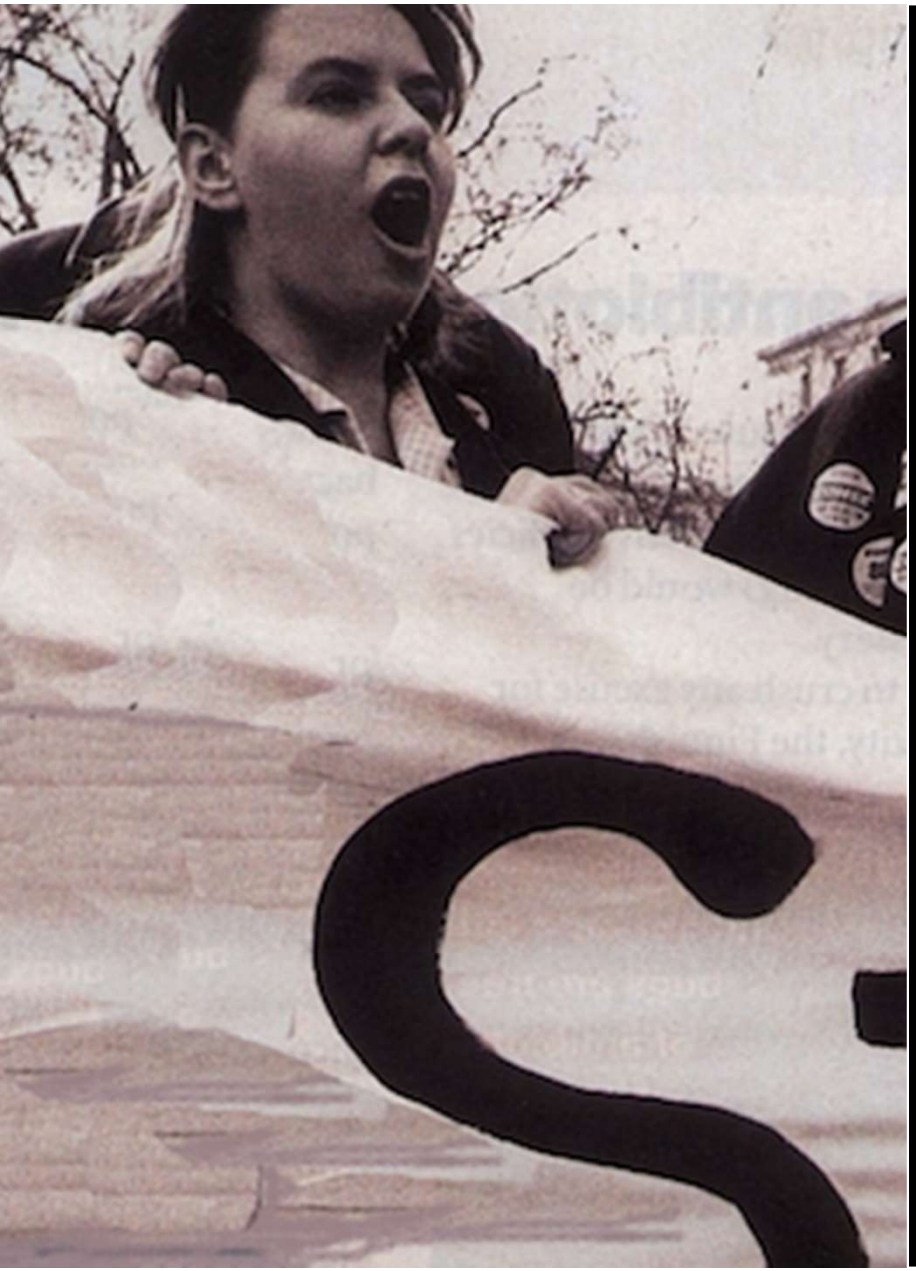
Klinisch leiderschap: Verandering en verbetering van binnenuit

Simon Malfait, UZ Gent



ZORG VOOR DE TOEKOMST: OVER DE TOEKOMSTBESTENDIGHEID VAN DE ZORG

- Het tekort aan zorgpersoneel zal tot 2040 duren t.g.v. de huidige bevolkingspiramide
- Er is momenteel een economische relance waardoor de werkloosheid nog nooit zo laag geweest is
- Indien we alle noden in de toekomst willen invullen zullen 3 op 20 Nederlanders in de zorg moeten werken, wat financieel niet haalbaar is

ZORG VOOR DE TOEKOMST: OVER DE TOEKOMSTBESTENDIGHEID VAN DE ZORG

- Het tekort aan zorgpersoneel zal tot 2040 duren t.g.v. de huidige bevolkingspiramide
- Er is momenteel een economische relance waardoor de werkloosheid nog nooit zo laag geweest is
- Indien we alle noden in de toekomst willen invullen zullen 3 op 20 Nederlanders in de zorg moeten werken, wat financieel niet haalbaar is

GROOTSTE CRISIS OOIT?

- Uitdagingen zijn niet nieuw: tekorten, generatiekloven, praktijk vs. onderwijs, complexiteit van zorg, …
- COVID als katalysator:
  - ✓ Collectief trauma
  - ✓ Essentieel belang van enkele ‘basis’-gezondheidsberoepen
  - ✓ Systeemfouten

KONINKRIJK BELGIE

FEDERALE OVERHEIDSDIENST VOLKSGEZONDHEID, VEILIGHEID VAN DE VOEDSELKETEN EN LEEFMILIEU

Voorontwerp van wet tot wijziging van de wet betreffende de uitoefening van de gezondheidszorgberoepen, gecoördineerd op 10 mei 2015, teneinde de hervorming van de verpleegkunde hierin op te nemen

Memorie van toelichting

Met dit ontwerp wordt de wet betreffende de uitoefening van de gezondheidszorgberoepen, gecoördineerd op 10 mei 2015 gewijzigd, teneinde de hervorming van de verpleegkunde hierin op te nemen.

Het regeerakkoord voorziet een verdere uitrol en modernisering van de wetgeving op de gezondheidszorgberoepen. Taken worden hierbij toegewezen aan zorgverleners die ze op de meest doelmatige manier uitoefenen.

Naar aanleiding van het regeerakkoord werd in september 2021 op federaal initiatief een taskforce betreffende het verpleegkundig beroep opgestart, met steun van de verschillende ministers bevoegd voor gezondheid en onderwijs van de deelstaten. De taskforce maakte aanbevelingen omtrent het functiemodel verpleegkunde van de toekomst.

Ten gevolge van het eindverslag van de taskforce werden meerdere adviesvragen gesteld aan de Federale Raad en Technische Commissie voor

ROYAUME DE BELGIQUE

SERVICE PUBLIC FÉDÉRAL SANTÉ PUBLIQUE, SÉCURITÉ DE LA CHAÎNE ALIMENTAIRE ET ENVIRONNEMENT

Avant-projet de loi modifiant la loi relative à l'exercice des professions des soins de santé, coordonnée le 10 mai 2015, afin d'y insérer la réforme de l'art infirmier

Exposé des motifs

Ce projet modifie la loi relative à l'exercice des professions des soins de santé, coordonnée le 10 mai 2015, afin d'y insérer la réforme de l'art infirmier.

