Perceptions of nurses on clinical nursing leadership

Exploring perceptions of nurses on applying clinical nursing leadership competences in order to empower patients in hospital to self-manage their own health condition.

A generic qualitative study

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Abstract

Title: Perceptions of nurses on clinical nursing leadership (CNL).
Background: Hospitalization can be considered a disempowering situation a patient can experience. Patients feel completely dependent on hospital staff. Upon discharge, however patients are expected to self-manage their own health. Empowering patients during a hospital stay can lead to self-management and may help to bridge the gap between hospital and home. CNL is an important competence for nurses to empower patients. In daily practice, it is however unclear how nurses apply CNL in order to empower patients to self-manage.
Aim: To explore the perceptions of nurses on applying clinical nursing leadership competences in order to empower patients to self-manage their own health condition.
Method: A generic descriptive qualitative research using semi-structured focus group interviews with general hospital nurses was performed. Data was analyzed using thematic analysis.
Results: Four main themes were identified. Results indicate that nurses show CNL by continuing health-education and instruction which was seen as a key element of self-management. Nurses provide tailored care by guaranteeing the continuation of care, anticipating and estimating patients' needs. Professional decisions in cooperation with patients were made, whilst nurses maintain control. Nurses value self-management and are aware of its challenges such as work-pressure and set routines in a hospital.
Conclusion: Findings suggest that nurses are aware of the importance of self-management but have challenges to show CNL due to lack of knowledge about activities that cover self-management support, set routines and work pressure.
Recommendations: Future research should focus on how self-management is shaped in the hospital. Nurses should develop CNL skills and increase their expertise on self-management, empowerment and person-centered care to be able to empower patients' self-management.

Keywords: 'Clinical nursing leadership', 'Leadership competences', Empowerment, Self-management [MeSH], 'Nursing' [MeSH]

Samenvatting

Titel: Percepties van verpleegkundigen op klinisch verpleegkundig leiderschap (KVL).
Achtergrond: Een ziekenhuisopname kan worden beschouwd als een situatie waarin patiënten zich volledig afhankelijk voelen van ziekenhuispersoneel wat een gevoel van machteloosheid kan geven. Na ontslag wordt verwacht dat patiënten hun gezondheidstoestand zelf managen. Door patiënten te empoweren tot zelfmanagement, kan de kloof tussen ziekenhuis en thuis worden overbrugd. KVL is een belangrijke competentie voor verpleegkundige om patiënten te empoweren. In de dagelijkse praktijk is het onduidelijk hoe verpleegkundigen KVL toepassen om zelfmanagement te versterken.
Doel: Onderzoeken hoe KVL-competenties volgens verpleegkundigen wordt ingezet om patiënten in het ziekenhuis te empoweren zodat zij in staat zijn tot zelfmanagement van hun gezondheidstoestand.
Methode: Er werd een generiek beschrijvend kwalitatief onderzoek uitgevoerd met behulp van semigestructureerd focusgroep interviews met verpleegkundigen in het ziekenhuis. Thematische analyse werd toegepast.
Resultaten: Er werden vier thema's geïdentificeerd. Verpleegkundigen zetten KVL-competenties in door het continueren van gezondheidsvoorlichting en instructie, hetgeen werd gezien als sleutelelement van zelfmanagement ondersteuning. Verpleegkundigen bieden zorg op maat door continuïteit van zorg te garanderen, te anticiperen en behoeften van patiënten in te schatten. Er werden beslissingen genomen in samenwerking met patiënten, waarbij verpleegkundigen de controle houden. Verpleegkundigen vinden zelf-management belangrijk, maar zijn zich ook bewust van de uitdagingen zoals werkdruk en routines in het ziekenhuis.
Conclusie: Verpleegkundigen zijn zich bewust van het belang van zelfmanagement in het ziekenhuis. Verpleegkundigen hebben moeite met het tonen van KVL vanwege gebrek aan kennis over activiteiten die zelfmanagementondersteuning omvatten, routines en werkdruk.
Aanbevelingen: Toekomstig onderzoek moet zich richten op hoe zelfmanagement in het ziekenhuis vorm krijgt. Om KVL te tonen, moeten verpleegkundigen hun KVL-vaardigheden ontwikkelen en hun expertise op gebied van zelfmanagement, empowerment en persoonsgerichte zorg vergroten.

