



## Elevating Nursing Leadership at the Bedside

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### ABSTRACT

If we are to achieve healthy work environments that produce competent nurse leaders at the unit level, care must be taken now to ensure a talent pool of nurse leaders for the future. When nurses at the bedside share in the decision-making authority in their work environments, front-line leadership emerges. Growing talent from within at organizational, microsystem, and corporate strategy levels is important for succession. By investing in our front-line nurses, we can enhance leadership at all levels within the healthcare system and enable nurses to be well-positioned in effecting transformational change.

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“The nursing profession must produce leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions” – Institute of Medicine, 2010.<sup>1</sup>

The above quote from the landmark IOM report *The Future of Nursing: Leading Change, Advancing Health* is a call to action for the profession of nursing.<sup>1</sup> The complexities of today's ever-changing healthcare arena demand that traditional ways of improving clinical outcomes, providing high-quality, safe patient care and balancing fiscal accountabilities are challenged and that a transformation takes place within our healthcare system. Within this multi-layered system, where do front-line Neonatal Intensive Care Unit (NICU) nurses fit in as the future leaders of the profession? In order to sustain nursing excellence within our healthcare system, we must think differently about how we develop nurses so that a steady supply of competent, credible and visionary nurses is well positioned to lead our profession into the future.

But what does it mean to be a leader? Leadership can be defined as the ability to define a vision and guide individuals and groups toward that vision while maintaining group-promoting teamwork, commitment, and effectiveness.<sup>2</sup> In the nursing literature there is a plethora of research and commentary about nursing leadership within a formal context.<sup>3–6</sup> Fairly recently however, the acknowledgement and promotion of the bedside nurse as a critical leader within healthcare teams are starting to emerge.<sup>7–9</sup>

How do we engage all Neonatal Intensive Care Unit (NICU) nurses to become leaders? Benner's 1984 hallmark work, *From Novice to Expert*, provides a framework, however; leaders in formal roles within our healthcare organizations have an accountability to elevate the

leadership capabilities of front-line nurses in order to sustain our health system for the future.<sup>10</sup> In this paper several avenues at the organization, micro-system, and corporate levels for achieving such outcomes in the NICU will be explored. These include education, mentorship, expanded roles, practicing to full scope, and strategic leadership planning for the future. By investing in our front-line nurses, we can enhance leadership at all levels within the healthcare system and enable nurses to be well-positioned in effecting transformational change.<sup>10</sup>

### Promoting Healthy Organizational Culture

Creating a healthy organizational work culture is cited as a key aspect to developing NICU nurse leaders at the front-line and at all levels of the health provider spectrum.<sup>11,12</sup> When employees feel they are valued and supported, the result is a positive impact on staff satisfaction, retention, professional growth and quality outcome metrics. One way to achieve this at the organization level is through mentorship programs.<sup>13</sup>

Jeans asserts that “mentorship is learning in the context of career development and usually manifests as a supportive relationship with someone senior to the mentee” (p 29).<sup>14</sup> For the profession to advance, it is imperative that senior NICU nurses engage in mentoring new graduates and through this type of relationship, front-line nurses can gain both clinical wisdom and self-confidence in leadership at the bedside. The Registered Nurses Association of Ontario (RNAO) provides a strong Canadian example of linking with hospitals in Ontario to promote mentorship at the bedside. They endorse an 80/20 model of employment, whereby nurses 55 and over, in all sectors, spend 20% of their time on professional development or activities; especially mentoring new colleagues. Through programs like its Advanced Clinical Practice Fellowships, the RNAO partners with hospitals to provide funds for nurses at the bedside to engage in a 12- to 20-week program designed to provide them with an extensive mentoring

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experience to increase clinical, leadership or guideline implementation skills.<sup>15</sup>

### Leadership Strategies

Another organizational approach to elevating bedside leadership is to have formal leadership programs and make them available to nurses at all levels, not just at the management or executive level. For example, organizational development workshops should be made available to all staff to develop leadership competencies such as conflict resolution, being an effective communicator, creating an effective workplace, and career development planning. In the United States, several Magnet hospitals engage their bedside nurses in Clinical Ladder Programs (CLPs). CLPs are skill and competency-based and include four domains of practice, namely, clinical practice/case management at the point of service, quality, teamwork, and professional development” (p 503).<sup>16,17</sup> The CLP encourages and nurtures the professional development and practice of nursing at the bedside; and leads to improvements in nurse-sensitive outcomes such as better pain management and reduction of falls.<sup>18</sup> CLPs clearly show promise as an organization avenue from which to showcase and develop nurse leaders at the front-line.<sup>19</sup>

In addition to formal programs such as those previously discussed, healthcare organizations could consider building in leadership concepts in their orientation programs for new nurses. Nursing has traditionally been a clinically focused, task-oriented profession and it is time that clinical roles are seen as on par and intertwined with leadership.<sup>8</sup> These authors advocate for nursing orientation to give an introduction to the varied leadership opportunities available to nurses in order to strengthen leadership as an expectation of all nurses right from the start of employment.

