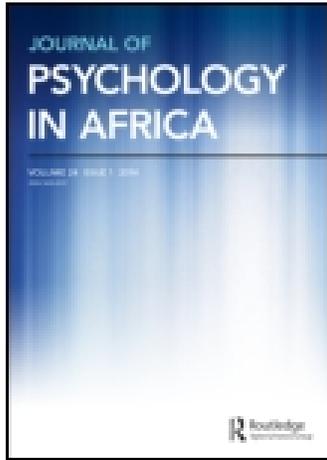


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Exploring Leadership Hubs as an Intervention in Strengthening the Resilience of Health Caregivers

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This article reports the findings from an intervention to strengthen the resilience of leaders of health caregivers involved in HIV and AIDS care across 4 countries, namely South Africa, Uganda, Jamaica and Kenya. Data on participants' experience of how their involvement in a leadership intervention (Leadership Hubs) contributed to their resilience were collected using 23 focus group discussions (n = 136) and individual interviews (n = 12) with the health care leaders. Data were analysed by means of thematic content analysis. The results indicate that involvement in Leadership Hubs strengthened the resilience of participants. This was evident from a more positive mind-set and their improved confidence to be involved in problem solving, policy making, research, further studies and collaboration. Members' resilience was thus enhanced including their abilities to access external resources (e.g., time and management) to initiate and support action plans.

Keywords: health caregivers, HIV/AIDS care, leadership hubs, resilience

Leadership and knowledge translation strategies have the potential to strengthen the resilience of health leader members (Edwards, Kahwa, Kaseje, Mill, Webber, & Roelofs 2007). The concept of Leadership Hubs has been adapted to health care stewardship in diverse settings. For instance, Leadership Hubs in South Africa, Uganda, Jamaica and Kenya form the main intervention to strengthen the capacity of nurses in HIV policy development (Edwards et al., 2007). The main objective of the LH's is to establish to what extent they have an influence on nurses' engagement in policy development and collaborative action to address HIV and AIDS in the four participating countries (Edwards et al., 2007). This objective is furthermore supported by creating a sustainable infrastructure for leadership capacity (Crisp, Swerissen, & Duckett, 2000) in research and knowledge translation by building a critical mass of hubs networking within and across the study countries. The LH's may consist of frontline nurses, nurse managers, nurse researchers, decision makers and community representatives and is drawn from different levels within the health systems. LH's meet regularly with the aim of participating in capacity building activities, making decisions on actions to be taken to improve current health care in their districts and importantly to discuss strategies whereby the members can influence policy (Roelofs & Edwards, 2007). LH members' resilience might be strengthened through appropriate intervention.

Resilience researchers seek to explore factors that allow individuals to successfully overcome adversity and even thrive while doing so (Huber & Mathy, 2002; Kaplan, 1999; Masten, 1999; Tedeschi & Calhoun, 2004). For example, Koen, Van Eeden, and Wissing (2011) observed that in spite of difficult work circumstances nurses still choose to remain in the healthcare profession despite demanding circumstances. They survive and even thrive while providing high quality care to patients in need. These authors developed strategies to

strengthen resilience, based on Kumpfer's model of resilience (Kumpfer, 1999) and addressing aspects in the internal and external environment of professional nurses. The overarching concept of resilience with its relating concepts is illustrated in Figure 1 (Koen, Van Eeden, & Wissing, 2011).

A person's well-being, for instance, can be displayed on a continuum, from pathology on the one end, through incomplete mental health or languishing with low well-being, to flourishing on the other end of the continuum. In the context of this study it is assumed that the stressful working environment can negatively affect the mental health or well-being of the hub members, but also that internal and external resources may maintain well-being despite the stressful context.

Coping is a resilience strategy that can alleviate stress when events challenge the routine predictions of the world (Kleinke, 1998). It is the effort made by an individual to manage situations that he/she appraises as potentially harmful or stressful (Kleinke, 1998; Lazarus & Folkman, 1984; Zeidner & Endler, 1996). In this study coping self-efficacy refers to the belief of the hub members that they could perform coping behavior that would succeed in dealing with the work stress they encounter.

Sense of coherence refers to a way of seeing the world which facilitates successful coping with the innumerable, complex stressors confronting people in the course of living (Antonovsky, 1987, 1993). In this study a high sense of coherence will be typical of the hub member that views the demands in her career as challenges worthy of investment, making sense of the stimuli in the working environment, finding meaning in it and coping with the stimuli with available resources.

