LEADERSHIP IN ACTION

A Learning Module for Nurses in General Practice
June 2012

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Disclaimer

The intended audience for this education module is general practice nurses; its content has been developed to assist nurses to develop their leadership skills and experience to improve the health outcomes for their patients and to support the general practice. This publication has not been designed for use as a resource by the general public.

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If you examine the history of nursing, you will find that even from the very beginning Florence Nightingale was able to demonstrate exceptional leadership under very difficult conditions. She was able to provide patient care, reduce death rates, collect statistics, implement systems, improve quality, initiate cost control, improve documentation and train nurses. Above all, Florence Nightingale was able to influence policy at a very high level by writing, lobbying and being politically active. In essence, a woman living at a time when women lacked social equality was able to change the way the world thought about and delivered health care—a leader whose vision for nursing is still as relevant today as it was 150 years ago.

Nurses working in general practice face challenges every day, maybe not quite as onerous as those faced by Florence Nightingale, but most would say that it feels like that at times. The most clinically competent nurses working in the general practice context face problems and challenges that are endemic and systemic and at times seem insurmountable. We see them at the individual level, at the practice level and at the national level as a profession. A general practice balances the provision of safe, equal and accessible health care with being able to operate as a successful small business, which is challenging to say the least.

Since 2001, when Australian Government initiatives pushed general practice into the nursing limelight, we have struggled at times to have the skills to influence our destiny, to lead ourselves and our profession to a vision that we, as practice nurses, all have but sometimes fail to articulate. History shows that there are challenges around every corner, but also that nurses have the resilience, the persistence, the motivation and the skills to make changes with positive impacts on ourselves, our patients and our profession.

The health reform that we have experienced over the past few years has provided opportunities for general practice nurses to have input, to have a voice, to influence, to make a difference, and to demonstrate our credibility and our ability.

This education module is designed to recognise your current skills and to give you confidence to be a leader at whatever level you desire.

Lynne Walker
National Principal Adviser,
Nursing in General Practice
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ABBREVIATIONS AND ACRONYMS

AHW                  Aboriginal health worker
AML Alliance         Australian Medicare Local Alliance
APNA                Australian Practice Nurses Association
EN                   Enrolled nurse
GP                   General practitioner
GPN                  General practice nurse
NHS                  National Health Service (United Kingdom)
NP                   Nurse practitioner
RN                   Registered nurse
1. Introduction

Welcome to the Australian Medicare Local Alliance (AML Alliance) Nursing in General Practice module on leadership. This module is designed to encourage reflection on the leadership role of nurses and to identify opportunities to expand the role and influence of the nurse at the practice, local, state and national levels. The ability of nurses to develop as leaders able to contribute on all levels is critical for professional development and career satisfaction, and is pivotal to the evolving role of general practice nursing.

‘Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles’.

International Council of Nurses

From this definition, it is clear that apart from the clinical role that nurses undertake there is an expectation that their participation in shaping health policy will be a component of nursing. Regardless of the country or the context, responsibility lies with all nurses to contribute to this as best they can.

Nurses have been working in the general practice context for many years. Over the past decade, the Australian Government has introduced policies that encourage general practices to employ nurses, contributing to the steadily increasing number of nurses working in general practice. Since 2001, financial incentives have existed to support those policy changes, which were repackaged in 2012 to allow more widespread employment of nurses and Aboriginal health workers across Australia.

The recent introduction of the Practice Nurse Incentive Program encouraged nurses to reflect on their current roles and expand and contribute to practices in a way that has been restrained in the past. Nurses are well placed to initiate change and demonstrate leadership at the patient, practice and national levels.

The opportunity and ability of nurses to contribute to health reform has prompted us to think more about the gaps that currently exist and the opportunities created, including the establishment of Medicare Locals, and how we can harness them on the individual and professional levels. This learning module is a step towards achieving that aim.
LEADERSHIP IN ACTION

To describe myself as a leader does not come naturally. I have, however, been on an interesting journey over the last 10 years which has brought me to a professional place I never thought I would be. It all started 10 years ago when a local division asked me to present to general practice staff on triage. My inner voice told me, ‘No, you cannot do this’, but a colleague encouraged me, saying ‘You do triage every day, and I think you can do this.’ The choices were ‘Yes, I can have a go’ or ‘No, this is too scary.’ Something inside me said, ‘This is an opportunity—take it!’

So, what were the deciding factors?

• I had a mentor, who happened to be a GP.
• I knew that I had credibility.
• I had a confidante whom I trusted, who believed in my ability to do this and whose judgement I respected.
• I had a self-belief, although small at the time, but one that has grown over the years.
• I found my bravery gene.
• I recognised that I didn’t know it all, but I used Google and I found a book on the subject!
• I recognised that even in challenging situations knowledge is powerful and would help to build my resilience.
• I was passionate about the topic, and this helped drive my desire and commitment.

These inner conversations are transferable into my work today. They’ve taken me through general practice for 16 years as an advanced clinical nurse, taking on and completing a postgraduate qualification in general practice nursing. I’m also a past president of Australian Practice Nurses Association, I’m currently e-Health Manager at the Royal Australian College of General Practitioners, and I’m now studying for a Masters in Nursing.

So, what has this journey added to my professional life? I’ve had opportunities to travel both nationally and internationally to talk about many aspects of general practice in Australia. I’ve met and networked through all levels of government, including with the Minister for Health. I’ve contributed to the debate and the development of nursing policy in general practice. I’ve also met some inspiring people and had fun along the way.

Judy Evans
e-Health Manager, Practice Policy and Innovation,
Royal Australian College of General Practitioners
LEARNING OBJECTIVES

After completing this education module, you will be able to:

• recognise the difference between leadership and management
• identify the qualities of effective leaders/leadership
• identify personal leadership qualities
• recognise opportunities for nursing leadership in general practice
• develop an action plan for development as a leader at the personal, practice and professional levels
• locate resources that will assist in further leadership development.

WHO IS THIS MODULE FOR?

While there has been extensive research and resources and materials have been created for nurses generally, the emphasis has been on acute care. This learning module has been developed for all nurses working or contemplating working in the general practice environment.

The purpose of this resource is to develop an understanding of leadership and the opportunities available in the general practice context. It will broaden the view of what is possible as a general practice nurse (GPN). The module has been designed to be used, not just read, so look for opportunities to apply the lessons quickly and often, as this will accelerate the development of your leadership skills.

STRUCTURE

The module is in seven parts:

Part 1 provides the context to the discussion about leadership for GPNs.

Part 2 introduces the history of modern leadership theory and how it has evolved.

Part 3 explores the important differences between management and leadership.

Part 4 explores the idea of managing and leading change in any setting, using the ADKAR change management model (Awareness, Desire, Knowledge, Ability, Reinforcement). This model is used by organisations internationally and can be a tool for designing and implementing change initiatives in your practice.

Part 5 provides insights that will help to frame perspectives of leadership in the context of change, the actions to take and the challenges faced in developing a leadership role.

Part 6 provides examples of the leadership that nurses are currently demonstrating in four key areas. These are referred to as the 4 P’s of leadership: Patients, Practice, People, Profession and are the areas that offer the greatest impact.

Part 7 provides an activity to help identify priorities in personal leadership development.

This learning module is centred on leadership: what it is and what it is not. The focus is not on the clinical aspects of the nursing role, but on a more general approach. The module identifies the opportunities available to GPNs to lead the practice and the profession in a range of ways.

Nurses reading this may discover that they are already undertaking some of the activities outlined, but have not described it as leadership or recognised themselves as leaders.

Note: The terms general practice nurse, GPN and practice nurse are used interchangeably.
After recent health reforms and the establishment of Medicare Locals, uncertainty during the transitional phase offers unprecedented opportunities for GPNs to redefine their role in the eyes of governments, general practitioners (GPs), nursing colleagues and the public.

Most general practices are small businesses owned and operated by a single GP or a GP partnership. As a result of this structure, the role of the GPN has historically been viewed as a subordinate one. It has been described primarily as ‘assistant to the GP to facilitate the efficient running of the practice’ in three ways:

- undertaking basic physical assessment tasks to aid medical diagnosis
- carrying out delegated therapeutic procedures to facilitate the management of medical conditions
- contributing to the administrative functions of the practice.²

There is now an opportunity for this historical perspective to be redefined in the light of the changing needs of the community, health reforms and the growing importance of primary health care. Adding to this opportunity is increasing recognition of the valuable contribution nurses make in general practices that have embraced the skills, knowledge and experience that nurses can bring to the practice.

There are currently 10,693 nurses working in general practice in Australia.³ Most are registered nurses (86%), 97% are female and over 75% are working less than 34 hours per week. Importantly, 81% of GPNs are over the age of 40 years,⁴ with a wealth of nursing experience, life experience and established networks.

Because most general practices operate as small businesses, they must produce an income for the owners (usually a GP or group of GPs). GPs make up 35% of the medical workforce, and 37% of them are female.⁵

Because the nursing workforce in general practice is mainly female, and employed mostly on a part-time basis, there is scope for a significant expansion of their role⁶ as a result of further education and professional development, to the point where practice nurses can transform themselves and their role ‘from medical substitute to collaborative practitioner’.⁷ The practice team, patients and the profession will all benefit from this transformation.
NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED NURSE

In their study, ‘Charting new roles for general practice nurses’, Phillips and her colleagues were able to identify roles that are familiar to any nurse working in the general practice environment:

1. **Patient carer** — providing services to and interacting with patients

2. **Organiser** — clinical, administrative and ‘servicing’ aspects

3. **Problem solver** — reactive and strategic, scanning, observing and rapid response strategies

4. **Quality controller** — practice accreditation; compliance with quality, safety and risk management; systems and procedure management

5. **Educator** — informal education of patients, other nurses, GPs, registrars and other practice staff

6. **Agent of connectivity** — ensuring connection and communication between different disciplines in the practice, and between the practice and the community.

