

NURSING LEADERSHIP

CNA POSITION

Nursing is a practice discipline and it is a political act. Nursing leadership is about critical thinking, action and advocacy – and it happens in all roles and domains of nursing practice. Nursing leadership plays a pivotal role in the immediate lives of nurses and it has an impact on the entire health system and the Canadians it serves. Therefore, Canada's health system requires a steady supply of visionary and energetic nursing leaders¹ across the domains of the discipline who are credible, courageous, visible and inspiring to others and who have the authority and resources to support modern, innovative and professional nursing practice.

What does the Canadian Nurses Association mean by “nursing leadership”?

Nursing leadership is...

- ...about nurses who understand that the development of nursing leaders must begin at the outset of every nursing education program and continue throughout the career of every nurse. Educators, from academics to clinical nurse educators to personal mentors and those in between, instill the expectation that nurses *can be* and *must be* leaders. Leadership in this context is about helping nurses lift their practice so they see nursing not solely as a series of acts of scientific caring that can change individual lives but also as a lifelong commitment to political action for system change. Leadership begins when students are imbued with the meaning of ethical nursing practice and continues throughout one's career as nurses make the links from individuals to populations, and from the local to the global context.
- ...about the competent and engaged practice of nurses, who provide exemplary care,² think critically and independently, inform their practice with evidence, delegate and take charge appropriately, advocate for patients and communities, insist on practising to their full and legal scope and push the boundaries of practice to innovative new levels.
- ...about nurses who create and use research, who ask the kinds of questions and seek the kinds of answers that can shape healthy public policy. Leadership in this domain is about combining science with a deep understanding of population health needs, nursing practice and nursing education to envision new futures and drive the nursing *discipline* strongly forward. It is about mentoring junior researchers, and it is about linking closely with practice and policy leaders to help shape larger public policy outcomes.
- ...about nurses who develop, analyze and interpret policy, and who speak with knowledge of human health, health and regulatory systems and health economics to usefully and credibly inform the development of regulatory frameworks and healthy public policy.
- ...about innovative and visionary administrators from the first level to the most senior nurse executives – leaders who understand and hold themselves accountable for creating vibrant, exciting practice settings in which nurses can deliver safe, accessible, timely and high-quality care for the Canadians they serve.

¹ (McManis & Monslave Associates, 2003)

² (Registered Nurses Association of Ontario [RNAO], 2006)

Leadership is needed in every nursing position across all domains of practice.

Canadian nurses in all positions must develop and exert leadership – from the enthusiastic student to the competent professional clinician, from the excellent team member to the senior executive, and from the novice researcher to the most experienced educator.

Leadership is a shared responsibility.

Patient, team, organizational and system outcomes all benefit when nurses in all domains of practice and at all levels maximize their leadership potential. With the collective energy of shared leadership, nurses can form strong networks and relationships that contribute to high-quality nursing practice.

Leadership and management skills co-exist as interdependent skill sets.

Nurse leaders at every level and position must develop organizational and management skills, whether they are managing human, fiscal, policy, time, material or other resources. Similarly, nursing administrators at every level must hone strong leadership skills to be effective administrators. Exerting good management skills is part of being a good leader – and leadership skills are necessary for good management.

Nursing leadership is an essential determinant of vibrant professional work environments across the health system, wherever nurses practise.

To support high-quality professional practice and help nurses feel safe, respected and valued, a sense of human caring among all health professionals must characterize all work environments. Nurses have an ethical obligation “when resources are not available...[to] collaborate with others to adjust priorities and minimize harm...[and to] inform employers about potential threats to safety”³ in order to provide safe, compassionate, competent and ethical nursing care. Clinical leaders and administrators are charged with creating and maintaining those kinds of practice environments for the benefit of all people who are receiving health-care services – and all people who are providing them. These responsibilities are shared by practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions and the public.

Leadership encompasses mentoring, coaching, supporting, rewarding and attracting other leaders at all levels.

