Strengthening Nursing & Midwifery Leadership in Kenya

Overview and Impact

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HIGHLIGHTS **in photos**

Introduction

Project context and purpose

This learning paper examines an innovative collaboration between the Florence Nightingale Foundation (FNF) and the Nursing Council of Kenya (NCK), alongside key additional partners, to strengthen nursing and midwifery leadership capacity in Kenya through a comprehensive leadership development programme implemented throughout 2024. The initiative comes at a critical time when global emphasis on strengthening nursing and midwifery leadership has never been stronger, yet healthcare systems face mounting challenges in developing and retaining future leaders.

In Kenya, where nurses and midwives constitute 70% of the health workforce, urgent concerns persist around workforce retention both in the professions as well as in the country. Kenya's National Nursing and Midwifery Policy (2022-32), developed by the Ministry of Health, provides a comprehensive framework to optimise nursing and midwifery services in the country.[1] This policy explicitly recognises effective leadership as crucial for quality healthcare delivery and for reducing attrition, yet many nurse and midwife managers lack the skills and confidence to step into their vital leadership roles.

Responding to these needs, this FNF and NCK programme specifically targeted mid-level nurse and midwife managers with specialist qualifications - a group identified as most likely to seek international migration - equipping them with skills to improve performance, increase confidence, enhance individual and team retention, and advocate effectively for workforce improvements.

Objectives

This learning paper aims to capture key insights and lessons learned by:

1. Evaluating the programme's effectiveness in achieving its core outcomes:

- Developing leadership capacity in 50 mid-level nursing and midwifery managers.

- Strengthening performance management and retention strategies.

- Enhancing participants' ability to advocate for and implement workforce improvements.

- Assessing the impact and reach of the developing community of practice.

2. Examining the effectiveness of the bi-directional learning model between Kenyan nurses and midwives in Kenya and those working in the National Health Service (NHS) in England.

3. Identifying key success factors and challenges in implementing leadership development programmes in resource-constrained settings.

4. Developing recommendations for sustaining and scaling similar initiatives in comparable contexts.

Audience

The findings in this report are primarily aimed at frontline healthcare workers, particularly nurses and midwives in leadership positions or aspiring to take on greater management and leadership responsibilities. Secondary audiences include healthcare policymakers, nursing and midwifery regulatory organisations or professional associations, and international development partners.

CALL TO ACTION

The collective experiences and solutions documented in this paper represent a significant contribution to the emerging body of knowledge on leadership development in low and middle-income country healthcare settings.

We invite practitioners from both partner countries to engage with these findings and leverage them to strengthen leadership capacity within their own institutions, recognising that meaningful international collaboration creates opportunities for mutual learning and system strengthening.

Context and Rationale

Context

Kenya's healthcare sector faces severe challenges, most notably a critical workforce shortage. With just 8.3 nurses per 10,000 people, the country falls well short of the WHO's recommended ratio of 25 healthcare professionals (counting only physicians, nurses and midwives) per 10,000.[2] This shortage is particularly acute in rural areas - while Nairobi has 9.7 nurses per 10,000 residents, Mandera county has just 0.1 nurses per 10,000.[3] The healthcare system operates across Kenya's 47 counties in a decentralised structure, with nurses and midwives delivering essential services from primary healthcare facilities to major teaching hospitals. Our leadership programme worked with nurses and midwives across both urban and rural settings, supporting Kenya's progress toward Universal Health Coverage as expressed as part of the United Nations Sustainable Development Goal (SDG) 3.[4]

Stakeholders

This project brought together several key stakeholder groups, including:

Lead organisations:

Florence Nightingale Foundation (FNF)
A nursing and midwifery educational charity based in the UK, with expertise in leadership development.

Nursing Council of Kenya (NCK)
The professional regulatory body for nurses and midwives in Kenya.

Additional Partners:

Kenyan Ministry of Health (KMoH)
A Government agency whose key mandate is to build a sustainable healthcare system for all Kenyans.

Kenyan Nurse and Midwives Association UK (KENMA-UK) A group consisting of nurses and midwives who have relocated to Kenya and are now working in the UK.

Royal Berkshire NHS Foundation Trust
One of the largest acute and specialist hospital foundation trusts in the UK, employing more than 7,000 staff.

Advisory Group:

Council of Governors
Comprises the Governors of county health services for all 47 counties across Kenya.

Participants:

- 50 strategically selected nurse and midwife managers (clinical and managerial) working across all 47 counties.
- A broader community of nurses and midwives invited to attend the monthly webinars.
- 25 mentors.
- 1 senior nurse accepted onto FNF's Scholarship Programme.

Rationale and alignment with global, national, and local policy

Mid-level nurse and midwife managers were targeted because they bridge frontline care and senior management, making them key to implementing health system reforms and quality improvements. This cadre also shows the highest risk of international migration due to limited career development, and their leadership directly influences whether other nurses and midwives intend to stay in Kenya's healthcare system. Additionally, as supervisors of the largest portion of the healthcare workforce, with responsibility for 80% of all health indicators, their enhanced leadership capacity has a multiplier effect on care quality and staff across the entire health system.