As healthcare organizations face and prepare for the challenges of achieving quality patient care in a system fraught with fiscal restraints and workforce retention and recruitment demands, it is critical to elevate the leadership capabilities of bedside nurses as the future leaders. This is even more important in specialized areas like the NICU. Mentoring, formal leadership programs and leadership-informed orientations for nurses are some of the strategies that can help achieve these outcomes.<sup>20</sup>

While those in formal nursing leadership roles offer systems leadership skills to manage and mentor, “we should never underestimate the inner leader of the bedside nurse that models and empowers change through their ‘ways of knowing’ and bringing personal, empirical, aesthetic and ethical knowledge and understanding to their individual practice and team collaboration exchanges” (p 579).<sup>9</sup> In order to harness and develop this level of leadership, an examination of micro-system strategies is critical. These can include enhanced and alternative leadership roles for bedside nurses, practicing to full scope, front-line accountability for quality patient metrics, and the role of the unit-level manager in supporting bedside nurses on their leadership journey.

### Developing Nursing Leaders

The American Association of Colleges of Nursing (AACN) suggests that while there is ample evidence to support the need for recruitment of more nurses, “we must also focus on producing quality nurses who are prepared for leadership in all settings, who will implement evidence-based care with quality patient outcomes, who will practice to full scope, and who will create and manage micro-systems of care” (p 5).<sup>21</sup> One promising strategy is the role of the Clinical Nurse Leader (CNL). In this specialized role, the CNL practices at the point of care and functions as an expert clinician and leader within an interprofessional team. The role involves advanced education preparation in areas such as leadership in the care of patients across settings, clinical

decision-making, accountability for evaluation and improvement of point-of-care outcomes, and interprofessional communication to name a few.<sup>22</sup> Research illustrates that this alternative leadership role at the bedside contributes to positive outcomes for nurse-sensitive indicators and nurse and patient satisfaction.<sup>23–25</sup>

The CNL role can be essential to meet the demands and complexities at the micro-system level but often functions in a Monday to Friday day-shift capacity. In the “after hours” it is the charge nurse who assumes the leadership accountabilities and often this entails a senior bedside nurse simply assigned to take the charge role on the unit. This role should be further developed to better prepare charge nurses with leadership capabilities.<sup>26</sup> It is no longer acceptable for charge nurses to simply have superior clinical skills; they must also have sound leadership skills to deal with unit level complexities that demand emotional intelligence, delegating, conflict management and collaborating with interprofessional teams. In her qualitative study on the experiences of charge nurses in an acute care setting, Eggenberger found that “in these settings, charge nurses were provided with little continuing education for their leadership role and ... more structured orientation programs for charge nurses must be developed, given the scope of responsibilities and the level of leadership necessary to function on the unit” (p 506).<sup>27,28</sup>

Strategies to facilitate charge nurse development include standardized role descriptions and accountabilities to prevent role ambiguity, charge nurse orientation programs with built-in focus group evaluations from participants, and a follow-up mentoring process for continued support and leadership development.<sup>29–31</sup>

Aside from these singular roles, how can all bedside nurses be encouraged in developing leadership capabilities? One important strategy is for nurses to be supported in practicing to full scope. Nurses at the bedside not only set the direction, but also assist in problem solving and overseeing outcomes as demonstrated by their use of critical thinking, clinical leadership, case coordination, resource management and utilization.<sup>32</sup> When nurses are able to practice to full scope, it allows them full participation as valued members of the healthcare team and full opportunity to showcase their leadership skills and contribution to healthcare delivery in the NICU and across the organization. While many organizations and legislators are supportive of full scope, time and workload, and role ambiguity remain common barriers cited by nurses limiting their perceived ability to practice to their full scope.<sup>32–34</sup>

### Overcoming Barriers to Leadership at the Bedside

Front-line nurses must be engaged in transforming their own work environment while simultaneously taking accountability for improving patient outcomes. One example of how this has been operationalized is through programs such as the UK Releasing Time to Care™ (RTC™) and the American Organization of Nurse Executives’ (AONE) Transforming Care at the Bedside (TCAB). RTC™ and TCAB are both quality process improvement programs for healthcare delivery that engage bedside nurses to improve processes of care using a variety of straightforward tools and techniques such as rapid-cycle redesign and tracking quality patient metrics.<sup>35–37</sup> This allows bedside nurses more time with patients and at the same time provides opportunities for them to demonstrate their contributions to patient outcomes.

Since 2008, many hospitals across the UK, Canada and the USA have utilized these programs to involve front-line clinicians in the design and delivery of care on their units with positive results for both staff and patients.<sup>38,39</sup> When nurses at the bedside share in the decision-making authority in their work environments, front-line leadership emerges. In addition, Besner and colleagues suggest “employers and managers must engage health professionals in discussion of distinct and shared responsibilities among team

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