Sleutelwoorden: klinisch verpleegkundig leiderschap, leiderschapscompetenties, verpleegkunde, empowerment, zelfmanagement.

Introduction

An ageing population with chronic conditions has changed healthcare considerably over the last years and is identified as the main public health challenge in the European Union[1,2]. People increasingly want to control their own life and health when they are sick or need help[5]. Due to this change, organizing of healthcare is shifting from acute care towards chronic care[3,4]. As a result, nurses will meet chronically ill patients in acute settings such as hospitals[1,5]. Acute health problems will always require the care of nurses, but this care is insufficient to meet the needs of an ageing population struggling with the physical, psychological and social demands of living with a chronic condition[1,4,6–8].

Hospitalization can be considered a disempowering situation a patient can experience[6,9]. The reduced ability to perform activities of daily life during hospitalization is well recognized[10]. Patients feel completely dependent on hospital staff for all their needs, which can be translated into the feeling of loss of autonomy[4,6,7]. Upon discharge, however patients are expected to self-manage their own health[11]. Although functional outcomes are not usually the focus of care in hospital, they may be critical determinants of the quality of life and physical independency[9]. Empowering patients to self-manage their health-condition during their hospital stay may help to bridge the gap between hospital and home with less functional decline and more independency[6,11–13]. Empowerment is a process in which people gain more control over decisions and actions in life and in their own health[14]

In recent years, a new professional nursing profile (BN2020)[2,15], was implemented in the Netherlands[2,15]. This profile describes an expansion of tasks and a change in roles of nurses and patients in which collaboration and shared decision-making are central[2,15–17]. Part of BN2020 is the description of the 5 A's (assess, advise, agree, assist and arrange) Behavior Change model[2,15,16]. This description is a tool to assist nurses to empower patients' self-management by assessing knowledge, beliefs and behaviors, advising, agreeing on goals collaboratively set with the patient, assisting patients by identifying and resolving barriers that hinder patients in achieving the set goals and arranging follow-up[16].

Although the term self-management is commonly used in literature, no generally accepted definition exists[18,19]. In this study, the definition of Barlow was adopted: 'The ability to manage one or more health conditions (e.g., symptoms, treatments and lifestyle changes, physical and psychosocial consequences) and integrate them in daily life in order to achieve satisfactory quality of life'[20–22]. This definition implies involvement of patients in their own care process and requires active participation, informed decision-making and knowledge and

skills regarding living with chronic conditions[19]. Despite the fact that patients meet many professionals, empowering patients to self-manage is recognized as a responsibility of nurses because they are trusted by patients[23,24].

Clinical nursing leadership (CNL) is recognized as a key professional competence to be developed by nurses[2,15,25]. Characteristics of CNL are clinical skills and knowledge; coordination of patient-centered care; coaching and educating of patients and colleagues; evidence-based working and initiating meaningful communication so that it promotes and/or preserves patients' health and well-being in collaboration with a professional[14,26,27]. Competences and attitudes such as clinical expertise, flexibility, empathy, supporting, respecting, coordination and cooperation are required[25,26,28]. According to BN2020, nurses are able to organize patients' care and adjust this to the needs of a patient[2]. According to experts as a 'communicator' nurses empower patients and advocate for them; as a 'collaborating partner' nurses communicate in a way to establish person-centered care and as a health-care professional, nurses empower patients self-management in their social context, according to the needs of patients[2,25,29,30].

In literature, many interpretations of empowerment, self-management and CNL are given[14,18,19,26,27,31]. Consequently nurses often do not know exactly what is expected from them with regard to empowering patients to self-manage[32]. To our knowledge, the perceptions of nurses on how CNL competences are applied to empower patients to self-management have not been studied extensively[33]. This study will look for concrete examples of CNL in order to empower patients in hospital to self-manage their own health condition. Understanding these perceptions can provide input for improvement of the current nurse-led self-management empowerment in patients.

Aim

This study aims to explore the perceptions of nurses on applying CNL competences in order to empower patients in hospital to self-manage their own health condition.