The project deliberately aligned itself with broader health objectives and priorities. At the global level, it supported WHO's Global Strategic Directions for Nursing and Midwifery (2021-2025)[5], International Council of Nurses position statements[6], and the WHO Global Code of Practice on International Recruitment of Health Personnel.[7] Nationally, it connected with Kenya's National Nursing and Midwifery Policy 2022-2032[1], Kenya Health Policy 2014-2030[8], and Kenya Vision 2030 healthcare goals.[9]

The approach

The project was structured around four key activities designed to build nursing and midwifery leadership capacity in Kenya:

The first component involved intensive face-to-face leadership training for 50 mid-level nurse and midwife managers, combined with ongoing development support over a 10-month period, including in Quality Improvement (QI) methodology. County CNOs strategically selected participants from every county across Kenya to ensure broad geographical representation and impact.

The second activity expanded the project's reach through monthly synchronous webinars over a 9-month period. These sessions aimed to reach 500 nurses and midwives across Kenya's 47 counties, democratising access to leadership development opportunities. The webinars created a platform for a growing community of practice.

The third component established a mentorship programme linking Kenyan based nurses and midwives with UK-based mentors from the Kenya Nurses and Midwives Association UK (KENMA-UK). This innovative approach facilitated bi-directional learning, allowing Kenyan nurses to benefit from international expertise while the 25 UK-based mentors gained insights into healthcare delivery in different contexts.

Finally, the project included the recruitment of one senior nurse/midwife leader to the FNF Global Scholarship programme.

These activities were interconnected and mutually reinforcing, creating multiple pathways for leadership development while building sustainable capacity within Kenya's nursing and midwifery workforce.

Innovation and scalability

A key innovative element was the project's approach to bi-directional learning through the partnership with KENMA-UK. Unlike traditional international partnerships that often follow a one-way knowledge transfer model, this project deliberately structured mentorship relationships that recognised and valued expertise from both the Kenyan and UK healthcare contexts.

The project introduced innovation through its collaborative approach to leadership development. Drawing on both FNF's established leadership model and our faculty members' extensive experience delivering leadership training for nurses and midwives across sub-Saharan Africa, the lead partners co-developed a programme specifically modified for the Kenyan context, with adjustments including:

- Integration of local clinical and cultural contexts into the leadership curriculum.
- Modification of delivery methods to combine face-to-face and virtual learning, making the programme more accessible and cost-effective.
- Creation of communities of practice that extend beyond the formal programme, supporting ongoing professional development and networking.

The potential for sustainability and scalability is built into the project design. The mixed delivery model reduces costs compared to traditional face-to-face training, making it more financially sustainable. The virtual components can be easily scaled to reach more participants across Kenya's counties, while the establishment of communities of practice provides a framework for ongoing professional support and development.

Furthermore, the programme's success and established educational tools enable replication through a 'train-the-trainer' model, creating opportunities for continued growth in leadership development across the healthcare system.

Methodology

Project Design

The project is a health workforce strengthening initiative focusing on leadership development and retention of nurses and midwives in Kenya. The design centres on three primary aspects: leadership capacity building, workforce retention, and international knowledge exchange. The expected project outcomes include:

- Nurses and midwives showing increased confidence in their leadership skills and abilities.
- Nursing and midwifery professions have raised profiles and reputations.
- The development of an active community of practice of mid-level nurse and midwife managers from Kenya and the UK to support each other in ongoing leadership development.

Interventions

As detailed above, the programme involved four interventions:

1. Leadership development programme

The programme was co-designed by FNF and NCK, drawing upon FNF's core curriculum for UK-based nurses and faculty members' extensive experience in leadership development across the region to ensure local relevance and applicability to the Kenyan context. The learning methods consisted of interactive sessions, group work and discussions, panel discussions, practical exercises, project development, peer learning via Nightingale Frontline ® co-consulting groups, action planning, and webinars. The curriculum focussed on:

- **Leadership foundations** (self as leader, building authority and confidence, managing upwards).
- **Change management** (QI, negotiating for resources, budgeting, leadership styles).
- **Workplace environments** (morale and productivity, safe working environments, inspiring others, retention strategies, appreciative inquiry techniques).
- **Workforce development** (scope of practice maximisation, career progression planning, safe staffing, labour disputes management).
- **Communication and influence** (elevator pitch development, stakeholder mapping, action planning for change projects).

Click here to see an image gallery from the residential training day.

2. Webinar series

The webinar programme consisted of monthly synchronous sessions designed to reach 500 nurses and midwives across all Kenyan regions, running for 9 months between May 2024 and January 2025. These sessions created a platform for knowledge sharing between local and global nursing leaders. The webinars served as a complementary component to the intensive leadership training programme, democratising access to leadership development opportunities and supporting the broader goal of strengthening nursing and midwifery leadership across Kenya. For an overview of webinar speakers and topics see the Appendix.

3. Mentorship programme

The mentorship programme paired Kenyan nurses and midwives with mentors from KENMA-UK, leveraging the expertise of Kenyan diaspora nurses in the UK to support professional development and leadership growth. Through structured mentorship and knowledge exchange, mentors and mentees engage in bi-directional learning, with relationships focused on local healthcare challenges while building lasting professional connections between Kenyan and UK healthcare systems.

4. FNF Global Scholar place

The FNF Global Scholar programme includes a residential leadership development programme, individual coaching and mentoring, bespoke development opportunities, and access to a network of global nursing and midwifery leaders. Following a competitive interview process, we selected a nurse manager with over 25 years of experience and a special interest in maternal and child health currently working within the County Government of Mombasa to be our global Scholar. The scholarship spans 18 months from April 2023 - October 2025 and outcomes will be captured outside of the period of this grant. This investment in advanced leadership development complements our broader programme by creating a champion who can sustain and expand nursing leadership development within Kenya's healthcare system.

