Strategic and Clinical Nursing Leadership

A combined Bachelor and Master+ course on

Nurse Managers Managers Daily Work:
In search for successful repertoires

July 2nd – July 13th 2012
Location: Bolognalaan 101, Utrecht
The Netherlands

HU University of Applied Sciences Utrecht
Faculty of Healthcare

5 European Credits
140 study hours
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1 Introduction

1.1 The Summerschool Course

This Summer school course is part of a research project funded by SIA RAAK International and in close collaboration with the consortium partners shown in figure 1 on this page. The research project focuses on nurse managers daily work.

The focus of the course will follow the line of argument of the research project but due to its modular outline we also use the knowledge and concepts of our international guest speakers who are invited to give lectures on affiliated topics. This course combines nursing practice and science with organizational sociology with a focus on institutionalized care in hospitals. We believe that it is important to address both the caring and managerial aspects of nursing early in the socialization process of nurses.

1.2 The Research Project

Despite an impressive amount of research in the leadership field, there are to date quite few studies examining leadership in terms of its practices, in the context of everyday work (Barley, Gideon Kunda 2001, Witman et al. 2011). In healthcare and especially nursing there is a strong preference for more positivistic survey led research on management in search for the one perfect leadership style or set of triads in relation the nursing workforce and their work environment (Cummings et al. 2008, Wong, Cummings 2007).
It is difficult to create integrated hospital organizations using the habitual management practices (like formal planning and control systems). Research on this topic describes a hospital as a place where at least four ‘worlds’ or ‘fields’ (that is, care, cure, control and community) co-exist (Glouberman, Mintzberg 2001), with frictions between the professional (nursing or care and medical or cure) field and the managerial (or control) field in the focus of attention (Witman et al. 2011). These frictions can be seen as a power struggle (Keen, Malby 1992, Mintzberg 1997, Salhani, Coulter 2009). Some developments have intensified this struggle: escalating costs in health care, merging hospitals, pressure to control public spending, and a desire to improve the quality and efficiency of care.

Glouberman and Mintzberg ask themselves why the so-called systems of healthcare are so notoriously difficult to manage? No country appears to be satisfied with the current state of its systems; almost everywhere reforms are being contemplated, organized, or implemented, some in direct contradiction to others. (Glouberman, Mintzberg 2001). In Tengblads latest book he urges researchers on management and leadership to overcome the rationalistic fallacy in management research and start work on an alternative theoretical framework for management with a strong focus on practice (Tengblad 2011).

An early adopter of this kind of research is Witman, her ethnographic study on leadership of doctors and their medical habitus in a large Academic Hospital gives us insight in the micro practices of leadership in a macro setting of a complex hospital field (Witman et al. 2011, Witman 2007). She showed that using Bourdieus concepts of habitus, field and capital in embedded organization research has great potential to understand the management practices of healthcare professionals. Witman encountered what Vaughan calls, the empirical challenge, with her research on physicians as professionals in the lead. Witman used Bourdieus theory as a tool for organizational analyses and leadership which calls for making the macro-micro connection, which in turn requires data at different levels of analysis that also allow the relational aspect of his theory to be explored (Vaughan 2008). Witman says that the medical habitus manifests itself as a second nature, it gives itself away and prescribes the cognitive and behavioural repertoire of the department heads.

Witman concludes her study saying that physicians should above all stay physicians, that is what gives them authority or symbolic capital in the hospital field. Many years ago the prominent Johns Hopkins Hospital in Baltimore created the position of clinical director, bases on the idea that doctors are influenced more by clinical than by non-clinical directors. After all, senior doctors normally take the expanse-related decisions or authorize them. Their active involvement in management might lead to them getting a grip on the decisions and expenses of doctors (Hunter 1992). The nursing equivalent of professional in the lead in the United States is called the Magnet Recognition Program. The Dutch government is charmed by this initiative and in line with the Magnet Recognition Program launched its own program called Excellent.

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1 The Magnet Recognition Program® recognizes health care organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing. Developed by the American Nurses Credentialing Center (ANCC), Magnet claims to be the leading source of successful nursing practices and strategies worldwide. In magnet hospitals nurses are supposed to be the professionals in the lead.

2 Exact wording of the Dutch Minister of Health at a visit to American healthcare institutions with Magnet status at the West Coast of the United States in February 2012.
Nursing Care which focuses on creating higher patient- (customer), nursing- (employee) and hospital- (organization) value. An important aspect of the Excellent Nursing Care program is reserved for role development of nurse leaders. Witman’s conclusions and the idea of professional in the lead roused my interest, do nurses managers also gain symbolic capital by staying nurses and how does this relate to their professional habitus? This leads to the following research question.

Research question

How does the nursing habitus influence the way nurse managers fulfill their leadership role in creating patient-, employee-, and organization value?

