

St. Catherine University

SOPHIA

Doctor of Nursing Practice Projects

Nursing

4-2017

Understanding the Lived Experience of Practicing Nurses and Their View of Leadership

Kelly Sanocki
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/dnp_projects

Recommended Citation

Sanocki, Kelly. (2017). Understanding the Lived Experience of Practicing Nurses and Their View of Leadership. Retrieved from Sophia, the St. Catherine University repository website:
https://sophia.stkate.edu/dnp_projects/76

This Doctor of Nursing Practice Project is brought to you for free and open access by the Nursing at SOPHIA. It has been accepted for inclusion in Doctor of Nursing Practice Projects by an authorized administrator of SOPHIA. For more information, please contact sagray@stkate.edu.

Understanding the Lived Experience of Practicing Nurses and Their View of Leadership

DNP Project

Submitted in Partial Fulfillment of the Requirements for the

Doctor of Nursing Practice Degree

Kelly Sanocki, MA, RN

April 2017

This is to certify that I have examined this
Doctor of Nursing Practice DNP Project
written by

Kelly Sanocki

and have found that it is complete and satisfactory in all respects,
and that all revisions required by
the final examining committee have been made.

Graduate Program Faculty

Name of Faculty Project Advisor

Dr. Nanette Hoerr

Dr. Nanette Hoerr, DNP, MPH, RN (electronic signature)

May 15, 2017

Department of Nursing, St. Catherine University

St. Paul, Minnesota

Copyright

Kelly Sanocki, 2017

All Rights Reserved

Abstract

The healthcare environment is constantly changing and since nurses represent the largest number of healthcare providers, nursing is well positioned to lead in the transformation of healthcare. However, not all nurses recognize themselves as leaders because of a perceived lack experiential knowledge or training. Understanding the leadership perceptions of nurses in practice is important, especially as increasing numbers of novice nurses are hired into positions that have historically been reserved for experienced nurses. For example, more novice nurses are hired into home care positions that require self-directed practice and the ability to demonstrate leadership abilities is called for. This qualitative study, designed to gain an understanding of nursing leadership perceptions, explores qualities integral to nursing leadership and considers strategies that support leadership readiness in novice nurses. Six nurses participated in individual interviews and data collected was analyzed for content. Five themes evolved, including: 1) The term ‘nursing leadership’ lacks common definition, (2) Leadership and management reflect different understandings, (3) Not everyone agrees with the premise that all nurses are leaders, (4) Experience is necessary for leadership, (5) Leadership skills can be taught, developed, and nurtured. This study offers several recommendations to create effective ways to build the “leader within.” A small sample size, suggests additional research is needed to validate the study findings.

Keywords: nursing, leadership, novice, leadership competencies, education.

Word count: 213

An increasingly complex and changing healthcare environment calls for strong nursing leadership and sources suggest that nurse leaders are critical to the management of emerging healthcare complexities (Gordon & Trey, 2011; Williams, 2016). A 2011 report, written by the Institute of Medicine (IOM), entitled *The Future of Nursing: Leading Change, Advancing Health* states, “although the public is not used to viewing nurses as leaders... all nurses must be leaders in the design, implementation, and evaluation of – as well as advocacy for – the ongoing reforms to the system that will be needed” (pg. 221). The following article describes challenges and barriers hindering achievement of the IOM (2011) recommendations for nursing leadership.

Background

Gordin and Trey (2011) challenge the notion that “all nurses are leaders,” pointing out that many nurses, especially those at the bedside, “do not display leader-like behavior because they do not view themselves as “leaders” (p. 115). The American Organization of Nurse Executives (AONE) differentiates the terms leader and manager based on assigned roles, titles and/or specific functions, duties and responsibilities. Dyess, Sherman, Pratt, and Chiang-Hanisko (2016) highlight the absence of an “adequate leadership pipeline” to prepare nurses seeking leadership roles (p. 1).

A lack of consensus about what it means to be a nursing leader significantly threatens certain aspects of the IOM (2011) report due to systematic barriers that prevent individual practitioners from acquiring the skills and knowledge to effectively “find the leader within,” a term coined by Gordin and Trey (2011). While this is viewed by some as an academic discussion, current healthcare trends demand immediate attention to this relevant issue. For example, statistics suggest that because there is an increased need for home care services, greater numbers of nursing staff are required to meet this demand (Foley, 2013). Home healthcare

agencies often end up hiring certain individuals who might be ill-prepared to lead based on a lack of previous experience or minimal exposure to leadership content while in school.

