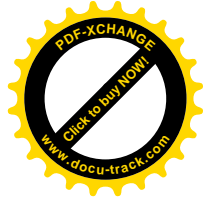


Ten Methods to Entice the Next Generation of Nurses into Leadership Positions

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Abstract

The nursing workforce is aging and there may be a limit to the number of younger nurses interested in leadership positions (Wieck, Prydum, & Walsh, 2002). Bedside nurses exhibit leadership skills in their every day work, which can be cultivated to develop future leaders. Ten tips for nurses to cultivate their leadership skills in their everyday work will be addressed in this article. Cultivating an interest in leadership careers begins with nursing leaders who serve as role models and create work environments that fosters learning and development of leadership skills.

The Bedside Nurse: Leading from the Middle

Many nurses say they never want to be a leader because of the stress, responsibility, and frustration they witness in their current leaders. Yet, nurses are leaders every day in their roles with patients, families, and other staff. When most nurses think of a leader, they probably think of someone at the top of the organization in a traditional formal leadership role such as nurse manager, director, or chief nursing officer. Oshry (1994, 1996, 2007) and Maxwell (2006) suggested that leadership also manifests from the middle of organizations. The term “middle” is used to describe an individual caught between the customer (patient) and the top (formal leaders). For the purposes of this discussion, the bedside nurse is an example of a middle. This definition differs from the definition of middles as formal leaders and gives a new perspective on the research that has been done focusing on middle management. Middle managers have been defined as individual who are mediators between the members of the organization, the customers (in this case patients), and the suppliers (other care givers and vendors), according to Floyd and Woldridge, 1997. There are many ways middles can be more effective than top down leaders in effecting change (Bellman, 1992; Fisher, 1998). Leaders who lack a formal title can only use their power of influence, thus are not tempted to use force when dealing with staff, according to



Bellman, 1992. The implications of middle management theory on charge nurses and bedside nurses will be the focus of this paper.

Leadership Development in Nursing

Leadership is not a quality that is emphasized in nurse's training, nor is it an ability that comes naturally to most nurses (Connelly, Nabarrete, & Smith, 2003; Connelly, Yoder, Miner-Williams, 2003). Most middle managers move into the role reluctantly (Goffe and Scase, 1992). It is now almost twenty years since the issue of developing middle level leadership was first addressed (Dopson and Stewart, 1990). Researchers are still asking many of the same questions today about identifying potential leaders, motivating employees to pursue leadership roles, and what training is needed for future leaders? Middle management is such a vital issue in nursing that an entire issue of the *Journal of Nursing Management* (2006) was devoted to the topic. The nursing workforce is aging and there may be a limit to the number of younger nurses interested in leadership positions (Wieck, Prydum, & Walsh, 2002). Bedside nurses exhibit leadership skills in their every day work, which can be cultivated to develop future leaders.

Tips for Cultivating Leaders

We have identified ten tips, which we find are the keys to cultivating new nursing leaders. These tips fall into four general areas including culture, orientation, education, and mentoring. The culture of the department should be one that is oriented toward encouraging and supporting the development of future leaders. Leadership opportunities should be a part of the formal orientation program to emphasize that leadership is as important as the clinical development of nurses. There should be a formal education program for leadership development and a map of educational and action learning opportunities to developing a leadership career. Mentors should be available and encouraged for nurses seeking leadership careers. Ten tips for



cultivating leaders in Nursing include:

1. During nursing orientation give an introduction to the many nursing leadership roles within the organization in order to familiar new nurses on the opportunities nurses may have.
2. Nurses that are interested in leadership should be given a mentor, even if the nurses have only been at a nurse for a year.
3. Career pathways should be developed early on in the nurse's career with the possibility of a leadership career path.
4. Staff nurses should be included in leadership rounds – Managers should make arrangements for clinical coverage so that nurse's can go to lectures, workshops, and attend leadership meetings.
5. Leadership development opportunities should be offered to nurses throughout their career.
6. New roles need to be created for nurses who do not want to follow a typical clinical ladder. This could include supervisor, coordinator, team leader, or assistant nurse manager positions.
7. Fostering more opportunity to meet organizational leaders, for persons interested in leadership
8. Leadership track educational opportunities need to be on par with clinical track
9. Leaders need to stop complaining about how horrible their job is and speak favorably of the rewards of being a leader.
10. Leaders need to speak in terms of Evidence Based Leadership Practice, rather than anecdotal leadership approaches