Design

Because limited research is available about the perceptions of nurses on how they apply CNL competences in order to empower patients' self-management a generic descriptive qualitative design was applied. Focus group interviews were conducted because they identify mutual perceptions and ideas about a specific topic more extensive as a result of interaction between participants[34,35]. A thematic analysis was used, which is an appropriate method to describe perceptions[34–38]. Reporting is done following the COREQ Checklist[39].

Sample and participants

The sample consists of nurses taking care of hospitalized patients on a surgery department of two general hospitals in the Netherlands. The surgery department was chosen because this study is following-up a study considering self-management in the same particular department[33]. Ten nurses were approached face-to-face by their team manager. Four nurses were approached by the executive researcher. To achieve maximum variation, the main criteria for purposeful sampling were the level of education and years of work experience. Nurses only were invited if they were a registered nurse with at least one year of experience and work with adults. Nurses who only work night shifts or were temporary employees were excluded because they do not empower patients at night or do not know the patient category as well as regular employees. Fourteen nurses were invited and scheduled for an interview. To prevent nurses from being burdened extra, interviews were scheduled before or after their shifts. None of the approached nurses refused to participate in the interviews.

Data collection

Semi-structured focus group interviews were conducted in March 2020. Three interviews were held, two face-to-face in a private room at nurses' worksite and one was held online because traveling to a location was not allowed due to the COVID-19 outbreak. All data were collected by the executive researcher. Each interview lasted about one hour. An observer was present with every interview. No new aspects or dimensions were found after the third interview, saturation was expected to have been achieved. Due to the COVID-19 outbreak, no verification interview was conducted, and a member check was not performed to not burden nurses, who were busy taking care of COVID-19 patients.

To prevent bias the researcher formulated a topic list and operationalized CNL and self-management based on a literature review about CNL competences, patient empowerment, self-management and BN2020[2,4,15,25]. The topic list was composed in collaboration with an expert on nursing leadership to ensure dependability [table 1][34,35,38]. Previously unpublished

research shows that nurses confuse the terms self-management and self-care[33], therefore participants got an explanation by showing an animation. Interviews began with an open question about nurses' perception of self-management in the hospital. Questions were introduced depended on the nurses' responses. They were encouraged to give examples, details and circumstances about their work. The interview guide was pilot-tested before the first interview. Demographic data were collected as well. The interviews were audio-recorded and transcribed verbatim to reduce bias.

Ethics

The study was conducted according to the principles of the Declaration of Helsinki 2013[40]. A data management plan was created to handle all personal data in accordance with the General Data Protection Regulation Act[41]. The Medical Research Ethics Committee of Medical Center Leeuwarden concluded that the Medical Research Involving Human Subjects Act does not apply to this study[42]. All participants gave written or oral informed consent to participate and provide permission to use quotations from the interviews anonymously.

Data analysis

Data collection and analysis was an iterative and reflexive process where constant comparison took place[34]. Data was analyzed using the thematic analysis approach of Braun and Clarke[36]. After reading and re-reading the transcripts, codes were created using Atlas.ti software for qualitative analysis.[43]. To identify the main statements, narratives were analyzed as a whole and it focused on the contents of the participants' stories[34,38]. Generating initial codes was done by the main researcher. A second independent researcher generated initial codes as well[36,38]. The codes were discussed until consensus was reached and an initial code list was determined which was evaluated and checked by the supervisor[34,36,38]. After all interviews axial coding was performed to create categories. Fourteen categories were generated. Finally selective coding was applied to identify relations and formulated themes that could answer the research question[36] [table 3]. The main researcher regularly met the supervisor and research team to discuss codes, categories and themes to create rigour[38]. Researchers triangulations during data analysis and peer debriefing by the research team enhanced both the credibility and conformability of the interpretation. Accurateness was enhanced by reflexivity and feedback of other researchers during meetings. During data collection and data analysis analytical memos were used to document the researcher's ideas to enhance conformability.