Home care requires nurses to practice more autonomously than others who work in structured environments, such as acute care (Mitchell & Oermann, 2017). According to the literature, community nursing is very different now than in years past when public health nurses (PHN) tended to provide the majority of services that occurred outside hospital settings. Home health care was considered a component of community health nursing and only nurses who graduated from baccalaureate nursing programs were allowed to apply for PHN certification and care for patients in their homes (Renpenning, Gebhardt Taylor & Pickens, 2016).

Historically, experiential requirements for PHNs practicing in community settings often required at least one year of acute care experience, however Foley (2013) concludes that current literature does not provide evidence to support this claim. Subsequently, novice nurses who haven't yet developed experience, or strong leadership skills, are frequently hired to work in home care positions (Foley, 2013). An increasing number of nurses with an Associate Degree in Nursing (ADN) are filling these positions, which may be problematic since standards outlining leadership competencies for graduates focus on the baccalaureate degree as a minimal standard requirement for professional leadership (AACN, 2008).

Problem Statement

Home healthcare nurses are often novice practitioners, who lack the academic and experiential preparation required for this role. Due to increased demand for services in community settings, many employers are challenged to fill these vacant positions. Home healthcare requires a high level of leadership ability and many nurses working in home healthcare lack certain qualifications necessary to be successful in this role.

Purpose of the Study

This study was inspired by a conversation with a nursing administrator who was frustrated with nursing staff who failed to perform as leaders. The organization provides primary nursing, a system of healthcare delivery that emphasizes continuity of services by having one RN, often teamed with others, provide complete care for a group of patients throughout their stay. This model requires nurses to function as a leader within the care team. The project was designed to explore the lived experience of practicing nurses who work in home healthcare and their view of leadership. With the release of *The Future of Nursing: Leading Change, Advancing Health* (2011), nurses are significant stakeholders in this discussion and their voices must be integrated into system change.

Theoretical Framework

Porter-O'Grady and Malloch (2017) describe leadership through the Dreyfus and Dreyfus skill acquisition model which concurs with Benner's novice to expert stages of competency development (Benner, 1984). When the frameworks are applied to this project, novice nurses, although exposed to leadership content during their academic programs, are not experienced and able to transfer leader-like behaviors and knowledge to practice. As nurses' progress through each stage, emotional intelligence progresses from active participant to dialogic engagement. This theoretical framework informs the question of whether all nurses, especially novice nurses, are prepared to be leaders during the early days of their careers. It is one thing to say that all nurses are leaders versus understanding how all nurses can be leaders.

Literature Review

For every nurse to function as a leader, regardless of practice setting, title, or assigned role, the concept of leadership must be defined. Because many nurses do not view themselves as leaders, this may be part of the problem. According to Northouse (2016) “in the past 60 years there have as many as 65 different classification systems developed to define the dimensions of leadership” (p. 5). Northouse (2016) describes a multitude of ways leadership has been conceptualized and the variability of definition is significant. Gordin and Trey (2011) define leadership as an internal quality and suggest a series of “skill-cepts” that can be developed to “find the leader within”. Leadership, from their perspective, is based on learned behaviors and is something that can be developed in every individual. Strickler, Bohling, Kneis, O’Connor, and Yee (2016) offer a four-tiered performance-based “clinical ladder” that focuses on “rising nurse leaders” (p. 42). Based on this framework, the authors imply that leadership is only for certain individuals.

Failing to define what is meant by the term nursing leadership is problematic. A quote adapted from Clark and Lang (1992) suggests the importance of ‘naming’ leadership and establishing collective understanding. *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011) envisions a future where all nurses are expected to function as leaders. What does this expectation mean for nursing? What has to change for this expectation to be realized? Although multiple leadership definitions permeate the literature, the definition offered by the IOM (2010) supports an inclusive approach to understanding leadership and “involves working with others as full partners in a context of mutual respect and collaboration” (IOM, 2010).

The IOM (2011) asserts that in order for nurses to be effective leaders, nursing education must prepare graduates accordingly. The National League for Nursing (NLN) outlines competencies for nursing programs across the “academic spectrum”, however it is important to note that leadership competencies for ADN-prepared graduates differ from those of baccalaureate, masters, and doctorate programs. The American Association of Colleges of Nursing (AACN) also delineates necessary curricular content and expected competences for graduates of baccalaureate, masters, and DNP programs in an *Essential Series*. Because ADN programs are not addressed in this series, individual schools must use their discretion when determining what leadership content is offered. RN-BSN programs largely focus on subject matter not offered in ADN programs, focusing on public health and leadership content. Associate degree programs are not required by nursing accreditors, whether the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE) to meet any defined standards that address leadership outcomes (AACN, 2013).

