the moment theories of action. In learning declarative knowledge they identify that:

> The more frequently individuals can successfully link events that are seemingly unrelated – but actually similar- to the new problems they are addressing, the more they are able to produce creative solutions. (Conger & Toegel 2003, p. 110, cited in Murphy & Riggio 2003)

Table 1 Percentage of applicants and participants by WHO region by GNLI 2009 and GNLI 2010

WHO regions (WHO 2011)	*% GNLI 2009 applicants*	*% GNLI 2010 applicants*	*% GNLI 2009 participants*	*% GNLI 2010 participants*
Africa (AFRO)	38	28	20	23
The Americas (PAHO/AMRO)	30	42	33	27
Eastern Mediterranean (EMRO)	9	5	10	10
Europe (EURO)	7	7	7	13
South East Asia (SEARO)	2	9	7	17
Western Pacific (WPRO)	14	9	23	10
	$n = 86$	$n = 57$	$n = 30$	$n = 30$

GNLI, Global Nursing Leadership Institute; WHO, World Health Organization.

This explanation resonates with the leadership required of senior and executive level nurse leaders in the complex world of health and nursing. Thus, action learning and creating opportunities to 'link events' was a central tenet of the GNLI, and it guided a number of the activities in the GNLI programme including the small group work which is explained in more detail below.

Participant selection

Aimed at senior and executive level nurses in a range of positions and settings in developed and developing countries across the world, selection for the GNLI development programme is by application. The GNLI Advisory Committee forms the selection panel and they review all applications against a set of established criteria that include being at an appropriately senior level in their country, previous leadership and/or management education and experience and, crucially, demonstrating capacity and motivation for undertaking senior leadership development, and having a visionary picture for the future of nursing and health in their country.

At selection the panel members are not aware of the names or other biographical detail of applicants. Of the pool of potentially suitable applicants, the committee's decision on the final 30 successful applicants is based on creating the most diverse (country and professional background) GNLI cohort. This is an important aspect of the learning environment we sought to create for the GNLI and appears to have been one of the elements that GNLI participants most valued in terms of the GNLI learning experience:

> I consider it {GNLI} an opportunity of a lifetime . . . I found myself among a group of nurse leaders, some from countries I know only on the map. . . . I was thrilled, and from day one borders dissolved, and I learned the real meaning of collective work among cultural diversity, and surprisingly it was not difficult at all. . . . We moved from one activity to another, the more experienced supporting the less experienced. . . . It felt like we were speaking the same language. . . . The amount of exchange was tremendous, and at times we felt totally out of our comfort zones, but at the same time well grounded. (2010 GNLI participant)

Participant profile

Both 2009 and 2010 GNLI participants came from a variety of professional backgrounds and positions including chief nursing officers, presidents and officers from national nursing organizations, directors of nursing, deans, professors and associate professors, executive officers from regulatory bodies and senior level practitioners from speciality service areas.

There was a broadly similar profile of both groups of applicants and participants in each year in terms of:

- Average years of experience for applicants were 23 years in 2009, 25 years in 2010; and for participants the average years of experience were 27 years in 2009, 26 years in 2010.
- Average age of applicants in 2009 was 48, in 2010 was 50, while the average age of the participants was 51 in 2009, 52 in 2010.
- The female to male gender mix of applicants in 2009 was 71:15, in 2010 it was 46:11, while the resulting female to male ratio in both 2009 and 2010 GNLI participants was 27:3.

A total of 86 applications were received in 2009, representing 38 countries from which the 30 participant cohorts represented 23 countries. In 2010, a total of 55 applications were received representing 22 countries, from which the 30 participant cohorts represented 20 countries. All world regions (as defined by the WHO) were represented in both applications and in the final participant cohort as illustrated in Table 1.

Development needs analysis

For the design of the GNLI programme, it was important to consider the development needs of senior and executive nurse

leaders. Early in 2009 when preparations for the first GNLI were taking place (for example, inviting international faculty), it was not possible to carry out any kind of development needs analysis as the initial participant cohort was not identified until May 2009. The expected outcomes identified above clearly made assumptions of the types of development needs recognized as being important for senior and executive nurse leadership. This was based on findings from the literature, the judgement of the GNLI Advisory Committee as well as ICN's experience of senior level leadership development in the *LFC* programme. While the programme would be based around an action-learning methodology, the GNLI programme needed to try and meet the development needs of senior and executive nurses from low-, middle- and high-income countries, from a variety of settings and from a variety of types of health systems. An added complexity was the potential for 30 individuals possibly with different preferred learning styles, different levels of exposure to strategic leadership experience or opportunities and different personalities.