Results

Three focus group interviews, consisting of four to five nurses, were held. The work experience range of the participants is three to 30 years and thirteen participants were female, only one participant is male. Most participants were educated as vocational nurses, four participants were educated as bachelor nurse and two as in-service trained nurses. Ten nurses work as senior nurses with a work experience range of one to nineteen years. [Table 2]

Perceptions of nurses on CNL competences were described in four main themes: Continuing provision of health-education and instruction in order to enhance independency; Tailoring care based on patients' wishes and preferences, if necessary deviating from protocols and anticipating needs at home; Decision making in cooperation with patients while maintaining control; Awareness of the importance of self-management despite several challenges. A description of the themes follows below.

Continuing provision of health-education and instruction in order to enhance independency

Nurses mentioned continuing provision of health-education and instruction as a main professional competence that a clinical nurse leader should do to empower patients to self-management despite challenges such as work pressure.

> *'I think you should really start with health education.' [P104]*

All nurses stated that they use their own knowledge for creating awareness, providing insights and teaching medical and technical skills so that patients are empowered and subsequently capable to self-managing their health-condition. Nurses believe that providing knowledge and skills to perform self-care are directly related to independency. Therefore, nurses are teaching patients to be able to take care of a stoma etcetera.

> *For example, when patients get a stoma, that you already teach them to be able to do it independently at home. [R302]*

Teaching skills was mostly done in an incremental way and adjusted to the patient. When a patient goes home with tube feeding, nurses teach patients how the system works and how to flush. Some nurses mentioned that they do it themselves the first time, the second time they let the patient do it and they explain step by step what the patient has to do and in what order. Nurses want to be sure that patients are capable of performing skills and that they understand their information.

'Do you understand what I have said? Can you repeat it again or can you show it?' [R304]

Information was mainly delivered verbally and mostly intended as preventative healthcare. Nurses narrated about the importance of prevention and following evidence-based guidelines. Taking time to create awareness by telling patients what the consequences are of not following guidelines such as early mobilization after surgery.

Tailoring care based on patients' wishes and preferences, if necessary, deviating from protocols and anticipating needs at home.

Leadership was shown by tailoring care that is focused on patients' needs and preferences. Nurses are deviating from protocols and making compromises in the interest of the patient based on previous acquired knowledge or insights and patients' wishes or health condition.

'I went for the compromise, it says two hours on card, we first see how it goes for fifteen minutes.' [P103]

All nurses mentioned that they feel safe by taking over medication even though it was clear that patients had prior experience in self-administrating medication. Understanding wishes of patients to self-administered medication and making exceptions in collaboration with the patients are competences which indicates CNL. Some nurses mentioned that they use self-administrating of medication as an intervention. Patients who are in pain received self-administered pain medication so that they could decide when to take it by themselves.

'We have had a patient who was in a lot of pain, who could not cope with when to mobilize. We gave self-administered pain medication so that she could decide for herself when to have it.' [P201]

Showing empathy, taking time, open attitude and respecting patient's habits, values and beliefs are leadership attitudes mentioned by nurses. Patients' preferences were taken into account and reflected in care provided. Some nurses mentioned that they prefer to shower the patient every day, but if the patients do not want to do this, they respect the patients wish. Patients are allowed to suggest their own preferences or refuse activities.

Nurses organize care by coordinating it and guaranteeing its continuity. Nurses coordinate care by reporting the progress in self-care and show leadership by anticipating and responding to what is needed in the home situation. Some nurses stated that they guarantee continuity of care by taking over tasks of colleagues who are not currently in shifts. A stoma

nurse, for example, only works during office hours. Nurses mentioned that they took over tasks of the stoma nurse during their shifts by guiding the patient as much as possible in stoma care so that they can go home without home care as soon as possible.

Decision making in cooperation with patients while maintaining control

Nurses mentioned consultation with patients and looking for alternatives as aspects of CNL. Nurses discuss possibilities to meet the wishes of the patient when they cannot meet it themselves, for example by involving family or other disciplines.

> *'I have time at the moment, maybe not this afternoon. I don't know if there might be a visit today who might be able to assist you with washing. [P303]*

All nurses identified what the patients are already capable of and were aware that they should ask whether you can do something for them instead of taking over care. Nurses stated that lots of patients gave up their independence in the hospital.

