

The Next Generation of Nurse Leaders: From Research to Practice

DRAFT Report from a Knowledge Translation Workshop

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Background

The cross Canada study titled “Nurses’ Career Aspirations to Management Roles: Identifying the Next Generation of Nursing Leaders”¹ was recently completed and this workshop was held to discuss the results. Dr. Heather Laschinger and Dr. Carol Wong of the University of Western Ontario were the Principal Investigators and Dr. Greta Cummings from the University of Alberta was a Co-investigator and hosted this meeting. The purpose of the study was to investigate personal and situational factors that influence direct care nurses’ interests in assuming management roles, and the learning needs relevant for preparation for these roles.

A key component of the research plan was to share the results with those in positions to address issues that the research raised. As a result, this workshop was held in Edmonton on May 11th, 2012 to communicate research results and consider the implications of this research. Approximately 50 participants were present from around the province and included executive leaders, front line and middle managers, clinical leaders, study contributors from academic and community hospitals and representatives of the “next generation” of leaders. While most of the participants were employees of Alberta Health Services, there were several individuals from other organizations (including the provincial nursing college and association).

The purpose of this document is to report on workshop proceedings. It should be noted that this final report was written with a participant lens in mind. That is, it is structured in a manner that reflected the general flow of the day, with the assumption that such a structure would enable those present to recognize the key messages and themes arising, and take action as appropriate.

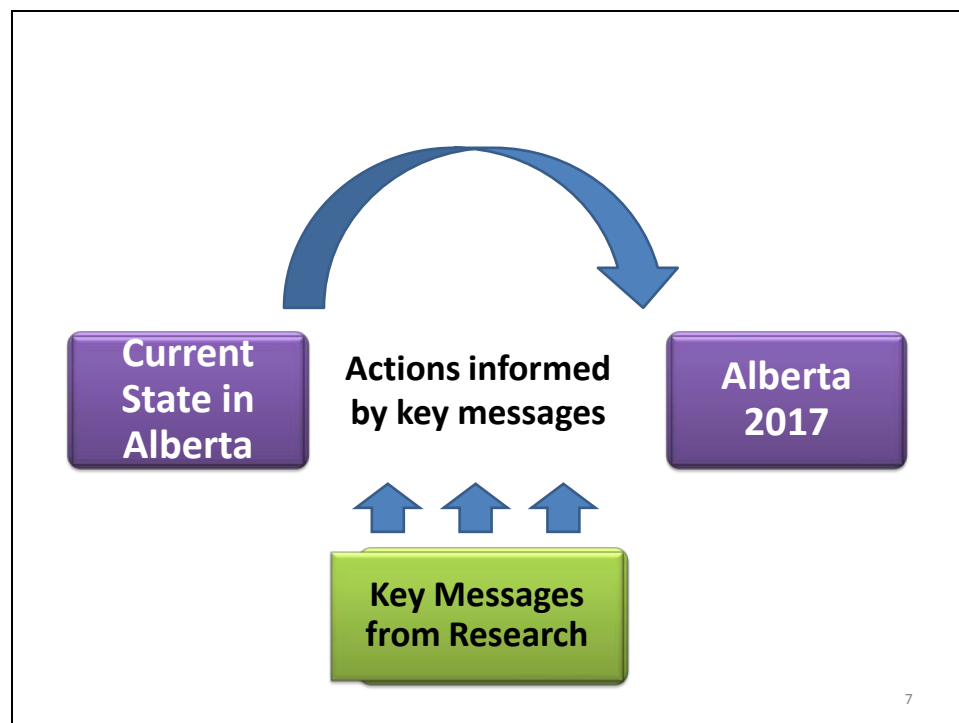
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Workshop Objectives and Approach

Objectives for the workshop were to:

1. Share nursing research findings that raise important implications for nursing education, practice and research and health policy in Canada, with specific emphases on Alberta's context.
2. Discuss possible strategies for identifying, recruiting and retaining nurses in leadership positions.
3. Exchange ideas and expertise about the meaning of the research results.
4. Identify specific actions that can be taken to prepare nurse leaders in Alberta.

The following visual presents a high-level overview of what was intended to be accomplished during the workshop and is used as a framework for this report. Key aspects describing the current state of nursing leadership in Alberta as reflected in the research were shared and the participants expressed attributes that they hoped would be present in the system in five years time. They subsequently identified recommended actions that were informed by the key messages extracted from the research findings.