These roles demonstrate the many critical thinking, analysis and leadership opportunities available to nurses working as part of general practice teams.

Table 1 lists the core unit competencies as outlined in the Competency standards for nurses in general practice, which can be obtained from the Australian Nurses Federation website http://anf.org.au/pages/competency-standards
<table>
<thead>
<tr>
<th></th>
<th>Competency Standard</th>
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<tbody>
<tr>
<td>1</td>
<td>Practice is based on primary care, preventive care or early intervention health care approaches.</td>
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<td>2</td>
<td>Actively seeks out opportunities and resources to manage professional isolation.</td>
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<tr>
<td>3</td>
<td>Recognises the need for ongoing education and training to maintain competence for nursing practice.</td>
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<td>4</td>
<td>Demonstrates comprehensive and accurate knowledge and skills in providing episodic and ongoing care that is responsive to individual and group circumstances and environments.</td>
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<td>5</td>
<td>Initiates and conducts comprehensive health maintenance and health promotion in partnership with individuals, groups and the general practice team.</td>
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<td>6</td>
<td>In collaboration with the general practice team, conducts diagnostic activities.</td>
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<td>7</td>
<td>Provides evidence-based information, resources and education to individuals, groups and families to make health-care decisions.</td>
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<td>8</td>
<td>Modifies communication strategies according to individual and group circumstances.</td>
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<td>9</td>
<td>Collaborates with individuals, groups and the general practice team in decision-making about the resources needed to provide clinical care.</td>
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<td>10</td>
<td>Uses best available research to inform clinical care management.</td>
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<td>11</td>
<td>Coordinates and reviews programs, registers and systems to facilitate quality individual and group health-care outcomes.</td>
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<tr>
<td>12</td>
<td>Demonstrates proficiency in the use of information management technology and systems to inform clinical care management.</td>
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<tr>
<td>13</td>
<td>Manages resources to promote optimal client care.</td>
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<tr>
<td>14</td>
<td>Collects information about practice population profiles to inform health promotion and illness prevention strategies.</td>
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<td>15</td>
<td>Ensures that clinical nursing decisions are communicated to the general practice team.</td>
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<td>16</td>
<td>Participates in shared decision-making about care delivery for individuals, groups and members of the general practice team.</td>
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<td>17</td>
<td>Recognises when to seek advice from other members of the general practice team or other health service providers about the care of individuals and groups.</td>
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<td>18</td>
<td>Shares information with the general practice team.</td>
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<td>19</td>
<td>Monitors local, community and population health developments and resources for integration into the care of individuals and groups.</td>
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<tr>
<td>20</td>
<td>Liaises with relevant community and health-care agencies for community development purposes and to facilitate continuity of care for individuals and groups in the community.</td>
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### ACTIVITY 1

Reflecting on the competencies in Table 1, consider the ones that provide an opportunity to demonstrate leadership. Now go to the table below and add as many items as you wish. Some examples are provided for you to get started.

<table>
<thead>
<tr>
<th>Competency standard</th>
<th>How can/do you provide leadership in this area?</th>
<th>What skills are required to do this?</th>
<th>What is your level of skill in this area?</th>
<th>What further continuing professional development / skills development do you require in this area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively seeks out opportunities and resources to manage professional isolation</td>
<td>Find nurses with similar interests and roles.</td>
<td>Better networking</td>
<td>OK, but I am a shy person.</td>
<td>Join professional organisations such as APNA (the Australian Practice Nurses Association). Find out more about other GPNs in my area. Contact Medicare Local.</td>
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<td>Manages resources to promote optimal client care</td>
<td>Suggest to the practice manager that I manage the budget for consumables used in the treatment room.</td>
<td>Budgeting. Use Excel program.</td>
<td>Poor.</td>
<td>Learn Excel program at local TAFE. Seek information on preparing and managing budgets.</td>
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<td>Shares information with the general practice team</td>
<td>Give a presentation on immunisation (my favourite topic).</td>
<td>Advanced clinical knowledge that is evidence based.</td>
<td>Good; just completed postgrad study in this area.</td>
<td>Learn PowerPoint and practise public speaking. Talk to practice manager about giving a presentation to the clinical team.</td>
</tr>
<tr>
<td>Competency standard</td>
<td>How can/do you provide leadership in this area?</td>
<td>What skills are required to do this?</td>
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The practice of leadership has evolved over the years, as has our understanding of it. By reflecting on the foundation of contemporary leadership theory, we can better understand what leadership is and what it is not. This will help us mould our position into a genuine leadership role.

Many GPNs do not believe they have the ability or authority to be a leader—that they do not have ‘permission’ to be a leader or what it takes to be a leader, or that they were not born with the ‘right stuff’ to lead.

This introduction to leadership theory gives an insight into the role of leadership and its impact, and why patients, doctors, the practice and the community rely on GPNs’ ability to demonstrate effective leadership in a variety of ways.

TRAIT THEORY

One of the earliest modern-day approaches to understanding leadership theory\textsuperscript{10} was the idea that leaders behave in particular ways because they have inherent characteristics or dispositions. The theory is that you are born a leader and that leadership cannot be learned. Therefore, identifying leaders or potential leaders means looking for certain characteristics and appointing people with those characteristics to leadership positions. This has led to selection procedures being seen as more important than developing people.

One of the problems with this theory is that there is substantial evidence of leaders who are successful in one field after being unsuccessful in another. Trait theory would suggest that these people will be uniformly successful. However, no consistent list of inherent traits that distinguish leaders from others has been established, largely discrediting the trait theory.

SITUATIONAL (CONTINGENCY) THEORY

The next evolution in leadership thinking was situational theory (also called contingency theory), which became the most widely employed approach to leadership and leadership development. Situational theory emphasises that leadership emerges in different situations to suit different needs and different environments.

This idea was developed further by Blanchard and Hersey,\textsuperscript{11} who argued that as well as adapting style to different contexts, leaders need to behave differently to suit the needs and maturity of their followers, and that there is no ‘best’ way to lead or one ‘best’ style of leadership. They argue that leaders need to develop a range of leadership approaches and be able to identify which approach to use in a given situation.
TRANSACTIONAL AND TRANSFORMATIONAL LEADERSHIP

An extension of the situational leadership theory was the idea of transactional and transformational leadership, first developed by James McGregor Burns in 1978 and later developed by Bass and others.

A transactional leadership style is driven by the need to perform a particular task or achieve a particular outcome. It is premised on motivating followers by either a monetary or a symbolic reward system. The focus is on how the leader can best utilise people to achieve certain aims. The leader does not focus on the individual needs of followers, as the reward system is expected to address that. Instead, the focus is exclusively on the outcome to be achieved.

Transformational leadership, on the other hand, is preoccupied with the development of the followers rather than the achievement of targets. Transformational leaders inspire followers to go beyond their own self-interests for the good of the group or organisation. Some authorities see transformational leadership as being ‘leadership’, while seeing transactional leadership as ‘management’.

Kouzes and Posner have sought to show that leadership skills can be learned. Using interviews with hundreds of managers, they developed a five-step process in which leaders get things done:

1. Challenging the process and encouraging others to take risks.
2. Inspiring a shared vision.
3. Enabling others to act.
4. Modelling the way.
5. Encouraging the heart.

Situational and transformational leadership focuses on the impact of a leader’s behaviours on other people, and on the leader’s ability to inspire and motivate others to take particular actions to achieve results that are for the betterment of (in the case of general practice) the team, patient or practice.

10 ENDURING LEADERSHIP TRUTHS

Leadership and what makes an effective leader have been studied and researched for many years. Out of all of the research, one point endures: leadership is universal, and the principles of leadership can be applied in any industry, environment or setting.

Kouzes and Posner identify 10 fundamental principles that guide the practice of leadership. The principles have been acknowledged for decades and will continue to guide the leaders of the future. These ‘truths’, as the authors call them, apply to the role of the GPN just as much they do to the doctor in the practice, the practice owner or the CEO of a corporation.

Following the description the 10 truths are examples of how they are demonstrated by people in the nursing profession. The examples provide insights into how leadership can be and is being demonstrated in the nursing profession in a range of workplaces.
1. YOU MAKE A DIFFERENCE

This is the most fundamental truth of all. Before a person can lead, they have to believe that they can have a positive impact on others. They have to believe in themselves. Leadership begins when someone believes they can make a difference.

The need to provide health care differently is pressing. As McMurray explains, ‘To respond to the challenges [of primary health care] requires leadership and commitment to change.’ This relies on the belief that nurses can and do make a difference and can continue to do so.

‘My role is that of Practice/Owner Manager, as well as being a Registered Nurse. I developed a general practice from scratch in 2007 and have built it into a 6 doctor, thriving practice. My role is primarily to oversee the general operations of the practice including financial control and management. I am also heavily involved in the management and development of nursing staff and the way in which they practice. I am a very hands-on manager and I feel this presence in the practice reassures not only the patients, but also the staff that I am available and do actually know what is going on in the practice’.