Creating a Culture That Cultivates Interest in Leadership

It is important to take an objective look at your organization and honestly ask yourself if you have a culture that supports leadership as a career track. Our first suggestion, is for the leadership career track to be introduced in orientation. Nursing is by definition a clinically oriented profession and it is very easy for clinical roles to be perceived as more elite than leadership roles in an organization. It is important to look at the language of leaders to see if they are subtly encouraging clinical careers over leadership ones. Leadership tracks need to be on a par with clinical programming. Look at your learning opportunities. How many leadership development courses are offered in your educational offerings? Are leadership programs open to everyone or only nurses in formal leadership roles? By offering specific leadership training for all levels of nurses and at all stages of their career from orientation through expert levels, a career track becomes more evident to young nurses. The leadership tracks should be created for those nurses who believe early on in their career that they may want to be in a leadership role.



Formal programs should be in place to make it easy for young nurses to identify a leadership development pathway. By encouraging nurse leaders to speak favorably about nursing leadership careers, younger nurses will view it as an attractive goal to achieve. In many nursing organizations, leadership nurses complain about how horrible their job is. While leadership can be frustrating at times, it is difficult to recruit new leaders into nursing if they see their role models as negative, unhappy people.

Opportunities to Cultivate Leadership Skills

There are many opportunities for a bedside nurse to become a leader, without a formal leadership title. Bedside nurses have opportunities to mentor younger nurses, to coordinate a code situation, or organize their peers by helping with a difficult patient situation. Tornabeni (2001) suggested that in order to lead you need to gather information and to know your organization. A good way to understand an organization is to participate as a member, by being a staff nurse at the bedside. The bedside nurse can increase his or her sphere of influence by meeting a new co-worker each day: the environmental staff, the physicians, and important executives. McAward (n.d.) says it is important when making the transition from staff to management to form connections with other hospital executives and staff. This is consistent with Ibarra's (1999, 2003) findings on role transition. Introducing oneself to fellow employees and knowing how the organization functions will give nurses the ability to lead at all levels. To know the organizational hierarchy will allow a nurse to know where to and who to go to when information or resources are needed.

Orientation: Standard Leadership Skills to Cultivate

We suggest that nurses be introduced to leadership roles during their formal orientation program in order to familiarize them with the opportunities available to them. There are some



leadership characteristics that are intuitive; others need to be developed over time through training and experience. The top ten competencies for leadership were identified by Jennings, Scalzi, Rodgers, and Keane (2007). They suggested the leading qualities were a foundation of strong personal qualities such as interpersonal skills and critical thinking capabilities. While basic personality traits can not be altered, communication and critical thinking skills can be developed. These can be developed through the use of techniques like action learning. According to LaRue, Childs, and Larson (2004), action learning is an educational experience where knowledge is applied to a real-life situation to learn and improve performance. The learning method differs from traditional teaching, where the focus is presentation of material to obtain knowledge. Action learning is one way of using workplace situations to cultivate leadership skills.

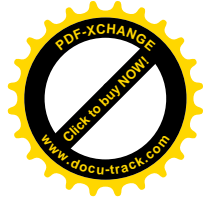
Most bedside nurses do not realize their daily work can provide a context for them to experiment and develop their leadership skills. Bedside nurses can cultivate their leadership skills through: daily interactions with families, acting as patient advocates, managing their time, working on a team, and helping to influence other nurses.

Bedside nurses' with aspirations to become formal leaders should recognize that the bedside is an ideal place to cultivate their leadership skills. Successful development will help make a smoother transition into a formal leadership position. Oshry (1994, 1996) and Maxell (2006) have written about how to develop leadership skills and lead at all levels of an organization, while Bellman and Fisher have suggested that non-leaders, leading from the middle can actually be more effective than formal leaders. Nurses have the ability to develop leadership skills at the bedside and nurse managers can cultivate an environment that encourages leadership development.



