



Notes on Nursing 2.0

The necessity of nursing leadership and professional identity within the nursing and caregiving domain

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Nursing Leadership & Identity Professorship
Care and Welfare Research Group at NHL Stenden,
MCL Academy at Medisch Centrum Leeuwarden
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'Indeed, we call for radical changes in nursing education, a radical new understanding... and radical changes in the pathways to nursing licensure.'

From: *Educating Nurses*
Patricia Benner et al., 2010



Introduction

Care, nursing, nursing care: the field of nursing is changing. And not for the first time around; milestones in the professional domain go back to Florence Nightingale's time and even well before that. Nightingale radically reformed British nursing and started training for nurses. She encountered a lot of resistance: at that time, training was thought entirely unnecessary.

Nightingale laid the foundation for the acceptance of nursing as a paid, independent profession. Fortunately, this is still commemorated annually on her birthday, International Nurses Day. With her book "Notes on Nursing, what it is and what it is not", published in 1860, she ushered in a new era, one so new it was subsequently known as the era of modern nursing (Skretkowitz, 2010). But nursing and caring are, of course, much older phenomena.

A 1971 book by Werkgroep 2000 – who worked on a project titled "Ziekenhuis, menselijk en modern" ("The Humane and Modern Hospital") – described the origins of the word 'verplegen' (nursing). "In 15th-century writings, 'plegen' meant 'to be responsible for'. Then the word changed to 'verplichten' (to oblige) in Old Frisian (!), but 'plicht' also meant community and care. I also immediately think of the Frisian word

'mienskip' (community), which is so meaningful for many people in contemporary Friesland. With the addition of 'ver' – meaning something that must be done perfectly or optimally – to 'plegen', we get the word 'verplegen'" (Thiadens & Smulders-Aghina, 1971).

The writers of that 1971 book cited the meaning of the word 'verplegen' as "a perspective for a growing professional identity of the nurse for the future in the Netherlands". The work group had been established at that time in response to an identity crisis in nursing (Duivesteijn-Ockeloen, 2016). They wanted to stimulate awareness by providing information. Moreover, like today, there was a nursing shortage. The discussion paper, as the book was called, described a study into the causes of the crisis in the Netherlands and internationally. It also identified shifts in perceptions about illness and health, different

opinions about tasks within the profession and a lack of time to get to know the patient.

I acquired the book from my dear former colleague Fokje Hellema when she recently cleaned out her bookcase. She has also been an editorial board member for the Dutch edition of Carpenito's "Handbook of Nursing Diagnosis" for many years. Nurses who worked at the former Academic Hospital for the University of Groningen will undoubtedly remember her. She was the driving force behind the introduction of integrative nursing and argued tirelessly for the use of nursing diagnostics and clinical reasoning at the current University Medical Center Groningen (UMCG).

In my younger years, I was also involved in the movement for advancement of professionalism and the start of nursing sciences. It was also the movement of 'white rage' which, in addition to a salary increase, especially called for recognition and appreciation of the profession. We thought we were at the forefront of a new era in nursing. Looking back, this partly was the case. No doubts were raised anymore about the legitimacy of nursing science research.

Today, in the new millennium, we once again find ourselves in a different era for nursing, in the Netherlands and worldwide. That is evidenced by the work of Patricia Benner and her colleagues who, in 2010, based on several studies argued for the transformation of nursing education (Benner, 2010). As in earlier moments in the history of modern nursing, social changes and views on illness and health have led to a need for change in practical learning and the educational system. All professions in the nursing domain, from certified nurse assistant to nurse practitioner, are searching for their own identities. This is especially true for nurses educated at a vocational, bachelor or former in-service level. They need to find their way to professional fulfilment according to the new professional profiles (Stuurgroep Beroepsprofielen, 2016). This requires the courage to face the fact that care and nursing must change with the times. It calls for nursing leadership according to the old meaning of the word 'verplegen': the optimal practicing of nursing. It also demands courage from care and nursing lecturers, nursing scientists and researchers to lead the way in helping to shape the changing content of the professions within the domain. It requires nursing leadership in multiple ways. Milestones from the past can help us see what should be cherished as underlying values in the professional domain.

This inaugural speech will discuss how the professorship wants to support professionals in the nursing domain and contribute to shaping nursing leadership and professional individuality. The title of the inaugural speech, "Notes on Nursing 2.0", highlights the need for these changes in the nursing domain. Not by assuming that nothing has changed in care and nursing since Nightingale's time; it certainly has. Training for a profession in the professional domain is not just a given, it is a requirement. The area of expertise related to care and nursing has radically evolved into a body of knowledge of nursing diagnostics and standards. Research in nursing, which began with Nightingale being the first female statistician in the United Kingdom, has acquired a permanent place in education and practice. Wanting to be of significance and compassionate to others still motivates professionals, but it is no longer a submissive servitude (Van der Cingel, 2012). At the same time, wholehearted leadership is not matter-of-course in daily practice, and optimal professional practice is hindered by a too-long-held principle of equality between certified nurse assistants and nurses with different levels of training. That is the necessity for change that this 2.0 version of "Notes on Nursing" and the professorship will contribute to in the coming years.

In Chapter 1, I will use the metaphors in the story "The Cat that Looked at a King" to articulate the view of emancipatory action research and principles of change management that the professorship will apply. Chapter 2 describes the background, mission and interrelated research themes of the professorship. In Chapters 3 and 4, I will go into detail on identity and leadership. I will discuss how these relate to professional practice and the development of a research culture. I will also discuss specific aspects that influence today's practice and work culture and how the professorship specifically wants to contribute to the development of nursing leadership and the formation of the professional identities within the domain. Chapter 5 summarises the principles on which the research programme is structured and which current and upcoming projects are being worked on. Finally, Chapter 6 contains background information about the professor and researchers.

"'I want an exact reply,' said the cat. He glanced from the King to the gaping courtiers. 'Has anyone here, in this hall of learning, the answer to my question? Can anyone tell me the strongest thing?' It glanced once more round the Council Chamber. And this time it was the Queen who spoke. 'I think,' she said gently, 'it must be Patience. For, in the long run, it is Patience that overcomes all things.'"

From: *The Cat that Looked at a King*.

In: *Mary Poppins Opens the Door*; P.L. Travers, 1966.



1. A cat may look upon a king

"A cat may look upon a king" is an English expression first seen in a book of old proverbs published in 1562. It expresses the idea that every person, regardless of rank or status, has the freedom to be him or herself and raise issues with people of higher status.

The story "The Cat that Looked at a King" elaborates on this proverb and tells of a king so curious about all kinds of facts and knowledge that he completely lost himself. He liked to think very much, but was at the same time absent minded because of all the facts in his head and in all his libraries. Meanwhile, he neglected his palace, his queen and his people. Because of all the mice in the palace, one day a cat came along. The cat made a bet with the king. They would each ask three questions and whoever won would get the kingdom. The cat gave unusual answers to the king's questions. They were not the answers the king expected, but could not be seen as incorrect. The king, on the other hand, did not know how to give a clear answer to any of the cat's three rather philosophical questions. Instead, the answers were given by the old prime minister, the young page who filled the inkwells, and the queen. When the cat suggested that

the three of them should join him to reign the country together, none of them wanted to side with the cat. They loved the king and wanted to stay loyal to him. The king burst into tears and desperately admitted that he thought he knew everything, but now saw that he actually knew very little and especially not who he really was. To this the cat replied that a cat may indeed look at a king, but a king may also look at a cat. The cat asked the king to really look him in the eye. When he saw his own reflection in the eyes of the cat, the king turned into a happy man who was less of a thinker and could actually see the people around him. The cat then took his leave, remarking that "nothing is certain in this world".

1.1 The significance of narratives

I have read this story out loud to bachelor students many times. I did so in the context of the Care Innovation minor as a lecturer-researcher in the Nursing course and the Innovating with Elderly People professorship, and as an associate professor in the Diversity minor at Windesheim University of Applied Sciences. Recently I read the story to the nursing bachelor students who are studying nursing leadership and nursing identity in this new professorship of NHL Stenden University of Applied Sciences and Medisch Centrum Leeuwarden.

Why am I reading this particular story? Or perhaps I should pose another question first: why am I reading some kind of a fairy tale at all to students who need to learn a practical and respectable profession at a bachelor level? When I came across the change philosophy Practice Development (PD) years ago on a course in Eindhoven and later on in Oxford, I was somewhat sceptical. Nevertheless, I started using creative teaching methods as a lecturer in nursing classes and in other learning situations. I always was genuinely surprised about the power of stories and narratives. Nothing seems to work better than a story to convey a message, generate insights and make a lasting impression.

