

Special Article

Sustainable Nursing Leadership in Nordic Health Care Organizations

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Correspondence: Marianne Frilund. Associate professor. Department for Health. NTNU. Norwegian University of Science and Technology. Norwegian mafr@ntnu.no**Abstract**

This is a book review of a Nordic book: Leadership in Nursing: Experiences from the European Nordic Countries. Switzerland: Springer Nature. The book reflects and describes the nursing leadership of research, clinical nursing leadership and the leadership of nursing education from Denmark, Finland, Norway, Sweden and Iceland.

Key word: leadership, nursing, book review, Nordic country, caring.

Introduction

This theoretical paper aims to enhance and discuss leadership in nursing from a Nordic perspective. Leadership is as old as civilisation itself, and leaders from global organisations identified leadership as one of the leading professional priorities for nurses (GAPFON, 2014-2017; Midwifery, 2014-2017). Within changing health and social care, nurse leader have the opportunities to ensure that all people receive fairer access and high-quality health care and services (Hafsteinsdóttir, 2019; Quinn, 2020a). Leaders have to encourage that the service provided to the people and communities is designed to promote the community's needs. According to Hafsteinsdóttir (Hafsteinsdóttir, 2019), effective nursing leadership is critical for health services, with the aim to optimising cost, evaluating health-care and measuring quality in health care. Nursing leadership has been discussed from different perspectives, and we have chosen to highlight nursing leadership from nursing leadership in research, clinical nursing

leadership, and nursing leadership in education. Nursing leadership in all these areas has undergone considerable changes during the last decades in all Nordic countries, organisational changes in the health care sector, economic and political challenges are significant. Nursing research, education and clinical practices are depending on each other. By nursing research, education and training of nurses, clinical application health and social services can change to respond to numbers of healthcare challenges today. More care provided in the community, people live longer and the patients presenting with a wide range of complex conditions.

Thereby, this theoretical paper will be of relevance for reflection and discussion about nursing leadership over time. In this article, we want to discuss three nursing leadership perspectives: leadership in research, clinical nursing leadership and leadership in nursing education in the Nordic countries. The paper is based on and mainly reflects the book "Leadership in Nursing: Experiences from the

European Nordic Countries" by Hafsteinsdóttir (2019)

What is the nursing leadership? Quinn (2020b) describes leaders as those who can influence others. Leadership is a process of influencing an organised group's activities in its efforts towards goal settings and goal achievement. He also sees leadership as the art of mobilising others to strive for shared aspirations. Authentic leadership brings accountability and encouragement to the workplace and brings real meaning and power to employers (Frilund, 2015; Kostenbaum & Block, 2001). Nobody can thoroughly explain the idea of leadership, but we can explain the role of leadership (Ayman & Korabik, 2010; Frilund, 2015). The leaders' role is to change the processes and positively impact the qualities of patients' care. The nursing leaders must dare to take the initiatives and dare to fail. They must have the courage to leave what is familiar and try new working ways. A clinical leader can never achieve change on their own. It is through cooperation with their colleagues that positive changes occur. A leader promulgates a mission that supports their vision for organisational directions (Frilund, 2015; Hafsteinsdóttir, 2019).

Management and leadership are not the same things. A leader is not necessarily a manager, and a manager isn't necessarily a leader. Hafsteinsdóttir (2019) emphasises the importance of nursing leaders to be both leaders and managers to have the power to change reality.

Nursing Leadership over time in the Nordic Countries: We start the discussion and reflection with nursing leadership in research, then we continue with clinical nursing leadership within education, and finally, we discuss nursing leadership within education. In the book, each country has explained its development processes over time.

The nursing leadership of research: Strong academic nursing leadership shapes how research groups are set up and run, how roles are executed, and how resources are distributed in Sweden. The fact that academic organisations are characterised by academic freedom, collegiality and competence governance may cause difficulties in collaborations in the health care system, mostly from top to bottom, and democratic structures built into the system

(Kristensson & Hallberg, 2019). Academic nurse leaders must have ideas about building a creative research environment (Rahm Hallberg, 2019).

Nursing leadership in research and science is characterised by the rapid development and strong connection to health and social care organisations (Leino-Kilpi & Stolt, 2019). Nursing science in Finland is organised in five academic universities where each nursing science department has its profile and established research programmes. These departments will be led by professors in nursing and caring. Professors in nursing have cross-appointments in health care. Patient orientation has been fundamental in nursing research (Leino-Kilpi & Stolt, 2019). Nursing research has also focused on nursing leadership topics such as leadership styles, nurse staffing, and workplace culture.

Researcher (see Kirkevold, 2019) states that Norway needs to conduct clinically oriented research to develop effective nursing services that promote patient functioning. The following focuses have been (a) clinically-oriented research focusing on patient experiences and needs and nursing interventions; (b) system-oriented research concentrating on collaboration and interaction between professionals and service levels; and (c) competence development of nursing staff and new practice models to facilitate high-quality (Wøyen & Rannem, 2019). A stronger clinical focus in nursing research is essential and necessary to meet the increasing requirements of adequate and high-quality health care (Kirkevold, 2019; Wøyen & Rannem, 2019).

