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Guest Editorial

## Fostering nursing leadership: An important key to achieving sustainable development goals and universal health care<sup>\*</sup>

### 1. Introduction

By 2030, the World Health Organization projects the world will face a shortfall of 18 million health workers (World Health Organization, 2016). This will be particularly dire in low resource settings, where the added complexities such as lack of basic equipment, essential medications, adequate facilities, and integrated systems place a larger strain on frontline health workers. These are complex challenges that require systems leaders. Systems leaders are integral to the cohesive functioning and delivery in this instance of health services. As systems leaders, nurses are the centerpiece of health care, making sure processes are functioning to meet the needs of patients. In addition, nurses directly and indirectly oversee all facets of care and are vital contributors to global health and health care delivery. Nurses not only provide essential services as front line providers, they closely interact with health care consumers, patients, families and other populations in various settings, and provide the greatest insight into the everyday workings of our healthcare system (Benton and Shaffer, 2016).

### 2. Nursing's invisibility

Despite nursing's numbers and influence, they are visibly absent or underrepresented from institutional advisory boards and committees, to policy arenas that influence healthcare delivery to millions, particularly in low resource settings (Davis, 2012; Shamian, 2016). The Non-Communicable Diseases Alliance has a Board of Directors that is comprised primarily of physicians devoid of nurses who ironically provide most of the patient care when it comes to tackling non-communicable diseases. Similarly, at major international conferences focused on global public health initiatives such as access to health care, prevention, and treatment nurses, who also predominately provide this care, are rarely included to present on nursing-led initiatives that improve quality of care (Davis, 2012).

In 2018, the World Health Organization appointed a new chief nursing officer, Elizabeth Iro, to be a voice for global nurses. Although a great step in advancing nursing leadership at the organization the position had been vacant since 2010. In addition, nursing is no stranger to the effects of gender inequality. As a

predominately female profession, the way nurses are treated in a particular society often transcends how women are treated overall (Summer, n.d.). These exclusionary measures individually and in concert both limit the adequate representation and leadership potential of nurses. It is important to note that transforming nurse leadership will take both societal and recognition within the profession to push for change.

### 3. Nursing and the sustainable development goals

Despite these challenges, nurses must be recognized and included as full partners with physicians and other health care providers in redesigning health care systems that meet the needs of populations in order to effectively achieve universal health coverage and the sustainable development goals. The sustainable development goals are 17 broad reaching goals with a universal call to action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity, including the call for universal health coverage (International Council of Nurses, 2017). Sustainable development goals are an opening for nurses to demonstrate how they can have an impact and how they can shape decision making processes and health care policies (International Council of Nurses, 2017). For the sustainable development goals to be successful, nurses and nurse leaders who understand, can disseminate and translate their contribution to health must be engaged and prepared to step up to the helm (International Council of Nurses, 2017).

### 4. A nursing and midwifery leadership development case example: the Partners In Health nightingale fellowship

Unfortunately, those who are closest to the frontlines of care are severely underrepresented in leadership and decision-making positions. In 2011, then president of the International Council of Nurses, Rosemary Bryant, stated, "at this time of health system redesign aiming to enable access and cost efficiency, it does not make sense for the World Health Organization to advocate for nurses to fully participate in the health care team at the clinical level, yet exclude them from playing their full role at the policy table." Eight years later, getting nurses to the table with an equal voice to that of their colleagues continues to be a challenge. An inter-professional approach inclusive of nurses at decision-making tables is vital to strengthening health systems and achieving universal health coverage. Leaving this voice behind creates an incomplete solution and is a failure to those whose lives are lost because

<sup>\*</sup> This editorial is part of an editorial series highlighting nurses' and midwives' contribution to achieving United Nations Sustainable Development Goals in the run up to 2020, declared by the United Nations 'the year of the Nurse and Midwife' (Griffiths, 2019; Squires et al., 2019).

of a lack of care. Regrettably, when nurses are promoted to leadership roles with decision making capacity, they often undertake these positions with-out adequate training, support or mentorship to lead and thus are ill-equipped to maximize their true leadership potential.

Recognizing the lack of nursing leadership capacity building programs, Partners In Health created the Partners In Health Nightingale Fellowship for senior and executive nurse leaders seeking the knowledge, tools, and need to lead at the highest level, and drive the executive decisions that affect their hospitals, health systems, and the Partners In Health organization as a whole. Partners In Health, an international non-governmental organization is considered one of the leaders in global health delivery. Founded in 1987 and headquartered in Boston, Massachusetts, Partners In Health works in 10 countries on 3 continents with a mission to provide a preferential option for the poor in health care by establishing long term relationships with sister organizations based in settings of poverty (Partners In Health, n.d.).

The program's inaugural year (2017–2018) had four fellows from Haiti (2), Liberia (1) and Rwanda (1) each actively working to develop and implement change in their respective settings but lacked formal guidance and foundational training on leadership and management. Fellows received foundational coursework in clinical and hospital management with a progressive development of critical analysis, health information systems, strengthening health systems, performance monitoring, evaluation and supervision, quality assurance, resources management, and customer relations. The two Haitian fellows, deputy chief nursing officers, were part of the nursing leadership of the largest teaching hospital in the country and the Caribbean. The Rwandan fellow, a nursing director, was an integral member of the continent's only cancer hospital and the fellow in Liberia, a nurse administrator, in the region's only public hospital has empowered and created a leadership team who has helped strengthen the nursing workforce through integrated mentorship and skills development.

During and after the fellowship, fellows have self-reported increased confidence in their leadership abilities to represent nursing at all levels. One fellow noted: "This fellowship has given me a voice as a leader. I like the fact that I have been able to participate in the decision making of my institution to promote best practice in nursing and provide direction." Fellows have sought to incorporate sustainable development goals within their own work by implementing leadership projects at their home institutions. Leadership projects have included decreasing burns in the operating room of a teaching hospital in Haiti, developing a management capacity building program for nurses in rural Liberia, improving attrition rates amongst pediatric oncology patients receiving care in Rwanda, and increasing advanced and basic life support certification of health care professionals by creating a systematic approach to effectively managing a code situation in Haiti.

All four fellows have become more engaged in the larger global nursing community including presenting at national and international conferences, initiating academic partnerships, speaking at high level meetings representing nursing and actively participating in online global nursing forums. Three out of four fellows have been promoted to higher leadership positions at their respective institutions. The fellowship is expected to begin its second cohort in May 2020.

## 5. Conclusion

In every country, community and region it is pertinent that people understand the need to develop strong leadership is critical (Benton and Shaffer, 2016). Nurses are best positioned to make

a health system stronger because they know their patients best – they are the closest to the patient. They understand the impact health systems or lack of systems have and are best positioned to develop solutions. It is essential that they not only be embedded into but at the forefront of leadership teams and develop solutions because of the unique perspective they bring that best represents their patients' needs. Just because only one of the sustainable development goals, #3 (Good Health and Well-Being), includes the word "health," it should not have one questioning nursing's role in the sustainable development goals. The answer is, quite simply, "In all of them."

## Conflict of interest

Melissa T. Ojemeni, Viola Karanja, Graciela Cadet, Angeline Charles, Sophia Abbasi, Cory McMahon, and Shelia Davis are employees of 'Partners In Health' a Boston based non-profit whose mission is to bring the benefits of modern medicine to those most in need. Partners In Health currently works in ten countries on 3 continents. Viola Karanja, Graciela Cadet, Angeline Charles and Emmanuel Dushimimana are recipients of fellowship awards from the program.

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