Leadership does not just “happen” nor is it sustained without intensive, ongoing support. Leadership exists as a continuum that evolves and is strengthened from a combination of innate and learned skills that must be groomed. Nurse leaders must pay particular attention to the needs of multiple generations of nurses in practice.⁴ Succession planning is also an expectation of every nurse leader. Nurses in all domains of practice must help put mechanisms in place to attract youth, vigour, new ideas and new energy into nursing leadership.

Nurse leaders in senior executive roles participate at the most senior decision-making tables within their organizations.

To create vibrant, safe and innovative practice settings, nurse executives in all organizations that deliver health care must sit at senior decision-making tables and be delegated the authority and resources to implement high-quality care practices. “Having control and responsibility of the resources, reporting directly to the CEO and sitting at the executive table are critical to [advancing] nursing practice.”⁵

³ (Canadian Nurses Association [CNA], 2008, p. 9)

⁴ (Wilson, Squires, Widger, Cranley & Tourangeau, 2008; Farag, Tullai-McGuinness & Anthony, 2009)

⁵ (Anonymous, 2007, p. 3)



Leadership in nursing encompasses advocacy.

Nurse leaders promote: (a) *safe care delivery systems*;⁶ (b) *quality practice environments*⁷ that provide appropriate human and other resources; and (c) *social justice, resources to address broad determinants of health, and services that reduce disparities and improve access* to care for the vulnerable.⁸

Nurse leaders must study, develop, test and implement effective, innovative and fiscally responsible policy solutions.

Nurses should develop options for innovative service delivery models that improve access to care, reduce wait times, and strengthen Canada's health services that are publicly funded and delivered on the basis of need and not the ability to pay.

CNA believes its role in developing and supporting a pan-Canadian nursing leadership agenda must encompass:

- creating excitement – building strategic conviction and engaging nurses in the leadership agenda;
- developing visions and imagination to build the future of nursing and health care;
- building capacity, providing mentorship, offering succession planning and engaging novice nurses;
- advocacy in the broad arena of healthy public policy;
- supporting regulatory frameworks;
- building the policy capacity and leadership capacity of the nursing workforce;
- sharing expertise; and
- working to build diversity and equity in the profession.

BACKGROUND

For more than a quarter of a century, a credible and growing body of evidence has linked nursing leadership with positive patient, provider and organizational outcomes.⁹ However, since the mid-1990s, Canada has seen a steady decline in formal nursing leadership positions while the number of non-nurse leaders has grown (even in clinical areas primarily focused on nursing care). The loss of nearly 7,000 administrative positions between 1994 and 2002 alone – not to mention the concurrent loss of front-line nursing positions and seats in schools of nursing – coincided with shortages and a decay in nursing morale still deeply entrenched in Canadian nursing.¹⁰

⁶ (CNA, 2009a)

⁷ (CNA & Canadian Federation of Nurses Unions, 2006)

⁸ (CNA, 2008)

⁹ (Laschinger et al., 2008)

¹⁰ (Cummings & Eastabrooks, 2003)



Perhaps most troubling in all this has been the dismantling of the supervisor-employee relationships that are so critical in nursing. The importance of the relationship between nurses and their leaders was already being well delineated in the magnet hospital studies of the early 1980s, and it persists today. We know that “staff RNs’ sense of empowerment can be enhanced by transformational leadership behaviours perceived to be displayed by the middle-level nurse manager.”¹¹ The American Organization of Nurse Executives (AONE) notes the fundamental importance of the senior administration’s support for nurse leaders at every level, “and especially unit-level managers, now widely regarded as... chief retention officers.”¹²

The loss of so many Canadian administrative nursing positions left surviving leaders with sometimes vast spans of control, often spread across multiple professions, units and sites. With Canada’s first line-administrators averaging 71 direct reports (median 63, range 5-264), “far exceeding the benchmark found in other work settings,”¹³ the supervisor can quickly become a very distant figure. The administrator’s perceived ability to lead has a strong impact on the work climate¹⁴ – it is hard to lead if all one’s time is taken up with administrative tasks related to the span of control. The potential damage goes further because “large spans of control that limit manager involvement with their staff due to unreasonable workloads diminish the attractiveness of these roles and aggravate the impending nurse manager shortage.”¹⁵