There would of course be a number of constants: health system reform was happening to a varying extent worldwide; financial challenge including the emerging global financial crises was a reality for most senior and executive nurses; further workforce shortages; the burden of chronic disease and the move to more primary healthcare approaches were shared features of health systems worldwide, although with vastly different starting points. Other factors likely to be of importance included challenges of meeting the millennium development goals, professional regulation, education and training developments, conflict situations, impact of disasters, and so on.

With this myriad of contexts in mind, we were guided in programme design by the strategic objectives identified earlier, and we planned to have a flexible approach that would respond to additional need as this emerged from the participants attending the GNLI.

Once the participant cohorts were selected and confirmed, we had an opportunity to carry out a broad development needs analysis. For this we amended a self-assessed leadership characteristics tool (amended from the version used for the ICN *LFC* programme). Two examples of the leadership characteristics are political skill and accountability described in the tool as follows:

Political skill: that is that the leader understands and manages differing and conflicting goals and behaviours of different stakeholders; understands connections between events and factors that influence the organization; plans and implements effective strategies; uses networks effectively, selects and uses the best mix of talent and personnel to achieve goals; understands the impact of broader political environment and how to work within it.

External awareness: understands how external factors affect the organization and its future (e.g. political, economic and social factors); is informed on laws, policies and priorities; uses this information for planning, policies and decisions; is oriented to client needs; has skills in environmental scanning and analysis; keeps up to date with political/economic/social trends.

The leadership characteristic self-assessment tool was sent to all participants (along with other relevant information in a comprehensive participant information document) some 2 months prior to the GNLI. Participants were asked to consider each leadership characteristic and assess the level of their personal development need – this was to be returned prior to attendance at the GNLI, and feedback from the collated results provided valuable rationale in the GNLI introduction sessions. Thus, each participant assessed themselves to be 'well developed, need some development or need a lot of development' in each of the 20 leadership characteristics.

Collating this information for the cohort provided valuable profile information in relation to the relative spread of development need. To explain, if a participant was self-assessed as well as developed in a leadership characteristic, this scored three points. If a participant was well developed in all 20 characteristics then the optimal score would be 60. Thus, the total score for each participant of all leadership characteristics indicates the spread of development need in the cohort. From this information, there was a slightly differing profile in the 2009 and 2010 cohorts. The 2009 participant cohort tended towards the well developed while the 2010 cohort had a more even spread of development need, see Fig. 1 below.

It is recognized that as a self-assessment exercise the leadership characteristics tool results cannot be taken as a definitive indication of the level of competence of each participant in each characteristic. It does however have value in terms of indicating self-identified areas of development need. Utilizing a 360° assessment tool would have been preferable but was not feasible in view of a number of factors including cultural considerations, lack of widespread understanding and experience of such tools and inconsistent electronic accessibility. As electronic access and

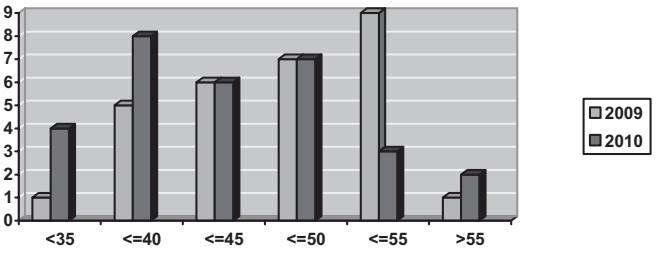

Fig. 1 Total development need score across all 20 leadership characteristics (2009 and 2010).

awareness of such tools increase, this is a tool that could increasingly be utilized to assist leadership development in GNLI participants.

The leadership characteristic self-assessed development need information also helped identify the relatively better developed and needing most development characteristics. This helped decide the focus to give certain elements in the programme design. Collation of the results illustrated similar 'well developed' and similar 'need a lot of development' leadership characteristics in each cohort. See Table S1 for the top 'well developed' and top 'need a lot of development' leadership characteristics for each of the cohorts.

