



Nurse Leadership Development Programs in Different Work Environments

Arneshuia Bilal, MSN Ed., RN CCRN K, Alexis Braxton MSN, RN, CEN, Iman Jones, MSN, RN, Virginia Nganga, MSN, RN, PCCN

INTRODUCTION

Leadership development is crucial in all aspects of nursing. Regardless of area of practice: bedside, management executives and even academia. Although it is hard to define leadership; it is a set of actions that lead others to work together to achieve a common goal. Miles and Scott (2018, p. 5) view leadership as not only a role but a process that is to be taught to all nurses. Nursing leadership is inherent to great outcomes. MacPhee et al, 2014 p. 5, explains the importance of effective leaders in this highly complex healthcare system, trained and competent leaders are linked to good patient outcomes and continuous staff engagement:

How do institutions (both clinical and academia) produce good leaders, who are able to take on and be resilient to the ever-evolving demands in healthcare? What role does academia play in increasing leadership skills for entry level nurses, so these nurses are prepared to delegate, communicate, influence and work in collaboration with interdisciplinary teams to improve patient care? An emerging theme from a survey conducted by this groups is the lack of standardized leadership training programs. Nurses working at the bedside, leadership roles and academia express lack of proper training citing a “learn as you go” system. This lack of proper training is inconsistent and leads to gap in knowledge. The product of ineffective leaders leads not only to poor outcomes but limited desire for novice nurses to step up to leadership positions. Although nursing is moving forward with standardizing clinical practices they are lagging in standardizing formal leadership and mentoring programs for future leaders.

