

Pacific Heads of Nursing & Midwifery Meeting

Réunion des directeurs des soins infirmiers et obstétricaux du Pacifique

NURSES TOGETHER: A FORCE FOR GLOBAL HEALTH

14 – 16 November 2023, Tanoa International Hotel, Nadi, Fiji

Strengthening Pacific Leadership

Professor Michelle Rumsey, Director, WHO Centre for Nursing, Midwifery & Health Development, University of Technology Sydney (UTS); South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA); Australian Midwifery Accreditation Council

Agenda Item N° 4.1

Nursing leadership needs to be strengthened in the Pacific to deal with the changing health needs, climate emergencies, and scarce resources exacerbated by the nursing migration crisis. Well trained leaders create an upward spiral in efficiency and effectiveness. Leadership can be promoted by appropriate training programs and a supportive environment. There are currently few opportunities for nursing and midwifery leadership development training in the Pacific.

The Pacific Leadership Program (PLP) ran over nine years and 137 nurses and midwives graduated from the program. Numerous benefits were identified, including developing personal agency and skill sets in participants, and progress towards Universal Health Coverage (UHC) through the projects undertaken. Graduates from the program reported career progression to senior roles including Health Minister and Chief Nursing and Midwifery Officer (CNMO).

Government and development partner support can ensure that nurses can influence policy, facilitate the development of appropriate leadership programs across all levels including for clinicians, and support the development of communities of practice.

1. BACKGROUND

Pacific Island Countries and Territories (PICTs) were at the forefront of effective leadership during the COVID-19 pandemic. Regional nursing and midwifery leaders have provided high quality examples on a global stage about the benefits of nursing and midwifery leaders being involved in health policy development [1]. Given the move towards [Universal Health Coverage \(UHC\)](#) [2] and the need to meet the [Sustainable Development Goals \(SDGs\)](#) [3], research has shown the need for further developing nursing leadership in the region. Nurses and midwives need to develop the skills, knowledge and confidence to lead and shape health policy to optimise individual and community health both now and in the future [4].

Leadership can be promoted by training highlighted in the [WHO Strategic Direction for Nursing and Midwifery](#) and regional [Vital Roles of Nurses and Midwives](#), but there is currently little opportunity for nurses and midwives to participate in leadership development training in the Pacific. The [Pacific Leadership Program](#) (PLP) model has, however, been shown to be effective.

2. PROGRESS AND ACHIEVEMENTS

2.1 Achievements

Over the course of its 10 programs, there were 137 participants in the PLP. A study in 2017 – 2019 identified that 85% of graduates, known as Fellows, had assumed senior roles in nursing and midwifery. Fellows have implemented over 60 projects successfully in member countries, in areas such as succession planning, professional development, regulation, nursing and midwifery refresher training. Some individual career progression success stories are significant. 9 Fellows became Chief Nursing and Midwifery Officers (CNMOs), two became Health Ministers, and others attained regional positions with the Pacific Community (SPC), the Australian Department of Foreign Affairs and Trade (DFAT), the WHO and the Global Fund. In turn, they provide prominent role models for younger colleagues, long-term effective governance and management of the nursing and midwifery workforce, enhanced input to policy dialogue at national and international levels, and evidence based decision-making [5-7].

Numerous benefits have resulted from the program which have helped improved healthcare throughout the region, and contributed to significant progress towards UHC, particularly in the areas of accountability, quality, efficiency, sustainability and resilience [5]. These resulted from a

combination of enhanced skill sets, and directly from the outputs of the projects undertaken by the PLP.

2.2 PLP Outcomes

2.2.1 Increased personal agency

Participants reported that the culturally appropriate program enabled them to deepen their knowledge of skills beyond the framework of nursing and midwifery. The curriculum included: presentation skills, data literacy, capacity project planning, communication skills, negotiation, management, and policy development.

2.2.2 Better policy and practice

The participants felt the program had empowered them to make changes to architecture or to managerial practices. Fellows implemented projects in their home countries to address local priorities, for example, the development of new policies on partner access to antenatal care, thereby increasing uptake of attendance.

2.2.3 Durable partnerships and strong networks

The development of inter-island networks and Pacific-wide communities-of-practice between leaders in the nursing and midwifery professions was seen as supporting system resilience, system adaptability and preparedness for crises or emergency situations.

2.2.4 Greater regional and global influence

Increased confidence, peer support and partnership working has enabled nurses and midwives from the Pacific region to influence policy on a global, regional and national level.

3. CHALLENGES

3.1 Lack of leadership development at all levels

Research in the Pacific has consistently shown the urgent need for leadership development at all levels of the health workforce [4]. Other research also shows that health workers' skills, competencies, clinical experience, and expectations are often poorly matched to changing population health needs

including health security [6]. Health workforce development is needed to respond during climate related disasters. Developing good leaders will enable knowledgeable nurses to effectively lead and evaluate changes to practice. At the moment there is no structured leadership program available to clinicians across the region that is not tied to a tertiary level program.