Programme design

Cognizant of the need to design a programme that would meet all the differing needs identified, and to achieve the seven expected outcomes, a number of programme components were required:

- Sessions from international speakers providing external health and nursing perspectives as well as demonstrating personal leadership styles – speakers were specifically asked to draw out policy-related experience and to comment on the political skills they found useful in achieving change in their own experience.
- Individual personality assessment sessions (involved completing an online personality inventory prior to arrival at the GNLI).
- Individual development planning – this helped participants look at up to three areas they personally wanted to develop as well as to consider strategies to achieve such development.
- Site visit – observing how international agencies work – this helped participants to consider policy influencing activities and increased their knowledge of the instruments of global policy development. A number of international agencies were visited where participants were able to appreciate how international agencies worked and how they related to member countries. Both cohorts also visited the ICN office in Geneva, which appeared to have been very valuable for many participants.
- Strategic planning skills sessions.
- Networking and personal reflection sessions – participants were encouraged to consider how they would use their new networks to improve how they worked politically.
- Evaluation session.
- LDT sessions – these sessions enabled more in-depth networking and exchange.
- Healthy activity sessions.

Some sessions were in the form of presentations, others interactive work sessions, others were skills building sessions and some were a mixture. A variety of techniques were used to supplement the impact of the sessions including open discussion, group work, feedback sessions, watching relevant video clips and listening to relevant podcasts and other activities. Healthy activity sessions included gentle physical exercise as well as more meditative relaxation exercises – these were to help participants reflect on the importance of the work–life balance challenges of senior leadership. Participants also enjoyed more informal interaction with invited guests at mealtimes.

Leadership development teams

LDTs provided opportunity for small group learning. These proved particularly beneficial for participants as illustrated in the evaluation feedback received following both GNLIs. See also the article in this issue of *INR* submitted by one of the LDTs in relation to one LDT group at the 2010 GNLI.

ICN views the GNLI as a learning community where the participants and faculty are both teachers and learners – each has knowledge and insight to add to the learning process. The LDT was an important part of establishing the learning community. It provided the setting for much of the action learning that took place. There was no designated leader as all members had to share the leadership role operating by consensus. The facilitator's role was to establish diverse groups (country, region, professional background and years of experience) and provide relevant action-learning activities. Participants were reminded of the following definition of action learning:

> Action learning is a process of reflecting on one's work and beliefs in a supportive/confrontational environment of one's peers for the purpose of gaining new insights and resolving real business and community problems in real time. (Dilworth & Boshyk 2010)

In the 2010, GNLI's focus was given to work on the country profiles. In the participant information pack sent to participants prior to attending the GNLI, each participant was required to complete a two-page country profile detailing similar items of information regarding health and nursing in their own countries including:

- the country's heath system and how it is funded,
- identification of any current or planned health system reform,
- a number of national data items; population, gross national income, life expectancy,
- number of nurses and number of doctors in the country, and
- key issues facing the health system and nursing in the country.

On the day of arrival at the GNLI, participants were asked to review all country profiles but to specifically consider the country profiles of the members of their LDT. In subsequent sessions, some simple group exercises were engaged in to help develop the group and build relationships. Later in the programme, the LDTs were given a specific task to consider and discuss key issues in relation to their respective countries with a view to providing a short presentation later in the week. The key

issues were the areas of convergence and divergence in terms of both health challenges and nursing in their respective countries. LDTs were also asked to consider what aspects might lead to collaboration following their attendance at the GNLI.

Participants appeared to value highly this group work task as it led to purposeful discussions in relation to senior leadership challenges and opportunities.

GNLI environment

An important consideration was the learning environment. Creating an environment that was comfortable and conducive to knowledge and experience exchanges and discussion was the aim. The balance in choosing a venue was between being near Geneva and the international agencies and securing a fairly intimate environment where participants could feel comfortable and build friendships and networks. Both GNLIs to date (2009 and 2010) have been held in small more rural venues, which the participant group was able to treat as their home for the duration of the Institute week but was accessible to visiting some international agencies in Geneva. The choice of venues appears to have been appropriate as both GNLI cohorts scored the venue at 8.4–8.5 out of 10 as a learning environment in end of week evaluations.

Evaluation

ICN recognizes the importance of evaluating the GNLI initiative; however, evaluation of leadership development activity is notoriously challenging. Hannum et al. (2007) concur that leadership development evaluation is a complex, culturally sensitive and often politically charged endeavour.

