



Australian
College of
Nursing

Nurse Leadership

A White Paper by ACN 2015

Contents

Introduction	4
Defining leadership	5
Nurses as leaders and change agents	6
Nurse leadership in world health	6
Nurse leadership in the Australian health system	6
Executive nurse leadership	7
Clinical nurse leadership	7
The impact of nurse leaders	8
Patient outcomes	8
Positive work environments	9
Financial performance	9
Retention	10
Challenges	11
Bibliography	12



.....

Australia's health care system faces a number of complex and interconnected challenges in providing high-quality, innovative and cost-effective care into the future. These include an ageing population increasingly affected by chronic disease, rising health care costs, technological change and the need to improve the equity and accessibility of the health care system, including for Aboriginal and Torres Strait Islander people. The need to maintain and, in some cases, improve safety and quality will be an ongoing priority. These issues are likely to play out within a context of economic uncertainty and nursing workforce challenges, as health care organisations and governments seek ways to contain the costs of care delivery, improve productivity, and recruit and retain skilled staff. This will require change in the way health care is delivered, models of care and the role of all members of the health workforce.

.....

Nurses¹ will be a key contributor to Australia's ability to meet the challenges described above. The nursing and midwifery workforce represents more than half of all registered health practitioners (HWA 2014; AIHW 2014) and accounts for a significant proportion of health services' expenditure. Nurses work across all sectors and settings of the health care system and are integral to the delivery of a range of health services, from community-based primary health care to inpatient care in the tertiary sector. Nursing is a diverse discipline which encompasses a range of overlapping roles, including:

- delivering clinical care
- patient care coordination
- driving safety and quality improvements
- health service development and systems management
- research and education.

As a profession, nurses take a holistic, patient-centred approach to care. Nurses assess and monitor changes in patients' health status, develop care plans, deliver clinical nursing interventions, support patients' self-care and evaluate patient outcomes. Nurses are often the frontline of health care delivery. As a result, they play a critical role in identifying and responding to changes in patients' health status, preventing adverse events and supporting patients throughout their care journey.

Workforce projections indicate that without reforms there will be a significant shortage of nurses into the future (HWA 2012), making it critical that retention strategies are implemented to enable the nursing workforce to continue to meet the needs of the Australian population.

The availability and appropriate distribution of a nursing workforce with the right skills and education underpins the delivery of health care across all settings. Nurses will also need to optimise their scope of practice and participate in the development of new models of care to achieve clinical and cost-effective outcomes.

Nurse leadership will be needed to inform the strategic direction of Australia's health system and help drive the necessary changes within organisations. Nursing leaders are found at all levels of the health care system, from clinical leaders on the ward to nurses who hold government posts or executive positions within health care organisations. They are informed by the patient-centred care philosophy of nursing, an understanding of the complex challenges facing the nursing profession and a strong knowledge of the broader health system. These leaders are able to make connections between challenges at the local level and the broader political, economic and social context. They understand the factors that have shaped the current health system and are able to look beyond day-to-day challenges to develop long-term strategies to drive improvements in patient and population health outcomes. Nurse leadership will be vital to retaining and developing Australia's nurse workforce. Nurse leaders also have a key contribution to make in shaping the design and delivery of new models of care, as well as driving the changes that will be required for their implementation. As members of Australia's largest and most widely distributed registered health profession, nurse leaders will be vital to ensuring that the health system is accessible, responsive and able to meet the needs of all Australians.

¹Nurses in Australia includes both registered nurses who complete an undergraduate degree and enrolled nurses who complete a diploma.

Defining leadership



.....

At its heart, leadership is broadly accepted to be about influencing others to accomplish common goals. In nursing literature, it has been described as a complex and multifaceted process which involves providing support, motivation, coordination and resources to enable individuals and teams to achieve collective objectives (Davidson et al. 2006; Wong and Cummings 2007).

.....

Management and leadership are distinct concepts, although in practice there is significant overlap and interconnection between management and leadership roles. Management is centrally concerned with operational aspects of planning, organising and monitoring service delivery. In contrast, leadership is fundamentally about creating a long-term strategic vision and enabling people to work towards change. It involves developing a shared sense of mission; tackling political, organisational and resource barriers; and inspiring and motivating others (Kotter 1996).

Effective management in complex environments requires leadership, but leaders are not necessarily managers.

Managers occupy formally recognised positions of power within the hierarchy of an organisation. In contrast, leadership is not necessarily concentrated in a particular role or person. Leadership is often distributed throughout the organisation, and leaders can be found at all levels of the organisational hierarchy.

While this White Paper focusses on nurses in formal leadership positions, the importance of informal nurse leaders is also widely recognised. Informal nurse leaders are able to “make things happen” through relationship building, sharing organisational knowledge, informal coaching and mentoring and elevating the contributions of others (Downey 2011).



