Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

BSMC: Is there room for me?
An exploration of nursing leadership in primary health care

A thesis presented in partial fulfilment of the
requirements for the degree of

Master of Philosophy
In Nursing

At Massey University, Auckland, New Zealand

Rachael Calverley
2012

Abstract

The unpredictability of health in a dynamic climate can result in a multiplicity of challenges. Indeed unpredictability has been referred to as the essence of creativity. Strong leadership in healthcare and importantly nursing is crucial to seeking solutions to organizational change especially when decision making will impact on the population's health. By influencing policy objectives through leadership, nurses have the opportunity to develop strategies that make a difference to future complex problems. With the implementation of the Governments *Better Sooner More Convenient (BSMC)* policy agenda and principles underway from 2008 onwards, to reframe primary health care services, a series of key principles emerged including: a more personalized primary health care system with services moved closer to home; reduction in demand on hospitals and a package of services centred on integrated family health centres, with nurses taking a key role in shifting services from the secondary to primary care needs of patient support.

From seventy health collective submissions positioning themselves to address these principles, nine were selected to move through to the next stage of development. The applications from all of the successful organizations referred to the need for improved multi-professional working and/or the importance of the nursing workforce to the BSMC agenda. Importantly, it would appear that a high quality nursing leadership function within the BSMC health collectives developing BSMC service configurations would be required to meet their goals.

The purpose of this study was to explore with nurse leaders how they were able to contribute to these evolving primary health care collectives and changes that influenced the development of new or reviewed services, in addition to gaining insight into their challenges and opportunities as nurse leaders. The literature suggests a move away from the post heroic model of leadership and refers more frequently to coalitions of experts or leaders as a collective intelligence. These emerging characteristics represent a distributed leadership model that is leadership shared across varying people, professions and roles. It is this distributed model of leadership that provided a conceptual framework and a clear point of reference for this study.

A qualitative approach derived from an interpretive perspective was the methodology chosen for this research. Eight out of nine potential nurse leaders involved in each of the regional health collectives participated in telephone interviews and communicated with the researcher via email networks. Theme identification was the essential task for the analysis process. Four key themes were identified with subthemes: politicization (power to influence), infrastructure (teams and education/training), coalitions of leaders (communication and relationships) and resilience (battling and visibility). The findings suggest on-going challenges to nurses leading in primary health care which include fragmentation among nurses, variable investment in regional nursing infrastructure, interdisciplinary relationship issues and limited training to develop future nurse leaders. Addressing these results requires clinical, strategic and professional nursing leaders to work within fora that are unified, cohesive and collectively agreed on their purpose.

Acknowledgements

Approval for this research was obtained from the Northern X Ethics Committee via an expedited ethical review process.

Special thanks and gratitude is afforded to the eight stunning nurse leader participants, who willingly contributed their time and shared their significant and unique experiences. This allowed me to explore with them their on-going journeys as leaders and gain a deeper understanding of their contexts and the impact of change and potential opportunity for nursing in primary health care.

Thank you to Dr Annette Huntington, my steadfast supervisor who has encouraged and directed my learning and growth over the last two years. You have advised and supported me through my early attempts at writing, thank you for your patience. I have gained so much through this process and you have continued to encourage and have faith in me.

I extend further thanks to my many nursing colleagues and role models who have supported this journey for me throughout. To Dr Andrew Zimmerman, who encouraged me from the very early days by demonstrating that a workable and respectful interdisciplinary relationship is achievable.

To all my family and friends, who know how hard this journey has been and whose unwavering encouragement is forever valued. To my amazing children, Harry and Georgia, who have been my strength and motivation. Thank you.

Contents

Chapter 1- Introduction 8
Introduction 8
Aims 8
Background 8
Significance 10
Context 10
Outline of thesis 11
Conclusion 12
Chapter 2 - Literature Review 13
Introduction 13
Literature Criteria 14
Defining Leadership 14
A collaborative approach 14
Relational leadership 16
A need for knowledge 17
Nurses as leaders in primary health care 18
Leadership Competency and Capability 20
Characteristics and styles 20
Leaders as effective communicators 21
Mentorship and coaching function 22
Styles and flexibility 22
Models and Theories 24
Leadership Context and Challenges 27
Leadership Consequence 31
Conclusion 37
Chapter 3 - Research Design 38
Introduction 38
Conceptual Framework 38
Methodology 40
Ethical Issues 41
Data Collection Methods 43
Participants 43
Email and telephone interviews 44

Rigour 47
Data Analysis 49
Politicization 52
Infrastructure 52
Coalitions of leaders 52
Resilience 52
Conclusion 52
Chapter 4 - Findings 54
Politicisation and Infrastructure 54
Introduction 54
Politicization 55
Political skill - the power to influence 55
Nursing Infrastructure 61
Teams and educational training provision 61
Education and its provision 70
Conclusion 74
Chapter 5 - Findings 76
Coalitions of Leaders and Resilience 76
Introduction 76
Coalitions 76
Building and communicating through relationships 76
Resilience 85
Battling to be visible 85
Conclusion 91
Chapter 6 - Discussion 93
Introduction 93
Strategic Positioning 94
Role Development 101
Relationship Competency 104
Limitations 106
Conclusion 107
Chapter 7 - Conclusion and Recommendations 109
Introduction 109
Overview 109

Recommendations 111
Conclusion 113
References 115
Appendix A-Ethics approval 131
Appendix B – Participant consent form 133
Appendix C – Transcriber confidentiality 134
Appendix D – Information sheet 135
Appendix E- Topic guide 138
Appendix F-Shape a quality nursing workforce 139