



Carol Huston – a brave new nursing world

WHAT SKILLS WILL THE

Keynote speaker at the conference, American nursing professor and former president of the international honour society of nursing, Sigma Theta Tau, Carol Huston, painted a picture of a brave new nursing world in 2020, in her opening presentation, *Preparing nurse leaders for 2020*.

She outlined eight leadership competencies every nurse leader would need in the 2020. The first was a global perspective. "Every health care issue has to be looked at from a global perspective. We used to think pandemics were confined to developing countries. We now know they are just one short flight away."

There was a more urgent need for international standards for basic nursing education. The nursing shortage was one of the most serious threats to global health, she said, and it would get significantly worse before it got better. Nurse migration was a global problem. (See news p7.)

The second leadership competency was better use of technology to connect people. Technology had driven so many changes already in health care but knowledge and information acquisition and distribution was going to multiply exponentially. "Forty percent of what we know today will be obsolete in three years," Huston said.

She listed a range of technological developments that would have a major impact on health care in the next 20 years. By 2030 diagnostic body scans, which could identify underlying pathology, would become part of showering. Improvements in body scanning technology would mean there would be no need for invasive surgery or tests. "Nano bots" circulating in the blood stream would identify disease processes and begin to repair them. Gene therapy would mean what was now untreatable would be treatable and could see cancer abolished completely

within two decades. Stem cell therapy would eliminate the need for organ transplants "as we will grow new organs. It is predicted we will be able to grow heart, kidneys and livers by 2020. There are already clinical trials underway growing new teeth – instead of dentures you would grow your own new teeth."

Merging of the human and the machine would advance significantly and by 2020 there would be pancreatic pacemakers for diabetics and the technology to enable blind people to see and deaf people to hear.

Robotics would continue to develop, with physical service robots which could wash patients and help feed and carry patients. There was the potential for the use of robots in therapeutic roles. Paro, a robotic seal developed in Japan, responded to patting by closing its eyes and moving its flippers and was already being used as a therapeutic device for those with autism and Alzheimers. Kansei (emotion) robots are being developed and are programmed so key words trigger facial expressions.

Robotic simulation for nursing education provided a safer environment for students and mannequins could now cry, sweat, and become cyanotic. "The challenge for nurse leaders in 2020 will be how much simulation is too much? How important is human contact to learning the art of professional nursing?" Huston said.

Other areas of development would be digital records of health care history, the continued development of biometrics, with confidentiality protected by biometric signatures, the increasing use of "smart" objects, including a bed that could call a nurse if the patient was attempting to get out of bed, or a coverlet which could take a patient's vital signs as they lay in the bed.

"Nursing leaders will have to balance technology and the human element. I'm not worried about the science of nursing but I am a little worried about the art of nursing. Technology can supplement but not replace nursing care," Huston said.

The third leadership competency was expert decision-making skills rooted in both empirical science and intuition. She referred to "wicked" problems, ie those with no right answers. Clinical decision support software packages will, with provider input of data, come up with a list of differential diagnoses and best practice.

There would be increasing numbers of tools to help decision makers, including the opportunity to buy information and advice from expert networks of thinkers. Nurse leaders with both

right brain and left brain skills were needed and Huston suggested that nurse leaders should surround themselves with people with a different brain dominance from their own.

The fourth leadership competency was the development of organisational cultures which emphasised quality patient care and worker and patient safety. "There has been an inordinate amount of money spent on medical errors but we haven't seen that greater reduction in error rates. Part of the reason is how health care systems are created."

If as much energy was focused on fixing the underlying processes which caused errors as was focused on blame, much more would be learnt. "I'm not absolving individual health providers. We must find a balance between creating safer health care systems and individuals' responsibility for the care they provide."

Being politically smart was the fifth leadership competency. "Nurses are the largest group of health care professionals but they are not always an integral part of health care decision making. This has something to do with how women are socialised to view power and with how they have been controlled by outside forces, notably medical and administrative. Politics can be defined as the art of using power effectively. In 2020 nursing input will be needed more than ever. Nurses must use their political skills to solve problems such as workforce shortages, turnover rates, reforming broken health care systems and bringing nursing education entry levels up to that of other professions," Huston said.

Team building skills

Nurse leaders of 2020 must also have highly developed collaboration and team building skills. The key to leadership success in 2020 would be the ability to integrate the priorities of industrial age leadership, with its emphasis on productivity, and relationship age leadership. "Health in 2020 will be characterised by highly educated, multidisciplinary experts and this will complicate, not ease teamwork. The key will be to create teams of experts, not expert teams. The nurse leader will have to be a team builder."

The nurse leader of 2020 must be visionary and proactive in response to an environment which will be increasingly characterised by chaos and change. "Health care organisations in the 21st century will be in a state of constant, dramatic change and will be more fluid, more flexible and more mobile. Nurse leaders in 2020 will be experts in addressing resistance

NURSE LEADERS OF 2020 NEED?

to change and helping followers work through that change.”

