



Leadership Development
and Change Management
for Nurse Executive
in ASEAN Countries
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Leadership Development and Change Management for Nurse Executive in ASEAN Countries



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and Change Management
for Nurse Executive in ASEAN Countries



For Life-long Learners
<http://www.stou.ac.th/lcm/>
In preparation to ASEAN Community
By fiscal budget year 2014

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Preamble



On behalf of the administrators of Sukhothai Thammathirat Open University (STOU), it's been my honor to supervise and support the project implementation on *Leadership Development and Change Management for Nurse Executives in ASEAN Countries* organized by the STOU School of Nursing over the Internet for four months during April to July, 2014, and face-to-face training during 24-26 July, 2014 at STOU. The objectives of the training were to equip and empower nurse executives in ASEAN countries with knowledge, psychomotor skills, and attitude in terms of leadership and change management, and to initiate a cooperative network among the nurse executives in response efficiently and effectively to the readiness for the ASEAN Community in 2015.

Human resource development is considered the most important strategy and stepping stone to develop our ASEAN countries to a more advanced level. Apart from leadership development and change management, it is of no doubt that Information and Communication Technology (ICT) has played a major role in nearly every aspect of operational, managerial, and executive management. It's been my pleasure to give a lecture on "ICT for Health Executives in ASEAN countries". Together with the rest of the training course, I wish the training course would be useful and applicable to all of the participants, and look forward to extension of further networking and cooperation among nurse executives in ASEAN countries in the near future.

Finally, I would like to thank all of the resource persons both from STOU and all other institutions making this training course happen, and contributing to this cooperative and fruitful success!

Chailerd Pichitpornchai

(Assoc. Prof. Dr. Chailerd Pichitpornchai)

President, Sukhothai Thammathirat Open University

Prefatory Note



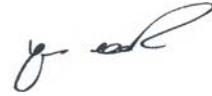
As a result from participation in the training on **Leadership for Change™** organized by the International Council of Nurses (ICN) and Thailand Nursing and Midwifery Council (TCN) during 2013-2014 and my experience obtained from doctoral study under fellowship from Australian Postgraduate Awards: Charles Sturt University, Australia plus with my capacity as former STOU administrator serving in regional center which allowed me to understand and realized the significance of leadership development for nurse executives who must work closely with executives in many relevant professionals. Over 30 years of nurse instructor via distance education, I have written instructional materials and taught leadership in Department STOU Nursing Administration to nurses at graduate level. Besides, I was invited as visiting scholar, plenary guest speaker, paper presenter in overseas and ASEAN conferences in many occasions. This inspired me with self-development by keep with learning at all times.

With previous experience and Thailand entering to membership of ASEAN Community in the year 2015 and endorsement of ASEAN Mutual Recognition Arrangement on Nursing Services, I wish to develop nurses, nursing profession as well as transcultural nursing among ASEAN countries up to international standard quality level by distance education media for example computer technology as a tool for ASEAN nurses' self-development through life-long learning. In this connection, the project implementation on ***Leadership Development and Change Management for Nurse Executives in ASEAN Countries*** was initiated and organized. I sincerely hope that they will learn from honored resource persons from diverse professions both from Thailand and other countries, Australia, France and Singapore. This forum provides opportunity for them to share experiences with other ASEAN nurses, build online social network among ASEAN nurses leading to international competition which will certainly benefit to further development of ASEAN people including our global citizens thereafter.

However, even I have initiated and supervised this project, the success of this initiative come from leadership expression in different situations of our qualified project team members, active support and cooperation from nurse colleagues, STOU faculty members and staff. More importantly, I wish to thank our honored resource persons, honored key note and guest speakers for their knowledge and experience transfer.

My appreciation also goes to all participants, STOU administrators and administrators of national level for their kind support providing budget to this project. It is my high hope this project will be made sustainable by all of you here.

Thank you very much.



(Assoc Prof Dr Boontip Siritarungsri)

Project Leader ,School of Nursing, Sukhothai Thammathirat Open University

WELCOME MESSAGE



Dear Participants,

Indeed, it is my great pleasure to welcome you, on behalf of Sukhothai Thammathirat Open University, School of Nursing, to the training on ***“Leadership Development and Change Management for Nurse Executives in ASEAN Countries”***. The purposes of this project are to empowering leadership and change management for ASEAN nurse executives through learning from outlooks and views of national and international nurse leaders/executives. In this regard, knowledge sharing, developments of nurse leaders/executives network are essential for preparation towards integration of one strong community leading to international market competition. The outcome will certainly benefit health development of global citizen as a whole.

In terms of support, this project has received budget from fiscal year 2014, collaboration with Singapore General Hospital by Assoc Prof Lim Swee Hia who kindly provided useful advice, point of views from several experts especially STOU Founding President, Prof Dr Wichit Srisa-an, STOU President, Dean of Nursing School as well as Dr Suchittra Luangamornlert, the 1st Vice President of Thai Nurse Council.

Since this project is the first of its kind in developing strength of nurses in ASEAN nations, I must regret for any inconvenience caused in public relations and previous coordination. Your comments and suggestions are most welcome. I sincerely hope that the success of this project not only depending upon resource persons' knowledge, experiences and their viewpoints contribution as well as the project team, but also depending upon every participant's learning and concrete application in the long run. May I take this opportunity to express our sincere appreciation to all concerned and STOU staff. Special thanks go to STOU E-Learning Center, the Office of Educational Technology for their complete record and video editing.

The training scheduled for 4 months from April until July 2014 which included online course and three days face-to-face intensive seminar at the end of the course. Online course, self-directing learning and sharing of knowledge/experiences among participants are supervised by resource persons and our project team. For quality and effectiveness of the course, we therefore, limit number of participants. As the project purpose is for benefit of ASEAN nurses or anyone interested people, we have opened

the website for everyone to learn by listening to the modules but not allow sharing knowledge and attending the face-to-face intensive seminar.

Once again, I extend my warmest welcome to all of you and wish you all success in this training and look forward to welcoming you to STOU intensive seminar. Enjoy the training.

Thank you very much.



Assoc Prof Dr Boontip Siritarungsri

Project Leader

Project Proposal

Leadership Development and Change Management for Nurse Executives in ASEAN Countries

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1. Rationale

In the coming year 2015, ASEAN member countries will combine into ASEAN Community, building a regional society for their population that live altogether in a kinship manner in the same family. With the purpose to promote favorable understanding among countries in this region, maintaining peace, security and political stability, economic prosperity, social and cultural development and well-being on the basis on of equity and common benefit of the 10 member countries namely Thailand, Indonesia, Malaysia, Philippines, Singapore, Brunei Darussalam, Cambodia, Lao PDR and Vietnam.

Training development, cooperation promotion including interaction promotion between personnel and profession in the region are considered significant cooperation leading to achieve ASEAN Community's goals of awareness for caring and well-being of the community. Nursing profession or in other words, health service profession, one of the seven key services which has been accelerated by ASEAN Community to combine together toward internationally top in the global quality service. In this regard, an agreement on ASEAN Mutual Recognition Arrangement on Nursing Services (ASEAN MRA) was reached in principle that nurses who meet required qualifications are eligible to register or apply for nurse license to work in other ASEAN countries under law and regulations in those countries. Accordingly, nursing personnel development is necessary in ASEAN region.

Nursing personnel development by distance training will allow anyone in the community to learn from distance education pedagogy based on connectivism in response to needs of each learner at a large number regardless of time and place. The characteristic of such training is an instructional science and art that transfer knowledge through joint learning activity between training facilitators and participants as well as among other training participants. Resource person or lecturer plays a role in providing information, guidance, screening overwhelmed online information/knowledge to training participants or learners and then integrate with practice that will bring about development of new body of knowledge or innovation for nursing administration.

Under current changes in the context of knowledge-based society prior to entering ASEAN Community, preparation to cope with international market competition, understanding ASEAN Community, particularly on economic, social and cultural aspect is crucial for further progress or survival of health and nursing organization. Every nurse, especially nurse executives must try to understand and keep them up with learning so they can handle the above-mentioned changes and then make use of those changes for their organization and professional benefit by expressing leadership potential which is the core competency of nurse executives whose self-development is truly needed.

Being fully aware the significance of nursing personnel development, as one of Sukhothai Thammathirat Open University (STOU)'s schools that employs distance education including technological instructional media via internet i.e. e-learning, webcast and web-board, School of Nursing therefore has cooperated with Singapore Nurses Association and Singapore General Hospital (the first Magnet Hospital in Asia) to organize a pilot training project entitled "**Leadership Development and Change Management for Nurse Executives in ASEAN Countries**". The mentioned project has been included in Sukhothai Thammathirat Open University (STOU)'s preparation plan, towards ASEAN Community in 2015 for the fiscal year 2014 (1 October 2013 - 30 September 2014). Implementation has been conducted in the form of research and development aiming at leadership development and change management for nurse executives in ASEAN countries as well as building ASEAN nurse executives' network thereafter.

2. Objectives

2.1 Main Objectives

2.1.1 To develop the training course "Leadership Development and Change Management for Nurse Executives in ASEAN Countries".

2.1.2 To evaluate the training course "Leadership Development and Change Management for Nurse Executives in ASEAN Countries".

2.2 Subordinate Objectives

2.2.1 To provide more knowledge to nurse executives and empower them with building leadership skill as well as efficient change management via electronic media.

2.2.2 To develop nurse leaders' network in ASEAN countries for ASEAN Community

2.2.3 To enable project participants apply their knowledge to development of nursing administration innovation.

2.2.4 To serve as guidelines for the University's complete course development in response to instructional and training purpose of School of Nursing.

3. Target Group and Stakeholders

3.1 Target Group:

3.1.1 Training via internet: A number of nurse executives who are recruited from public health organization in 10 ASEAN countries to participate in training via internet, and

3.1.2 Attending face-to-face intensive seminar: A number of participants from nurse executives who meet criteria set (joining and active interaction, participants' proportion from each country and willing to attend) in order to attend the face-to-face intensive seminar.

3.2 Stakeholders: Organizations and high-echelon administrators of healthcare organization, health promotion hospital at local community level, and nursing institutes at national level and ASEAN countries including Thai people and ASEAN population who ask for health services and offices concerned.

4. Implementation Pattern and Training Contents

4.1 Implementation Pattern

4.1.1 Study visit and training course development under the research and development format by Thai and overseas experts.

4.1.2 Organize a 4-month training course in 2 phrases for selected target group by STOU distance education system.

1) Training via internet media which included lectures, presentation of success examples that successfully employed leadership and change management by health and nurse leaders or executives from ASEAN community, Europe and Australia. Training participants will be assigned to develop nursing administration innovation as well.

2) Face-to-face intensive seminar in Thailand which included group interaction, vocational activity, presentation of leadership innovation and change management by seminar participants leading toward building leadership competency and change management of nurse executives as well as upgrading strength of nurse executives' network at ASEAN level.

4.1.3 Evaluate the training course development from training participants.

4.1.4 Prepare a training report and evaluation report of the course development.

4.2 Training Contents

4.2.1 Training via internet composed of 10 modules. Module 1 and 10 are orientation and post training while Module 2-8 are contents relating to leadership and change management.

4.2.2 Face-to-face intensive seminar emphasis upon special lecture, group interaction for network development and nursing administration innovation development.

5. Outcome/ Impact of Project Implementation

5.1 Outcome of Project Implementation

5.1.1 Network members jointly developed the training course that provides insight and knowledge to nurses in ASEAN countries.

5.1.2 Knowledge and experience obtained from the training by participants can be considered as nursing administration innovation to actual practice.

5.1.3 Participants are able to build nurse leaders and executives' network in ASEAN countries.

5.1.4 Participants obtained knowledge and experience from renowned resource persons at national level from ASEAN and Europe countries.

5.1.5 Participants' opportunity for knowledge sharing about leadership and change management with resource persons and among other participants from ASEAN Community.

5.1.6 Opportunity for participants' offices to develop their personnel without leaves and cost effectiveness.

5.2 Impact of Project Implementation

5.2.1 Participants will be able to apply their acquired knowledge and experience from the training to actual practice facilitating administration readiness of nursing organization prior to entering ASEAN Community.

5.2.2 Health office or organization of participants will simply be developed up to standard of ASEAN Community.

5.2.3 Raising awareness of health office or organization regarding development of nurse leaders and executives which will result global standardized services be provided to the people in participants' organization with better quality of life.

5.2.4 Various health innovations will shortly be created, worthwhile for using in ASEAN Community context.

6. Training duration and features: Details of the 4-month training are as follows.

6.1 Training via internet: 10 Modules, starting from Orientation, Overview of Leadership and Change Management, Leadership for Executives in ASEAN, Technology as a tool for leadership Development, Towards a New Paradigm of Nursing Leadership, Developing and Providing Nursing Leadership in ASEAN, Nursing Preparation for Magnet Hospital, Change Management Strategies and Change Management in Nursing Leader and M 10: Conclusion & Evaluation. Each module will last for 50 minutes during Apr- Jul 2014. Modules schedule is showed in table1 below and 2 attached.

Table 1 Project Schedule 2014

Month	April					May				June				July		
Date	1	8	15	22	29	6	13	20	27	3	10	17	24	1	24-26	29
Module/ Activity	M1	M2	Self Study	M3	M4	Self Study	M5	M6	Self Study	M7	M8	Self Study	M9	Preparation for intensive	Intensive seminar	M10 Conclusion Evaluation

6.2 Face-to-face intensive seminar in the 4rd week of July at Sukhothai Thammathirat Open University (STOU), Thailand for 3 days 2 nights composed of key activities as follows.

- 6.1.1 Special lectures from guest speakers
- 6.1.2 Exhibition of innovation achievements on nursing administration by selected training participants
- 6.1.3 Ice Breaking activity and building networking among ASEAN nurses
- 6.1.4 Sub groups activities for united best practice development on leadership and change management for nurse executives
- 6.1.5 Dinner cruise along the Chao Praya River

7. Registration fees and training certificate

- 7.1 Training via internet: free of charge and will receive Certificate 1 upon completion of the course
- 7.2 Face-to-face intensive seminar: accommodation, meals and registration fee will be waived but air-tickets will be covered by training participants. Upon completion of the seminar, they will receive Certificate 2

8. Selection criteria for target group

8.1 Training via internet: 300 participants, 100 from Thailand, 40 from Singapore and 20 from the rest 8 countries will be selected by the following qualifications.

- 8.1.1 Serve as nurse executives in 10 ASEAN countries ranging from low level upward, both nursing services and nursing education attached to public and private sector; for example head nurses, Head of Nursing Department, Dean, School of Nursing, etc. ,and
 - 8.1.2 Good English communications with ability to listen, read and write well.
 - 8.1.3 Good IT knowledge
 - 8.1.4 Recommendation letter from participant’s Chief/Director
- Interested persons can apply via internet followed by separate mail of relevant documents to the address attached herewith.
- 8.2 Face-to-face intensive seminar: 100 potential participants must be ready to attend the Seminar. Distribution of participants’ proportion covers 10 countries. In case of more participants, they will be selected on the basis of their internet participation and contribution

9. Project Team

Thailand

- | | |
|--|----------------|
| 9.1 Assoc. Prof. Dr.Boontip Siritarungsri | Project Leader |
| 9.2 Asst. Prof. Dr.Aree Cheewadkasemsook | Team Member |
| 9.3 Asst. Prof. Dr.Premruetairat Noimeuwai | Team Member |
| 9.4 Dr.Pattaya Kaewsarn | Team Member |

Singapore

- | | |
|--|-------------|
| 9.5 Associate Professor (Dr) Lim Swee Hia
(Senior Director, SingHealth Alice Lee
Institute of Advanced Nursing") | Team Member |
|--|-------------|

Managerial Team

- | | |
|----------------------------|-------------|
| 9.6 Ms Sukanya Phromphon | Team Member |
| 9.7 Ms Wacharee Limungkoon | Team Member |

10. Project Advisors

Thailand

- 10.1 President of Sukhothai Thammathirat Open University
- 10.2 Dean, School of Nursing

11. Contact

- | | |
|-----------------|---|
| Project leader: | Assoc. Prof. Dr.Boontip Siritarungsri, R.N.,Ph.D. |
| Project title: | Leadership Development and Change Management for
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| Email: | aseanlcm2014@gmail.com |

Honored Resource Persons and Facilitators for Each Module

Modules /Titles (Online Training Course)	Honored Resource Persons	Facilitators
1. Program Orientation	<u>LCM Project Leader</u> 1. Assoc. Prof. Dr Boontip Siritarungsri <u>LCM Project Team</u> 2. Asst. Prof. Dr. Aree Cheevakasemsook 3. Asst. Prof. Dr. Premruetai Noimuenwai 4. Dr. Pattaya Kaewsarn	Assoc. Prof. Dr Boontip Siritarungsriand
2. Overview of Leadership Development and Change Management	Assoc. Prof. Dr David Crookall Management Institute, University de Nice Sophia Antipolis (UNSA), France	Asst. Prof. Dr. Aree Cheevakasemsook
3. Leadership Development for Nurse Executives in ASEAN	Assoc. Prof. Dr. Tong-In Wongsothorn Former President & University Council Member of Sukhothai Thammathirat Open University	Asst. Prof. Dr. Aree Cheevakasemsook
4. ICT for Health Executives in ASEAN	Assoc. Prof. Dr Chailerd Pichitpornchai President, Sukhothai Thammathirat Open University	Asst. Prof. Dr. Premruetai Noimuenwai
5. Towards a New Paradigm of Nursing Leadership Development	Prof. Dr. Wipada Kunaviktikul Dean, School of Nursing Chiang Mai University	Asst. Prof. Dr. Aree Cheevakasemsook
6. Developing and Providing Nursing Leadership Development Programmes	Assoc. Prof. Dr Suchitra Luangamonlert The 1 st Vice President, Thailand Nursing and Midwifery Council	Dr. Pattaya Kaewsarn

7. Change Management: A Case Study of Theory and Practice	Prof. Dr Karen Francis Head, School of Nursing, Midwifery & Indigenous Health Charles Sturt University, Wagga Wagga , AUSTRALIA Deputy Chair Australian and New Zealand Council of Nursing and Midwifery Deans	ASST. PROF. DR. PREM RUETAI NOIMUENWAI
8. Change Management for Transcultural Nursing	Dr. Png Hong Hock Deputy Director, NURSING DEPARTMENT, SINGAPORE GENERAL HOSPITAL	ASST. PROF. DR. PREM RUETAI NOIMUENWAI
9. The Power of Change: Sharing Experiences	1. Ms. Duangjai Chumprasit NURSE PRACTITIONER OF THE YEAR 2012 MARTIN LUTHER KING: MULTI AMBULATORY CARE CLINIC (MLK-MACC) LOS ANGELES CALIFORNIA, USA 2. Ms. Suwanna Suethanuwong REGISTERED NURSE OF THE YEAR 2008 MARTIN LUTHER KING: MULTI AMBULATORY CARE CLINIC (MLK-MACC) LOS ANGELES CALIFORNIA, USA	DR. PATTAYA KAEWSARN
10. CONCLUSION & EVALUATION	<u>LCM PROJECT LEADER</u> 1. ASSOC. PROF. DR. BOONTIP SIRITARUNGSRI <u>LCM PROJECT TEAM</u> 2. ASST. PROF. DR. AREE CHEEVAKASEMSOOK 3. ASST. PROF. DR. PREM RUETAI NOIMUENWAI 4. DR. PATTAYA KAEWSARN	ASSOC. PROF. DR. BOONTIP SIRITARUNGSRI

Module 3: Leadership Development for Nurse Executives

Assoc. Prof. Dr. Tong-In Wongsothorn
Former President & University Council Member of
Sukhothai Thammathirat Open University

Many years ago, I did the study on characteristics and leadership behaviors of nurse executives and public health personnel using students from Sukhothai Thammathirat Open University (STOU) as a sample. I will share with you about this study and then go on to discuss about leadership development. In this study, I tried to ask about the characteristics and leadership behaviors of their bosses.