An author (Lomborg, 2019) in Denmark underlines that nursing science is a small but upcoming discipline, forming a health sciences part. Part of the research strategy focuses on strengthening nursing research capacity by including more research-trained staff (Hølge-Hazelton, 2019). The underlying approach in research is clinically relevant and participatory. For examples, Hølge-Hazelton (2019) demonstrates that research and development in capacity building are based on professional, complex, and theoretically based academic competencies that include perspectives from humanities' social sciences. Leadership in nursing science has been continued to be led by "the urge" to advance nursing practice in Iceland. Common foundation between clinical practice

and academia are intended to reinforce the likelihood of positive transitions and build mutual grounds for development and collaboration (Jonsdóttir, 2019). Promoting nursing practice through research endeavours is crucial in academia-clinic collaboration. Educational, research and economic growth are intertwined terms (Jonsdóttir, 2019). These terms are meant to lead the nation into a completely different society in the future. Iceland's experience shows that nursing research has flourished with easy access to nursing faculties. They are now conducting clinical research at a hospital.

The role of nursing leaders in research differs from country to country. Some countries highlight the importance of nurses taking a solid position to create a creative research environment. Others stress the connection between academia and health organisations. More focus is needed to strengthen the competence of nursing research staff. In all countries, the main focus in research is to improve the scientific knowledge about nursing and caring and its impact on patients outcome. That will be provided by nurses on taking leadership responsibility and their participation in research training. Island state, something that all countries can cover, research questions arise from conversations between clinicians and academicians. That is regarded as the most effective way of discovering research questions of importance to nursing practice, leading to excellence research programs.

Clinical nursing leadership: Nursing leaders at various levels within health care organisations play a crucial role in facilitating evidence-based clinical practice projects that ensure that patients receive optimal benefit from nursing interventions (Rahm Hallberg, 2019). There is a need to evaluate evidence-based practices and processes, activities, and the culture of continuous development from an evidence-based practice perspective. The nursing leader needs to include all health care professionals in the organisation, to make sure that they have the required knowledge and are aware of the organisational goals (Hommel, 2019).

We agree with Suhonen that there is a need for nurse managers to show strong leadership (Suhonen, 2019). Professional nursing consists of knowledge, skills, attitudes, and values in

professional nursing practise to promote patient care quality and efficiency (Leino-Kilpi & Stolt, 2019; Meretoja, Lindfors, & Kotila, 2019; Salminen, 2019). Although health care is considered a complex area with several different professions that should work together, systematic leadership of evidence-based practices using an interdisciplinary approach is not common (Hafsteinsdóttir, 2019).

Health leaders and researchers have faced significant challenges in collaborating on achievement in recent years. This collaboration can enhance the quality of both medical and nursing competencies. To maintain an established collaborative environment, we need qualified leaders and researchers to ensure high-quality patient treatment and nursing.

Researchers in Denmark (Finderup & Lomborg, 2019) describe the development of an intervention for dialysis choice based on shared decision-making. They concluded that the interaction between the clinical settings and the research settings must be close all the way; it should be an interactive process. The clinical practice needs to have a research programme focusing on clinical expertise (Finderup & Lomborg, 2019). The interventions identify the evidence base by placing the theory and modelling process and outcomes.

The hospital environment has been recognised as being too volatile for nurses due to unpredictability and relentless disruptions due to changes in technology, finance, or others. If leaders have a positive attitude to changes, the transition may improve these environments (Klinke & Jonsdóttir, 2019). Several benefits are obtained when collaboration between academia and the clinic is in place.

These goals result from nurses in management roles and leadership positions, working towards a change and the fact that the public recognises the benefits and importance of nurses' work as such.

The leadership of nursing education: During the 1970s, Sweden got a university nursing education reform. Collaboration between this first generation of academic nurse leaders took place early in the doctoral education environment. Academic nurse-leaders also encountered resistance from nurses, physicians and other faculty members. Overcoming this resistance became a significant and strategic issue for higher education leaders (Ahlström,

2019). Although higher education's relevance and importance have been acknowledged, there is a lack of research studies in educational leadership.

Nurses' competence is an essential issue in healthcare, as it is related to professional standards, patient safety and the quality of nursing care (Salminen, 2019). The higher education system is divided into two parallel sectors: universities of applied sciences (UAS) and universities. The universities of applied sciences are responsible for Bachelor degree in nursing education, when masters' degrees are offered at UAS. In Finland, higher-education in nursing are providing at five universities. The nursing research programs at universities were established at different faculties (Leino-Kilpi & Stolt, 2019).

Institutes of Nursing Science in Norway traditionally had a great emphasis on professional nursing practice, particularly leadership and education, but these areas were quietly being neglected as the more clinically-oriented research and master's education grew in importance (Bjørk, 2019; Kirkevold, 2019). Lack of attention to nursing education and nursing leadership in the master's and doctoral programs and research may have weakened the nursing profession and its ability to ensure high-quality nursing care (Kirkevold, 2019).

