Leadership in Mental Health Nursing

The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.

~ Martin Luther King, Jr. (1963/1981)

I admire the above quote very much and use it under my e-mail signature. It sums up the issue of leadership and highlights the importance of what one is remembered for. Positions or titles take a back seat; our actions in times of challenge and controversy count. As mental health nurses, we know all about challenges and controversy, but how can we challenge the status quo and become leaders?

WHY IS NURSING LEADERSHIP SO IMPORTANT?

According to Mass (2005), “Effective nursing leadership is one of the most important factors influencing the retention of nurses and the maintenance of quality nursing care” (p. 18).

The field of mental health is a complex and interesting environment, with many different professions represented, including nursing. When physical, biological, or simple needs to sustain life are of concern, they are often referred to as “medical,” when they are really recovery, risk, or relapse prevention plans. Although the words nursing care plan are not written, the components of nursing are integrated into patient care plans to provide direction to nurses as they work with patients. Sadly, it is often the absence of good care that clarifies the deficits. As an example, I offer you a vignette from a service user who recently came to Hillcrest Lodge, a residential care facility:

Mr. X., who is in his late 50s, had a long-standing forensic mental health history and treatment under different aspects of the New Zealand Mental Health Act. He had been living in the community with support worker input 6 hours per day but now required more oversight and support. His team was multidisciplinary, but no nurses were involved. He had trouble walking due to medical conditions, and his mental health appeared to be deteriorating.

When Mr. X. arrived at our facility, his documents outlined his mental health support requirements and risk and relapse plans, but there was little about activities of daily living (ADLs) and physical concerns. The RN involved discussed this with his prior care team and noted that things were unclear about the “human and physical aspects of living day to day.”

The first 2 days were a steep learning curve. Despite supposedly having had very close oversight, Mr. X. arrived in a physically neglected state. He had multiple fungal infections; calloused and infected feet; untreated, infected burns; severe constipation; and high blood sugar. The RN worked with him to establish a supportive and supervised ADL program and also worked with him and other health providers to resolve his issues. Now, he no longer needs his walking stick; he no longer buys and applies his own enemas; he has regular podiatry input; he enjoys trips into the community, which he had not been able to do previously; and he is enjoying his meals. He recently commented that he had not had this kind of thorough support before.

This example raises many issues:

- Mental health nurses need to provide (and they do) more than just clinical mental health care. They also are active in assisting the whole person—their physical, social, and spiritual well-being.

- Nursing care regularly includes all dimensions of individuals. Good, skilled, and integrated nursing care should not be labeled “medical.”

- Thorough nursing care is not something to be delegated
to health care providers with less training. Registered mental health nurses engage in critical thinking, apply their knowledge and skills, and most important, take appropriate action. Anyone can bathe another person, but by reducing the task to just a mechanical chore, the importance of integrated knowledge is lost. Mental health assessment requires the integration of broader health and wellness information. The opportunity to establish a therapeutic relationship is lost when close, personal encounters with patients are rushed and mechanistic. Nurses have many opportunities to support people who are at their most vulnerable states. While I am not advocating that every patient in recovery needs a nurse, my argument is that when patients have significant health and support needs, RNs should be an integral part of all care teams.

- The mental health field requires skill in working with multiple plans for multiple purposes, such as recovery, clinical, discharge, risk, and relapse plans. Nurses, particularly those in inpatient or hospital services, have to manage these numerous demands and document both plans and interventions. They need to articulate the importance of complying with standards and guidelines, but only by taking a common sense approach that leads to integration, rather than duplication, of efforts. Both patients and their families would thus have more time with us, to be used constructively.

- Mental health nurses need leadership, direction, mentoring, guidance, and support from their own professional groups. Lobbying for favorable working conditions with employers and agencies is a necessary part of the work environment.

WHAT IS EFFECTIVE LEADERSHIP?

Leadership in any health care organization today is both challenging and complex. It requires the ability to adapt and respond to the changing social and economic context. Bennis and Nanus (1985) described a series of commonalities among effective leaders. First, all leaders face the challenge of overcoming resistance to change. Some try to do this by exercising power and control, but effective leaders learn that there are better ways to overcome resistance to change. Achieving voluntary commitment to shared values is a far better approach. Second, leaders often must broker the needs of constituencies both within and outside the organization. The brokering function requires sensitivity to the needs of many stakeholders and a clear sense of the organization's position. Nursing leaders must be prepared to gather disparate stakeholders around a common table and facilitate their dialogue and planning toward a common vision and a dynamic partnership. Finally, leaders are responsible for setting the ethics or norms that govern the behavior of people in the organization.

CHALLENGES FOR NURSING LEADERS

O'Neil and Morjikian (2003) noted:

The challenges facing nursing both from within and outside the profession are growing. To respond, all dimensions of the profession—education, direct care, and public health—must develop new ways of organizing and delivering their services. To create and manage such transitions will require nurses to develop and deploy new leadership skills. (p. 174)

In short, more demands than ever are being made of professionals in nursing leadership positions. Strategies need to be developed and used by both nursing leaders and their organizations to ensure success. Nursing leaders must move past the notion that managers are responsible for employee morale. Nurses must manage their own morale. As Geedey (2004) stated:

If you wait around for upper management to soothe your wounded spirit, you'll end up hurting far longer than needed. Show resilience rather than wallowing in the negative emotions of anger, resentment, depression, and grief. The key is your ability to bounce back. (p. 30)

Nursing leaders today are those nurses who show courage under fire and who step forward when things on the unit are not as they should be. These nurses need our support and our applause, not our silence.

REFERENCES


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