

**FNF Improvement Project Abstract Template**

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|  ***Name:*** *Hon. Prof. Sue Tranka* |
| ***Scholarship Type:*** *Senior Leaders Programme*  |
| ***Your Sponsor:*** *Dame Ruth May, CNO England*  |
| **Aims and objectives of your scholarship:** **Aim-** to develop a bespoke leadership and professional support offer to:* create a pipeline of aspirant GCNO’s for the future,
* and support new GCNOs in role.

**Objective-** * Scoping exercise of current UK and international government CNO’s to understand career development
* Identify which opportunities strengthened experience for role
* Identify gaps in experience
* How to identify a talent pool for government roles in nursing /midwifery
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| **Places and organizations visited and programmes completed:*** Institute of Healthcare Improvement (IHI) in Boston, USA
* Harvard Kennedy School of Executive Education: Leadership for the 21st century
* RADA
* CHIME study day
* Women in Leadership programme Welsh government
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| **Title:**. Scoping the experiences of Government Chief Nursing / Midwifery officers across Europe and UK to develop a career pathway to improve healthcare outcomes and develop talented professionals for the future. |
| **Abstract:** Government chief nursing officers (GCNOs) are seeking out the best available evidence when planning and advising on how to deliver quality health care. GCNOs are nurses in high ranking government positions, who are also health policy planners witnessing an increase in global health care problems and a demand and emphasis for real-time intelligence and evidence based research. Current problems include a global nursing shortage causing low nurse staffing. By 2030, almost 6 million more nurses will be required globally to meet the demand for healthcare provision. Only by understanding the needs of nurse leaders in an ever-evolving context, can we ensure dynamic and focused design of education and training support to help them to influence policy and address the emerging risks for the profession and for patient care delivery. One can argue that this need outlined above, can translate into a bigger requirement for focused, innovative design of education and training to provide diverse and wide-ranging experiential opportunities for national-level (government) nurse leaders around the world, so that we build global capacity for integrated population health, disease prevention, health promotion, and the provision of high-quality health care.The biggest challenge in the 21st century is the transformation of nursing. Global nursing leadership requires active participation and leadership in practice, education, research, and policy/political arenas. To participate in this transformation process and innovative development of new health care systems, nurse leaders must be ‘super’ active within the national, but also multinational and multidisciplinary decision processes that discern health care at home and abroad. For this to happen we need to provide government and national nurse leaders with new tools and knowledge. In other words, we need to ensure that our global nurse leaders have a good understanding of the health economies and care systems, social and political context, purposes of health reform, a vision of how health and nursing services may be developed in the current economy, the ability to plan strategically for and manage change, and the strength and confidence to be proactive in a challenging and often stressful change environment.Despite the important actual and potential roles of GCNMOs, unfortunately a literature search revealed very little work has been done to systematically study the key issues that they face and the skill sets needed to address them. Now, in the face of global cost-driven health reform, the position of GCNO is even more important than ever. The majority of governments around the world have nurses who work within them, but not all are identified clearly as nurses. One nursing role that does identify as a nursing role and as a senior public servant is that of the Chief Nursing Officer (CNO). Many nurses and other health leaders throughout the world have little knowledge of the complexities of the role of the senior nurse in government. Even now many countries today do not have the Chief Nursing Officer (CNO) role in their governments. How often are we asked by others, both within and outside the United Kingdom, what is the Chief Nursing Officer role? And what value does it add?The first recorded GCNO for Wales was Edith Bell in 1972, nearing 50 years ago, and since then there have been at least 5 others in the role as senior civil servants to the Welsh Government, holding primacy in advisor to the Health Minister on all matters relating to Nursing and Midwifery. The education, training and environmental landscape has changed so significantly over this period of time that impact on the decision making of senior leaders as it relates to nursing and climate change, innovation, genomics and politics- that a rethink for the support, exposure, experience and training is necessary to ensure that future government leaders can operate and be agile in such challenging, diverse and unpredictable environments. Those of us who are GCNO’s are expected to bridge many domains – civil servant, policy analyst, translator of clinical research, manager of projects and NHS nursing leader. The CNO role is one which influences health policies and government health officials, and can create opportunities for nursing to influence wider health policy agendas. The GCNO is expected to provide high level expert advice, leadership, and guidance on nursing and health policy.The role of GCNO is demanding, vulnerable, stressful, fraught with conflicts between interest groups, and yet fulfilling and wholly rewarding. It requires an innate sense of judgement and resilience and elasticity as you walk the paths with politicians, consumer groups, researchers, professional bodies, nursing organisations and remain authentic and true to your values and the values of public service.The CNO role is clearly influenced by the national political structures and systems. Like other nursing roles it too has been affected by the reforms and restructuring that have occurred in health and public sectors around the globe. The discovery work included interviewing the:* Current UK CNOs for Scotland, Northern Ireland, England,
* 2 x previous UK CNOs, and Republic of Ireland’s CNO,
* European Regional CNO for World Health Organization,
* 1x Chief Midwifery officer for Wales.
* International CNOs