L'accord de gouvernement prévoit le déploiement et la modernisation de la législation sur les professions des soins de santé. Dans ce cadre, les tâches sont attribuées aux prestataires de soins qui les exercent de la manière la plus efficace.

Suite à l'accord de gouvernement, une taskforce sur la profession infirmière a été lancée en septembre 2021 à l'initiative fédérale, avec le soutien des différents ministres compétents pour la santé et l'éducation des entités fédérées. La taskforce a formulé des recommandations concernant le modèle de fonctions infirmières du futur.

À la suite du rapport final de la taskforce, plusieurs demandes d'avis ont été adressées au Conseil fédéral et à la Commission technique

Personeelstekort in woon-zorgcentra leidt tot schrijnende situaties: “Mijn moeder zit al uren te wachten op de wc”

© Shutterstock

In vier op de tien woon-zorgcentra werken minder verpleegkundigen dan het wettelijke minimum. Dat leidt tot schrijnende situaties, vertellen zij die er wél werken. “Ze huilde van schaamte omdat ze uren had moeten wachten op de wc.”

Personeelstekort is grote constante op zwarte lijst van woonzorgcentra: “Overheid heeft probleem zelf gecreëerd”

© Shutterstock

Een tekort aan personeel: het is voor veel zorgvoorzieningen de reden waarom ze onder verhoogd toezicht staan. De overheid heeft dat probleem zelf gecreëerd, pareren directeurs. “We doen al twintig jaar hetzelfde, maar nu is het niet meer goed genoeg.”

ZORGSECTOR

51 miljoen extra voor zorgpersoneel

Flexi-jobs kunnen in de zorgsector, maar niet voor een zorgberoep als arts of verpleegkundige. — © Fred Debrock

Het systeem van de flexi-jobs werd niet uitgebreid naar de zorg. Minister Frank Vandenbroucke (Vooruit) bekampt het personeelstekort met drie maatregelen.

Jeroen Struys

Maandag 16 oktober 2023 om 03:00

Partnership for Health System Sustainability and Resilience

LSE

BELGIUM

Sustainability and Resilience in the Belgian Health System

Muriel Levy and Lieven Annemans

February 2023

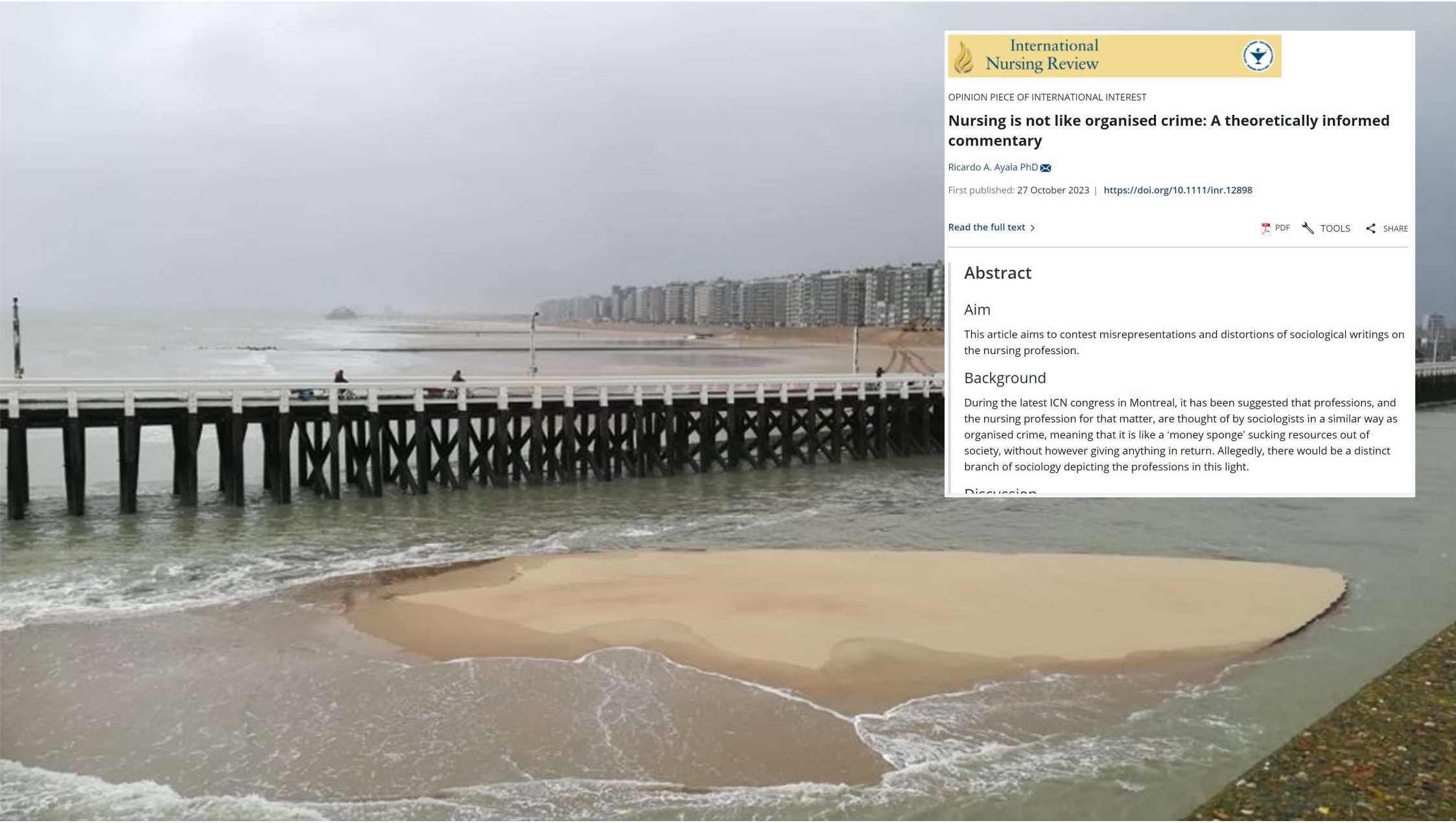
Table 6: key data about the Belgian healthcare workforce

Workforce category	Number per 1,000 population	EU-13 (2018)[a]
Practising nurses (2018)	11.07	8.69[c]
Practising physicians (2019)	3.16	3.83[d]
Practising midwives (2018)	0.72	0.40[c]
Practising dentists (2019)	0.76	0.69[e]
Practising pharmacists (2019)	1.27	0.85[f]
Practising physiotherapists (2019)	2.04	1.98
Practising caring personnel[b] (2018)	6.29	8.30[g]
Percentage trained abroad	**%**	**%**
Nurses (2020)	4.11	5.16[h]
Physicians (2020)	12.70	15.49[i]
Average gross remuneration (2019)	**Annual income (€)**	**Income multiple of average wage**
Self-employed general practitioners	117,110	2.49
Self-employed specialists	266,243	5.67
Salaried hospital nurses	69,537	1.48
Average annual wage	46,948	

