

Nursing leadership – a looming crisis for Africa

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Introduction

All countries in the world are affected by diverse, multifactorial health challenges. In Africa, these challenges are characterised by a high burden of disease, poor governance, economic issues, poor distribution of resources, and political instability that make it extremely difficult to deliver high-quality health care to the population.¹ Such challenges are a reflection of one of the major shortcomings that exist within the healthcare system, which is nursing leadership. Ezeh and the World Health Organization revealed that most researchers viewed the African health system as fragile and weak.^{1,2} This is evident from the African health leaders' lack of autonomy and spontaneous response in resolving healthcare crises on the continent. Furthermore, it is argued that Africa has developed a dependency syndrome on the European Union healthcare leaders who are not afraid to take on health challenges in any setting.¹ It is also claimed that these European health gurus implement care, which is not congruent with African values and ethics, and that the situation has robbed African healthcare leaders of their power to choose and exercise their authority.¹ Conversely, the remodelling of the healthcare system calls for immediate interventions instigated by effective and aware leaders.³ While the African healthcare leaders struggle to regain their authority, their inadequate focus on promoting nursing leadership has limited their success in resolving dynamic healthcare issues. This paper, therefore, ascertains that nursing leadership is a looming crisis for Africa.

In most cases, nurses view themselves as inferior compared to other health counterparts despite being the largest single group in healthcare organisations.⁴ It is also claimed that nurses are underrepresented in healthcare organisations and in policy-making institutions.⁵ This was proven by a 2010 survey, which assessed the number of nurses who occupied board member seats. It indicated that nurses

occupied only 6% of board member seats whilst physicians occupied 20% of the seats.⁵ It is argued that nurses lack knowledge of political power.⁶ The author further stated that without nurses' participation in formulating legislation, the profession, as well as the patients, would suffer. It has also been highlighted that nurses practise at the intersection of their personal lives and the public interest; therefore, they are suitable for leadership roles and to effect change in the healthcare system.³

In most countries, nurse managers head the healthcare settings.^{6,7} However, leadership and management have different attributes. When considering the two categories, the former is more relevant to the current healthcare environment that requires the remodelling of the healthcare system in order to respond well to the current challenges. Managers control and maintain the status quo and are concerned with organisational structures and procedures.⁶ On the other hand, nurse leaders are innovative, self-directed, self-motivated, originate, focus on purpose, do the right things, are challenged by change, are visionaries and have a future time frame.^{6,8} In addition, nurse leaders have knowledge of wider contemporary issues in nursing and an understanding of factors that can affect or improve the profession as well as service delivery.⁷ In this regard, it is argued that strengthening nursing leadership will help in restructuring the weak healthcare system at all levels, local, national and regional.⁹

Furthermore, nursing leadership is widely discussed in the nursing arena but measures to facilitate actual functionality have not been evident.¹⁰ This results in the nurses' failure to assume leadership positions within and outside their nursing premises. However, effecting nursing leadership programmes should not only be facilitated at nursing universities but need to be extended to workplaces. This will strengthen the knowledge of newly qualified nurses and enable them

to mingle with experienced nurses so that innovative ideas can flow. Together they can contribute broadly to resolving complex healthcare issues. This has been inhibited by limited effort to foster nursing leadership in most African academic institutions. Garner et al argue that educators have all the necessary knowledge and skills to educate nursing students to become future nursing leaders but then are challenged by insufficient resources to facilitate the learning process.³ Contrary to that, it is revealed that there is a lack of experienced educators to teach nursing leadership in most nursing institutions.¹¹ Why such a crucial responsibility is neglected and not emphasised by the regulators of the entire healthcare system is worrying because the future of nursing is dependent on the work of nursing leaders.