1. Characteristics of Executive Nurses and Public Health Personnel

1.1 Characteristics

Students in Nursing and Public Health were asked about necessary characteristics (ideal characteristics) of their bosses and then evaluate the real characteristics. As shown in Table I, there are 10 necessary characteristics compared with the real characteristics of their bosses. The mean scores of these characteristics are above 4.00.

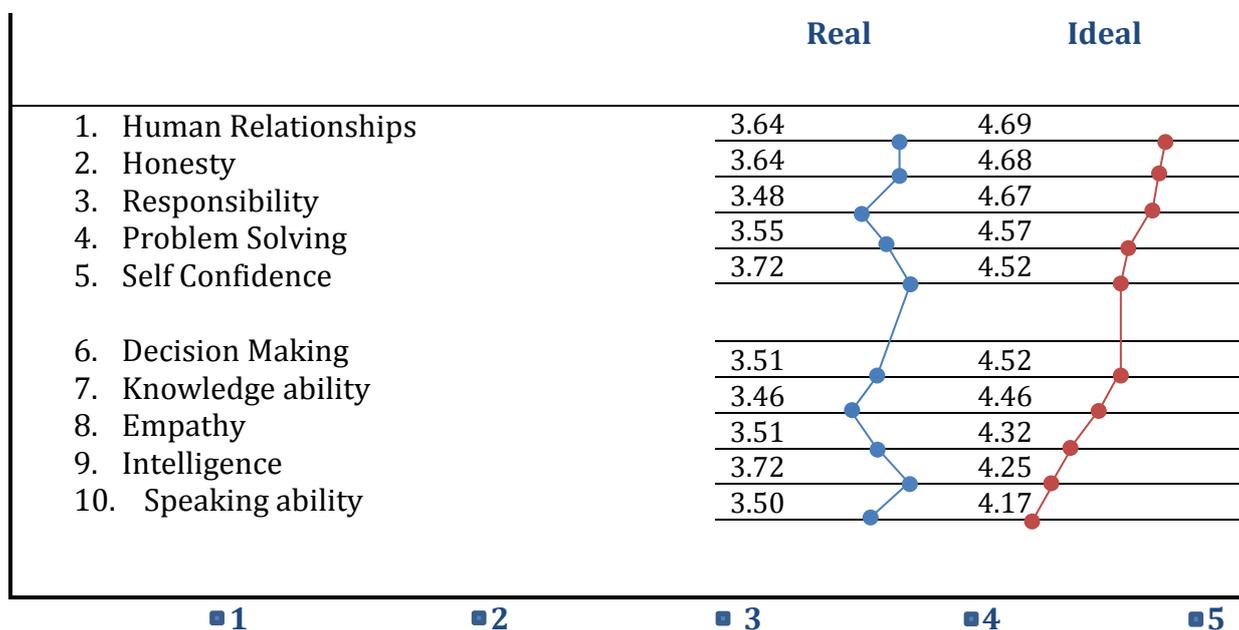
Table I Characteristics of Executive Nurses and Public Health Personnel

Characteristics	Necessary	Their Bosses
1. Human relations	4.69	3.64
2. Honesty	4.68	3.64
3. Responsibility	4.67	3.48
4. Problem Solving	4.57	3.55
5. Self Confidence	4.52	3.72
6. Decision Making	4.52	3.51
7. Knowledge ability	4.46	3.46
8. Empathy	4.32	3.51
9. Intelligence	4.25	3.72
10. Speaking ability	4.17	3.50

1.2 The Gap

It is interesting to note that there are big gaps between real and ideal characteristics, as shown in the Table II.

Table II Comparison of Ideal and Real Characteristics of Executive Nurses and PH personnel



2. Leadership styles

2.1 How many styles of leadership

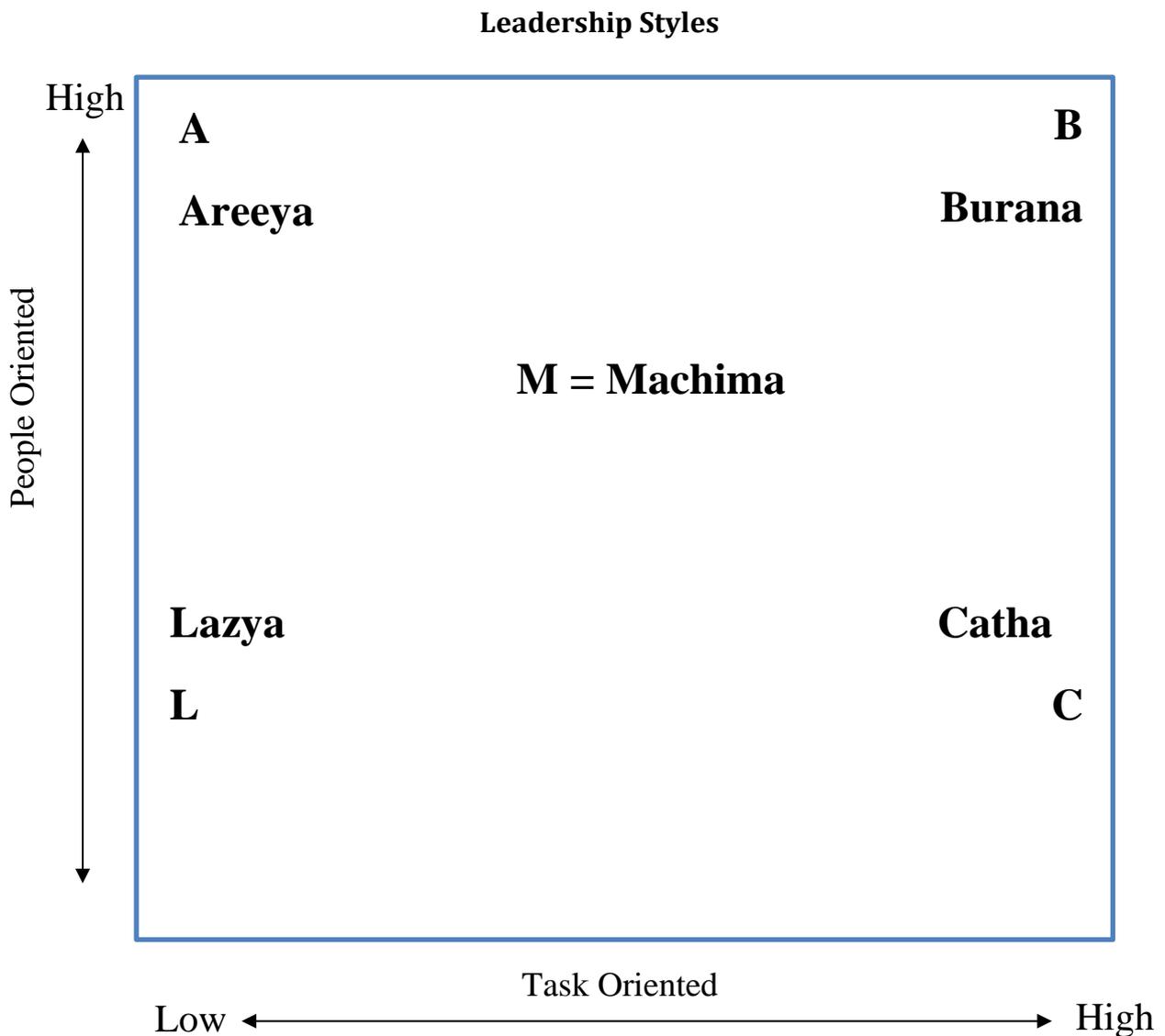
Those who study leadership typically classify leadership styles in to five: A, B, C, L and M as shown in the chart. Let us call

- Style A
- Style B
- Style C
- Style L
- Style M

- Executive A is highly concerned with good relationships
- Executive B is highly concerned with both relationships and tasks of the organization
- Executive C is highly concerned with tasks
- Executive L is a kind of Laissez Faire, not concerned with any dimensions
- Executive M is in the middle

Using the leadership's styles, let us name the executives as follow.

Executive	Areeya	(Mrs. Kind Heart)
Executive	Burana	(Mrs. Balance)
Executive	Catha	(Mrs. Hammer)
Executive	Lazya	(Mrs. Laissez Faire)
Executive	Machima	(Mrs. Middle way)



2.2 Ideal leaders and leaderships styles

It is interesting to note that ideal bosses, the bosses that students in nursing and public health like most, have different styles, as shown in the following Table IV.

Table IV Number and percentage of Leadership Styles of Ideal Bosses

Styles	N	%
A (Areeya)	13	21.0
B (Burana)	12	19.4
C (Catha)	9	14.5
L (Lazya)	12	19.4
M (Machima)	16	25.8
Total	62	100.0

3. Results of Leaderships' Styles

Is there a best style of leadership? The data from the study shown as Table V

Table V Success in Administration and Love classified by Coworkers classified by Leaderships Style

Leadership Style	I		II	
	Success in Administration		Love by Coworkers	
	\bar{x}	S.D.	\bar{x}	S.D.
Executive Areeya	4.00	.40	4.46	.51
Executive Burana	4.41	.51	3.83	.57
Executive Catha	4.00	.70	3.55	1.42
Executive Lazya	4.00	.60	3.66	.65
Executive Machima	4.25	.44	4.25	.57
	(F=1.59)		(F=3.13*)	

The answer is yes and no. By Criteria I, success in administration, there is no different. The F-test is not significant. But by Criteria II, love by coworkers, the F-test show significant different. Areeya has the highest mean score. That means Areeya is mostly loved by coworkers. The style of kind heart seems to be the best on this criteria. It should be noticed that Machima who uses the style of middle way has also the light mean score, only second to Areeya. This style is also important to work with coworkers.

4. Leadership Development

Followings are some suggestions of 4 leadership development.

4.1 Examine your own characteristics.

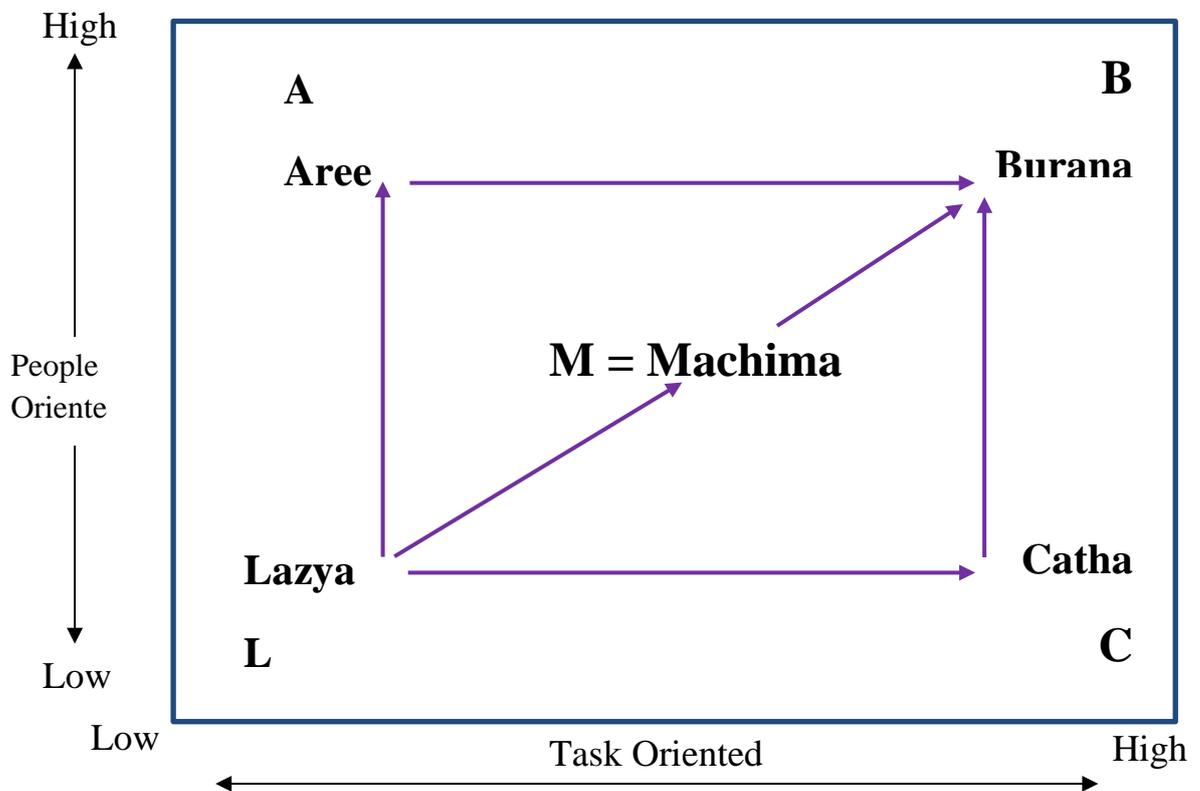
As shown before, there are some characteristics that are necessary for executives in nursing and public health. Examine your desirable characteristics and determine where you are. Find your own gap and try to eliminate the gap.

4.2 Examine your own style of leadership

Are you
 Areeya ?
 Burana ?
 Catha ?
 Lazya ? or
 Machima ?

Move from where you are to where you want to be. In general, leaders want to be Burana because she is more efficient in using both dimension of leadership styles. But you have to understand each style has its own merit. Different situations need different leadership styles.

Leadership Styles



Burana is good as a democratic leader. Catha is good for urgent situation. Lazya is good if coworkers need supervision.

Areeya is good to work closely with Coworkers.

Different situations need different styles. We have to be familiar with all styles and be able to use them effectively.

4.3 Use Ulrich formula 50-30-20 *

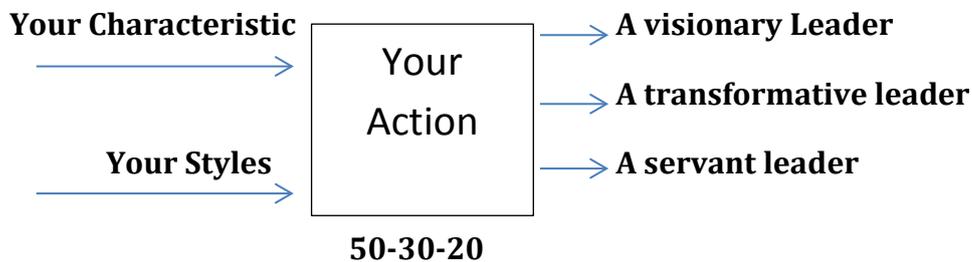
Professor Ulrich (2014) suggests using 50-30-20 formula to improve leadership, as shown below.

50% on - the - job -Experience
30% Training e-Learning
20% Learning experience outside

5. Direction for further development

A Visionary Leader

A Transformational Leader



6. Conclusion

Leadership development is like growing a tree. It needs soil, air, water and fertilizers. Formular 50-30-20 or other formular that suit you could become great ingredients for the success of your leadership development.

-
- Krung Thep Thurakit, 26 March B.E.2557 (2014)

Module 5: Toward a New Paradigm of Nursing Leadership Development

Professor Dr Wipada Kunaviktikul PhD, RN, FAAN.
Dean and Professor, Faculty of Nursing, Chiang Mai University, Thailand

Hello leadership trainees. It is a pleasure for me to join this significant training program. I am honored to have the opportunity to share with you about a new paradigm of leadership development for nurses that can be considered in educational, administrative, and practice settings.

Objectives of this session

After finishing this session, and after further study and activities, we expect that as trainees, you will:

1. Gain knowledge and skills to help you think through new ways of becoming a nurse leader in the 21st Century;
2. Appreciate the need to do things differently as a leader in dynamic health and/or education environments; and
3. Propose and act on relevant strategies to develop yourself to be great nurse leader to enhance excellence and sustainability in your organization.