Leadership is a fundamental part of effective nursing care and nurses are recognised as leaders in patient care. Nursing involves the implementation of goal-driven interventions which aim to improve a patient's health status or comfort. Nurses are recognised for their role as alliance builders: nurses coordinate and motivate care teams, families and patients to support patient wellbeing (James 2010). Nurses need to be adaptable and have effective communication skills, including the ability to influence others towards a common goal. It is for this reason that nurses are often at the forefront of initiatives to improve safety and quality in health care systems.

As their careers progress, nurses may take on leadership roles beyond the nursing domain. When nurses move into leadership roles within health care organisations or the wider health care system, they build on skills that are intrinsic to the delivery of nursing care. Nurse leaders are needed in all settings and across all levels of the organisational hierarchy, as well as throughout the health system at large. However, the contribution that nurse leaders make is not always fully recognised or understood. This section outlines the role of nursing leaders at all levels, from setting the direction at the global level to driving change in frontline clinical care.

Nurse leadership in world health

There is a recognised need for nurse leadership on global issues (Garner et al. 2009; Davis 2014). Health systems around the world are facing many of the same challenges, including workforce development, ageing populations and reduced funding for health care (Gantz et al. 2012). The world is also confronting global challenges which can only be effectively managed by the international community, including antibiotic resistance, climate change and the risk of pandemics. Nurses are often at the frontline of care in responding to natural and human-induced disasters, incidents of terrorism and the like. Institutions and organisations responding to regional crises, including the military and aid organisations, employ nurses in leadership positions. Nurse leaders have an increasing international presence through forums such as the International Council of Nurses, the Commonwealth Nurses and Midwives Federation and the World Health Organization's Global Advisory Group on Nursing and Midwifery. Nurse leaders, who are confident on the world stage, will ensure that Australia is able to learn from international experiences, share national nursing expertise and be involved in developing, implementing and coordinating solutions to major global challenges.

Nurse leadership in the Australian health system

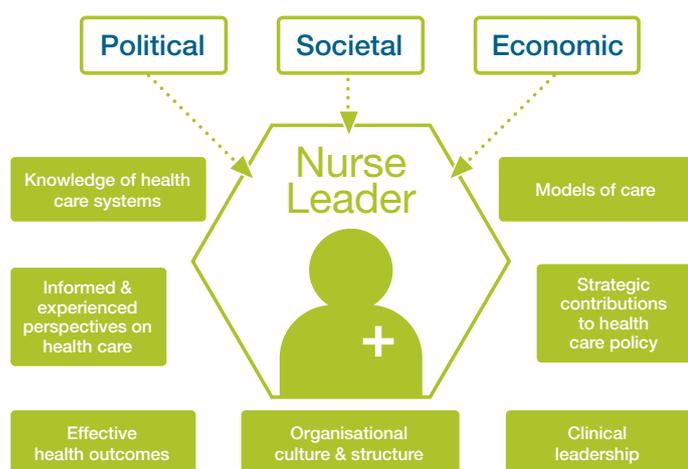
Nurse leadership can be a powerful force for shaping health policy. At the health systems level, nurse leaders can be found in government departments, agencies and steering groups, health care regulatory bodies and health advocacy groups. Nurse leaders can bring deep experience and understanding of the health care sector to their roles (Shariff 2014). They have a broad knowledge of the political, societal and economic forces shaping health care, as well as the needs of consumers accessing the health care system. They are able to identify and challenge the financial, social and cultural barriers people face in accessing health care. They have a strong grasp of the enablers, constraints and challenges of effective service development in the Australian health care environment. Their professional background gives them a strong understanding of the roles and relationships of the different health care groups providing care in Australia. As a result, nurse leaders are well placed to advocate not only for the strategic development of both the nursing and broader health workforce but also for the models of care that will be needed to deliver health care. Nurse leaders bring to the table an understanding of the research and education systems which are essential to modern health care systems. They understand the principles of health workforce education and its relationship with the health care research agenda. They also bring an understanding of the relationship between education, research and practice.

Nurse leaders, operating at the health systems level, can be strong proponents of patient-centred health care delivery, informed by the values and perspectives of the nursing profession. They are able to draw on clinical, operational and health systems perspectives to contribute to national debates about the strategic direction of the



health care system. Leaders at this level understand the complex interactions of policies, regulation and economic incentives, and understand the changes that will be needed to secure necessary reforms. Connective leadership capabilities are critical to a nurse leaders' ability to forge strategic partnerships at a national level, including with policy makers, other health professional groups, community advocates and political representatives.