Data collection tools and sampling

As outlined in Table 1, we used a variety of tools and methods to collect the data required for monitoring and evaluation purposes, including attendance trackers, surveys, and interviews. The project employed strategic sampling to select 50 mid-level nurse and midwife managers from across Kenya's 47 counties, ensuring representation across urban and rural settings and various clinical, policy, and educational roles. The data analysis framework focused on gender disaggregation as the primary analysis variable to understand the programme's differential impact on male and female participants.

Table 1: Data collection tools

No.	Method	Activity or outcomes measured
1	Leadership programme evaluation survey	• Participant experience • Participant satisfaction • Programme quality
2	Pre and post programme impact survey	• Impact on career development • Impact on retention • Impact on patient outcomes
3	Mentor participation tracker survey	• Mentorship attendance • Mentorship activities • Peer support levels
4	Webinar participation attendance tracker	• Webinar attendance
5	Webinar experience survey	• Webinar experience • Impact on skills development • Engagement with community of practice
6	Interviews with programme participants	• Impact of programme on career development • Impact of programme on retention • Impact of programme on patient outcomes
7	Focus group with lead partner organisations	• Lessons learnt

Implementation process

The project followed a structured 12-month implementation process from February 2024 to January 2025, with preliminary work beginning in late 2023 for partnership formation and grant acquisition. The core implementation phase launched in May 2024 with the intensive leadership training programme, followed by ongoing webinars and mentorship activities that extended through January 2025.

TIMELINE

February 2024

Project launch

March - April 2024

Development of programme curriculum, in-person mentor training day

May 2024

5 day in-person leadership training
Webinar series launches

June 2024

Mentor sessions begin
WEBINAR: Economic Power of Care

July 2024

Online Quality Improvement (QI) training session
WEBINAR: Stepping Out as Leaders

August 2024

WEBINAR: Personal Leadership Stories

September 2024

WEBINAR: Leading as a Nurse in Africa and the UK

October 2024

WEBINAR: Career Journeys and Motivations as Kenyan Nurses

November 2024

QI projects submitted
WEBINAR: Resilience and Perseverance - Personal Stories

December 2024

WEBINAR: Leading as Midwives

January 2025

WEBINAR: Leadership Panel Discussion
Celebration Event in Nairobi

Ethical considerations and confidentiality

Written informed consent was obtained from all participants during the face-to-face leadership training in Kenya and again during the Celebration Day. Verbal consent for audio recording was secured before any interview. The project stored all participant data in line with FNF's data and information security policy, ensuring secure data storage and handling.

Data analysis

We employed a mixed-methods approach to evaluate this programme. Quantitative analysis included tracking attendance for webinars and mentorship sessions, alongside pre and post-programme impact surveys. Qualitative data from participant and partner interviews and focus groups was analysed through detailed summary notes to identify key themes and patterns. QI projects were assessed using FNF's standardised marking template, which evaluated project scope, implementation, and measurable outcomes.

Limitations

The programme evaluation faced notable limitations, including a relatively short 12-month implementation period that constrained the assessment of long-term impacts on leadership development and workforce retention. Significant workload demands on participating nurses and midwives affected their ability to consistently attend webinars and complete QI projects within the designated timeframe. These operational constraints were identified at the project's outset and their impact is reflected in the evaluation results.

Results: outcomes and impacts

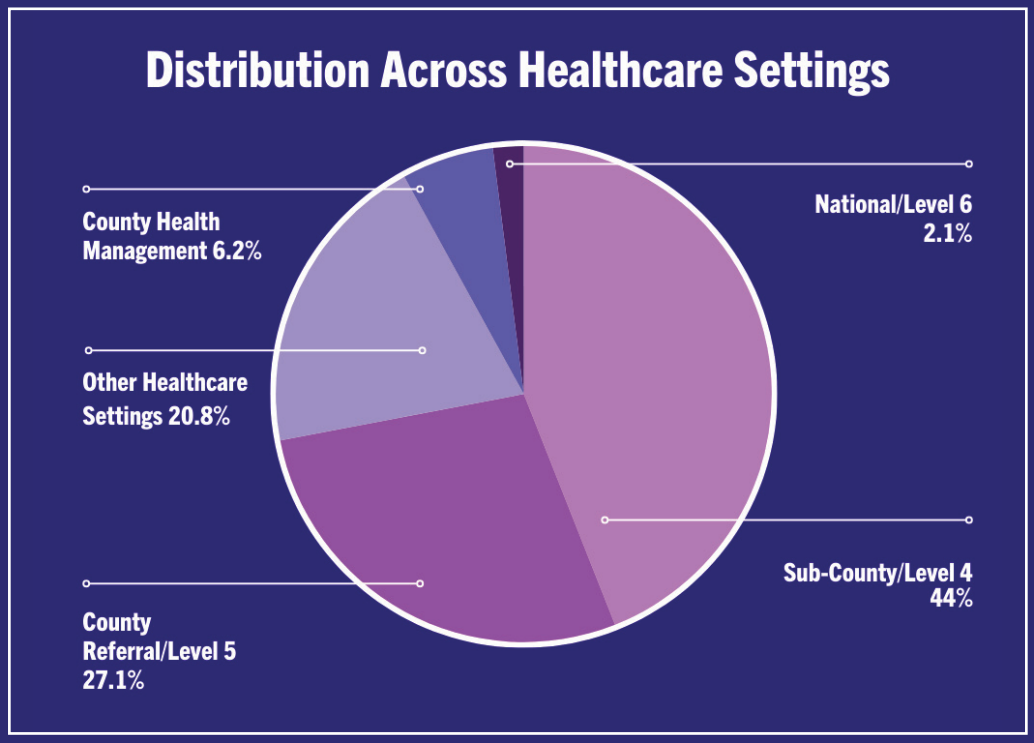
KEY FINDINGS:

- Participant leadership confidence increased dramatically, with 96% of surveyed participants feeling 'very' or 'extremely' confident post-programme (up from 18%).
- 85% of surveyed participants actively applied new skills in their practice, driving measurable improvements in patient care and staff performance.
- QI projects achieved significant outcomes, including reduced mortality, increased immunisation rates, and better infection control.
- The programme reinforced strong professional commitment, with 97% of participants reporting it highly or moderately influenced their decision to stay in the profession.
- The programme delivered substantial improvements in participants' self-efficacy across all measured dimensions, indicating the programme's success in building more confident and resilient healthcare leaders.

Participant demographics

By deploying a targeted recruitment strategy, we successfully recruited participants to all 50 places on the programme. Women made up two-thirds of the cohort (66%) and participants came from diverse counties across Kenya. The participants were highly qualified mid-level nursing and midwifery leaders, with 86% holding bachelor's degrees and 14% with master's qualifications, working across various healthcare facility levels (outlined in Figure 1).

Figure 1: Location of participant place of work (n=50)



Confidence levels

There was a substantial positive shift in leadership confidence levels amongst participants over the course of the programme. The percentage of participants feeling 'very' or 'extremely' confident in their leadership skills and abilities increased from 18% before the programme to 96% after the residential training. Those feeling only 'moderately' confident decreased from 54% to 4% as participants moved to higher confidence levels. The percentage with low confidence ('not at all' or 'slightly') decreased from 28% to 0%.

Skills development and application

Key skills developed and being applied include structured communication approaches (message triangle, elevator speeches), stakeholder engagement, change management capabilities, and strategic planning. Participants demonstrated particular growth in leadership confidence and authority, showing increased willingness to implement changes and guide teams.

39 participants (84.8%) reported that they continue to actively apply the skills learned during the programme in their current roles.

As one participant reflected: ***"I will apply more skills in my leadership. I will be able to share my vision to those working with me and support my team in realising the common vision. I will involve people more in decision-making."*** **County Gender Based Violence / MH Coordinator**

Some participants identified areas for continued development, particularly requesting more practice time through extended face-to-face sessions and additional management skills training to complement their leadership growth.

Making impactful change through QI projects

Making impactful change through QI projects demonstrated the programme's success in developing practical leadership skills. Participants led initiatives across six key areas - from maternal health to infection prevention control - with many achieving significant measurable improvements in healthcare delivery, improved processes and patient outcomes (see Table 2).

Click here to watch to some participants discuss their QI projects on our YouTube channel and click here to see a gallery of participant's QI projects.

Figure 2: Confidence levels before and after the residential training (n=50).

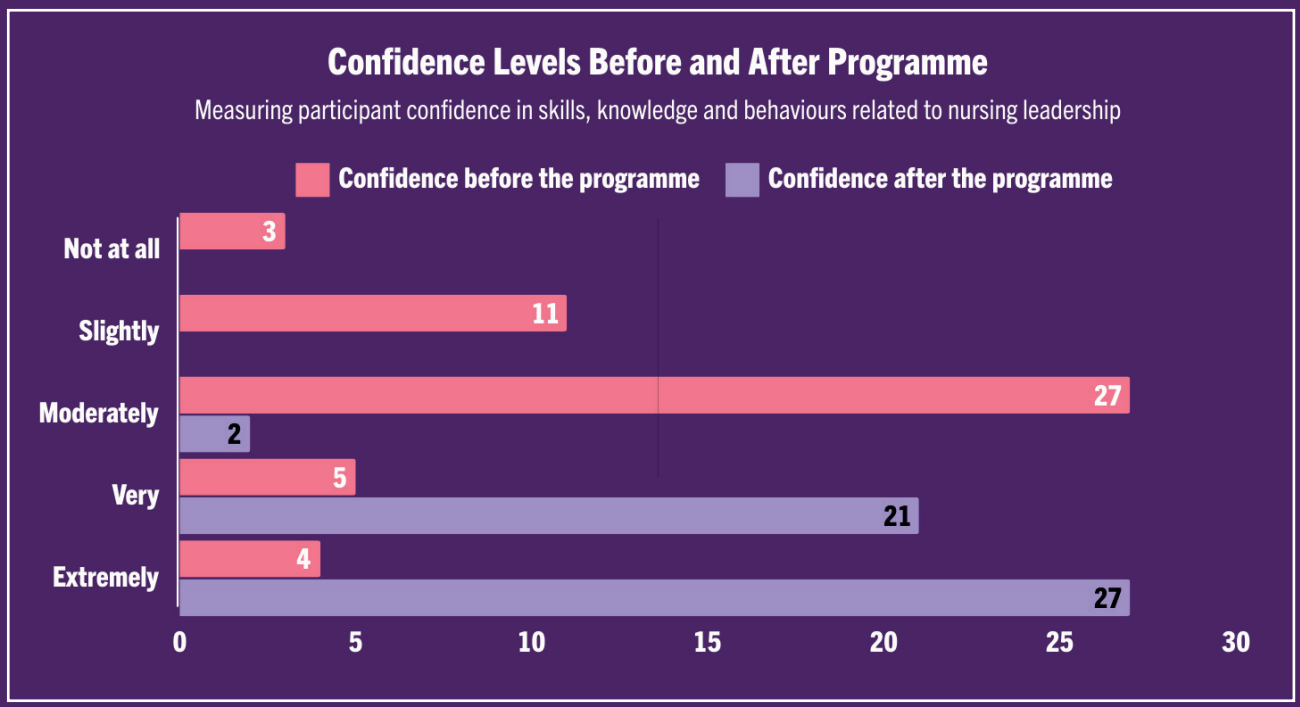


Table 2: Analysis of participant quality improvement projects (non-exhaustive summary)