Aims

The purpose of this study is to get insight in the daily work of nurse managers in the Netherlands and the United States and the influence the nursing habitus and dispositions have on their leadership practices in the hospital.

Aim 1: Give a description of the nursing habitus and disposition draw from empirical data.

After the observation period is closed and the empirical data is gathered the nurse Dutch nurse managers will come to the United States and meet their American colleges. During this week I will discuss with them and some other academics the patterns and themes that I have seen during the 600 hours of observation. In this discussion we will (informed by my observations, their experiences and inputs from theory) co-create role definitions and role descriptions for nurse leadership (or 1st line leadership) and the associated (cognitive and behavioural) repertoire, related to their organizational context-as-fields and to the set of (converted) dispositions of the nursing habitus.

Aim 2: In co-creation and through practice-oriented research between the participating nurse managers and the Investigator build a model of practice based nursing leadership which could be used for future Management Development programs.

Study design and Methodology

This study is based on a Bourdieusian perspective (Bourdieu, Wacquant 1992), rooted in the Managerial Work and Behavior Approach (Mintzberg 1994, Stewart 2008), strategic sensemaking (Rouleau, Balogun 2010, Rouleau 2005) and leadership-as-practice (Raelin 2011, Carroll, Levy & Richmond 2008) by front line nurse managers. It is an exploratory case study (Yin 1994) which draws data from non-structured participant observation. Like Balogun I focus in particular on the importance of working with organizational members as research partners rather than passive informants (Balogun, Huff & Johnson 2003). I use a qualitative shadowing technique. The technique is developed to uncover not just the shape of a nurse manager’s day in terms of the actions performed, but also reveal the subtleties of perspective and purpose shaping those actions in the real-time context (McDonald 2005). This technique combined with the chronologic or sequent description of daily
work of the Managerial Work and Behavior approach allows me to look at actions in context and search for the habitus to give itself away and create frictions in the field. Weick says about shadowing: “shadowing has the ability to capture the brief, fragmented, varied, verbal and interrupted nature of organizational life” (Weick 1974).

**Aim 3:** Gain insight in the way shadowing as qualitative research method contributes to organizational case study research and cross case analogical comparison in health care organizations.

In four hospitals, two in the Netherlands and two in the United States 16 nurse mangers will be shadowed for four days each. A total of 64 days of shadowing adding up to approximately more than 600 hours of observations

For this summerschool course we choose to zoom in on what Bourdieu calls the historical social-cultural background or internalized history and experiences of you as a (student) nurse. Becoming a nurse and becoming a nurse manager are the key themes.

### 1.3 Becoming a nurse...

Nursing is a practice based profession. Daily work of nursing is about *doing*, taking care for patients. In each country the training of nurses is somewhat different but the goal of the training is the same, making excellent nurses with a set of competencies (knowledge, skills and attitude) that are able to perform the tasks necessary to take care for patients and let’s not forget, to run a hospital. The latter seems to be only a small part of the nursing curricula around the world. In this course we wish to present a more dual track in which both aspects are combined and closely related. In each module we can ask ourselves what does this particular aspect of nursing has to do with the organization in which we work. We create a more institutionalized view on nursing. Because there are so many differences in the nursing curricula around the world we choose to use more general and global set of competencies know as the CanMEDS to asses this above mentioned institutionalized view of nursing in which both the nursing as managerial aspect is recognizable.

The CanMEDS initiative began in the 1990’s by the Royal College of Physicians and Surgeons of Canada. In the context of a rapidly changing health care environment, it was felt that the roles and abilities required of physicians needed to be further defined and explored. The College identified patient consumerism, government regulations, financial constraints, medical information on the Internet, litigation, technology and the explosion of medical knowledge as forces changing the nature of health care delivery. Within this context, the question arose:

"How can we best prepare physicians / nurses / allied healthcare personnel to be effective in this environment and truly meet the needs of their patients?"
The CanMEDS framework is a guide to the essential abilities physicians and nurses need for optimal patient outcomes. Fundamentally, CanMEDS is an initiative to improve patient care. The CanMEDS has its origin in the training of physicians, nowadays many medical, allied health care and nursing curricula are influenced by this model. The framework defines the competencies needed for medical education and practice. This framework of core competencies are organized thematically around 7 key roles, which can all be applied to Nursing: Nurse Expert, Communicator, Collaborator, Manager, Advocate, Scholar and Professional. In this course on Strategic and Clinical Nursing Leadership we choose to zoom in and assess three roles which are of importance, the Nurse Expert Role, the Manager Role and the Collaborator Role.

1.4 Expert Role in Nursing

Definition: as Experts, nurses integrate all of the CanMEDS Roles, applying medical and nursing knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Nursing Expert is the central nursing Role in the CanMEDS framework.