Nurse leadership in the Australian health system



At the level of service delivery, nurses play an important role in shaping the overall strategic direction of an organisation, as well as in providing day-to-day clinical leadership at the unit level. Nurse leadership is often most visible within formal organisational structures, especially nurses at the executive level, including directors of nursing and chief nursing officers. Executive-level nurse leadership is of central importance for a number of reasons. Critically, as leaders with a clinical background as well as management knowledge and skills, nurse executives are able to combine an operational perspective with knowledge of how decisions related to staffing and clinical care delivery will impact on patients (King's Fund 2009). They influence the strategic direction of the organisation through their input regarding service delivery, resource allocation, workforce planning and development, governance arrangements and clinical quality assurance (White 2011).

Executive nurse leadership

Executive nurse leaders are able to build connections and alliances across the organisation by fostering communication across organisational silos (Willcocks 2012). They are also well placed to build strong partnerships with external stakeholders, educational institutions, patients, families and carers, contractors,

and state and local governments (Willcocks 2012). These partnerships can be critical in identifying and implementing innovative models of care at the organisational level.

Nurse leaders in executive roles also have an important role to play in providing professional leadership to nursing leaders, throughout the organisation and the nursing staff as a whole. Executive nurse leaders set the tone for nursing care within the organisation and ensure that nursing units have the workforce and resources they need to create positive practice environments and deliver high quality care. Nursing work environments and workforce issues are significant because they have an important impact on nurses' ability to deliver safe, effective and high-quality care. There is a large body of evidence which links practice environment characteristics such as workplace culture, staffing levels and mix, interprofessional collaboration, job satisfaction, burn-out and turnover to patient outcomes and productivity (Stewart and Usher 2010, Twigg et al. 2010).

Clinical nurse leadership

At the unit level, nurse leaders focus on clinical leadership through the integration of clinical expertise and leadership practices. Clinical leadership involves delivering and monitoring evidence-based practice, evaluating outcomes within a continuous improvement framework, assessing and mitigating risks to individual patients, improving efficiency and coordination at the point of care and advocating for patients (Ott et al. 2009; Jukkala et al. 2013). Clinical leaders are able to engage with patients in the context of the care and take account of the patient's social, cultural and economic environment. They also facilitate strong communication and collaboration with patients and within the multidisciplinary team. As a result, they are able to recognise and address gaps in patients' care as well as systemic issues of concern. The clinical leadership of nurse unit managers and nursing teams is critical for identifying issues and implementing the necessary solutions in collaboration with management and other health care professionals (Begun et al. 2006, Tornabeni and Miller 2008).



Nurse leadership is critical for a number of interconnected reasons. First, strong leadership is essential to recruit and retain an appropriately skilled nursing workforce. Retention is a critical indicator for health care organisations because appropriate staffing is linked to care quality and patient outcomes, and also because there are significant costs related to staff turnover which impact the overall financial sustainability of the organisation. Second, nurse leaders have a critical role to play in maintaining the productivity and cost-effectiveness of both nursing services and the health service as a whole. Financial performance is important in its own right and also because it impacts the organisation's ability to deliver high-quality services to patients. Retention is one of many areas where nurse leaders have an important impact on financial outcomes. Third, nurse leadership is essential for maintaining and improving patient outcomes.

As noted above, nurse leaders influence retention and financial performance and these, in turn, have an impact on patient outcomes. However, nurse leadership affects a range of other workplace characteristics, such as organisational culture, access to professional development, interprofessional collaboration, lateral violence and control over nursing practice, which have a significant influence on patient experiences and outcomes (Kieft et al. 2014). It should also be noted that these characteristics also influence retention and productivity. In short, nurse leadership is critical to the ability of the nursing unit and the organisation as a whole to operate effectively, achieve financial sustainability and deliver high-quality patient outcomes. Nursing leadership influences quality of care by providing a visible commitment to safety and quality (Morris 2012) and through its impact on nurse work environments and workplace behaviours. These outcomes are interrelated in complex ways and can only be achieved by leaders with an ability to provide strategic leadership within a systems framework.

Patient outcomes

Nurse leaders have a unique role in promoting patient safety because they lead and manage a workforce which has the highest level of contact and most diverse range of interactions with patients (Riley 2009). The breadth of activities undertaken by nurses include care coordination, infection control, medication management, assistance with the activities of daily living, psychosocial support and general nursing care. Nurses are central to delivering high-quality patient care and securing positive

patient outcomes. However, nurses do not operate in isolation. Their ability to provide best-practice care is influenced by the environment in which they work, their interactions with other health care providers and the level of support and resources available. Strong leadership at all levels, from the nursing unit manager to state and federal governments, is necessary to ensure all these factors are in place.