During my PhD study on compassion in nursing practice, I learned about the work of Martha Nussbaum. This contemporary and internationally influential philosopher supports her work on compassion with an Aristotelian view on suffering and loss and the ability to empathise as a person with someone else. The suffering of another person shows you how vulnerable

you are as a human being. In this spirit, people are motivated to help others and want to be of significance to others (Nussbaum, 2003). Nussbaum argues that you can promote and strengthen empathy through literature and stories, and she particularly recommends the Greek tragedies for getting to know all human emotions. Thus, I was reconfirmed in the now philosophically substantiated idea that narratives contain a lot of knowledge.

1.2 A view on knowledge

The story "The Cat that Looked at a King" is not a Greek tragedy, but still contains a lot of wisdom. It offers a view on knowledge and knowledge development. First of all, the story addresses the cause, purpose and meaning of knowledge. What is knowledge? Is it factual truth, such as the fact that cats catch mice or that hygiene is especially important to maintaining health, as Nightingale stated in 1860? The king had libraries full of such facts, which we now consider to be that obvious, we almost forget how important they are. The knowledge obtained by empirical research is our nursing body of knowledge. It is a wealth of knowledge that is constantly being replenished and improved. The king began collecting data because he was curious about situations. In his younger years, when he had just fallen in love with the queen and looked at the starry sky, he wondered how many stars there were and why things are the way they are.

Nightingale, and many nursing scientists after her, asked similar quantitative and qualitative questions about the what, how, how often and why of nursing. Today we expect the critical reflective nurse to want to know about a

situation, to be curious, and not to take things for granted (Lambregts, Grotendorst, & Merwijk, 2016). We do not want her to simply accept things because it is how we have always done it or because it has become the norm, tradition or ingrained custom. Acting based on knowledge is the new norm.

So have we found the answer to the question "what is knowledge"? The story shows that the infinite collection of factual empirical knowledge won't give all the answers. When knowledge is gathering dust in libraries and databases and fact gathering becomes an end in itself instead of a means to improve, the human factor seems to be overlooked. The inhabitants of the kingdom had no use for the king's quest for facts. In fact, their lives were getting worse and they were being neglected.

When the queen answered that patience must be the strongest thing, she was using her personal experiential knowledge instead of factual knowledge. All the years in which she waited while the king forgot about her because he was busy becoming all-knowing, she exercised patience. Patience is not a measurable "fact", not a quantifiable phenomenon and does not serve as scientific "proof". Instead it is unmistakably a fact of life, wisdom acquired through experience gained to endure years of waiting. In the same way, care recipients often "know" how best to cope with years of chronic pain or how to manage the loss of opportunities in daily life due to chronic illness. Such knowledge – personal experiential knowledge – is at least as important to people's lives as factual or quantitative, statistically proven information.

That is what we expect from our nurses in 2019. We expect them to use their own professional knowledge in a person-oriented approach. We expect them to collaborate with care recipients by asking them the right questions so we will know what is important to them. Thus, we also expect them to use both experiential knowledge from care providers and care recipients to provide the best possible care. Knowledge is more than facts: it is also the wisdom of life that you use professionally within a caring relationship.

As we saw in the story of the cat and the king, knowledge comes from various sources: propositional knowledge (acquired by testing propositions), professional knowledge (gained through professional experience) and personal knowledge (acquired in our personal lives) (Munten, Cox, Garretsen, & Bogaard, 2006). These are principles of Practice Development, the model of action research that enables knowledge development and practical improvement to go hand in hand (McCormack, Manley, & Titchen, 2013). These multiple sources of knowledge are also expressed in the latest definition of Evidence-Based Practice (EBP) as Sackett described it (Sackett et al., 1996). That definition is about the judicious use of both clinical evidence obtained through systematic research and clinical expertise, as well as making use of wishes, preferences and perceptions of care recipients.

1.3 The relevance of questions

Another aspect that emerges from the story is the relevance of questions and the facilitating aspect of (action) research. When the king asked "If a dozen men, working eight hours a day, had to dig a hole ten-and-a-half miles deep — how long would it be, including Sundays, before they put down their spades?", the cat replied that it would take them two seconds because they would realise that "to dig such a hole would be utterly foolish". With great indignation, the king asserted that that was not the point, but the cat replied that "every question must have a point. A point is exactly what questions are for".

In other words, what do you want to measure and what not? For example, we know it is nonsensical to assess falling or other risks to everyone in a standard way. It also is nonsensical to take the pulse and temperature of every patient in a hospital every day (Plas, Van Engelshoven, & Mintjes-de Groot, 2008). The cat's answers were not the ones the king expected, but they showed that it is about whether a question or action makes sense in context and that circumstances therefore matter. This is particularly what action research takes into account. By posing relevant questions geared to what is going on in direct practice, research not only supports results that subsequently yield knowledge, but also works directly on raising awareness of issues (Lieshout, Jacobs, & Cardiff, 2017).

This means that doing research requires practice in posing good clarifying and probing questions. This is especially expected from master-trained nursing scientists. Because enough is already

known about the fact that pressure ulcers, falls and urinary tract infections occur, why and how often they occur, and what can be done about them. We also know that these figures can be positively influenced by nurses. It seems to me that a different type of knowledge is needed and that there are other questions to ask. Given the fact that we have empirical knowledge to practice prevention, why then is it still not adequately applied in the nursing domain? Indeed, nurses and nurse assistants use too little evidence in their practice, which is a familiar problem.

The questions of relevance today, focus on achieving the desired behaviour of care professionals (Tiemens, Munten, & Vermeulen, 2012). How do caregivers, in the context of daily practice, learn to address prevention and act based on knowledge and available information? How do they put aside nonsensical rituals and appropriately use meaningful knowledge in a person-centred way? What is needed to make such knowledge a guiding principle? Which professionals demonstrate such "leadership"? What helps them and what hinders them?

Knowledge now available has changed what is needed "in the country", what is appropriate to do as nurses and nurse assistants, and what justifies the profession's social right to exist. It is no longer tenable to pretend the knowledge is not available, we can no longer hold on to the way we always did it. How is the profession to change and become more professional given this knowledge? Is it possible to critically look at ourselves and change, just like the king did by looking into the cat's eyes? Can we make

changes to reflect the core of the profession's identity? And do we actually still know what the core of our profession is, or have we become too distracted by all the developments, the multitude of knowledge and expectations, to see what is really needed? These are the questions that need to be answered.

1.4 The freedom to change

By posing questions of relevance, the cat – acting as facilitating action researcher – not only retrieved surprising answers from unexpected angles. The cat also induced awareness, the king realised that he had become someone he did not really want to be. The question of who the profession has become and who it really wants to be is a question about the profession's identity. The question of what is needed to change is a question about creating a studious, curious attitude and research minded working culture. The question of what is needed to give substance to that identity and culture is a question of shaping leadership. These three questions precisely are the three themes of this professorship. Similar to the English proverb "a cat may look at a king", our profession can take the liberty to seek and change itself while being critical and stating what is needed.

View on research

- The professorship primarily works from an emancipatory action research perspective. In action research, knowledge development, practice improvement, awareness and the empowerment of participants go hand in hand. Practice development, qualitative and quantitative methods are used in projects.
- In addition to knowledge development, action research also aims to generate useful and creative tools and guidelines for practice and education.
- Design research is an appropriate methodology for this. It is also in line with the course set by NHL Stenden to create a distinct profile for itself with Design-Based Research and Design-Based Education.



"'My questions are short and very simple,' the Cat assured him. 'A cat could solve them in a flick of the whisker. Let us hope that a King will be equally clever. Now, here is my first. How high is the sky?' Nervously glancing at the King, the Prime Minister raised a trembling hand. 'I have always supposed,' he murmured shyly, 'that the sky was just a little higher than the Eagle flies. I'm an old man, of course, and I'm probably wrong—'. The Cat clapped its sugar-white paws together. 'No! No! You are right,' it protested gently."

From: *The Cat that Looked at a King*.