1.5 Collaborator Role in Nursing

Definition: as Collaborators, nurses effectively work within a healthcare team to achieve optimal patient care.
Description:
Nurses work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multiprofessional environment, where the goal of patient-centred care is widely shared. Modern healthcare teams not only include a group of professionals working closely together at one site, such as a ward team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for nurses to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provisions of optimal care, education and scholarship.

1.6 Manager Role in Nursing

Definition: as Managers, nurses are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Description
Nurses interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels varies depending on the nature of the specialty, but all specialties have explicitly identified management responsibilities as a core requirement for the practice of medicine in their discipline. Nurses function as managers in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives. Thus, nurses require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Manager Role describes the active engagement of all nurses as integral participants in decision-making in the operation of the healthcare system.

1.7 Overall outcome

Using a reflective approach students will engage in discussion, comparison and interpretation of the impact of macro, meso and micro factors on the delivery and experience of nursing care and the role of Strategic and Clinical Nursing Leadership in the Netherlands, the U.S.A, Korea, Germany, Turkey, Denmark, Australia and other countries which are represented at the Summerschool. The modules and site visits in this course will help you successfully complete the final assessment in the second half of the second week. In this assessment we assess the three CanMEDS roles with a process management game in which you and your multi professional and multinational team have to run an outpatients clinic which meets international quality standards based on Evidence Based Practice, efficiency and productivity. Your knowledge, skills and attitude in both nursing practice and managerial practice will be tested.
We wish all students and staff members a very interesting and inspiring period.

On behalf of the the Summerschool organization,

Pieterbas Lalleman, MA, RN
Professor Mary Lagerwey, PhD RN
Professor Lillie Shortridge-Baggett, EdD, RN
Sander Leever, student RN
2 Assignments

It is important to prepare the modules as described in chapter 4 in advance so during class we can focus our work on the different themes. Besides the reading of articles for preparation and active participation during classes we have two other assignments.

The first assignment is the process management game (module 12) in the second week of the summerschool. The three CanMEDS roles will be assessed by the coaches during the second half of the day. Key questions will be:

1. What is the secret of success of the winner of the game;
2. how does did relate to the three CanMEDS roles and;
3. does this give insight in how to fulfill your role as Clinical and Strategic Nursing leader?

For the second assignment we ask you to write a final reflection report. Final report descriptions:

1. Between 1500 and 2000 words
2. Describe what you learned using the three different CanMEDES roles and zoom in on specific modules which were of your interest.
3. Deadline for final report is Friday the 13th.
   Send your final report by mail to: pieterbas.lalleman@hu.

Sander Leever and Pieterbas Lalleman are responsible for the guidance and supervision during the two weeks. If you have any problems please contact them.

Pieterbas Lalleman: pieterbas.lalleman@hu.nl / +31 (0)6 10512726
Sander Leever: sander.leever@student.hu.nl / +31 (0)6 44558721
# 3 Schedule modules and social program

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday 2(^{nd}) of July</th>
<th>Tuesday 3(^{rd}) of July</th>
<th>Wednesday 4(^{th}) of July</th>
<th>Thursday 5(^{th}) of July</th>
<th>Friday 6(^{th}) of July</th>
<th>Saturday 7(^{th}) of July</th>
<th>Sunday 8(^{th}) of July</th>
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<tbody>
<tr>
<td>9:00 - 12:00</td>
<td>Module 1a</td>
<td>Module 2</td>
<td>Module 4</td>
<td>Module 6</td>
<td>Module 8a</td>
<td>No official program</td>
<td>No official program</td>
</tr>
<tr>
<td>9:30</td>
<td>Opening &amp; Welcome</td>
<td>Intercultural Nursing</td>
<td>Nursing Leadership in Disaster Management</td>
<td>Palliative Care</td>
<td>Nursing Leadership &amp; History</td>
<td>Visit to Florence Nightingale Institute (FNT) in Zetten</td>
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</tr>
<tr>
<td>10:30</td>
<td>Meet &amp; Greet Introduction on course</td>
<td>Room: 1026</td>
<td>Room: 1026</td>
<td>Room: 1026</td>
<td>Pieterbas Lalleman, MA RN</td>
<td>Prof. dr. Mary Lagerwey</td>
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</tr>
<tr>
<td>Room: 1026</td>
<td>Edwin Hagenbeek MA RN</td>
<td>Bilge Topuksak, MSc, RN</td>
<td>Cynthia Senden, MSc, RN</td>
<td>Alice Rolink, MB</td>
<td>No official program</td>
<td>No official program</td>
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<tr>
<td>12:00 - 13:00</td>
<td>12:30 – 13:30</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
<td>Free lunch at Zetten</td>
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<tr>
<td>13:00 - 16:00</td>
<td>Module 1b</td>
<td>Module 3</td>
<td>Module 5</td>
<td>Module 7</td>
<td>Module 8b</td>
<td>No official program</td>
<td>No official program</td>
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<tr>
<td>13:45 – 16:00</td>
<td>Nursing care process planning</td>
<td>Game: Who is the Head Nurse?</td>
<td>Visit to Ziekenhuis Gelderse Vallei</td>
<td>Quality systems in Hospitals</td>
<td>Nursing Leadership History; Visit FNT in Zetten</td>
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<tr>
<td>Room: 1026</td>
<td>Room: Gym</td>
<td>Room: 1026</td>
<td>Room: 1026</td>
<td>Gerard Vroegindeweij, MA</td>
<td>Program by staff FN</td>
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<tr>
<td>Pilar Gonzalez Sanz, Msc, RN</td>
<td>Monique de Voigt MD</td>
<td>Pieterbas Lalleman MA RN</td>
<td>Pieterbas Lalleman, MA RN</td>
<td>Nishi Dobbeling, MA</td>
<td>No official program</td>
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<tr>
<td>12:30 – 13:30</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
<td>Free lunch at Zetten</td>
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<tr>
<td>13:00 - 16:00</td>
<td>Module 1b</td>
<td>Module 3</td>
<td>Module 5</td>
<td>Module 7</td>
<td>Module 8b</td>
<td>No official program</td>
<td>No official program</td>
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<tr>
<td>13:45 – 16:00</td>
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<td>Game: Who is the Head Nurse?</td>
<td>Visit to Ziekenhuis Gelderse Vallei</td>
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<td>Program by staff FN</td>
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<tr>
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<td>Pieterbas Lalleman MA RN</td>
<td>Pieterbas Lalleman, MA RN</td>
<td>Nishi Dobbeling, MA</td>
<td>No official program</td>
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### Social program