Current State

Dr. Wong's presentation raised the following points regarding the current profile of nursing leadership in Canada:

- The average age of nurse managers across Canada is 50 years (CIHI, 2009); similar to the mean age of 52 found by Laschinger & Wong (2007)
- Many nurse leaders are approaching retirement
- Based on:
 - projected shortage of 60,000 nurses by 2022 (CNA, 2009)
 - ~7% of nursing workforce holds nursing management roles (CIHI, 2010)
 - nursing profession could be short 4200 nurse managers in the next decade
- 29% reduction in management positions in the 1990s (CIHI, 2001; CNAC, 2002)
- 83% in Ontario survey were 'not at all interested' in taking on a front line nurse manager role in their careers (Laschinger & Finegan, 2008)
- Retirements and inadequate succession planning raise concerns about a leadership crisis in nursing
- Current nurse leaders are very experienced individuals with enormous responsibility for patient care within the health care system
- Nurse leaders are positive about their work and ability to be effective in their roles
- Despite large spans of control at all levels of nursing management, job satisfaction is high
- Nurse leaders at all levels are older (47-50 years)
- Small percentage of front line managers and middle managers (2-6.3%) are in 26-35 age group

Envisioned Future

Participants provided individual written feedback on how they envisioned the ideal future with respect to nursing leadership in Alberta in 2017. Statements that reflected the ideal state were given and are summarized below under the five most common themes.

Leadership development is intentional, available to all potentially interested, supported and viewed positively. E.g.

- Every nurse can identify a nurse mentor and education and support for mentors is part of the system.
- There is a formalized program within the organization offering orientations, mentoring, support and educational opportunities for nurse managers at all levels
- Encourage "all staff interested" and provide opportunities for leadership training and experience
- Leadership education is firmly entrenched in educational curriculum and in organizational professional development programs.
- New managers/educators/leaders have formal education in respect to their position

- There is active competition for all available nursing management positions

Organizational support for leaders is tangible E.g

- Senior management understands the situation at the front line.
- The number of direct reports is more realistic instead of manager having 100+ direct reports
- Nurses feel they are providing safe, quality care and are well supported to do so
- New managers feel supported
- There is retention of nurses as a result of strong, resonant leadership

Nurses view of management roles is positive E.g.

- Nurses are in key leadership roles in the system
- Nurses demonstrate interest in management roles in increasing numbers at all ages
- High level of engagement by front line nurses is evident

Formal succession planning is in place and has resulted in more nurses interested in assuming leadership roles.

There is increased desire to move into management positions because work loads are reasonable, it is possible to achieve work/life balance and pay is equitable.

Collaboration among unions, management, professional organizations has resulted in easier transitions between union and out of scope positions.

More staff are using research findings to guide their work.

Appendix 1 includes specific feedback provided to describe the envisioned ideal future for nursing leadership.

Overview of Research Findings

Dr. Wong provided an overview of the study “Nurses’ career aspirations to management roles: Identifying the next generation of nursing leaders”. The purpose of this study was to investigate personal and situational factors that influence direct care nurses’ interests in assuming management roles, and the learning needs relevant for preparation for these roles. Data was collected in two phases and used both qualitative and quantitative methods. In Phase I, 18 focus groups were conducted and 13 interviews involving 125 participants in four regions across Canada. In Phase II, a national survey was conducted using a random sample of registered staff nurses working in direct patient care from each province (with the exception of PEI who no longer release member information for research purposes).

Key findings indicated that:

- A relatively large proportion (24%) of nurses is interested in assuming managerial roles.
- Overall, careers aspirations for nurse management were more strongly related to personal individual factors than situational factors. The life-stage of nurses appears to influence their interest in advancing to management and those with strong leadership self-efficacy and career motivation were more likely to aspire to nurse management.
- Both in-house and external leadership development programs were thought to be beneficial and it was also felt that informal and formal mentoring programs should be in place for those aspiring to be a manager.
- In terms of learning requirements to prepare for nurse leadership roles, nurses felt that additional courses in management, leadership and policy would be helpful, but that graduate level of education was not an essential entry requirement to management.
- Intrinsic rewards such as autonomy, challenge and the desire to make a difference were frequently mentioned as incentives to pursue management.
- Age and the educational requirements for nurse management were identified in focus groups as barriers to taking on management roles.
- Job demands and large span of control of management roles were identified in focus groups as disincentives to pursue management.