Kath O’Brien, Practice Manager/Director, South Side Medical

‘In my role I demonstrate the patient’s clinical needs, the projects and funding opportunities that can best meet patients’ needs, [and] proactively recruit staff who are opportunistic, positive and genuinely interested in making a difference and willing to take on challenging roles. I provide pathways for staff to embrace programs with flowcharts. I have developed a nurse leader for each team in each centre so there is a local go to nurse leader for the nurses, GPs and reception staff.’

Kathy Godwin RN, Strategic Manager: Clinical and Business Development, Shoalhaven Family Medical Centres

‘In my current role I will make a difference to the nurses within the Medicare Local by always bringing the nurse focus to discussions. By being available to advocate on their behalf with the ML, to provide relevant quality education and offer mentoring and support.’

Jane Butcher, Board Member of Australian Practice Nurses Association (APNA), Team Leader Primary Care Liaison, Fremantle Medicare Local

‘My management leadership responsibility is to create opportunities for nursing and midwifery and ensure that supports are available for those wishing to excel in their profession.’

Professor Tracey McDonald, Australian Catholic University, RSL Lifecare Chair of Ageing
2. CREDIBILITY IS THE FOUNDATION OF LEADERSHIP

Leaders have to believe in themselves, but they also need others to believe in them. What does it take for others to believe in you? Short answer: credibility. If people do not believe in you, they will not willingly follow you.

As the most trusted profession in Australia, nurses have the credibility to lead and enormous trust within the community for the work, care and advice that they provide.

‘In my roles the credibility of my past nursing experience helps in my capacity to demonstrate greater understanding of the nuts and bolts of clinical practice, which supports my work in service and program design/implementation.’

Kevin Shanks, EN Service Development Manager, South Western Melbourne Medicare Local

‘I remain educated on all current events happening in health. I will stand by every decision I make and if that decision is wrong, I will work to rectify it. I know my limits and when these are exceeded, I will take the necessary steps to either upgrade my knowledge, or seek help elsewhere.’

Kath O’Brien, Practice Manager/Director, South Side Medical

‘My credibility is built on working hard, maintaining open communication, always studying, sitting down and educating nurses and GPs, maintaining updated resources, living up to promises and being honest.’

Kathy Godwin RN, Strategic Manager: Clinical and Business Development, Shoalhaven Family Medical Centres

‘Credibility is demonstrated by acquiring and sharing up to date knowledge based on experience. Walk the talk and acknowledge what you do not know.’

Jacki Eckert RN, Director of Primary Health Services, Hume Medicare Local

3. VALUES DRIVE COMMITMENT

People want to know what you stand for and believe in. Leaders need to know what others value if they are going to build an effective practice and team that works to improve the health outcomes of its patients.

‘I have specifically chosen nurses who have similar values to my own. This ensures we are all on the same pathway. We have regular meetings and informal discussions in regards to the flow of work and patients. We have many open discussions on the way in which things are done.’

Kath O’Brien, Practice Manager/Director, South Side Medical

‘I describe where I am coming from and how my ideas/ideals are informed. I also am very open about the continual need to learn and share information—one person cannot know everything.’

Jacki Eckert RN, Director of Primary Health Services, Hume Medicare Local

‘My values are reflected in the pride I have in the profession and the encouragement to always maintain professional standards. Competency standards are always mentioned and they are what I base my values on.’

Jan Pullar, GPN
4. FOCUSING ON THE FUTURE SETS LEADERS APART

Having a vision for a practice and sharing that vision with employees of the practice is a core responsibility of leaders. A nurse’s ability to imagine the ways the practice can be improved and transformed to better meet the changing needs of its community is integral to the success of the leader and the practice.

‘My vision has always been simple: create a workplace that staff want to come to work in. This is not always the best option financially, however I believe that if your staff are happy and willing to work, then the financial rewards will come. So far we have achieved this vision which is evident by the low turnover of staff. Patients and staff alike often comment on the wonderful atmosphere we have in our practice where everyone works together as a team and respects each other’s role.’

Kath O’Brien, Practice Manager/Director, South Side Medical

‘I want to see empowered nurses, who recognise they are a valuable profession, being a strong voice for primary care; to be represented at all levels in the formulation of patient care from Boards to running nurse clinics in the practice.’

Jane Butcher, Board Member of APNA, Team Leader Primary Care Liaison, Fremantle Medicare Local

‘It is crucial throughout society that those in leadership positions provide direction that truly represents community, professional and management interests in maintaining social frameworks that endorse the significance of effective and supportive services to the Australian community.’

Professor Tracey McDonald, Australian Catholic University, RSL Lifecare Chair of Ageing

5. YOU CAN’T DO IT ALONE

Leadership is a team sport, and others need to feel engaged in the cause. Once a vision has been established for the practice, it is critical to bring people along and ensure that vision of the future can be realised.

‘I employ staff based on their attitude and values which are similar to mine. These are things that cannot be taught. By leading with enthusiasm and support for various projects, we are able to engage all staff to participate and achieve the outcomes we desire.’

Kath O’Brien, Practice Manager/Director, South Side Medical

‘Communication and productive engagement with nurses and others who work with nurses and who receive their care is a large part of my work in policy and advice around funding, practice, priorities and trend analysis. Primarily my strength lies in being well informed about the topics I engage in and also being well aware of the priorities, interests and agendas of other stakeholders in that space.’

Professor Tracey McDonald, Australian Catholic University, RSL Lifecare Chair of Ageing

‘I engage others by talking a lot—good communication is essential.’

Jackie Eckert RN, Director of Primary Health Services, Hume Medicare Local
6. TRUST IS CRITICAL

Trust is the social glue that holds individuals and groups together. To create trust, it is essential that others perceive the leader as trustworthy. That relies on following through on promises and acting in the best interests of patients, the team and the practice. The public already has high levels of trust in nurses, but it is critical that the practice team has a similar level of trust in the nurse as a leader.

‘I am completely transparent in my dealings with staff. All staff know that they can come to me with any issue no matter how big or small. I follow through on all of their requests and they understand that sometimes “no” means “not now”. I feel my staff often see me as a colleague not as “the boss”.

Kath O’Brien, Practice Manager/Director, South Side Medical

‘I recognise and address any of my shortcomings or oversights, am always ready to receive feedback, allow time for staff to vent frustrations, always getting back to staff after concerns are investigated, recognising and sharing the achievements of staff, while being honest and true to myself.’

Kathy Godwin RN, Strategic Manager: Clinical and Business Development, Shoalhaven Family Medical Centres

‘To build trust with your team, we must be informed about our environment, commit to do things and follow through, take responsibility and communicate. I think communication is the most important tool we have ... do what you say and say what you do.’

Jane Butcher, Board Member of APNA, Team Leader Primary Care Liaison, Fremantle Medicare Local

‘My leadership approach varies with the needs of the people I am trying to influence; however I am very open about limitations to my knowledge and skill and I do not take on or promise to do anything that I do not intend to complete. If difficulties arise in any project I communicate early with other partners so that any adjustments can be made in time to ensure success’

Professor Tracey McDonald, Australian Catholic University, RSL Lifecare Chair of Ageing

7. CHALLENGE IS THE CRUCIBLE FOR GREATNESS

Great things are only achieved through change. The status quo never achieves great results. The challenge for GPNs is to identify what changes are needed for the practice to grow and achieve better health outcomes (or national changes), and to be prepared to take on the task of creating the change.

‘Quite often staff will have amazing ideas which can be implemented for the better. I encourage all staff to come to me with the solution, rather than the problem.’

Kath O’Brien, Practice Manager/Director, South Side Medical
‘If the status quo needs changing then I make sure I know why and how any change will improve a situation or outcome. Change involving others requires them to feel included, informed and that they trust that the plan for change will deliver better outcomes than the status quo. The process of change management needs to be transparent, well resourced, and cater to individual capacity to adopt change.’

Professor Tracey McDonald, Australian Catholic University, RSL Lifecare Chair of Ageing

‘Persistence. Work in collaboratives where possible to achieve strength in numbers and across groups (other nursing and midwifery groups).’

Elizabeth Foley, Professional Officer, Australian Nursing Federation

‘Changing the status quo can be made easier if you are prepared to take a step back and look at things in a different way.’

Kevin Shanks EN, Service Development Manager, South Western Melbourne Medicare Local

‘I continually reiterate the role and importance of the practice nurse at every opportunity. Visits to general practices (as a Division staff member) should emphasise to all other staff, both clinical and non-clinical, the role that they play in the practice.’

Jan Pullar, GPN

‘I identify the need to change through the use of statistics, plan, introduce a program to change THEN using the change process introduce the program to the patients.’

Cathy Pearson EN, Board Member of APNA, GPN

8. YOU EITHER LEAD BY EXAMPLE OR YOU DO NOT LEAD AT ALL

For people to follow, a leader needs to lead by example and act as a role model to encourage others to apply themselves in the way necessary to achieve the vision. It is up to the nurse leader to provide the inspiration that encourages the rest of the team to continue to do their very best and contribute to transforming the practice or the profession.

‘By leading by example, I am actively involved in the day to day running of the practice and will quite often step in to help the nurses or receptionists when they need it. This helps to lift them sometimes when we are having a particularly busy day. It also encourages them to cope as they know they have support to get them through.’