Organizational structures such as program management can compound the problem; they offer no promise of a professional alignment between administrators, clinical practice leaders and front-line providers and can put up cross-disciplinary barriers to effective communication, mutual understanding and even ethical nursing practice.¹⁶ Twenty-first century nurse administrators and executive leaders are increasingly called to expand their understanding of leadership to encompass the needs of these large, multi-professional teams that may include many categories of health professionals and other human resources working across multiple settings. So, just as the loss of formal leadership positions has made more important than ever the need for strong *clinical* leadership, paradoxically it has hampered that development, too. All nurses, for whom the relationship with a visible, accessible *nursing* supervisor is so important, can flounder on their own with few of the supports traditionally provided in clinical environments. As Aiken and colleagues noted, the reduced number of front-line nurse administrator roles “eliminates a key mechanism for connecting the hospital’s mission with the providers of bedside care as well as a vehicle for communicating the responsiveness of administration to the concerns of front-line caregivers.”¹⁷ The implications are sobering; Aiken’s landmark five-country study found significant numbers of novice nurses under the age of 30 who intended to leave their jobs within the following year – and it is known that intent to leave is associated with actual increases in turnover. Hence, the relationship between nursing administration and leadership and organizational outcomes can be profound.

The institution of professional practice leader roles has gone some way toward offsetting the effects of the dearth of front-line administrators and leaders, but that role – along with that of the professional chief nursing officer – has only persuasion as its authority. Hence, VanDeVelde-Coke pleads that nursing be led by nurse executives who sit at the highest decision-making tables and have fiscal authority over clinical programs.¹⁸ With all the changes in

¹¹ (Gullo & Gerstle, 2004, p. 264)

¹² (McManis & Monslave Associates, 2003, p. 5)

¹³ (Laschinger & Wong, 2007, p. i)

¹⁴ (Sellgren, Ekvall & Tomson, 2008)

¹⁵ Ibid., 21

¹⁶ (Wall & Austin, 2008)

¹⁷ (Aiken et al., 2001, p. 51)

¹⁸ (Anonymous, 2007)



organizational and leadership structures, and the loss of many nurse administrators and clinical practice leaders, such as clinical nurse specialists, *clinical* leadership is more important than ever.

Fugate Woods implores nurse educators to prepare students to “*lead where they land* – practicing in hospitals or the community, with infants or elders.”¹⁹ She then goes on to describe the extension from student to clinical nurse leader. She describes this leadership role as “one that provides and manages care at the point of care/contact with individuals and cohorts of populations, anticipates risk, advocates for patients, educates individuals and their families or the cohorts of patients, stewards the environment and human and material resources, and serves as a leader and as a member of health-care teams. The clinical nurse leader encompasses the roles of clinician, patient advocate, educator, information manager, systems analyst, team manager, and member of a profession.”²⁰

Finally, nursing leadership must extend to questions of broader public policy. McTeer, for example, argues that nurses must “acknowledge their larger role on the public policy-setting stage,” saying they “must find it within themselves...to lead, guide, direct, and influence the public debate about science and technology.”²¹ She calls this the most perplexing but crucial challenge for nursing leadership. McTeer bases her argument on the observation that because of the vast range of settings and situations in which nurses practise, their “specific experience and direct knowledge have earned them a special role in the setting of the policy agenda to create the rules and regulations that will govern science and technology in the future.”²² Nurses similarly have exerted an historic role in the push for publicly funded health care – accessible on the basis of need and not the ability to pay – as a basic human right. That leadership is more important than ever as economic woes beleaguer governments and service providers. Here the leadership of nurse scientists and policy experts must be brought to bear by asking the right questions, seeking answers and positioning nursing voices at policy decision-making tables.