Presentation sequence

1. Introduction
2. Global changes and health care systems and organizations
3. Leadership skills and characteristics in the 21st century and new paradigm of leadership development
4. How to develop nursing leadership
5. Conclusion

Teaching learning Methods

Lecture

Discussion with the project team

Group or individual work on exercise

Evaluation

Self- evaluation by the trainees

Introduction

Good leadership is an important indicator of key success in any organization around the world. In previous modules in this course you have studied a broad overview of leadership and change management, leadership for executives within the ASEAN region, and the importance of technology as a tool for developing leadership, all content proposed by well-known professors with expertise in leadership. This leadership development has a focus on your personal development as well drawing from relevant research and its application in a variety of settings. In Module 5, I want to focus on some nursing leadership characteristics needed in the changing environment of health care, so that as nurse executives you can learn how to cultivate yourselves, and also develop new and present nurses to be leaders of the future to achieve excellent and sustainable organizations. As well as developing your own leadership capabilities and knowledge, it is critical that you do succession planning to develop up new nurse leaders for the future (Titzer *et al.* 2013). This succession planning needs to be in the strategic planning of all organizations.

The content of this Module is conceptualized in a critical sense from proposed theories and concepts, and contemporary research findings. As well, I include reflections on my own experiences from real life working situations, teaching and learning environments, national and international study visits, and lessons learned from different situations. The title of this session is similar to Casserley and Critchley (2010)'s publication (A new paradigm of leadership development) which I have learnt heavily. I urge you to read their article focuses on describing a paradigm shift for leadership development in a new order post-recession.

All this session is designed to stimulate you to critically think about applying a relevant and culturally appropriate new paradigm of leadership in your present and future roles in your own situations.

Global changes and health care systems and organizations

Change is always with us, but it has never been so rapid in the history of mankind than at this current time. Around the globe there are changes in the demographics of populations, in social, economic, political, technological, environmental, scientific, industrial, agricultural, educational, and health spheres. There is tremendous innovation and information technology growth, in response to consumer desires, public need, government policy, funding and reform, and private industry marketing. In addition to these external pressures, today internal forces within any health system or organizations include various aspects: new strategies, administrative reform or expansion, growing workforce diversity, economical imperatives, new diseases, new technologies, new information management systems, changes in the morbidity and mortality of populations, health professional and other worker issues, and centralizing and decentralizing or downsizing concepts that seem to emerge in cycles.

These changes occur fast and are so hard to keep up. But they have a great influence on the way that leaders perform or need to perform for an organization to be successful and achieve its desired outcomes. All organizations, public, private, or non-profit, have to face these big changes constantly, thus, administrators as leaders need to be prepared to think ahead to try to forecast changes all the time. As leaders we have to be proactive, not just waiting until we hear that things have changed. Reactive strategies are no longer useful or effective in this era. So remember, good leadership is a key success of any organization.

Health care reform is firmly on agenda of the 21st Century and in many countries such reform focuses on efficiency, equity, quality, safety, rising standards of practice, and access to care. Of course, there is a great variation among countries regarding the speed and depth of this reform, and there are still great disparities regarding access to quality and appropriate health care in many resource poor countries. At present, health care settings have become more complex and dynamic with new technologies, drugs, treatment, care equipment and facilities, policies and protocols, and competing demands and high expectation of clients and stakeholders. There are opportunities and positive effects: tele-health and tele-nursing, increased networking, new job opportunities and improvement in health care, while negative effects are environmental pollution, local culture breakdown, and unsafe work environments (Shaw, 2005). Health professionals need to be updated in knowledge and experiences as well as innovative technology and research for best practice. Nurse administrators and leaders also have to prepare themselves as well as staff nurses to have good leadership skills. This is to help them to be more competent to work in the complex, and sometimes chaotic, health care organizations to provide quality, safe and appropriate care.

Who are leaders, administrators or managers? And what is leadership?

Often in the literature you will see the terms manager, leader, supervisor, and administrator used interchangeably, but they are not the same thing (Sullivan, 2012).

A **leader** is one who influences others in both ideas and behaviors. They are chosen to lead the team to assist, direct, and coach team members to achieve goals, or are the ones whom others want to follow. Leaders are ubiquitous. And they need good powers of persuasion and guidance, and political influence (Sullivan, 2012). Leaders these days also need to live with ambiguity and uncertainty, and be ethical, transparent, courageous, and accountable (Porter-O'Grady & Malloch, 2013).

Leadership contains the characteristics of talent, esthetics, knowledge, good communication, and competency which lead others to collaborate and achieve ultimate goals. Said in another way, leadership is a process or a set of behaviors that influences others to control, direct, motivate, and inspire others to achieve set goals. Leadership can be formal or informal, and there are many aspects and opinions about what makes a

good leader. However, current literature informs us that certain characteristics are more admired or more effective than others. Do some reading about this.

An **administrator or manager** is the one who gets things done through other people, using planning, organizing, leading, and controlling processes to achieve the goals of the organization. They are appointed in an administrative or management position and in a functional role within an organization.

Good managers are also good leaders, but as Sullivan (2012) tells us, managers may not be leaders of people but of resources. Similarly, you might be a good leader but do not have fine management skills. A leader has to develop themselves to be ready to use good leadership characteristics or skills if they also want to be a good manager/administrator. However, this does not mean that only administrators or managers need to have leadership skills: all nurses in different settings require some leadership abilities such as being a clinical nurse leader or a leader in a community and society. And all have to use leadership skills in an effective way.

In general, there are three- four types of leaders ranging from very autocratic leaders who want to control others or the work concerned, to laissez-faire leaders who do very little to control others or the work concerned, and democratic type who concerns both work and people. A characteristics of each type of leader effects the achievement of the organization, either in an achieve or fail sense. Do some reading of literature about the types of leadership that are in the literature to inform yourself of how things might be done differently when leading from the front or above. Some situations require different types of leadership. You can also use various tests to try to ascertain what type of leader your are, and then to think about what you need to do to change or develop a leadership style that is more in tune with the 21st century. Simply do a search using the phrase 'how to find out what type of leader you are' and you will find different tests. You can also search for 'leadership development testing', and an array of psychological testing and management testing is available.

Leadership Skills and Characteristics in the 21st Century, Leadership for Nurses, and New Paradigm of Leadership Development

Leadership development in the 21st century or new era needs to be focused on a new paradigm if you are going to adjust well to different ways of doing things. Doing things the way they were done in the 20th century is not always appropriate now. Learning from experiences, a mentor, a coach, your peer group in leadership positions, by your own actions, or even from the environment around you can be used to help position yourself as a 21st century leader. To manage changes in this century, an organization should be prepared to be a high performance organization which consists of a customer-driven, mission-oriented, learning organization, that is technology-based.

Empowerment and participation, networking, and accountability of leaders are key concepts recognized as critical these days in such organizations.

Bennis (in Nanus, 1992) proposed that 21st century leadership characteristics are visionary leadership with effective communication; being a reliable person; having awareness and commit to change, and linkage to globalization; and daring to make a decision to change an organization to be smaller and flexible. Further, we need in this modern era transformational and transaction leaders to inspire others. More recently, Randall and Todd Tabias (2003) stated that leadership is integrity, dedication, respect for colleagues, good management and communication of one's own ideas, good interpersonal skills, values and culture, and being visionary and sharing that vision embracing matters with passion. Being a change agent, risk taking, and thinking 'out of the box' are also required.

Another set of leadership development concepts which still can be used in this era are the seven habits of effective people as suggested by Stephen Covey (1989). He also proposed the 8th habit of leadership (Covey, 2004) as follows:

1. **Be proactive:** You are in charge, so be a responsive person. Think ahead.
2. **Begin with the end in mind:** have a plan, so plan ahead and set goal(s).
3. **Put the first thing first:** set priorities of the work, make a schedule to follow the plan, and be disciplined and organized.
4. **Think win/win:** have a strategy in which everyone can win something, getting what you as leader wants, but also in consideration of what others want.
5. **Seek first to understand, then to be understood:** listen before talking, listen to others without interrupting.
6. **Synergy:** working together is better, a positive teamwork to achieve goals no one person can work alone.
7. **Sharpen the saw:** Balance your body for health, make time with family and friends, and school, and
8. **Find your voice and inspire others:** seek a voice of the human spirit, full of hope and intelligence, resilient by nature, boundless in its potential to serve the common goal.

These eight habits or leadership characteristics as proposed by Covey (1989, 2004) can be divided into three stages namely, dependence, independence, and interdependence. They can also be grouped as a private victory and a public victory. They can be used in this new paradigm of leadership development since they cover all aspects in real life in present and future situations. These demonstrate the importance of leaders equipping themselves first, before contributing to others or the organization in general.

Greenleaf (in Beazley, Beggs, and Spears, 2003) proposed servant leadership as a powerful concept. This starts with the feelings of people who want to serve, which

channels into the aspiration to lead. Leadership characteristics are grown in people while they serve others and are always in a stage of development. Thus, leadership over time becomes healthier, wiser, freer, more autonomous, and you are more likely to become more effective servants. Ten characteristics of servant leadership are as follows:

1. **Listening:** listen intently to others and listen receptively to what is being said and not what you said, and seek to understand people's body, spirit, and mind. Listen and then reflect on what people have said.
2. **Empathy:** Empathetic listening is very important. Understand, recognize and accept their behavior, performance, spirit, and self.
3. **Healing:** is a powerful force to help others who suffer from emotional hurt. Help them and help lead them to wholeness.
4. **Awareness:** aids understanding the issues related to values and ethics. It also helps people to view the situations in a more integrated and holistic way.
5. **Persuasion:** Use persuasion more than authority for decision-making, in order to convince others, and rather than to achieve coercive compliance.
6. **Conceptualization:** Thinking beyond that of a day-to-day basis helps leaders to have a broader base of conceptual thinking, instead of thinking within the short term. A leader should have a clear idea of a change or task before proposing the vision to the organization. Leaders need balance between conceptual thinking and day-to-day thinking so that a good vision can emerge.
7. **Foresight:** is close to conceptualization, and is the ability of people to foresee the outcome of a situation. It is a characteristic that helps a leader to understand the past and present, and then connect to a decision for the future. It is deeply rooted in an intuitive mind.
8. **Stewardship:** The use of openness and persuasion to commit to serve the needs of others, and hold an institution and its community of people in trust for the good of society.
9. **Commitment to the growth of people:** Recognize and commit your responsibility as a leader to do everything to nurture the personal, professional, and spiritual growth of others.
10. **Building community:** Seek to identify some means for building a community among those who work within the organization. And to rebuild or enhance that community as a viable life for larger number of people.

As previously stated, these leadership characteristics seem to have commonality for the leadership development in the 21st century. Some of them have been proposed for more than 20 years, but they are still relevant for use today, and can contribute to a new leadership paradigm. Leaders can adapt these concepts to use wherever they fit in their own institution or environment.

In health care organizations, nurses can play a significant role in turning a healthcare system around, to reform it for the greater good, by providing the vision, creating the direction and leading the way. Nurses can transform the health care system because of their numbers, their scope of practice in many roles, and their ability to care for people at all age groups in different settings (Gottlieb, Gottlieb and Shamian, 2012). To reiterate, leadership development involves developing oneself first, then developing others. This leads to more effective contributions to people and the greater environment, in communities at any level, organizational, local, national and global. Nurses have great potential to be leaders in the world, to rise above their important practice environments to lead others to make great contributions to the health and wellbeing of people everywhere. As a nurse you might need some 'self-talk' yourself regarding your worth as a leader, to recognize the leader within, and to think that leader requires assertion, but also periods of having humility. However, do not be too humble, especially if you want to have great potential to make contributions to many other disciplines and levels of society. Nurses are great organizers and planners, and are used to working in complex and challenging environments, often resource poor, and deal daily with humans in sickness and in health. The qualities of good nursing are also often commensurate with the qualities of a good leader, but in my experience, too often nurses say 'I am just a nurse'. This devalues their ability and their self-esteem to become great leaders, as well as acting to devalue their profession. One observation I have made over the years is that we often talk about not having good nurse leaders, when in fact part of the problem is that nurses do not see their own potential or engage in opportunities to develop their leadership. Moreover, often they have not realized the necessity to develop programs for nursing leadership, or have not had the resources to make this happen. This is no doubt a strong background reason for this particular course in leadership development.

Huston (2008), a global nursing leader, found that characteristics of nurse leaders for 2020 consist of: a having global perspective or mindset in health care and nursing issues; technological skills which facilitate relationships, interaction, and operational processes; expert decision-making skills; being able to create a quality and safe organizational culture; understanding and making appropriate interventions in political processes; having collaborative and team building skills; balancing between authenticity and performance expectations; and envisioning and proactively adapting to rapid change and the chaos of health care systems. Taking this all into account, both educational and health care institutes have to be concerned with these characteristics, and prepare student nurses and nurses to be proactive to work with change. This involves critical thinking and problem solving in reforming or developing formal curricula and professional education programs, so that graduates can work responsibly, effectively and appropriately in a rapidly changing era.

Unfortunately, a recent systematic review of literature (Tizer et al., 2013, p.971) found that 'despite the clear benefits of succession planning, studies show that resource

allocation for proactive, deliberate development of current and future nurse leaders is lacking'. This is very important for you to consider in your leadership roles. Growing leadership in a deliberate way requires thoughtful planning and allocation of resources, and sometimes using political persuasion to get the resources in the first place.

Beside the leadership development of nurse leaders, it is important to be aware of the sustainability of leadership of people in an organization. Casseerley and Critchley (2010) proposed the paradigm of sustainable leadership, which is suited with this era and can be applied in nursing and in various organizations. The sustainable should cover: the personal level which includes physical and psychological health; the organization level of a work environment in which people can flourish and realize their own potential service; the sociological level which responsible to the broader community; and the ecological level of environmental sustainability.

Research results have shown that in the new paradigm of leadership development, performance derives from the integration of three core processes of reflection on action or learning by doing. These are: psychological intelligence or having a clear sense of personal purpose; an awareness of personal assumption and motivation; and physiological well-being and effective management of stress and sufficient self-care. Sustainable organizations need to have these three core processes integrated with daily work, as well as the engagement within the culture of the organization of effective leadership development and sustainable leadership (Casserley & Critchley, 2010).

1. Concern with human sustainability as pre-requisite for performance;
2. Foster and integrate core individual processes of reflection on action, psychological intelligent and physiological well-being;
3. Negotiate engagement between core processes and culture of organization;
4. Leadership emerges from reflection on action in dealing with real life adversity; and
5. Focus on the quality of the relationship between the individual leader's core processes and the culture of the organization.

Discussion Questions: Think about yourself

1. What is your leadership activities within the past two years?
2. What are outcomes you can identify?
3. Have you helped others to be new nurse leader?
4. What are strategies you used to develop yourself and your followers to be good leaders for sustainable organization?

How to Develop Nursing Leadership

Leadership development is a personal and professional responsibility of everyone striving to be a leader. It involves self-preparation, support from family, educational institutes and practice settings, and importantly by an organization itself.

Education institutes

Leadership curricula and instruction around the world needs reform. Health administrators, educationalists and governments need to be committed to finding different ways and paradigms of teaching, and learning to produce competent graduates with 21st century skills. This clearly includes good leadership skill development and knowledge improvement of the people who are involved in education and training before they can educate and train others. Moreover, specialized master and doctoral degrees, and special training programs in leadership, policy, and management need to be incorporated within the health and educational frameworks in many countries to achieve this.

Practice settings

Practice settings and organizations need to think and act on strategies to develop leadership skills for nursing staff across a range of settings and provide a range of opportunities to practice nursing leadership skills in an effective way. Trained facilitators are required to plan for leadership development with individual leaders in terms of their personal strengths, knowledge, skills, and career goals. This also involves knowledge management among experienced and new nurse leaders, for in today's world there is the potential to get information overload, leading to ineffective leadership and poor management of time and effort. In addition, coordination and training for individual empowerment and development of leadership potential needs to be attended to through research, and checking the cultural beliefs, attitudes, values and ethical stances of staff, for example, principles like respect, dignity, autonomy, honesty, justice and service. Further, clarification of roles and responsibilities, accountability levels, and skills of the nurse are important to consider.

Personal development

Many theorists, leadership gurus, and experts around the globe have written books, articles, or shared a variety of ways to improve or develop leadership skills of others. Please avail yourself of this knowledge. Look at the Internet and elsewhere for such knowledge, do lots of reading and reflection, seek out opportunities to meet leaders and dialogue with them, or join in leadership workshops and seminars. There are many free videos on leadership that you can watch on YouTube, and you can observe leaders in practice, in politics and many walks of life, even through watching various media. .

Learning to become a great leader involves lifelong learning. You can study in formal and informal educational programs, learn from other leaders, socialize and invest in yourself to learn and practice leadership skills in variety situations and settings. Learning about leadership can take place from everyday life using critical thinking, creative thinking, conceptualizing ability, linkage among knowledge, experience, environment, and daily activities even in your leisure time watching movies, and other activities.

The studies of leadership development of Thai nurse leaders have shown that leadership development are from family as a warm and good family, institution, nursing profession, role model, and their commitment for self-development (Chankaewrae, 1998; Tharasook, 2000; Meekruarod, 1999; and Thongsong, 2003).

Lesson learned from geese: Example of leadership development

There are many lessons to be learnt from geese in terms of leadership development, for example:

When geese fly together and flap their wings, they create an uplift for others to follow. By flying in a V formation, the whole flock adds 71% to their range than through flying alone. Further, whenever a goose falls out of formation, it feels the drag and resistance of trying to fly alone, and so gets back into formation to have the lifting power of flying with others. People would also benefit from getting together with others to go the same way and to accept assistance from others as well as being ready to help others. In addition, once the lead goose is tired, it rotates back to fly in the flock and another goose flies into its leadership position. This means that geese work as a team and help one other to achieve the same goal. When a goose is sick or wounded or shot, two geese drop out of the formation to help or protect it. They will stay with it until it is able to fly again or dies. They then launch out their own, with another formation of geese, or catch up with their group. This shows the thoughtfulness of geese. This example of geese behaviors can also be used as an example of a leader showing concern for others, and team members working together in a caring and goal directed way (Farid,& Muna, 2005).