Positive leadership styles have been directly correlated with patient outcomes and complications across a broad range of clinical settings (Wong et al. 2013). For example, effective leadership has been linked with lower rates of urinary tract infections, pneumonia and brain haemorrhage in neonates (Houser 2003, Pollack and Koch 2003). Nursing units with strong leadership have also been shown to have lower rates of medication errors and patient falls (Houser 2003; Capuano et al. 2005; Vogus and Sutcliffe 2007). In the aged care setting, researchers have found a relationship between effective nurse leadership and lower rates of restraint use, behavioural problems and complications of immobility (Anderson et al. 2003). Effective leadership styles have also been linked to lower patient mortality (Houser 2003; Capuano et al. 2005; Cummings et al. 2010), as well as shorter patient stays (Paquet et al. 2013) and higher patient satisfaction ratings (Havig et al. 2011). These studies suggest that effective leadership styles facilitate high-quality care, improve patient outcomes and prevent deaths (Wong and Cummings 2007).



Positive work environments

Nursing work environments and workforce issues are significant because they have an important impact on nurses' ability to deliver safe, effective and high-quality care. Creating a positive work environment is the shared responsibility of employers, management and staff. All nurses have a role to play in maintaining a supportive work environment but nurse leaders can make a significant impact. There is a large body of evidence which links practice environment characteristics such as workplace culture, staffing levels and mix, interprofessional collaboration, job satisfaction and burn-out to care quality, productivity, patient outcomes and patient satisfaction (Aiken et al. 2011; Hinno et al. 2012; McHugh et al. 2011; Nantsupawat 2011; Roche et al. 2012; Trinkoff 2011; Twigg et al. 2013; You et al. 2013; Van Bogaert et al. 2014). For these reasons, it is important to articulate the role that effective leadership can play in improving nurse work environments.

Positive workplace environments do not “just happen”, they are built and sustained by strong nurse leaders. (Duffield et al. 2011, Malloy and Penprase 2010). High-quality nursing work environments empower nurses by giving them autonomy and accountability within their scope of practice, as well as support, resources and opportunities to grow. The extent to which nurses experience their workplace as empowering is linked to the behaviours and practices of leaders (Laschinger et al. 2012). A number of studies link positive leadership behaviours, including transformational leadership practices, to the creation of positive and empowering work environments (Laschinger et al. 2012).

Nurse leaders who develop strong working relationships with staff members, acknowledge individual contributions and create informal opportunities for staff to come together are critical to staff wellbeing at work. Nurses who feel valued by colleagues and recognised for their contributions by management are more likely to be satisfied at work (Wang et al. 2011). Transformational leadership, in particular, tends to support nurses' self-efficacy and sense of competence in the workplace (Salanova et al. 2011).

Leaders play an important role in driving change in nursing units, including both cultural and practice change. Researchers have pointed to nurse organisational leaders' key roles in creating positive practice environments which support patient safety, particularly at the level of the nurse unit leader (Duffield et al. 2011). Nurse leaders at the unit level can role model behaviours such as mentoring and demonstrate their commitment to creating a learning environment by valuing feedback from patients and staff and encouraging professional development (Metcalf 2010; White 2011). They can also lead improvements in service delivery which support a shared interdisciplinary focus on the patient's goals rather than a siloed approach to care delivered by different interprofessional groups (Keenan et al. 2014). Strong clinical leadership at the unit level is also needed to drive changes in nursing practice within evidence-based practice models (Lusardi 2012).

Researchers have suggested that emotionally intelligent leadership may be able to address dysfunctional workplace relationships by modelling organisational values and managing conflict. Nurse leaders who are focussed on outcomes and targets to the exclusion of people and relationships may be slower to address a culture of bullying and are more likely to attribute workplace conflict to individuals rather than organisational practices and policies (Hutchinson and Hurley 2013). Leaders are able to change workplace culture by modelling professional behaviours, socialising new members, using effective conflict resolution techniques and implementing a zero tolerance culture for violence and bullying (Tomey 2009).

Financial performance

Effective nurse leadership within formal management structures is also critical to delivering strong financial performance. In many organisations, nursing services are the largest cost centre. Nurse leaders are required to make



sound fiscal decisions without compromising quality of care or undermining staff satisfaction (Swearingen 2009). Effective nurse leaders at the unit and executive levels are able to create a sense of ownership of financial goals within nursing teams and build a shared understanding with financial decision-makers (Goetz et al. 2011). Within a health system, that is increasingly facing financial challenges in meeting the demand for health care, the role of these nurse leaders is, and will continue to be, critical in achieving the financial and clinical outcomes required.

Retention

Retention of nursing staff is a key issue from an organisational perspective. Health care providers operate in a competitive labour market, and there are significant costs related to staff turnover: recruitment costs, legal and human resource costs, pressure on other staff and the cost of training and orienting new team members (Duffield et al. 2011). High levels of staff movement also have an impact on cohesion within the nursing team and continuity of care, which influence patient outcomes (Duffield et al. 2009). A broad range of factors can influence commitment, intention to leave and retention, however, effective leadership is a key predictor of high organisational commitment and low turnover. The predicted workforce shortage also increases the focus on successful retention of staff.