- Reception Paramedus @ Bolognalaan (free)
- Scavenger Hunt Utrecht + Dinner in Center of Utrecht (10 euro)
- Summer school drinks at Mick O’Connells bar in center of Utrecht
- Cycling Tour (10 euro)
- Official opening Utrecht Summerschool (free)
- Discover Holland Day - Culture (20 euro)
- National Park Hoge Veluwe & Kröller-Müller Museum (25 euro)
<table>
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<tr>
<th>Week 2</th>
<th>Monday 9\textsuperscript{th} of July</th>
<th>Tuesday 10\textsuperscript{th} of July</th>
<th>Wednesday 11\textsuperscript{th} of July</th>
<th>Thursday 12\textsuperscript{th} of July</th>
<th>Friday 13\textsuperscript{th} of July</th>
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</thead>
<tbody>
<tr>
<td>9:00 till 12:00</td>
<td>Module 9 Nursing Managers as researcher in-practice</td>
<td>Module 11 Dialogue on health systems in different countries</td>
<td>Module 13 The Architecture of Hospitals; Habitus, Habits &amp; Habits</td>
<td>Module 15 Process Management game</td>
<td>Module 16 11:00 – 12:00 Evaluation</td>
</tr>
<tr>
<td>Room: 1026</td>
<td>Joanne Bouma, MSc, RN Marjolein Zilvertand, BSN, RN Pieterbas Lalleman, MA, RN</td>
<td>Room: 0204 Pieterbas Lalleman, MA, RN</td>
<td>Room: 1026 Richard van Enk, PhD, CIC Pieterbas Lalleman, MA, RN</td>
<td>Room: 1026</td>
<td>Room: 1026 Pieterbas Lalleman, MA, RN</td>
</tr>
<tr>
<td>12:00 till 13:00</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
<td>Lunch at HU</td>
</tr>
<tr>
<td>13:00 till 16:00</td>
<td>Module 10 EBP and Clinical Practice</td>
<td>Module 12 Visit to Onze Lieve Vrouwe Gasthuis in Amsterdam</td>
<td>Module 14 Becoming a Nurse: the Ideal Nursing Education</td>
<td>Process Management game assessment</td>
<td>Process Management game assessment</td>
</tr>
<tr>
<td>Room: 1030a/b/c</td>
<td>Lillie Shortridge Bagget, PhD, RN Adam Quiring BSN, RN Deepla Rebel BSN, RN Lisette Jorritsma Hinderink BSN, RN Wietse Ham, MSc, RN</td>
<td>Pieterbas Lalleman, MA, RN</td>
<td>Room: 1026 Karen Reed Gehrling, PhD, RN Gwi-Ryung Son Hong PhD, RN Peter Bernshof, BSN, RN</td>
<td>Room: 1026</td>
<td>Room: 1026 Pieterbas Lalleman, MA, RN</td>
</tr>
<tr>
<td>Social program</td>
<td>Pub Quiz + Summerschool drinks</td>
<td>Traditional (indoor) picnic (5 euro)</td>
<td>Night Canoeing (10 euro)</td>
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<td>Check website for more information</td>
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</table>

*Social program can be accessed through the website.*
4 Modules

The Summerschool course has a modular outline. This way we are able to present different issues and invite international guest speakers to lecture in their own topic or field of expertise. Each module, one of the summer school coaches will be available for questions and guidance.