Table 7: Evolution of practicing physicians and nurses

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Practicing physicians per 1,000 population	2.92	2.92	2.92	2.93	2.96	2.98	3.02	3.07	3.08	3.13	3.16
Practicing nurses per 1,000 population	9.42	9.59	9.81	10.02	10.3	10.58	10.83	10.96	11.22	11.07	–

Source: OECD Statistics



International Nursing Review

OPINION PIECE OF INTERNATIONAL INTEREST

Nursing is not like organised crime: A theoretically informed commentary

Ricardo A. Ayala PhD

First published: 27 October 2023 | https://doi.org/10.1111/inr.12898

Read the full text > PDF TOOLS SHARE

Abstract

Aim

This article aims to contest misrepresentations and distortions of sociological writings on the nursing profession.

Background

During the latest ICN congress in Montreal, it has been suggested that professions, and the nursing profession for that matter, are thought of by sociologists in a similar way as organised crime, meaning that it is like a 'money sponge' sucking resources out of society, without however giving anything in return. Allegedly, there would be a distinct branch of sociology depicting the professions in this light.

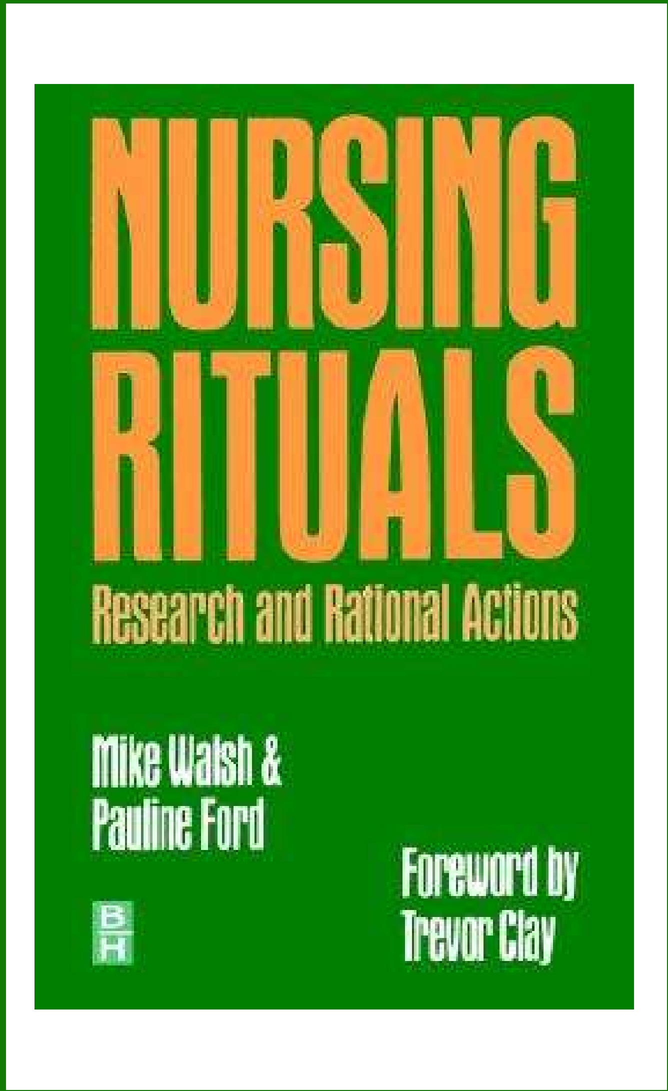
Discussion

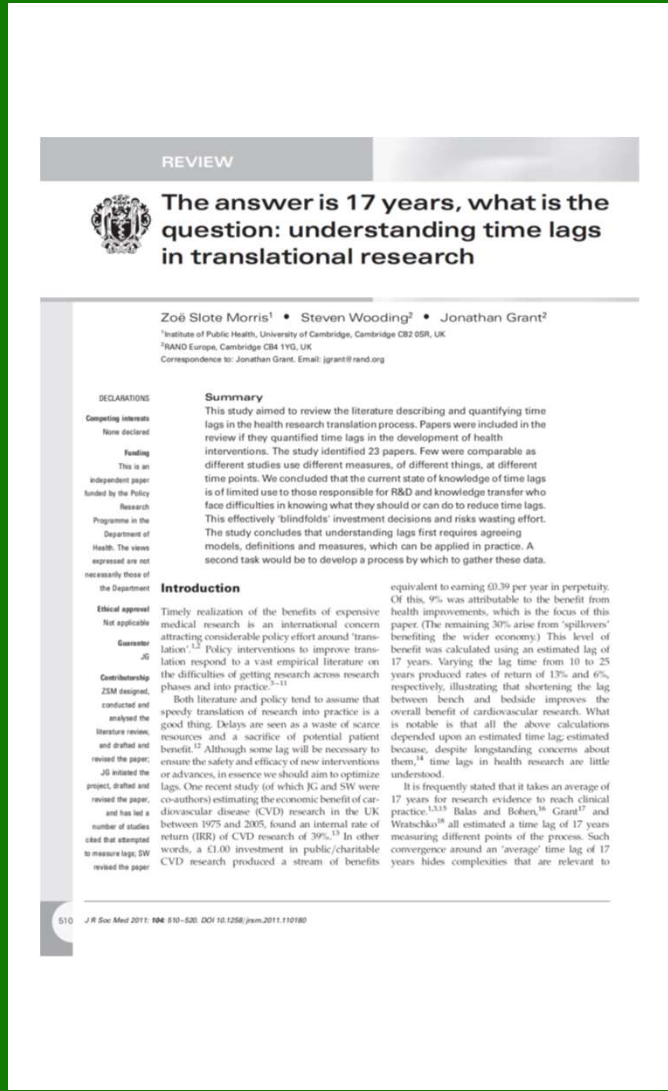

E.N.T.


NASA
scovery


E.N.T.


