

Strategic Design: *Filling Future Nursing Leadership Gaps*

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In a little over a 150 years, nursing has developed into a profession full of structure, processes, and outcomes surrounded by traditions. These nurses created professional associations such as the American Nurses Association, state boards of nursing in every state, and moved nursing from apprenticeship to university based education. In any one of those defining moments, the future may have

seemed uncertain. Nursing leaders in each era have always sought to ensure our profession carried onward successfully. This is not the first time generations have handed off within our profession, and it will not be the last. But this time, we have the knowledge and ability to strategically design a more structured professional handoff. It is not the change that is difficult, but the transition.

We are in the midst of unprecedented changes. From accountable care organizations and pay for performance, major changes in health care finance are sharply changing the horizon of possibilities from which nurses sculpt the future. A compounding factor in this change is the start of baby boomer retirements. Approximately 55% of experienced nurses intend to retire between 2011 and 2020.¹ These changes have elevated concerns from older, experienced nursing leaders who perceive a lack of up-and-coming leaders willing to take on their leadership roles.

There is not a lack of up-and-coming nurse leaders. This is about the shift of values, beliefs, and practices between generations in nursing as we move into the digital era and leave behind the industrialized age.² The concern that there are not enough nurses who want to assume traditional nursing leadership roles is true to the extent that younger nursing leaders do not want to take the roles as they are currently designed. Health care must look different in 5 years, and even more so in 30 years. Therefore our leaders and those roles must look different, too. The question is not who will take over the leadership positions of today, but what do those positions need to look like for tomorrow's nurse leader?

DEMOGRAPHIC CHANGES

Health care is changing faster today than at any point in history, whether we look at the composition, role, and scope of practice or location of care setting. One area that has been slowly changing over that last 30 years amid these rapid shifts is the composition of the workforce as baby boomers retire and the Generations X and Y fully enter the workplace. Globally, this will have lead to a workforce composition that is composed of as much as 75% Millennials by the end of 2015.³ Despite these overall workforce numbers, we will still have a shortage of nurses and nursing leaders. It is also estimated that by 2025, there will be a shortage of 260,000 nurses by the year 2025.⁴

Research continues to shed light on postmodern differences and important areas for employers to focus on attracting these generations as they grow in experience and seek leadership opportunities. A defining characteristic of both generations X and Y is the focus on a greater work-life balance because younger workers are less willing to sacrifice their home life for their corporate family.⁵ Studies show that 95% of Millennials cite work-life balance as the single greatest motivating factor when choosing an employer.⁶ Internationally, corporations are starting to shift organizational culture from one where individuals were recognized for staying late to get work done, to publicly posting those departments for whom employees stay the latest into the evening to work, not as examples of hard workers, but because they are not working efficiently enough to go home earlier.⁵

Additionally, an astonishing 91% of Millennials desire leadership positions, with 52% of these being women.⁶ One incredible potential among this desire to lead is the preference for a "transformational" leadership style that focuses on

empowering others through a desire to "want to challenge and inspire their followers with a sense of purpose and excitement."⁷ The best employee benefit selected by these generations are those that offer personal and professional development opportunities, along with career advancement potential, which can produce benefits in productivity, improved outcomes, and a more empowered workforce.⁶ Where baby boomers are loyal employees to organizations, today's employee no longer sees their career in terms of being in the organization, but in expanding and improving their capabilities and reputations within their professions.⁸

WHAT IS AT STAKE?

Retirement, particularly in nursing leadership roles, has a far-reaching impact, and our concern cannot be limited to just the acute care setting. Roles such as chief nursing officers, hospital directors, and charge nurses are just a subset of the needed nursing leaders for the future. As accountable care grows, with a shift in primary care focus, more nursing leaders will be needed in nonacute care areas such as home health, clinics, and nursing homes. This issue is not just a problem in health care and nursing, but organizations worldwide are grappling with career handoffs and retirement. For instance, American art museums state that more than a third of directors are 60 or older.⁹

Beyond patient care setting leadership roles, there is even less conversation. Who are the future deans of colleges of nursing, future executive directors of our state boards of nursing, and chief executive officers of our professional nursing associations? Who will be our future board members? Will we succeed in meeting Health People 2030 goals? The conversation about retirement and handoff needs to wildly expand to look at all these positions within each state and nationally as well as for potential positions that may not even exist right now.

Equal attention and priority should be given to large-scale professional talent mapping processes so that our profession can strategically develop a planned handoff to nurses who have developed leadership skills that can be applied to any setting. "Without planned transitions, institutional progress and regressions are overlooked."¹⁰(p.xxii) However, waiting any longer to start a perfect handoff based on older generation's values and expectations is detrimental to our profession. The longer the transition takes, the less value the younger generations will hold for these organizations and associations.

PREPARING FOR THE UNKNOWN

Current nurse leaders and academicians are busy preparing nurses for entry leadership and staff positions in hospitals, yet rarely for other settings despite knowing the change in the health care landscape. Even more troublesome is that no one knows what positions may even exist 10 years from now. According to CBRE, nearly 50% of occupations today will no longer exist in 2025.¹¹ The new jobs that will develop and evolve will require creative intelligence, social and emotional intelligence and ability to leverage artificial intelligence. These future, "holistic" workers expect the

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