Attending classes is obliged. If you are not able to attend you can call the course director to sign out (Pieterbas Lalleman + 31 610512726). As the organizing University we feel the responsibility to take good care of our guests so please make sure to keep us informed about your whereabouts if you are not able to attend class.

4.1 Module 1a: Welcome and Introduction

9:30 Welcome Main Hall

- Official opening at the Faculty of Healthcare of HU University of Applied Sciences
- Welcome by course directors of the Utrecht Summerschool Courses of the Faculty of Healthcare of HU University of Applied Sciences.
- General introduction on the Netherlands
- General introduction Utrecht and HU University of Applied Sciences

10:30 Introduction

Lecturer: Pieterbas Lalleman MA RN

Outcomes

- Students get acquainted with each other
- Insight in the program (modules, site visits and assessments)
- Insight in the course theme and theoretical background of the affiliated research project

We expect a lively interaction and the co-operation of everybody.

Content workshop

- Meet and Greet
- Lecture on Nurse Managers Daily Work
- Exchange of ideas on nursing practice and management in nursing curricula and daily live on the ward from an international perspective.

Preparation
Students have to read 3 articles to prepare themselves for this workshop. These article are the building blocks for the course theme.


*At 12:30 we invite you to join us at the main hall for a typical Dutch lunch with broodjes kaas (cheese sandwich) and kroket!*

### 4.2 Module 1b: Nursing Care Process planning

**Lecturer:** Pilar González Sanz, MSc, RN

**Objectives:**
- Understanding nursing as a practice based profession will allow us to understand the daily work of nurses in a Spanish context. At the hospital the nurses have to perform a high variety of tasks to provide patient-centered care. As a part of their responsibility, care plans have to be created, maintained and evaluated if necessary for each patient. Sometimes that can mean a work overload for the nurse. Different technological programs, to facilitate these tasks, have been implemented, and with these, the use of standardized care plans. When the nurses have to create these kinds of plans, the reflective and critical process thinking is necessary.

**Outcomes:**
- Understand the expert, manager and collaborator roles in a different context in the daily practice.
- Apply critical and reflective thinking to discuss how to improve the patient care in the daily tasks of a nurse
- Identify the relations between the three roles and the patient care plans

**Content workshop**
- The critical thinking on nursing. What we do and why? How do we learn?
- The nursing process and the use of care plans in practice. Reflection on action.
- The three roles and their relation to patient care plans

It would be an interactive session to share experiences and visions. We talk about similarities and differences in the three roles of nurses with an international view.
Preparation


Module 2: Intercultural Nursing

Lecturer: Edwin Hagenbeek MA RN

Objectives:
This morning we will get acquainted with some cross-cultural theories related to culture, healthcare and nursing. We will experience that “being normal” and “doing normal” are different things in different situations. How can you use this in your work as a nurse in an international context? And what does it say about your own view?

In this workshop we will make a bridge between theory and practice in the field of intercultural nursing. We will have a look at the model of Leininger, the theory of Hofstede and the theory of Lewis. We will discuss experiences and try to find out the best way of dealing with intercultural differences between patient and nurse. We will experience what happens in a situation that is not fully under your control.

Outcomes
• The student understands and manages oneself with the ethnocentric reflex.
• The student can work to professional standards and codes of conduct within a multi cultural group.
• The student can demonstrate interest, respect and open mindedness in relation to competing ideologies and different cultural behaviors.
• The student can combine intercultural theories and practice

Presentation
We will have an interactive session with partly a lecture and partly games to experience the vulnerability of patients from other cultures.

Preparation:


Read: Leininger, M (2002). Culture Care Theory: a major contribution to advance Transcultural Nursing, Knowledge and Practice. Journal of Transcultural Nursing (13) 189.-192
4.4 Module 3: Game: Who is the Head Nurse?

Lecturer: Monique de Voigt, MD and communication trainer

Outcomes

• Get insight into who has the potential to become a head nurse
• Get insight into each others’ team roles and learning styles
• Learn how to give clear feedback
• Learn how to work in a team

Game

In this game you are dived in subgroups of 4 till 5 persons. You get the assignment to make a puzzle. This asks for coordination, leadership and good team dynamics. It is like the real ward, which team will win the game?

Preparation

Read: Belbin’s Team Roles; “How understanding team roles can improve team performance”

Read: Team role descriptions
4.5 Module 4: “Leadership: Decision Making A Must for Success

Lecturer: Bilge Topuksak Kalanlar, MSc, RN & Cynthia Senden, MSc, RN

Content workshop

Presentation of nursing leadership in decision making during a disaster will be given, focusing on;

a. Disasters;
b. Nursing leadership in disaster management;
c. Aspects of elderly care management and protection in times of disaster.