> *'They very often expect things to be done for them that they can actually do themselves.' [R301]*

Most nurses believe that it is important that patients are as independent as possible from health-care providers to prevent loss of autonomy. For this reason, nurses invite patients to participate in their own care by making them aware of the consequences of dependence on health-care providers.

> *'If you depend on home care, you are dependent on times [….] You have to be ready in time for that home care. If you do not have to [….] then you are free to do whatever you want to do' [P201]*

Nurses maintain control in decision making. Patients cannot influence their lists tasks they intend to undertake for each patient for that day. All nurses mentioned that they determine what care in the hospital looks like based on set routines. They simply communicate this to the patient. There is little room for the patients' input. Nurses also want to remain responsible. If, for example, patients have self-administered medication, they have to report the amount of medicines they took that day to the nurse so that they could process that in the system. Nurses experience that patients are generally agreeable to their decisions.

Awareness of the importance of self-management despite several challenges

Critical thinking and reflection were mentioned by nurses as characteristics of CNL. Nurses were aware of changed care and patients' involvement in care provision. This was stated by

all nurses as a shared vision on self-management. Some elderly nurses stated that they have to change their view on their clinical practice. They mentioned that they originally want to take care instead of nursing hands-off.

> *'But the care will change, and the patient and the nurse must also go along with that.' [R103]*

A few nurses consulted their colleagues to reflect on their own care provision and ask for views of colleagues to empower patients' self-management. No models were used to improve patients' self-management.

Nurses were aware of a range of overcoming challenges to empower patients' self-management in hospital. Nurses mentioned that the environment of the hospital and the health condition of the patient makes it difficult to be in control as patient. All nurses mentioned that they intend to empower patients as much as possible, but they are often overwhelmed by lack of time, exacerbated by the need to prioritize other tasks.

> *'Sometimes, if the pressure is so high, you quickly put on the stoma bag yourself besides that you do that step by step with the patient' [P205]*

All nurses appeared to be commonly preoccupied with balancing their care provision and set routines. Adherence to a daily schedule was defined as the structure which determine the limits of preferences of patients. Ensuring that all work is done for the next shift is part of a culture. Nurses do not want to burden their colleagues.

Discussion

This qualitive study examined which CNL competences are applied by nurses in relation to self-management. Nurses mentioned that they demonstrate CNL by providing information as a key element of self-management in order to enhance independency. Nurses want to organize and coordinate tailored care and if necessary, they deviate from protocols and guidelines. Nurses make decisions in cooperation with the patients despite set routines, while they maintain control. Lastly, nurses are aware of the importance of self-management, but are challenged to show leadership within set routines of the hospital.

The perceptions on CNL competences given by nurses in this study are endorsed by various studies. According to patients, nurses can empower patients' self-management by encouraging and inviting patients to participate in their own care; by strengthening patients' motives to self-manage; by offering information about activities that impacts recovery; educate patients about ways to prevent hospital complications and by discussing mutual expectations regarding the hospital stay in general and being more specific about patients' involvement in their own care[4].

Remarkably, nurses mentioned situations which mainly focused on providing information. According to the BN2020[2] they should provide information, education and advise, which is confirmed in this study. This finding is consistent with the study of outpatients nurses working with patients with chronic conditions[44]. Nurses mentioned that they provide information based on their own knowledge and based on their interpretation of the impact of the disease for the patient[44]. Nurses show leadership by continuing providing skills and knowledge as part of advising, according to the 5 A's[16,45]. As is proven in the study of Slev et al. (2017) nurses seems to disregard important elements of self-management support such as collaborative goal-setting and arranging follow-up[46]. Detaching themselves from traditional health-education models seems to be difficult[47]. This indicates that nurses value self-management but have a lack knowledge about activities that cover this, while clinical skills and knowledge are part of CNL characteristics[14,25–28]. It seems to be difficult to achieve a collaborative partnership in the hospitals and patient seems to have a passive role by adapting the nursing knowledge and following the instructions[44,48,49].