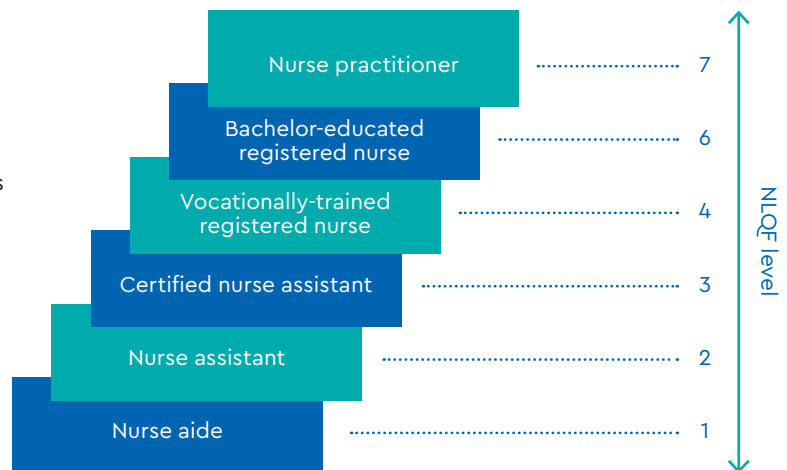
In: *Mary Poppins Opens the Door*; P.L. Travers, 1966.

2. The direction of the professorship

The Leadership & Identity professorship studies and supports nurses and nurse assistants in their professional development and affirms the individuality of the profession. Which questions will the professorship answer and to what do we contribute? Like the eagle, the professorship reaches for a horizon just below the sky.

2.1 Origin and mission

The professorship was established by Medisch Centrum Leeuwarden (MCL) and NHL Stenden University of Applied Sciences. It was set up for the nursing domain, with which is meant all nursing and nurse assistant roles and professions starting from Dutch Qualifications Framework (NLQF) level 3.



These professions relate to professions with a legally protected formal qualification, such as that of certified nurse assistant or the nursing profession, which are subject to an additional legal registration obligation under the Healthcare Professionals Act (Beroepen Individuele Gezondheidszorg, BIG). Until recently, this profession received inflows of both vocationally-trained and bachelor-educated nurses. In 2020 (or 2024 at the latest), that law is expected to change in order to recognise two nursing professions – one at a vocational level and the other at bachelor level – instead of the current mixed nursing profession (V&VN, 2016). Various nursing positions are also found in practice, such as nurse practitioners who are required to earn a Master in Advanced Nursing Practice (MANP). Additional specialist training is required for positions such as those of specialist nurses (e.g. intensive care, maternity, paediatrics).

The mission of the professorship is to focus on the enhancement of professionalism and development of professional and clinical leadership¹ and to ensure the individual character of professions within the domain. In addition, strengthening (empowering) professionals and developing a nursing research culture in daily practice are explicit parts of the research to be conducted by the professorship.

The professorship's mission is part of the mission of the Care and Welfare Research Group in which citizens' need for support is recognised as early as possible and high-quality assistance is paramount. The connection with the professional field is shaped by the Vital Regions theme. The professorship also supports the mission of Medisch Centrum Leeuwarden, in which attention, teamwork and innovation are paramount. MCL wants to offer the best possible care and continue to improve through innovation and research, thereby contributing to a meaningful life for people.

2.2 Research themes in context

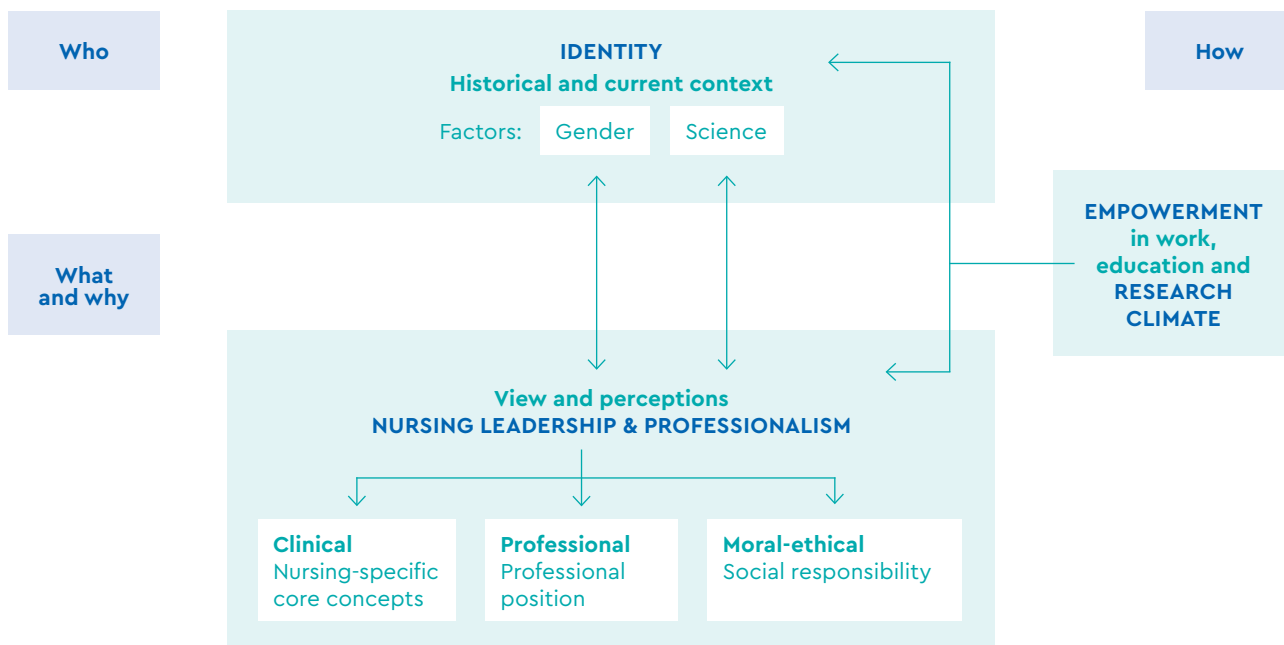
This professorship was created because there are specific issues at play in the professional domain that are related to the enhancement of professionalism. These issues mainly concern how the profession as a whole responds to the social context in which professional care takes place. One element of this is the fact that health, much more than before, is perceived as the ability to adapt to health problems (Huber et al., 2011). Prevention and a person-oriented approach towards care recipients and their loved ones also play a prominent role in views on care in society nowadays (Van der Cingel & Jukema, 2014). If the profession wants to be able to act appropriately in this context, the enhancement of professionalism, which contains specific professional behaviour and actions, is required.

¹ See Chapters 3 and 4 for a further explanation of the terms professional and nursing-specific (clinical) leadership.

Moreover, part of this is the requirement to use available knowledge and information in daily practice and to keep the profession up-to-date throughout a research culture. In recent educational and professional profiles, both nationally and internationally, this kind of professionalism is characterised as nursing leadership (Adriaansen & Peters, 2018).

Furthermore, nursing leadership is especially applicable to nursing roles at bachelor and masterlevel. A change in professionalism affects how care providers see themselves in professional terms and how they want to be of significance to society. In other words, such a change also involves the professional identity.

Research Themes interrelated







The questions this professorship poses, just like the questions of the cat, are short and simple. But the search for answers is determined by the direction in which you search. That direction was sought based on the description for the professorship and after consultation with various partners, including several parties at MCL and the School of Nursing at NHL Stenden. The research themes that emerged as a result are:

- **Nursing Leadership:** professional and clinical leadership related to differentiation of functions in the nursing and caring professions.
- **Nursing Identity:** professional identity in the nursing and caring professions related to the profession's image, motivation and the retention of care providers.
- **Research Culture in Nursing:** the positioning and appreciation of research in Nursing and Evidence-Based Nursing Practice (EBNP) within the profession.

"The King sobbed. I thought I knew everything — pretty nearly. And now I find that an old man and a woman and a little lad are all far wiser than I am. I know nothing at all. Not even who I am!' 'Look at me and you will find out,' said the Cat quietly."

From: *The Cat that Looked at a King*.
In: *Mary Poppins Opens the Door*;
P.L. Travers, 1966.



"Identity is a construction."
"Identity has to do with becoming much more than with being."

From: *Identiteit*, Paul Verhaeghe, 2015

3. Nursing identity, a composite image

A booklet my father made for his three daughters detailed our family tree back to the 15th century. In the introduction he wrote: "Genes are possibilities which are realised in an environment. The environment partly determines the result." How does that apply to the identity of nursing?