Kath O’Brien, Practice Manager/Director, South Side Medical

‘While I do not set out to inspire others, I have been told that I have indeed inspired many people. They tell me that it is the obvious commitment that I show for my work and activities that causes them to be motivated.’

Professor Tracey McDonald, Australian Catholic University, RSL Lifecare Chair of Ageing
‘Leadership is influencing people—by providing purpose, direction and motivation—while operating to accomplish the mission and improving the organisation’
Julianne Crowe RN, Primary Health Care Change Management Consultant, Active Business Solutions

9. THE BEST LEADERS ARE THE BEST LEARNERS

The fact that nurses meet certain standards in order to register demonstrates their ability to learn. However, it is the willingness of leaders to continue to learn that will define their success. As nurses take on more of a leadership role, it will be vital to identify opportunities to continue learning, through their network of other nurses as well as through the various industry associations and continuing professional development events available to nurses in general practice.

‘Education has enabled me to keep up to date on all events impacting on general practice and health services. I have a broad range of education opportunities which I attend to enable me to see the big picture. I encourage other staff to attend with me to give them a better understanding of my role as well. We also train student nurses and I am currently on the committee for nursing education at Central Queensland University. Hosting nursing students as well as medical students enables us to learn from them as we teach them.’
Kath O’Brien, Practice Manager/Director, South Side Medical

‘Without education (14 years of post-grad courses) I would have no skill, confidence nor competence, nor exposure to the potential in PHC. I would be professionally isolated and would not dare to have the courage to take on the unknown and be a risk taker driven by my passion in PHC in my community.’
Kathy Godwin EN, Strategic Manager: Clinical and Business Development, Shoalhaven Family Medical Centres

‘Having knowledge, keeping informed, seeking the bigger picture allows you to expand your horizons so you can aspire to being a leader. Exploring yourself, your weaknesses and then looking for ways to fill the gaps and build your strength allows you to be a leader.’
Jane Butcher, Board Member of APNA, Team Leader Primary Care Liaison, Fremantle Medicare Local

‘As an EN, education has been very important. My scope of practice has changed as I have added various qualifications (chronic disease management, asthma management, immunisation). This has reinforced and validated me as a leader in the field within my clinic.’
Cathy Pearson EN, board member of APNA, GPN
10. LEADERSHIP IS AN AFFAIR OF THE HEART

If a nurse is passionate about the work they do in the practice for their team, their patients and the profession, others will sense their passion and be inspired to follow their lead. Passion is contagious if people are prepared to demonstrate it.

Opportunities to demonstrate leadership in the nurse’s role will be affected by the level of support from others, such as a mentor, the practice manager, the GP, the principal and other members of the team or the professional organisation.

It is helpful to find out whether others in the organisation agree with or believe in these leadership truths. It will help you gain an insight into what might need to be done to ensure support in the development of a nurse as a leader.

‘Without passion for this role, I would not be where I am right now. This is a very complex and challenging role which must be driven by passion. We have tried to develop a reputation with our practice of being willing to help, accommodate requests, and make the patient’s experience here as amazing as possible. My passion is customer service and this is what I focus on. What many people don’t realise is that your staff are your customers as well and need to be shown the same respect as “paying” customers. This in turn makes them feel valued and this reflects on their performance and interaction with patients, other staff and other health professionals.’

Kath O’Brien, Practice Manager/Director, South Side Medical

‘Passion is my drive … it is certainly NOT financial … the passion of nurse colleagues both locally and nationally inspires me, the overwhelming positive feedback from patients drives me to do more (if I am not consulting with them I listen to the waiting room through an open door)... I try not to take the knocks personally from senior management. Although at times it can be tough… I think I am a clinical leader rather than a manager. Conferences give me the fuel to keep my drive and direction.’

Kathy Godwin RN, Strategic Manager: Clinical and Business Development, Shoalhaven Family Medical Centres
### ACTIVITY 2

Use the following table to rate whether you agree and whether you believe the practice manager or others in the organisation agree with the 10 truths of leadership. If necessary, re-read the descriptions of the truths before recording your response.

<table>
<thead>
<tr>
<th>The 10 truths of leadership</th>
<th>Rate whether you agree or disagree with the 10 truths</th>
<th>Rate your perception of whether the manager and others in the organisation agree or disagree with the 10 truths</th>
</tr>
</thead>
<tbody>
<tr>
<td>You make a difference</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Credibility is the foundation of leadership</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Values drive commitment</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Focusing on the future sets leaders apart</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>You cannot do it alone</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Trust is critical</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Challenge is the crucible for greatness</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>You either lead by example or you do not lead at all</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The best leaders are the best learners</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Leadership is an affair of the heart</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
SCORING

Total your two scores.

SCORE: FOR YOU

40+ You have a strong belief in the truths of leadership and already have a great platform to demonstrate your leadership in the practice.

30–40 You have an opportunity to develop strong beliefs about the leadership you can provide, and because of your score the transition can be quite effortless.

20–30 You have some work to do on your belief system about leadership and your opportunity to be a leader before you will see significant results from your actions.

10–20 Start working on your beliefs about leadership now if you want to make a difference to your patients, the practice and the community as a leader. You have some work to do before you will recognise the opportunities to demonstrate leadership in the practice and see the results you will achieve as a result of your leadership.

SCORE: FOR THE MANAGER AND OTHERS IN THE PRACTICE

40+ Your manager has a strong belief in the truths of leadership and, as a result, you will benefit from their support of you as a leader.

30–40 Just a little bit of work is needed on the manager and others to ensure that you have their support for your actions as a leader.

20–30 You need others’ support and positive attitude to what you will do as a leader. The good news is that this situation is repairable, so start working on their beliefs today through the conversations you have about your plans and your intentions to demonstrate your leadership in the practice. Use some of the ideas in the 10 truths as a basis of your conversation about what you want to achieve and what you need from them.

10–20 This could prove a real challenge for you, as you need to gain others’ support for you as a leader. Otherwise, your opportunities to implement initiatives to improve the health outcomes of your patients or to improve the practice will be undone by an unsupportive manager. It may take you some time before you gain this support and develop a strong platform to demonstrate your leadership.

WHAT NEXT?

Based on your results, identify opportunities to increase people’s belief in the 10 truths. Target those areas that received the lowest score in the ranking activity.

A great resource to guide you in this is Kouzes and Posner’s book, The truth about leadership.19
**ACTIVITY 3**

After completing Activity 2, use this table to outline your goals and the actions needed to achieve them. The goals and actions can be at the individual, practice or national level. Some examples are provided to get you started.

<table>
<thead>
<tr>
<th>Leadership truths</th>
<th>Goals</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>To inform practice owners and others of my credibility as a GPN leader</td>
<td>Inform practice manager and GPs of my ongoing professional development. Update the practice’s systems to reflect changes in the immunisation schedule.</td>
</tr>
<tr>
<td>Focus on the future</td>
<td>To introduce a nurse clinic for our patients with diabetes</td>
<td>Write a business plan outlining this process and the benefits to the patients and practice.</td>
</tr>
<tr>
<td>Involve others</td>
<td>To get the reception staff more involved in making sure the practice meets accreditation standards</td>
<td>Provide some education on prevention of infection at the reception team meetings.</td>
</tr>
<tr>
<td>Challenge</td>
<td>To lobby for changes to the Practice Incentive Payment so that practices can receive payment for undergraduate nursing clinical placements as well as medical student placements</td>
<td>Request support from APNA. Write a letter to my local member of parliament.</td>
</tr>
</tbody>
</table>
Good managers do not necessarily make good leaders, as the approach that is taken as a manager must change when the manager takes on a leadership role.

However, the bottom line is that leadership is not ‘better’ than management. In fact, no general practice can thrive and meet the needs of its patients and employees without a combination of good leadership and good management. Practices that embrace the need for both and regard them as essential aspects of people’s roles will continue to grow and meet the ever-expanding needs of their patients and communities.
## Activity 4

In the following table, read the two words or phrases across each row from Column 1 and Column 2. As you read each pair, circle the word or phrase that best describes what you do more often at work.

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show</td>
<td>Tell</td>
</tr>
<tr>
<td>Create ideas and innovate</td>
<td>Control and administer</td>
</tr>
<tr>
<td>Align people</td>
<td>Organise people</td>
</tr>
<tr>
<td>Encourage experimentation</td>
<td>Give direction</td>
</tr>
<tr>
<td>Create change</td>
<td>Work to established procedures</td>
</tr>
<tr>
<td>Push out the boundaries</td>
<td>Work within the boundaries</td>
</tr>
<tr>
<td>Challenge the status quo</td>
<td>Protect the status quo</td>
</tr>
<tr>
<td>Ask what and why</td>
<td>Ask how and when</td>
</tr>
<tr>
<td>Establish and live values</td>
<td>‘Do as I say’</td>
</tr>
<tr>
<td>Lead by example</td>
<td>Rely on authority</td>
</tr>
<tr>
<td>Inspire</td>
<td>Plan and coordinate</td>
</tr>
<tr>
<td>Involve</td>
<td>Solve problems</td>
</tr>
<tr>
<td>Participate</td>
<td>Delegate</td>
</tr>
<tr>
<td>Encourage</td>
<td>Monitor</td>
</tr>
<tr>
<td>Support</td>
<td>Adhere to direction</td>
</tr>
<tr>
<td>Set direction</td>
<td>Focus on the task</td>
</tr>
<tr>
<td>Focus on the longer term</td>
<td>Focus on the short term</td>
</tr>
<tr>
<td>Focus on people</td>
<td>Focus on the bottom line</td>
</tr>
<tr>
<td>Do the right things</td>
<td>Do things right</td>
</tr>
<tr>
<td>Use interpersonal skills</td>
<td>Rely on control and formal authority</td>
</tr>
<tr>
<td>Push for change</td>
<td>Promote stability</td>
</tr>
</tbody>
</table>

Tally up the number of circles in each column. Write your total in the space below:

Column 1: _______     Column 2: _______

If you have circled more items in Column 1, you tend to provide more leadership than management in your role in the practice. If you have circled more items in Column 2 than in Column 1, you tend to provide more management than leadership.
ACTIVITY 5

Based on what you have circled in the table in Activity 4, what do you believe you will need to do more of and what could you do less of to strike a better balance between management and leadership in your role as a GPN? Add your ideas in the table below.