CHIPS
CHIPS
CHIPS
CHIPS
NUTS
NUTS
NUTS
NUTS
PUSH
NUTS
NUTS
NUTS
NUTS
PUSH
CHIPS
CHIPS
CHIPS
CHIPS
NUTS
NUTS
NUTS
NUTS
PUSH





REVIEW

The answer is 17 years, what is the question: understanding time lags in translational research

Zoë Slote Morris[1] • Steven Wooding[2] • Jonathan Grant[2]
[1]Institute of Public Health, University of Cambridge, Cambridge CB2 0SR, UK
[2]RAND Europe, Cambridge CB4 1YG, UK
Correspondence to: Jonathan Grant. Email: jgrant@rand.org

DECLARATIONS

Competing interests
None declared

Funding
This is an independent paper funded by the Policy Research Programme in the Department of Health. The views expressed are not necessarily those of the Department

Ethical approval
Not applicable

Guarantor
JG

Contributorship
ZSM designed, conducted and analysed the literature review, and drafted and revised the paper; JG initiated the project, drafted and revised the paper, and has led a number of studies cited that attempted to measure lags; SW revised the paper

Summary

This study aimed to review the literature describing and quantifying time lags in the health research translation process. Papers were included in the review if they quantified time lags in the development of health interventions. The study identified 23 papers. Few were comparable as different studies use different measures, of different things, at different time points. We concluded that the current state of knowledge of time lags is of limited use to those responsible for R&D and knowledge transfer who face difficulties in knowing what they should or can do to reduce time lags. This effectively 'blindfolds' investment decisions and risks wasting effort. The study concludes that understanding lags first requires agreeing models, definitions and measures, which can be applied in practice. A second task would be to develop a process by which to gather these data.

Introduction

Timely realization of the benefits of expensive medical research is an international concern attracting considerable policy effort around 'translation'.[1,2] Policy interventions to improve translation respond to a vast empirical literature on the difficulties of getting research across research phases and into practice.[3–11]

Both literature and policy tend to assume that speedy translation of research into practice is a good thing. Delays are seen as a waste of scarce resources and a sacrifice of potential patient benefit.[12] Although some lag will be necessary to ensure the safety and efficacy of new interventions or advances, in essence we should aim to optimize lags. One recent study (of which JG and SW were co-authors) estimating the economic benefit of cardiovascular disease (CVD) research in the UK between 1975 and 2005, found an internal rate of return (IRR) of CVD research of 39%.[13] In other words, a £1.00 investment in public/charitable CVD research produced a stream of benefits equivalent to earning £0.39 per year in perpetuity. Of this, 9% was attributable to the benefit from health improvements, which is the focus of this paper. (The remaining 30% arise from 'spillovers' benefiting the wider economy.) This level of benefit was calculated using an estimated lag of 17 years. Varying the lag time from 10 to 25 years produced rates of return of 13% and 6%, respectively, illustrating that shortening the lag between bench and bedside improves the overall benefit of cardiovascular research. What is notable is that all the above calculations depended upon an estimated time lag; estimated because, despite longstanding concerns about them,[14] time lags in health research are little understood.

It is frequently stated that it takes an average of 17 years for research evidence to reach clinical practice.[1,3,15] Balas and Bohen,[16] Grant[17] and Wratschko[18] all estimated a time lag of 17 years measuring different points of the process. Such convergence around an 'average' time lag of 17 years hides complexities that are relevant to

Nursing Philosophy

ORIGINAL ARTICLE

Nursing as total institution

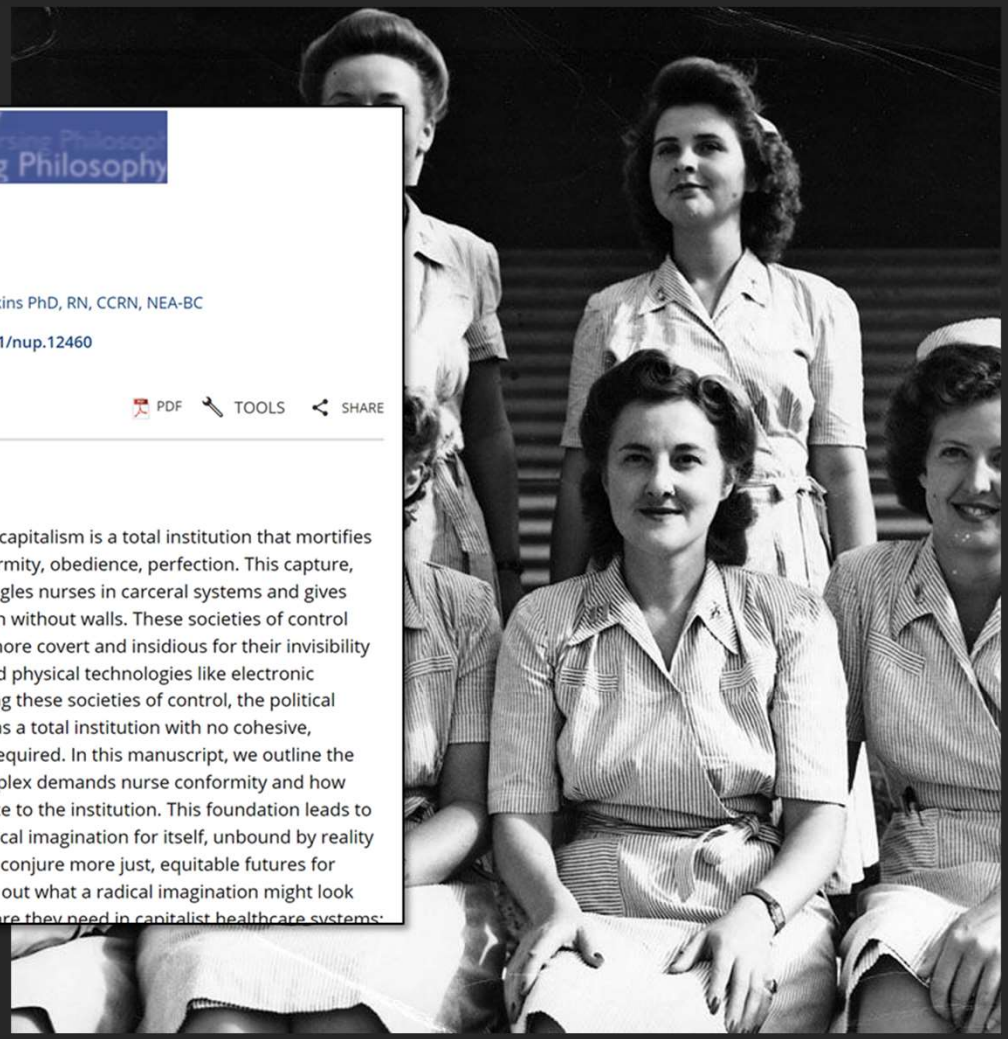
Jess Dillard-Wright PhD, MA, RN, CNM ✉ Danisha Jenkins PhD, RN, CCRN, NEA-BC

