

Leadership and knowledge into the hands of those who care

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After 25 years of delivering babies, I hope to share some of my knowledge in an international forum.

A simple sentence, quickly inserted by a woman when she wrote down her motivation for wishing to join up for our international forum on leadership for nursing and midwifery. Casually written down, easily overlooked but stop to think about what you have just read.

Picture this woman, she must be almost 50 years old, having spent 25 years of her life delivering babies, caring for them and their mothers, and bringing joy and happiness into the homes of hundreds of families. This woman is from Somalia where only 30% of women are lucky enough to have a skilled attendant present while giving birth. What a vast wealth of knowledge this woman must have, how modest her wish to share. How little do we know about her, apart from some bleak percentages, about what she needs in terms of education, knowledge and support.

Who cares?

Nurses and midwives provide the bulk of clinical care in the world. According to the World Health Report Nurses and midwives care for and save lives of the vast majority of the world's population: between 50% and 90% of countries' national health workforce is made up of nurses and midwives (WHO 2006). If there is one profession capable of contributing to the attainment of the health Millennium Development Goals, it is clearly them. The reality is however that nurses and midwives, who are mostly female, have limited opportunities to assume leadership roles and further their professional development. At the same time the undervaluing of nursing and midwifery services, the health risks in delivering care and poor terms and conditions of work are encouraging nurses and midwives to change profession or migrate, resulting in a loss of man-power as well as knowledge. These are tremendous challenges we are facing.

Novel Approaches Required

It is clear that a new approach is required, which recognizes that useful knowledge can expand beyond formal research designs and can be quickly shared and applied through social networks and other channels. Communities of practice are practical vehicles to bridge the knowledge divide and encourage sharing, building knowledge and expertise and promoting better practice. They provide opportunities

for networking, building competency and expertise and thereby can help achieve results more effectively.

To find out more about possible contributions communities of practice could make, a cross-cluster team from the World Health Organization (WHO) formed a network with international partners from collaborating centres and developed a plan for Nursing and Midwifery Communities of Practice. This resulted in the establishment of the Global Alliance for Nursing and Midwifery Communities of Practice (GANM). A collaborative partnership which aims to raise the bar for nurses and midwives globally, give them a voice, and enhance their access to resources and people. Members of this partnership comprise:

WHO: Office of Nursing and Midwifery, Department Human Resources for Health, Department of Knowledge Management and Sharing, Knowledge Communities and Strategy, Department of Reproductive Health and Research, Implementing Best Practices Initiative;

WHO Collaborating Centres for Nursing and Midwifery; and

The Catholic Medical Missions Board, Johns Hopkins Bloomberg School of Public Health, Centre for Communication Programmes, INFO Project, and the Health Communication Partnership.

The Global Alliance

We envisioned a global network, subdivided into several communities of practice linking health care providers, policy makers and researchers working in nursing and midwifery. This network would facilitate a multi-level exchange of information and experiences, country to country and in-country, impacting on health outcomes by focusing on sharing, accessing and creating opportunities. Still, we envisioned our communities to be about more than just exchange. They were to be support networks, able to motivate and enthuse members to become leaders, and drive the profession forward.

The core group was committed and convinced about the potential from the onset, but translating the conviction of our steering committee into increased support proved and continues to prove challenging. As with so many new projects we suffered from the chicken or the egg syndrome. Without proven success it seemed impossible to get support, but how could we be successful without support? As one of steering committee member Patti Abbot stated 'we are all doing this as a hobby' on top of often already overflowing agenda's.

In the end it became clear that hobby or not, we just had to 'jump in' and we set a date for a global video-conference, as the launch pad for our Global Forum on 'Leadership for Action: the Contribution of Nurses and Midwives to Health and the Achievement of the Millennium Development Goals.' In this video-conference nursing and midwifery leaders, alongside Her Royal Highness Princess Muna al

Hussein of Jordan, patron of Nursing and Midwifery, addressed the existing challenges. This event gave all of us an energy boost and helped us to prepare in a focussed manner as well as launch the network clearly in our eyes as well as in those of our audience.