<table>
<thead>
<tr>
<th>Things I could do ...</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>More of:</td>
<td>Less of:</td>
</tr>
<tr>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Following Activity 5, use your answers in the ‘More of:’ column to complete this table. Some examples are provided.

<table>
<thead>
<tr>
<th>Things I can do more of</th>
<th>How can I do more of this?</th>
<th>How can I make this happen?</th>
<th>Who can help me?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create ideas and innovate</td>
<td>Look around to see what others are doing in this area.</td>
<td>Go to conferences, network meetings</td>
<td>Medicare Local</td>
</tr>
<tr>
<td>Set direction</td>
<td>Scan the environment by reading reports and articles on health reform and changes to government policy.</td>
<td>Subscribe to electronic newsletters. Join a professional organisation. Find out from my Medicare Local what the membership requirements are. Find out who is on the board of the Medicare Local.</td>
<td>APNA e news AML Alliance</td>
</tr>
</tbody>
</table>
Many people do not believe that they have what it takes to be a leader. Perhaps this module has given you some hope and reason for optimism about opportunities to lead, as well as acknowledgment that you are already leading.

This section outlines some further insights to help develop confidence in your ability as a leader.

**INSIGHT 1: LET’S NOT CONFUSE LEADERSHIP WITH CHARISMA**

Over five years, Jim Collins and his team researched 1,435 companies that have been listed on America’s Fortune 500 index to identify which ones had been ‘good’ and had made the transition to become ‘great’ companies.20

Collins developed a technical measure of what ‘greatness’ for a company meant, and when he applied his formula to the Fortune 500 companies over the decades, he was able to identify only 11 companies that met his measure of having made the shift from being ‘good’ to being ‘great’. He subsequently published the list in his book, Good to great.21

One of his findings proved a very big surprise for Collins. He found that the type of leadership that transforms a good business into a great business is what he describes as ‘Level 5’ leadership.

In a nutshell, Level 5 leaders ‘blend extreme personal humility with intense professional will’.22 Collins identified this as a vital ingredient that is missing in many leaders today, especially with the rise of the ‘celebrity CEO’—the rock-star leader who rides in like a white knight to transform the organisation, but leaves the organisation in a state of helplessness after they depart.

Some potential leaders discount their ability to become a great leader because they base their assumptions about what makes a great leader on the wrong elements.

As Collins discovered, the most successful leaders in corporate America ‘are somewhat self-effacing individuals who deflect adulation, yet who have an almost stoic resolve to do absolutely whatever it takes to make the company great, channelling their ego needs away from themselves and into the larger goal of building a great company.’23
ACTIVITY 6

Take heart—don’t think that you need a ‘big personality’ or to be charismatic to be a great leader. In fact, the truly great corporate CEOs of America have been the complete opposite.

How would you describe yourself in the light of Collins’ research? Describe yourself and your leadership style in the space below.
John Maxwell describes five levels of leadership (not to be confused with Collins’s Level 5 leadership), highlighting the path leaders can travel along to achieve their greatest influence.

**LEVEL 1: POSITION**

This is the most basic form of leadership, as anyone can be appointed to a position. People at this level are not leaders in the true sense, but are typically bosses, who rely on rules, regulations, policies and procedures to control and direct their people. Every person must aspire to progress beyond Level 1 leadership.

The appointment of a nurse to a Level 1 leadership position is a signal that others have seen leadership potential in them, and this should be a springboard to becoming a more effective leader. Some nurses in general practice are initially Level 1 leaders as a result of their appointment to a supervisory or managerial role in the practice, such as Nurse Team Leader.

**LEVEL 2: PERMISSION**

When a nurse moves up to Level 2 as a leader, people do more than just comply with orders—they follow their leader. This is because the Level 2 leader influences through the relationships they have formed with their people, and not from their position. This is where followers give their managers or supervisors permission to lead them.

Nurses are particularly effective at relationship building as a result of the nature of their work, career and education. Their role has been largely about building relationships with patients, colleagues and other health professionals. These skills will be necessary in order to establish themselves as Level 2 leaders.
LEVEL 3: PRODUCTION

Level 3 is the level at which a nurse’s leadership ability really takes off because of the results they have produced for the organisation. Their position may have got them to Level 1 and their relationships with colleagues to Level 2, but what they contribute and produce as a result of their relationships enables them to arrive at Level 3.

Level 3 leaders are self-motivated and able to create an environment of high productivity and collaboration. They create high-performing teams that are focused on achieving results. This separates true leaders from those who simply occupy leadership positions.

Critical to a nurse’s success in general practice is their ability to get all parts of the organisation to work together as a team and produce better results than would have otherwise been accomplished by individuals. Great results can be achieved in a practice as a result of the nurse’s ability to identify what needs to be done (the vision) and to lead all of the employees and other health professionals to achieve results together.

LEVEL 4: PEOPLE

Level 4 leaders shift their focus from the productivity of their people to the potential of their people. Leaders identify people with the potential to grow and lead, and invest the time, effort, energy and resources to develop them. This can lay the foundation for empowering others, developing others for success and boosting the performance of the team. It requires the leader to step back and be less hands-on in the ‘doing’, and instead invest most of their time in developing future leaders. It represents a massive shift in the work the leader does and the future performance of the organisation.

This can be a real challenge for nurses in general practice as a result of their hands-on approach to their work. However, people development is a hallmark of successful leaders. Encouraging others to ‘step up’ and providing them with the coaching, feedback, skills and instruction to help them do it is critical for a nurse’s success as a leader.

However, it is important to recognise that nurses are already doing this with patients by encouraging them to self-manage their health, and at the same time giving them feedback and recognition and setting goals with them to ensure that they are successful in achieving their health objectives.

Encouraging nurses to join the boards of Medicare Locals or national organisations such as APNA or AML Alliance is one example of developing the next leaders for such organisations. Current board members can identify those with leadership potential and guide them. There is a great opportunity for nurses to develop their leadership ability by accepting invitations to contribute at a strategic level to the direction of boards and associations.

LEVEL 5: PINNACLE

The focus of the Level 5 leader is on developing more Level 4 leaders to the point that, were the Level 5 leader to step down from their position, there would be a person ready and able to take the position on. This leader recognises that the highest goal of leadership is to develop more leaders, not to gain followers or to ‘do the work’. Level 5 leaders create Level 5 organisations that are sustainable into the future. People follow them out of respect for who they are and what they represent.
ACTIVITY 7

What is your level of leadership? What do you need to do more of and less of to move to the next level and reach the pinnacle?
INSIGHT 3: LEADERSHIP MUST ENGAGE STAFF AND PATIENTS

A recent review of the National Health Service of England (NHS) reports that a new style of leadership that encourages greater engagement among staff and patients is needed to improve the health outcomes of patients. Furthermore, a recent Health Workforce Australia report suggests that staff will not be engaged and change will not occur if staff are not consulted, given ownership of an initiative and encouraged to understand the meaning in the work they do.

Both reports argue that leadership must be shared and distributed and leadership opportunities offered to administrative and clinical health professionals. In particular, leaders need to encourage a strong culture of engagement for patients and staff, in which leaders work through others to achieve their objectives while motivating and engaging followers. For this to occur, a shared vision and a sense of urgency are central.

WHAT IS STAFF AND PATIENT ENGAGEMENT?

A simple but useful definition of staff engagement provided by MacLeod and Clarke is: ‘the business values the employee and the employee values the business.’ Staff feel a part of the business and can influence outcomes and contribute to decision-making. Employees feel fully involved in the enterprise and as a result choose to work harder, think more creatively and care more about what they do.

Patient engagement is a measure of how much patients are empowered to be fully involved in their own care, share in decision-making about their treatment options, and be in control of their health by working with clinicians to meet their needs.

WHY ENGAGEMENT?

Research indicates that organisations with engaged staff deliver:

- better patient experiences
- fewer errors
- lower infection and mortality rates
- stronger financial management
- higher staff morale and motivation
- less absenteeism and stress.

Engaged staff are likely to exert more influence in the practice on the type and use of standard processes, the level of teamwork and the maintenance of a culture of continuous improvement, all of which are factors influencing patient outcomes.

Put simply, organisations with more engaged clinicians and staff achieve better outcomes and experiences for the patients they serve.

Patient engagement also brings benefits in delivering more appropriate care and improving outcomes. A study of more than 8000 hospital nurses by Laschinger and Leiter found that higher engagement was linked to safer patient care.