Key Area	Description of initiatives	Outcomes	Impact
Maternal and child health (19 projects)	• Improved antenatal and postnatal care. • Enhanced neonatal services. • Strengthened family planning services. • Improved rates of skilled births attendance.	• Reduced maternal and neonatal mortality rates. • Improved service coverage.	• Better health outcomes for mothers and children. • Increased accessibility of services.
Clinical care quality (6 projects)	• Improved documentation. • Standardised handovers. • Enhanced emergency care protocols.	• Enhanced staff skills. • Improved patient safety. • Improved continuity of care.	• Higher quality clinical care. • Reduced errors and adverse effects. • Better patient experience.
Health systems strengthening (6 projects)	• Improved inventory management. • Optimised patient flow. • Enhanced resource utilisation.	• Greater operational efficiency. • Better resource allocation.	• Improved system reliability. • Reduced wastage and delays.
Community health (8 projects)	• Expanded gender based violence support service. • Increased health education. • Expanded immunisation programmes.	• Higher service uptake. • Increased community participation and engagement.	• Empowered communities. • Improved awareness of health services.
Staff development (6 projects)	• Clinical training programmes. • Mentorship initiatives. • Leadership development courses.	• Enhanced professional competencies. • Increased leadership capacity amongst staff.	• Improved staff retention and morale. • Sustained improvements in service delivery.
Infection prevention control (3 projects)	• Procurement of IPC commodities. • Committee formation. • Training staff.	• Reduced surgical site infections. • Improvements in infection control practices.	• Better patient outcomes. • Enhanced compliance. • Reduced hospital acquired infections.

Ann Lekenit's Quality Improvement project – a case study exemplar

Improving Skilled Birth Attendance in Narok West Sub-County

In Narok West Sub-County, Kenya, a QI project addressed low rates of skilled birth attendance. The sub-county, covering 755 square kilometres with a population of 80,000, faced healthcare access challenges due to its location within the Maasai Mara ecosystem. The project aimed to increase skilled birth attendance from 37% to 48% between June and September 2024.

The project implemented several targeted interventions:

- Onboarding 10 Traditional Birth Attendants (TBAs) and linking them with health facilities.
- Training 60 Community Health Promoters on effective client referral.
- Conducting 10 male forums to engage community decision-makers.
- Organising 4 community dialogues about hospital delivery benefits.
- Performing 3 supportive supervision visits to low-performing facilities.

These interventions led to a significant increase in skilled birth attendance from 37% to 50.9% over three months, exceeding the initial target.

The project's success was attributed to its focus on community engagement and recognition of local decision-making structures.

Retention

According to a recent study of nurse intention to leave (ITL) rates in Sub-Saharan Africa, nations in East Africa showed a concerning ITL rate of 58%, meaning over half of nurses intended to leave their positions.[10] Against that backdrop, our programme intention to stay data shows a remarkably different outcome.

Our data shows a strong commitment to the profession among participants, with all surveyed participants indicating an intention to remain in the nursing/midwifery profession both before and after the programme. This represents a 100% retention rate. When looking specifically at intentions to remain in the professions in Kenya, there was a slight decrease from 87% pre-programme to 84% post-programme indicating they planned to stay. The desire to experience new health systems and expand their practice was a push factor for some, combined with the desire for better working conditions and more opportunities.

"I would like to practice in the USA. Better pay, better working conditions." **Critical care nurse.**

"I would like to practice my nursing abroad to experience how different care is abroad compared to Kenya and learn more skills." **Clinical practice nurse.**