Experience is often associated with leadership and for many, the capacity to lead is an earned privilege or opportunity afforded only to those who have practical expertise. This commonly held belief is problematic on multiple fronts. Firstly, lateral violence is a reality in the workplace, with significant implications for new graduates. The adage, “nurses eat their young,” suggests that nurses earn the right to lead if and only after proving their worth. According to Roberts (2015), “there appears to be agreement that the basic etiology of lateral violence, bullying, and incivility is related to the way in which power and control is distributed in the workplace” (p. 39). Very few ‘young’ nurses assume leadership positions; youth is often a barrier that impedes acceptance and support from seasoned staff.

Demonstrating leadership readiness becomes a critical issue when novice nurses, defined as beginners with no experience, are expected to manage unfamiliar situations (Benner, 1982; Dracup & Bryon-Brown, 2004), resulting in a gap between employer expectations, the nursing leader's performance, and the reality of leadership readiness in nursing practice. If nurses are not academically and experientially prepared for leadership, how can individuals meet the expectations of practice? If individual nurses do not see themselves as leaders, what does this mean for the future of healthcare?

Finally, because of ambiguity surrounding the definition of leadership, certain practice settings are more conducive than others to the stereotypical understanding of the term, leader. For example, in the hospital setting, a nursing leader is described based on title, position, roles and responsibilities. Leader is differentiated from the term manager or staff. Hierarchies clearly delineate job titles based on power, accountability, and scope. If an individual nurse practices in a non-acute care setting, it is more difficult to understand the notion of leadership. How can one lead with no one to follow? How does leadership apply when comparing a team focus versus individual practice? Because leader-like behaviors required for home care are not clearly defined, novice nurses are apt to struggle thru learning trajectories, leading to frustration, job turnover, and increased costs to employers based on the associated hiring, training, and retaining staff (Olausson, Ekebergh, & Osterberg, 2014).

In summary, leadership is discussed in the literature at length, especially given the ever-growing complexities and fluidity of the health care system. In reviewing various sources, a consistent theme demonstrates that effective nursing leadership is crucial, especially when reviewing data on patient safety, health outcomes, and workforce issues (Sherman & Pross, 2010). The IOM (2011) recommends a "new style of leadership that...flows in all directions at

all levels” (p. 224). Therefore, it is vital that nurses understand what it means to be a leader and determine how best to respond to IOM’s (2011) position statement.

Methodology

This DNP Project utilized a qualitative design, based on structured questions, to guide one-on-one interviews with registered nurses employed in a senior living community, located in Midwestern United States. The project site offers independent senior living apartments, with optional home health care services. Each senior community is staffed by nurses, who manage and direct the care of individual residents.

Interview questions were developed based on a review of the literature. Approval for this project was obtained by the St. Catherine University Investigational Review Board (IRB).

Interview questions are included below.

- How do you define leadership in nursing practice?
- Do you consider yourself to be a nursing leader?
- Do you see a difference between leadership and management?
- What leadership qualities do you see as being important in your current nursing position?
- What difference do you see between a nurse who has strong leadership skills and a nurse who does not?
- Describe examples of ways leadership can be developed and nurtured in others.
- How important do you think nursing experience is to being an effective leader? How much experience does one need to lead? Please explain your answer.
- Can leadership be taught and if so, what topics would you like to see included in these teachings?

Of the six nurses who volunteered to participate in this project, five described themselves as 40 years or older. The sixth participant was in her twenties and a new nursing graduate. Educational preparation for study participants included Associate Degree (n = 3), Diploma (n = 1) and Baccalaureate (n = 2). Experience ranged from minimal (0 – 2 years) to those with over twelve years of work history.

Data Analysis and Recommendations

Following completion of each ninety-minute interview, the student researcher transcribed each recording and analyzed the entirety of text for themes. Themes were reviewed by interview participants to clarify content and analysis for accuracy. A list of recommendations based on project findings was created to offer guidance to both practice and academic settings to develop, support, and reinforce leader-like behaviors in all nurses.

Results

Theme 1: The term ‘nursing leadership’ lacks common definition.

As stated earlier, the literature provides multiple definitions and ways of understanding the term leadership. Northouse (2017) describes a multitude of challenges associated with defining leadership and presents an overview about how this term has evolved over the past hundred years. This continued ambiguity is consistent with project findings.