First published: 04 July 2023 | https://doi.org/10.1111/nup.12460

Read the full text > PDF TOOLS SHARE

Abstract

Healthcare under the auspices of late-stage capitalism is a total institution that mortifies nurses and patients alike, demanding conformity, obedience, perfection. This capture, which resembles Deleuze's enclosure, entangles nurses in carceral systems and gives way to a postenclosure society, an institution without walls. These societies of control constitute another sort of total institution, more covert and insidious for their invisibility (Deleuze, 1992). While Delezue (1992) named physical technologies like electronic identification badges as key to understanding these societies of control, the political economy of late-stage capitalism functions as a total institution with no cohesive, centralized, connected material apparatus required. In this manuscript, we outline the ways in which the healthcare industrial complex demands nurse conformity and how that, in turn, operationalizes nurses in service to the institution. This foundation leads to the assertion that nursing must foster a radical imagination for itself, unbound by reality as it presently exists, in order that we might conjure more just, equitable futures for caregivers and care receivers alike. To tease out what a radical imagination might look like, we dwell in paradox: getting folks the care they need in capitalist healthcare systems;



THE ~~ANARCHIST~~ Nurse-leader COOKBOOK

Limburgse zorgacademie

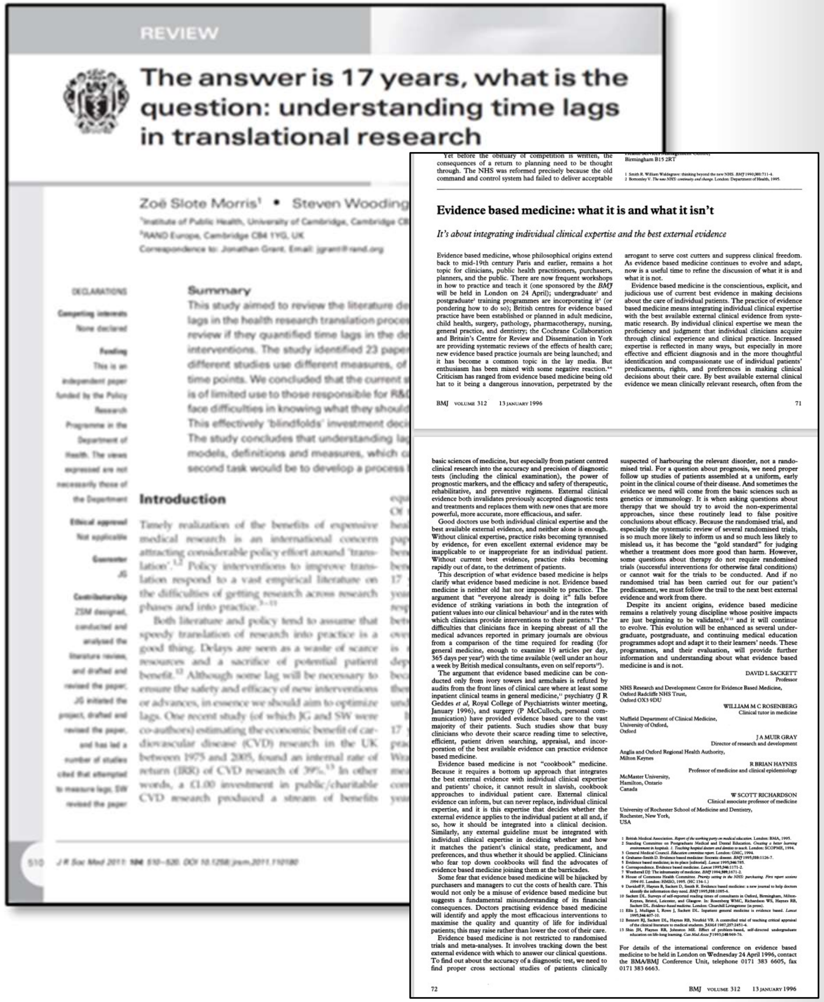
~~Keith McHenry~~

with

~~Chaz Bufe~~ Simon

See Sharp Press • Tucson, Arizona

Klinisch expert


REVIEW

The answer is 17 years, what is the question: understanding time lags in translational research

Zoë Slote Morris[1] • Steven Wooding

Summary

Introduction

Evidence based medicine: what it is and what it isn't

It's about integrating individual clinical expertise and the best external evidence

Autonoom


Received: 5 September 2023 | Accepted: 13 December 2023

DOI: 10.1111/inr.12925

International Nursing Review WILEY

ORIGINAL ARTICLE

The relationship between self-efficacy, malicious or benign envy in nurses: A cross-sectional study

Şehrinaz Polat BSN, PhD, Assoc. Prof[1] | Aslı Yeşil PhD, Assistant Prof[2] | Leyla Afşar Doğrusöz BSN, MsC, Quality Coordinator[3]

[1]Istanbul University Nursing Faculty, Istanbul, Turkey

[2]Faculty of Humanities and Social Sciences, Department of Psychology, Bursa Technical University, Bursa, Turkey

[3]Istanbul Faculty of Medicine, Istanbul University, Istanbul, Turkey

Correspondence
Şehrinaz Polat, BSN, PhD, Assoc. Prof, Istanbul University Nursing Faculty, Süleymaniye Mahallesi Bozdoğan Kemer Caddesi Prof. Dr. Cahit Orhan Tütengil Sokak No:1 34116 Fatih, İstanbul, Türkiye.
Email: polats@istanbul.edu.tr

Abstract

Aim: To determine whether nurses' self-efficacy affected envy levels and to develop the necessary strategies.

Background: Envy is a widespread global phenomenon. Envy can harm the individual, the work environment, and nursing care. However, the relationships between self-efficacy and envy have not been adequately explored in the nursing context.

Methods: This study was conducted as a cross-sectional descriptive study. The study sample consisted of 361 nurses working in a university hospital in a province of Türkiye. The research model was analyzed using structural equation modeling. The participants were selected using convenience sampling. This study was reported using the STROBE checklist for cross-sectional studies.

Results: Nurses' educational status affected their self-efficacy. No other personal characteristics influenced self-efficacy and envy. There was a positive relationship between malicious and benign envy. As nurses' self-efficacy increased, malicious envy decreased and benign envy increased.

Conclusions: The results of this study showed that nurses' education level affected self-efficacy, and self-efficacy level affected envy, and malicious envy could be reduced by improving nurses' self-efficacy.

Implications for nursing and health policy: Nursing managers and policymakers should support nursing education at the minimum undergraduate level, encourage nurses to continue their professional education to improve their self-efficacy, and provide training to increase their self-efficacy.

KEYWORDS
Benign envy, hospital, malicious envy, nursing, self-efficacy, structural equation model

INTRODUCTION

The dynamic nature of the work environment causes employees to experience complex emotions. Emotions and feelings play a role in the overall productivity of both employees and the work environment (Achhnani & Gupta, 2022). Envy, one of the emotions felt in the work environment, has also been reported to affect the functioning of organizations (Li et al., 2023a). In a systematic review, workplace envy was also associated with dysfunctional outcomes for both individuals and organizations (Zurriaga et al., 2020). Workplace envy influences the occurrence of counterproductive work behaviors, abusive supervision, ostracism, social undermining, and incivility (Li et al., 2023a). In addition, envy can have an impact on job performance and turnover intentions (Achhnani & Gupta, 2022). It has been mentioned that the energy that nurses spend on sabotaging the envied person is the energy they should spend on patient care (Gan, 2022). Envy in nursing may

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.
© 2024 The Authors. *International Nursing Review* published by John Wiley & Sons Ltd on behalf of International Council of Nurses.