The final leadership competency was ensuring leadership succession, given the average age of a nurse in the United States is 47. “We must do a better job of mentoring the newest members of our profession.”

She explained the “Queen Bee Syndrome”, a characteristic of female occupations – “the nurse leader who has had to struggle to get to the top and is so embittered by the struggle she thinks every nurse should have to go through that to get to the top.”

Huston said mentoring and nurturing was

the key to advancement in traditionally male occupations.

She referred to “demographic invisibles”, ie those people not even considered for leadership roles because of their ethnicity, gender, age or nationality, and “stylistic invisibles”, ie those who didn’t fit the stereotype of a leader. “Nursing education programmes must be much more open about where the next generation of leaders is going to come from. Education and management development programmes must ensure nurse leaders have the skill set and competencies to be successful.”

Huston said the ability to achieve a balance

between old and new skills, technology and the human element, national and international perspectives, empirical science and intuition, productivity and relationship, and using power wisely for the benefit of self and others, would be critical for future nurse leaders.

“We must be proactive in identifying, preparing and supporting our nursing leaders to address the realities in 2020.”

• Huston’s second presentation on the last day of the conference, was a light-hearted look at her own nursing leadership journey and examined her mistakes and what she learnt from them. •

PRISON NURSES WORK IN UNIQUE PRIMARY HEALTH CARE ENVIRONMENT

Prison nurses provide primary health care nursing services to around 8680 prisoners in the unique and challenging environment of the country’s 20 prisons, the Department of Correction’s clinical director Debbie Gell told the conference. Prisoners, on the whole, were not a healthy group, with a high prevalence of mental illness, communicable and chronic diseases and up to 70 percent of prisoners were alcohol and drug dependent, she said.

“The prison environment is not very conducive to supporting health needs and this is compounded by isolation and worries about home and family,” Gell said.

The average length of stay was nine months, with some remand prisoners staying just a few days, so nurses had to get positive health messages across within short timeframes. Nursing practice was also affected by security con-

cerns, with prisoners having to be escorted to health clinics or to hospital by custodial staff, sometimes up to three. Nurses on medication administration rounds had to be accompanied by custodial staff and a round always involved myriad locked gates.

There are 280 prison nurses and last year they were involved in 200,000 nursing consultations.

Gell outlined a “typical” day in the life of a prison nurse, with the aid of videos of nurses talking about their work. Nursing clinics were held in prison health centres and included immunisation, sexual health clinics, dental health and chronic care management. In large prisons, doctors visited daily but care was led by nurses with the support of doctors. “Prison nurses see a wide variety of presentations from serious traumatic injuries to minor injuries, alcohol and

drug withdrawal, sexually transmitted infections to sport injuries. They can encounter very complex self-harm behaviours. They need excellent assessment skills, for example they must assess whether a prisoner’s severe abdominal pain is genuine or a way of securing a drug drop at the emergency department.”

Each prisoner underwent a “reception health triage” when first arriving in prison and then a full health assessment within 24 hours to seven days of arrival. “The full assessment is a great opportunity to engage prisoners to look at their own health. Nurses are dealing with a high-needs population who are usually in prison for a relatively short period of time. Nurses must use that time effectively to help improve the prisoner’s health and hopefully the health of the prisoner’s family and wider community,” Gell concluded. •

ASTHMA ASSESSMENT TOOL PROVING ITS WORTH

The three-day conference programme featured a plethora of speakers, including five plenary speakers. As well as Carol Huston, Michal Boyd and Debbie Gell, the other two plenary speakers were MidCentral District Health board clinical nurse specialist community, Denise White, and respiratory programme manager at Harbour Health Primary Health Organisation in Auckland, Wendy McNaughton.

McNaughton spoke about the web-based asthma assessment and decision support tool, GASP (giving support to asthma patients) she was instrumental in developing and which

enables health professionals to follow the New Zealand Guidelines on asthma.

She introduced her presentation with a rundown of international and national asthma statistics, including that there are 300 million sufferers worldwide, New Zealand is second only to the United Kingdom for asthma prevalence, asthma is the most common chronic condition among children, that in 2007 asthma was one of the top three avoidable hospital admissions in the Waitemata DHB region and that there are huge disparities between Māori and non-Māori asthma rates.

She said more than 300 GASP nurses had completed a two-day, New Zealand Qualifications Authority-accredited course based on the Asthma Foundation’s course but with sections on critical thinking and how to establish nurse-led clinics added. Two GASP audits of 205 patients ranging in age from five to 64, had revealed a 76 percent decrease in hospital admissions, a 58 percent decrease in exacerbations and a 46 percent decrease in use of oral steroids. McNaughton “implored” the government to fund nurse-led respiratory clinics.

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