One incidence, which has put African leaders, together with healthcare leaders, in the limelight, was the manner in which they handled the issue of Ebola in Western Africa recently. A month after the declaration of the Ebola outbreak, the Regional Director for Africa advised all health ministers to upgrade their alert systems and apply requirements as prescribed by the international health organisations and not by local health organisations.²

Whilst the African health leaders had no idea as to how to take control of the situation, the European community responded promptly and issued prevention and management strategies to deal with the Ebola outbreak that was wreaking havoc in the African community. The African health leaders simply adopted those ideas and later complained that the strategies were not feasible in the African setting.¹ One may ask why they did not establish their own strategies that would work best for Africans. In the same matter, the World Health Organization tried to promote the involvement of health personnel, especially nurses and doctors, to help those who were affected by the virus.² This reflects that there seemed to be no intrinsic motivation for nurses to go and assist the affected nations. Indeed, there is a crucial need for empowerment of nursing leaders who will not hesitate to take responsibility, upholding their professional accountability to ensure that fellow Africans receive quality care in urgent situations.³

According to Ezeh, the capacity of Africans to assume leadership roles has been inhibited by socioeconomic status, governance issues and disease burdens like the HIV/AIDS pandemic.¹ This has given the robust European healthcare organisations an opportunity to develop their leadership skills in managing global crises whilst supporting Africans. There are African health leaders who are transforming the healthcare system despite the cumbersome challenges which exist on the African continent.¹ It is also lamented that, in most cases, the work of the African health leaders does not gain popularity.¹ This is because the African health system complies mostly with donors' standards to the effect that the impressive efforts of the local experts go unnoticed or remain undervalued. This has been attributed to the African

nurses' failure in demonstrating leadership roles by showing meaningful involvement in global issues.³

Furthermore, it is argued that leadership forums and participation in global issues provide an experience that can motivate nurses to envision themselves as leaders who can bring about change in their settings.¹² The European societies use this method to gain their leadership skills and this could work for Africans as well. Unfortunately, information technology is still limited and of poor value in most countries as highlighted by the WHO.² If information technology were more advanced in the countries in question, it could be used to inform every professional leader of critical health issues evolving within the continent. Nevertheless, through the use of technology, a limited number of countries were able to assist in the fight against the Ebola outbreak in West Africa.¹³ The African Union's 2015 statistics revealed that only 12 out of 54 (22.2%) Africa state members were involved in fighting the Ebola outbreak in West Africa and had sent 855 health workers between September 2014 and February 2015.¹⁴ The South African government, through the African Union support to Ebola outbreak in West Africa (ASEOWA), deployed 20 nurses to assist.¹⁵ Such a forum would have been an opportunity for African nurses to learn and be motivated by the experts but only a few embraced it. Trying to spread the information would not be possible, even within a country, because of the small number of nurses who gained exposure in resolving the global crisis. This asserts that nursing leadership in Africa is in its infancy. Most nurses are still unaware that they are operating in an extraordinarily complex environment, which requires their efforts to create a suitable environment for the development of their professional values and beliefs.

Thus, a nursing leadership perspective is more pertinent in resolving the evolving healthcare issues in Africa. Without nursing leaders, the existing health challenges will overwhelm the entire system, not excluding the nursing profession that originates from a humble background. As already highlighted, nursing lacks representation in high ranks of decision-making. However, nursing leadership allows nurses to boldly join the ranks of the national and global decision-makers in redesigning health care and in preserving the nursing profession.⁴ One of the historical nursing leaders, Virginia Henderson, has stated that, "an occupation that affects human life must outline its functions, particularly if it is to be regarded as a profession".¹⁶ Henderson has laid the foundation of the nursing profession, including embarking on research in order to improve outcomes of care and the value of the nursing profession.¹⁶ However, Professor Mthsali pointed out that the status of the profession has disintegrated and it requires nursing leaders to restore it.¹¹ Indeed, it requires nursing leaders to define the true basis of the profession; otherwise, it will be meaningless and devalued by the lawmakers. Garner et al reaffirm the already mentioned claim by emphasising the development of nursing leaders for the twenty-first century, to take the

profession to the next level, revive the essence of nursing, and engage in vigorous nursing research in order to improve patient outcomes.³

Conclusion

African leaders under-recognise the impact of nursing leadership in resolving healthcare issues. It is argued that if nursing leaders are not recognised, their talents will disintegrate, or worse, that nurses could leave the stagnant profession and go elsewhere where their talents are noticed and upheld.⁷ The current and future demands of the dynamic healthcare environment need aggressive nursing leadership integration in all healthcare settings for an effective response to the local and global demands of the healthcare system. This will strengthen the status of the profession and service delivery in all settings within the African continent which nurses are entitled to serve by virtue of being advocates of good health for the general population. Thus, being irresponsible to the looming crisis of nursing leadership will lead to all the efforts of the minority, who are trying to effect change within the continent, to be shattered forever.

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