

## Clinical and Strategic Leadership: A Competency That Can't Be Postponed

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Healthcare organizations have faced major challenges in controlling the COVID-19 pandemic, mobilizing the entire nursing workforce to counter its advance. Similarly, the pandemic has highlighted the inequalities associated with the nursing, generating a call for recognition of the profession, better working conditions and the strengthening of nursing leadership. <sup>(1)</sup> In this context, the development of nursing leadership is an imperative.

Nursing clinical leadership is evidenced by the commitment, influence and accountability involved in the safe care of patients, as well as by the performance in accordance with regulations and the consolidation of intra- and interprofessional collaboration focused on the patient, his family and environment. Nursing has played a fundamental role in decision making and direct patient care during the pandemic, planning, health team supervision, organizational care restructuring, protocol updating, information management, and reinforcement of health professional staffing. <sup>(2)</sup> However, clinical leadership is a competence that has not been developed and valued either by nurses, managers, or organizations. <sup>(3)</sup>

Nursing professionals with leadership relationships are fundamental pillars that produce results from which many stakeholders benefit:

They enable healthy work environments.

They foster staff retention.

They increase positive patient outcomes.

Considering the significant impact of nursing care on population health outcomes and thus on organizational performance, why does the nursing profession, representing 59 % of health care professionals, continue to have limited participation in the strategic decisions of health care organizations? <sup>(4)</sup> The answer to this question requires that directors of nursing and their teams question the effectiveness of the exercise of strategic leadership in health organizations. For this to happen, this type of leadership must be translated into the development of the capacity of nursing managers to anticipate and work strategically with other managers to provide quality, efficient and effective health services to people and their environments. <sup>(4)</sup>

An organization that cannot fully utilize and mobilize the expertise of the nursing directorates is institutionally limiting the achievement of its performance objectives. <sup>(4)</sup> The patriarchal, hierarchical structure of healthcare organizations and the management culture focused on profitability, performance and results tend to marginalize the voice and contribution of nurses. <sup>(5)</sup> Likewise, it tends to limit the space for nursing opinion and participation in decision-making processes <sup>(4)</sup> and to segregate it to professional subordination and political passivity. Faced with this, it is urgent and contingent that nurses fully occupy the organizational decision-making spaces since these significantly impact nursing practices, the quality of care, and the humanization of health services to the population.

The absence of nursing from decision-making spaces has resulted in the design of public policies and programs with a limited vision and framed in the knowledge of biomedical tradition, excluding the integral and holistic view of care. On the other hand, nurses possess multiple clinical, professional, and scientific competencies that improve health care quality. Among these is the continuous evaluation of care, a fundamental competence to participate in the political and public policy process because it involves analyzing relevant issues, their background, and importance. Secondly, nurses understand people and, to understand a problem, it is essential to know who is affected and who is involved in trying to solve it. Finally, nurses are relationship builders, and the political process involves developing partnerships and networks to solve problems. <sup>(6)</sup>

The emergence of new models of care constitutes an advance in nursing's willingness to actively participate in the socio-political processes of the 21st century, whose emancipatory knowledge allows recognition of injustice and inequity and offers the possibility to reflect and act in defense of justice and human rights on behalf of patients, families, and communities. <sup>(7)</sup>

In this macro-political and social context, the nursing profession is inserted in a historical process that allows the emergence of new power relations that transcend disciplines and borders. The awareness is global concerning the limited participation of nursing in decision-making processes and organizational changes. This awareness requires a review of training and the creation of contingent spaces for North-South collaboration (e.g. *Reseau d'Infirmières Chercheuses Canadiennes et Latinoaméricaines dans les Organizations de Santé*, REICLOS). Spaces where the integration of gender and sociocultural perspectives are focused on developing new knowledge with renewed praxis to exercise clinical and strategic nursing leadership that converge towards equitable, fair, and humanized health services.

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