Optimistic individuals are less likely to develop physical ill-health, depression or suicide tendencies when they face major stressful life events (Richardson, 2002). These individuals experience fewer and less intense negative emotions when they encounter obstacles to valued goals (Scheier, Carver, &

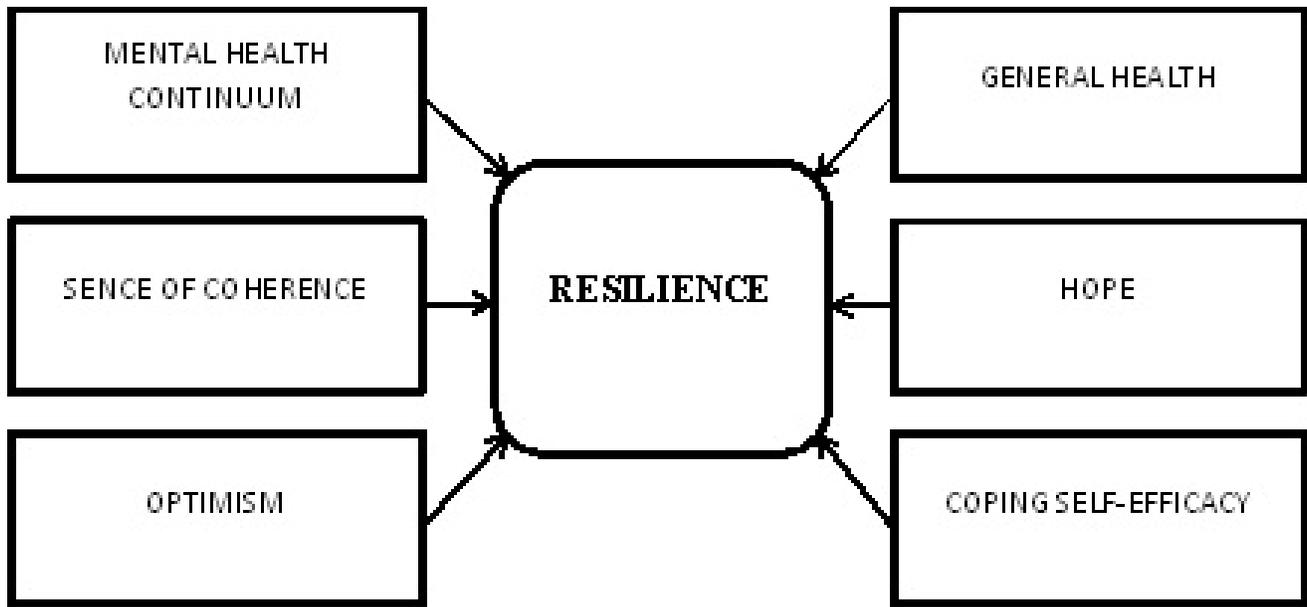


Figure 1. Resilience as the overarching concept

Bridges, 1994). High levels of optimism in this study refer to the lasting expectations of the respective hub members that what they do will turn out well and make a positive difference.

Hope involves two main components; the ability to plan pathways to desired goals and agency or motivation to use these pathways despite obstacles (Snyder, 2000). In this study high levels of hope will be typical of hub members who perform their duties with knowledge and skill (pathways) and are able to reach their goals effectively in their challenging work context.

Goals of the Study

The study sought to investigate how Leadership Hubs might strengthen members' resilience. Results could be used to translate already developed strategies (Koen, Van Eeden, & Wissing, 2011) to strengthen the resilience of LH professional nurses.

Method

The research design and method are discussed under the following headings: Research design, research method, population and sampling, data collection and data analysis.

Research Design

A qualitative, explorative and descriptive design was followed in order to explore and describe LH's as an intervention in strengthening members' resilience. The context was the LH's in all four participating countries.

Research Method

The research was conducted in two phases, namely a secondary analysis of existing data obtained through focus group interviews (phase 1) and individual interviews (phase 2). For phase 1 and 2 the team was assisted by a country specific research assistant (RA) with the logistics of collecting all the relevant existing data from the different countries, following up with the different Teasdale Corti RA's and to assist with data analysis of the existing data.

Participants and Setting

The study was part of the Teasdale Corti programme of research which had the goal to strengthen nurses' capacity in HIV policy development in Sub-Saharan Africa and the Caribbean through a network of Leadership Hubs. Participants ($n = 136$) were from four participating countries, namely South Africa, Uganda, Jamaica, and Kenya (see Table 1 and 2).