All study participants, including those who did not consider themselves leaders, defined nursing leadership based on their own understanding of this concept. For example, one participant defined a leader as someone who “sets standards, leads by example, and enhances the strengths of others.” When asked to define nursing leadership, participants described traits, characteristics, qualities, behaviors, tasks, actions, and job functions as a way of responding to this question.

One individual believes a leader models desirable behaviors and she likes to work alongside others, helping others as needed. “If I set a good example of being a hard, dedicated worker who wants the best for my residents, staff give it back to me.” Gordin and Trey (2011) concur with this study respondent, stating “nurses who can find their inner leader and use it in their practice, at whatever level of the organization they contribute, will find that they are able to positively impact patient care and outcomes” (p. 115).

A number of participants felt a nurse leader should be an active and empathetic listener, creative and capable of thinking outside the box, and have the ability to effectively communicate. In her theory of home health nursing practice, Neal (2000) alludes to the importance of communication and suggests home care nurses be autonomous and effective, and must first be effective communicators.

Many participants listed qualities or characteristics of effective leaders, including being approachable, ethical, honest, flexible, tolerant, positive, responsible and supportive of subordinates. Nurse leaders should be humble, confident, independent, and have the ability to think critically. When asked to define leadership in nursing practice, several individuals talked about inspiring and motivating others, delegating responsibilities, supervising and monitoring staff, advocating for others and ensuring operational effectiveness.

Suffice it to say that nurses are not united in their understanding, perception, or ability to articulate what it means to be a nursing leader. Dyess et al (2016) conducted a focus group with emerging nurse leaders and asked participants about their definition of leadership. The authors concluded that nurses “have extremely high, possibly unrealistic, expectations of their leaders” (p. 5). It is evident a gap exists between what it means to be a nursing leader and the expectation IOM (2011) describes for future nursing leaders.

Theme 2: Leadership and management reflect different understandings. A manager isn't a leader and vice versa.

Leadership and management are often used interchangeably, however many argue the fact that these concepts are very different. Kotter (1990) describes management “as providing order and consistency to organizations, while the primary purpose of leadership is to produce change and movement” (p 9-10). Referring to IOM’s (2011) vision whereby all nurse are leaders, differentiating leadership from management can be confusing and doesn’t necessarily clarify how nursing responds to IOM’s (2011) recommendation.

Interview text suggests that participants understand and define leadership and management differently, but collectively point out elements that often overlap. One participant noted that management is task oriented, result-focused, and more concerned with bottom-line issues. Leadership incorporates elements of management, communication, and personality.

A study participant talked about the difference between leadership and management based on one’s ability to influence change. “Change makers can be informal leaders because they’re the “boots on the ground.” Unofficial power within an organization often determines leadership and a title doesn’t always differentiate who leads. An interview respondent summarized the difference between a manager and leader, stating “I see management more as administration. I know plenty of managers who do not have leadership qualities and they’re not very effective. Nursing leadership isn’t about official titles.”

The American Organization of Nurse Executives (AONE) describes nurse leader competencies, however this group differentiates proficiencies by sub-specialty. For example, leadership is an element of each sub-specialty, but nurse managers focus on “the leader within,” while leaders in executive practice “set the vision for nursing practice in the delivery of safe, timely,

efficient, equitable and patient-centered care” (p. 3). The system chief nurse officer requires its own set of competencies, yet it is important to note when reviewing these guidelines that a manager is expected to lead and a leader manages. This is consistent with IOM’s (2011) following statement, “to be more effective leaders and full partners, nurses need to possess two critical sets of competencies: a common set that can serve as the foundation for any leadership opportunity and a more specific set tailored to a particular context, time, and place” (p. 224).

Theme 3: Not everyone agrees with the premise that all nurses are leaders.

An ongoing issue in this discussion is uncertainty about who and is not a leader. To better understand leadership from a practicing nurse’s perspective, interview questions explored qualities necessary for leadership. Interviewees easily described examples of strong versus weak or ineffective leadership skills. “A strong nurse leader is relatable, approachable, and effective. He or she is an active listener and an effective crisis manager. Weak nurse leaders or nurses with poor leadership skills, on the other hand are less assertive, laid-back, and tend to be ineffectual.”

Several interviewees considered a strong nurse leader as assertive and unafraid of confronting issues head on. “He or she should be self-motivating, creative, and team-focused.” This statement contrasts with a non-leader who is concerned with routine, everyday problems, and bottom-line issues, a contradiction to the AONE (2015) Nurse Manager Competencies, directing nurse managers, in addition to creating his or her inner leader, to be concerned with everyday concerns and bottom-line issues.