Given the unique nature of the GNLI initiative, there were limitations in the scope and nature of the evaluation techniques open to ICN. While observing the participant in their leadership capacity when 'back on the job' may have been very valuable in terms of evaluating 'core' behaviour changes, this would clearly have been prohibitive to ICN in terms of financial and human costs. These reasons would also prohibit more effective multicultural evaluation. Hannum et al. (2007) comment that in relation to multicultural evaluation, proper data gathering, synthesis and interpretation require more than applying a set of tools. In addition, leadership development as a complex process may not take place over a short period of time. That is if the GNLI is to elicit core behaviour and attitude change – this may only take place over a period of time following attendance at the GNLI. Conversely, the longer the time lapse between the development experience and changes occurring, the more difficult it would be to claim the change was a result of the development experience itself in light of intervening variables.

Hannum et al. (2007) provide the following guidance on evaluation:

- Involve stakeholders.
- Design the evaluation before the initiative is implemented.
- Clarify outcomes to the extent possible.
- Discuss the purpose of the evaluation.
- Use multiple measures to gather information from multiple perspectives (Hannum et al. 2007, p. 565).

The evaluation strategy designed to evaluate the GNLI initiative endeavoured to follow this guidance although the strategy remains under review. Following discussion with the GNLI Advisory Committee, a review of the literature on evaluation and research advice, the evaluation strategy for the GNLI involves two stages. The strategy aims to have a number of levels of feedback as recommended in the literature on evaluation.

In the first stage evaluation, participants were given approximately 45 min at the end of the week to complete a paper-based tool which included both qualitative and quantitative items covering GNLI marketing materials, the application process, pre-attendance preparation required, perceived value for money, description of experience, programme aspects, rating of the learning environment and learning experience, desired achievements, unmet expectations, an opportunity for other comments and an individual GNLI session assessment in terms of how useful the session was for the participant.

The second stage evaluation took place following the attendance at the GNLI (6 months following 2009 GNLI and 3 months following 2010 GNLI). This was in electronic format and again included both quantitative and qualitative items. Twenty-eight of the 30 2009 participants returned the second stage evaluation. Participants from 2010 are still responding to the second stage evaluation at time of writing. The second stage evaluation is in three parts:

Part 1: involved Likert-type scale questions regarding achievement of expected outcomes and effectiveness of GNLI objectives

Part 2: involved repeating the leadership characteristics self-assessment indicating the level of development need against the 20 leadership characteristics following the GNLI experience

Part 3: involved the participants reflecting on any progress they had made in relation to the intermediate and longer term goals they individually stated in their GNLI application

A summary analysis (100% response rate for both GNLI cohorts) of the first stage evaluation has given some valuable indicators for the organization, selection, planning and design of the GNLI, and it would appear that participants viewed the GNLI programme as a valuable learning experience, as 77% (2009) and 84% (2010) placed attendance at the GNLI in the top third of all the learning and development activities they had undertaken to date.

The first and second stage evaluations for GNLI 2009 and GNLI 2010 produced a great deal of quantitative and qualitative data. These data are being independently analysed. Included in this analysis will be guidance on the best format and content for

ongoing GNLI evaluation. The independent analysis will also help to inform what elements of the GNLI experience have been most effective and where the programme could be enhanced.

Future evaluation efforts (while challenging and resource intensive) could involve making use of structured interviews at a set period or periods following the attendance at the GNLI. Interviews could include relevant stakeholders as well as the participant. Lastly, reflections on the impact of change as perceived by the participant and their peers may also have value in terms of assessing GNLI leadership development programme, as can be seen in the following quotes from participants some 6 months following the 2010 GNLI:

> The 2010 GNLI was one of the best professional/educational experiences of my career. It is amazing how many times I may do something differently or view something from a more inclusive perspective based on my GNLI experience. (2010 GNLI participant)
>
> and
>
> My journey though GNLI 2010 was a life time learning experience!! The impact of the programme started to show immediately during the programme. . . . I my self started to talk, think, and act differently in a very positive way. My co-workers and friends keep saying: what did they do to you in Geneva! You are different! You are amazing. Keep it up. (2010 GNLI participant)