Data Collection

Data were collected through fieldnotes, focus group- and individual interviews. The data collection procedures and applications are described next.

Fieldnotes and Focus Group Discussions. The fieldnotes provided data on the insights of hub leadership members on change processes within the hubs with regard to HIV/AIDS care. Focus group data addresses approaches to change used, how leadership is or is not being applied to support change and sources of this leadership, how the health hub is functioning (its dynamics, clarity of goals, the strength of its internal and external vertical networks, its relational capital) and what challenges and enablers are being experienced.

Interview Data. The interview schedule focused on supportive and challenging aspects in the environment in terms of implementing the information learned and the strategies and action plans developed in the Leadership Hub in question.

Data Analysis

Data were scrutinized for themes relating to resilience. First, transcribed data were read, general initial codes were identified and codes were collated to form potential codes. Sub-themes and codes were also identified for each theme. A consensus meeting was held amongst the research team to confirm themes.

Ethical Considerations

Permission for the study was granted by the Teasdale Corti programme of research and other relevant Ethical committees.

Table 1

Phase 1 All-Inclusive Sampling as Used in the Teasdale Corti Programme of Research

Research Tool	Field Notes about Leadership Hub activities.
Recruitment	All hub members will be invited to participate.
Individuals	All Leadership hub members: Front-line nurse, Nurse manager, Researcher, Decision maker, Community representatives.
Countries	All participating countries: South Africa, Uganda, Jamaica, Kenya
Sample size	Three hubs per country
Data collection timing	Throughout the duration of the project.
Research Tool	Focus groups with Leadership hubs within each district.
Recruitment	All hub members will be invited to participate.
Individuals	All Leadership hub members: Front-line nurse, Nurse manager, Researcher, Decision maker, Community representatives.
Countries	All participating countries: South Africa, Uganda, Jamaica, Kenya
Sample size	12 Focus groups (n = 83); 3 Focus groups per country; 4-10 Individuals per group
Data collection timing	Beginning of project
Research Tool: Focus groups with Leadership hubs within each district.	
Recruitment	All hub members will be invited to participate.
Individuals	All Leadership hub members: Front-line nurse, Nurse manager, Researcher, Decision maker, Community representatives.
Countries	All participating countries: South Africa, Uganda, Jamaica, Kenya
Sample size	11 Focus groups (n = 53); 3 Focus groups per country; 2-7 Individuals per group
Data collection timing	Midway in the project

Note. Methods used were all qualitative. Sampling strategy was purposive.

Table 2

Phase 2 All-Inclusive Sampling as Used in the Teasdale Corti Programme of Research

Research Tool	Individual interviews with Leadership hub members.
Recruitment	Country RA's must recruit LH members whom have been part of the LH Since 2009 or whom have been part of the hubs for at least the last year.
	LH Members whom fall in the selection criteria.
	LH Members whom have agreed to participate in this tool.
Individuals	Leadership hub members: Front-line nurses, Nurse managers, Researchers, Decision makers
	LH Members who have actively participated in hub activities; LH Members who have demonstrated initiative & enthusias; LH Members who have demonstrated resilience; Member of the hub since 2009 (min 1 year).
All participating countries	South Africa, Uganda, Jamaica, Kenya
Sample size	12 Interview (3 hubs per country); 3 Members per country; 1 member per Hub
Data collection timing	End of project

Note. Methods used were all qualitative. Sampling strategy was purposive.

Informed consent was obtained from participants. Confidentiality of the participants and anonymity of data were ensured. Scientific honesty and rigour were ensured. Additionally, we explained the research to the research assistants during a teleconference, the research assistant was requested to sign a confidentiality agreement, and we ensured that consent was given with understanding and on a voluntary basis. Feedback on the research results were provided to participants by means of communiqués and strategy booklets.

Results and Discussion

Eight themes were identified from the analysis (see Table 3): Capacity building, gaining communication skills, problem solving skills, involvement in policy making, gaining research skills, opportunity to use already accumulated skills within the LH, opportunity to collaborate with others, and enhancing better working experiences. The other four themes were not related to the research question but more to the concept of resilience.

These included hope, optimism, positive mindset and positive expectations.

As apparent from Table 3, resilience was an integral aspect of LH members' lives and they might have had expectations, both on a personal and professional level, regarding improved resilience through their involvement in the LH. The themes suggest that members relied to an extent on external resources (e.g. time and management) to initiate and support action plans.