Ondernemend

Received: 18 December 2022 | Accepted: 4 January 2023
DOI: 10.1111/jan.15563

JAN WILEY

EDITORIAL

Advancing nursing entrepreneurship in the 21st century

Nursing entrepreneurship represents an important, developing role for nursing that inspires innovation and advances scientific knowledge. In the 21st century, a growing aging population, prevalent chronic illness, advanced technology, higher demands for quality health care, limited resources, healthcare workforce shortages, inequities and disparities in healthcare delivery, as well as the COVID-19 pandemic challenge healthcare systems and impact population health. Nursing entrepreneurship offers an opportunity to respond to these trends, expand healthcare services and enhance health globally (Vannucci & Weinstein, 2017). Nurses often work on the front lines of healthcare delivery, including health promotion, disease prevention, treatment, and rehabilitation to meet the demand for safe, high-quality, patient-centered, and accessible care. Nurses are also becoming the drivers and leaders in population health management, helping to facilitate equal access to healthcare services and therefore well-positioned to consider new businesses, technology initiatives, and ways of working and thinking to support the healthcare system (Jakobsen et al., 2021). By using their nursing skills, knowledge and experience to start healthcare-related businesses, nurse entrepreneurs can be empowered to take on these leadership roles. However, the development of this important area of nursing practice and science currently needs more rigorous research evidence and nursing curricular content.

1 | THE IMPORTANCE OF NURSES BECOMING ENTREPRENEURS

The global healthcare industry is massive and continues to grow, with its market expected to reach to over $7,500 billion in 2022 and over $10,000 billion in 2026 (Reportlinker, 2022). Accordingly, entrepreneurship in healthcare plays a significant role in the economy, with healthcare businesses having a prominent role in the transformational changes taking place in the public and private healthcare sectors and many new start-ups being established. However, the prevalence of entrepreneurial nurses is only 0.5%–1% of all working nurses globally, which means there is an enormous potential for entrepreneurship in the nursing profession due to people's need for healthcare services and the capability of nurses to address these needs (Jakobsen et al., 2021). In addition, nurses are facing global

and can include the establishment of their own businesses or development of new equipment for patient care.

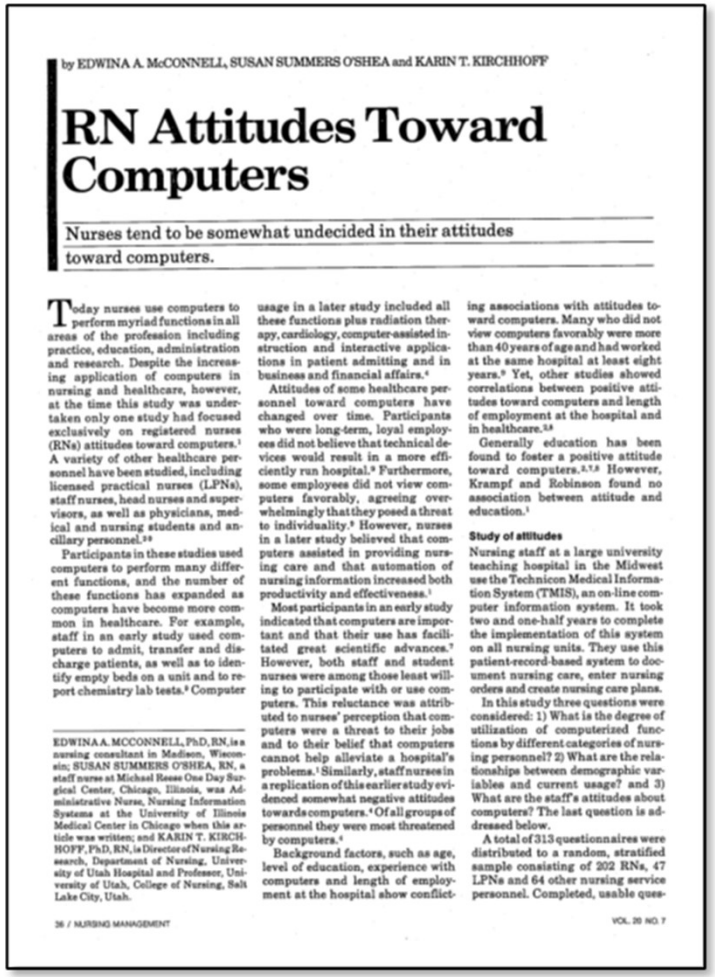
2 | NURSE ENTREPRENEURS AND NURSING ENTREPRENEURSHIPS

A nurse entrepreneur is defined by the International Council of Nurses as "a proprietor of a business that offers nursing services of a direct care, educational, research, administrative, or consultative nature" (Sanders & Kingma, 2012, p.7). Nurse entrepreneurs can play an essential role in the healthcare system by supporting the development of targeted services such as nursing entrepreneurships or nursing businesses. Nurses can also enhance businesses to develop and distribute medical products or devices, offer direct patient care or patient advocacy, educate or train other professionals or community members, and provide healthcare-related consultations, among other functions (Vannucci & Weinstein, 2017). From a review of the existing literature, nurse entrepreneurs currently operate nursing businesses in the public and private healthcare sectors. Several types of nursing businesses exist, such as independent nursing practices, nurse-owned skilled nursing facilities, and consultancy agencies (Sanders & Kingma, 2012). Self-employed nurse leaders, focusing on establishing their businesses, are usually motivated by opportunity and need, as well as by profit.

3 | WOMEN'S EMPOWERMENT IN NURSE ENTREPRENEURS

The challenges that nurse entrepreneurs face are essential to understand how nurses have shifted their perspectives to a nurse entrepreneur role, particularly in terms of empowering women to be nurse entrepreneurs in business. Nurse entrepreneurs, most of whom are women, argue that they can run or manage healthcare businesses, traditionally a man's enterprise, such that gender should not be a barrier to entrepreneurship. The empowerment of nurse entrepreneurs, particularly as women, has contributed to status changes and business improvements in the healthcare industry and system, promoting positive health outcomes for patients, and nurs-

Visionair



by EDWINA A. McCONNELL, SUSAN SUMMERS O'SHEA and KARIN T. KIRCHHOFF

RN Attitudes Toward Computers

Nurses tend to be somewhat undecided in their attitudes toward computers.