Patient engagement not only shapes care for the individual patient but enables clinicians and managers to see services through patients’ eyes, helping to create a culture within the practice that is focused on delivering more responsive and sensitive care.
When done well, patient engagement also enables patients to be more in control of their health and wellbeing, sharing in decision-making with clinicians through access to information and advice about the risks and benefits of treatment options. As a result of greater levels of engagement, both patients and staff feel respected, listened to and empowered, and are able to influence and improve care.

**HOW TO ENGAGE STAFF**

West and Dawson (2012) suggest that managers must do several key things to create staff engagement, including:

- giving staff autonomy
- enabling them to use a wide range of skills
- ensuring that jobs are satisfying and interesting
- giving staff support, recognition and encouragement.

Engagement is fostered through staff having jobs with meaningful, clear tasks, some autonomy to manage their work, involvement in decision-making and supportive line managers. Engagement increases when staff are part of a well-structured team in an organisation that is focused on quality and celebrates success.

**HOW TO ENGAGE PATIENTS**

Coulter highlights a number of actions that can be taken by leaders to promote patient engagement, including:

- sharing decision-making with patients
- supporting patients to self-manage their long-term conditions
- providing care that is patient-centred, which improves the quality of the experience and the results for the patient.

Coulter also emphasises the close relationship between staff experience and patient experience, arguing that ‘happy staff make happy patients.’

**IMPLICATIONS FOR GPNs**

The research undertaken by the NHS notes clear actions that GPNs can take in their role as leaders: engage staff and patients for the betterment of the patient’s health, for the motivation and morale of staff and in turn for the performance of the practice.

Staff and patient engagement are grounded in values of openness, collaboration, seeing the world through the eyes of others, and listening to and supporting each individual.

Successful leaders will be those who engage staff, patients and partner organisations in improving patient care and health outcomes.
ACTIVITY 8
What actions will you take to increase the level of staff and patient engagement at your practice?
As described in Part 3, leadership is about challenging the status quo and initiating change. GPNs have the opportunity to initiate and support changes that can make a difference to the patients, the practice, the team that works in the practice, and the profession. Changes in government policy, such as the Practice Nurse Incentive Program, give the GPN opportunities to influence their workplace by offering innovative ways of working and by providing the leadership to implement those ideas.

To increase GPNs’ chances of success in implementing change and improving outcomes, it is important to approach the change with a plan that addresses not only the ‘process’ of change but the ‘people’ aspect of the change. The ability to initiate, lead and manage change is a core characteristic of successful leaders, and is critical to your success and the success and sustainability of the practice.

THE ADKAR MODEL FOR CHANGE MANAGEMENT

ADKAR is a change management model that GPNs can use to guide themselves through implementing change in the practice. The acronym ADKAR comes from the first letter of each of the five steps of the change model:

1. **A**wareness
2. **D**esire
3. **K**nowledge
4. **A**bility
5. **R**einforcement

The ADKAR model was first published by Prosci in 1998 after research with more than 300 companies undergoing major change projects. In 2006, the first complete text on the ADKAR model was published in Jeff Hiatt’s book, ADKAR: A model for change in business, government and our community.40

The model can also help to identify gaps in the change process and areas where coaching for other employees at the practice, or possibly for patients, might be needed. The ADKAR model can be used to:

- diagnose whether employees (or patients) are resistant to the change
- help employees (or patients) transition through the change process
- create a successful action plan for change
- develop a change management plan for the practice and the team (and patients).
The five components of the ADKAR model are summarised below.

**STEP 1: AWARENESS**

Raise the awareness of the team, the manager, the GP and even the patients of the need to change.

Some things that can help raise awareness are:

- communicating with the practice owner, as well as fellow employees, on opportunities to improve as a practice
- inviting patient input on how the practice can improve
- identifying changes in the local area that affect the practice and require a change to the way business is done
- accessing information or research on best practice (for example, better systems being used in other practices, changes to medical procedures necessary to keep up to date)
- using data, results or information and sharing it with patients to highlight the need for them to change their habits.

**STEP 2: DESIRE**

Increase the desire to make the change happen, and encourage participation and support among the team, management and/or patients, by identifying why the change is necessary.

Some things that can help build the desire for change are:

- highlighting discontent or problems with the current state of the practice or team, or a patient’s health
- identifying negative consequences if the status quo is maintained (for example, to the practice, to the team, to the patient)
- improving job security for employees
- providing an incentive or compensation to make a change
- creating hope in a better future
- pointing out that the proposed changes will increase practice efficiencies or income.

**STEP 3: KNOWLEDGE**

Develop people’s knowledge of how to change and what the desired change looks like so they know what is required and the steps they will need to take to create the change.

Some things that can help to develop knowledge are:

- training and educating the team, the practice’s management and/or the patients
- making information available
- providing examples and role models for people to help them understand the change and how it can be done.
**STEP 4: ABILITY**

Strengthen people’s ability to implement the change on a day-to-day basis.

Some things that can help to strengthen abilities are:

- providing opportunities for people to practise applying new skills
- applying new processes and tools in the general practice
- coaching individuals on how they are doing with the change and providing feedback on their progress
- removing barriers that get in the way of people implementing the change, such as current practices, processes or systems.

**STEP 5: REINFORCEMENT**

Take actions that reinforce the change, keep it in place and embed it into the ongoing operations of the practice or the behaviours of individuals, be they employees or patients.

Some things that can help to embed change are:

- offering incentives or rewards for people to maintain the change
- making changes to position descriptions or job titles to reflect new or added responsibilities as a result of the change (for example, Nurse Team Leader)
- compensating for changes that reflect the new environment [such as new job roles or special duties that were not needed before the change]
- celebrating milestones as the change is implemented
- personally recognising individuals who have made significant contributions to the change or who have role modelled the change particularly well.
ROLES IN CHANGE MANAGEMENT

Prosci has identified five critical roles of managers and supervisors in leading and managing change. They are outlined below, adapted to the role of the GPN:

1. **Communicator**—Employees prefer to hear messages about how the change directly affects them from the person they report to or the person initiating and leading the change.

   In the case of patients, GPNs need to communicate effectively how the change will affect the patient’s lifestyle and what it will take for the patient to successfully implement the changes necessary to improve their health outcomes.

2. **Advocate**—If the GPN opposes the change, chances are that their colleagues and patients will as well. Therefore, the GPN needs to support the change in words and actions and role model the change to ensure that their team and/or the patients embrace it.

3. **Coach**—GPNs need to help employees and patients through their own personal transitions throughout the change. This will require the ability to guide people and give them encouragement, support and feedback throughout the change to ensure that they continue working towards and then maintaining the change.

4. **Liaison**—The GPN may need to interact with members of the team, the practice manager, the GP, other clinicians and health professionals to ensure that the change is on track and that the change process reflects the latest developments or best practice.

5. **Resistance manager**—There is typically resistance to change initiatives, as it can be difficult or challenging for people to adopt new practices and ways of thinking as a result of the change. The GPN needs to be prepared for the possibility of resistance from employees or patients and have strategies to address and overcome the resistance.
**ACTIVITY 9**

Identify a change you would like to make for yourself or a change for the practice. Use the ADKAR template below to document your plan to manage the change.

**ADKAR TEMPLATE**

Proposed change: ___________________________

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Outline what steps you will take to raise awareness of the need for the change.</td>
</tr>
<tr>
<td>Desire</td>
<td>Outline what steps you will take to increase people’s desire to change.</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Outline what steps you will take to improve people’s knowledge of the change.</td>
</tr>
<tr>
<td>Ability</td>
<td>Outline what steps you will take to provide people with the ability to action the change.</td>
</tr>
<tr>
<td>Reinforcement</td>
<td>Outline what steps you will take to reinforce and embed the change.</td>
</tr>
</tbody>
</table>
This section includes case studies illustrating the achievements of nurses in Australian general practices. National and international research is also included.

The research and case studies offer an insight into the range of opportunities available to nurses in general practice to demonstrate their leadership and make a difference. The case studies and research centre on four key areas:

1. the patients
2. the practice
3. the people
4. the profession.

There are many examples of nurses providing leadership in all four areas, but opportunities to demonstrate leadership are not limited to those areas.

1. THE PATIENTS

The ongoing care and management of patients is an opportunity to demonstrate leadership in promoting patient health and wellbeing. The GPN is responsible for the care of the patient not only through their direct interactions, but through their ability to coordinate the care of the patient in consultation with other health professionals. As McMurray states, leadership in the primary health care context relies on ‘articulating nursing’s contribution in the health care team by linking equitable, socially inclusive care, health literacy and empowerment to nursing activities.’42
LEADERSHIP IN ACTION

Dr Chris Bollen has described the work being undertaken in South Australia in the GP Plus Practice Nurse Initiative. Nurses, Practice managers and GPs participating in the initiative completed a program of training and orientation to equip the practice team with the skills and knowledge to provide a particular focus on chronic disease management and care coordination services.

The role of the GPN is to assist in the development of systems to underpin chronic disease management and care coordination of the patient at risk of hospitalisation. These activities include case finding, assessment, care planning, data management and patient recalls and registers. As part of a tailored support package, the GP Plus practice nurse is supported by an experienced practice nurse mentor and/or care coordinator from the local Division of General Practice.