Australian research has demonstrated that poor work environments are a predictor of nurses' intention to leave. Factors such as inadequate staffing, inappropriate skill mix, a lack of involvement in decision-making, limited career pathways and negative workplace culture are associated with less commitment to the organisation and to nursing as a career (Dawson et al. 2014). In contrast, work environments in which nursing unit managers provide effective and visible leadership, consult with staff and recognise nurses' contributions are associated with higher job satisfaction and intent to stay (Duffield et al. 2011).

Leadership plays a role in retention through the creation of positive workplaces (Duffield et al. 2011). Nurse leadership is critical for the establishment of best-practice working conditions, including appropriate

staffing levels and mix, which are linked to nurses' job satisfaction (Hairr et al. 2014). Strong leadership also underpins the creation of empowering workplace cultures, as described above. In contrast, work environments which fail to support nurses' autonomy, foster a supportive culture or encourage professional growth tend to have higher rates turnover (Hauck et al. 2011).

Supportive nurse leaders are also able to buffer the effects of job stressors such as high role demands and workloads which contribute to high turnover. For example, nurse leaders in managerial positions are in key positions to reorganise workloads, reallocate resources and change staffing patterns (Chan et al. 2013). Empowered nurse leaders who have influence within the organisation can also secure additional resources or improved working conditions for nurses.

The nurse leader's ability to enlist team members in a shared vision is also an important factor in nurses' commitment to the nursing unit and the organisation. Research has demonstrated that the presence of a clearly articulated philosophy of nursing is an important determinant of nurse satisfaction (Duffield et al. 2011). Effective leaders encourage the development of a shared vision by engaging in open communication and involving nurses in the planning and goal setting process, as well as by enacting and encouraging the development of common values in the nursing team (Chan et al. 2013).





.....

The importance of nurse leadership positions has been recognised internationally in a number of key documents including the Institute of Medicine's report, *The Future of Nursing* and the report of the *Mid Staffordshire NHS Foundation Trust Public Inquiry* (the Francis report). Despite the recognition of the need for nurse leadership at the highest levels, nurse leadership positions are not always secure within health care organisations and the wider health system. Nurse leaders currently occupying formal leadership positions at all levels sometimes lack the resources, visibility or formal authority to be optimally effective.

.....

This section briefly outlines the key barriers that exist in relation to ensuring that nurse leaders are able to make a maximal contribution to driving change from ward to board.

A critical challenge is to ensure that health care providers maintain nurse leadership positions at appropriate levels within organisational structures (King's Fund 2009). In the current economic climate, there is a risk that the redesign of health care organisations' management structures may result in the removal of nurse leadership roles at the executive level, as happened in Canada in the mid-2000s (Storch et al. 2013). There must be organisational support for visible and influential nurse leadership roles at the level of the nursing unit, middle management and the executive leadership team. In a system that is facing workforce challenges, financial imperatives and questions, at times, on the quality of care, the key contribution that nurse leaders can make must not be ignored. For those in nurse leadership roles there are other threats that undermine their capacity to contribute to the fullest possible extent.

At the unit level, the most significant threat is under-resourcing of the role. Nursing unit managers may find that there is a mismatch between their perceived authority and their actual influence within the organisation, which can undermine their ability to lead. The ability of nurse unit leaders to balance conflicting demands and provide effective leadership depends not only on their preparation for leadership roles, but also on the organisational support and recognition they are given in terms of time, resources and personnel.

An excessive administrative burden can draw nursing unit managers away from clinical leadership, mentoring and communicating with their teams, which reduces their capacity to provide day-to-day leadership and develop a strategic vision for the unit (Locke et al. 2011). In 2008, the *Report into Acute Care Services in NSW Public Hospitals* (the Garling Report) noted, with concern, that nursing unit managers spent more than half their time on

non-clinical responsibilities which drew them away from leading and supervising patient care (Garling 2008). This role conflict between managerial duties and patient care can ultimately be reflected in lapses in care, near-misses and adverse outcomes.

At the health systems level, there is often a lack of recognition of the importance of nurse leadership in driving change. Nurse leaders have a vital role to play at the highest levels of the health system, including in government, national agencies and health care advocacy organisations. Nurse leaders at this level are well-placed to provide input into strategic decision making on workforce issues and the structure and design of the health system. They bring a unique, collaborative and patient-centred perspective to these decisions, as well as representing Australia's largest health professional group. Whereas it is taken for granted that governments and health system bureaucracies should seek medical input into major strategic directions, the importance of formally involving nurse leaders is not always recognised. It is essential that decision-makers recognise the need for nursing expertise and for nurse leadership roles at the health system's level.