Despite the awareness of the importance of empowering patient to self-management, there are some considerable challenges for nurses to show CNL. Nurses tend to focus on giving patients a more active role and voice in their care process. However, all nurses struggle to manage the tensions produced by the culture and structure of the hospital. Nurses often exchange patient-centeredness for set routine due to time pressure[50]. This is consistent with

research among patients that stated that hospitals are places where it's all about 'getting patients in, getting them treated, getting them out', where staff has lack of time and follows routines for care[51]. Workload is a barrier to perform care activities to pay more attention to self-management[52]. Maintain control and task-orientated approaches are used to control time and patients' demands[50]. The culture and structure of the hospital are in conflict with tailored care[50]. Because of that, important leadership characteristics, shared decision making and flexibility are barely demostrated[26].

A collective agreement about nursing routines was the explanation that nurses prioritized their work so not to burden colleagues on the subsequent shift with unfinished tasks[50,53]. However, this results in less attention for the preferences and wishes of the patients like taking a shower in the evening. Important characteristics of nurses who demonstrates clinical leadership should be that you cooperate with colleagues and patients and set directions for person centered care[2,15]. Nurses show CNL by deviating from protocol and respecting wishes of patients such as not taking a shower.

Some strengths and limitations of this study need to be reported. A strength of this study is that purposively sampling was used to include nurses with different educational level and work experience to get various experience, ideas and examples. Another strength is that the researcher followed interview training and conducted a pilot interview. A limitation is that one face-to-face interview was replaced by an online interview, the researcher was not trained to lead an online interview. However, research showed that both methods are able to provide similar level of discussion and quality of obtained information[54]. This study was conducted in general hospitals in the Netherlands with nurses taking care of surgical patients, this limits the transferability of the findings.

Developing CNL skills and increasing knowledge about self-management among hospital nurses is an important implication for practice. Using a model, such as the 5 A's can improve awareness to all aspects of self-management support. Much research focuses on self-management in the home situation, therefor less is known about how to shape this in hospital setting. This is an important subject for future research. The set routines which causes the nursing culture needs further exploration. Empowering nurses to change existing set routines, when found to be suboptimal in order to empowering patients' self-management, is an important implication for practice.

Conclusion:
This study explored the perception of nurses on applying CNL competences in order to empower patients in the hospital to self-manage their own health condition.
Nurses considered health-education and instruction as a key element of empowering patients to self-management. Nurses indicated that they provide tailored care and that, if necessary, they deviate from set routines as part of CNL. Nurses make decisions in cooperation with patients, while they maintain control. Findings suggest that nurses are aware of the importance of self-management but that they find it hard to show CNL due to lack of knowledge about self-management, set routines, lack of time and work pressure.

Nurses should develop CNL skills and increase expertise on self-management, empowerment and person-centered care as part of clinical nursing leadership.

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Table 1 Topiclist

TOPICS	MAIN QUESTION
OPENING QUESTION	What are your perceptions about self-management in the hospital?
SELF-MANAGEMENT	Can you describe a situation from your own practice in which you empowered a patient to self-manage his health-condition? Can you tell me about the activities you already perform as part of empowering 'self-management'?
COMPETENCES	Which competences / behavior / qualities are useful to you to empower patients to self-manage their disease when admitted to the hospital?
COOPERATION	Can you describe a situation from your own practice in which the patient was actively involved in decision making? (Or not involved?)

Table 2 Overview participants' characteristics

Characteristics	Number (%)	Mean [range]
Gender, *female*	13 (93%)	-
Educational level		
Bachelor nurse	4 (29%)	-
Vocational nurse	8 (57%)	-
Inservice-trained nurse	2 (14%)	-
Work experience, *years*	-	10.4 [3-30]
Work experience as senior nurse, *years*	-	3.4 [0-19]

Table 3 Themes and categories

Theme	***Category***
Continue provision of health-education and instruction in order to enhance independency.	Health-education Instruction in learning skills
Tailoring care based on patients' wishes and preferences, if necessary deviating from protocols and anticipating needs at home.	Compromise Clinical skills and knowledge Continuing patients' care Consultation
Decision making in cooperation with patients while maintaining control.	Nurses behavior Discussing mutual expectations regarding the hospital stay Shared decision making Encouraging and inviting patients to participate in their own care
Awareness of the importance of self-management despite several challenges	Changing care Vision on self-management Limitations Patient related factors