Since 2010, 44 general practices have participated in the program. As a result of the effective coordination of services and care by nurses and GPs, the positive impacts on patients have been dramatic.

- a reduction of 55% in people requiring hospital admission.
- a reduction of 50% in people requiring emergency department presentation.
- 54% of the complex care group referred to allied health professionals and non-government support services (new referrals reflecting identified needs found during the nursing assessment).
- 25% of the over 700 patients referred to state hospital avoidance programs, such as Metrohomelink.
- 60% had one or more forms of advance directive introduced, such as a guardianship, medical power of attorney, anticipatory direction or statement of choices.

The GP Plus Practice Nurse Initiative shows that such change requires a team approach and that effective teams rely on effective leadership. This cannot happen without the leadership of practice nurses and their commitment to their patients.
2. THE PRACTICE

The International Council of Nurses describes many ways that nurses can be empowered and empower others, even when not working as ‘managers’:\n
• encouraging/facilitating the take-up of new information technologies through adequate training and feedback mechanisms
• facilitating change management among employees
• ensuring the sustainability of financial, physical and technological resources
• lobbying for more resources for primary health care
• facilitating/encouraging continuing education
• encouraging/facilitating multidisciplinary and multisectoral collaboration
• fostering opportunities for nurses working in primary health care to become key players and focal points for schools of nursing and nurse educators.

The primary role of many GPNs is clinical care within the practice. This creates the opportunity for them to demonstrate their leadership through a proactive approach to improving clinical practice and ultimately the care that the practice delivers to its patients. McKenna et al. recommend that leaders must be able ‘to appraise critically and audit their own practice and that of others’. This is not always easy, and depends on the level of support the GPN receives from the practice manager and GPs. However, another hallmark of effective leadership is persistence, and with persistence and a commitment to patient care, practices can be transformed through the leadership of the GPN.

EXAMPLE

LEADERSHIP IN ACTION

Dulwich Family Practice is a recently established, inner-suburban, GP-owned practice in Adelaide with six part-time doctors and four part-time administrative staff.

Jackie was a newly appointed ‘novice’ practice nurse who had ‘no idea of the role of a practice nurse’. However, it was through her leadership and as a result of auditing her work and that of others that Jackie received the 2012 APNA Best Practice Nurse Award in the ‘quality improvement and innovation’ category, having been nominated by the GP owner of the practice.

Utilising a clinical audit tool to analyse the patient population, and conducting an assessment of the clinic and its processes, Jackie mapped out a plan that she then presented to doctors and the practice manager for discussion at their next team meeting. With their support, Jackie managed a gradual transformation of the practice, which included addressing the following issues identified in her audit and review.
1. Functionality of practice environment
Issues: not purpose-built facility, set up by non-clinical staff
- Rearranged layout to create treatment room and staff room and change the set up of consulting rooms
- Created two ‘procedure’ trolleys containing procedure packs in snap-lock bags
- Organised vaccine fridge (vaccines stored in boxes for each age group)
- Established order books for medical and office supplies
- Rearranged storage stock

2. Functionality of practice processes
Issues: ad hoc reminder system, poor utilisation of Medicare initiatives
- Developed reminder system for whole of practice for smears, 75+ health assessments, chronic disease management and immunisations
- Introduced additional safeguards into the recall system to reduce risk
- Developed formal policy for management of INR results
- Introduced use of a pro forma to notify doctors of patients’ eligibility for chronic disease management and health assessment item numbers

3. Improving teamwork
Issues: part-time workforce
- Bridged the gap—acted as a liaison between clinical and non-clinical staff
- Attended both medical and administration staff meetings
- Acted as GP proxy in their absence for communications with patients

4. Documentation
Issues: manuals written by non-clinical staff and low-level use of clinical software by doctors
- Reviewed policy and procedure manuals
- Increased awareness of the benefits of using clinical software to its full extent

5. Service to patients
- Conducted health assessments in patients’ homes
- Chronic disease management tools
- Provided clinical services to allow GPs to use their time more productively and efficiently
- Provided health promotion and preventive care
- Reference point for additional services [such as for the elderly and new mums]

Jackie notes that the impacts of her actions included:
- increased job satisfaction for both medical and administrative staff
- a more functional practice team
- increased patient satisfaction with the service provided by the practice
- improved patient health outcomes.

This case study highlights the wide-ranging impact that a GPN can have at the practice level and on patient health outcomes and satisfaction, as well as the level of teamwork and job satisfaction of employees. Through leadership, dramatic improvements can be made in many different ways.
Teamwork is vital to the success of any practice, and good teamwork relies on the leader. The level of collaboration in a team will determine that team’s and the team leader’s success.

The most successful teams possess:
- a common purpose and clear goals
- the necessary skills and resources
- a common approach to work
- a willingness to share information
- trust and support for each other
- the ability to work through conflict
- a willingness to take responsibility for team actions.

Teamwork can be defined as individuals working together to achieve a common goal and holding themselves and each other accountable for the results.

A GPN who demonstrates leadership can have a significant impact on the level of teamwork in the practice, and hence a positive impact on the experience of the team and their job satisfaction. The practice relies on teamwork to improve the health and wellbeing of patients.

The following case study illustrates this in the area of chronic disease management.

**EXAMPLE**

**LEADERSHIP IN ACTION**

The University of Queensland recently researched the question, ‘How does teamwork influence general practice nurses’ ability to provide chronic disease management?’

The research findings confirmed that teamwork is a major facilitator of chronic disease management and that multidisciplinary teams manage chronic diseases more effectively, producing improved health outcomes, quality of care and patient satisfaction.

In the study, 92% of respondents reported that they believed they were working as part of a team in the practice through:
- weekly team meetings
- referral pathways between team members
- working alongside doctors to manage patients
- coordinating with enrolled nurses and reception staff
- consulting with allied health professionals.

These experiences of teamwork do not take place in a vacuum: leadership is needed to create an environment for teamwork to become established and flourish. Respondents in the study cited five major facilitators of teamwork in their practices:
- the GP
- good interpersonal relationships with other staff
- good communication within the practice
- the practice manager
- a positive culture in the practice.
However, practices have some characteristics that can be barriers to teamwork. In the study, the five greatest barriers to teamwork identified by practices were:

- lack of time
- work overload
- the GP
- lack of communication
- lack of office facilities.

This illustrates a tremendous opportunity for nurses to help create an environment that facilitates effective teamwork by encouraging the enablers of teamwork and minimising or removing barriers to teamwork within the practice.

Interestingly, general practices showing good teamwork were more engaged in chronic disease management than practices described as having a poor teamwork environment. Table 2 shows the results of a comparison of practices with and without good teamwork.

### TABLE 2: POOR TEAMWORK VERSUS STRONG TEAMWORK

<table>
<thead>
<tr>
<th>Responsibilities</th>
<th>Poor teamwork environment</th>
<th>Strong teamwork environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting early detection of risk factors &amp; chronic disease</td>
<td>Seldom</td>
<td>All the time</td>
</tr>
<tr>
<td>Supporting lifestyle &amp; risk factor modification</td>
<td>Sometimes</td>
<td>All the time</td>
</tr>
<tr>
<td>Formulation of care plans</td>
<td>None</td>
<td>All the time</td>
</tr>
<tr>
<td>Maintenance of recall and reminder system</td>
<td>Most of the time</td>
<td>All the time</td>
</tr>
<tr>
<td>Patient education</td>
<td>Sometimes</td>
<td>All the time</td>
</tr>
<tr>
<td>Encouraging active patient self-management</td>
<td>Sometimes</td>
<td>All the time</td>
</tr>
<tr>
<td>Medication management advice</td>
<td>None</td>
<td>All the time</td>
</tr>
<tr>
<td>Coordination of team care arrangements</td>
<td>None</td>
<td>All the time</td>
</tr>
</tbody>
</table>

Source: Young et al. [2012].

---

<raw_image>41</raw_image>
This suggests that a lack of teamwork has a direct impact on a practice’s ability to provide chronic disease management to patients successfully, and reinforces the importance of the practice’s leadership team taking deliberate action to foster teamwork among all employees in the practice.

Through effective teamwork in the practice, GPNs have the opportunity to play a more central role in patients’ chronic disease management, including:

- patient education
- lifestyle modification
- encouragement of patient self-management
- early identification of risk factors
- work related to care plans in general
- managing the team
- providing support for patients
- running clinics.

The University of Queensland study concluded with four recommendations to promote teamwork in a general practice:

- Mutual recognition and respect of individual health professionals’ scope of practice
- Efforts to promote a team environment and to accept individual roles within teams
- GPNs need to have confidence in their own capabilities and promote them to the GP and other health professionals
- Individual practices should assess their teamwork in order to determine improvements that could be made in efficiency and patient outcomes.

These translate not only into better health outcomes for patients and the community, but also more satisfying work as a result of a wider scope of practice for the GPN. Therefore, it is in the best interests of the patient, the practice and the team to focus more sharply on teamwork by the GP, the practice manager and the GPN to ensure that the practice continues to improve its service delivery.
**ACTIVITY 10**

Rate your practice’s incidence of the following factors, using the scale provided.