Today nurses use computers to perform myriad functions in all areas of the profession including practice, education, administration and research. Despite the increasing application of computers in nursing and healthcare, however, at the time this study was undertaken only one study had focused exclusively on registered nurses (RNs) attitudes toward computers.[1] A variety of other healthcare personnel have been studied, including licensed practical nurses (LPNs), staff nurses, head nurses and supervisors, as well as physicians, medical and nursing students and ancillary personnel.[2-5]

Participants in these studies used computers to perform many different functions, and the number of these functions has expanded as computers have become more common in healthcare. For example, staff in an early study used computers to admit, transfer and discharge patients, as well as to identify empty beds on a unit and to report chemistry lab tests.[2] Computer usage in a later study included all these functions plus radiation therapy, cardiology, computer-assisted instruction and interactive applications in patient admitting and in business and financial affairs.[4]

Attitudes of some healthcare personnel toward computers have changed over time. Participants who were long-term, loyal employees did not believe that technical devices would result in a more efficiently run hospital.[2] Furthermore, some employees did not view computers favorably, agreeing overwhelmingly that they posed a threat to individuality.[2] However, nurses in a later study believed that computers assisted in providing nursing care and that automation of nursing information increased both productivity and effectiveness.[1]

Most participants in an early study indicated that computers are important and that their use has facilitated great scientific advances.[7] However, both staff and student nurses were among those least willing to participate with or use computers. This reluctance was attributed to nurses' perception that computers were a threat to their jobs and to their belief that computers cannot help alleviate a hospital's problems.[1] Similarly, staff nurses in a replication of this earlier study evidenced somewhat negative attitudes towards computers.[4] Of all groups of personnel they were most threatened by computers.[4]

Background factors, such as age, level of education, experience with computers and length of employment at the hospital show conflicting associations with attitudes toward computers. Many who did not view computers favorably were more than 40 years of age and had worked at the same hospital at least eight years.[2] Yet, other studies showed correlations between positive attitudes toward computers and length of employment at the hospital and in healthcare.[2,5]

Generally education has been found to foster a positive attitude toward computers.[2,7,5] However, Krampf and Robinson found no association between attitude and education.[1]

Study of attitudes

Nursing staff at a large university teaching hospital in the Midwest use the Technicon Medical Information System (TMIS), an on-line computer information system. It took two and one-half years to complete the implementation of this system on all nursing units. They use this patient-record-based system to document nursing care, enter nursing orders and create nursing care plans.

In this study three questions were considered: 1) What is the degree of utilization of computerized functions by different categories of nursing personnel? 2) What are the relationships between demographic variables and current usage? and 3) What are the staff's attitudes about computers? The last question is addressed below.

A total of 313 questionnaires were distributed to a random, stratified sample consisting of 202 RNs, 47 LPNs and 64 other nursing service personnel. Completed, usable ques-

EDWINA A. MCCONNELL, PhD, RN, is a nursing consultant in Madison, Wisconsin; SUSAN SUMMERS O'SHEA, RN, a staff nurse at Michael Reese One Day Surgical Center, Chicago, Illinois, was Administrative Nurse, Nursing Information Systems at the University of Illinois Medical Center in Chicago when this article was written; and KARIN T. KIRCHHOFF, PhD, RN, is Director of Nursing Research, Department of Nursing, University of Utah Hospital and Professor, University of Utah, College of Nursing, Salt Lake City, Utah.

Trots

International Journal of Nursing Studies

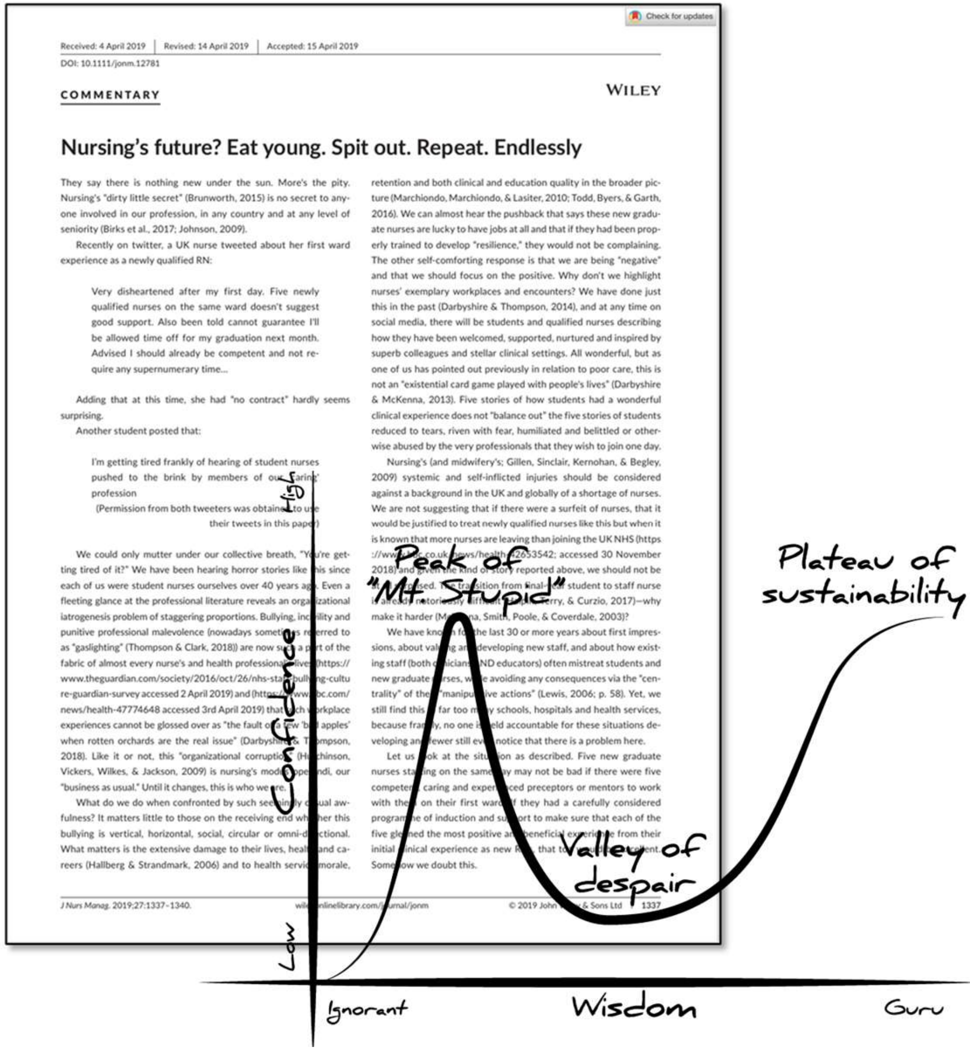
The "nurse as hero" discourse in the COVID-19 pandemic: A poststructural discourse analysis

Shan Mohammed, Elizabeth Peter, Tieghan Killackey, Jane …

The Woodhull Study Revisited: Nurses' Representation in Health News Media 20 Years Later

Diana J. Mason, PhD, RN, FAAN, Laura Nixon, MPH, Barbara Glickstein, MSN, MPH, RN, Sarah Han, BA, Kristi Westphaln, PhD, RN, CPNP-PC, & Laura Carter, MPH