As stated previously, developing sustainable leadership within a sustainable organization is imperative for the growth of the organization. As stated by Shaw (2004), successful programs of leadership development are those that are relevant, effective, have impact, and are sustainable. To achieve this, nurse leaders can use the practical example of Casserley and Critchley (2010):

1. Individual inquiry into core individual processes. The senior nurse leader asks a new nurse leader or potential nurse leader to assess their personal sustainability and the culture of organization regarding the fostering of work and career. You could use a survey and face-to-face interview to ask the questions regarding the

most challenging time during a nurse leader life or staff role. Further, a physiological well-being assessment is performed, including medical tests;

2. Executive coaching to explore the leader's dominant narrative. Nursing leaders explore the dominant narrative they have about themselves as a leader as well as their story;
3. Coming together to explore alternative ways of leading: Senior nurse leaders, young leaders and followers meet and discuss their psychological and physiological well being which may impact their leadership, decision-making, and interaction with others;
4. Continuing the coaching about leadership;

5. Action inquiry into the day-to-day practice of sustainable leadership. For example, groups from different departments ask questions about the practice of sustainable leadership, then they go to work, and practice and reflect on the experience of using new forms of leadership behavior;

6. Uncharted territory: Using the new paradigm of sustainable leadership such as concern about human sustainability as a pre-requisite for performance, fostering and integrating core individual process of reflection in action, negotiating engagement between core processes and organization culture, using reflection on action and real life adversity, and quality focus on the relationship between individual leader core processes and organization culture; and

7. Succession planning should assure adequate mentoring, training and opportunities to prepare nurses for future leadership in clinical and academic settings.

Shaw (2004) also proposed the importance of sustainable leadership and strategies for leadership development; which consists of review; change and renewal; mentoring; peers relationship and networking; local stakeholder support; peer review and performance-based appraisal system; retreats; formal and continuing education; individual development plans and career development; and celebration of achievement.

Conclusion

Leadership development is significant to the success of individuals, organizations, communities, and societies. The future of various organizations is different as they are seeking partnership, without boundary, based on trust. It is important that nurse leaders stay on the top of the game. Thus, both present and future nurse leaders should be concerned with and prepare themselves to adopt and implement a new paradigm of leadership development, and to be good leaders for better outcomes.

Finally, I provide you the exercises as it is a practical way of such preparation are using exercises for development, such as those below.

EXERCISES:

- 1. The Room Game:** Use this exercise to think about change, people’s acceptance levels regarding a particular change, and your work requirement to focus on strategies to bring about a desired change. Think about a real-life situation at work and consider the following:

<p>Room 1</p> <p>People in this room are satisfied with their status, and refuse any change to their work or the environment. However, they have not verbalized their feelings about the change to you. Therefore, it is difficult for you as a leader to move them into accepting and implementing the change.</p>	<p>Room 2</p> <p>People in this room are satisfied with their status, and refuse to be involved in any change. They clearly express their feelings about this to you.</p>
<p>Room 3</p> <p>People in this room accept the change that needs to be made, but they are confused about how to implement that change.</p>	<p>Room 4</p> <p>People in this room accept the change and know clearly how to implement it.</p>

Questions for you to think about:

What room are most of your co-workers in?
 Is there any evidence to support their position about the change? Or other relevant evidence you need to consider?
 How can you move your co-workers to a better room?
 What about yourself? Which room are you in regarding the impending change?
 What are your feelings? And how can you positively direct your energies into leading others to accept and implement the change?

Exercise 2: Learning from Leaders

You can use this exercise to develop your own leadership ability or develop it in others in health or education settings. One of the faculty at Chiang Mai University, Professor

Sue Turale, has used variations of this exercise in leadership education in nursing and university settings for many years. She and her learners have found it to be a very useful way of developing leadership knowledge and potential, as well as encouraging leaders to pass on their knowledge and experience to new leaders or those with the potential of becoming one.

Learners about leadership development work in groups of two.

1. Contact four, well respected leaders from different settings, two from nursing practice, nursing education, nursing associations, non-profit organizations, politics, or community nursing; and two non-nurses from community settings, business, government, or other areas of society. All of these leaders should not be colleagues regularly working with you, because it is important that you seek information from outside of your organization to broaden your thinking.
2. It is important to say to these that this is not a formal research project. Explain that you are studying leadership and want to gather their thoughts to inform you about how you can become a better leader for the future. You want to know more about good leadership from people who are respected for their skills and knowledge about the topic. Do not write down names of the leaders you speak to. Tell them that their identities and advice will be kept in confidence, unless they choose otherwise.
3. Ask each of them to think of good leaders that they have worked with.
4. Ask them why they thought these people were good leaders.
5. Ask what they think constitutes good leadership for the 21st century, and what qualities a new leader needs to develop to be effective.
6. Ask what were the critical elements that helped them develop as leaders.
7. Take good notes on all of the above when you interview them. Remember that the quality of the answers often depends on the quality of the questions asked, so plan your questions ahead.
8. If this is an exercise for learners in a health or education setting, bring the learners together to share their findings, about the similarities and differences they found with the leaders they spoke to. They might be able to come up with a set of common qualities or ideas that will aid their learning and strategic thinking for the future.
9. If this is an exercise for you (and a colleague), make reflective notes, and discuss these, again identifying similarities and differences. Try to involve a third person, a 'critical colleague' or a mentor, in your discussion so that they can help you challenge your thinking, problem solve and develop strategies for your own leadership development.
10. A similar exercise to that above can be used regarding leadership succession.

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Module 7: Change Management: A Case Study of Theory and Practice

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WHAT IS CHANGE MANAGEMENT

Facilitating and managing change is a common feature of workplaces particularly in health care (Erwin, 2009). The rationale for engaging in change management is predicated on the belief that future focussed workplaces are ever evolving and should be responsive to changing environments, fluctuating trends and the organisation and/or people within wanting to solve a problem or capitalise on an opportunity (Johnstone et al., 2006, Perla et al., 2013, Merrell, 2012). Change management should be a planned and managed process that creates potential for development of best practices, leadership and team development (Merrell, 2012).

Contemporary approaches to organisational change are based on the work of Lewin (1951) who recommended that

... an effective change process consists of unfreezing the present reality, altering it and then consolidating or freezing the new” (Harris, 2006, Johnstone et al., 2006).



View this YouTube Kurt Lewin's theory

<http://www.youtube.com/watch?v=sMxuJ1Q44bA>

Reflective Questions

1. List the key features of Lewin's theory?
2. Discuss the strengths and weaknesses of this theory for health care?

THE IMPETUS FOR CHANGE.

Change is considered to be a feature of dynamic organisations. Understanding the market place and drivers of change, being agile, proactive and willing to take measured risks are features of organisations that adapt and survive (Merrell, 2012, Atkinson, 2013). A well cited example of an organization that was agile and able to adapt is Dell computers. This international company was on the brink of collapse as computer manufacturing burgeoned globally. To gain market edge, Dell focused on notebook computer production and invested in the development and implementation of Pentium microprocessor chips that were incorporated into all computers they manufactured. Dell scoped the landscape and using the intelligence gained and rethought how they operated. This investment while risky ensured the survival and prosperity of the company (Ruback, 2013).

The primary impetus for many organizations including Dell to implement a change management process is economic pressures (Camden et al., 2011, Erwin, 2009) although this challenge is often accompanied with other considerations that include political, cultural, geographic and technological issues and innovations (Mickan and Boyce, 2006). In the health sector medical and technical developments coupled with increased consumerism have been drivers for change, as has the quest for maintaining quality services and care (Perla et al., 2013). The rapid development of information technologies for instance has led to Governments investing in, and health services across the globe adopting health information systems

... that capture, store, manage or transmit information related to the health of individuals or the activities of organisations that work within the sector (Pacific Health Information Network, 2014).

These information systems have led to changed work practices and been the impetus for significant change management processes. For example redesigning workplaces, supporting staff understand the capacity of the systems and providing training on how to use them, as well as management reconceptualising decision making that capitalizes on the timely ease of access to data to inform operations (Snyder-Halpern, 1997).

A study of 390 hospitals in the United States of America cited financial challenges as the most common challenge that needed to be addressed through change management processes (Isern and Pung 2007 in Erwin 2009). Only 38% of the executives who were involved in this study however felt they were successful in facilitating the changes required. This response is typical of many organisations who undertake change management (Resnick, 2014).

BENEFITS OF CHANGE MANAGEMENT

Well-planned change management creates environments that support creativity and fluidity in terms of workplace operations that meet customer and consumer needs. Evidence indicates that well managed change can be motivational for staff and may promote job satisfaction. Engaging staff in the process is a key to successful change management.

IMPEDIMENTS TO CHANGE

Evidence is conclusive that change is demanding and facilitating change is a slow process (Resnick, 2014). For many individuals and organisations change is difficult and often resisted. Resisting change can occur for a range of reasons that include not understanding why change is necessary, not feeling involved in the decision making, not understanding the ramifications if change doesn't occur,



View this YouTube

<http://www.youtube.com/watch?v=hcZ1aZ60k7w>

Reflective questions

1. Identify why people resist change?
2. What strategies can be employed by change agents to encourage people to engage with the processes?

ORGANIZATIONAL CHANGE

Managing organizational change is achievable although the length of time required to achieve the goals agreed to may vary. Developing a vision that is shared and ensuring that all staff are aware of the rationale for change, have an opportunity to discuss the proposed change and be involved have been cited as key strategies for success (Galvin et al., 1999, Resnick, 2014). The following short 1 minute YouTube clip provides a succinct summary of drivers for change and strategies for achieving successful change management:



View this YouTube Clip

<http://www.youtube.com/watch?v=gmoDpj1jtyA>

Reflective Questions

1. Considering your workplace identify a change management process that you are aware of.
2. Why was this process implemented?
3. How were staff made aware of the change management process?
4. In your opinion were the strategies adopted useful and appropriate? Why, why not?
5. What recommendations would you offer to improve future change management processes?

Creating optimal conditions for implementing change is recognized as a necessary ingredient for success. The following YouTube video features Professor Jody Hoffer Gitell who presented a keynote paper on *Transforming relationships for high performance in health services: a relational model of organizational change*. She described the reasons for implementing change and theoretically informed methods for achieving success. During the presentation she draws on her own research and case studies from a range of organisations.



View this YouTube Clip

http://www.youtube.com/watch?v=ZWfX_CmvcWE

Reflective Questions

1. List the strategies highlighted to promote high performance in health services?
2. Consider how you could utilize these strategies in your place to enhance performance.

CONTINUOUS QUALITY ASSURANCE IN HEALTH CARE: A CHANGE MANAGEMENT PROCESS

Health workplaces in most countries are accredited by bodies that monitor compliance with quality and safety standards . Quality improvement is a scientific endeavour that allows organisations to review processes and practices and to make changes that improve quality outcomes. For many nations accreditation of health cares services to operate is aligned to funding and consumer confidence.

The following YouTube video describes quality improvement processes. Reasons for why organisations especially health care services participate in quality assurance activities are discussed.



View this YouTube Clip: Tools and Techniques for Quality Improvement in Healthcare

http://www.youtube.com/watch?v=e_BiY351Zx8

Reflective Questions

1. Define quality improvement?
2. Thinking about your experience what role have you played in quality assurance processes?
3. What were the outcomes of this process?
4. Identify a workplace issue that could be the focus of a quality improvement project. Develop and implement a quality improvement process develop a process to guide the process (Refer to Figure 1. The Quality Improvement Feedback loop).



Figure 1. The Quality Improvement Feedback loop(IQ, 2014)

CHANGE MANAGEMENT AS A RESEARCH ENDEAVOUR

Workplaces are characteristically exemplified by the interactions of the people within them. Much of the interaction that occurs is related to the nature of the employment of the employees (staff) with peers, managers and customers (Pardo-del-Val, 2012). The nature of the relationships that are established in workplaces can influence the 'health' of the workplace (Pardo-del-Val, 2012). If staff feel they have a voice within their workplace they are likely to feel they have a level of control and generally report having job satisfaction (McEwan et al., 2010, Van de Ven, 2011, Euchner, 2013). Developing methods for engaging staff in transformative processes that enables their involvement and includes a change management process is considered best practice (Pardo-del-Val, 2012). Many health researchers who work with health care services and health care staff to facilitate change use action research methodology. Action research is a qualitative critical interpretivist methodology. Action research consists of a family of research methodologies that have an action intent, that is the research undertaken seeks to answer a question that results in affirmative action (Cassell & Johnson, 2006; Koshy, Koshy, & Waterman, 2011; McMurray, Pace, & Scott, 2004). These approaches are informed by critical social theory advanced by Habermas who argued that people are oppressed if they do not understand the systems of domination and their associated dependence that are artefacts of western society. Habermas contended that if individuals were aware of these structures they would be positioned with the knowledge to challenge oppression and/or act or be emancipated to change the status quo (Kemmis & McTaggart, 2008; McCarthy, 1989).

As a research methodology, action research is the catalyst for researchers to collaborate and ask questions arising from their social worlds that require resolution (Fay, 1975). Action research is a collaborative and systematic endeavour inspired by concern and interest to facilitate change that is mutually acceptable to those involved in the project (Kemmis & McTaggart, 2008). Kemmis and McTaggart, educational action researchers, conclude that action research is “a form of collective self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices” (Kemmis & McTaggart, 1988). Koshy et al. (2011) offer that “... action research creates knowledge based on enquiries conducted within specific and often practical situations” (p. 4).



View this YouTube Clip Action Research

Action Research made simple

http://www.youtube.com/watch?v=Qg83f72_6Gw

Action Research

<http://www.youtube.com/watch?v=ZHiZdh85R3w>

Reflective Questions

1. Define action research?
2. What are the essential features of action research?
3. What is the defining features of action research?
4. Discuss the implications of using an action research methodology.

Predicated on the relationship of theory to practice, and action with reflection. Action research is a social process that leads to change through a collaborative and transformative set of actions (Francis, 2013). The research is a reflexive process that occurs in a specific context and has a practical application (Kemmis & McTaggart, 2008).

Action research is a cyclical research endeavour (see Figure 2) that is participatory, collaborative and reflexive in nature. Projects that utilise an action research design are often conceptualised from a need to explain a concern that is shared by a group and begins with a concrete problem being posed (Mills & FitzGerald, 2008a). This research approach reflects the quality cycle (see Figure 1.) and aligns with practice disciplines needs hence it is used widely in educational and nursing research. Action research typically uses a cyclical model of action to achieve the agreed aims of the project (see Fig. 1). Each cycle or action set involves four basic steps: planning, action, observation and reflection that scaffold one cycle to the next until the project is completed.

Planning: A strategy is conceptualised that will inform the actions the AR group decide need to be progressed if the goals set are to be achieved. The strategy must be flexible allowing for modification when unforeseen effects or constraints are encountered. The processes adopted empower participants to take actions that ensure the aims of the project are met.

Action: This phase of each cycle is purposeful and managed although the action plans must retain a degree of flexibility to accommodate need for modifications.

Observation: The action research group monitor the action phase paying attention to the effects of the action/s (intended and unintended), the conditions that facilitated or limited the implementation of the actions and outcomes achieved.

Reflection/Evaluation: The cycle is reviewed using a process, impact and outcome framework. Action research group deliberations lead to revision of the research plan and activities to feature in the next cycle of activity (Koshy et al., 2011, Francis, 2013, Kemmis and McTaggart, 1988).

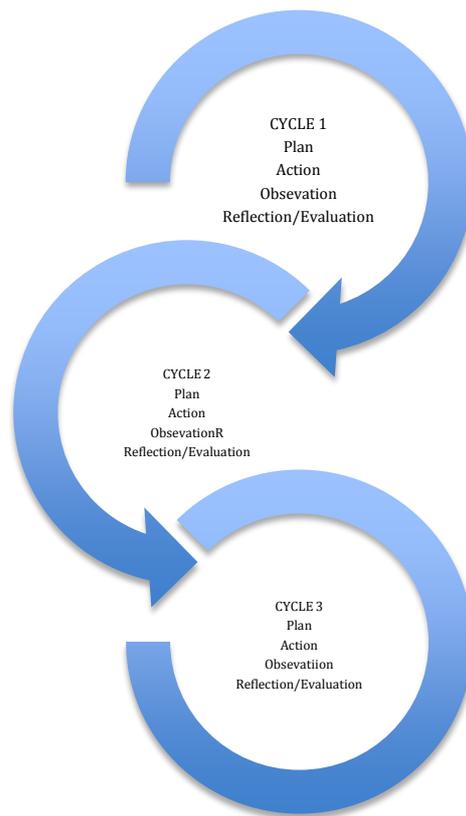


Figure 2. Action Research Cycle (Francis, 2013)

Practice development as tool for supporting knowledge and skill acquisition when changes to practice are required.

Practice development is used extensively by nurses as a tool to facilitate knowledge acquisition and practice change that is informed by evidence (Cooper et al., 2013, Parlour and McCormack, 2012). Practice development projects focus on practice reflecting a philosophy aligned to patient centred care . The learning that occurs is transformative for the individuals, teams and the employing organisations and is intended to impact positively on health outcomes (Walsh et al., 2012). Practice development as a process is informed by action research methodology and continuous quality improvement approaches.

The following U-Tube video clips provide additional details of what is practice development and how this method is being used to facilitate cultural change within workplaces.



View these YouTube Video Clips – Practice Development

Practice Development training video

www.youtube.com/watch?v=S_mrCDvv_xl

Conversation about Practice Development - YouTube

www.youtube.com/watch?v=AZukhtFU6Lk

Mental Health nursing and practice development

www.youtube.com/watch?v=N28umxFgtUw

Reflective Questions

1. Define practice development?
2. Consider the potential of practice development for nursing.
3. Discuss the advantages and the disadvantages of using this technique to facilitate change in the workplace.

My Case Examples of leading change

Working with people to create a vision and be involved in the realisation of that vision have been the panacea for my success in implementing change management processes. Using this process I have successfully fostered a research culture within an academic unit and led a group of rural nurses to collaborate and advocate for the realization of rural nursing as a discipline of nursing.

Creating a vision that is shared and having champions that lead the process are essential elements of any change management process (Merrell, 2012). In my experience creation of a shared vision has been achieved by firstly generating a dialogue and providing opportunities for individuals and groups to set goals and objectives and plan methods for achieving these within defined timeframes.