3.1 Becoming who you are: a view of identity development

Ancestry, your origins, where you come from, where you are "rooted" and what determines your identity: apart from your genetic heritage, these are matters of context, environment, traditions and culture. By now, this view, in which interconnected genetic and cultural factors determine who you are, has become commonplace among most scientists (Goldhaber, 2012). Searching for the interpretation of identity, we must therefore look at origin and history as well as the immediate daily environment. We often talk about the individual identity of a person. The identity of a group is called a group or shared social identity

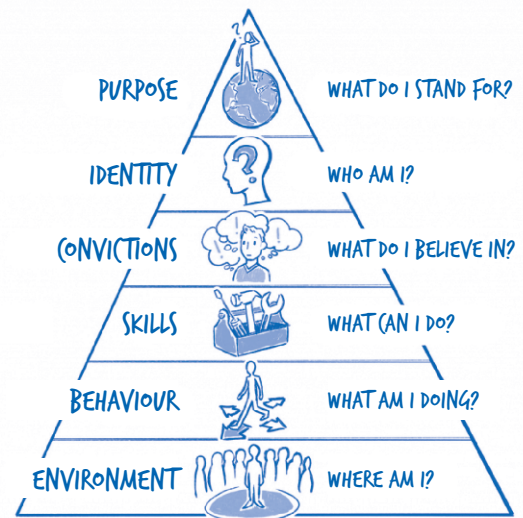
(Knippenberg & Hogg, 2018). The nursing identity can be seen as a shared social identity. Being part of a group, organisation or profession, whether long-term or not, can lead to identification. Identification is a form of imagination and is used as a psychological term for mental processes in which individuals identify with another or the external world (American Psychological Association (APA), 2018). In social identity theories (Hogg, 2001), a shared social identity is about identifying with the most important characteristics of the group. We are nurses and nurse assistants; the profession is part of our self-image, of how we see and experience ourselves. However, that is not to say that people are determined completely by that identity.

Verhaeghe (2012) clearly explained that identity is a construct. A construct means something like a composite whole, an intertwining of different factors in one concept. The images others hold about the profession also play a role, such as the expectations of citizens, care recipients and other disciplines. Identity therefore is something that can be influenced and that is developing constantly and is able to change. For the ongoing, continuous formation of our identity as nurses and caregivers, it is both important to know where we come from – our shared history – and to know which factors in the here and now bring about our jointly experienced professional identity. That is also why this chapter on identity precedes the chapter on leadership. You can only decide how you want to develop that identity when you know where you come from.

Sisters and brothers, matrons, registered nurses, nurse assistants and carers: many titles and names for nursing and care providers have been used over time. However long ago historic events may have happened, they still influence the present. This becomes evident from the fact that the media still regularly uses titles that modern nurses find old-fashioned or outdated. Titles for nurses in the Netherlands changed during the 1960s (Duivesteyn-Ockeloen, 2016). Recently discussion came up once again when a new title was sought for nurses with a bachelor degree. Naming and titles are important expressions of identity: they should say who you are and, as part of that, what you can do. People must live up to their names, so to speak. After all, you say: I am a nurse. Also, the identification with something like a name often is a lengthy process.

Bateson and Dilts developed a model of logical levels. It shows the different layers that determine a person's actions and to which a development, learning or change process can respond (Gramsbergen-Hoogland, Deveer, & Leezenberg, 2016). Identity is near the top of this model, explained with the verb being; only purpose (mission or right to exist) is above it. The model is a pyramid because the layers that are higher can be influenced by the layers below them. So, if you want to influence someone's identity, the layers underneath will also have to come along.

This is also known as "single-, double-, triple- etc. loop learning" (Tosey, Visser, & Saunders, 2012). The development or change takes place in a loop. Your identity is changeable only when you shift your convictions or values, that which you



believe and find important. And these values will only shift when you are able to act differently and exhibit other behaviour that is also accepted by your environment. This not only applies to identification with the naming of a profession, but also to other aspects to be developed. When nurses learn the skills to integrate research results into their work – e.g. by learning to develop a Critical Appraised Topic (CAT) and/or formulating a correct Patient Intervention Comparison Outcome (PICO) question – the nurses (or student nurses) have not yet achieved all the layers they need to actually use evidence-based actions in practice. That is also why a project such as 'Leerszaam Noord' (learning and working together in the north) has opted for an approach that addresses both the context as well as skills and values in teams.

To understand which historical factors still play a role in the professional identity of nurses, it is important to know how the profession developed. Two factors are important when it comes to nursing leadership and the research culture in nursing, the other two themes of the professorship (apart from identity). One of the most striking factors that characterises the identity of nursing is the fact that it is primarily performed by women. In addition, in modern nursing of the last century, the rise of science had a strong influence particularly on what nursing and professional care looks like today.

3.2 Gender aspects in nursing

Nursing was and is a female profession (CBS, 2016). Certain behaviours and traits that are independent of biological differences are attributed as part of the female or male gender. We call these expectations gender identity (Ayman & Korabik, 2010). Care – whether professional health care or care in the private sphere such as child care, voluntary care or other forms of informal care (e.g. neighbourly assistance) – is mainly provided by women and is a gender-biased phenomenon.

Traditionally, nursing had two faces. On the one hand, there were religious women who typified care as a moral, noble vocation. On the other hand, care in the centuries before Nightingale was hardly paid. It consisted of work in extremely unhygienic conditions in poor houses and hospitals and was only performed by the poorest of women. Such physical and arduous work was done by housemaids and servants, women who often had to prostitute themselves to make a living. Nightingale and her followers in the 19th and 20th centuries had to rely heavily on the idea of "vocation" as a virtue to enable decent women to aspire for nursing as a profession.

Professional care provided by women only became acceptable when it emphasised characteristics that were considered to be typically feminine, such as empathy, service, selflessness and caring (Gemert & Spijker, 1990). These values still are inextricably linked to good care and nursing (Fagermoen, 1997). At the same time, until recently, the medical profession mainly consisted of men. The development of medical practice has become connected with stereotyp-

ically male characteristics. After all, a surgeon must work decisively and energetically. Images about both professions and the necessary teamwork between doctors and nurses have therefore long been determined by what is considered masculine and what is considered feminine. But the nursing profession also is closely intertwined with women's emancipation (Duivesteyjn-Ockeloen, 2016).

The very fact that it was one of the first professions that allowed women to work attracted women with ambition. It was necessary for them to fight against low salaries and the perception that the work was "labour of love". As a result, words such as service and vocation have come to have negative connotations and are perceived as unprofessional by many nurses. This is of importance for the perception of professional motivation and the appeal of the profession in which "wanting to help other people" still is a factor of influence. Primary compassion for others, seen as a "female" trait, still mainly attracts women to the profession and is valued as such. At the same time, such motivation in professional socialisation collides with what is seen as professional performance (Van der Cingel, 2014). Such a message influences how professionals see themselves and how seemingly opposing values exist within the profession. It also is an factor of influence for perceptions on leadership (Wolsing, 2015).

3.3 The position of science in nursing

The advancement of professionalism in nursing, as it has taken shape since Nightingale's time throughout the last century, closely relates to the introduction of science within the profession. Nursing evolved from an intuitive-action-based profession into one in which actions are grounded in theory and supported by research. Holistic perspectives, in which the person is considered as a whole, play an important role in the formation of scientific theories for nursing (Meleis, 2011). Theories of influence describe care and nursing as an independent and autonomous domain in which nurse assistants and nurses have their own responsibility and independence. Care ethics also made an important contribution to care theories, such as current theories about person-centred care (Van der Cingel & Jukema, 2014). The emergence of the nursing sciences has simultaneously led to the development of a knowledge domain that is linked to the division into medical specialties or to organisational classifications of care (e.g. intra- and extramural health care or fields such as psychiatry or care for disabled people). Similar to developments in the medical disciplines, nursing diagnoses, results and interventions have been developed and guidelines and protocols have been made.

The interconnectedness of the medical and nursing domain influences the development of the nursing body of knowledge and what is considered autonomous practice (Meleis, 2011). Nursing sees itself in that light as practical science alongside medical science, especially since a shift from medical to nursing work has led to independent practice and functions in healthcare (such as the nurse practitioner, who needs a master's degree). Conducting research and having a research minded attitude have become explicit parts of the nursing profession. Professional care by nurse assistants, on the other hand, originated from the institutionalisation of care that was previously provided by family members and loved ones (Gemert & Spijker, 1990).