Subsequently, Dr. Cummings shared some Alberta specific results from the 174 respondents from Alberta:

- 14.9% of nurses had worked in a hospital with a succession planning process (compared to 21.7% Canada wide)
- 23% of nurses have participated in a leadership program (32% Canada wide)
- There were no differences in mentoring experiences between Alberta and the rest of Canada.

Key Messages Arising from Consideration of Research Results

- **Succession planning is important.**
- Leadership **education and development opportunities need to be available** to nurses throughout their career. That being said, an **enhanced focus on two target age groups – 25-35 and 45-55** is important. (CONFIRM)
- The **pool of interested candidates** for leadership positions **is shrinking.**
- Time is of the essence – the **need to focus on developing nurse leaders is URGENT!**
- It is very important to focus on **increasing the perception that being in management roles can be positive.** There are a lot of negative perceptions out there. Managers need to be engaged and reflect positive aspects of management role.

- There is a **lack of opportunities to ‘test’ management roles** (which may enhance direct experience of some of the positive aspects)
- We need to know **how to get potential new leader ‘in the door’** – how do we identify/notice people who may be future leaders – informal leadership? How do we learn about those personal factors that may not be obvious (but are important predictors of interest)?

There was an underlying theme in many of the comments that reflected the fact that management and leadership roles are generally not seen as positive or desirable.

The Alberta Context

As the focus for the day’s deliberations was to develop directions for actions to help move toward enhanced support for development of nurse leaders, it was helpful to identify aspects of the Alberta situation that could/should influence future actions. Participants identified several things:

- A Nursing Council is being developed in the province. This will be an important focus for nursing leadership.
- There is disparity in access to knowledge about courses and development opportunities. While there are numerous resources in existence that could help individual nurses or nurse managers in their quest to develop leadership qualities, knowledge about, and access to these resources is not as widespread as is desirable.
- There is a tendency sometimes for individuals to look to someone else to ‘make it easy’ or ‘make it happen’.
- Person to person interaction (e.g. between staff and managers at various levels) is not as frequent/common as is desirable.
- Positions that are ‘in scope’ (governed under the union contract) are seen to be more desirable. Management positions are all ‘out of scope’.
- Enhancements to current AHS offerings would be helpful. Short term courses (e.g. communication skills, budgeting, leadership and accountability) are available but there are limited opportunities for reinforcement. Some offerings are currently available only to those currently in management positions.
- Resources are sometimes a barrier. This is not only financial resources but also human resources (e.g. when backfilling is required and there are no suitable candidates).

While there were several specifics mentioned, **there were two themes woven among the comments** – those of **inadequate communication** about topics that would support leadership development and the aspect of **taking personal responsibility**.

Recommendations and Actions Informed by Key Messages

The workshop participants represented 'actors' in the system in Alberta ranging from graduate nurses to very senior executives. Appropriate action to advance leadership development depends on the participant's role and context. The group was able to identify several specific actions that either they personally could/would take or that were recommended for certain levels in the system. These actions are summarized below. Participants were encouraged to be as specific (and creative) as possible by Deb Gordon, Senior Vice President with Alberta Health Services had encouraged them to be.

Personal action

To demonstrate support for the position that leadership is everyone's responsibility and that each nurse can show leadership at some level, participants suggested ways that they in their own role could take specific action to support nursing leadership. Examples follow. These statements for the most part started with the phrase "I will..."

- have a better appreciation for the manager role. Next time there is an opportunity, I will acknowledge the role of my supervisor
- seek out opportunities to speak to upper management about issues that concern me
- dialogue with demographic groups identifying interest
- make mentoring formal in my organization (we currently have informal)
- ask my manager if I can fill in when he/she is away
- next time my manager provides a negative aspect of being a manager I will suggest a positive one
- have conversations with staff on the unit to get to know them, their interests and aspirations.. so I can act to take advantages of opportunities to support them in engaging in leadership activities
- let people know about your career aspirations!
- mentor and have empathy.. take action to call colleagues on bad behavior

Depending on the role of the person making the statements above, they are relevant either at the front line, the work unit or organizational level, but they demonstrate how nurses at all levels take action to support progress.

Front line

- Look for opportunities to involve future leaders in short term activities to gain some exposure to management roles (e.g. shadowing; project work)
- Reinforce that every person involved in patient care has a leadership responsibility

Zone

- Nursing managers in geographic zone collaborate to **develop a case to support the reinstatement of staff development as a line item in the budget**. Incorporate research evidence to illustrate the return on this investment.