Leading and Academic Unit

As the head and senior academic of a School of Nursing and Midwifery it was appropriate to convene a two day strategic planning meeting that all staff were invited to attend. This meeting was the vehicle by which the group negotiated a common vision that aligned with the Faculty and University strategic direction, goals and the strategies and timeframes for realizing these. An external consultant was engaged to facilitate a workshop on working in a team. There was a level of distrust

between members of the team emanating from the amalgamation of separate schools offering nursing into a large single school located on 4 campuses. Building and sustaining collegiate relationships had been hampered by the geographic distances separating the campuses that limited individuals meeting face-to-face. While telephone and video conference meetings were a regular feature of school activities staff mourned the lack of personal contact. This lack of knowing people impacted on communication particularly email dialogue and teaching team dynamics. The team building workshop was designed to encourage interaction and to raise awareness of effective communication techniques (See Figure 3). Staff were encouraged to modify their communication styles (verbal and written) to accommodate others. Understanding personality types and appropriate methods for engaging different personalities to self were explored using the Disc Profiling System approach (see Figure 3) (Affinity Training, 2013).

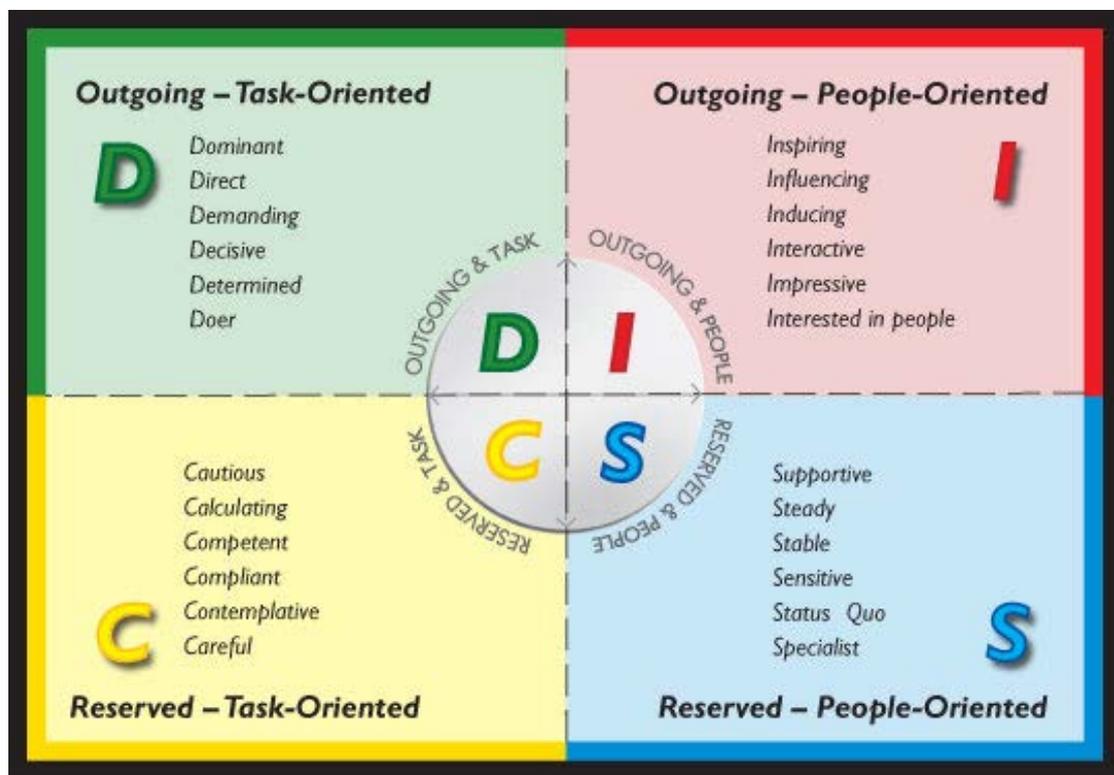


Figure 3. DISC personality profiling system(Affinity Training, 2013).

Following the one day workshop on team building the activities moved to improving teaching and learning and building research capacity.

The University had promulgated a sense of urgency to improve educational and research outputs that acted as the impetus for the activities agreed to by the group at this meeting. Creating a sense of urgency suggests Eucher (2013) is critical to successful change management. He asserts that people need to believe that change is important to engage with the process. Enhancing the reputation of the school, increasing enrolments, reducing attrition rates and ensuring a positive student journey were among the targeted objectives. Augmenting teaching approaches with the use of new technologies to improve engagement of students and their learning was accepted as a strategic direction. The group agreed that all teaching materials would promote evidenced based practice and that all staff would model this commitment in their practice. In addition, strengthening research including the numbers of higher degree research students, completion rates, publications and external research funding were also key targets. To support the development of research two areas of strength were identified and agreed to as the focus of research in the school : rural health workforce and education. Small research groups that aligned with these two major strengths were established and a research mentor for each group was appointed. In addition, portfolios of responsibilities were created that reflected the key target areas of the strategic and operational plan (teaching and learning, research and community engagement) and leads for each appointed. These leaders worked with staff to advance the agreed agendas. All staff were encouraged

to actively participate in ongoing deliberations and creation of directions for the school.

The group identified barriers that were impacting on their capacity to meet these agreed targets. Solutions were offered and discussed leading to the school prioritising a number of initiatives that the group believed would facilitate achievement of these targets. All desktop computers were replaced with laptops to enable staff to communicate with students and colleagues irrespective of when and where they were working which was an agreed method for achieving better connectivity. A professional development program that covered writing for publication and innovative approaches to teaching and learning was established. A staff development fund was formed to assist those interested in presenting at local, national and internal conferences and meetings. This initiative was considered important as a mechanism for individuals to profile themselves and the school thus raising the profile and credibility of the school beyond the local setting. Building partnerships with industry and other stakeholders was highlighted and a strategy was developed identifying who and by what means this aspiration would be accomplished. Seed funding was made available to research and teaching teams to facilitate completion of pilot studies. The seed grants were advertised internally once per year and eligibility was restricted to permanent members of staff although research teams could include others but only as associate investigators. Submitted funding applications were peer reviewed by a panel established by the SNMIH that included one (1) external member. Successful applications were expected to complete the study/ies, publish from the research and generate new funding applications thus building team track record. Developing

research partnerships external to the SNMIH was encouraged. A research assistant was employed by the school to assist individuals and research teams.

Higher degree research students (that included staff) were encouraged to complete their studies by publication. This approach to submission of a research higher degree promoted writing for publication thus allowing individuals to build their curriculum vitae's throughout their candidature and strengthened the publication outputs of the school while promulgating the school as research focused academic unit (Francis et al., 2009).

The strategic and operational plan was developed for a three year period. The plan is revisited twice per year to track achievements and highlight delays and reasons for not meeting targets. Annually the whole school meets to review and modify the plan/s. Successes are celebrated and challenges viewed as a method for facilitating opportunities to be creative. The culture of the school matured, individual staff participated in charting the directions of the school and assisted in building the reputation of the school.

Leading the Rural Nursing and Midwifery Association

For almost 9 years I was the elected president of the Australian Rural Nurses and Midwives Association, a national professional organization with membership from every state and territory. I have lived the majority of my life in rural Australia and practiced as a nurse in a variety of rural contexts. My husband and children share my passion for rural living however we accept that there are challenges in choosing to reside in such settings. Health outcomes are poorer for rural people compared with

urban dwellers and access to education, employment and transport is less optimal than for populations residing in metropolitan areas (Francis and Chapman, 2008, Pearson, 2008, Philips, 2009). Australian Governments were concerned about the discrepancies in health outcomes of rural populations compared with metropolitan populations and embarked on a raft of initiatives including targeted funding to improve opportunities for rural people (Strasser and Neusy, 2010, Wilkinson and Blue, 2002).

Nurses who choose to work in rural contexts work in collegiate and resource poor environments. Often described as working with populations from 'womb to tomb' rural nurses and midwives are the most numerous members of the health workforce and maybe the only local health professional in many rural and remote communities (Francis and Chapman, 2008, Francis, 2009). In the late 1980s there was a growing realization that the skills and knowledge needed by health professionals such as nurses, midwives, doctors and allied health professionals to work in 'the bush' was not recognized and consequently their work was undervalued (Hegney, 1996, Mills et al., 2010).

An association for rural nurses was initially established in 1992 to promote rural nursing as a discrete discipline and to raise awareness of the uniqueness of nurses' practice in rural environments (Hegney, 1996, Mills et al., 2010).

As the president of this Association of Rural Nurses and Midwives I accepted the responsibility of leading the membership with assistance from a small elected executive group and a paid secretariat that consisted of a full-time chief executive officer, a part-time marketing and publication officer (0.5EFT) and a part-time

(0.2EFT) finance officer. Funding to support the paid secretariat was provided by the Australian Government as a commitment to improving health outcomes of rural Australians. A website was established that provided a public face for the Association and for members access to a number of online tools and forums to support their practice. To generate understanding of what the membership expected of the team, an on-line survey was developed. Data generated was analyzed and reported at the annual national conference. A workshop approach was adopted for the executive to report the data and garner additional information. Participants were asked to prioritize the list of needs/ wants and to discuss possible actions that could be initiated to address these. This process led to the development of a strategic plan that directed the activities of the association for a three period. The membership identified the need for mentoring as a method to reduce attrition and a concern was highlighted that many felt ill prepared to manage patients/clients who presented with an acute mental health crisis. Funding was sought form Government and other sources and obtained to develop and offer a mentorship and a mental health first aide training program. Both these programs were refunded several times over a period of approximately 7 years and were delivered in all states and territories. Evaluation data indicated that both programs were useful and made a positive difference to rural nurses and midwives decisions to remain in the workforce. The strategic and operational plan was revisited each year and provided to the membership for comment before ratification at the national annual conference.

The strength of the Association was the ability of the executive to second members to represent when an executive officer was not available. Strategically this process

engaged the membership in the operations of the Association and ensured that specific regions, jurisdictions issues were appropriately represented. The membership increased as did the Associations representation on Government committees. AARN (in its various guises) was the recognized professional body representing rural nurses and midwives.

Conclusion

Change management is fraught with difficulty however the process can be facilitated if a sense of urgency is created as the impetus; champions promote the process; and a communication strategy that informs people of why change is necessary and how the change/s will be introduced is developed and implemented. Empowering people to be active participants who have the skills and knowledge or are supported to gain them, contribute and drive the process has been identified as a useful technique for promoting engagement with the change management process. Furthermore, ensuring that the change process is inclusive of an evaluation phase that identifies successes and failures and offers explanations that are reported to all stakeholders is promoted as a key critical component of effective change management. If people perceive their opinions have been considered and their expertise valued it is likely that the cultural milieu will be amendable to future change processes thus supporting a workplace that is proactive, innovative and adaptable.

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MODULE 8 :CHANGE MANAGEMENT FOR TRANSCULTURAL NURSING

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CHANGE MANAGEMENT FOR TRANSCULTURAL NURSING

Overview

- Concepts of Cultural Diversity
- Force of Change
- Nurse Migration
- Leininger's Culture Care Theory
- Transcultural Nursing
- Cross Cultural Communication
- Change Management

Concepts of Cultural Diversity

Our society is made up of people from many different culturally diverse backgrounds. In addition to the migration of the Healthcare Professionals, the impact of different culture that has already existed in an organization has a significant impact on our patients.

Culture is a shared system of beliefs, values and behavioural, expectations that provide social structure for daily living. It includes beliefs, habits, likes, and dislikes customs and rituals. Culture is the learned, shared, and transmitted values, beliefs, norms, and lifeway of a particular group that guide their thinking, decisions, and actions in patterned ways

Force of Change

There were an estimated of 216 million immigrants — people who permanently live outside of their home countries — worldwide in 2010, according to the National Organization for Migration. This number is about 3% of the global population.

People immigrate for a variety of reasons, including searching for better economies, to receive higher education or to escape hostile conditions.

Europe had the most immigrants, with about 70 million, followed by North America with about 45 million. The most popular destinations for immigrants in 2010 were the United States, with more than 42 million, followed by Russia with more than 12 million and Germany with more than 10 million. Mexico had the most people who had migrated elsewhere, with almost 12 million.

Based on a 2012 survey, an estimated 640 million adults would migrate to another country if they could. If the total number of immigrants were combined into one area, it would be the fifth-most-populous country in the world.

In 2010, there were an estimated 15.4 million refugees, or people who fled their home countries because of war or persecution.

Reason for Human Migration:

1. Pull and Push factors

- No job opportunities
- Unsafe work
- Environment lack of political stability
- High work loads
- Lack of economic remuneration

2. Misnomer

- Need and demand

3. Misconception

- Migration does not take place only for developing countries to Industrialized nations

4. Cultural needs

- Equal access to treatment and Care
- Respect for cultural beliefs and practices

Nurse Migration

Reasons for Professional to Migrate

Professionals currently constitute the largest proportion of economic migrants.

They leave in search of:

- better pay
- working conditions
- professional development
- better life for themselves and their children.

Health workers are among the most sought after professionals, and are often recruited immediately after graduation. Health worker migration can result in a serious loss of human capital from the countries of origin, impeding health sector development and reducing the capacity of countries to deliver health services.

Effects of Nurse Migration

Health worker migration is unavoidable. The need for transcultural nursing will continue to be an important aspect in health-care. Increasing in multicultural population poses a challenge to nurses providing individualist and holistic care to patients.

Nurses must have the necessary knowledge and skills in cultural competency. Culturally competent nursing care helps to ensure patient satisfaction and good outcomes

Leininger's Culture Care Theory

Madeleine Leininger is considered as the founder of the theory of transcultural nursing. Her theory has now developed as a discipline in nursing. Evolution of her theory can be understood from her books:

- *Culture Care Diversity and Universality* (1991)
- *Transcultural Nursing* (1995)
- *Transcultural Nursing* (2002)

Transcultural nursing theory is also known as Culture Care theory. Theoretical framework is depicted in her model called the Sunrise Model (1997). Nurses may encounter patients from numerous cultures in daily practice. It is unlikely that nurses would know about the culturally-based, health-related beliefs and practices of all persons. However, nurses can gain knowledge and skills in cross-cultural communication to help them provide individualized care that is based on cultural practices.

Transcultural Nursing

Transcultural nursing is about providing care to patients who have had limited access to care and have experienced culture clashes from caregivers. Transcultural Nurses deliberately study how to provide care to patients of different cultures, including different ethnicities, economic statuses, national origin and religion.

Objectives

- To highlight Transcultural Nursing framework to guide Nursing Practice in diverse healthcare setting
- To analyze major concerns and issues in providing Transcultural Nursing
- The main focus of transcultural care is the study and analysis of cultural values, beliefs and practices, and their influence in shaping the beliefs and practices with respect to health, illness and care

Definition

Transcultural nursing is a comparative study of cultures to understand similarities (culture universal) and difference (culture-specific) across human groups (Leininger, 1991).

Significance

It has become a key component in Healthcare and a requirement for today's practicing nurses because of the soaring multicultural phenomenon occurring for example in American population.

According to the U.S. Bureau of the Census (2000), over 30% of the total population, or one out of every three persons in the United States (U.S.), is comprised of various

ethnicities other than non-Hispanic Whites. This statistic highlights that the U.S. has a significant multicultural population today. Additionally, the U.S. Department of Commerce (2000) projects a steadily growing population of persons from ethnicities other than non-Hispanic Whites, comprising 50% of the whole population by 2050

Transcultural Nursing is significant not just because it focuses on the care of people of other nationalities; it also seeks to understand those nationalities and how their medical care is affected by that understanding. Transcultural Nursing is further significant because inequities in access to quality health care are growing in the United States and around the world. The ever-increasing multicultural population in the United States and around the world poses a significant challenge to nurses providing individualized and holistic care to their patients.

This requires nurses to recognize and appreciate cultural differences in healthcare values, beliefs, and customs. Nurses must acquire the necessary knowledge and skills in cultural competency. Culturally competent nursing care helps ensure patient satisfaction and positive outcomes.

Limitation

A major limitation of transcultural nursing models is their lack of consideration of the relationship between power and knowledge, and the analysis of prejudice and discrimination

The risk being that the 'white' ethnic group is viewed as the norm against which comparisons of other ethnic groups (non-whites) are made.

This has wide-reaching implications for how we question and respond to our own assumptions about others, and our knowledge of the deep-rooted historical, political, religious, cultural and socio-economic origins of the issues that impact on developing culturally competent nursing care.

Cultural Awareness

The nurse becomes sensitive to the values, beliefs, lifestyle and practices of the patient/client, and explores her/his own values, biases and prejudices. Unless the nurse goes through this process in a conscious, deliberate and reflective manner there is always the risk of the nurse imposing her/his own cultural values during the encounter.

Cultural imposition is the tendency to impose one's own cultural values, beliefs and patterns of expected behaviour upon others of a different culture to one's own. During the cultural awareness phase, the nurse becomes aware of her/his own ethnocentric position and the stereotypes that they hold. Gradually, they should become more sensitive to the cultural diversity and modify their attitudes and beliefs

Culture Desire

Cultural desire is an additional element to the model of cultural competence (Campinha-Bacote, 1999). It is seen as a self-motivational aspect of individuals and organisations to want to engage in the process of cultural competence.

The willingness and desire to make the change happen has to come from within. It is an intrinsic and positive factor that does not have to be imposed or brought about through regulatory mechanisms. The organization design change. Change will happen.

The concept of cultural safety requires that the inequalities of power between groups and the within systems in society are taken into account when planning services and delivering care. Discrimination, racism, lack of equality of opportunity and stereotyping are issues that the concept assists in exploring.

Campinha-Bacote J (1999) A model and instrument for addressing cultural competence in health care Journal of Nurse Education 38 (5): 203- 207.

Cross-cultural Communication

Cross-cultural communication includes certain factors that must be considered when nurses interact with patients and their family members from cultural backgrounds that differ from their own (Andrews, 2003).