Our first event

The month long forum (September-October 2006) was divided into four weekly sections, focused on Leadership, Education, Making Pregnancy Safer and Information Technology. Each week was led by a facilitator from one of the nursing and midwifery collaborating centres, backed up by experts from the field and academia to provide insights and comments on postings, as well as contribute relevant resources. The global forum was compared to a broadcast, highlighting the issues and pushing them out to the community to respond to.

In order to build the group's facilitation skills as well as confidence, Nancy White joined our group to coach a dozen aspirant community leaders and hone their facilitation skills. And as the leaders became more confident those who finalized their own week ended up providing a great deal of support to those who were on call later on. The forum in itself was a great success: every day a digest of all postings went out to the entire group (a total of 22), and about 150 people contributed to the discussions with their experiences, insights and knowledge.

Reading the hundreds of requests to join that were streaming in as people signed up to our collaborative platform was a truly humbling experience and put the pressure on us not to let them down. Currently more than 1200 people have signed up from over 90 countries, and requests to join have kept coming in ever since. The group has turned into a very diverse global network located in academic institutions, ministries of health, hospitals, private companies, professional associations and research institutions. This reaffirmed our initial feeling that a forum uniting nurses and midwives to discuss their leadership role in addressing global health issues was timely and necessary. As a forum member stated:

It is always interesting to obtain global perspectives on healthcare. You often think that the problems are localized, but when information is shared you find that many other places and facilities face the same problems.

Sustaining the momentum

While we plan our next steps, the collaborative technology we are using allows us to grow with time, while maintaining a clear link between the different activities. Sub-communities, were already set up before the global launch, around key topic areas such as making pregnancy safer, family and child health and e-learning as well as linking key decision making groups such as the chief nurse officers. This allowed forum participants to divide into active communities after the forum on leadership finished. The communities so far, are mostly hosted and facilitated by academia with a vast development experience. The intention is to set up a number of demand driven communities based on the survey outcomes, as well as focussed research to policy and practice communities.

The statement ‘It’s made me know about others realities’ is the essence of what we are trying to achieve. Every professional, or professional group, has their own realities but there is little awareness of what people in different groups are facing. Clearly many opportunities exist within this group to help bridge the gap between, policy, research and actual practice. Connecting practitioners, with policy makers and researchers is potentially powerful in the quest to address the issues at hand outlined in the first paragraphs. Methodologies to address this are being looked at.

As we scale we want to avoid working in a vacuum, and are always looking at other networks facing similar challenges to extract lessons learned. One of our members stated that:

For some time I have felt frustrated that many interest groups with bright folks are working in parallel on related problems

and called for colleagues to look beyond the confines of their professions. We agree that there needs to be more dialogue between different sectors. A dialogue KM4Dev has to a great extent allowed.

What Next?

100% of people responding to our survey said that we should continue and we agree. But the key question is what next? How do we provide learning opportunities and encourage emerging leaders? How do we solicit dedicated support to sustain our effort? How do we best tap into the enthusiasm of those people we managed to connect? How do we pro-actively respond to the needs of this growing group, link the diverse members effectively and assist them in bridging the knowledge divide, ultimately impacting on practice? My feeling is that most answers to these questions already reside within our community.

More information <http://my.ibpinitiative.org/public/ganm>

Reference

WHO (2006) World Health Report – Working together for health. Geneva
<http://www.who.int/whr/2006/en/>

Abstract

This Community Note reviews the experience of the Global Alliance for Nursing and Midwifery Communities of Practice (GANM), a collaborative partnership which aims to raise the bar for nurses and midwives globally, give them a voice, and enhance their access to resources and people.

About the author

Lou Petronella Compernelle has MSc in Health Policy and Population from the London School of Economics and is currently working as the focal point for Communities of Practice and Networks at the WHO, Geneva in the Knowledge Management and Sharing Department. She is looking at techniques as well as tools to support a growing demand of colleagues and partners working in public health. Global networks, partnerships and alliances in health are looking at ways to add

value to their initiatives through learning and exchange, and communities of practice are increasingly considered as a potentially useful approach.
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