Conclusion

Senior and executive nurse leadership development is an important aspect of influencing health and care policy and in achieving the best outcomes for the well-being of populations in all countries. The GNLI leadership development programme delivered annually by ICN provides a unique and valuable opportunity to develop leadership capacity and to build international networks. Providing the right environment for leadership development and achieving a diversity of participants is vital to securing the best possible leadership development experience. This article has outlined the components of the GNLI programme and provides some initial feedback on the value of the leadership development experience of attending the GNLI. Attracting funding support, to ensure that capacity to pay does not deter participation, is also important. Thankfully, ICN has secured funding support to continue to offer this unique leadership development opportunity. As further cohorts of senior and executive nurse leaders participate in the annual GNLI experience, an increase in leadership capacity and quality of leaders should become more and more evident. As senior and executive level nurses increase their global health knowledge and understanding and develop networks beyond their own countries, the impact of nurse leadership at the global level should also increase.

Acknowledgements

ICN wishes to acknowledge the valuable contribution of the invited faculty speakers and other contributors to the GNLI initiative. ICN also wishes to acknowledge the time and effort made by 2009 and 2010 GNLI participants in contributing to both stages of the GNLI evaluation. ICN also wishes to acknowledge the support and funding from Pfizer External Medical Affairs who co-sponsored GNLI programmes in 2009 and 2010.

References

Beamish, G. (2005) How chief executives learn and what behaviour factors distinguish them from other people. *Industrial and Commercial Training*, **37** (3), 138–144. *Emerald Group Publishing Limited*.

Burdett Trust for Nursing (2006) '*Who Cares Wins Leadership and the business of caring*'. Available at: http://www.burdettnursingtrust.org.uk/public/documents/who_cares_wins_031006_1.pdf (accessed 22 January 2012).

Clark, R. (1992) How the cognitive sciences are shaping the profession. In *Handbook of Human Performance Technology* (Stolovitch, H. & Keeps, J., eds). Jossey Bass, San Francisco, CA, pp. 688–700. Cited by Conger and Toegel 2003.

Conger, J.A. & Toegel, G. (2003) *Action Learning and Multirater Feedback: Pathways to Leadership Development?* Chapter 6. Lawrence Erlbaum Associates, Mahwah, NJ, pp. 107–125. Cited in Murphy and Riggio 2003.

Dilworth, L.R. & Boshyk, Y. (2010) *Action Learning and Its Applications*. Palgrave Macmillan, London.

Gallup. (2010) '*Nursing Leadership from bedside to boardroom: Opinion Leaders perceptions*' Robert Wood Johnston Foundation. Available at: http://www.rwjf.org/files/research/nursinggalluppolltopline.pdf (accessed 22 January 2012).

Hannum, K.M., Martineau, J.W. & Reinelt, C. (2007) *The Handbook of Leadership Development Evaluation. The Centre for Creative Leadership*. John Wiley and Sons, San Francisco, CA.

Kouzes, J.M. & Posner, B.Z. (2010) *The Truth about Leadership*. Jossey Bass, San Francisco, CA.

Lombardo, M.M. & Eichinger, R.W. (2000) High potentials as high learners. *Human Resource Management*, **39** (4), 321–330. Cited in Ulrich et al. 2008.

Murphy, S.E. & Riggio, R.E., eds (2003) *The Future of Leadership Development*. Lawrence Erlbaum Associates Inc, Mahwah, NJ.

Posner, B.Z. & Kouzes, J.M. (1996) Ten lessons for leaders and leadership developers. *Journal of Leadership Studies*, **3** (3), 3–10. Cited in Shaw 2007.

Shaw, S. (2007) *Nursing Leadership*. ICN Blackwell Publishing, Oxford.

Ulrich, D., Smallwood, N. & Sweetman, K. (2008) *The Leadership Code: Five Rules to Lead By*. Harvard Business Press, Boston, MA.

WHO (2008) *The World Health Report – primary Health Care ('Now More Than Ever')* Available at: http://www.who.int/whr/2008/en/ (accessed 22 January 2012).

World Health Organization (2011) *Definition of region groupings. World Health Organization website*. Available at: http://www.who.int/healthinfo/global_burden_disease/definition_regions/en/index.html (accessed 22 January 2012).

Supporting information

Additional Supporting Information may be found in the online version of this article:

Table S1 Top 'well developed' and 'need a lot of development' leadership characteristics (2009 and 2010)

Please note: Wiley-Blackwell are not responsible for the content or functionality of any supporting materials supplied by the authors. Any queries (other than missing material) should be directed to the corresponding author for the article.