We also have an interactive session with partly a lecture and partly a game called ‘Blind Square Game’. In that game, small groups of nursing students will try to survive and protect themselves and their companions (elderly people) after a plane crash. We will talk about the decision making process during the disaster and discuss how elderly can be protected in times of disaster.

Outcomes

Participants will be able to;

- Discuss disaster and elderly care management from the perspective of nurses;
- Identify the vulnerabilities of elderly to disasters and develop strategies and tactics;
- Describe various nursing roles and responsibilities relating to elderly care management and disaster management.

Also participants will have acquired;

- Knowledge of frail elderly as disaster victims: emergency management strategies;
- Knowledge of a structure of a nursing leadership role in responding to a disaster situation;
- Major issues and challenges of disaster planning for the elderly;
- Knowledge of the activities within the leadership of rescue operations.

Preparation


4.6 Module 5: Visit to ZGV Hospital in Ede

Objectives
- Demonstrate interest, respect and open mindedness in relation to competing ideologies and different cultural behaviors.
- Begin to recognize some differences and similarities in professional nursing in other countries, taking into account dynamic social, cultural, spiritual, legal, political and economic factors.
- Explore the choice, application and effectiveness of nursing theories and conceptual frameworks in nursing education and practice in different settings.
- Get insight into a Dutch Hospital

Preparation
Students should keep the following aspects in mind.

The purpose of the clinical visit is to:

1. Compare differences in the physical environment of a hospital ward to that of the students’ own country.
2. Consider the differences in the nursing hierarchy.
3. Discuss the differences in the role of the staff nurse and the qualified nurse’s role in the students’ own country.
4. Examine and discuss patient care plans and nursing models in use and compare to students’ own country (please ensure confidentiality at all times).
5. Discover how nurses are allocated to patients and how care is organized and to make comparisons.
6. Consider the roles of members of the multi-disciplinary team and how the team communicates, compared to students’ home countries.
7. Consider new developments in health care organizations related to the nursing profession.
4.7 Module 6: Palliative care

Lecturer: Alice Rolink, MB & Nishi Dobbeling, MA

Objectives

• The student will have insight into different end of life medical decisions and related factors
• The student will understand the specificity of end-of-life care
• The student can describe aspects of end-of-life care of his or her own country and reflect on it with other students

Content of the workshop

During this session we will describe important issues related to end-of-life care and several medical decisions that are taken in the context of end of life care.

We will pay attention to developments with regard to end-of-life care within the Netherlands and within an international context.

Through discussion of examples and reflection we will try to gain insight into values and important issues related to end-of-life care within the different countries and cultures represented within the student group.

Presentation

We will have short lecture and an interactive session

Preparation

Read: End-of-Life Practices in the Netherlands under the Euthanasia Act engl j med 356;19
www.nejm.org may 10, 2007

Read: Facts and indicators on palliative care development in 52 countries of the WHO European region: results of an EAPC task force Palliative Medicine 2007; 21: 463–471
4.8 Module 7: Quality Systems in Hospitals

Lecturer: Gerard Vroegindeweij, MA

Objectives:

- The student knows that there different ways to define Quality
- The student will be able to define what is necessary to come to Total Quality
- Describe various contributions and responsibilities relating to Total Quality management
- Describe the importance of professional cooperation and is aware of professional dependence
- The student can make his own definition/interpretation of quality

Content workshop
- What is quality. We will look at Quality from different perspectives
- How can we come to Total Quality
- What’s in it for me from a professional point of view?

Preparation

Think about the question: what is my definition of quality


Read: GLOUBERMAN, S. and MINTZBERG, H., 2001. Managing the Care of Health and the Cure of Disease-Part II: Integration. *Health care management review*, 26(1), pp. 56-69 (You do not have to read paragraph 1B, page 78 until 80.)
4.9 Module 8a: Nursing Leadership & History

Lecturer: Mary Lagerwey PhD, RN & Pieterbas Lalleman MA, RN

Objective:
- Gain insight in the importance of history when looking at Nurse Leadership and organizational case studies on Nurse Management
- Understand the role institutional history plays in the forming of habitus and field
- Gain insight in the history of nursing of the participating countries
- Understand the differences between a personal history, professional history, institutional history and national history.

Content:
- Lecture on the role (institutional) history plays when looking at Nurse Managers work and case study research in hospitals and the role of habitus and field
- Discussion on differences between: personal history, professional history, institutional history and national history

Preparation:

Give the following question extra thought: who does your personal history in becoming a nurse fits the overall field in which you grew up/socialized.