Failure to effectively utilise nurse leaders across the health care system will limit the system's capacity to meet the demands for health care into the future. Nurse leadership will be essential to securing an appropriately sized and skilled nurse workforce, designing innovative models of care delivery, securing strong financial performance and ensuring that patient safety is embedded throughout the health system. Nurse leaders are a valuable resource with the potential to make significant contributions to the transformation of the health system. There is now an opportunity to draw on nurse leaders to build a health care system which is effective, efficient and responsive to the needs of all Australians.



- Aiken LH, Cimiotto JP, Sloane DM, Smith HL, Flynn L, Neff DF 2011, 'Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environment', *Medical Care*, vol. 49, no. 12, pp. 1047-1053.
- Anderson RA, Issel LM, McDaniel RR 2003, 'Nursing homes as complex adaptive systems', *Nursing Research*, vol. 52, no. 1, pp. 12-21.
- Australian Institute of Health and Welfare (AIHW) 2014, *Health workforce*, <<http://www.aihw.gov.au/workforce>>, AIHW, accessed 10/02/2015.
- Begun JW, Tornabeni J, White K 2006, 'Opportunities for improving patient care through lateral integration: The Clinical Nurse Leader', *Journal of Healthcare Management*, vol. 51, no. 1, p. 19-25.
- Capuano T, Bokovoy J, Hitchings K, Houser J 2005, 'Use of a validated model to evaluate the impact of the work environment on outcomes at a magnet hospital', *Health Care Management Review*, vol. 30, no. 3, pp. 229-236.
- Chan ZCY, Tam WS, Lung MKY, Wong WY, Chau CW 2013, 'A systematic literature review of nurse shortage and the intention to leave', *Journal of Nursing Management*, vol. 21, no. 4, pp. 605-613.
- Cummings GG, Midodzi WK, Wong CA, Estabrooks CA 2010, 'The contribution of hospital nursing leadership styles to 30-day patient mortality', *Nursing Research* vol. 59, no. 5, pp. 331-339.
- Davidson PM, Elliott D, Daly J 2006, 'Clinical leadership in contemporary clinical practice: implications for nursing in Australia', *Journal of Nursing Management*, vol. 14, no. 3, pp. 180-187.
- Davis S 2014, 'Global Initiatives: From the Associate Editor', *Clinical Scholars Review*, vol. 7, no. 1, pp. 70-72.
- Dawson AJ, Stasa H, Roche MA, Homer CS, Duffield C 2014, 'Nursing churn and turnover in Australian hospitals: nurses perceptions and suggestions for supportive strategies', *BMC Nursing*, vol. 13, no. 1, pp. 1-20.
- Downey M, Parlsow S, Smart M 2011, 'The hidden treasure in nursing leadership: informal nurse leaders', *Journal of Nursing Management*, vol. 19, no. 4, pp. 517-521.
- Duffield CM, Roche MA, O'Brien-Pallas L, Catling 2009, 'The implications of staff 'churn' for nurse managers, staff, and patients', *Nursing Economic\$,* vol. 27, no. 2, pp. 132-140.
- Duffield CM, Roche MA, Blay N, Stasa H 2011, 'Nursing unit managers, staff retention and work environment', *Journal of Clinical Nursing*, vol. 20, no.1/2, pp. 23-33.
- Francis R 2013, *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*, London: The Stationery Office.
- Gantz NR, Sherman R, Jasper M, Choo CG, Herrin-Griffith D, Harris K 2012, 'Global nurse leader perspectives on health systems and workforce challenges', *Journal of Nursing Management*, vol. 20, no. 4, pp. 433-443.
- Garling P 2008, *Final report of the special commission of inquiry: Acute care services in NSW public hospitals*, NSW Government: Special Commission of Inquiry.
- Garner BL, Metcalfe SE, Hallyburton A 2009, 'International collaboration: a concept model to engage nursing leaders and promote global education partnerships', *Nursing Education in Practice*, vol. 9, no. 2, pp. 102-108.
- Goetz K, Janney, M, Ramsey, K 2011, 'When nursing takes ownership of financial outcomes: Achieving exceptional financial performance through leadership, strategy, and execution', *Nursing Economics*, vol. 29, no. 4, pp. 173-182.
- Health Workforce Australia (HWA) 2012, *Health Workforce 2025 – Doctors, Nurses and Midwives*, HWA, vol. 1, <<http://www.hwa.gov.au/sites/uploads/health-workforce-2025-volume-1.pdf>>, accessed 10/02/2015.
- Health Workforce Australia (HWA) 2014, *Australia's Future Health Workforce – Nurses Detailed report*, HWA, <[https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/\\$File/AFHW%20-%20Nurses%20detailed%20report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf)>, accessed 10/02/2015.
- Hairr DC, Salisbury H, Johannsson M, Redfern-Vance N 2014, 'Nursing staffing and the relationship to job satisfaction and retention', *Nursing Economics*, vol. 32, no. 3 pp. 142-47.
- Hauck A, Quinn Griffin MT, Fitzpatrick JJ 2011, 'Structural empowerment and anticipated turnover among critical care nurses', *Journal of Nursing Management*, vol. 19, no. 2, pp. 269-276.
- Havig AK, Skogstad A, Kjekshus LE, Romøren TI 2011, 'Leadership, staffing and quality of care in nursing homes', *BMC Health Services Research*, vol. 11, no. 327.
- Hinno S, Partanen P, Vehvilainen-Julkunen K 2012, 'Nursing activities, nurse staffing and adverse patient outcomes', *Journal of Clinical Nursing*, vol. 21, no. 11-12, pp. 1564-1593.
- Houser J 2003, 'A model for evaluating the context of nursing care delivery', *Journal of Nursing Administration*, vol. 331, no. 1, pp. 39-47.
- Hutchinson M, Hurley J 2013, 'Exploring leadership capability and emotional intelligence as moderators of workplace bullying', *Journal of Nursing Administration*, vol. 33, no. 1, pp. 39-47.