Care is about much more than nursing alone and medical tasks performed by nurses, or supporting or taking over daily activities that enable people to function. That kind of care is part of nursing but can also be provided by others independently of nursing. This clearly is reflected in societal and political views that no longer take for granted that care will be provided by professionals, but instead rely on family, voluntary care and neighbourly assistance. Of course, the current and imminent scarcity of professionals who can provide professional care induces this shift of mind. The advancement of professionalism and scientific foundation of the profession therefore is connected with nursing much more than with other forms of care (such as home care or long-term care) and closely intertwines with the medical discipline. Also, scientifically based nursing is perceived as

having status. Next to that there still is confusion, which exists in both the profession itself as in the social image of nursing, about what is part of the medical and what of the nursing domain.

The nursing identity therefore is somewhat different than the identity of nurse assistants (Hoff, 2018). Within nursing identity, clear status differences exist between the various jobs that are linked to the education received. Such hierarchy is proportional to the degree of scientific foundations for the profession and the extent of medically delegated tasks. For example, both nurse practitioners and nurses specialised in f.e. intensive care or paediatrics have specific qualifications for medically delegated tasks and are proportionally valued in terms of status and payment. This clearly shows how differences between current functions and professions influence the perception of the various practitioners across the entire domain.

3.4 The right care provider in the right place: significance for the research programme

Gender aspects and the place of science in nursing influence perceptions of all identities in the nursing and caring domain, historically and today. It is still mainly women who enter the nursing and care professions. All kinds of aspects that concern the professional domain are influenced by that, varying from appreciation to the degree of labour participation. For example, there is a high percentage of part-time workers in health care due to the fact that it is a women's profession (CBS, 2016). It has been clear now for some time that it is difficult to establish the use of scientific knowledge in nursing (Tiemens et al., 2012). Consequently the advancement of professionalism of the the domain halts. Various professionals see research and evidence-based practice as a 'nice to have' instead of a 'must have'. Such views also determine if a research culture can be created across the entire domain.

A professorship that wants to promote nursing leadership and a research culture must take this into account. It is now a given that both themes are positioned in the bachelor and master programme. At the same time, for decades a policy has been in place in which nurses with various educational backgrounds (in-service, vocational and bachelor) and various professional and educational profiles ended up with the same position and corresponding duties. Sometimes there is also talk – or has been talk in the past – of whether there is an equal set of duties for caregivers or nurse assistants and nurses (Kiers, 2017). Because of this policy, nowadays there still is one profession in practice, even though organisations previously created additional roles for which a bachelor level was required. In such roles, there was a specific focus that could involve organisational coordination, or the management and implementation of educational or research activities. It was often possible to obtain additional certificates if nurses did not possess a bachelor diploma.

Equality is therefore the norm within the entire current workforce in the professional field of care and nursing. The following applies to nurses: if the same work has been done for so long with the same title and identical appreciation and salary, experienced professionals will feel equal to each other. For nurse assistants, today there is a clear dividing line between care and nursing as a profession. Nevertheless, there is also overlap in the provision of care and in a number of defined tasks.

It has become increasingly clear that this policy of equalising different levels of education in practice is counterproductive. To fully exploit the labour potential, it is extremely important to have professionals operate at the level for which they have been trained. That way, no one needs to function below or above their level. Both situations have negative effects on job satisfaction and the ability to stay in a profession (Wong & Laschinger, 2013). Today, knowing there is scarcity of caregivers and nurses, it is socially irresponsible to allow such risks of shortages to exist. In addition, to provide good quality care it is also very important to make optimum use of specific tasks and responsibilities for which professionals have been trained.

This is specifically true for nursing leadership and evidence based practice being stressed within current professional profiles at bachelor and master levels. This was done with a reason; taking responsibility for leadership and evidence based practice in the professional field demands a lot. Specific knowledge and skills and a clear "leadership attitude" is required. A frequent fallacy in this regard is to unfortunately and "automatically" assume that professionals educated at the vocational level are less valuable. Professional and education levels are never in opposition to each other, let alone unrelated to each other. Vocationally-trained nurses and certified nurse assistants have their own specific value with their own professional identity which also requires forms of leadership and the use of scientific knowledge. That also

applies to nurses who were formerly trained in-service, which can be regarded as a separate category because their work experience often means that they have a very broad degree of professional experience.

In this context, the professorship wants to contribute to the further realisation of nursing leadership of the professional domain. This is above all a matter of supporting the uniqueness of the different professions and helping to strengthen the various identities that are made explicit in the professional domain. That means: the right care provider in the right place.

“Your kingdom,’ said the Cat, ‘if you’ll forgive me mentioning it, is no longer your affair. I shall take into my service this wise man, your Prime Minister, this understanding woman, your wife, and this sensible child, your page. Let them get their hats and come with me and together we four shall rule the kingdom.”

From: *The Cat that Looked at a King*.

In: *Mary Poppins Opens the Door*; P.L. Travers, 1966.



4. Nursing leadership: to rule is to foresee

Care recipients benefit from care providers who think along with them and who are able to anticipate. Professionals who show leadership in their daily actions and in teamwork. Nursing leadership therefore has a lot to do with proactivity and best professional practice.

4.1 Leadership views

Before defining what nursing leadership is, we must first look at leadership in general. Leadership comes in many forms, types and sizes. Leadership has been studied and described from a variety of disciplines, ranging from organisational science, change management, psychology, sociology and business administration to the philosophical sciences.

Descriptions about what leadership is, or what it perhaps should be, fluctuate and meander along with the times. To illustrate leadership, people often fall back on examples of predominantly male, charismatic leaders from the past and present, such as Alexander the Great, Napoleon or the modern-day "captains of industry". They refer to the great power they had and the strategies they used (Watts, Steele, & Mumford, 2018). Others refer to what Greek philos-

ophers had to say about power and leadership (Blanchette & Ellington, 2018). Organisational and change management literature refer to the industrial revolution and the rise of Human Resource Management as reasons to think more about and study concepts of leadership, management and ways of influencing people in organisations (Taylor, 1910). Often, leadership is seen as a management style with hierarchical authorities in managerial positions in organisations.

Commonly mentioned features or characteristics of effective or successful leadership are: having a view, taking a proactive approach to things within your sphere of influence, being able to set priorities and being able to handle conflicts (Covey & Walsmit, 2010). In addition, various styles of leadership can be recognised, such as directive or guiding leadership versus leadership

that is democratic and supportive to employees. Other styles frequently mentioned are situational leadership and transformational and transactional leadership (Nijskens, 2014; McCay, Lyles, & Larkey, 2018). Situational leadership specifies how various leadership styles may be needed in specific situations and that the choice of a style is partly dependent of a group. Transformational leadership primarily focuses on changing a work situation, working methods or work culture. Important aspects of transformational leadership are having a view (on change and what is aimed for), and an inspiring and motivating style of communicating with teams and employees. The term transactional leadership is used for a form of leadership based on theory that focuses on rewarding or correcting employee performance.

As the work of professionals became more complicated and more autonomy and self-management were needed, the concept of leadership also became related to personal effectiveness and development of professionals. Personal leadership is based on the idea that the best approach to leadership is to draw on personal values and beliefs and the use of experiences in order to be successful. Yet another form of leadership is called moral or ethical leadership (Vanlaere, Lemiengre, & Wachter, 2015). This form of leadership emphasises that leadership in practice and in a profession entails choices between good and bad. The daily practice in which professionals work is an ethical practice, such as nurses in health care, lecturers and educators in schools, or researchers who conduct research in practice. You can do good for people, but you can also do harm.

Thus, there are all sorts of forms and manifestations of leadership that at least have in common the fact that they are about exerting influence on others (Kessels, 2015). You could say that leadership and the interpretation of leadership always go with the times and reflect the times, social developments and relationships between people in organisations. Therefore, leadership theories must be placed in the context of the time in which they originated. Today, leadership is in the center of attention a lot. Some even talk about the leadership industry (Anthonio & Huser, 2017).

The debate about leadership contains questions of sex and gender definitions. Courage, decisiveness or assertiveness are successful factors of leadership, but they are also characteristics that have been ascribed more to men in the images of the sexes. More is now known about "female" and "male" leadership styles. Multiple reviews show that women use transformational forms of leadership that involve emotional qualities such as listening more frequent (Engen & Vinkenburg, 2005). Men mainly use transactional forms of leadership in which assertiveness and self-confidence are important (Wolsing, 2015). In a gender-specific role, people perceive behaviour that is consistent with the image of the gender in question. When women exhibit leadership behaviour such as assertiveness or proactiveness, this is not in line with gender roles. This partly explains why women are seen as leaders less often and are viewed in a negative light. This is of relevance when we discuss nursing leadership, or leadership in the professional field of care and nursing, a domain where the identities of the practitioners are also influenced by gender.