Many participants felt nurses with poor leadership skills demonstrate lack of patience with colleagues and are often self-focused. One individual expressed her response as follows:

“A nurse without strong leadership skills gets pushed around and staff runs everything. While the strong leader is able to relate to staff and get things done; the nurse who does not will never get anything done. Strong leaders listen and find ways with staff to resolve issues.”

This sentiment was echoed by another interviewee who stated, “The nurse who does not have strong leadership skills gets walked on by others and tends to let things go to avoid confrontation. A strong leader is not afraid to have a confrontation with another staff person, resident, or family member.”

Interestingly, Northouse (2017) describes the goal of leadership as “seeking adaptive and constructive change” and project participants describe qualities of an effective leader in terms of providing order, making things run effectively and efficiently, and getting things done (p. 13). In many ways, the focus of an effective leader is less about innovation and change, and more about management. Northouse states, “To be effective, organizations need to nourish both competent management and skilled leadership” (p. 13). An interviewee echoed this quote, stating,

“I see management enforcing the bottom line. There is work that needs to be completed and we can’t deviate from getting things done. Leadership is about guidance, learning skills, and pulling everyone together. A leader can manage, but not all managers can lead.”

Theme 4: Experience is necessary for leaders.

Many individuals believe leadership develops with time and requires both work and life experience. Nursing workforce trends suggest the “present average age of employed registered nurses is 43.3 years, with registered nurses who are less than 30 years old representing only 10 percent of the total working nurse population” (AACN, 2017). In this discussion, it may be a

pointless to debate whether experience is necessary for leadership and instead should focus on how nurses are prepared to function as leaders.

Study participants agreed that having nursing experience is essential to being an effective leader. Interviewees talked about the type and level of experience a nurse should have and one participant shared her experience as a new graduate nurse.

“I think having a little bit of experience under one’s belt supports a nurse’s effectiveness as a leader. While in school, our learning didn’t necessarily translate into the real world setting or reflect how things are. Nursing education is somewhat idealistic and doesn’t always reflect how it’s really going to be in the real world of nursing.”

A second respondent shared that after only two years of nursing experience, she accepted a leadership role and disputed the importance of multiple years of experience as a prerequisite for leadership.

“I think you should have some nursing experience, but personally I started as a leader with only two years of experience. You can ask anybody and they would say that I’m an effective leader, not because I had tons of nursing experience, but because of my previous management experience and the character my parents instilled in me. So, I don’t think experience is that important, but there should be some.”

Another interviewee concurred with this sentiment, stating, “An effective leader has some innate skills and experience enhances these skills. Nursing experience provides one with past situations and experience allows one to apply this learning.” A recurrent theme in this project challenged the notion of experience and how practice know-how doesn’t necessarily correlate with professional work history. One participant summarized her response succinctly:

“Before I started this job I thought experience was very important, but I have found that you don’t need a lot of experience. In order to lead, one needs confidence, knowledge, a willingness to ask question, and an openness to encounter new experiences. I think some experience is crucial, but I also think exposure to people, groups, and situations is important too. I don’t think you need a lot of experience to start as a leader, but I also believe one continues to grow as a leader.”

A final question in this section focused on ways leadership can be developed and nurtured in others. Findings are consistent with Gordin and Trey (2011) who describe skill-cepts as “the foundations for effective leadership in every role we play in life” (p.118). This idea was affirmed by a nurse respondent who noted,

“We are always learning and to be effective, one has to be open to continued learning. As far as experience is concerned, a person can have 20 years of experience and still not know how to lead. The more you learn the more you will be effective in leading.”

Neal and Benner corroborate this finding in their respective theories, highlighting the centrality of experience to nursing leadership, but also reaffirm the importance of learning and growth, no matter the level of experience. As described earlier, the *Neal Theory of Home Health Nursing Practice* and Benner’s *From Novice to Expert Theory* underscores the importance of experience to the attainment of clinical skills, expertise, and autonomy.

Theme 5: Leadership skills can be taught, developed, and nurtured.

The IOM (2011) recommendations include directives for nursing education, outlining leadership competencies for the future of nursing. Each of these newly outlined competencies are consistent with the American Association of Colleges of Nursing (AACN) and National League for Nursing. Integral to the notion that leadership skills can be taught, developed, and

nurtured, the commitment and approval of stakeholders, specifically practicing nurses, must be determined.

