Global Nursing Management Conference

Empowering Nurses with Management Strategies to Effect Positive Change

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QUALITY AND ETHICS FOR NURSE LEADERS

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- **Ethics and dilemmas for Nurse Leaders**
- **Towards achieving EU's strategy for smart, sustainable growth in employment – opportunities for effective planning**
- **Bridging the difference between ethical decision-making and the boardroom**
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My presentation could appear to be based on the narrow concept which is that Quality and Ethics for nurse leaders are so intertwined that they hardly need scrutiny. It is the norm that proposals for development in health, whether in hospitals or community settings contain the word “quality” in some abundance but the same cannot be said for “ethics”. This leads us to question whether there is a difference between the two and if so, what is the difference? This will be explored further on.

At this stage it is appropriate for me to state that I am not an ethicist but I am a nurse who now reflects on a career in senior clinical and, later, in Board positions at national and European level. An active interest in education in healthcare led to a later appointment as Dean of a Faculty for Health and Social Sciences.

Early in my career, I started to keep name badges which I pinned to the discarded belt of a uniform after a change of employment. Nowadays, a change of employment does not necessarily mean a move to another place but relates to system changes within the health services in the UK and new job designs for which one has to re-apply. As I remembered this whilst writing, I looked at the badges that I had kept and noticed that only two made a specific reference to the responsibility for Quality and/or Patients. One was for the post of Director of Nursing & Quality and another for Director of Nursing and Patient Care Services. Similarly, it is apparent that no job description overtly states the expectation for the applicant to be able to lead effectively and ethically. Is it a coincidence that my personal interest in Quality and Ethics developed at that time? It prompted me to undertake a Master of Science degree at Birmingham University in Management of Quality in Health Care whilst working as Director of Nursing and Quality in the North of England.

Ethics and dilemmas for Nurse Leaders

The focus and content of the conference is timely. More than ever nurse leaders are being faced with challenges which test their abilities, skills, resilience and ethical values.

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Some of these dilemmas broadly relate to the following themes

- Economic situation: do more with less; fewer beds, more primary care; increasing cost of healthcare (technical advances, drugs, demographic changes)
- Professional expectations: graduate nursing fit for clinical, managerial, educational and/or research pathways
- Changes at European level: New and amended Directives: mutual recognition of professional qualifications 2005/36/EU now 2013/55/EU; Strategy for smart, sustainable and inclusive growth COM 2010[1] , recruitment and migration of staff and increasingly, migration and immigration
- Demographic changes: migration, immigration, longer life expectancies, ageing workforce and population

The strategies that are evolving from these changes and being reviewed need to be value based. The challenge for Board level Nurse Leaders is to remain a professional nurse as well as a respected Board member. This can lead to morphing into becoming a corporate manager who loses touch with the reality of nursing and thus forfeits the credibility of the nursing workforce.

Towards Sustainable Growth in employment – opportunities for effective planning

The EU Strategy for 2020 was launched in 2010 to create conditions for smart, sustainable and inclusive growth. A progress report on the achievement towards the 2020 targets was issued in March 2014[2,3]. It makes interesting reading but is also of concern. The five targets agreed by the member states affect many areas which also impact on health and social care policies:

[1] Brussels, 3.3.2010. COM(2010) 2020 final. COMMUNICATION FROM THE COMMISSION. EUROPE 2020 A strategy for smart, sustainable and inclusive growth.

[2] http://ec.europa.eu/europe2020/pdf/europe2020stocktaking_annex_en.pdf (accessed 11/11/2015)

[3] http://epp.eurostat.ec.europa.eu/portal/page/portal/europe_2020_indicators/headline_indicators/targets

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- *Employment: Raise the employment rate of the population aged 20-64 to at least 75% - at the time of writing the achievement is decreasing and is 6.6% below target.*

Impact: with the present heavy workload of nurses which can lead to physical and mental strain, will they be able to do the job until 64 years old?

- *Research and Development: invest 3% of Gross Domestic Product (GDP) in Research and Development (R&D) – the target is unlikely to be met due to low levels of private investments. Target is now 1% below expectation.*

Impact: This could lead to greater opportunities for funding nursing research. Involvement of nurses in Research and Development which, although significant in some areas, is still low and the nurse is often the token multidisciplinary person on the team.