4.2 Nursing leadership: what it is and what it is not

And now, suddenly it seems, everyone is also talking about nursing leadership. Books are being published, there is a website (www.verpleegkundigleiderschap.nu) there are university professors and professors of applied sciences who are involved in nursing leadership. It is included in the professional profile for bachelor nurses and the national educational profile Bachelor of Nursing 2020 (BN2020) as part of the CanMEDS role of organiser. But what are we talking about when we discuss nursing leadership? How can it be recognised in daily care practices? Why is leadership actually needed and, not least, how can the professorship contribute to achieving the necessary leadership behaviour in daily practice?

Nursing leadership is a broad term that is described in various definitions or with various characteristics (Vermeulen et al., 2017). Nursing leadership studies particularly describe research about the clinical leadership of nurses related to good or excellent care, research into leadership competences (Foli et al., 2014), and leadership projects that have been monitored (Day et al., 2014). They often mention terms similar to those used for general leadership, such as having a view, empathy and showing initiative, being flexible and having self-insight and self-confidence (Plas & Crijns, 2010). Another description mentioned having clinical expertise, a passion for care and an innovative attitude and being a role model (Fast & Rankin, 2018). Transformational leadership is often referred to as being characteristic for nursing leadership (Adriaansen & Peters, 2018). This sometimes is linked to managerial nursing or care functions. Other definitions mention things

like a focus on improving care by influencing others (Cooke & Walker, 2013) or providing valuable care with colleagues (www.verpleegkundigleiderschap.nu). In addition to descriptions or definitions, various models and measurement instruments for nursing leadership have also been developed, some of which are listed here.

Models:

- Clinical Nurse Leader Conceptual Framework (Maag et al., 2006)
- Clinical Leadership Competency Framework (NHS, 2011)
- Person-centred Leadership Framework (Cardiff, 2014)
- Caring Environment Leadership Capabilities Framework (Lamb et al., 2018)

Measurement instruments:

- Leadership Practice Inventory (Tourangeau & McGilton, 2004)
- Multifactor Leadership Questionnaire (Muenjohn & Armstrong, 2008)

Forms of leadership that are associated with nursing leadership and described included clinical, professional, organisational, policy-oriented, personal and person-oriented leadership. Leadership in this professorship is, as yet, defined according to what is meant by clinical, professional and moral-ethical leadership. These types of leadership are linked to the direct provision of care and the practice of professions in the professional domain. Other forms of leadership are characterised by influencing organisational or political playing fields and are also more generically applicable to other professions and fields.

Clinical leadership

Clinical leadership means nursing-specific leadership, similar to clinical reasoning or clinical image. The term clinical is no longer limited solely to the hospital or medical discipline, although it originally came from there. This means clinical leadership is exercised within the boundaries of providing care and nursing in all fields. There are many expectations attached to clinical leadership. It promotes the quality of care by improving patient outcomes that are influenced by nurses, and in which various factors play a role (Bender et al., 2016). In particular, forms of transformational and relational clinical leadership have positive effects (Cummings et al., 2010). Clinical leadership also improves job satisfaction. However, we only have limited definitions of what clinical leadership really means, and nursing and clinical leadership are often used interchangeably. A review found that nursing leadership is described in a mix that demonstrates team focus alongside clinical expertise, including applying evidence-based practice, and personal qualities (Mannix, Wilkes, & Daly, 2013).

Professional leadership

This term is also used when it comes to leadership within the limits of the practice of professions within health care and nursing. As a term, professional leadership is not automatically linked to nursing or care professions, but can of course be used for all professions. Descriptions of professional leadership regularly list aspects of clinical leadership, or the term is provided as a synonym for nursing leadership. Professional leadership can also be called occupational

leadership. In the context of nursing leadership, professional leadership focuses on professional behaviour, professional development and promoting what the profession stands for.

Moral-ethical leadership

Moral-ethical leadership is close to personal leadership, where leadership is shaped based on one's own values. Moral-ethical leadership is also not necessarily tied to health care or nursing. However, care and nursing are, by definition, ethical practices. An ethical practice does not only mean that there are larger ethical issues, such as questions about whether or not to treat with expensive medicines or issues about palliative care and euthanasia. In nursing practice, it is also about everyday ethical questions (Van der Cingel, 2014). As professionals, nurses have power over care recipients, who are dependent on them. For example, they have the power to respond (or not) to a summons from a patient who rings the bell. Ethical or moral leadership means that care providers set an example when making, arguing for and explaining the best choices in their profession. That which is right to do is tested against certain values, such as privacy, fairness and trust. Practising the profession from a moral perspective is also referred to as authenticity or authentic leadership (Shapira-Lishchinsky, 2014; Iszatt-White & Kempster, 2018).

4.3 Why nursing leadership is necessary

The previous section shows how difficult it is to define nursing leadership. You can, in any case, summarise the concept as good or optimal practicing the nursing profession. When nursing leadership is viewed this way, publications and studies show that its effects positively influence aspects of the quality of nursing care. In particular, they mention various patient outcomes or nurse-sensitive outcomes in the context of prevention, such as prevention of pressure ulcers, falls and infection (Wong, Cummings, & Ducharme, 2007). This is an important argument for promoting leadership, also because such outcomes alone provide insufficient incentive to motivate nurses to act on them (Giesbers, 2017). Other arguments are based in wanting to make a lasting impact on clinical reasoning, EBP and the use of the nursing body of knowledge in the form of nursing diagnoses, results and interventions.

Although it has been the focus of attention in degree programmes, in-service training and continuing education for decades, it has been difficult for this form of advancement of professionalism to take root in daily nursing and care practices. The reasons for this include a lot of conflicting scientific literature that a professional needs to wade through, alongside the often mentioned lack of time to keep up with knowledge and translate it into their own practice. However, nursing leadership and a supportive work culture are crucial to the implementation of EBP (Pryse, McDaniel, & Schafer, 2014).

Yet another argument in the need for further professionalisation concerns the increased need for person-oriented approaches and patient participation – for example in the form of shared decision-making and support in maintaining self management. These are aspects for which health care providers seem to have insufficient knowledge and be insufficiently equipped. Too great a degree of protocolled and standardised procedures play a role alongside assumptions or prejudices about what is of importance to care recipients.

Finally, it can be argued that there is an early drop-out of nurses (Ten Hoeve & Roodbol, 2018). In a context in which shortages of health care providers are showing already, due to demographic changes, retention of care providers is extremely important. Leadership and having the right care provider in the right place increases job satisfaction and motivation.

4.4 Nursing leadership: from aspiration to reality

How does the professorship want to contribute to promoting the clear necessity of nursing leadership in daily practice and the provision of care and nursing? Contributions are about leadership concepts and leadership development. These contributions stem from the research theme, **Nursing Leadership**. Other contributions stem from the research themes, **Nursing Identity** and the **Nursing Research Culture**, and provide knowledge, insights and tools to influence the context in which leadership takes place, such as in education, the learning environment in practice and the research culture.

Contributions to content clarification

It has been shown that the concept of nursing leadership and the associated types of nursing-specific, professional and moral-ethical nursing leadership still are rarely operationalised in the empiricism (reality) of daily activities. However, these types of leadership are linked to good, optimal practice of the profession and to the bachelor and master degree level (Hewison & Morrell, 2014). The professorship therefore first provides a **framework in which leadership is made concrete** within the CanMEDS model on a number of specific key concepts in the BN2020 educational profile (see table). This concrete expression will then be used to develop **sample role models for bachelor nursing positions** that can be deployed in teams. These are also referred to as personas. It is explicitly noted that the intention is not to provide stereotypes, but rather several sample role models in sample situations that can be helpful in developing leadership behaviour.

