Promoting leadership in general practice

Nearly a decade into this century, major health system changes lie on the horizon.

Preliminary reports from the national reviews of primary health care and the Health and Hospitals Reform Committee, the Maternity Services Review, and various state and Commonwealth health departments clearly entrench primary health care as the central focus for the future. Together these foreshadow a more equitable health system and client-centred approach to services.

We are also witnessing a political commitment to improving continuity of care through stronger links between hospital and general practice, as well as a heightened recognition of the role practice nurses (PNs) play in maintaining people's health and managing their care in the community.

Current policy rhetoric is unequivocal in legitimising both the role of nurse practitioners and those in general practice, with suggestions that further expansion of the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Scheme (MBS) will better serve the Australian population. In addition to improving quality of care, it can provide greater job satisfaction for nurses in primary healthcare. These trends, with the significant steps taken by APNA to create a career pathway and promote leadership development, have an enormous capacity to transform the roles of both general practitioners (GPs) and PNs.

Practice nursing needs strong, well-informed leaders. Because our society has greater access to health related information,[1] nurses have to maintain a wider range of knowledge than ever before. This applies across the spectrum of health issues. Leadership also involves being proactive in ensuring practice is genuinely collaborative, helping transform apprehensions about the change in status and relationships, accommodating one another's vested interests, and reframing relationships in general practice.[2]

This requires an investment of time and energy in building team skills that are both viable and inclusive.

Firstly, PNs must articulate the characteristics of their practice in making explicit the diversity of their roles from administrative tasks to the establishment, management, and quality surveillance of specialised health clinics and programs. Practice nurses also have the challenge of identifying the behaviours, systems, and cultural assumptions that either foster or create barriers to change. They must also work with the strengths of the practice and the profession to promote collaborative success. This requires personal loyalty and mutual recognition of expertise, as well as effective teamwork. It may also require frank and open discussion throughout the organisation to build common ideas and a shared language.[3]

Importantly, any changes will be based on evidence for change; evaluating what is going right or wrong, followed by a commitment to act on what is learned. This type of approach does not work well in a risk-averse environment, where people are hesitant to communicate with each other or where insecurity runs at cross-purposes to advance professional goals. And, sometimes it takes a mentor to help work through everything from new scientific findings to different management structures and reporting styles that present barriers to collaborative communication.[4]

Collegial relationships can be invaluable to building confidence and solidarity. As nurses, we tend to come from diverse backgrounds with few opportunities to consolidate our views or share our needs, especially when we practise in isolation. Most medical practitioners do

not experience the same communication barriers because of their background and education, which often results in them forming strong bonds that become reinforced over time.[5]

Nursing empowerment depends on a mix of experience, insight, and courage. Courageous leaders practise with an appreciation of the big picture; however, they also create cycles of personal and professional affirmation and confidence where diversity of their roles, including clinical activities, referrals, and infection control and quality, are fuelled by small, incremental successes.

Courageous leaders become adept at articulating their contribution and that of their team, which not only makes nursing work visible but attracts support from those around them and inspires others to become leaders. This also helps clarify what is changing in the context of practice, and how changes or the lack of changes are affecting the health of people, the profession, and the healthcare system. Good leaders will scrutinise practice, its knowledge base, and its outcomes, even when this causes reconsideration of a course of action.

Achieving the goal of making leadership more integral to nurses in general practice requires a deliberate strategy. Firstly, knowing and communicating the things that matter, how you made a difference, how this fits into the bigger picture, how your ideas and approaches to your work can be justified as strategies for another occasion, how your work helps advance the work of the team, and how your mentorship helps pass knowledge and skills onto the next person. Lastly, it involves a professional obligation to encourage successive generations of nurses into the profession and to promote the specialist area of nursing in general practice, which is not always guaranteed in our education programs.[6]

Where the leadership is powerful and there is organisational support others will become empowered by association, with subsequent increased job satisfaction. Consequently, empowerment can become contagious. With recognition that we have made a visible difference, we can then question the possible, ponder the probable, and choose our preferred future.[7]

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