Institute of Medicine 2010, *The Future of Nursing: Leading Change, Advancing Health*. Washington DC: The National Academies Press.

James KMG 2010, 'Incorporating complexity science theory into nursing practice', *Creative Nursing*, vol. 16, no. 3, pp. 137-142.

Jukkala, A, Greenwood, R, Motes, T, Block, V 2013, 'Creating Innovative Clinical Nurse Leader Practicum Experiences through Academic and Practice Partnership', *Nursing Education Perspectives*, vol. 34, no. 3, pp. 186-191.

Keenan C, Galloway J, McAlinden F, Workman B, Redley B 2014, 'Integrated leadership capability: building a model for today and tomorrow', *Asia Pacific Journal of Health Management* vol. 9, no. 3, pp. 19-23.

King's Fund 2009, *From Ward to Board: Identifying good practice in the business of caring*, King's Fund, < <http://www.kingsfund.org.uk/sites/files/kf/From-ward-to-board_identifying-good-practice-in-the-business-of-caring-Sue-Machell-Pippa-Gough-Katy-Steward-The-Kings-Fund-February-2009.pdf>, accessed 12/02/2015.

Kieft R, de Brouwer B, Francke AL, Delnoij D 2014, 'How nurses and their work environment affect patient experiences of the quality of care: a qualitative study', *BMC Health Services Research*, vol. 14, no. 249.

Kotter JP 1996 *Leading Change*, Boston, MA: Harvard Business School Press.

Laschinger HKS, Wong CA, Grau AL 2012, 'Authentic leadership, empowerment and burnout: a comparison in new graduates and experienced nurses', *Journal of Nursing Management*, vol. 21, no. 3, pp. 541-552.

Locke R, Leach C, Kitsell F, Griffith J 2011, 'The impact on the workload of the Ward Manager with the introduction of administrative assistants', *Journal of Nursing Management*, vol. 19, no. 2, pp. 177-185.

Lusardi P 2012, 'So you want to change your practice: Recognising practice issues and channeling those ideas', *Critical Care Nurse*, vol. 32, no. 2, pp. 55-64.

Malloy T, Penprase B 2010, 'Nursing leadership style and psychosocial work environment', *Journal of Nursing Management*, vol. 18, no. 6, pp. 715-725.

Metcalfe SE 2010, 'Educational Innovation: Collaborative Mentoring Future Nursing Leaders', *Creative Nursing*, vol. 16, no. 4, pp. 167-170.

McHugh MD, Kutney-Lee A, Cimiotti JP, Sloane DM, Aiken LH 2011 'Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care', *Health Affairs*, vol. 30, no. 2, pp. 202-210.

Morris F 2012, 'Assessment and accreditation system improves patient safety', *Nursing Management*, vol. 19, no. 7, pp. 29-33.

Nantsupawat A, Srisuphan W, Kunaviktikul W, Wichaikhum OA, Aunguroch Y, Aiken LH 2011, 'Impact of nurse work environment and staffing on hospital nurse and quality of care in Thailand', *Journal of Nursing Scholarship*, vol. 43, no. 4, pp. 426-432.

Ott KM, Haddock KS, Fox SE, Shinn JK, Walters SE, Hardin JW, Durand K, Harris JL 2009, 'The Clinical Nurse Leader: Impact on Practice Outcomes in the Veterans Health Administration', *Nursing Economics*, vol. 27, no. 6, pp. 363-371.

Paquet M, Courcy F, Lavoie-Tremblay M, Gagnon S, Maillet S 2013, 'Psychosocial work environment and prediction of quality of care indicators in one Canadian health center', *Worldviews on evidence-based nursing / Sigma Theta Tau International, Honor Society of Nursing*, vol. 10, no. 2, pp. 82-94.