- *Education (1): Reduce the share of early school leavers to below 10% - this is achievable but it requires sustained efforts. This is due to worsening employment prospects and conditions. Spain, Romania and Italy display high rate of early leaving. Other member states are likely to meet target.*
- *Education (2): Increase the share of the population aged 30 – 34 having completed tertiary education to at least 40% - only 4.3% separates the current EU performance from the 40% but some member states are more ambitious than others!*

Impact: the opportunities to develop widening access courses to graduate nursing programmes require time to develop and good liaison between clinical placements and universities. Widening access courses contribute to the development and retention of staff.

- *Poverty and social exclusion: Lift at least 20 million people out of the risk of poverty or social exclusion – given the harsh impact of the crisis, the European target on this seems out of reach.*

Impact: New and/or expanded roles for nurses working in primary care and public health can contribute significantly to address health issues arising from poverty and loneliness (depression etc.).

These targets, together with the present economic situation in Europe, impact on Board level decisions which often present dilemmas for nurse leaders. The nurse leader must be able to anticipate the opportunities which various scenarios might have

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on patients, their families and the workforce. It is a time to take opportunities to develop and/or review value-based strategies, new ways of working and, above all, invest in existing staff.

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It can be seen that Nurse Leaders are faced with dilemmas that require thoughtful consideration in decision-making that will affect patient care, workforce, budgets, colleagues, and last, but not least, their own positions. However, thoughtful analytical decision-making may require expertise and time which may not be available. Nursing cannot be immune to the effects of those changes. Leading effectively has been central to the job expectation of the Nurse Leader but no overt discussion on ethical leadership is made – it is implied only. Following catastrophic failures in a large hospital in the UK, the former Chief Executive of Marks & Spencer, Lord Stuart Rose, was commissioned by the Department of Health to review the management of the health service in England. The Rose report[4] was published in June 2015 and Triggle (2015[5]) summarises the three key issues that have been identified:

- There is a lack of vision and common ethos
- Vast changes are taking place without the necessary leadership capability in place to handle them
- A lack of support for front line staff, including nurses, to become managers

The 19 recommendations contained in the report have opened the door for action as well as reflection and will impact on all health professionals in the UK. However, prior to rushing to the computer to draft new strategies, it is time to recall the different meanings between quality, ethics and ethos.

Quality, Ethics and Ethos

In autumn 2015 the Chief Nursing Officer for England, Jane Cummings, unveiled a draft plan for a new Nursing and Midwifery

[4] Rose (2015) *Better Leadership for Tomorrow. NHS Leadership Review.* Department of Health
[5] Triggle N (2015) Strong leadership needed to ensure NHS makes savings Nursing Management 22.5.8-10 nm.rcni.com
[6] www.england.nhs.uk/compassion-in-practice.pdf

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Strategy. This was preceded by the publication of the "6 C's" in December 2012[6] which relate to compassionate care:

Caring	Communication	Courage
Compassion	Commitment	Competence

The 6 C's are a powerful tool for education and practice yet I view them as a simplistic approach which does not aid the professional status of nursing. As is the case with the UK's Nursing and Midwifery Council's Code of Conduct (the regulatory body), it does not make reference to Ethics. Also, it applies only to nursing and midwifery. Unless the whole organisation embeds these values into its work ethic their impact will not reach all services of the NHS.

These standards can be measured and assessed and contribute to quality outcomes but they omit to convey the deeper significance of ethics. As stated by Halis et al (2007)[7] "Differences between ethical expressions and quality expressions indicate a strong emphasis for a measurement of quality standards which are opposite to ethical codes. While ethics emphasises improvement of character or virtue and education, quality movement makes significant emphasis on techniques". Hence the 6 C's lack the envelope of a stated code of ethics which embraces and supports the quality standards.
The Rose report (see above) refers to Ethos which relates to the term of Ethic. The descriptions of the differences between Ethos and ethic are stated as follows:

Ethos is a related term of ethic. As nouns the difference between ethos and ethic is that ethos is the character or fundamental values of a person, people, culture, or movement while **ethic** is a set of principles of right and wrong behaviour guiding, or representative of a specific culture, society, group or individual[8]

[7] Halis M, Akova 0, Tagraf H (2007) The Relationship between Ethics and Quality: Conflicts and Common Grounds. Serbian Journal of Management 2 (2) 127-145
[8] www.wordreference.com

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Learning about Ethics in healthcare is touched upon in undergraduate study. Later, nurses involved in clinical audit and/or research become acquainted with the rigorous scrutiny of projects via ethics committees. The awareness of the importance of ethics is normally well understood in clinical settings but this becomes more opaque in managerial decision-making situations.