CanMEDS role	Core concepts
<p>Nurse expert Leadership in the direct provision of care, with nursing diagnoses used as a professional body of knowledge to guide expert provision of care in relation to what care recipients desire and can direct on their own.</p>	<p>Clinical reasoning Provision of care Promoting self-management</p>
<p>Communicator Demonstrates leadership in communicating with care recipients. Focused on knowing and acknowledging the personal control/expertise and autonomy of care recipients, their story and what is important to them.</p>	<p>Person-centred communication</p>
<p>Collaborator Demonstrates leadership in relation to advocating for the care recipient. Together with the care recipient and their network, shapes the professional relationship (based on compassion, involvement and expertise) on an equal footing. Reflects this in how they collaborate (including in multidisciplinary teamwork) through their own professional expertise.</p>	<p>Professional relationship Joint decision-making Multidisciplinary teamwork</p>
<p>Reflective EBP professional Demonstrates leadership with a broad view on EB practice. Wants to studied both existing knowledge and insights as well as the things that are important for the individual care recipient and their network. Definition and views on moral conduct and moral leadership.</p>	<p>Investigative ability Use of EBP Development of expertise Professional reflection Moral sensitivity</p>
<p>Organiser Operationalises leadership in professional behaviour such as proactive action. Goals why and necessity of leadership for good, responsible person-centred care.</p>	<p>Nursing leadership</p>
<p>Professional and quality promotor Promotes proactive nursing practice through case studies and role models while inherently maintaining quality and improving care.</p>	<p>Providing quality care Professional behaviour</p>

Once loaded with concrete sample situations and role model behaviour, this model can **provide substantiated definitions of nursing leadership and the distinct types** within the recognised profile of bachelor degree programmes. This offers conceptual clarity in both practice and education. The professorship uses a definition of nursing leadership in which influence is exercised from various forms of knowledge and a position is taken in favour of good quality care.

Contributing to the context: education, learning climate and research culture

As became clear in previous chapters, gender aspects and the place of science in the professional domain from a historical perspective have influenced professional identity and thus leadership development as part of professional practice. History cannot be changed. Supporting awareness about the significance of history in the here and now is important to convey in education and practice (McCormack et al., 2007). Leadership development as part of professionalism today begins in (practical) education where active forms of learning seem to be effective in promoting awareness and empowerment (Middleton, 2013; Hardiman & Dewing, 2014).

The professorship therefore **contributes to this through action research and active learning methods** that aim to promote professional practice and leadership by providing both **knowledge in the form of nursing-specific learning materials about the professorship's themes and knowledge about learning in learning networks**. In addition, the professorship provides **knowledge about action research, design research and practice development methods**. The professorship also makes a direct contribution to both education and the strengthening of a research culture by **internships for bachelor nursing students in their final year and master of nursing science students in research projects**. In addition, the professorship facilitates **meetings** for nurses who have a master's degree or who are studying for a master's degree at MCL. Among other things, the meetings address the development of a climate for nursing research and, on request, the professorship provides these nurses with **support for setting up and performing nursing research**.



"And what do you prefer, I asked: will you lead the investigation or shall I lead it?"

"What you say there indeed deserves to be studied. What do you mean by 'brave', 'intrepid' or something else?"

Socrates in: *The Apology of Socrates*, by Plato
C. Verhoeven, 1996. Damon, Best.



5. Research programme and projects

The aim of "Socratic dialogue" is to study the validity of a view on universal questions. The professorship shapes the research programme in line with this spirit.

The Socratic method primarily is a method of conversation in which the facilitator adopts an investigative, non-authoritarian and questioning attitude. By non-authoritarian is meant that a researcher does not act as the person who holds all wisdom, but rather studies phenomena because there are no clear-cut answers. Socrates himself did not know the answers either. His dialogues applied several rules that have parallels with action research. Socrates explicitly invited his discussion partners and asked for willingness to take part in the study; no one should join against their will (Delnoij & Dalen, 2003). This is also an important rule in action research and practice development: participants should take part because of their own intrinsic motivation (Hardiman & Dewing, 2014).

Socrates was also adamant about the rule that only the participants' own voices, values and opinions should be brought into the dialogue; there should be no reliance on assumptions or opinions of others. Assumptions need to be studied correctly. In terms of Bateson and Dilts's pyramid, this is about one's own value and belief system. The qualitative "sticky notes methods" that is widely used in action research and from which data is analysed, also emphasizes that every voice is heard from its own value system. The point is not to want to convince each other in a discussion but to be able to understand each other and to understand everyone's arguments; at the same time, this raises awareness of prejudices or knowledge deficits.

Finally, in the Socratic dialogue it is important that questions study a general idea or concept, but concrete examples and case studies are used to illustrate an argument. In doing so, Socrates illustrated how to build a bridge between theory and practice. If you cannot specify how a problem can be handled in daily practice, what is the value of theory? The professorship's research programme for the coming years has been designed with these basic principles in mind.

1. Nursing Leadership: professional and nursing-specific leadership related to job differentiation in the nursing and caring professions.

This line of research will be carried out in the project:

- **Nursing leadership at MCL.** These studies take place during pilot projects for differentiation of functions at MCL. In these pilot projects, nurses work together in nursing teams according to professional profiles for vocationally-trained and bachelor-educated nurses. The professorship is studying the quantitative, anonymised self-evaluations that nurses completed to estimate their own level with the aim of describing existing leadership characteristics. Some specific key concepts from the national Bachelor of Nursing 2020 educational profile are used as a theoretical framework, such as: leadership and clinical reasoning, leadership in shared decision-making, leader-

ship in multidisciplinary teamwork, promoting leadership along with self-management, or leadership and professional behaviour².

In addition to the descriptions from action research is being conducted in which the nursing teams choose one of these specific key concepts based on relevance for their team. This aims to raise awareness about the concrete implementation of leadership in the two professional roles through PD methodologies. At the same time, data is collected by asking nurses via interviews and focus groups about the chosen key concepts like leadership traits in the professional roles. The ultimate objective of this continuous line of research is empirically launching, developing and describing sample role models for the realisation and identification of success factors from these two forms of leadership in the hospital setting.

2. Nursing Identity: professional identity in the nursing and caring professions related to the profession's image and motivation and retention of care providers.

This research theme mainly focuses on the experiences of nurses and nursing students related to their profession and how factors that influence professional experience are handled. Perceptions about high workload and interpretations of the profession based on procedures and protocols, delegated tasks

² 14 of the 24 key concepts from the national education profile BN2020 have been defined for the research theme. The evaluation of this choice will be validated in a Delphi round.

and the context of interprofessional teamwork lead to perceptions of low autonomy. The motivation for joining the profession – a desire to be of significance to others out of compassion – requires specific strategies and cannot always be maintained (Nijboer & Van der Cingel, 2018). Learning to deal with emotions, one's own moral development and being able to exhibit moral leadership are topics as well. In addition to shortages of nurses in various health care domains, these factors attribute to unnecessary leave of student nurses and nurses. Research aims are to permanently equip nurses to provide good person-centred care while maintaining their own job satisfaction, self-compassion, vitality and compassion for care recipients. The study runs parallel to educational or curriculum development on the topic to be used in both the full-time and flexible bachelor programme and/or as a course for in-service training and continuing education. This will be done in the project:

- ***Nursing identity and moral leadership (working title)***

The intention is to develop modules and the study in partnership between NHL Stenden, Saxion and Fontys universities of applied sciences. First, qualitative research will explore perceptions about the profession's image and the professional motivation of nurses. The influence of gender aspects and the place of science in nursing will also be explored.

- In addition, two pilot projects about ***interprofessional teamwork*** between the medical and nursing professions will be starting. One of the projects will follow how bachelor nursing

students who take a practical learning route and medical students experience joint work experiences. Another project will look into the perceptions and significance of compassion in the professional motivation of both disciplines. This will be done in collaboration with partners such as the UMCG (with the professor of innovation in medical education) and Compassion for Care Netherlands.

3. Nursing Research Culture: the positioning and appreciation of nursing science research and Evidence-Based Nursing Practice (EBNP) in the profession.

