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# Board editorial: The nursing profession and its leaders – hiding in plain sight?

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This edition of the journal is my last as a Board member. I was delighted when the journal editors and the Board asked me to lead this special edition, making the focus an international reflection on the work of nurses and some of the difficulties they face in the present and near future. The final product is several things. It offers insights into some questions facing the nursing profession in six countries and some European oversight. The questions raised are both interesting and challenging in that while they have echoes for us all, they are also situation specific. There are not, and do not intend to be definitive accounts of a particular nation state, and should not be seen in this light. Separately and together, however, they ask pressing questions of us all.

The subject focus of the edition was clearly prompted by a harrowing and very public debate about poor and neglectful health care exposed by the Francis (2013) report, in which nurses were publically criticised for their part in collective and clear failures in Mid Staffordshire, England. The profession's response and the situational circumstances that allowed it to happen are matters dealt with by several authors in this edition, but I would wish to note with disappointment the ease with which the UK Government, which presides over the health care system in England, has heaped the blame on nurses and other clinicians – it is unconscionable. The circumstances leading to Mid Staffordshire and other well-publicised cases of patient neglect have as much to do with repeated meddling by Governments in NHS systems and processes as with clinicians and local organisations. It takes courage to own up to this – something clinicians have done at least in part, but which Government and senior health care managers have yet to properly reflect on and admit their part. Their response, as usual, is to punish those most visibly accountable and ignore the significant contribution made by those running a flawed and badly managed system. At the time of writing this editorial, NHS England has announced that this incoherent system must be overhauled and brought together in a more sensible structure that embraces hospital and community care and recognises the equal role of both health and social care. Sadly, while in itself an excellent report (NHS England, 2014a), the system response will likely be on

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tackling affordability, and it is unlikely to exorcise the 'fiscal fiefdom mentality' of some of those who regard health care purely in terms of delivering a business.

In the UK, delivery of health care rests in great part with our much admired National Health Service. It is loved by people who use it, by the clinicians who work in it and, as we approach a general election, by politicians, who have all (without exception) declared this love by offering increases in money and workforce numbers. These declarations offer important insights into an inherent problem – the continuous temptation for politicians of all parties to criticise, reorganise and then re-structure health care services. The most recent manifestation in England is the Health and Social Care Act (2012) that has changed the commissioning and delivery of services towards those with clearly vested interests. Responses from Professional Associations and Royal Colleges have been muted, with one or two honourable exceptions led by the Royal College of Nursing (RCN) and the Royal College of General Practitioners (RCGP). This is lamentable and will come back to haunt us all in due course. Equally as disturbing is a European Parliament proposal (the Transatlantic Trade and Investment Partnership – TTIP) that will open up English health care provision to the predations of private health care companies in the USA and elsewhere, making us liable for the 'access and trading rights' of privateers (European Commission, 2014). Our much loved NHS is clearly at risk.

In this volatile and uncertain landscape, the nursing profession in England, as elsewhere in the world, has gone through significant changes. Now an all-graduate profession with increased confidence in research and independent practice, it appears that it is our professional leadership that is now of significant concern. In a recent public declaration, Baroness Audrey Emerton – our only nurse peer in the upper chamber of Government – suggested that ''I don't think we have our leadership training right at all'' (Stephenson, 2014) and went on to articulate some reasons why.

Influenced by undertaking research and development in practice settings, I repeatedly hear the view that senior nurse leaders, despite donning blue uniforms and 'walking the floor', are difficult to speak to and unapproachable.

Why might this be? The dislocation of these top nurse leaders from our own RCN is very disappointing, and although the RCN has tried to engage with the profession's leaders and leadership (see the establishment of the RCN Executive Nurse network (RCN, 2014)), this dislocation continues. Sadly for the profession, some of those who occupy our most senior nurse executive posts are actively aping general management models that embrace secrecy and elitism. It means that organisational reputation and corporate image override professional nurse leadership. For a clear articulation of where this leads, Ray Tallis describes a new set of loyalties for Doctors, a picture in which the ethical demands of the Hippocratic Oath have degenerated into ''first balance your books or cover your ass''! (Tallis and Davies, 2013).

This 'cosy club' mentality has doubtless contributed to the present problems in finding and keeping executive nurse appointments. The resolution lies within our own profession; no one but nurses can change it, and some senior nurses must now step up to the plate and help to prepare a next generation of leaders.

This special edition begins with a challenging presentation from Michael Traynor. At the heart of his paper is a discussion about 'nursing failures'. He leads us into an interesting debate about 'failure' and the contribution of systemic organisational problems and blame cultures. Our tendency to frame and understand nurse work within character-based moral terms reinforces the notion of individual deficit and work pressures. Traynor leads us to a place in which nurse work, although clearly a morally loaded activity, requires the development of 'critical resilience' by nurses; indeed, the importance of this concept for

the present workforce and the emerging next generation is obvious. His presentation of the work of 'unintentional blindness' by Paley is particularly interesting. Those searching for more analytical purpose than obliging nurses to mechanically use the '6 Cs' (NHS England, 2014b) would do well to read Traynor's article, its analysis and its propositions. Two commentaries follow this paper offering a response from Denmark and also from the UK.