However, it is important that nurses first understand their own

- cultural values
- attitudes
- beliefs
- practices

that they have acquired from their own families before learning about other cultural ways. This helps nurses gain insight into personal prejudices that may exist.

These prejudices must be recognized in order to avoid stereotyping and discrimination, which may jeopardize the ability of nurses to

- learn
- accept

different cultural beliefs and practices especially in health-related issues.

Importance

Understanding culture care differences and similarities enables the nurse to respect the patients and provide safe and appropriate care

Since transcultural nursing is so important in our current nursing practice, how then does a leader change the attitudes and behaviours of the employees so that the change has a lasting impact?

CHANGE MANAGEMENT

What is Change?

- Change starts with a Vision
- Vision clarify the direction for the change
- Vision assist in motivating those that are impacted to take action in the right direction

Definition of Vision

A Vision statement tells you where you are going .

It paints a compelling work of a desired future state.

(Christina Drouin, White paper on Vision for the Centre for Strategic Planning)

Characteristics of an Effective Vision

1. Imaginable- Establish a picture of what the future will look like
2. Desirable- Appeals to the long-term interests of employees, customers, etc
3. Feasible- Consist of realistic and achievable goals
4. Focused- Able to provide guidance in decision making
5. Flexible- Allow alternative responses
6. Communicable- Easy to explain within 5 minutes

Change Management

Definition

Change management is an approach to transitioning individuals, teams, and organizations to a desired future state (Kotter, 2011)

Kotter, J. (July 12, 2011). "Change Management vs. Change Leadership -- What's the Difference?"

Kotter's 8-Step Change Model

Step 1: Create Urgency

- For change to happen, it helps if the whole company really wants it. Develop a sense of urgency around the need for change. This may help you spark the initial motivation to get things moving.
- This isn't simply a matter of showing people poor sales statistics or talking about increased competition. Open an honest and convincing dialogue about what's happening in the marketplace and with your competition. If many people start talking about the change you propose, the urgency can build and feed on itself.

What you can do:

- Identify potential threats , and develop scenarios showing what could happen in the future.
- Examine opportunities that should be, or could be, exploited.
- Start honest discussions, and give dynamic and convincing reasons to get people talking and thinking.
- Request support from customers, outside stakeholders and industry people to strengthen your argument.

- Kotter suggests that for change to be successful, 75 percent of a company's management needs to "buy into" the change.
- In other words, you have to work really hard on Step 1, and spend significant time and energy building urgency, before moving onto the next steps.
- Don't panic and jump in too fast because you don't want to risk further short-term losses – if you act without proper preparation, you could be in for a very bumpy ride.

Step 2: Form a Powerful Coalition

- Convince people that change is necessary. This often takes strong leadership and visible support from key people within your organization. Managing change isn't enough – you have to lead it.
- You can find effective change leaders throughout your organization– they don't necessarily follow the traditional company hierarchy.
- To lead change, you need to bring together a coalition, or team, of influential people whose power comes from a variety of sources, including job title, status, expertise, and political importance.
- Once formed, your "change coalition" needs to work as a team, continuing to build urgency and momentum around the need for change.

What you can do?

- Identify the true leaders in your organization, as well as your key stakeholders .
- Ask for an emotional commitment from these key people.
- Work on team building within your change coalition.
- Check your team for weak areas, and ensure that you have a good mix of people from different departments and different levels within your company.

Step 3: Create a Vision for Change

When you first start thinking about change, there will probably be many great ideas and solutions floating around. Link these concepts to an overall vision that people can grasp easily and remember.

A clear vision can help everyone understand why you're asking them to do something. When people see for themselves what you're trying to achieve, then the directives they're given tend to make more sense.

What you can do?

- Determine the values that are central to the change.
- Develop a short summary (one or two sentences) that captures what you "see" as the future of your organization.
- Create a strategy to execute that vision.
- Ensure that your change coalition can **describe the vision in five minutes or less.**

Step 4: Communicate the Vision

- What you do with your vision after you create it will determine your success.
- Your message will probably have strong competition from other day-to-day communications within the company, so you need to communicate it frequently and powerfully, and embed it within everything that you do.
- Don't just call special meetings to communicate your vision. Instead, talk about it every chance you get.
- Use the vision daily to make decisions and solve problems.
- When you keep it fresh on everyone's minds, they'll remember it and respond to it.
- It's also important to "walk the talk." What you do is far more important – and believable – than what you say.
- Demonstrate the kind of behavior that you want from others.

What you can do?

- Talk often about your change vision.
- Address peoples' concerns and anxieties, openly and honestly.
- Apply your vision to all aspects of operations – from training to performance reviews. Tie everything back to the vision.

Step 5: Remove Obstacles

- If you follow these steps and reach this point in the change process, you've been talking about your vision and building buy-in from all levels of the organization.
- Hopefully, your staff wants to get busy and achieve the benefits that you've been promoting.
- But is anyone resisting the change? And are there processes or structures that are getting in its way?
- Put in place the structure for change, and continually check for barriers to it.
- Removing obstacles can empower the people you need to execute your vision, and it can help the change move forward.

What you can do?

- Identify, or hire, change leaders whose main roles are to deliver the change.
- Look at your organizational structure, job descriptions, and performance and compensation systems to ensure they're in line with your vision.
- Recognize and reward people for making change happen.
- Identify people who are resisting the change, and help them see what's needed.
- Take action to quickly remove barriers (human or otherwise).

Step 6: Create Short-Term Wins

- Nothing motivates more than success. Give your company a taste of victory early in the change process.
- Within a short time frame (this could be a month or a year, depending on the type of change), you'll want to have some "quick wins" that your staff can see. Without this, critics and negative thinkers might hurt your progress.

- Create short-term targets – not just one long-term goal. You want each smaller target to be achievable, with little room for failure.
- Your change team may have to work very hard to come up with these targets, but each "win" that you produce can further motivate the entire staff.

What you can do?

- Look for sure-fire projects that you can implement without help from any strong critics of the change.
- Don't choose early targets that are expensive. You want to be able to justify the investment in each project.
- Thoroughly analyze the potential pros and cons of your targets. If you don't succeed with an early goal, it can hurt your entire change initiative.
- Reward the people who help you meet the targets

Step 7: Build on the Change

- Kotter argues that many change projects fail because victory is declared too early. Real change runs deep. Quick wins are only the beginning of what needs to be done to achieve long-term change.
- Launching one new product using a new system is great. But if you can launch 10 products, that means the new system is working. To reach that 10th success, you need to keep looking for improvements.
- Each success provides an opportunity to build on what went right and identify what you can improve

What you can do?

- After every win, analyze what went right, and what needs improving.
- Set goals to continue building on the momentum you've achieved.
- Learn about kaizen, the idea of continuous improvement.
- Keep ideas fresh by bringing in new change agents and leaders for your change coalition.

Step 8: Anchor the Changes in Corporate Culture

- Finally, to make any change stick, it should become part of the core of your organization. Your corporate culture often determines what gets done, so the values behind your vision must show in day-to-day work.
- Make continuous efforts to ensure that the change is seen in every aspect of your organization. This will help give that change a solid place in your organization's culture.
- It's also important that your company's leaders continue to support the change. This includes existing staff and new leaders who are brought in. If you lose the support of these people, you might end up back where you started.

What you can do?

- Talk about progress every chance you get. Tell success stories about the change process, and repeat other stories that you hear.
- Include the change ideals and values when hiring and training new staff.
- Publicly recognize key members of your original change coalition, and make sure the rest of the staff – new and old – remembers their contributions.
- Create plans to replace key leaders of change as they move on. This will help ensure that their legacy is not lost or forgotten.

Obstacles to Change

Why Difficult?

Study done by Harvard Business Review (2006) found that 66% of change initiatives fail to achieve their objectives

Common Causes:

1. Employee resistance
2. Communication breakdown
3. Staff turnover during transition

Less Common Causes:

1. Insufficient time to train
2. Cost exceed budget

Leaders Role

- Create plans to replace key leaders of change as they move on. This will help ensure that their legacy is not lost or forgotten
- Leverage your relationship with your team to address employee's concern on a personal level
- Ask for their feedback and respond to their concerns honestly and openly
- Communicate key information to employees on an on-going and consistent basis
- Engage your team by involving them in the initiatives
- Coach, mentor and enrich their lives

Leaders are adaptable and creative in managing change in three key ways

Leaders, in particular, need to face and manage change in a constructive way, but everyone who wants to be successful

- in career,
- in relationships, in life
- must learn how to see and manage change the way that successful 'change leaders' do.

Such leaders are adaptable and creative in managing change in three key ways

- Good reservoir of emotional, physical and mental energy
- Constructive internal monologue-'Skilful Manager
- Respondent well-Ambiguity Threshold

Managing Change

1. PEOPLE WHO RESPOND WELL TO CHANGE WILL HAVE A HIGH ‘AMBIGUITY THRESHOLD.’

Change is inherently ambiguous, and those who deal creatively with change will have a high tolerance for uncertainty and ‘shades of grey.’

2. SKILLFUL MANAGERS OF CHANGE WILL HAVE A CONSTRUCTIVE ‘INTERNAL MONOLOGUE.’

They will see themselves as inherently powerful and having the ability to control elements of the situation in which they find themselves.

Some circumstances cannot be changed, but the way we respond to them is always a choice, and we always have a sphere of influence, however small. By focusing on this sphere of influence, and not expending energy bemoaning the area outside it, the circle will start to expand and give us progressively more control.

Solutions to problems always exist, and the ‘internal monologue’ should reflect the desire to find them and the certainty that they can be successfully implemented.

3. THOSE WHO DEAL WELL WITH CHANGE WILL HAVE A GOOD RESERVOIR OF EMOTIONAL, PHYSICAL AND MENTAL ENERGY.

Leaders draw on the reservoir when things get tough. The above ways of dealing with change tend to be innate, with some people having a greater capacity for one or more of them than others.

However, they can be learned, and the following are seven tips for improving your skills in managing change:

1. SPEND TIME REFLECTING ON YOUR OWN CORE VALUES AND YOUR MISSION IN LIFE.

A sense of purpose is essential to success and effectiveness, and those without a clear idea of what they are doing and why they are doing it will not have the foundation to keep going in the face of change

2. BE FLEXIBLE AND CREATIVE

- Persistence does not mean pushing through by force. If you are unable to achieve success one way, try another, and then another.
- Keep looking for more creative solutions and innovative responses to problems

3. THINK OUTSIDE THE BOX

- Read widely, and don’t confine yourself to your own area of ‘expertise.’
- Try to see links between apparently separate and diverse elements in your life and experience.

4.ACCEPT UNCERTAINTY AND BE OPTIMISTIC

- Life is inherently uncertain, so don't waste your energy trying to predict the future.
- Of all the possible outcomes, focus on the most positive one.
- This is not to be a 'Pollyanna,' but to accept that if you respond well and work to the best of your ability; a good outcome is as likely as any other.
- Don't waste your energy being negative

5. KEEP FIT AND HEALTHY

- Eat well, get enough sleep, exercise regularly.
- Meditation can help, too.
- This will keep up your energy levels and allow you to keep going in tough times.
- Not taking care of yourself physically, mentally and spiritually is foolish and short sighted

6.SEE THE BIG PICTURE

- Change is inevitable, but if you take a bird's-eye-view of the landscape, the change won't be so disorientating and you will keep perspective at all times

7.BE PERSISTENT

- Success is usually more to do with tenacity than are genius.
- Persistence is only possible when you have clarified your values and when you are able to build on the bedrock of purpose.
- Successful people keep going in the face of change, finding new and creative ways to achieve a positive outcome.

Conclusion

Transcultural nursing is essential in daily nursing practice. The ever-growing number of patients from various cultural backgrounds creates a major challenge for nurses to provide individualized and holistic care based on each patient's cultural needs. This requires nurses to understand cultural differences in healthcare values, beliefs, and customs. Nurses must be open-minded and have a positive interest as well as a sincere desire to learn other cultural ways.

Transcultural knowledge is important for nurses to acquire in order for them to become sensitive to the needs of patients from various cultures especially as societies become increasingly global and complex. Since nurses have the most intimate contact with patients and are responsible for formulating care plans that help meet the individual needs of patients, it is a necessity for nurses to understand, appreciate, and respond to the patients' cultural preferences.

The most effective way to accomplish this is for nurses to increase their awareness of cultural differences and become knowledgeable about the cultural preferences of their patients under their care. This highlights the need for nursing education to include transcultural nursing in the curriculum. It should instil in nursing students an appreciation for cultural differences in healthcare values, beliefs and customs.

The curriculum in transcultural nursing should also teach the knowledge and skills needed to provide culturally competent nursing care. Furthermore, hospitals and other health care facilities should offer nurses frequent in-service programs on cultural competency in order to increase their level of confidence and knowledge of transcultural skills. Hence, it was then established that having cross-cultural nursing knowledge would enable the Nurse to interact effectively with the individual preferences of each culturally influenced health behaviours to prevent misunderstanding and to enable the nurse to provide suitable care in a culturally diverse health care setting

Kotter's Change Management is one way in which busy leaders and practitioners can help their staff to make changes. Supporting their staff as an individual and as a group can help to move through the change quickly and effectively as possible

Program
Phase II: Face-to-Face Intensive Seminar
“Leadership Development and Change Management for Nurse Executives in
ASEAN Countries”
24th -26th July 2014

Venue: Room 5209, Seminar Building I, Sukhothai Thammathirat Open University
Pre-registration: 23rd July 2014 at Reception Counter, Seminar Building II

Day One, 24th July 2014	
08.00-08.30	Registration
08.30-09.15	Opening Ceremony <ul style="list-style-type: none"> - Welcome and Project Team Introduction by Project Leader - ASEAN Flag March Sponsored by Samut Sakhon Hospital - Report by Dean, School of Nursing - Welcome address by Vice-President for Academic Affairs of Sukhothai Thammathirat Open University
09.15-10.15	Keynote Speaker: Title “Leadership Development for Professional Nurses in ASEAN Community” by Professor Emeritus Dr. Wichit Srisuphan Former President, Thailand Nursing and Midwifery Council, and Former Vice President for Academic Affairs, Chiang Mai University
10.15-10.45	Refreshments
10.45-12.15	Honored Guest Speaker: Session 1: Transformation Leadership Title “Reading the Water” by Assoc. Prof. (Dr) Lim Swee Hia Senior Director, SingHealth Alice Lee Institute of Advanced Nursing Director, Special Projects, Singapore General Hospital (SGH) Director, Special Projects, National Heart Centre Singapore (NHCS)
12.15-13.30	Lunch
13.30-14.30	Ice-breaking activity and building networking among ASEAN nurse executives by - Asst. Prof. Dr. Aree Cheevakasemsook - Asst. Prof. Dr. Premrueai Noimeunwai
14.30-15.00	Preparation for Poster Presentation and Group Activities by Assoc. Prof. Dr. Boontip Siritarungsri
15.00-15.30	Refreshments
15.30-17.00	Poster Exhibition: Innovation Achievement on Nursing
18.30-20.30	Welcome ASEAN Party at STOU

Day Two, 25th July 2014	
08.30-10.00	Group Activities for Best Practices on “Developing Leadership Competencies for Nurse Executives in ASEAN community” (3 groups) Facilitated by 1. Asst. Prof. Dr. Aree Cheevakasemsook 2. Asst. Prof.Dr.Premruetai Noimeunwai 3. Dr. Pattaya Kaewsarn
10.00-10.30	Refreshments
10.30-12.30	Group Activities for Best Practices (cont.)
12.30-14.00	Lunch and Exhibition
14.00-16.00	Poster Popular Vote
17.00-22.00	Dinner Cruise along the Chao Phraya River
Day Three, 26th July 2014	
08.30-10.00	Group Presentation for Best Practices on “Developing Leadership Competencies for Nurse Executives in ASEAN Community” by Representatives of 3 Groups
10.00-11.00	Session 2: Discussion and Summary Title “Organisational Readiness” by Assoc. Prof. (Dr) Lim Swee Hia
11.00-11.30	Refreshments
11.30-12.00	Building up an ASEAN Nurse Online Community by Assoc. Prof. Dr. Boontip Siritarungsri
12.00-12.30	Closing Ceremony
12.30-14.00	Lunch

Welcome Note

by Assoc Prof Dr Boontip Siritarungsri
Project Leader

As leader of the project, it gives me a great pressure to extend a very warm welcome to all participants and attendees of the “face to face intensive seminar”. This is the second phase of the project titled “Leadership and change management for nurses’ executive in ASEAN countries” hosted by School of Nursing, Sukhothai Thammathirat Open University.

Since this project implementation is the first of its kind by limited staff and time with free of charge for distinguished participants. It is our wish to offer ASEAN nurse executives good thing, opportunity to gain knowledge from diverse honored resource persons allowing you to share knowledge with each other and build network in order to develop health and nursing service at ASEAN level in full preparation for further competition at international level. Therefore, we must apologize for any inconvenience for the online training and face-to-face intensive seminar. Please note that this project belonged to everyone and offered to you all by STOU, Thailand. With your creative effort, I have a high hope that we will develop this project to be sustainable and benefit ASEAN nurse fellows. As a result, it will benefit our people as well.

May I congratulate all participants from Thailand, Myanmar and Malaysia who passed the first phase of the online training course and are attending the seminar here. Throughout the past 4 months, I believe all participants including myself and our project team have learnt so many valuable and wonderful things from our honored resource persons, and ASEAN nurses. We have learnt and shared not only the contents of the project but also learnt how to work together and build online community of ASEAN nurses’ network.

I would like to take this opportunity to sincerely thank honored resource persons from various countries, France, Australia, Singapore and Thailand who had been working hard to write and present their knowledge and experiences through modules for all participants.

My sincerely thanks also go to two guest speakers from Thailand Professor Dr Wichit Srisuphan and from Singapore Associate Professor (Dr) Lim Swee Hia who had kindly supported to develop the project, including STOU staff, especially project team, head and staff of STOU e-learning centre who had been working closely with us until the project success, all participants and attendees who spent your valuable times to join this seminar. This is a right time to build up a connection among ASEAN nurses and prompt competition to international nurses.