The PLP model, while very successful, is necessarily limited to small numbers of nurses already working at fairly senior levels to enable smooth transitions into senior leadership roles such as those of the CNMOs. Although it is crucial that this program continues, there is the additional need to expand training to nurses and midwives who are working in clinical settings to enable them to work to their full potential scope of practice.

3.2 Human resources for health and migration concerns

Improvements in the quality of care are limited when nurses and midwives do not have the capacity for leadership and policy development. Lack of an appropriately deployed workforce and associated organisational and management challenges reinforce the importance of developing nursing leaders. Scarce workforce resources limit opportunities for professional or leadership development, this means there is a need for structured work based Continuing Professional Development (CPD) programs in clinical leadership to help build the confidence and competence of the workforce. Good workforce management is seen as enabling leadership development and without good leaders there cannot be effective management. An increase in the number of well-trained leaders will therefore create a cycle of increased workforce efficacy and hopefully begin to address some of the recent problems associated with the huge migration of Registered Nurses from the region.

4. FUTURE DIRECTIONS

Nursing leadership needs to be strengthened in the Pacific to deal with the changing health needs, climate emergencies and the nursing migration crisis. This can be promoted by appropriate training programs and a supportive environment. Effective communication channels are vital; nursing and midwifery leaders must be able to influence decisions. Sufficient resources for effective management and leadership development will lead to an upward spiral in effectiveness.

4.1 Recommendations for Governments:

- 4.1.1 Nursing leadership will need to be strengthened in the Pacific to deal with public health emergencies and the increase in disasters due to climate change. This includes identifying safe staffing levels and resource allocation.
- 4.1.2 Nursing leaders must have a seat at the decision-making table.
- 4.1.3 There should be succession planning within senior roles.
- 4.1.4 Leadership development programs should be funded, supported and resourced. These should be culturally appropriate and include presentation skills, data literacy, project management training.
- 4.1.5 Improving two-way pathways for communication between stakeholders (between ministries, management, practitioners and external partners) would lead to better decision making, healthcare policy development, and its implementation in the community.

4.2 Recommendations for development partners:

- 4.2.1 Funding for Pacific health leadership initiatives, including the PLP.
- 4.2.2 Funding for a needs analysis for the clinical leaders' program. Understanding the specific needs and priorities of the different PICTs in relation to clinical leadership development will ensure that leadership programs targeting clinicians can be effective and efficient.
- 4.2.3 There is a need for leadership development across all levels of the health workforce. Programs need to be developed that are accessible, attractive and useful. Where appropriate, they should be linked through micro-credentialing to tertiary level programs to encourage smooth transition across to higher education studies and to embed the practice of life-long learning in nurses and midwives.
- 4.2.4 Communities of practice should be developed for networking and learning.

5. REFERENCES

1. SPCNMOA, Rumsey M. Nursing leadership influencing global and regional policy: South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) 2008-2018'. In: Inaugural Pacific Heads of Nursing Meeting (PHoN); Nadi Fiji WHO CC, University of Technology Sydney; 2020. [http://refhub.elsevier.com/S2666-6065\(21\)00249-2/sbref0010](http://refhub.elsevier.com/S2666-6065(21)00249-2/sbref0010)
2. The UN High-Level Meeting on UHC 2023, Taking action for universal health coverage; 2023. [Available from <https://www.uhc2030.org/un-hlm-2023/>] (note see UN declaration)
3. Sustainable Development Goals Fund. Sustainable Development Goals 2016. [Available from <http://www.sdgfund.org/how-we-work>]
4. Rumsey M. Leong M. Brown D. Larui M. Capelle M. and Rodrigues N. Achieving Universal Health Care in the Pacific: The need for nursing and midwifery leadership. The Lancet Regional Health - Western Pacific 2021;19: 100340. <https://doi.org/10.1016/j.lanwpc.2021.100340>
5. Rumsey M, Iro E, Brown D, Larui M, Sam H, Brooks F. Development Practices in Senior Nursing and Midwifery Leadership: Pathways to Improvement in South Pacific Health Policy. Policy, Politics, & Nursing Practice. 2022;23(3):195-206. doi:10.1177/15271544221095768
6. World Health Organization. Health Workforce Development in the Pacific. In: Scoping paper developed for the Pacific Health Minister Meeting 2017, Fiji: WHO; 2017. [http://refhub.elsevier.com/S2666-6065\(21\)00249-2/sbref0068](http://refhub.elsevier.com/S2666-6065(21)00249-2/sbref0068)
7. Rumsey, M., Stowers, P., Sam, H., Neill, A., Rodrigues, N., Brooks, F., & Daly, J. (2022). Development of PARcific approach: participatory action research methodology for collectivist health research. *Qualitative Health Research*, 10497323221092350. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/10497323221092350>
8. SPCNMOA, & Rumsey, M. (2020). 'Nursing leadership influencing global and regional policy: South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) 2008-2018'. *Inaugural Pacific Heads of Nursing Meeting (PHoN)*. Retrieved from <https://www.uts.edu.au/research-and-teaching/our-research/who-collaborating-centre/news/inaugural-pacific-heads-nursing-meeting>