GOING FORWARD

Bringing future models of health care to fruition will require effective leadership. Nurse leaders must work collaboratively with health-care professionals and policy-makers to build a preferred future for the Canadian health system.²³ Because of those kinds of calls to action, Huston states that “nursing education programmes and healthcare organizations must... begin now to prepare nurses to be effective leaders in 2020.” She goes on to say that “this will require the formal education and training that are a part of most management development programmes as well as a development of appropriate attitudes through social learning.”²⁴

The links among nurse leadership and patient and organizational outcomes are clear, and “effective nursing leadership is important in all nursing roles.”²⁵ From individual patient care and safety, to broad system costs, to envisioning the future, leadership is the lynchpin. The opposite is equally true: Leape argued that a “lack of inspired, consistent, and forceful leadership is a major drag on progress.”²⁶ With reference to strengthening patient safety specifically, he said

¹⁹ (Fugate Woods, 2003, p. 256)

²⁰ *Ibid.*, 256

²¹ (McTeer, 2005, p. 19)

²² *Ibid.*, 18

²³ (CNA, 2009b)

²⁴ (Huston, 2008, p. 905)

²⁵ (RNAO, 2006, p. 17)

²⁶ (Buerhaus, 2007, p. w695)



that “no organization can make the significant changes that are necessary...without vigorous leadership at the top.”²⁷ The Academy of Canadian Executive Nurses (ACEN)²⁸ and AONE²⁹ both take the position that nurse leadership is especially important to the safety and reliability of the health-care system.

Bednash ties leadership to the need for “fundamental change...both in the practice of nursing and in the systems in which nurses deliver care,” saying that “old conversations about entry into practice must be abandoned for a new conversation about how to best educate nurses for the dynamic world of health care in which health care therapeutics, technology, and science are creating a complex and startlingly different practice reality.”³⁰ Other nurse leaders are calling for leadership to build a new level of nursing practice grounded in the elimination of health disparities³¹ – and the vexing problem of diversity in nursing beyond the front line has yet to be resolved.

Bringing these agendas to life implies the need for a supply of nurses willing and able to step into formal administration and other leadership roles. The lead recommendation of the Canadian Nursing Leadership Study makes plain the “immediate need for succession planning to ensure the future of nursing leadership,”³² with the average age range of nurse leaders *at all levels* being 47-51 years. In its review of issues related to global nursing shortages, the International Council of Nurses (ICN) similarly talks about the need for succession planning and especially about the need to develop strong nurse executives.³³ ICN goes on to note the need for development of tools to enable policy development and lobbying.

As plans are put in place to move the leadership agenda forward, it may prove fruitful for nursing at large to bear in mind eight skills Huston suggests will be “essential nurse leaders competencies for 2020:

1. a global perspective or mindset regarding healthcare and professional nursing issues;
2. technology skills which facilitate mobility and portability of relationships, interactions, and operational processes;
3. expert decision-making skills rooted in empirical science;
4. the ability to create organization cultures that permeate quality healthcare and patient/worker safety;
5. understanding and appropriately intervening in political processes;
6. highly developed collaborative and team building skills;
7. the ability to balance authenticity and performance expectations; and
8. being able to envision and proactively adapt to a healthcare system characterized by rapid change and chaos.”³⁴

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²⁷ Ibid., W695

²⁸ (Mass, 2008)

²⁹ (American Organization of Nurse Executives, 2006)

³⁰ (Bednash, 2003, p. 258)

³¹ (Smith, 2007)

³² (Laschinger & Wong, 2007, p. i)

³³ (Oulton, 2006)

³⁴ (Huston, 2008, p. 905)



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Also see:

CNA publication:

- *Advanced Nursing Practice* (PS 2007)
- *Advanced Nursing Practice: A National Framework* (2008)
- *Canadian Regulatory Framework for Registered Nurses* (PS 2007)
- *The next decade: CNA's vision for a healthy tomorrow* (2009)
- *Code of Ethics for Registered Nurses* (2008)
- *Framework for the Practice of Registered Nurses in Canada* (2007)
- *Practice Environments: Maximizing Client, Nurse and System Outcomes* (Joint PS 2006)
- *Succession Planning for Nursing Leadership* (2003)
- *Patient Safety* (PS 2009)

Replaces:

Nursing Leadership (2002)

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