I wish all participants an enjoyable and proactive seminar, and I am confident that you will leave Thailand more enlightened and enriched than when you arrived. Take it as your home and have fun in the seminar.

REPORT

by

Assoc Prof Dr Somjai Puthapitukpol

Dean, School of Nursing, Sukhothai Thammathirat Open University
at the Opening Ceremony of the Face-to-Face Intensive Seminar on

Leadership Development and Change Management for Nurse Executives in ASEAN Countries

July 24, 2014

Sukhothai Thammathirat Open University, Thailand

Senior Director, Sing Health Alice Lee Institute of Advanced
Nursing, Singapore, **Associate Professor (Dr) Lim
Swee Hia**

Former President, Thailand Nursing and Midwifery Council,
Professor Emeritus **Dr Wichit Srisuphan**

Vice President of Sukhothai Thammathirat Open University,
Professor Dr Siriwan Sripahol

Project Leader, **Assoc Prof Dr Boontip siritarungsri**

**Nurse Executives, STOU Colleagues, Ladies and
gentlemen,**

It is indeed my great pleasure that the Face-to-Face Intensive Seminar finally takes place today after the online or distance training took place in a few months ago. The project titled on “leadership development and change management for nurses executive in ASEAN countries, is under responsibility by Assoc Prof Dr Boontip Siritarungsri as a project leader and her team. I wish to extend my warmest welcome to our nurse friends from various parts of Thailand as well as nurses from ASEAN countries.

In my capacity as Dean, School of Nursing, Sukhothai Thammathirat Open University, permit me to provide you with an overview on significant developments in this project which might be considered as platforms for this initiative. As we may

be aware that we will be entering to ASEAN Community next year and nursing profession or in other words, health service profession, one of the seven key services has been accelerated by ASEAN Community to combine together toward internationally top in the global quality service. Therefore, an agreement on ASEAN Mutual Recognition Arrangement on Nursing Services (ASEAN MRA) was reached in principle that nurses who meet required qualifications are eligible to register or apply for nurse license to work in other ASEAN countries under law and regulations in those countries. For this reason, nursing personnel development is truly needed in ASEAN region.

Nursing personnel development by distance training will allow anyone in the community to learn from online course in response to needs of each learner at a large number regardless of time and place. The characteristic of such training is an instructional science and art that transfer knowledge through joint learning activity between training facilitators and participants as well as among other training participants. Honored resource person or lecturer plays a role in providing information, guidance, screening overwhelmed online information/knowledge to training participants or learners and then integrate with practice that will bring about development of new body of knowledge or innovation for nursing administration.

Ladies and gentlemen, to continue with the on-going distance training, the Face-to-Face Intensive Seminar is therefore organized here at STOU campus with support from School of Nursing and government budget. Seminar participants here are those who recently registered in distance training. The results of participation in this seminar will be integrated into best practices of ASEAN nurses.

Now, as time is appropriate, may I take this opportunity to invite STOU Vice President Professor Dr Siriwan Sripahol **to** kindly give a welcoming and opening address before we begin the seminar program in this morning. **Thank you.**

WELCOME ADDRESS

By Vice President of Sukhothai Thammathirat Open University,
Professor Dr Siriwan Sripahol

at the Opening Ceremony of the Face-to-Face Intensive Seminar on

**Leadership Development and Change Management
for Nurse Executives in ASEAN Countries**

July 24, 2014

Sukhothai Thammathirat Open University, Thailand

Senior Director, SingHealth Alice Lee Institute of Advanced
Nursing,

Singapore, **Associate Professor (Dr) Lim**

Former President, Thailand Nursing and Midwifery Council,

Professor Emeritus Dr Wichit Srisuphan

Project leader, **Assoc Prof Dr Boontip Siritarungsri**

Nurse Executives from Thailand, Myanmar and Malaysia

STOU Colleagues, Ladies and gentlemen,

It is my great pleasure and privilege to be here today and welcome all of you on behalf of the Sukhothai Thammathirat Open University and my own behalf; I would like to extend our warm welcome to you from ASEAN countries, Thai nurses from provinces and our honored guest speakers for this challenging seminar. For the first of its kind, STOU is proud and honored to host this important event.

At the outset, I would like to express our sincere appreciation to Associate Professor (Dr) Lim Swee Hia and Professor Emeritus Dr Wichit Srisuphan for being our honored quest speakers. My thanks also go to School of Nursing and STOU colleagues, Associate Professor Dr Boontip Siritarungsri and her team for their hard working to make the seminar today possible.

Ladies and gentlemen, this could be considered important milestones for transnational collaboration among ASEAN nurses. To further prospect of transnational collaboration, this initiative displayed our strong support to develop nurse personnel and their regional network in the long run.

Finally, I wish to thank all of the participants who have sacrificed their time, endeavors to be here. Of course, your presence has fulfilled this gathering. I am confident that the seminar will achieve its goal through your active participation.

May I once again extend my warmest welcome to all of you and wish every one of you a memorable stay in Thailand and trust that you will enjoy our hospitality of STOU smiling team.

At this auspicious moment, may I officially declare the seminar open.

Thank you.

Keynote and Honored Guest Speakers

Face to Face Intensive Seminar	
<p>1. Leadership Development for Professional Nurses in ASEAN community</p> 	<p>Keynote Speaker: Professor Emeritus Dr Wichit Srisuphan Former President, Thailand Nursing and midwifery Council, and Former Vice President for Academic Affairs, Chiang Mai University</p>
<p>2. Session 1: Transformation Leadership Title “Reading the Water” Session 2: Discussion and Summarising Title “Organisational Readiness”</p> 	<p>Honored Guest Speaker: Associate Professor (Dr) Lim Swee Hia Senior Director, SingHealth Alice Lee Institute of Advanced Nursing Director, Special Projects, Singapore General Hospital (SGH) Director, Special Projects, National Heart Centre Singapore (NHCS)</p>

2006 ASEAN MUTUAL RECOGNITION ARRANGEMENT ON NURSING SERVICES

Signed by Economic Ministers in Cebu, the Philippines, on 8 December 2006

<http://www.aseansec.org/19210.htm>

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PREAMBLE

The Governments of Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, and the Socialist Republic of Viet Nam, Member Countries of the Association of South East Asian Nations (hereinafter collectively referred to as "ASEAN" or "ASEAN Member Countries" or singularly as "ASEAN Member Country");

RECOGNISING the objectives of the ASEAN Framework Agreement on Services (hereinafter referred to as "AFAS"), which are to enhance cooperation in services amongst ASEAN Member Countries in order to improve the efficiency and competitiveness, diversify production capacity and supply and distribution of services of their services suppliers within and outside ASEAN; to eliminate substantially the restrictions to trade in services amongst ASEAN Member Countries; and to liberalise trade in services by expanding the depth and scope of liberalisation beyond those undertaken by ASEAN Member Countries under the General Agreement on Trade in Services (hereinafter referred to as "GATS") with the aim to realising free trade in services;

RECOGNISING the ASEAN Vision 2020 on Partnership in Dynamic Development, approved on 14 June 1997, which charted towards the year 2020 for ASEAN the creation of a stable, prosperous and highly competitive ASEAN Economic Region which would result in:

free flow of goods, services and investment;

equitable economic development, and reduced poverty and socio-economic disparities; and enhanced political, economic and social stability;

NOTING that Article V of AFAS provides that ASEAN Member Countries may recognise the education or experience obtained, requirements met, and licence or certification granted in other ASEAN Member Countries, for the purpose of licensing or certification of service suppliers;

NOTING the decision of the Bali Concord II adopted at the Ninth ASEAN Summit held in 2003 calling for completion of Mutual Recognition Arrangements (hereinafter referred to as "MRAs" or singularly as "MRA") for qualifications in major professional services by 2008 to facilitate free movement of professionals/skilled labour/talents in ASEAN; and

PROVIDING an MRA on Nursing Services that would strengthen professional capabilities by promoting the flow of relevant information and exchange of expertise, experience and

best practices suited to the specific needs of ASEAN Member Countries.

HAVE AGREED as follows

ARTICLE I OBJECTIVES

The objectives intended under this MRA are to:

- 1.1 facilitate mobility of nursing professionals within ASEAN;
- 1.2 exchange information and expertise on standards and qualifications;
- 1.3. promote adoption of best practices on professional nursing services; and
- 1.4 provide opportunities for capacity building and training of nurses.

ARTICLE II DEFINITIONS AND SCOPE

In this MRA, unless the context otherwise stated,

2.1 Nurse refers to a natural person who has completed the required professional training and conferred the professional nursing qualification; and has been assessed by the Nursing Regulatory Authority of the Country of Origin as being technically, ethically and legally qualified to undertake professional nursing practice; and is registered and/or licensed as a professional nurse by the Nursing Regulatory Authority of the Country of Origin. This definition shall not apply to a technical level nurse.

2.2 Country of Origin refers to the participating ASEAN Member Country where a nurse has a valid and current registration and/or licence to practise nursing.

2.3 Foreign Nurse refers to a nurse of ASEAN nationality who is registered and/or licensed to practise nursing in the Country of Origin and is applying to be registered and/or licensed to practise nursing in a Host Country in accordance with the Policy on Practice of Nursing in the Host Country.

2.4 Host Country refers to the participating ASEAN Member Country where a Foreign Nurse applies to be registered and/or licensed to practise nursing.

2.5 Nursing Qualification means the qualification in nursing granted by a recognised Training Institution approved and recognised by the Nursing Regulatory Authority and/or the appropriate agency of the Country of Origin.

2.6 Nursing Regulatory Authority (hereinafter referred to as “NRA”) means a body vested with the authority by the Government of each ASEAN Member Country to control and regulate nurses and the practice of nursing. In this MRA, NRA refers to the following:

Nursing Board of Brunei	for Brunei Darussalam
Ministry of Health, Kingdom of Cambodia	for the Kingdom of Cambodia
Ministry of Health, Republic of Indonesia	for the Republic of Indonesia
Ministry of Health Lao People's Democratic Republic	for Lao People's Democratic Republic
Malaysia of Health & Midwifery Boards	for Malaysia
Ministry of Health & Myanmar Nursing and Midwifery Council	for the Union of Myanmar
Professional Regulation Commission, Board of Nursing	for the Republic of the Philippines
Singapore Nursing Board	for the Republic of Singapore
Thailand Nursing Council	for the Kingdom of Cambodia
Ministry of Health, Socialist Republic of Viet Nam	for Socialist Republic of Viet Nam

2.7 Practice of Nursing refers to the provision of nursing care by a nurse that encompasses promotive, preventive, curative and rehabilitative practices which may include education and research.

2.8 Recognised Training Institution means any university, college or nursing education

institutions approved by the NRA and/or appropriate agency of the Country of Origin following procedures as prescribed by its Government or its relevant authority.

ARTICLE III RECOGNITION, QUALIFICATIONS AND ELIGIBILITY OF FOREIGN NURSES

3.1 Recognition of a Foreign Nurse

A Foreign Nurse may apply for registration or licence in a Host Country to be recognised and allowed to practise nursing in accordance with the laws and regulations of the Host Country concerned, subject to the following conditions:

3.1.1 Granted a Nursing Qualification;

3.1.2 Possession of a valid professional registration and/or licence from the Country of Origin and a current practising licence or certificate or any relevant certifying documents;

3.1.3 Minimum practical experience in the practice of nursing of not less than three (3) continuous years prior to the application;

3.1.4 Compliance with satisfactory continuing professional development in accordance with the Policy on Continuing Professional Development in nursing as may be mandated by the NRA of the Country of Origin;

3.1.5 Certification from the NRA of the Country of Origin of no record or pending investigation of having violated any technical, professional or ethical standards, local and international, for the practice of nursing; and

3.1.6 Compliance with any other requirements, such as to submit for a personal medical examination or undergo an induction program or a competency assessment, as may be imposed on any such application for registration and/or licence as deemed fit by the NRA or any other relevant authority or the Government of the Host Country concerned.

3.2 Eligibility of a Foreign Nurse

Subject to domestic laws and regulations, a Foreign Nurse who satisfies the conditions as

stated in Article 3.1 is deemed eligible to work in the Host Country.

3.3 Undertaking of a Foreign Nurse

A Foreign Nurse who is granted registration or licence in the Host Country to practise nursing shall comply with the following:

3.3.1. Local codes of professional conduct in accordance with the policy on ethics and conduct on the Practice of Nursing established and enforced by the Host Country;

3.3.2 Prevailing domestic laws and regulations of the Host Country, including rules and regulations governing the practice of nursing in the Host Country;

3.3.3 Subscribe to any requirements for an insurance liability scheme of the Host Country; and

3.3.4 Respect the culture and religion of the Host Country.

ARTICLE IV EVALUATION, REGISTRATION AND MONITORING

4.1 Nursing Regulatory Authority

The NRA of the Host Country shall be responsible for the following:

4.1.1 Evaluate the qualifications and experiences of Foreign Nurses;

4.1.2 Register and/or license Foreign Nurses allowing them to practise nursing in the Host Country;

4.1.3 Monitor the professional practice and conduct of Foreign Nurses who have been registered and/or licensed; and

4.1.4 Ensure that Foreign Nurses observe and maintain high standards of practice of nursing in accordance with the code of professional conduct of the Host Country.

4.2 ASEAN Joint Coordinating Committee on Nursing

4.2.1 An ASEAN Joint Coordinating Committee on Nursing shall be established comprising representatives from the NRA and/or appropriate Government Agency of the participating ASEAN Member Countries to meet regularly to:

4.2.1.1 facilitate the implementation of this MRA;

- 4.2.1.2 seek greater understanding of existing policies, procedures and practices, to develop and promote strategies to manage the implementation of this MRA;
- 4.2.1.3 encourage the adoption and harmonisation of standards and procedures in the implementation of this MRA through the mechanisms available;
- 4.2.1.4 update changes or developments in the relevant prevailing laws, regulations and practices of each Host Country;
- 4.2.1.5 continue mutual monitoring and information exchange;
- 4.2.1.6 serve as an avenue to resolve amicably any disputes or issues arising out of the implementation of this MRA that is forwarded to it by any NRA of the participating ASEAN Member Country;
- 4.2.1.7 discuss the development of capacity building programmes; and
- 4.2.1.8 discuss other matters related to this MRA.
- 4.2.2 The ASEAN Joint Coordinating Committee on Nursing shall formulate the mechanism to carry out its mandate.

ARTICLE V MUTUAL EXEMPTION

5.1 Mutual Exemption

5.1.1 The participating ASEAN Member Countries recognise that any arrangement, which would confer exemption from further assessment by the NRA of the Host Country could be concluded only with the involvement and consent of that NRA and/or the relevant government agencies.

5.1.2 The participating ASEAN Member Countries further recognise that registering or licensing authorities for the practice of nursing have statutory responsibilities for protecting the health, safety, environment, and welfare of the community within their jurisdiction.

ARTICLE VI DISPUTE SETTLEMENT

6.1 The following mechanism will be observed by the ASEAN Joint Coordinating Committee on Nursing in any dispute arising out of the interpretation, implementation, and/or

application of this MRA:

6.1.1 A Foreign Nurse may lodge any complaint arising out of this MRA to the NRA of the Host Country;

6.1.2 If the Foreign Nurse is not satisfied with the actions or explanations of the NRA of the Host Country taken with respect to the complaint lodged, then the Foreign Nurse may contact the NRA of the Country of Origin to seek consultations with the NRA of the Host Country to resolve the dispute;

6.1.3 Any unresolved dispute arising from the consultations shall be forwarded by the NRA of either the Country of Origin or the Host Country to the ASEAN Joint Coordinating Committee on Nursing, which shall seek to resolve the dispute amicably; and

6.1.4 Any dispute concerning the interpretation, implementation, and/or application of any of the provisions under this MRA which cannot be resolved by the ASEAN Joint Coordinating Committee on Nursing shall be subject to the mechanism set out in the ASEAN Protocol on Enhanced Dispute Settlement Mechanism done at Vientiane, Lao PDR on 29 November 2004.

ARTICLE VII APPLICATION OF THE PROVISIONS OF GATS AND AFAS TO THIS MRA

The terms and definitions and other provisions of the GATS and AFAS shall be referred to and shall apply to matters arising under this MRA for which no specific provision has been made herein.

ARTICLE VIII AMENDMENT

The provisions of this MRA may only be amended by mutual written agreement by the Governments of all ASEAN Member Countries.

ARTICLE IX DEFERRAL OF IMPLEMENTATION

9.1 Any ASEAN Member Country that wishes to defer implementation of this MRA shall notify the ASEAN Secretary-General in writing of its intention within three months from the date of signature and the ASEAN Secretary-General shall thereafter notify the rest of the

ASEAN Member Countries. The deferral shall be effective upon notification to the other ASEAN Member Countries. Any ASEAN Member Country which does not defer implementation of this MRA shall be referred to as “participating ASEAN Member Country” in this MRA.

9.2 Any ASEAN Member Country which had, pursuant to Article 9.1 above, given notice of its intention to defer the implementation of this MRA, shall notify the ASEAN Secretary-General in writing when it is ready to implement this MRA, provided that such date shall not be later than 1 January 2010. The ASEAN Secretary-General shall thereafter notify the rest of the ASEAN Member Countries.

ARTICLE X FINAL PROVISIONS

10.1 This MRA shall enter into force for all Member Countries on the date of signature.

10.2 This MRA shall be deposited with the ASEAN Secretary-General, who shall promptly furnish a certified copy thereof to each ASEAN Member Country.

IN WITNESS WHEREOF, the undersigned, being duly authorised by their respective governments, have signed the ASEAN Mutual Recognition Arrangement on Nursing Services.

DONE in Cebu, the Philippines, this Eighth Day of December in the year of Two Thousand and Six, in a single original copy in the English language.