Leadership Theories of Middleness

Oshry (1994, 1996, 2007) suggested there is an ability to lead at the bottom, middle, and top of any organization. Middles described their role as "...experiencing conflicting demands, priorities, and pressures coming at us from two or more individuals or groups" (Oshry, 2007, paragraph. 2-3). Middles are described as the "integrators" who are "the system's web" which enables them to connect parts and ensure information gets to the necessary people (Oshry, 2007, paragraph 10-11). Oshry's description of middles is quite similar to the role of the bedside nurse. Nurses' experience demands to get patients admitted to the hospital in a timely manner; provide safe quality care; balance family and patient demands; educate patients and families; and eventually accomplish all their patient care goals before discharge. Bedside nurses also play an important role in communicating and carrying out orders from physicians and ensuring the interdisciplinary team has a cohesive plan for the patient. The responsibility of a middle is encompassing and the bedside nurse has an obligation as all middles do, to represent the desires and needs of the bottoms to the tops and other middles. Unfortunately, middles do not always feel it is their role and most middles describe themselves as "weaker, unsupported, and less knowledgeable about wider system issue" (Oshry, 2007, paragraph. 11). It is often difficult for middles to see the wider system's view from their vantage point, but likewise it is difficult for tops to see the smaller micro system view, according to Oshry. Research has shown that there are differences in novice nurses who are very task oriented, compared to expert charge nurses who are more all encompassing in their approach. In productive relationships tops and middles help each other to understand the dynamics of the organization at all levels, through their unique perspective as a top or middle. Having basic leadership skills in areas like communication, priority setting, delegation, and change theory can assist bedside nurses' effectiveness as middles



as well as prepare them for future roles as tops.

Leadership Education Opportunities

Our next tip is to develop career pathways early enough in a nurse orientation to suggest leadership as a career path. Maxwell (2006) described seven myths about leadership that can help middle bedside nurses to be more assertive and effective as leaders. Through recognition of Maxwell's myths it is possible for bedside nurses' to no longer see themselves portrayed as *weaker* but realize they do have a potential career in leadership. Maxwell suggested you cannot always wait to get to the top before learning leadership skills, such as communication and time-management. Communication with interdisciplinary team members and learning how to organize your patient load each day, are good ways to begin to cultivate these skills. It is important to remember that patient care is the nurses' number one priority. Heindell and Steinman (2002) interviewed healthcare workers on the competencies of effective management. Nurse managers suggested keeping the focus on patient care as important to staff nurse retention (Anthony, M., Standing, T., Glick, J., Duffy, M., Paschall, F., Sauer, M., et al., 2005). Respondents suggested communication skills were the most important aspect of effective managers. The bedside is a great environment to cultivate skills in how to communicate with other members of a team to prepare for a formal nurse leadership position.

Hudson (2005) suggested there are barriers that effect a successful transition to nurse manager. Nurse Managers commented that they felt a lack of control over patient care, responsibility overload, and relationship changes they had not expected at managerial levels. Maxwell suggested it is a myth that you will no longer be limited once you get into a leadership position. There will always be leadership challenges and cultivating leadership skills as early as possible in one's career is a good idea. Bedside nurses should realize that at the bedside they



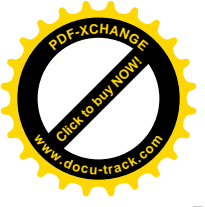
have significant control over many aspects of patient care and delivery. Bottoms and middles often do not appreciate that top leaders may become limited in their ability to influence, because they have so many competing priorities and responsibilities (Oshry, 1994, 1996). This does not mean that a bedside nurse will not be satisfied as a nurse manager and leader, but should be prepared for different limitations. To prepare for a leadership role, the bedside nurse should access educational opportunities and learning experiences through his or her work.

The Importance of Early Education in Leadership

Education and developmental programs were necessary for charge nurses to lead successfully in a study by Connelly, Yoder, and Williams (2003b). These programs can be done in a formal academic environment or through hospital based classes. Leadership learning can also consist of opportunities to cultivate skills through project work, leading committees, and precepting younger staff. Maxwell suggested that people interested in leadership not wait to become a formal leader, but begin using leadership skills before they arrived at the top.

Leadership skills can be learned and developed at the bedside. It is good to have the passion to lead, but to realize the importance of leading throughout the nurse career pathway is just as important. Tornabeni (2001) said it is important to dare to dream and visualize where you want to go. The skills to visualize one's future as a leader are the same skills used by nurses in patient care: analyze, assess, plan, implement, and evaluate. You can begin by analyzing the situation:

1. Where do you want to eventually go as a leader?
2. Assess your current leadership skills. What are your strengths and areas for growth?
3. Develop a plan to improve your leadership skills.
4. Implement the plan and evaluate your progress.



Developing basic leadership skills and becoming competent as a bedside nurses are skills that reinforce each other.