Our second article is based on Irish experiences. Ireland was once considered a 'tiger economy' of prosperity; however, recent times have been less kind. In a country seriously damaged by the financial crash, the health economy has had to bear its share of financial pain. Wells and White argue that the consequences of this can now be seen in fewer commissioned nurse education numbers, salary reductions, staff shortages and nurses resorting to working two jobs to offset indebtedness and sustain their living standards. An emerging generation sees nursing as an unsatisfactory occupation, thus changing the country's tradition of nursing as a much sought after job. Ireland has also experienced investigations into the consequences of poor care and these, combined with poor staffing and an overworked profession, suggest more problems to come. Their own health system will bring more change, and nurses will be part of that. Other health economies (most notably the UK, USA and Australia), so reliant on exported Irish nurses and their well-regarded skills and expertise, will need to account for this in their own workforce equations. This is a case study in the helplessness of the profession to stand against economic hardships and the consequences that follow.

A third paper is presented by an Australian nurse philosopher Daniel Nicholls. Using an interesting approach by using himself as a case study he reflects upon and examines his own career, the events that preceded it and what might follow. His touch points are natural attitude, education and cultures in nursing. This paper re-surfaces some interesting aspects of nurse work in mental health but also in nurse work across all specialities. He asks us not only to consider how we imagine ourselves, but also how we are imagined by others. He raises the picture (now little talked of in England) of the internecine warfare of positivism in mental health (physical therapies and behavioural approaches) and those more disposed towards relationship development and 'caring'. This is characterised as creating relationships versus quantifying outcomes. His use of clinical supervision and its reflexive dynamic offers interesting insights. I believe that the desperate attempt by some to completely remove uncertainty and unpredictability from nurse work is preposterous.

A fourth paper, by Munier and Porter, looks at the association between safe staffing levels and patient safety in the USA through the lens of a 'political economy of evidence-based practice'. Using the lens of 'Marxist Political economy' it examines tensions between the competing interests of health care providers and clinicians in staff/patient ratios. Another tension arises in this paper, which is that of methodological reliability. The capacity of observational studies to persuade those who will fund the workforce is debated. In a period of time in which private health care providers actively seek to invest in UK health care in particular, this is a cautionary tale.

A fifth paper, from Pam Smith, takes a perspective on the Scottish health care system. In the United Kingdom, Scotland has undergone some national changes but has been spared much of the recent pointless upheaval of systems re-design seen in England. Smith offers a view on the uniqueness of this national context in which a core set of values has been set, and in which an 'Ombudsman' system offers oversight and governance. An argument emerges in which higher and safer standards embraced by care and compassion are employed to deliver care. Smith rightly asks the question about her own well-known work on 'emotional labour' and the delivery of nursing care, and wonders if care and compassion is still at the heart of

nursing care. Interestingly, in a small nation with more localised focus and oversight, the case is well made against top-down unwieldy systems run from the 'centre'.

The sixth paper, from Susan Duncan and colleagues, gives a Canadian view. Nursing in Canada has, like elsewhere, experienced waves of change in practice and working life. The paper focuses on leadership in the profession, and urges nurses to lead the way through proactive leadership and agenda setting. The paper is a reminder that the profession is in a place now that has been informed by reports and proposals gathered over a considerable time period. Nursing must keep its head and not respond piecemeal to new ill-thought-through policy initiatives. A sense of perspective and continuity is important – the paper offers a timely quote in its conclusion from Jane Robinson, in which she implores nurses to speak with passion and not hide failures in the workplace and the wider environment.

The final paper boldly offers us some European oversight – not an easy task. Mary Gobbi freely says at the outset that a European view is difficult to provide, but there are exemplars where the European Community (EU) has tried to address the European nursing community. The complexities of language and different health care systems makes pan-European work challenging. Using examples of 'Directives' on professional qualifications and nurse education, she shows how co-ordination, cooperation and strategic engagement are vital for engagement with EU business, and nurses are only scratching the surface in this activity. In the UK, where some believe that the EU offers only interfering paperwork rather than enabling processes, this is unattractive work. Having seen the positive impacts that EU Directives can bring to nurses in other member states, I must disagree. We might – and should – do more to play an active part.

We have asked – as is the normal practice for the journal – for review commentaries on each paper. The difference for this special edition is that the majority of the commentaries are provided by post-graduate students. It is they, after all, who are the workforce of tomorrow. This was a most interesting experience in itself for me as the special edition editor – the reader can judge for themselves!

I hope you will consider the interesting analyses and ideas that are seen here. It is a singularly important time to raise and inform a renewed debate within our profession about leadership and our challenges.

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