LH support intervention strengthened the resilience of the members. Although little information could be found regarding the link between resilience and leadership hubs and leadership in general, McDargh however mentions that leadership plays a big role in creating and strengthening resilience (McDargh, 2008).

Participants experienced a lack of mentorship in their workplace. However, they perceived to be resilient as to be able to go on and learn how to do their job. From the literature, a relationship between leadership and increased resilience exists (Harland, Harrison, Jone, & Reiter-Palmon, 2005). This relationship may be explained by the fact that increased resilience leads to improved confidence to be involved in problem solving, policy making, research, further studies and collaboration, as well as to a positive mind-set. Members' resilience was enhanced including their abilities to access external resources (e.g., time and management) to initiate and support action plans.

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Author Notes

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Table 3

*Results for Phase 1 and 2***Results: Phase 1 (resilience themes)****Capacity Building**

Gaining communication skills (includes using different forms of media, strategies for effective communication). To: gain access to information, effectively communicate with others, be able to use different forms of media.

Problem solving skills – To: solve work related problems, resolve problems in the LH.

Involvement in policy making – Stimulating leadership of nurses in policy making, desire to lead nurses in policy making, opportunity to be involved in policy making, stimulating capacity to link policies with daily work activities.

Gaining research skills – Encourage nurses to be involved in research, stimulate nurses' capacity to use research to solve day-to-day problems.

Opportunity to use already accumulated skills within the LH – Providing research support, encourage networking, opportunity to network with other nurses, organizations and other stakeholders.

Opportunity to collaborate with others – To: share experience, gain support, share ideas.

Enhancing better working experiences – Stimulate team work among colleagues, stimulate support from senior staff, encourage communication within the work environment, provides members with skills and knowledge they can share with colleagues, gaining opportunities at work through LH, LH participation influenced participation in decision making and sharing of information at work.

Other Themes

Hope – Hope to be able to solve the problems through LH, hope that LH will have a positive impact.

Optimism – Positive outlook on life, optimism of outcomes of the LH.

Positive mind-set

Positive expectations – Expect to gain more skills, expect to collaborate with other stakeholders.

Results: Phase 2**Supportive aspects of job and work environment in terms of implementing information learned and strategies and action plans developed in the Leadership Hub**

Internal – LH members developed awareness of the importance of policy, LH members discovered the importance of research in developing policies, and therefore now question the scientific foundation of policies, LH members realized the importance of their own studies as they realized that they have to be knowledgeable in order to influence policy.

External – LH experienced support from their management and other staff in terms of allowing their involvement in the LH.

Challenging aspects of job and work environment in terms of implementing information learned and strategies and action plans developed in the Leadership Hub

External – LH members became aware that current policy development excludes the input of the community and of nurses; LH members experienced lack of mentorship in conducting their work, and that they have to learn things by themselves; policies are imposed, and its scientific foundation and research evidence are not clear; due to heavy work load, shortage of staff, lack of funds and resources, and the system (management) not being ready for improvement, LH members are not always successful in executing new plans relating to research on policy involvement. They feel that this challenge should and can be addressed by re-planning.

How LH members manage to stay optimistic and hopeful in their effort to implement changes based on the hub work

Existing values that helped them to stay optimistic – Belief that I should make a difference, part of my character to want to make a difference

New skills and realizations that helped them to stay optimistic – LH members have developed as leaders, and the realization that they can make a difference motivated them to implement new plans. The hope that findings from the Teasdale Corti study will be communicated at higher level and make a difference/lead to change. This hope has increased as members realized that more nurses are getting involved in research. Consulting people and policies, LH members had to get information on how to handle complex situations. LH members were motivated by the fact that the Teasdale Corti research is directed to the work/program they are involved with, so as individuals they see the value of the research and are motivated and committed to see the research project being successful. LH members developed research-mindedness: when confronted with a problem, they now are aware of the importance and value of research in identifying and solving this problem within their team. Team problem-solving. Interactive learning

LH members experienced that their resilience have been enhanced – Developed as leader: To take the lead, to strategize and plan, management skills; learned the importance of obtaining information in order to influence policy; motivated to finish own studies; take responsibility to influence policy; developed confidence to influence others based on research evidence; research mindedness and awareness developed; can cope better with stress.

Other – More nurses should develop in terms of research, and should have more confidence to influence policy; there is a need for mentorship in research and that the LH's be rolled out nationally.