Pollack MM, Koch MA 2003, 'Association of outcomes with organisational characteristics of neonatal intensive care units', *Critical Care Medicine*, vol. 31, no. 6, pp. 1620-1629.

Riley W 2009, 'High reliability and implications for nursing leaders', *Journal of Nursing Management*, vol. 17, no. 2, pp. 238-246.

Roche M, Duffield C, Aisbett C, Diers D, Stasa H 2012, 'Nursing work directions in Australia: does evidence drive the policy?', *Collegian*, vol. 19, no. 4, pp. 231-238.

Salanova M, Lorente L, Chambel MJ, Martinez IM 2011, 'Linking transformational leadership to nurses' extra-role performance: the mediating role of self-efficacy and work engagement', *Journal of Advanced Nursing*, vol. 67, no. 10, pp. 2256-2266.

Shariff N 2014, 'Factors that act as facilitations and barriers to nurse leaders' participation in health policy development', *BMC Nursing*, vol. 13, article 20.

Stewart L, Usher K 2010, 'The impact of nursing leadership on patient safety in a developing country', *Journal of Clinical Nursing*, vol. 19, no. 21/22, pp. 3152-3160.

Storch J, Makaroff KS, Pauly B, Newton L 2013, 'Take me to my leader: The importance of ethical leadership among formal nurse leaders', *Nursing Ethics*, vol. 20, no. 2, pp. 150-157.

Swearingen, S 2009, 'Retention reflects leadership style', *Nursing Management*, vol. 34, no. 8, pp. 18-19.

Tomey AM 2009, 'Nursing leadership and management effects work environments', *Journal of Nursing Management*, vol. 17, no. 1, pp. 15-25.

Tornabeni J, Miller JF 2008, 'The power of partnership to shape the future of nursing: the evolution of the clinical nurse leader', *Journal of Nursing Management*, vol. 16, no. 5, pp. 608-613.



Trinkoff AM, Johantgen M, Storr CL, Gurses AP, Liang Y, Han K 2011, 'Nurses' work schedule characteristics, nurse staffing, and patient mortality', *Nursing Research*, vol. 60, no. 1, pp. 1-8.

Twigg DE, Geelhoed EA, Bremner AP, Duffield CM 2013, 'The economic benefits of increased levels of nursing care in the hospital setting', *Journal of Advanced Nursing*, vol. 69, no. 10, pp. 2253-2261.

Twigg DE, Duffield CM, Thompson P, Rapely P 2010, 'The impact of nurses on patient morbidity and mortality – the need for a policy change in response to the nursing shortage', *Australian Health Review*, vol. 34, no. 3, pp. 312-316.

Van Bogaert P, Timmermans O, Weeks SM, van Heusden D, Wouters K, Franck E 2014, 'Nursing unit teams matter: Impact of unit-level nurse practice environment, nurse work characteristics, and burnout on nurse reported job outcomes, and quality of care, and patient adverse events – a cross sectional survey', *International Journal of Nursing Studies*, vol. 51, no. 8, pp. 1123-1134.

Vogus TJ and Sutcliffe KM 2007, 'The impact of safety organizing, trusted leadership, and care pathways on reported medication errors in hospital nursing units', *Medical Care*, vol. 45, no. 10, pp. 997-1002.

Wang X, Chontawan R, Nantsupawat R 2011, 'Transformational leadership: effective on the job satisfaction of Registered Nurses in a hospital in China', *Journal of Advanced Nursing*, vol. 68, no. 2, pp. 444-451.

White J 2011, 'Reflections on strategic nurse leadership', *Journal of Nursing Management*, vol. 20, no. 5, pp. 835-837.

Willcocks, SG 2012, 'Exploring leadership effectiveness: nurses as clinical leaders in the NHS', *Leadership in Health Services*, vol. 25, no. 1, pp. 8-19.

Wong CA, Cummings GG 2007, 'The relationship between nursing leadership and patient outcomes: a systematic review', *Journal of Nursing Management*, vol. 15, no. 5, pp. 508-521.

Wong CA, Cummings GG, Ducharme L 2013, 'The relationship between nursing leadership and patient outcomes: a systematic review update', *Journal of Nursing Management*, vol. 21, no. 5, pp. 709-724.

You LM, Aiken LH, Sloane DM, Liu K, He GP, Hu Y, Jiang XL, Li XM, Liu HP, Shang SM, Kutney-Lee A, Sermeus W 2013, 'Hospital nursing, care quality, and patient satisfaction: cross-sectional surveys of nurses and patients in hospitals in China and Europe', *International Journal of Nursing Studies*, vol. 50, no. 2, pp. 154-161.

