



Exploring leadership roles, goals, and barriers among Kansas registered nurses: A descriptive cross-sectional study

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ABSTRACT

Objectives: The Institute of Medicine's *Future of Nursing* report advocates for full nurse leader representation across multiple settings to address current challenges in our health care system. The purpose of this study was to examine nursing leadership development needs among Kansas registered nurses (RNs). **Methods:** Data were collected through an online survey and analyzed using quantitative and qualitative methods.

Results: Nearly 1,000 Kansas RNs participated. Most reported holding one or more leadership positions. Prevalent leadership goals were health care organization volunteer administrative roles. The most frequently identified barrier to developing leadership roles was time constraints. Many wanted to develop skills to serve on a board, 20% were interested in personal leadership development, and 19% in policy development.

Conclusions: Based on the findings, the Kansas Action Coalition leadership team is developing programs to address the leadership needs of Kansas RNs. By building capacity in advanced leadership roles, RNs will be better prepared serve as full partners and lead efforts to promote the health of Kansans.

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The call to nursing to participate in transforming the current health care system setting has never been stronger than through the [Institute of Medicine's \(IOM\) 2011](#) seminal report, *The Future of Nursing: Advancing Health and Leading Change* (FON). The IOM has

challenged nurses to develop their leadership skills and become more active in advocating for health care that is patient centered and evidence based. Although achieving better patient, community, and population outcomes is the ultimate goal of nursing practice,

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national stakeholders are asking nurses to take their leadership skills one step further. Being a nurse leader means boldly joining the ranks of the nation's health care decision makers in order to become full partners in redesigning health care.

The Kansas Action Coalition (KSAC) was established in 2011 to implement at the state level the eight recommendations brought forth in the IOM FON report. The coalition is working to advance the FON recommendations through the efforts of three teams focused on education, leadership, and practice. The teams have developed strategic plans for enacting the recommendations. The leadership team is focusing on leadership development. Before developing an action plan, the team needed to establish a baseline understanding of current registered nurse (RN) formal and informal leadership roles, leadership goals, and barriers preventing Kansas RNs from being leaders or seeking leadership development opportunities. The objective of this baseline assessment is to design leadership development programming in Kansas.

Thus, the purpose of this descriptive, cross-sectional study was to examine nursing leadership among the Kansas RN workforce. The specific aims were to identify nurses in Kansas who serve in formal and informal leadership roles, explore leadership goals, describe barriers nurses may face in moving into or serving in leadership roles, and determine professional leadership development needs.

Background

A fundamental goal of the U.S. health care system is to achieve optimum health outcomes among individuals, families, communities, and populations. Nurses comprise the largest segment of the health care workforce and provide the frontline services that influence patient safety, patient satisfaction, and quality of care. Although nurses provide key services and are repeatedly recognized by the public as the most trusted profession (Khoury, Blizzard, Moore, & Hassmiller, 2011), they are largely underrepresented at the highest levels of decision making in health care organizations and policy-making institutions (Khoury et al., 2011). In a 2010 survey that reviewed board membership of more than 1,000 hospital boards, nurses held only 6% of board seats, whereas physicians held 20% (Hassmiller, 2012). This discrepancy in representation may be associated with a perception of physicians rather than nurses as key decision makers (Khoury et al., 2011). Nurses must be represented in decisions about the health care system. Without a nursing perspective, changes will be less than optimal in meeting the health care needs of the population.

To improve the health care system, nurse leaders are needed across multiple settings, from health care organizations to community settings. Nurses are well qualified to cocreate innovative health care delivery

models that meet the needs of the public. Within the acute care setting, for example, nurses are instrumental to the delivery of high-quality, efficient care. With an increased focus on efficiency, patient-centered care, and safety, the voice of nursing must be heard at the highest levels of organizational leadership (Needleman & Hassmiller, 2009). Nurses also can lead change to improve the health care system at the population level (Lathrop, 2013). Given nursing's history of advocacy for individuals and populations, nurses are in a key position to lead and participate in interprofessional initiatives, community coalitions, and policy enactment to promote health equity (Lathrop, 2013). It is clear from the literature that skilled nurse leaders across settings and roles are needed, and leadership skill development is imperative. However, leadership skill development programming cannot be accomplished without understanding the areas in leadership skill development needed by nurses.

Methods

Survey Development and Data Collection

The KSAC leadership team, made up of a diverse group of nurses and nonnurses who are employed in formal leadership positions, including a director of the master's and doctorate of nursing practice organizational leadership programs, a vice president of patient services, a director for clinical excellence in nursing, and the Promoting Nursing Education in Kansas (PNEK) project team, created the 12-item Kansas Leadership and Mentorship Survey (KLMS) used in this study. Once the leadership team created the survey questions, the PNEK project team, consisting of two doctorally prepared nurses with experience in survey construction, organized questions and answers in the survey.

The survey questions were developed using information from the strategic planning process, a review of the nursing leadership literature, and content expertise in leadership development among the members of both teams. Because the underlying purpose of the study was to assess leadership development needs of Kansas RNs (vs. leadership process, leadership style, etc.), a targeted literature search was conducted to determine appropriate response choices for the survey items. A Cumulative Index to Nursing and Allied Health Literature database search for the years 2003 to 2013 using the terms leadership, barriers, and development resulted in the identification of 53 studies. Reports specifically relevant to this study featured U.S. and non-U.S. agencies, including acute care, long-term care, and military facilities.

Common barriers to leadership and leadership development included insufficient resources such as time (Burns, 2009a; Carney, 2009) and money (Davidson, Elliott, & Daly, 2006), heavy workloads (Burns, 2009a), organizational structures that prevent

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