Nurses interviewed for this project agreed that leadership skills can be taught and many shared topics areas they felt should be included in a leadership course or class. This list includes crisis management, dealing with organizational change, cultural competence, compliance issues, team building, communication, mentoring, conflict resolution, mediation, and accountability. Participants not only shared subject areas, but also described ways to develop and nurture leadership in nurses, such as education, training, mentoring, promotion of shared governance, and delegation of responsibilities. On the job training was also mentioned as an additional way to develop and nurture leadership in nurses. Terminology surrounding this on-the-job training concept included mentoring, role modeling, delegating responsibilities to nurses, as well as acknowledging and affirming staff and their ability/capability to lead. Lapidus-Graham's study (2013) on developing leadership behaviors in nurses, concurred with study findings, suggesting that mentoring and mutual support are important aspects of any training program.

Finally, consistent with literature findings, one participant informed the researcher that the curriculum in her associate degree program did not offer any nursing leadership and/or management courses and according to her, it wasn't until she enrolled in a baccalaureate program that she was exposed to this content. Based on her account, she felt this learning was "a big deal." A study by Mbewe and Jones (2015) validates this concern, suggesting that associate degree nurses are not offered nursing leadership courses and yet in practice are "expected to perform at the same level of competency" as their baccalaureate-prepared counterparts (p. 11).

Project Strengths and Limitations

Project strengths include hearing from practicing nurses about what it means to be a leader. This project offers timely and relevant data in light of the IOM recommendations (2011). Also because of the diversity of this sample, multiple voices and perspectives offer varying perspectives surrounding nursing leadership.

Study limitations relate to the project design and the fact that data saturation was not achieved due to a small sample size. Each study participant was female and one might wonder how themes would have changed with the addition of males. Also, novice nurses were underrepresented in this sample.

Discussion

A primary barrier that impedes achievement of IOM's (2011) goal is a lack of understanding about the term, leader. Multiple examples in our society suggest that leadership is reserved for only a few and depends on position, title, and power. Individual interpretation of what it means to be a leader raises questions such as the following: How can individuals demonstrate and/or achieve leadership expectations when use of this term is so misunderstood? How can one evaluate leadership performance if staff are unsure what is required of them? Is it practical to think of all nurses as leaders and if so, what must change in our culture to support this new way of thinking? The IOM (2011) speaks to the importance of transforming leadership, suggesting "a style of leadership that involves working with others as full partners in a context of mutual respect and collaboration" (p. 223).

In order to think about leadership differently, it's almost as if a new language needs to be created. Study participants talked about differences between a manager and leader, whereby one focuses on maintaining the status quo, while the other, innovation and change. Gordon and Trey

(2011) suggest that everyone can lead and being a leader is “basically about constantly trying to be a better person” (p. 115). It may be that study participants underscored this sentiment by describing effective leaders using adjectives that might also be used to describe “good people”.

The Interprofessional Education Collaborative (IPEC) publishes Core Competencies for Interprofessional Collaborative Practice (2016) and builds on IOM’s (2011) recommendation about foundations necessary for leadership, which include an ability to work in teams. Each of IPEC’s four competencies use terms, such as mutual respect, shared values, responsiveness, and relationship building to describe features of effective teams. It is interesting to note a common theme between study participants, the IOM (2011) report, and IPEC competencies when envisioning a new style of leadership.

How can leadership can be taught, developed, nurtured, mentored, and supported? Certainly, leadership development is a process as described by study participants. As one individual stated, “I’m an effective leader, not because I had tons of nursing experience, but because of my previous management experience and the character my parents instilled in me.” It’s important to identify system barriers serving as obstacles to leadership and nursing culture is one of them. By continually addressing issues such as self-care, horizontal violence, and ways to mentor novice staff, many of these barriers will be lessened.

Finally, it is telling that most study participants did not immediately recognize themselves as leaders, yet were expected to function in a leadership capacity. This finding suggests the importance of promoting a comprehensive approach toward the development of leadership abilities that includes nursing education, practice, research, and healthcare systems. The IOM (2011) challenges the nursing profession to embrace leadership using a collaborative approach, however points out “many times when nurses, for the sake of delivering exceptional

patient and family care, must step into an advocate role with a singular voice” (p.225).

Leadership should be thought of as a professional issue and based on IOM’s (2011)

recommendations, offers an opportunity for all nurses to actualize their leader within.