Ideally this will inform and help to expand this work to a second stage; where a full scoping review of current leadership offers across England, Wales and Scotland and devising a bespoke leadership offer to current executive directors of nursing and midwifery, looking to understand the GCNO role and test whether this is the complex and rewarding path they wish to tread. Phase 3 will involve seeking suitable providers to test and deliver such a programme. |
| **Implications for practice/education:****1**1. The following key themes have been identified from the leadership scoping work as the key thematic areas for development:
* ***Role of the Senior Civil Servant***
* ***Understanding the workings of government (devolved administrations)***
* ***Buddying & mentoring (civil service)***
* ***Global & national policy development***
* ***Portfolio delivery***
* ***Nursing/ Midwifery contribution to healthcare.***
1. In addition, most interviewees expressed an interest in creating a **‘Global GCNMO alumni faculty’** that would serve to offer leaders a forum to meet regularly, share information, and offer support and learning from across the globe to other navigating the complexities of policy impact and shared challenges like workforce shortages.
2. There are no other **comprehensive offers or programmes** in the UK designed specifically for this requirement. Internationally, there are a few institutions like Harvard Kennedy school of executive education which aims to focus on preparing leaders for government policy roles, but not exclusively designed for nursing leaders.
3. Equally **professional support** which is critical to ensure that leaders have a safe space to encourage open discussion, seek mentorship that is supported by other nurse and non-nurse leaders that can advise for example on career pathways.

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| **Dissemination; details of publications and/or conference presentations**Dissemination to UK CNOs and discussion planned with Deputy CNO England (Charlotte McArdle) to work jointly on Phase 2 and 3. Publish in BMJ open or nursing journal. |
| **Acknowledgements:** I would like to take the time and give space for acknowledgement to the following amazing women leaders who have **lifted as they climbed** and supported me to undertake and successfully complete the programme.To my sponsor- Dame Ruth May thank you for you unwavering support and belief in me, even when I wanted to turn back- you gave me options and willed me to keep going! For the opportunity to rise higher, and for being such an incredible ally. Thank you for everythingTo Professor Dame Jill McLeod Clarke- you have been a fabulous and amazing mentor, and I have loved every session of sharing insights, listening, learning, and being challenged along my journey. Thank you so very much for the friendship too.And finally thank you to Greta, Gemma and all at the FNF for this wonderful opportunity, I feel deeply privileged and indebted to you for opening the profession up to such a wonderful world of possibility.  |
| **Your reflections:** This has been an exceptional time for many of us, and to have the opportunity from the FNF to take time for myself, to invest in my learning, to help us to create wonderfully strong connections with all of our fellow scholars, to share challenges, and solve problems together has been immeasurable and so very helpful. I leant on this journey that ‘If you want to be the best, you have to be with the best.’ And the Florence Nightingale foundation certainly delivered that in abundance.I took up my role as CNO in August 2021, and this programme has given me time to reflect on all of the moments of learning, experience, and plethora of opportunities that have collided to help me to be successful in my role, and I have wondered how many of the current GCNMOs across Europe and UK feel ‘ready’ to step into the role when they arrive into post. This rich experience led me to consider and set out to document the experiences of government and policy level CNOs, and to draft a set of recommendations for the FNF scholarship programme that can be explored for development of suitable, supportive offers or programmes for future GCNMOs. Themes have been extrapolated, and recommendations will be made on how to successfully identify talent and secure the pipelines for future roles in government. Unfortunately, I was disappointed to note during my literature review, that very little is written about the GCNO role, and I am struck by how little research investment is made in understanding and critically appraising the value of such complex and dynamic senior government roles. With the exception of a handful of opinion and tiny amount of research papers from Canada and New Zealand exploring the demanding and complex role- little else can be found in the literature to support education needs, training requirements, professional support or indeed the success indicators for GCNO's. This, I find surprising and more so, unacceptable and feel strongly that the UK can be groundbreaking in developing a local , even global support offer or programme for future leaders.  |
| References:1. **Government chief nursing officers:** a study of the key issues they face and the knowledge and skills required by their roles. Marla E Salmon 1, Kirsten Rambo
2. **Global nursing leadership**: Pamela Thompson MS, RN, CENP, FAAN,Kristiina Hyrkas PhD, LicNSc, MNSc, RN
3. **Preparing Chief Nurse Successors: An** Evaluation of the Chief Nursing Officer Academy.

Batcheller J, Yoder LH, Yoder-Wise PS, Williams S.J Nurs Adm. 2019 Jan;49(1):24-27. 1. **Chief nursing officer turnover**: an analysis of the literature.Batcheller J.. Nurs Clin North Am. 2010 Mar;45(1):11-31. doi: 10.1016/j.cnur.2009.10.004. PMID: 20189540
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