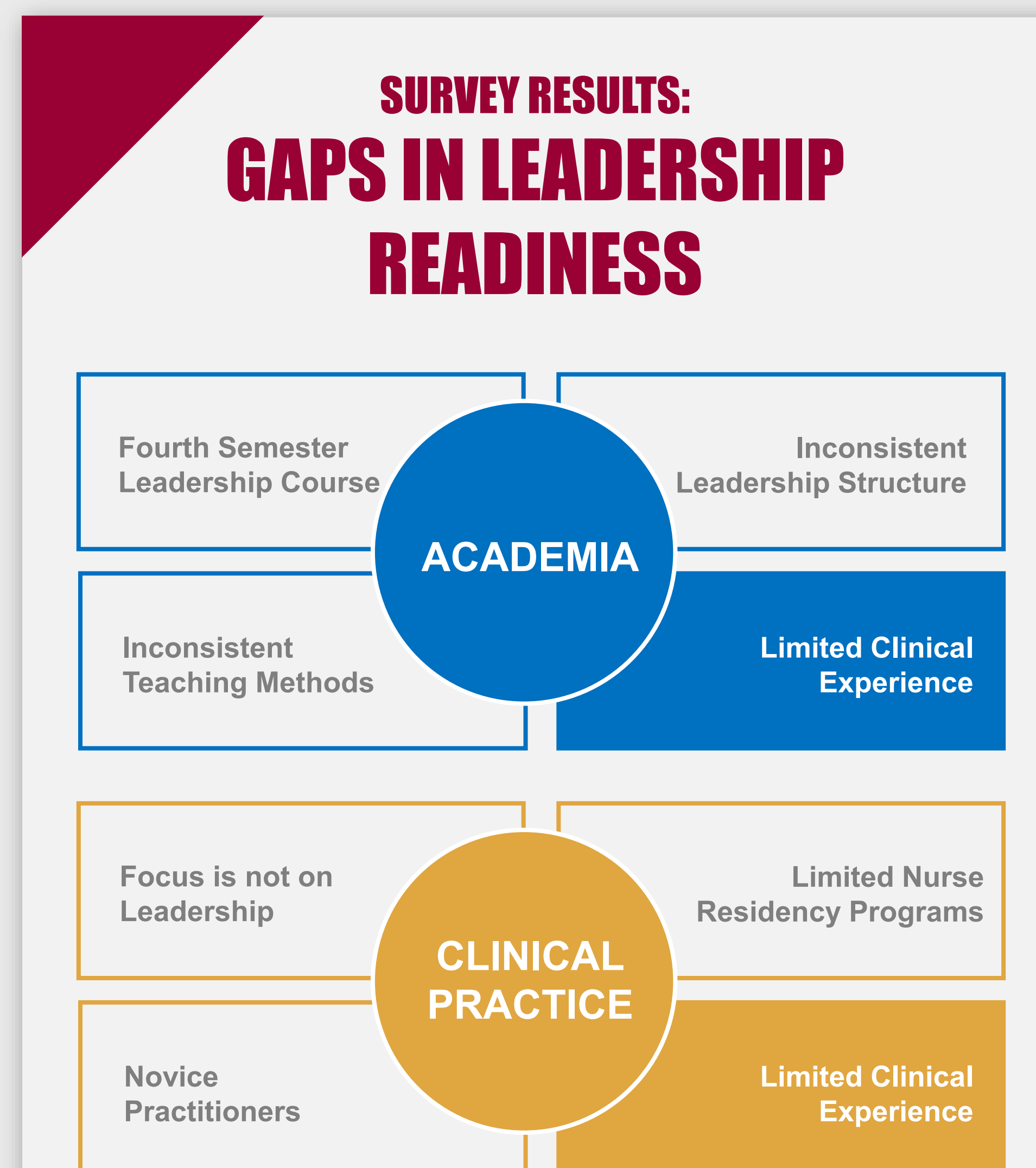
LITERATURE REVIEW

The development of a leadership model as a standard practice can be used across the spectrum from academia to clinical has yet to be standardized. Leadership has always been discussed in reference to formal leadership roles such as nurse managers and chief nursing officers. Al-Dossary (2017) propose “that leadership is not merely linked to top management levels, but it can be developed and implemented at bedside for nurses.” Establishing a model that focuses on student and novice nurses will help develop clinical leadership skills. Clinical leadership skills focus on patients and healthcare teams, allowing nurses to direct and support patients and healthcare teams when providing direct patient care (Al-Dossary, 2017 p. 251). Miles and Scott (2018, p. 6) states “despite the growing acknowledgement of a need for leadership development in all nurses, limited evidence or strong scholarship exist about which nursing leadership competencies are critical and how nursing leadership capacity can be developed. Furthermore, after a leadership model is developed training should be standardized for novice and experienced nurses in clinical practice. A Nursing Leadership Academy was developed in an organization that struggled with leadership development and succession planning. Attendance was required by all emerging nurse leaders. The academy consisted of four courses: foundational nurse leader course, innovative systems simulation, introductory class on nursing finance, and nurse leadership fellowship program (Shuckler, Bohling, Kneis, O’Connor, and Yee, 2016, p. 50).

Transformational leadership is a style of leadership envisioned to “motivate and inspire followers to pursue higher-order through the transformation of followers’ attitudes, beliefs, values, and behaviors” (To, Tse, & Ashkanasy, 2015, p. 543). Transformational leaderships can bring about change within an organization by influencing followers to reflect on their beliefs and values that are congruent with the mission and vision of the organization (Giddens, 2018, p. 117). In order bridge the gap in leadership development within academia and clinical organizations there has to be a collaborative unified consensus on defining an effective research based leadership style. The four concepts of TFL are individualize influence, inspirational motivation, intellectual stimulation and individual consideration (Giddens, 2018, p. 118). Leaders and followers play a significant role in the use and application of TFL.

METHODS & RESULTS

Our team used an informal questionnaire devised of nine questions to obtain information on practice setting, the definition of leadership, preparation for transition to nursing practice, gaps in expectations for new nurse graduates, recommendations in overcoming gaps and formal training used to develop leaders including students, new nurse in clinical and leadership roles. A total of 15 surveys were sent via email with nine responses. Resulting in a 60% response rate.



COMMONALTIES REGARDLESS OF ROLE INCLUDE:

- Development of a leadership identity
- Formal Mentoring relationships
- Defined competencies based on role and practice setting
- Utilization of a Standardized leadership development model

ROLE SPECIFIC RECOMMENDATIONS:

Nursing Student and New Graduate Nurses

- Residency/ Transition to clinical practice
- Enhanced articulation agreements between Academia and Clinical Practice
- Bedside Nursing Leadership Development Program

Experienced Bedside Nurses

- Bedside Nursing Leadership Development Program

Emerging and Existing Nurse Leaders in Academia and Clinical Practice

- Organizational Leadership Development
- Faculty Leadership Development

LEADERSHIP MODEL

The Nursing Development Leadership Model conceptualized by Miles & Scott (2019), demonstrates a comprehensive conceptual map to facilitate leadership development for pre licensure nursing students. Although this model addresses BSN level nursing programs it can be introduced to ADN level nursing programs in preparation for higher learning. The proposed leadership model has at it’s core positive change. Using nursing leadership to influence positive change with the aim of cost effectiveness, quality care and population health (Miles & Scott, 2019, p. 9). Extending from the circular inner core of positive change is individual values, group values and society values. Individual values encompasses consciousness of self, congruence and commitment not only to self but to the nursing profession. It includes envisioning goals, renewing and affirming values. Group values involves collaboration, common purpose and approaching controversy with civility. Additional the use of intra and interpersonal skills with a clear understanding of managing, explaining, unity and motivating. Society values incorporate citizenship, professional, organizational and societal service. (Miles & Scott 2019, p. 9). The outer most aspect of the circular model displays contextual intelligence; “the ability to assess variables that will influence stakeholder perceptions and actions, as well as cultural constraints and facilitators, and use the assessment to develop preferred influencing strategies. These are attributes we as nurses must aim for to solidify our greater role in nursing” (Miles & Scott 2019, p. 10). This proposed new model for nursing leadership can help guide curriculum development, structure leadership education and transcend to staff development programs beyond academia.

CONCLUSIONS

There is a need for leadership development for experienced nurses, regardless of role (faculty, bedside nurses, and formal nurse leaders). We believe that adoption of a standardized model for leadership development in nursing with help to address these gaps. The development of leadership skills in nurses requires a multifaceted approach involving multiple stakeholders. Research is needed to standardize programs and effective leadership models implemented across the continuum from academia to clinical practice.

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