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Nursing leadership in networked care for people with dementia

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Researchteam:

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European Nursing Congress over Caring for older people, Rotterdam







Nursing leadership support program in interprofessional networks in

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Leadership is important for change towards inter professional care / integrated

Care/ (Nieuwboer et al, systematic review, in progress)



DementiaNet program essentials

- Interprofessional collaboration (at local / community level): 18 networks included
- Nursing (Clinical) Leadership in networks → Support
- Quality improvement for and by network \rightarrow Support
- Increase expertise by interprofessional practice-based learning

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Leadership intervention

- Step 1: Recruitment potential clinical leaders
- Step 2: Potentials form a network structure for dementia care
- Step 3: Two year leadership program, based on the NHS Healthcare Leadership

Model (<u>www.leadershipacademy.nhs.uk</u>) and consists of:

- (i) personal learning objectives
- (ii) individual coaching
- (iii) group sessions



Research objective

Evaluation of the DementiaNet Leadership program on:

- Leadership qualities
- Personal learning targets
- Network leader's appreciation



Mixed Methods design: Quantitative

One group pre-test-posttest design

Leadership Practice Inventory self / observer, Kouzes, Posner et al.

- Score min 30 max 300; 30 items /10 points scale
- Validated scale/ transformational leadership
- Dutch version, used by Dutch Nursing Association
- Measurements: Baseline, T 1 (one year), T2 (two years)

Mixed Methods design: Qualitative

- cross checked reports individual coaching
- audio taped interviews on T1 and T2, by a trained research assistant

Results LPI TO

Participants professional background: N=22

- General Practitioner:2Community Nurse:11Practice Nurse:3Case manager /Nurse:4Occupational therapist:2
- Total scores: **mean 204** (min 151, max 261)
- Lowest scores: mean 5.3:
 - I appeal to others to share an exciting dream of the future (item 12)
 - I make sure that people are creatively **rewarded for their contributions** to the success of our projects (item 15)
- Highest score: mean 8,8:
 - I follow through on the promises and commitments that I make (item 11)



Results LPI TO





Results qualitative

- 56 Learning objectives on subscales leadership model NHS
- 9 Learning objectives achieved on T1; N=10

NHS profile	LO/T0	LO Achieved /T1
Personal Qualities	14	5 /10
Working with others	26	4 /10
Managing service	8	0
Improving services	6	0
Setting direction	2	0
Total	56	9/10

Table: Learning objectives (LO); trainee leaders. N=22



Case 1: Practice Nurse/ casemanager

- TO:
 - Experienced / competent in Dementia Care
 - Insecurity; e.g. presenting improvement plan
 - Little compentencies on quality improvement (PDCA cycle)
- T1:
 - network participant's recognition earned
 - Addressing quality issues
 - Organizing training meetings
 - From clinical leadership to shared leadership
- Progress on quality indicators!



Case 2: Practice Nurse/ GP

- T0:
 - Competent in Dementia Care
 - Network of 20 participants
 - Confident/ unaware of incompetencies.
- T1:
 - Network participants: too little input in setting directions
 - Collaboration issues
 - Increasing self awareness

Conclusion

Nursing leadership: new phenomenon in **practice**:

learning areas: personal, collaboration issues; prerequisites for improving service/ setting direction?

Nursing leadership role/ support program:

Suitable for every nurse? Reflective capacity lacking: (un)awareness – (in)competency issues.

Much to be gained for the future:

Inter professional team / Quality of complex care



Overall: can we close the gap?

Development of Nursing Leadership:

- ≠ personal effectiveness only !
- Context also important:
 - Team collaboration
 - Support of health care organizations
 - Health policy / financial arrangements
 - Nursing research and education

In the Netherlands:

- Need for research and education programs
- BUT: Look at FRED! Nurses, you can be a leader today!



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