4.10 Module 8b: Visit Florence Nightingale Institute

Introduction
On July 8 2011, you will visiting the Florence Nightingale Institute, the Dutch expertise centre for the history of nursing. The theme of this visit is ‘Leadership in Nursing’ an our Institute organizes the afternoon programme, which includes an interactive walk through the exhibitions where you will get a closer look at the history of nursing in The Netherlands. The goals of the Florence Nightingale Institute are to contribute to nurses’ ongoing professionalization and increasing the professional pride by showing them the tradition to which they belong and informing secondary-school students about a career in nursing.

Objectives
- Insight in: History of nursing in The Netherlands
- Insight in role of: Nursing Leadership in Nursing

Content workshop
After a historical movie you are invited to explore the following interactive exhibitions museum of the Florence Nightingale Institute. The following interactive exhibitions can be explored:
- Sisters in spotless white uniforms, about 150 years of nursing history
• Academic nursing in the 20st century
• Speedy Sisters, home care past and present
• YourWorkplace.nl, a new experience in which you can test your abilities in home care.
Module 9: Nurse Managers as researchers-in-practice

Lecturers: Marjolein Zilverand, BSN RN, Joanne Bouma, MSc RN, Pieterbas Lalleman, MA RN

Objectives

- Getting insight in the nursing habitus as described in literature.
- Getting insight in how shadowing as a Management Development technique can help Nurse Managers reflect-in-action on their own nursing habitus on micro level and investigate their work context on a macro or systems level.
- Getting insight in the way the Just Culture initiative and shadowing as a management development tool can help Nurse Managers balancing out their role between care and control.

Content:

- Three lectures will be given.
  - Marjolein Zilverand will give a lecture on her recently executed literature review on the use of Bourdieu’s work in nursing literature. She will share the results of her study and will do a “member check” with the participant of this course. Do we recognize what is said about the nursing habitus in literature. A dialogue with the group will follow.
  - Joanne Bouma will present the results of her study on a group of 8 Nurse Managers how shadowed each other at their work. The group was first shadowed by a research but after that decided that they wanted to shadow each other at the different hospitals. What did they learn from that. What happens if you take a more investigate stance towards your own work and role as a nurse manager?
  - Pieterbas Lalleman will wrap up and conclude on the former two presentations and will introduce the Just Culture initiative. This could help Nurse Managers to take a outcome orientated point of view and create a value and blame free culture in which patient care is central. We will discuss how this can be incorporated in the nurse managers repertoire in daily work.

Preparation:


Visit website of Just Culture: www.justculture.org
4.12 Module 10: EBP and Clinical Practice

Lecturers: Professor Lillie Shortridge Baggett EdD, RN, FAAN, FNAP, Wietske Ham Msc RN, Adam Quiring BSN RN, Deepla Rebel BSN RN, Lisette Jorritsma-Hinderink BSN RN

Objective:

- Gain insight in the importance of critical thinking, outcome orientation and EBP in nursing
- To explore how nurses from different countries handle different situations in clinical practice.
- To help the nurses research and implement evidence based practices
- To promote group cooperation and ensure each member of each group is considered and heard.

Content

- Professor Lillie Shortridge-Baggett will give a key note on the importance of EBP and outcomes orientation in nursing work and nursing curricula.
- This is a real hands on workshop, close to our own nursing habitus in which we prefer to do instead of sit and listen. We will divide the group in multi-national and multi level of experience subgroups who will work on different patient cases separately.
- Each group will solve and discuss the different situation and will elaborate on the difference in approach at each country and relate this to EBP guidelines and standards.
- There are six cases in total, each group will work on three cases. We work in rounds of 30 minutes per case and have a plenary dialogue on of the cases after each round before we go to the next case.

Preparation

Bring your scrubs or uniform to class. We will change into our scrubs and uniforms before class starts and make a group photo at the end!
4.13  Module 11: Dialogue on health systems in different countries using Gap minder

Objective:

- Gain insight in different healthcare systems of the participating counties.
- Know how to use Gap minder for comparison of health related outcomes and health systems.

Content

- The workshop will contain three parts. First we will watch some videos in which the Dutch healthcare systems is explained. Then we watch a instruction video on the gap-minder website which allows us to make comparisons on health related outcomes in different countries.
- In the second part we split up in national subgroups and work with the gap minder tool ourselves at the library computers and prepare a short presentation of the healthcare system of your country.
- In the last part each group will give a short presentation using the gap minder tool and additional information.

Preparation

No preparation
4.14 Module 12: Visit to OLVG Hospital in Amsterdam

Objectives

- Demonstrate interest, respect and open mindedness in relation to competing ideologies and different cultural behaviors.
- Begin to recognize some differences and similarities in professional nursing in other countries, taking into account dynamic social, cultural, spiritual, legal, political and economic factors.
- Explore the choice, application and effectiveness of nursing theories and conceptual frameworks in nursing education and practice in different settings.
- Get insight into a Dutch Hospital

Preparation

Students should keep the following aspects in mind.