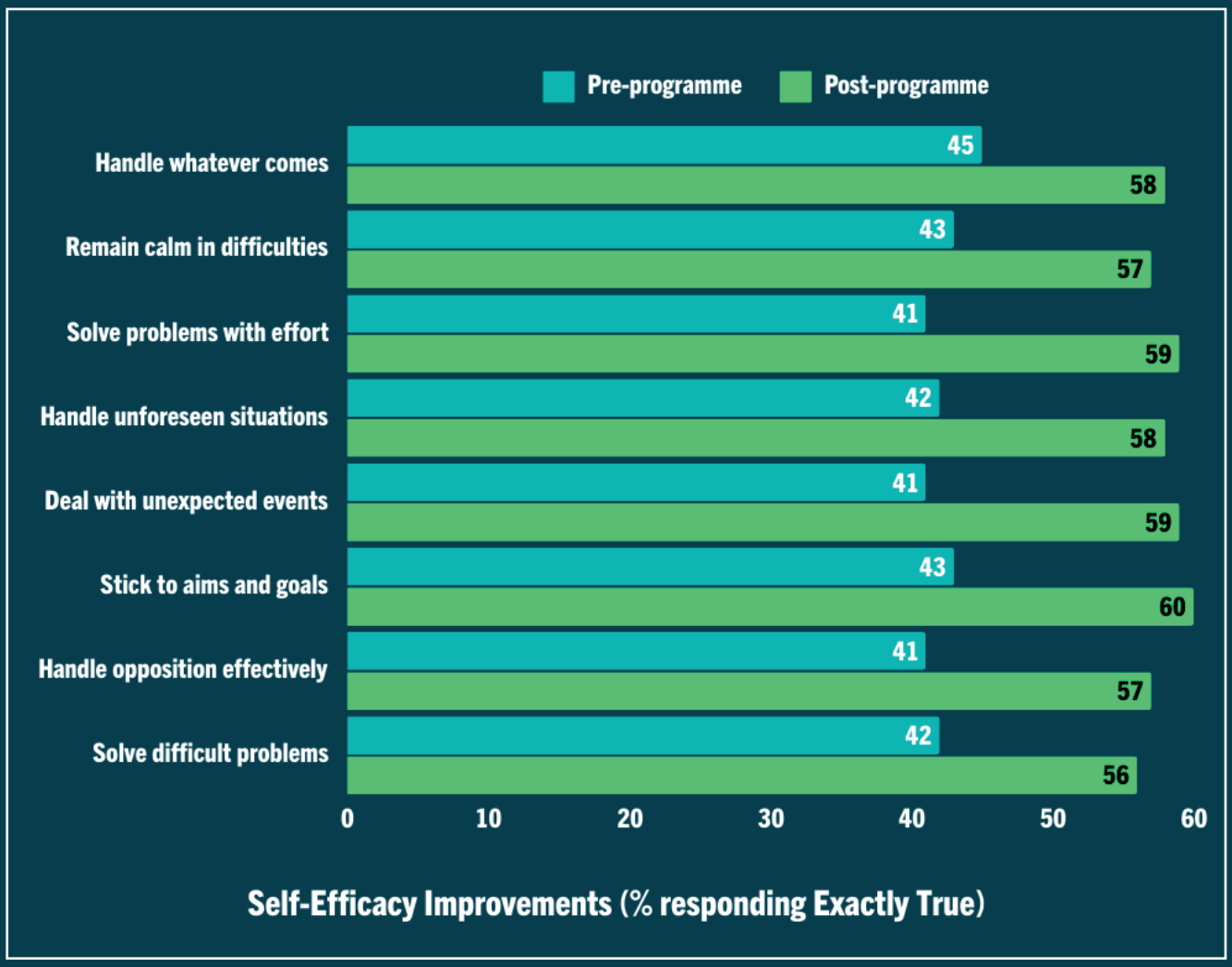
However, the programme itself appears to have had a significant positive influence on retention decisions:

- 81% of surveyed participants reported that the programme was 'Highly influential' in their decision to stay in the profession in Kenya.
- 16% indicated the programme was 'Moderately influential'.
- Only 1 participant (3%) found the programme 'Not influential at all'.

Self-efficacy

The programme has led to measurable improvements in participant self-efficacy – the belief in one's ability to successfully execute tasks or achieve goals in a particular situation. The consistent pattern of improvement across all measures for the majority of respondents (see Figure 3) suggests that the programme was effective in building participants' confidence and capabilities across multiple dimensions of leadership and professional practice. The most substantial improvements were seen in problem-solving capabilities and solution-finding.

Figure 3: Self-efficacy scale before and after the programme



CASE STUDY:
Anne Mumbe's story

Ann Mumbe, Nurse in Charge of maternal and child health family planning department at Makueni County, a Level 4 hospital.

"Before starting this programme my confidence level was down and I had not embraced the qualities and attributes of leadership as I would have wanted to.

Some of the main challenges that I face as a leader in my department are staff shortages and lack of resources. There is also a challenge regarding the number of teenage pregnancies we are seeing. These girls, they dropped out of school due to the pregnancies, they come in distressed, they fear labour, they lack any support for their mental health, they are really battling a lot within themselves.

Since this leadership programme started I have got a better understanding of myself as a leader. I have learned that the potential for me to be a better leader is deep inside me. I need to extract this, and exercise confidence. I've also learned about maintaining and implementing authority. I have to come out of my comfort zone and challenge myself: challenge my knowledge and my attitude and change my behaviour, bringing a change to my workmates, my colleagues and to the patients.

My next steps within this leadership programme are that I've always desired to get into the research and project work space. In my community and in my workplace there are a lot of issues that I believe, if I am open to the world and I research about them, both globally and locally in Kenya, I will get solutions to the local area. So that is one thing that I'm looking to do - find the space to work through several projects so that I bring a change to the community and leave a legacy."

Programme delivery feedback

KEY FINDINGS:

- 100% of surveyed participants would recommend the programme, with 92% rating it 'excellent' (66%) or 'very good' (26%), indicating exceptionally high satisfaction.
- The most valuable components were communication tools (particularly the message triangle and elevator speech techniques), authority/power dynamics training, and Nightingale Frontline® co-consulting sessions with peers.
- The primary suggested improvement was extending the face-to-face training duration from 1 week to 2-3 weeks, along with requests for more practical elements like field visits and meetings with experienced nurse leaders.
- The programme successfully established foundations for bi-directional learning between Kenya and the UK, creating valuable cross-cultural networks and communities of practice, with participants specifically highlighting the benefits of international knowledge exchange.
- NCK's exceptional organisational capacity was a critical enabler of success. Their ability to coordinate complex activities across all 47 counties, and deep understanding of Kenya's healthcare landscape ensured effective implementation.

Participant satisfaction

Participants rated the 5 day training programme incredibly highly, with 100% of surveyed participants indicating they would recommend the programme to others. The satisfaction levels were particularly high, with 66% rating their experience as 'excellent' and 26% as 'very good'. This response pattern was consistent across genders.