Leider



COMMENTARY

WILEY

Nursing's future? Eat young. Spit out. Repeat. Endlessly

Positief ongehoorzaam

KRITISCH BEKEKEN

Rebels verpleegkundig leiderschap

auteurs
Eline de Kok
verpleegkundige, UMC Utrecht, adviseur beroepsontwikkeling, promovenda V&VN

Anne Marie Weggelaar-Jansen
associate professor, Erasmus School of Health Policy & Management, Erasmus Universiteit Rotterdam

Pieterbas Lalleman
lector leiderschap, lectoraat persoonsgerichtheid in een ouder wordende samenleving, Fontys Hogeschool, Eindhoven en Tilburg

Lisette Schoonhoven
hoogleraar verplegingswetenschap, UMC Utrecht

CONTEXT

Leiderschap van verpleegkundigen is cruciaal om de kwaliteit van zorg te bewaken en verbeteren. Daarnaast laat onderzoek zien dat wanneer verpleegkundigen leiderschap (mogen) tonen, zij meer werkplezier ervaren en minder de intentie hebben om het vak te verlaten.[1-2] Allemaal belangrijke zaken om te zorgen voor de *quadruple aim*: het streven naar betere zorgresultaten tegen lagere kosten met positieve ervaringen van patiënten en professionals.[3] In 'het verpleegkundig hart' zit de beste zorg aan patiënten verlenen volgens professionele standaarden, maar soms hebben verpleegkundigen daarbij last van regels en voorschriften van de organisatie. Een discrepantie tussen regels en professionele normen/waarden daagt verpleegkundigen uit rebels leiderschap te tonen en weloverwogen af te wijken van deze regels en voorschriften.[4-6] Concepten die dit weloverwogen afwijkende gedrag van verpleegkundigen beschrijven, zijn *positive deviance*, *healthcare rebels* en *tempered radicals*.[4-6] In de scoping review van De Kok, Weggelaar, Schoonhoven & Lalleman (2021) zijn deze theoretische concepten onderzocht om inzicht te geven in het rebels leiderschap van verpleegkundigen.[7]

DOELSTELLING

Het onderzoek geeft inzicht in de genoemde concepten, de eigenschappen van rebelse verpleegkundig leiders en factoren die de ontwikkeling van rebels verpleegkundig leiderschap stimuleren of belemmeren.

METHODE

Met behulp van de *Joanna Briggs Institute Reviewers' Manual* is een scoping review uitgevoerd.[8] Eerst is een beperkte zoekopdracht gedaan om relevante trefwoorden en synoniemen te identificeren. Vervolgens zijn de gevonden woorden ingevoerd in vier databanken: Scopus, CINAHL, PubMed en PsycINFO. Er werden 2705 artikelen gevonden. Na screening van de artikelen en de literatuurlijsten zijn 25 artikelen geïncludeerd.

RESULTATEN

Beschrijvingen

Van de 25 artikelen beschrijven er 23 het concept positive deviance, één het concept healthcare rebels en één tempered radicals. Alle drie de concepten beschrijven het positief en weloverwogen afwijkende gedrag van verpleegkundigen. Dit doen de verpleegkundigen om zowel goede zorg voor de individuele patiënt te kunnen geven als duurzame veranderingen in de eigen organisatie te initiëren en bewerkstelligen. De artikelen beschrijven verder dat deze verpleegkundigen betere zorguitkomsten behalen ten opzichte van hun collega's, terwijl ze in dezelfde soort werkomgeving werken.

'Vooralsnog lijkt vooral sprake te zijn van een theoretisch concept'

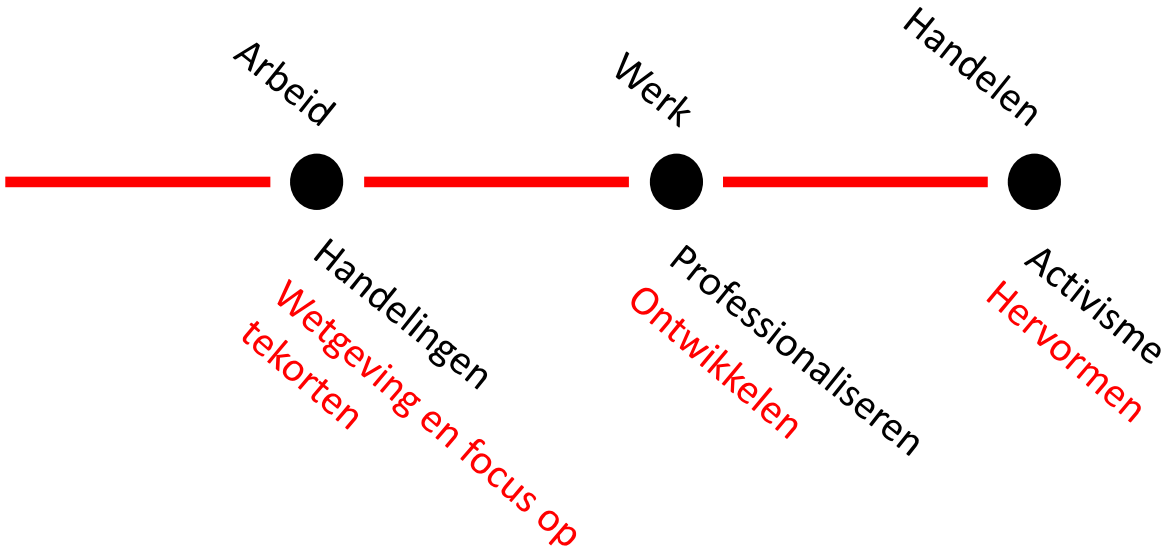
Er zijn ook verschillen tussen de concepten. Zo waren in de positive deviance-artikelen deze professionals vaak zichtbaar in de organisatie, terwijl ze in de artikelen over healthcare rebels en tempered radicals juist 'onder de radar' bleven.

Eigenschappen

Er zijn vier rebelse gedragseigenschappen gevonden voor deze positief en weloverwogen afwijkende verpleegkundigen. Allereerst kunnen zij samenwerken en netwerken met professionals en management binnen én buiten de organisatie. Ze weten bij wie ze terechtkunnen wanneer zij hulp nodig hebben. Ten tweede moedigen zij collega's aan eigenaar te worden van een

"Het is een uitdrukking van het idee dat de bewijslast altijd ligt bij degenen die beweren dat autoriteit en overheersing noodzakelijk zijn. Ze moeten met krachtige argumenten aantonen dat die conclusie juist is. Als ze dat niet kunnen, moeten de instellingen die ze verdedigen als onwettig worden beschouwd"

Klinisch leiderschap: Verandering en verbetering van binnenuit



Leadership is an action, not a position

Donald McGannon

quotefancy

SCAN ME

FACL

FLEMISH ACADEMY FOR CLINICAL LEADERSHIP