Recommendations

The purpose of this study was to gain understanding of how and what it means to be a nursing leader. With this knowledge, recommendations follow, many of which are system level and require efforts beyond what individual organizations can influence or change. Each recommendation follows previously discussed themes.

- Nursing must fully embrace the notion that all nurses are leaders and in doing so, reach consensus on what this concept means. It is important to reexamine subliminal messages that reinforce or confuse what it means to be a leader. For example, many textbooks differentiate nursing management and leadership, reinforcing an either/or mindset. Job postings often group open positions by category, e.g., administrative, management, and nursing. Many nursing programs throughout the nation offer various leadership degrees or program tracks, often at the masters or doctorate level, suggesting that leadership is a specialty role reserved for some.
- Defining the term leadership isn’t enough; there must be consistent use and understanding of this common definition. While the first recommendation is about defining leadership, the second is about its consistent use. For example, if a RN is the primary care provider, then both formal and informal organizational processes must reflect and respect this leadership role.
- Nurses must challenge the mindset that considers experience a necessary condition for leadership. Patricia Benner’s, *From Novice to Expert* (1984), suggests that some nurses

never achieve expert status because experience has its limits. If all nurses are expected to function as leaders, then it is important that novice nurses are supported and mentored during their early work years so a repertoire of leader-like behaviors can be developed. When practitioners fail to demonstrate leader-like behaviors due to a lack of education, experience, or readiness, solutions must be created in response to these deficits.

- If healthcare trends require the employment of nurses who aren't prepared for highly autonomous practice in settings such as home care, then this must change. The IOM (2011) states, "nurses need to possess two critical sets of competencies: a common set that can serve as the foundation for any leadership opportunity and a more specific set tailored to a particular context, time, and place" (p. 224). Long term solutions must include changes in academia, at all educational levels, including programs that do not include leadership content. All nurses must be prepared to perform as leaders, regardless of educational preparation or work setting. Organizations need to perform ongoing assessment of individual nurse's and their leadership capacity, explore organizational culture to ensure mechanisms support autonomous practice, and provide ongoing staff development that links expectations with resources.
- If nurses are to be successful in practice, roles and associated expectations must be clearly developed, communicated, and supported. Employers must consistently articulate desired competencies and create mechanisms to evaluate, reinforce, and remedy performance deficits. Leadership competencies must be created that mirror organizational expectations and threaded throughout all aspects of recruitment, hiring, training, and evaluation of employees during annual goal conferences. It is vitally important to ask whether employees understand the expectations of management in terms

of leadership. Are there system barriers that impede the ability of nurses to function as leaders? Are nurses referred to as leaders and then organizational policies instituted that communicate a different message? Are there organizational hierarchies where power is unfairly distributed?

- A cultural shift needs to occur in healthcare that promotes and supports team work. Why this recommendation? The IOM states, “Collaboration is a key strategy for improving problem solving and achieving innovation in health care” (IOM, 2010). A common view of leadership is the notion that one person leads, while others follow. Team work offers a very different paradigm whereby, in reality, shared leadership among all team members is expected and accepted.
- Finally, the IOM (2011) presents the most significant challenge for nursing and the historical mindset that views nurses as “functional doers” versus “thoughtful strategists” (p. 223). This is a significant system issue, however nursing is a force to be reckoned with based on numbers alone. As a profession, nurses can step forward collectively as leaders and impact healthcare and outcomes in a way that is needed more today than ever.

Conclusion

Nursing leadership is essential as society responds to and manages emerging healthcare complexities. Priority must be placed on defining leadership and developing both short term and long term solutions that achieve desired outcomes. Competency development provides direction and offers a much-needed framework to build leadership capacity among all nurse and system change, although slow, involves collaborative efforts that mimic a “takes a village” mindset. If, according to the Institute of Medicine, every nurse is needed to address and respond to healthcare

reform, then term “every” must be taken literally, meaning all nurses, at all levels, across all settings, regardless of education, experience, role, or job description.