Participants frequently described the programme as transformative for their professional development. One participant noted it was "an amazing opportunity" and "very educative session and of value to my day-to-day engagement at work". Another described it as "a game changer", highlighting its practical impact on their leadership practice.

The learning environment received specific praise, with participants appreciating both the content and delivery. As one participant reflected: **"The experience has been eye opening, it was really motivating to exchange experiences with other course members. The facilitators were wonderful, well experienced and delivered the course content 100%".** ***Sub-County Public Health Nurse.***

Most valued components

The most frequently mentioned valuable programme aspects were communication tools, particularly the "message triangle" and "elevator speech" techniques. Participants also highly valued learning about authority/power dynamics and the interactive Nightingale Frontline® co-consulting sessions with peers. Career development guidance and practical change management skills were also consistently highlighted as important elements of the programme.

"The message triangle where I learnt how to package message, provide evidence and call for action. The message and authority triangle was amazing and very helpful. Applying elevator speech when given opportunity to address pressing issues at the workplace to the top management." ***Nursing Services Manager, County Referral Hospital.***

"Firstly, empowering the heart section was quite an eye opener because in my previous evaluation I did not find it easy to motivate others. I will apply this aspect in my day to day activities as a leader which will promote team spirit in my team. Secondly, packaging of messages to qualify my ideas is helpful both in my leadership and in my professional growth."
Senior Nursing Officer, County Government.

Aspects for improvement

The primary recommendation for improvement was to extend the face-to-face training time, with many participants suggesting 2-3 weeks instead of 1 week. While this longer duration could potentially enhance learning outcomes, several practical constraints needed to be considered, including training costs and the challenges of securing extended release time from healthcare facilities for working nurses.

Faculty members echoed the participants' sentiments about the compressed delivery timeline, which was primarily dictated by grant period requirements. In their reflections, faculty noted that a longer programme would allow for deeper exploration of complex topics and more interactive learning opportunities.

Participants also requested more practical elements including field visits and opportunities to meet experienced nurse leaders. Additional content recommendations focused on expanding management topics such as financial skills, entrepreneurship, and advanced nursing scope of practice. However, it's worth noting that a significant portion of participants (20%) felt no improvements were needed to the current programme structure.

Bi-directional learning and a growing community of practice

Survey data and interviews show strong two-way learning between Kenya and the UK through both formal programme structures and informal communities of practice. Participants valued knowledge exchange with UK nurses, particularly through Nightingale Frontline® co-consulting and networking with international leaders. Many expressed interest in deeper international engagement through field visits and exchanges. The project also strengthened diaspora connections, with KENMA-UK now partnering with NCK to provide pastoral support to newly arrived Kenyan nurses through a buddying system that will have lasting impact.

Strong institutional partnership

NCK's robust organisational infrastructure and deep expertise in nursing education and regulation proved invaluable to the programme's success. Their sophisticated understanding of the Kenyan healthcare landscape, combined with their strong institutional processes and professional capabilities, ensured the programme's cultural relevance and operational excellence. This organisational maturity and professional competence was particularly evident in their ability to provide intensive QI coaching and mentorship support and adapt programme delivery to meet emerging needs while maintaining high standards of implementation.

Lessons learnt and recommendations

The implementation of this programme has yielded valuable insights for future initiatives aimed at strengthening healthcare partnerships and leadership development. These lessons span programme design, implementation strategy, and sustainability planning.

Programme design and content

The programme's success in building leadership capacity demonstrates the importance of tailoring international leadership models to local contexts. Several key design elements proved particularly effective:

- Combining intensive face-to-face training with ongoing virtual support created a powerful learning environment that balanced depth of engagement with accessibility.
- Incorporating practical tools like the message triangle and elevator pitch techniques gave participants immediately applicable skills.
- Using Nightingale Frontline® co-consulting and peer learning approaches helped build sustainable communities of practice.
- Including QI projects provided practical application opportunities while delivering tangible healthcare improvements.

However, participant feedback consistently highlighted the need for longer face-to-face training periods and more practical elements like field visits. Future programmes should consider incorporating more experiential learning opportunities.

Implementation and delivery

- Strong partnership between partner organisations is essential but requires clear role definition and robust communication channels from the outset.
- Partnership collaboration needs dedicated resources and consistent attention, particularly in contexts with frequent leadership changes.
- Face-to-face training was strengthened through joint facilitation between FNF and NCK, with FNF deliberately selecting facilitators who had lived/worked in sub-Saharan Africa alongside NCK faculty, ensuring both contextual relevance and sustainable capacity building within NCK.
- Mentorship programmes require careful structuring, including clear expectations, appropriate cultural considerations, and adequate support systems.
- QI projects need more comprehensive support, including protected time for participants, dedicated funding, and enhanced coaching in QI methodology.

Sustainability and Scale

- Building local capacity through train-the-trainer approaches helps ensure programme sustainability.
- Creating communities of practice supports ongoing professional development beyond the formal programme.
- Aligning with national health policies and priorities increases programme relevance and sustainability.

SUMMARY AND NEXT STEPS:

This project highlights the transformative impact of leadership development on nursing and midwifery in Kenya. Post-training, 96% of participants reported high confidence, with 85% applying their skills to improve patient care and team performance. QI projects led to successes like reduced maternal mortality and better infection prevention. Key lessons include tailoring leadership content to local contexts and aligning with national policies for sustainability. Despite challenges, the programme fostered a growing community of practice and showcased how leadership development drives systemic improvements.