Leadership versus Management

Stanley and Gerontic (2006) looked at the relationship between leaders and managers. They found that leaders were not just managers but also someone who is inspirational and brings knowledge and experience to their role. This is truly a key component of bedside nursing leadership. A bedside nurse often has to provide the inspiration and encouragement to convince a patient to do a difficult treatment, such as rehabilitation. This skill and the knowledge to motivate a patient are easily transferable to the skills to motivate staff by visualizing, motivating, and implementing change in a leadership role.

Mentoring: What You Can Do To Cultivate Your Leadership Skills

The ability to dispel myths about leadership in the middle gives nurses the permission to develop leadership skills to improve their work areas, while also making the transition into a leadership position in the future. Maxwell recognized the defining characteristics of a leader in the middle as a leader who takes charge of implementation and embraces change. Nurses deal with implementation and change every day as they work with patients. A bedside nurse must realize the importance of getting to know their organization and not just working in it. By attending grand rounds and other conferences held by the organization a nurse will learn the hierarchy of the hospital. In addition, if a nurse has an interest in exploring leadership their nurse manager can provide opportunities for the nurse to grow. This could be giving the nurse the responsibility to lead a committee, precepting a new nurse or student, or by giving the nurse more complex patients to develop time management and organization skills. It is also appropriate that the nurse manager suggest higher education either in a formal environment like graduate



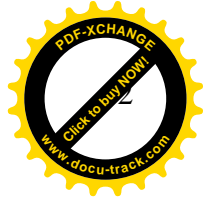
school, or through development classes offered through the organization.

Making the Transition to Leadership

Ibarra (1999, 2003) researched career transitions and suggested that career changes are not cultivated through introspection, but rather through traveling in different social networks, and testing different roles through small work-related trials. Ibarra suggested that career changes take 3-5 years and are usually a gradual process that comes from working with people in roles you are thinking about pursuing. Ibarra found that managers were often conflicted about developing their staff into leadership roles and suggested that aspiring leaders may need to look outside their work area for support to make a career change. Bedside nurses looking to move into leadership should network with leaders', perhaps even explore leaders outside their regular work area. Maxwell (2006) suggested it was a myth to assume people will follow you once you become a formal leader. For a bedside nurse, building an informal following, based on your talents, skills, and leadership behaviors has far more lasting power than a formal leadership title.

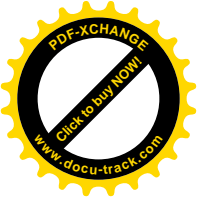
It has been suggested that passion is important to being an effective nurse leader (Witt, 2004; Tornabeni, 2001). Tornabeni suggested that to inspire others to achieve a goal, it must appear as reasonable including realistic timelines, with specific action steps. One example is how patients are given goals in care plans. It is the nurse's responsibility to identify appropriate nursing interventions and timelines for the patient. This skill is developed at the bedside and can contribute to further leadership development.

Another way to experience being on top is to head a committee. This gives a nurse the ability to see what it is like to lead in a lower risk environment with a lot of support. Successful leaders are not the ones in control, but rather the ones with the human qualities of respect and understanding of others (Tornabeni, 2001).



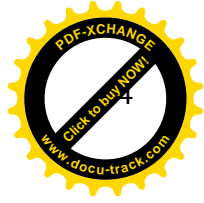
Conclusion

Current trends indicate that the nursing workforce will continue to age but without a great influx of younger nurses who are eager to assume leadership positions (Wieck, Prydum, Walsh, 2002). While traditional efforts have focused on mastering clinical skills at the bedside, implementing a leadership trajectory for new nurses at the bedside can be an important key to developing future leaders. Bedside nurses need to recognize their leadership skills, develop them at the bedside, and be passionate about leadership. Ibarra (1999, 2003) has suggested that managers may be conflicted in their role of retaining staff versus promoting their career. It is the nurse manager's responsibility to recognize nurses that wish to lead and provide an environment that fosters learning and development of leadership skills. By using the 10 tips presented in this article as a basis nurse managers can help foster a leadership career path, it is also noted that it is the responsibility of the nurse interested in a leadership career, to cultivate his or her own network of support, and seek opportunities to develop leadership skills beginning at the bedside.



Leadership at the Bedside





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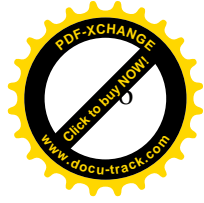
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