References

- American Association of Colleges of Nursing. (2008). The Essentials of baccalaureate education for professional nursing practice. Retrieved from: <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>.
- American Association of Colleges of Nursing. (2017). Strategies to reverse the new nursing shortage. Retrieved from: <http://www.aacn.nche.edu/publications/position/tri-council-shortage>.
- American Association of Colleges of Nursing. (2017). Baccalaureate nursing programs. Retrieved from: www.aacn.nche.edu/education-resources/bsn-article.
- American Organization of Nurse Executives (2015). *AONE nurse manager competencies*. Retrieved from: <http://www.aone.org/resources/nurse-manager-competencies.pdf>.
- Amos, L. (2017). Baccalaureate nursing programs. Retrieved from www.aacn.nche.edu/education-resources/bsn-article
- Benner, P. (1982). From novice to expert. *The American Journal of Nursing*. 82(3), 402-407.
- Clark, J., Lang, N. (1992). Nursing's next advance: An internal [international] classification of nursing practice. *International Nursing Review*. 39(4) 109-111.
- Commission on Collegiate Nursing Education. (2009). "Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs." Retrieved from: www.aacn.nche.edu/ccne-accreditation/standards09.pdf.
- Dracup, K., Bryon-Brown, C. (2004). From novice to expert to mentor: Shaping the future. *American Journal of Critical Care*. 13(6), 448-450.
- Dyess, S, Sherman, R, Pratt, B, Chiang-Hanisko, L. (2016). Growing nurse leaders:

- Their perspectives on nursing leadership and today's practice environment. *OJIN: The Online Journal of Issues in Nursing*. 21(1). doi:10.3912/OJIN.Vol21No01PPTO4.
- Foley, A. (2013). New graduate nurses' transition to home healthcare: An integrative review. *Home Healthcare Nurse*. 31(3), 127-133.
- Gordon, P., Trey, B. (2011). Finding the leader within: Thoughts on leadership in nursing. *Journal of Perinatal & Neonatal Nursing*, 25(2), 115-118.
- Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. Retrieved from: doi: <https://doi.org/10.17226/12956>.
- Interprofessional Education Collaborative. (2016). Core competencies for Interprofessional collaborative practice: 2016 update. Washington DC, Interprofessional Collaborative. Retrieved from: https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report__final_release_.PDF.
- Kotter, J. P. (1990). *A force for change: How leadership differs from management*. New York: Free Press. 139.
- Lapidus-Graham, J. (2012). The lived experience of participation in student nursing associations and leadership behaviors: A phenomenological study. *Journal of the New York Nurses Association*. 43(1), 4-12.
- Mbewe, C, Jones, M. (2015). Does associate degree curricula adequately prepare nurses for leadership? *AMSN: Academy Medical-Surgical Nurses Official Newsletter*. 24(1).
- Mitchell, L., Oermann, M. (2017). Hiring and Retaining HOME CARE NURSES. *Home Healthcare Now*. 35(1), 43-47. doi:10.1097/NHH.0000000000000467.

- National Academies of Sciences, Engineering, and Medicine. (2016). *Assessing Progress on the Institute of Medicine Report The Future of Nursing*. Washington, DC: The National Academies Press. Retrieved from: doi: <https://doi.org/10.17226/21838>.
- Neal, L. (2000). Validating and refining the Neal Theory of Home Health Nursing Practice. *Home Health Care Management & Practice*. 12(2), 16-25.
- NLN. (2012). Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Baccalaureate, Master's Practice Doctorate, and Research Doctorate Programs in Nursing. New York, NY: National League for Nursing. doi:9781934758120.
- Northouse, P. G. (2016). *Leadership: Theory and practice* (7th ed.). Thousand Oaks, CA: Sage.
- Olausson, S., Ekebergh, M., & Osterberg, S. (2014). Nurses' lived experiences of intensive care unit bed spaces as a place of care: A phenomenological study. *British Association of Critical Care Nurses*. 19(3), 126-134. doi: <http://dx.doi.org/10.1111/nicc.12082>.
- Porter-O'Grady, T. & Malloch, K. (2018). *Quantum leadership: Creating Sustainable Value in Health*, (5thed), Sudbury, MA: Jones and Bartlett
- Renpenning, K., Gebhardt Taylor, S., Pickens, J.M. (2015). *Foundations of Professional Nursing: Care of Self and Others*, New York, NY: Springer Publishing Company,
- Roberts, S. (2015). Lateral Violence in Nursing: A Review of the Past Three Decades. *Nursing Science Quarterly*. 28(1), 36-41. doi: 10.1177/0894318414558614.
- Sherman, R, Pross, E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. *OJIN: The Online Journal of Issues in Nursing*. 15(1). doi:10.3912/OJIN.Vol15No01Man01.
- Strickler, J., Bohling, S., Kneis, C., O'Conner, M. (2016). Developing leaders from within. *Nursing Management*. 47 (9), 40-43. doi: 10.1097/01.NUMA.0000491128.75977.0c

Williams, K. (2016). Developing future nursing leaders. *Georgia Nursing*, 76 : (2), 9.