Looking ahead, extending training, adopting train-the-trainer models, and strengthening partnerships will enhance impact. Embedding these lessons in funding and policy can position nursing and midwifery as key players in healthcare system improvements. The results emphasise the importance of investing in leadership for strengthening health systems in resource-constrained settings.

Building on the partnership's success, FNF and NCK have developed a multi-level dissemination strategy. The partners will present their findings at the International Council of Nurses (ICN) Congress in Helsinki, Finland in June 2025, sharing insights with the global nursing community. Additionally, FNF will leverage its international network of over 100 Chief Nurses to spread key learnings and best practices throughout healthcare systems in the UK and worldwide. Meanwhile, NCK plans to share the successful QI projects with County Governors across Kenya, creating opportunities for regional adaptation and scale-up of these proven healthcare improvements.

Appendix

Webinar series

Launch of the Webinar Series
9 May 2024

- Dr Judith Awinja, Ministry of Health, Director of Nursing Services.
- Prof Greta Westwood CBE, FNF CEO.
- Ms Khatra Ali, County of Governors.

Economic Power of Care
12 June 2024

- Howard Catton, CEO International Council of Nurses (ICN).
- Dr Edna Tallam-Kimaiyo, previous CEO General Secretary NCK.

Stepping Out as Leaders
10 July 2024

- Dr Judith Khanyola, Chair Centre of Nursing and Midwifery, University of Global Health Equity, Kigali.
- Dr David Benton, previous CEO of National Council of State Boards of Nursing (NCSB) USA and Interim Chair, FNF.

Personal Leadership Stories
14 August 2024

- Prof Mohamed Elmi PhD, Chancellor Rongo University Kenya.
- Ms Anne Mukuna, Director of Standards and Compliance, NCK.

Leading as a Nurse in Africa and the UK
11 September 2024

- Dr Rose Clarke Nanyongo, Associate Professor and Vice Chancellor of Clarke International University, Kampala, Uganda.
- Prof Heather Richardson, Director of Academic Learning and Action, Former Joint CEO of St Christopher's Hospice, London.

Career Journeys and Motivations as Kenyan Nurses
9 October 2024

- Dr Lister Onsongo, Registrar NCK.
- Sally Nyinza, President KENMA-UK.

Resilience and Perseverance: Personal Stories
12 November 2024

- Sue Tranka, Chief Nursing Officer Wales.
- Ahmed Dagane, CEO of the Kenyatta University Teaching, Referral, and Research Hospital (KUTRRH), Nairobi.

Leading As Midwives
11 December 2024

- Wendy Olayiwola BEM, National Maternity Lead for Equality, NHS England.
- Gill Walton, CEO Royal College of Midwives UK.

Leadership Panel Discussion
8 January 2025

- Dr Lilian Gertrude Dodzo, Deputy Director of Nursing and Midwifery, Ministry of Health and Child Care, Zimbabwe.
- Daniel Johnston, Associate Chief Nursing Informatics Officer, Director of Clinical Operations, INTL, NHS CSO Impritava, US.
- Vandana Iqbal, Director of Nursing at Clonskeagh Community Nursing Unit, Health Service Executive, Ireland.
- Dr. Paridhi Jha, Director Research and Training, Foundation for Research in Health Systems, India.
- Petrina Donnelly, Regional Director of Nursing and Midwifery for HSE Dublin & North East Region, Ireland.

References

1. Ministry of Health. "National Nursing and Midwifery Policy (2022-2032)." Repository KIPPRA, 2022. https://repository.kippra.or.ke/bitstream/handle/123456789/4103/National-Nursing-and-Midwifery-Policy-2022-2032.pdf?sequence=1&isAllowed=y.

2. World Health Organization. "Density of Nurses and Midwives." WHO. Accessed February 10, 2025. https://www.who.int/data/nutrition/nlis/info/density-of-nurses-and-midwives.

3. Ministry of Health. "Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya, 2015." Task Force for Global Health, 2015. https://taskforce.org/wp-content/uploads/2019/09/KHWF_2017Report_Fullreport_042317-MR-comments.pdf.

4. United Nations General Assembly. "Transforming Our World: The 2030 Agenda for Sustainable Development." UN Doc. A/70/L.1, September 18, 2015.

5. World Health Organization. "Global Strategic Directions for Nursing and Midwifery 2021-2025." Geneva: WHO, 2021.

6. International Council of Nurses. "State of the World's Nursing 2020: Investing in Education, Jobs, and Leadership." Geneva: World Health Organization, 2020.

7. World Health Organization, "WHO Global Code of Practice on the International Recruitment of Health Personnel." WHA63.16, 2010.

8. Ministry of Health, "Kenya Heath Policy 2014-2030", 2014: https://arua-ncd.org/wp-content/uploads/2022/10/kenya-health-policy.pdf

9. Ministry of Health, "Kenya Universal Health Coverage Policy 2020-2030", 2020: http://guidelines.health.go.ke:8000/media/Kenya_Universal_Health_Coverage_Policy_2020__2030.pdf

10. Ayalew, Emiru, Yohannes Worku, Abdela Tema, Sisay Shewasinad, Tsion Adugna, Bewket Tadesse, Haymanot Zeleke, Birtukan Getahun, and Simachew Kassa. "Nurses' Intention to Leave Their Job in Sub-Saharan Africa: A Systematic Review and Meta-Analysis." Heliyon 7, no. 6 (2021).

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