The purpose of the clinical visit is to:

1. Compare differences in the physical environment of a hospital ward to that of the students’ own country.
2. Consider the differences in the nursing hierarchy.
3. Discuss the differences in the role of the staff nurse and the qualified nurse’s role in the students’ own country.
4. Examine and discuss patient care plans and nursing models in use and compare to students’ own country (please ensure confidentiality at all times).
5. Discover how nurses are allocated to patients and how care is organized and to make comparisons.
6. Consider the roles of members of the multi-disciplinary team and how the team communicates, compared to students’ home countries.
7. Consider new developments in health care organizations related to the nursing profession.

Visit: [http://www.olvg.nl/english](http://www.olvg.nl/english)
4.15 Module 13: The Architecture of Hospitals: *Habitat, Habitus & Habits*

**Objectives**

- Gain insight in the role architecture play in behavior of professionals
- Understand the relation between habitat, habitus and habits
- Be able to sketch blue print of a standard ward you worked at or did an internship
- Explain why some architecture features or designs at your hospital/ward work well or should be improved

**Content:**

The lecture will contain of two presentation and a discussion. First Pieterbas Lalleman will give a short introduction on habitat, habitus and habits and the role of place at his research followed by a presentation of Richard van Enk of his research at a large hospital in de U.S. on infection prevention and the role of architecture. At the end of the lecture we will ask students to map out and draw some of the wards they worked in at their countries and give short presentations of the pros and cons of the ward setup and influence in infection prevention, work flow, silence on the ward, light, contact with nurse managers and docters etc.

**Preparation:**

Make pictures: (if possible) of the ward and hospital you work or worked at (did an internship or workplace). Make sure there are no patients on the pictures. Make pictures of what you think is good or bad design in your place. Please include the nursing post, a patient room, hallway, breakroom of the nurses (if you have any), nurse managers office, medication room etc. Do not forget the interance of the hospital and some more general pictures to get an idea of the look and feel of the hospital. Save pictures on a Power Point and bring to class.

Read: Van Enk, R and Steinberg F, Comparison of Private Room With Multiple-Bed Ward neonatal Intensive Care Unit Environments, HERD volume 5, number 1, pp 109-120, 2011

Read: [http://www.ahrq.gov/qual/hospbuilt/hospenv.htm](http://www.ahrq.gov/qual/hospbuilt/hospenv.htm) (be sure to read chapter 6)

Read: [http://www.europeanhospital.com/de/article/3081.html](http://www.europeanhospital.com/de/article/3081.html)
4.16 Module 14: Becoming a Nurse: the Ideal Nursing Education...

Objectives
- Get insight in the curricula and nursing education levels at different countries
- Think critically about what a education in nursing should bring
- Create your own multinational ideal nursing curricula

Content of the workshop
In this workshop three Nurse Educators from three different continents will give insight in the curricula and nursing education at their country. We will use this information to think critically about our own curricula and create, from scratch a new multinational nursing curricula that will full fill the needs of nurses to be. The last hour of the session each group will present short-ly their ideal curriculum.

Preparation:

Think about your own nursing career and be able to tell about why you became a nurse, what you like most about nursing and nursing school, what not and what you would like to change about nursing education in your country.

Bring an overview of your own curriculum on paper, depending on level this could be an associate degree curriculum, bachelor curriculum, master curriculum or DnP curriculum.


Read: American Association of Colleges of Nursing Fact sheet, the impact of education on nursing practice
4.17 Module 15: Process Management Game

Lecturer: Roelof Ettema, Msc RN and Pieterbas Lalleman, MA RN

Objectives: Successfully running an outpatient unit, meeting quality standards, working efficiently together in multi professional groups. The focus during the game will be on the three CanMEDS roles:

1. Nursing Expert
2. Collaborator
3. Manager

Content of the workshop:
- Introduction on game, start up and trial gaming
- Lecture on process management in hospitals
- In the afternoon: playing the game and assessing the students
- We close by giving feedback to each other and receiving feedback from assessors on game play, process and results

Preparation:

Study the presentation of Professor Hardjono:

Read: http://research.shu.ac.uk/cfie/ecop/docs/ErasmusTeunHardjono.pdf
4.18 Module 16: evaluation and good bye!

In this last meeting we will evaluate the Summerschool. You also have to hand in your final report. You can also fill out the final evaluation in our online survey.
5 Literature


Hunter, D.J. 1992, "Doctors as managers: Poachers turned gamekeepers?", *Social science & medicine*, vol. 35, no. 4, pp. 557-566.


Mintzberg, H. 1994, "Managing as Blended Care", *Journal of Nursing Administration*, vol. 24, no. 9, pp. 29-36.