About 6% of Danish nurses have a higher academic degree either in nursing science, leadership, or general health sciences. Nursing science is a small but upcoming discipline, forming a part of Denmark's health sciences. Although the number of Danish nursing scholars is limited, academic nursing development in Denmark is rapidly growing. Compared to the other Nordic countries, Denmark was a late starter and has not yet reached a satisfactory academic nurse volume (Lomborg, 2019).

In Denmark, higher nursing education was established late compared to other Nordic countries. Iceland has had a nursing education since 1973, but without a curriculum. Nursing education has undergone some major curriculum reforms in 1976, 1992, 2004 and 2015 (Sveinsdóttir & Gunnarsdóttir, 2019). Today, Iceland has a 4-years bachelor degree in nursing education and nursing education at the master and doctoral level.

Discussion and Conclusion: Nursing is a valuable area and needs to be led by nurses with solid leadership competence. Nursing leadership is also critical in optimising cost, access, and quality in health care and bringing real meaning and power to employers within the area [1-3]. The Global Advisory Panel on the Future of Nursing & Midwifery GAPFON (Midwifery, 2014-2017) identified leadership as one of the leading professional priorities for nurses. They noted that solid leadership provides the foundation for advancing all other professional areas of nursing. The nursing leadership is to emphasise clinical nursing leadership and academic tradition.

The Nordic countries have developed their nursing education at bachelor, master and PhD levels at different times. The educational experience at various academic levels varies. Many Nordic countries have strengthened the link between research and clinical practice by offering nurses shared working conditions. According to Hafsteinsdóttir and her co-authors (Hafsteinsdóttir, 2019; Kirkevold, 2019; Leino-Kilpi & Stolt, 2019; Lomborg, 2019; Wøyen & Rannem, 2019), research should be based on practically relevant issues and be led by nurses with good leadership and research training. The GAPFON (Midwifery, 2014-2017) assume that nurses are well prepared to coach patients and develop evidence-based decision-making aids, but they have to strengthen their leadership and management competence. Nordic countries often look at their neighbouring countries and learn and see what works well and less well, motivating new nursing leadership processes.

Researcher (Hafsteinsdóttir, 2019) highlights clinical leadership and its importance for high-quality, evidence-based praxis in nursing. She and other colleagues point out that nursing leadership has undergone significant changes, but nursing leadership and management must still be strengthened in the Nordic Countries (Hafsteinsdóttir, 2019; Hølge-Hazelton, 2019; Jonsdóttir, 2019; Kirkevold, 2019; Leino-Kilpi & Stolt, 2019; Lomborg, 2019; Wøyen & Rannem, 2019). Iceland underlines that nurses in hospital environments had been recognised as being too volatile due to unpredictability and frequent relentless changes, such as technology, finance or other things. & Jonsdóttir, 2019). We need knowledge, and we have to understand nursing leadership from the perspective of both nursing

leaders and staff, especially to accomplish common goals and describe a complex and multifaceted process with people in the organisations and understand and develop their future working conditions and changes in the organisations. Research (Hafsteinsdóttir, 2019) states that the nursing profession is the largest healthcare professional group within the professional global health workforce. Nurse leaders play an important role in rapidly changing healthcare settings because nurses provide up to 80 % of patients' care.

Before the year 2000, Norwegian nurses had an organisational structure developed over decades that gave them an independent leadership position. The nursing management made staff decisions and decisions about recruitment, salaries, and policies concerning nurses. After structural changings in the hospital sector, nurses in Norway today have less formal power in the leadership hierarchy (Kirkevold, 2019; Wøyen & Rannem, 2019). Nursing leaders in the Finnish health care systems have a more defined formal role than in Norway. They are essential partners in developing health care at various levels of the organisations (Leino-Kilpi & Stolt, 2019; Meretoja et al., 2019). Norway and Finland show two different situations for nursing leadership. Nursing leaders must have a formal role as managers in the organisation to have the legal power to be leaders (Cabral, Oram, & Allum, 2019; Holm & Severinsson, 2019). A leadership performance model reveals that our actions as clinical leaders correlate with the actually leadership-situation. Leaders with long experience use language to recontextualise their leadership challenges so that their naturally correlated ways of being and acting can emerge, resulting in effective leadership (Cabral et al., 2019). Good management and leadership are critical factors for sustainable development and long-term success in all organisations. Many organisations are still struggling with quality problems, sick absence, and financial difficulties caused by poor top management (Suhonen, 2019). The development strategies that have worked well in the past do not necessarily fit future organisational structures (Hafsteinsdóttir, 2019; Lomborg, 2019).

Summary: We agree with Hafsteinsdóttir and all her Nordic colleagues. They emphasise that nurses need to strengthen their leadership competencies in health policy, academia, system

improvement, evidence-based practice, and competency in specific content areas. As we mentioned above, the nursing leader's role is to change the processes and positively impact the patients' care qualities.

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