For Brunei Darussalam:

MOHAMED BOLKIAH
Minister of Foreign Affairs and Trade

For the Kingdom of Cambodia:

CHAM PRASIDH
Senior Minister and Minister of Commerce

For the Republic of Indonesia:

MARI ELKA PANGESTU

Minister of Trade

For the Lao People's Democratic Republic:

NAM VIYAKETH

Minister of Industry and Commerce

For Malaysia:

RAFIDAH AZIZ

Minister of International Trade and Industry

For the Union of Myanmar:

U SOE THA

Minister for National Planning and Economic Development

For the Republic of the Philippines:

PETER B. FAVILA

Secretary of Trade and Industry

For the Republic of Singapore:

LIM HNG KIANG

Minister for Trade and Industry

For the Kingdom of Thailand:

KRIRK-KRAI JIRAPAET

Minister of Commerce

For the Socialist Republic of Viet Nam:

TRUONG DINH TUYEN

Minister of Trade

Characteristics of Professional Nurses and Nursing Profession in ASEAN community

Associate Professor Dr.Boontip Siritarungsri

Dr.Pattaya Kauwsarn

Assistant Professor Dr. Areerut Khumyu

Assistant Professor Dr. Aree Cheevakasermasuk

On June 19, 2013 the conference on *“Transcultural Nursing in ASEAN”* (<http://www.stou.ac.th/tcna/>) was held during June 17-19, 2013 at meeting rooms, Aneknithat Building, Sukhothai Thammathirat Open University. Those willing participants attended sub meeting groups to identified characteristics of professional nurses and nursing profession in ASEAN countries. There was a number of 25 nurse instructors, nurse executives and nursing staff from both private and public sectors. In conclusion, the key characteristics of professional nurses and nursing profession in ASEAN community included 6 main issues with the following details of sub-issues.

1. Personal Characteristics of Professional Nurses
2. Nurses’ Competency
3. Quality and Nursing Service Standard)
4. Nursing Service Equity
5. Nursing Management in Organization and Ward Level
6. Essential Information and Related Website /Database

ISSUE 1 Personal Characteristics of Professional Nurses

- High flexibility and self-adjustment ability in different cultures to living well together and work well with others for good cooperation
- Always keep up with learning /seeking new knowledge
- Be knowledgeable with academic excellence
- Be optimistic and accept personnel different cultures
- Cultural sensitivity to clients
- Service mind
- Be kind, polite, well-spoken, and patient and love humankind regardless of race and religion
- Ability to solve facing problems immediately and appropriately
- Hospitality and willingly provide service
- Pleasant and reliable personality i.e. smart, smiley, soft, strong and assertiveness etc

ISSUE 2 Nurses' Competency - K A P

Knowledge

- Acquire knowledge and understanding in nursing practice that conforms with clients cultures
- Acquire knowledge relating to technology for further research/learning
- Acquire knowledge relating to up-to-date nursing and caring clients
- Acquire knowledge relating to international regulations, or formal procedures/process
- Right to medical treatment, quality assurance system, legal right of clients of each country
- Acquire knowledge and expertise in special nursing as well as general knowledge applicable to take care international clients
- Acquire knowledge relating to medical care in each culture of each group of clients, each nation, each religion including knowledge relating to international/ASEAN standard medical care
- Acquire knowledge relating to evidence best practice

Attitudes

- Attentive/active in providing nursing service to international clients
- Positive attitude toward s change and development to ASEAN community
- Positive attitude toward s working with international colleagues
- Attitude of leaders and executives must be adjusted in accordance with change to ASEAN

Skills

- Ability to communicate with international clients
- Ability to make decision in facing problem immediately and appropriately
- Ability to provide nursing service suitable with personal difference
- Ability to acquire knowledge sharing and negotiable
- Ability to record nursing data in English appropriately, correctly and internationally in ASEAN standard
- Ability to make decision in facing problem immediately and appropriately when comes up with ethical problem or when standard, regulations, procedures of hospitals that meet with different belief and culture of clients. For example, process concerning hospital's body management is not goal attainment of service provider and clients' culture and belief
- Ability to offer caring and nursing information to every client
-

ISSUE 3 Qualities and Nursing Services Standard

- Standard of Nurse's Note
- Standard of Nursing Service Quality (structure, process, outcomes)
Ex. Clients & staff satisfaction, Effectiveness, efficiency, Easy to access, Holistic care etc.

ISSUE 4 Nursing Service Equity

- Client deserves to receive minimum standard right to medical treatment equally and fairly
- In case of more international clients, establish a Special Unit, include or separate them from Thai clients
- Nurses are to hold the principle of patient's right and humanize care in terms of providing nursing service equity to everyone (both Thai and international clients)

ISSUE 5 Nursing Management in Organization and Ward Level

- Personnel development system should be ready to offer service to international clients
- Development of work-life quality as well as work environment of personnel
- Development of language skills, at least 2 languages
- Language communication system i.e. sign post in English, Burmese, or other most used language by clients/organizations
- Always review and develop nursing system continuously to be more standardized and up-to-date
- Addition of more elective language course in nursing curriculum as well as ASEAN contents for nurse students

ISSUE 6 Essential Information and Related Website /Database

- Building/developing transcultural nursing in ASEAN network for continuing study of nurses i.e. <http://www.stou.ac.th/tcna>; www.moe.com/radio
- Database on population mobility, Epidemic & pandemic of many diseases, health problems, nursing workforce as shown in ICN website
- Database on knowledge relating to healthcare tradition/culture, speaking, communication, languages of ASEAN countries
- Database on fellowship/academic service relating to service provision for international clients in each country. This can be done in form of academic conference or presentation of research work
- Communication channels available i.e. feedback from website viewers

A programme conducted by a Turkish health provider showed a nursing leadership competency model can improve charge nurses' skills and identify leadership potential

Developing a leadership competency model

In this article...

- › How to increase ward manager leadership skills
- › Developing a training programme
- › How participants evaluated the programme

Authors Saliha Koc is group nursing services director at Acibadem Healthcare; Birsen Erkus is nursing services manager at Acibadem Ankara Hospital; Songul Ozel is nursing services manager at Acibadem Kocaeli Hospital; Aslihan Bardak is nursing services directorship project specialist at Acibadem Health Group, Istanbul.

Abstract Koc S et al (2013) Developing a leadership competency model. *Nursing Times*; 109: online issue. This article describes how a nursing manager competency model was developed to improve the competency of existing ward sisters and charge nurses and educate potential leaders employed by the Acibadem Healthcare Group in Istanbul, Turkey. The project included a series of workshops conducted between 2006 and 2011, an employee satisfaction questionnaire, quality indicators and a literature review. The model has been beneficial in developing new managers, and in improving team spirit and the culture of teamwork.

Competent nursing and effective leadership are fundamental to the provision of high-quality care. Cook and Lethard (2004) also recognised that nurses' ability to provide high-quality patient care involves leadership skills.

The roles of nurse managers who provide services within a large and complex healthcare system vary but there is an expectation they will have leadership skills. In this framework, nurses should demonstrate skills to improve performance, innovate and manage organisational change (Yigit, 2000).

Nurse leaders assume an important role

in the sustainability, motivation and increased personal and professional development of nursing staff. Research indicates that some leadership characteristics may increase employee satisfaction and improve staff retention.

Developing a nurse manager competency model

This project aimed to develop a nurse manager competency model to increase the number of nurse leaders through the use of leadership development programmes.

Together with Harvard Medical International, the project strategy was defined in February 2006. All charge nurses at Acibadem Healthcare Group in Turkey took part in the development programmes between 2007 and 2011 with the aim of developing skills to move into more senior management roles.

Charge nurses in Turkey have similar responsibilities to ward sisters and charge nurses in the UK, including allocating roles within their teams, organising duty rotas, auditing their unit's performance, monitoring patients' care plans and treatment, assessing their units' needs and available resources for current and oncoming shifts, and assisting with the identification and reporting of incidents.

A leadership workshop was scheduled between March and June 2006 and a work group was set up in order to ensure a common language among our leaders. The workgroup consisted of:

- › The nursing services director (chairman);
- › Nursing service managers;
- › A human resources manager;
- › A nursing development department manager;

5 key points

1 Effective nurse leadership is vital to the provision of high-quality care

2 Nurse leaders can motivate nursing staff and help with their professional development

3 The leadership development programme allows nurses to develop their skills while also practising what they have learnt

4 Individual courses to focus on issues such as crisis management and conflict resolution can be a useful adjunct to leadership development programmes

5 Nurse leaders bridge the gap between senior executives and nurses delivering patient care

BOX 1. PROBLEMS IDENTIFIED

- Poor resources for the development of new managers
- Managers lack problem-solving skills
- Staff retention
- No teamwork
- No nursing-specific indicators
- Different expectations from mid-level managers
- Lack of experience of charge nurses in guiding teams and setting goals despite their status as good clinicians
- No training for charge nurses for leadership responsibilities before assuming their role
- No leader development programme

- » Eight charge nurses;
- » Fourteen nurses with the potential to be future managers.

In the workshop, problems affecting managers' ability to do their job were identified (Box 1). This informed the development of the competency model; the subjects included in the nursing services competency model are listed in Box 2 and formed the basis of the leadership training programme.

The training programme was held annually between 2006 and 2011. During this period Acibadem Healthcare Group trained existing charge nurses and the courses were repeated for new managers. The training was provided by nursing managers who were trained by the Harvard Medical International coaching programme and had at least eight years' experience in the organisation.

An evaluation questionnaire was sent out to the 278 participants who completed the programme, asking for their views on its content and the trainers delivering it. In total, 91% of respondents were satisfied with the training (Fig 1).

After training, the nurse services director was asked to prepare task lists in accordance with the strategic plan for the organisation; these were delegated to charge nurses to include in their annual plans for their clinics. Tasks included clinical changes aimed at increasing patient and employee satisfaction. Some leaders attended individual update or development courses such as analytical thinking, crisis management and conflict resolution.

Assessing progress

Charge nurses influence job satisfaction and staff retention issues. They also

BOX 2. SUBJECTS INCLUDED IN COMPETENCY MODEL

- Creating a vision
- Delivering a strategy
- Setting direction, mentoring
- Service development and management
- Teamwork
- Personal development programme, staff training
- One-to-one care
- Patient stories and care observations
- Change management
- Unit performance management
- Communication
- Setting up of effective teams
- Establishing relationships based on cooperation
- Values
- Decision making
- Delegation
- Conflict management
- Problem solving
- Stress management
- Research process
- Motivational strategies

provide a bridge between senior executives and nurses delivering patient care. Our leadership development programme was used to test trainees' ability to handle the charge nurse position. At the end of the programme, if a charge nurse had not been found competent for the role an alternative position was recommended.

This process is a testing period when candidates are expected to develop their knowledge, skills and competencies while practising what they have learnt. Their performance is monitored by their supervisor and nursing services manager. After training they discuss further education and practice to develop nurse managers' knowledge and skills in their clinical area.

The impact of regular leadership training sessions has been measured using staff-patient satisfaction surveys. These show how the leadership model has functioned since its introduction. Before 2006 issues such as change management, unit performance management, strategic planning, communication, team building and team management, personal development, quality management and organisational values were core skills for middle

managers. However, while some managers were able to use these skills instinctively, there was no formal training or education. With this programme, nurse leader candidates were enabled to develop skills to manage stress and crisis, time and resources, and strategic planning practices such as strengths, weaknesses, opportunities and threats analyses. These are not optional skills for nurse manager candidates, but are mandatory.

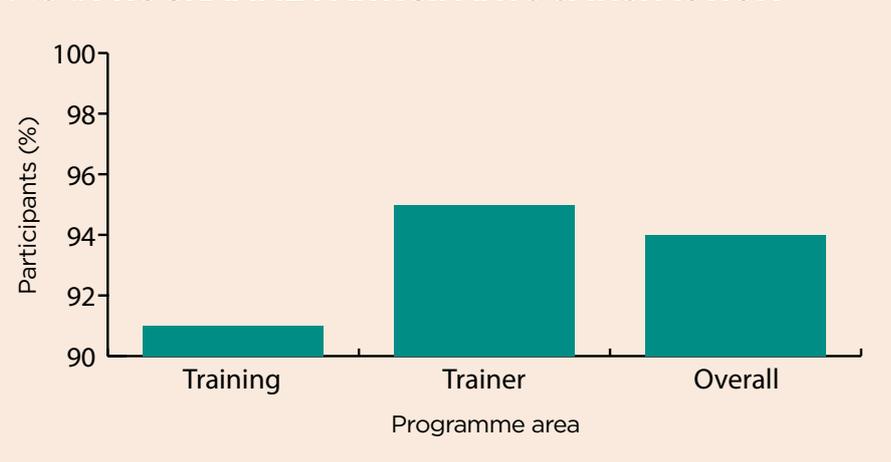
Future plans

In November 2013 we plan to introduce an online personal development track page. This is a personal development map for nurses and includes education, skills and competencies. We believe it will allow nurses to view their career steps whenever they wish and to identify the need for updates to support their development. **NT**

References

- Cook MJ, Lethard H (2004) Learning for clinical leadership. *Journal of Nursing Management*; 12: 436-444.
- Yigit R (2000) Behaviour of Clinical Charge Nurses. *Journal of Cumhuriyet University Nursing Faculty*; 4: 1, 21-32.

FIG 1. PROGRAMME PARTICIPANTS SATISFACTION



CALL FOR POSTER PRESENTATION

Phase II: Face to Face Intensive Seminar 24th -26th July 2014
Sukhothai Thammathirat Open University, Seminar Building I

Invitation to Submit Posters

As an integral portion of Phase 1, LCM Project on “Leadership Development and Change Management for Nurse Executives in ASEAN Countries” invites all distance training participants to submit posters in the Face-to-Face Intensive Seminar to be held on July 24-26, 2014 at Sukhothai Thammathirat Open University, Thailand.

Poster Session

Poster presentations will be featured in the exhibition area on Day One, Thursday, July 24, 2014 and Day Two, Friday July 25, 2014 during 14.00-16.00 hrs. One of the poster authors SHOULD present through interaction with other seminar attendees.

Theme: Leadership Development and Change Management

The poster session is opened to all active participants are provided with an ideal opportunity to disseminate useful information related to their profession with other ASEAN attendees. Previous experience, however is NOT the matter, simply a desire to share your experiences, information, and knowledge with others. As they deem appropriate, the posters may include: Nursing innovation or mini projects

Handouts

Please submit handouts of the poster material by July 10, 2014 or you may bring your own copies.

Details and Suggested Guidelines

- A poster board approximately 4x6 ft will be provided. LCM will assign and provide a poster number to be placed on the upper left-hand corner of the poster board.
- Bulletin type should be used such that the poster is legible at a distance of 3 feet.
- The poster title should include author(s), institution, and address of the author (i.e. province, city, state).
- Posters need NOT be professionally prepared. Do focus on the contents.

Incentive

Presenting posters will be entered into a raffle. Lucky presenters will receive small gifts from the seminar organizer.

Submission and Deadline

The posters and handouts will be accepted through **July 10, 2014**.

Notification

Notification of the assigned poster numbers will be in the program at the registration desk.

Your participation, in particular, by presenting posters in LCM gathering can only enhance the knowledge gained from the seminar attendance. Please join us and let's work together to make it the memorable and best Poster Session presentation in LCM Program!!!

REPLY FORM

Name

Organization.....

Address.....

Telephone.....

Fax.....

Email.....

- Yes, I am able to attend the seminar.
- Yes, I would like to participate in Poster Presentation.

Poster Title.....

- No, I am not able to attend the seminar.

APPLICATION FORM FOR POSTER PRESENTATION

NAME:

AFFILIATION:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

POSTER TITLE:

AND AUTHOR (As you would like it to appear in the Program)

.....

Contact and Further Information

**Dr. Pattaya Kaewsarn by July 10,
2014**

Tel: 66-2503-2620 (Office)

Tel: 66-9826-35977 (Cell Phone)

Fax: 66-2503-2620

aseanlcm2014@gmail.com



CERTIFICATE

Certify that

Name..... Surname.....

has successfully completed all requirements for Face to Face Intensive Seminar

*Leadership Development and Change Management
for Nurse Executives in ASEAN Countries*
on 24th -26th July 2014
at Sukhothai Thammathirat Open University, THAILAND

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**This activity was awarded 13 points of Continuing Nursing Education Units (CNEU),
Thailand Nursing and Midwifery Council**

Given on 26 July 2014

.....

(Assoc.Prof. Dr Chailerd Pichipornchai)

President,
Sukhothai Thammathirat Open University

.....

(Assoc. Prof. Dr Somjai Puttapitukpol)

Dean, School of Nursing
Sukhothai Thammathirat Open University

.....

(Assoc. Prof. Dr.Lim Swee Hia)

Senior Director, SingHealth
Alice Lee Institute of Advanced Nursing



CERTIFICATE

Certify that

Name..... Surname.....

has successfully completed all requirements for Online Training Course

*Leadership Development and Change Management
for Nurse Executives in ASEAN Countries*

during 15th April -15th August 2014

at <http://www.stou.ac.th/lcm/>

Given on 30th August 2014

.....

(Assoc.Prof. Dr Chailerd Pichipornchai)

President,
Sukhothai Thammatirat Open University

.....

(Assoc. Prof. Dr Somjai Puttapitukpol)

Dean, School of Nursing
Sukhothai Thammatirat Open University

.....

(Assoc. Prof. Dr.Lim Swee Hia)

Senior Director, SingHealth
Alice Lee Institute of Advanced Nursing



CERTIFICATE

Certify that

Name..... Surname.....

has successfully completed requirements of Poster Presentation
for Face to Face Intensive Seminar

*Leadership Development and Change Management
for Nurse Executives in ASEAN Countries*

on 24th -26th July 2014

at Sukhothai Thammathirat Open University, THAILAND

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(Assoc.Prof. Dr Chailerd Pichipornchai)

President,
Sukhothai Thammathirat Open University

.....
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Dean, School of Nursing
Sukhothai Thammathirat Open University

.....
(Assoc. Prof. Dr.Lim Swee Hia)

Senior Director, SingHealth
Alice Lee Institute of Advanced Nursing

List of Participants for Face to Face Intensive Seminar

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