1 Never  2 Rarely  3 Sometimes  4 Often  5 Always  (Circle the appropriate number)

<table>
<thead>
<tr>
<th>Teamwork and chronic disease management</th>
<th>Rate how frequently each of the factors listed occurs within your practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teamwork activities</strong></td>
<td></td>
</tr>
<tr>
<td>Weekly team meetings</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Referral pathways between team members</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Working alongside doctors to manage patients</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Coordinating with enrolled nurses and reception staff</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Consultation with allied health professionals</td>
<td>1  2  3  4  5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors that facilitate effective teamwork</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The GP encourages teamwork</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Good interpersonal relationships with other staff</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Good communication within the practice</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>The practice manager encourages teamwork</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>A positive culture in the practice</td>
<td>1  2  3  4  5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors that prevent effective teamwork</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Work overload</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>The GP inhibits teamwork</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Lack of communication</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Lack of office facilities</td>
<td>1  2  3  4  5</td>
</tr>
</tbody>
</table>

Record your average score for each of the categories by adding up the numbers you circled for the category and dividing by 5.
TEAMWORK ACTIVITIES
Average result: _____________

Review your results for this category:

4–5  Great work. Your practice is committed to taking the actions necessary to encourage and promote good teamwork in the practice. Don’t let it slip—maintain those actions and look for more opportunities to encourage teamwork in the practice.

3–4  Good work. While your practice is taking some actions that encourage teamwork, there is more that could be done. Weaker areas are opportunities for your practice to improve and to do more to encourage teamwork.

Less than 3  More needs to be done. Look at your areas of greatest need and make them a priority.

FACTORS THAT FACILITATE EFFECTIVE TEAMWORK
Average result: _____________

Review your results for this category:

4–5  Great work. Your practice is committed to taking the actions necessary to encourage and promote good teamwork in the practice. Don’t let it slip—maintain those actions and look for more opportunities to encourage teamwork in the practice.

3–4  Good work. While your practice is taking some actions that encourage teamwork, there is more that could be done. Weaker areas are opportunities for your practice to improve and to do more to encourage teamwork.

Less than 3  More needs to be done. Look at your areas of greatest need and make them a priority.

FACTORS THAT PREVENT EFFECTIVE TEAMWORK
Average result: _____________

Review your results for this category (be careful, because the scoring and results are the reverse of the first two categories):

4–5  This is a concern, as you have a number of factors working against you and your practice fostering and encouraging teamwork. More needs to be done. Look at your areas of greatest need and make them a priority.

3–4  Good work. While your practice is taking some actions that encourage teamwork, there is more that could be done. Weaker areas are opportunities for your practice to improve and to do more to encourage teamwork.

Less than 3  Great work. Your practice is creating the right environment to encourage and promote good teamwork. Don’t let it slip—maintain those actions and continue looking for further opportunities to encourage teamwork in the practice.
4. THE PROFESSION

Nursing organisations are critical in providing leadership, advocacy and lobbying on behalf of their members. Influencing policy at a high level, marketing the profession and lobbying for change are all important aspects of their role. The International Council of Nurses highlights some of these aspects:

- facilitating collaboration with other health professional associations
- working with ministries of health and others to influence national health policy to support nursing roles and strengthen nursing research capacity
- working with educational facilities to incorporate primary health care into curriculums
- disseminating research results to nurses, policymakers and others
- profiling nurses’ work in primary health care (in publications, websites, conferences etc.)
- advocating for the health-care needs of vulnerable populations
- promoting primary health care as a career option
- lobbying ministries to provide scholarships or other funding assistance to facilitate further education.

EXAMPLE

LEADERSHIP IN ACTION

Perhaps the pinnacle of leadership opportunities (Maxwell’s Level 5) can be illustrated in the structure and function of the peak national nursing bodies. For example, the primary strategic objectives of the APNA can be found in the association’s statement:

APNA is the peak professional body for nurses working in primary health care including general practice. With 3000 members, APNA provide primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities. APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

GPNs’ involvement in and support of APNA and their pursuit of leadership roles with APNA at the national, state or local level are further opportunities to demonstrate leadership of the profession. Participation in any of the numerous APNA activities can demonstrate any one of the 10 leadership truths described in Part 2 of this module. Indeed, being a member of a professional organisation supporting nursing is probably the first step for many potential leaders.

Nurses in general practice rely on other GPNs developing their confidence and ability to promote themselves and their profession. As Halcomb and Young recommended following their research, nurses need to have greater confidence in their own capabilities and promote them to the GP and other health professionals.

‘Being a Director of the APNA Board for eight years and President for three years has given me the confidence and skills to promote nursing in primary care at the highest level. The role has helped and motivated me to learn a new skill set that has been beneficial from a professional and personal perspective.’

Julianne Badenoch RN, President, APNA
LEADERSHIP IN ACTION

Promoting nursing in general practice to colleagues as a career opportunity is a critical challenge for the profession, particularly as the focus on prevention increases. This includes promotion to undergraduate students.

Achieving this will require leadership by current GPNs, who should embrace the opportunity for students to work in the practice and experience their clinical placement in primary care. It relies on nurses who would not normally take on such a role to step outside their comfort zones and provide a powerful learning experience for student nurses. More information on this is in the Learning and Teaching in the Workplace module available on the AML Alliance website. http://amlalliance.com.au/medicare-local-support/nigp

A study by Monash University found that there are benefits for individual nurses and the wider profession when GPNs embrace the opportunity to act as preceptors and guide and educate student nurses during their time at the practice. The study concluded that, as a result of their experience at the practice, student nurses were able to:

• discuss unique aspects of the general practice environment, such as funding models, accreditation standards and support services available
• discuss the role of general practice in the health-care system and how it integrates with other health-care services
• outline the roles, responsibilities and key skills of nurses working in general practice
• explore the roles of health professionals working in general practice
• identify how general practice nurses work with other health professionals as part of interprofessional teams
• demonstrate beginning skills in health assessment, health promotion, preventive health care and care planning in the context of general practice
• identify common chronic diseases presenting in general practice
• outline the role of the GPN in the management of acute and chronic diseases and medication management.

As Halcomb and colleagues point out, nurse leaders need to provide mentorship and inspire their peers. For nurses providing preceptorship within their practices, this is practical way of providing leadership to the profession, the students and the practice.
Reflect on the issues that affect primary care nursing and that you think could be done better at the practice, Medicare Local and national levels. In the following table, describe them, the evidence for improvement and the actions that you could take to initiate or support change in these areas.

<table>
<thead>
<tr>
<th>Areas for improvement at the practice level</th>
<th>Evidence</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas for improvement at the Medicare Local level</td>
<td>Evidence</td>
<td>Actions</td>
</tr>
<tr>
<td>Areas for improvement at the national level</td>
<td>Evidence</td>
<td>Actions</td>
</tr>
</tbody>
</table>
ACTIVITY 12

Based on the definitions and examples above, rate your leadership impact in these areas of your work. Then, based on your rating, highlight what you have done or intend to do in the future to change or maintain these aspects of your work as a leader. If other aspects of your work are not listed here, add them in the space provided at the end of the table.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Rate your leadership</th>
<th>Examples of what you have done or will do in the future to improve these aspects of your work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 Have never acted on it as a leader</td>
<td>1 2 3 4 5</td>
<td>(Circle the appropriate number)</td>
</tr>
<tr>
<td>2</td>
<td>2 Rarely act on it as a leader</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3 Sometimes act on it as a leader</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4 Regularly act on it as a leader</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5 Always act on it as a leader</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

ACTIVITY 13

Based on your results in Activity 12, list what you see as the priorities for you as a leader at the practice level, as well as nationally and professionally.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
The hardest task for anyone who undertakes any type of learning and development is to take what they have learned and translate it into worthwhile action. It is important to recognise the strengths that GPNs have as leaders, some of which may have come to light throughout this module.

The final activity provides a summary of leadership priorities. Fill in the table below and use it to direct professional development in the short, medium and long terms.

**ACTIVITY 14**

<table>
<thead>
<tr>
<th>Your key strengths as a leader</th>
<th>Summarise your key strengths.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your key development priorities as a leader</th>
<th>Summarise your key development priorities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

‘My contribution to the nursing in general practice profession has involved: ... the identification and mentorship of potential/future nurse leaders; singing from the rooftops the role, capabilities and professionalism of nurses working in general practice to undergraduate nursing students, Divisions/Medicare Locals, the medical profession, practice managers, other nurses and the community at large; and providing CPD opportunities to encourage skill acquisition and professional growth so as to aspire to greater things within the nursing in general practice profession.’

Liz Meadley Consulting
Suggested reading

Advanced Nursing in General Practice: Leadership and Management- A literature review


Australian Nurses Federation, http://www.anf.org.au


Prosci’s Change Management Learning Centre

Royal College of Nursing Leadership
http://www.rcn.org.uk/development/practice/clinical_governance/leadership


SANDS Leadership and management e-resource

The King’ Fund (2012), Leadership and Engagement for Improvement in the NHS
http://www.kingsfund.org.uk/publications/leadership_review_12.html

University of New England Diploma of Management General Practice Nurse Leadership Program
http://www.unep.edu.au/nurse-leadership/
Endnotes and references

4 ibid.
7 ibid.
14 ibid.
16 ibid.
21 ibid.
22 ibid.
23 ibid.
28 ibid.
29 ibid.
30 ibid.
34 King’s Fund Publications (2012), op. cit.
35 ibid., p. VI.
39 ibid.
48 ibid.
49 ibid.
50 ibid.
51 ibid.
52 ibid.
53 ibid.
54 ibid.
58 ibid.