This third research theme focuses on strengthening and promoting a nursing research culture in which the application of EBNP is an integral part of professional practice. The objective of this line is to identify factors that improve the use of knowledge and information in daily care practices and to identify how care providers learn in relation to professional profiles and the various nursing professions and functions. It will also study what efforts are needed in this regard from certified nurse assistants and nurses from different educational backgrounds (including bachelor-educated nurses and trained nurse practitioners). It involves the use of various forms of knowledge such as scientific, professional and experiential knowledge related to direct case-studies, as well as the use of information about outcomes of care that are influenced by nurses and nurse assistants such as incidence and prevalence rates for falls, pressure sores and infection. Although this line of research has a clear relationship with improving the quality of care, the focus



is primarily on empowering the profession through an appropriate substantive positioning of nursing research in daily professional practice. The following projects are part of this research theme:

- The ZonMw-funded project **'Leerszaam Noord, samen werken, samen leren. De inzet van leernetwerken en de ontwikkeling van een leerwerkmethodode voor goede praktijkvoering door verzorgenden en verpleegkundigen in Friesland en Groningen'** (Learning and working together in the north. The use of learning networks and the development of a learning work method for good practice by certified nurse assistants and nurses in Friesland and Groningen). This project will study how nurse practitioners, nurses (at various levels) and certified nurse assistants work together in a learning team and learn according to a specific learning method. This will be done at five locations: MCL, UMCG, Revalidatie Friesland, Beatrixoord and ZuidoostZorg. The results should show whether the learning methods helps care providers in their professional role. In addition, it will look at whether this leads to care recipients actually having more input, receiving person-centred care and receiving more attention for their functioning in daily life. A PhD candidate will be appointed for this four-year project.
- The international project **"Ontbrekende verpleegkundige zorg, leiderschap en uitkomsten van zorg" (working title)** (Missed nursing care, leadership and outcomes of care). This project is being carried out with the Research Group Nursing Diagnosis at Hanze University of Applied Sciences Groningen and the Walter Schroeder Chair for Nursing Research at the University of Wisconsin-Milwaukee. The aim is to also involve MCL and possibly other Frisian hospitals and Martini Hospital Groningen. This project will look at missed nursing care and outcomes of care related to teamwork and nursing leadership.
- Other projects have yet to begin. One is focused on studying **success factors of a nursing journal club** on nursing units, where relevant nursing research publications are systematically discussed. Another is focused on studying the **opportunities for nursing research** (and nursing researchers) within the existing organisation (MCL, for the time being). Collaboration for these projects is sought with the science committee, the project FLOOR2020, training officers at the MCL academy and the nursing advisory board (VAR). The **Faith project** from the Care and Welfare Research Group, of which this professorship is a part, was launched in Geriatrics and is under the leadership of fellow professor of applied sciences Finnema.



Fierljeppen – A traditional Frisian sport in which an athlete sticks the end of a long pole in a ditch and uses the pole's elasticity to nimbly jump to the other side of the ditch.

Source: Volkskrant newspaper; Illustrator: Merel Corduwener

6. Professor and research group

The research group does not entirely consist of researchers of Frisian descent. However, the well-known Frisian skill of jumping over ditches is illustrative of the working method used by this research group. When obstacles arise, we do not frantically look for ways around them, but we capably and nimbly sail over them.

Margreet van der Cingel

Margreet van der Cingel (1961) began her career in the former Diaconessenhuis hospital in Groningen, where she trained in-service to become a hospital nurse and cardiac care nurse. After completing that training, she moved to the current UMCG, where she continued her career on the cardiac care unit. In addition to her work in staff and supervisory roles in the 1990s, she studied Nursing Sciences as part of a collaboration between the universities in Maastricht, Utrecht and Groningen. She worked as a head nurse, nurse manager and, in later years, policy and organisational advisor. She performed these roles at UMCG, and at UMC St-Radboud in Nijmegen and at the Gelderse Vallei Hospital in Ede. From 2003, she worked as a nurse lecturer and health scientist for the Nursing degree

programme at Windesheim University of Applied Sciences in Zwolle. In recent years, she worked as a senior lecturer and senior researcher and associate professor connected to the professorships Innovating with Elderly People, ICT Innovations in Health Care and Social Innovation.

She earned her PhD in 2012 with the dissertation "Compassion in Nursing Practice" and contributed to the development of the national educational profile Bachelor of Nursing 2020. She has written and published articles, books and textbooks about clinical reasoning, person-centred care, compassion and care ethics. Since February 2018, Margreet has been Professor of Nursing Leadership & Identity in the Nursing domain at NHL Stenden University of Applied Sciences and Medisch Centrum Leeuwarden.

Richtsje Andela

After earning her bachelor's degree in nursing in Groningen, Richtsje Andela worked on nursing wards focused on pulmonary disease, internal medicine and oncology at MCL from 1987–2001. After attaining her master's degree in Nursing Sciences, she started working on her PhD with a project at MCL about using a geriatric nurse to work with vulnerable elderly people admitted to the hospital. After she received her PhD in 2009, she worked on various projects as project leader at MCL. In her work at the MCL Academy, she focuses on EBP training, supporting employees and students on issues related to EBP, and research, policy and education issues. As part of the MCL, she has been a member of the national STZ network (a consortium of top clinical hospitals) for Nursing Research since 2005. Their goal is to stimulate nursing research and EBP in STZ hospitals and exchange experiences. She is also involved in the practical training of bachelor nursing students at NHL as an external examiner. In the Nursing Leadership & Identity professorship, she helps connect research in the professorship – especially the leadership research theme and nursing research culture – and nurses in day-to-day practice.

Elske Boersma-Jorna

After completing her in-service training to become a hospital nurse in 1984, Elske Boersma worked as a paediatric nurse and neonatology IC nurse at the former Bonifatius Hospital. In 2007, she completed nursing teacher training. She worked as a nurse at MCL and a nursing lecturer at NHL Stenden University of Applied Sciences until the end of 2018. At the end of 2008, Elske made the switch to the position of training officer at the MCL Academy in addition to her teaching position. After earning a master's degree in Pedagogy in 2014, she chose to fully commit herself to education at the Nursing programme at NHL Stenden. There she is mainly involved in the flexible part-time Nursing degree programme, for which she developed the curriculum. It is her contact with the workplace, the ability to supervise and monitor students there, that keeps her connected to the practice. At NHL Stenden, Elske has contributed to several projects focused on professional development for lecturers in the field of ICT and digital didactics. Since 1 September 2018, she has been part of the research group in the Nursing Leadership & Identity professorship, where she is active with the identity and leadership research themes.

Henriette Niehof

Henriette Niehof is a lecturer-researcher and, since 1 September 2018, a member of the Nursing Leadership & Identity professorship. There she studies nursing leadership in all competence areas of the nursing profession. Henriette studied nursing, followed the nursing teacher training and graduated cum laude as an educational scientist. She has worked as a neonatology and paediatric IC nursing lecturer-researcher. As a role model, the nurse leader can make a difference for care recipients and their relatives, colleagues, care institutions and society. Important priorities for her include contributing to professional practice (knowledge and research skills) and giving a quality boost to the university of applied sciences so its education remains up to date. Henriette is especially involved in the leadership and nursing research culture research themes.

Hanneke Rasing

Since completing her bachelor nursing degree programme in 2016, Hanneke Rasing has been working as a nurse in the internal medicine department at MCL. She is also a student in the Clinical Health Sciences master's degree programme (focus on Nursing Sciences) at Utrecht University. Since September 2018, she has been part of the Nursing Advisory Board (VAR) at MCL. Within the professorship, Hanneke works as a junior researcher mainly focused on the connection between developments at MCL, the profession and education. Her membership in the VAR gives Hanneke a clear view of what is needed in relation to nursing leadership at MCL in daily patient care. Henriette is mainly involved in the leadership and nursing research climate research themes.



"'Cats?' said the King absent-mindedly, without even lifting his head. 'Cats are four-footed creatures covered with fur. They eat mice, fish, liver and birds and communicate either in a purr or a caterwaul. They keep themselves to themselves and are popularly supposed to possess nine lives.'"

From: *The Cat that Looked at a King*.
In: *Mary Poppins Opens the Door*;
P.L. Travers, 1966.



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Appointing a professor focused on the nursing domain in a hospital context still is something special nowadays and, I would say, a testimony to leadership. In particular, I would like to thank Jelle Prins, dean of the MCL Academy, and Reinskje Suierveld, director of the healthcare academy, for their support and efforts in the creation of this professorship. They have been the driving force behind the initiative to bring this professorship about and were the first to shape collaboration as such in the region.

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work with you. We have regularly crossed paths throughout the country since we met, but to work together as fellow professors: I could not have imagined that in my wildest dreams! Thank you for your ongoing support. Of course, my thanks also go to the brand new research group members: Richtsje, Elske, Henriëtte, Hanneke and Margriet, you're the best! Together we will create something really great for the profession. Your enthusiasm and motivation are inspiring. Also, to the team leaders Quinten, Paula and Ineke and all my colleagues in the nursing degree programme, thanks for your confidence and enjoyable mutual collaboration. I hope to make this as intensive as possible! 😊 Last but not least, I also thank the students who participate in the research at the professorship. I thank both the bachelor's students who do their graduation internships with us and the master's students who make great contributions to the themes of the professorship.

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less well-known nursing leaders. I think it's great how you publicise your research, into which you invest your heart and soul. Thanks for that.

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