Bridging the difference between ethical decision-making (clinical) and the board room

The recognition that Nurse Leaders needed more than aptitude to lead as well as a good grounding in clinical and management skills had already begun to emerge in my thinking. This led later to the emergence of a Code of Ethics and Conduct specifically for Nurse Leaders.

Real-life example: ethical decision making in the Board Room

There are two general hospitals which are 64 km apart but under one management. Running costs are spiralling and one of the hospitals is under threat of closure. The Board looks at alternatives. The Director of Nursing outlines the potential of expanding the scope of practice of Nurses and investing in education. It is a fundamental change which entails amongst many other things:

- The board agreeing to spend before it reaps benefits
- Nurses to be prepared for development into Advanced Practitioner Nurse roles
- Working with medical and other colleagues
- Moving from inpatient to community (primary care) settings
- Introducing step-down wards led by nurses
- Liaise with the university to develop capacity for additional Advanced Nurse Practitioner courses (all at Masters level, including pharmacology leading to nurse prescribing)
- Involvement with the community
- Managing anxieties of staff

The outcome is a re-design of one hospital and its services.
The management of the transitional period from the old to the new requires particular attention as one has to be able to clearly demonstrate the added values of new arrangements as well as the measurable quality outcomes both from the human as well as the

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longer term financial perspective. All decisions must be underpinned by value standards and evaluation dates.

Contrary to a research project or clinical trial there is not one body in the United Kingdom of experts to judge the elements relating to ethics in new developments or actions which impact on staff or patients. The success or otherwise depends entirely on individuals who may or may not have had relevant training. I am not advocating that there should be an added layer of experts scrutinising the ethical approaches but as such developments normally affect a significant number of nursing staff, it is an added knowledge base which should be incorporated into post-graduate nursing leadership courses.

Key principles of ENDA's Proto-code of Ethics and Conduct

One of the purposes of ENDA is to have an active network and share best practices. Over the years it has become apparent that leading effectively is a key demand on the nurse leader of today. Chambliss (1996)[9] describes how nurses define and respond to ethical problems in their daily work and goes on to say that Ethics aims to answer the question "What should be done". It is a practical application and reinforces the need to have a tool such as the European Nurse Directors' Proto-Code of Ethics and Conduct[10].

The development of the Proto-Code was agreed by the ENDA Board. Consultation with members commenced in 2009 in Helsinki and the Proto-Code was finally launched in 2011 in Rome. The period of research leading to the publication led the authors to an article from Aitamaa E (2010) from Finland[11] which highlights that a code of ethics is not frequently referred to by nurse leaders when dealing with organisational challenges **unless** they have studied the subject of ethics **after** their initial nurse education.

A Proto-Code is the document of Origin. It informs conduct and ENDA's Proto-Code is secondary to countries' general code of conduct for nurses but it is primary for nurse leaders in supporting

[9] Chambliss D (1996) Beyond Caring: Hospitals, Nurses, and the Social Organization of Ethics
[10] www.enda-europe.com/publications
[11] Aitamaa E et al (2010) Ethical problems in nursing management: The role of codes of ethics. Nursing Ethics 2010;17:469

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and influencing ethical decision-making which Chambliss (1996) describes is a conscious reflection on our moral beliefs.

Nurse Directors' roles in Europe vary and one code does not fit all but a Proto-Code becomes the tool to make it fit to one's own country

I conclude with one of the key principles of the Proto-Code:

Nurse Directors are accountable both to the staff and general public for the initiative and resources they manage, acting with respect and according to the principles of distributive justice, equity, efficacy and efficiency

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