Executive / Organizational

There was robust conversation with respect to what could/should happen or be enabled or supported at the organizational level. There were two positions that were somewhat at odds and while no absolute resolution was possible in this venue; both points were made clearly. In addition, at least two examples of timely opportunities were identified.

- **An organization wide, formal, progressive leadership development strategy is needed.** A formal, organized, comprehensive leadership development program/approach across the organization (which for most people in the room, meant province wide within Alberta Health Services) is needed. Important actions to support this might include:
 - Creating an inventory of existing or anticipated resources available to all levels of the organization. This may include (for example) strengthening existing portals e.g. Insight. Insight was cited as an example of a tool that could support succession planning or career planning for individual nurses as well as managers. Enhancing this portal could enable nurses to more easily pursue leadership training on their own initiative.
 - Acknowledge that while there no doubt are core components of leadership development that could be offered province wide, there will be components that must be customized or crafted to respect local imperatives. A multi-jurisdictional approach is needed.
- There needs to be several entry points and several destinations for leadership development. Some leaders emerge through happenstance or circumstance and not as part of a planned career development approach. **The system needs to take notice, enable and support emergent leaders as well as those being encouraged through a formal career or succession planning program.**
- **Capitalize on opportunities.** For example,
 - there has recently been a very successful project in a one of our units to reduce staff turnover among new nurses and this approach should be translated to new manager contexts.
 - Nursing Council is just being created in the province. Ensure nursing leadership development is high on the agenda.

Among Provincial Organizations

Utilize existing relationships between academic institutions, regulatory bodies and employers to create synergy to support progress in nursing leadership development.

Comments and Conclusion

The energy of participants in the workshop for the topic and potential actions was notable. Participants appreciated the fact that several senior leaders in the province were present. They were appreciative of this opportunity to learn of study results, and they engaged actively with one another. Several participants described specific actions that they personally could take to help enhance development of nurse leaders in their own work settings.

Deb Gordon provided closing comments for the day and expressed appreciation for the thoughts and ideas that participants had given. She acknowledged that several specific actionable suggestions were made.

Appendix 1: Specific Comments on Envisioning the Future by Theme

Mentorship and Leadership Education:

- Provide mentoring/orientation/education session on becoming a leader
- Mentorship education and support for new managers is clearly defined and available (formal)
- True leadership is clearly visible and supported, along with visible mentors\use and implementation of an effective leadership style (ie transformational, moral styles)
- There is a formalized program within the organization offering orientations, mentoring, support and educational opportunities for nurse managers at all levels
- There are active training/recruitment strategies and mentoring programs in place to facilitate growth of management skills/interests in leadership roles
- If every nurse can identify a nurse mentor
- Student nurses and nurses have leadership knowledge and experience
- Encourage “all staff interested” and provide opportunities
- Education has evolved to address the changing workforce needs for front line nurse managers and supervisors
- Incorporating clinical and mgt to be trained as a manager
- There is a section in all curriculums dealing with nursing leadership and a dedicated plan to support, nurture, and provide opportunities for floor nurses to experience the management role.
- There is opportunity for leadership development nurses who are not yet managers, but are interested in becoming leaders with prospective managerial pursuits.
- Leadership development is available and supported at the organizational and outside the organization.
- New managers/educators/leaders have formal education in respect to their position (i.e. fiscal planning, conflict management, HR courses, courses in adult learning, etc.)
- Leadership education is firmly entrenched in educational curriculum and in organizational professional development programs.
- There is a good mix of different styles of management leadership strategies. Informal/formal mentorship programs that have produced a positive environment.
- Have a job shadowing role for staff interested in moving to management roles
- There is active competition from nurses trained in the previous 5 generations for all available nursing management positions
- If nurse leaders of any level were knowledgeable of areas for which they are responsible.

- If, on my site, there is a steady stream of nurses purposely developing their careers via education and work opportunities, coached by a mentor, to advance themselves into leadership roles.
- If we (leaders) proactively collaborate with all levels of nurses (as appropriate) to enhance opportunity to connect and get to know the future leaders and identity them.
- As leaders, we support each other and build connections between all levels of nursing leadership (above, below, across) AND strengthen relationship with other agencies (academic, government, and regulatory).
- Staff moving into more challenging roles or taking more initiative to improve nursing

Organization Support:

- There is a mechanism/structure in place that senior management is in touch and supports frontline/med management leadership perspectives; they know what is really going on/grassroots, etc.
- The number of direct reports is more realistic instead of manager having 100+ direct reports
- There will be nurse leaders ready to take on the roles vacated by retiring leaders
- Nurses feel they are providing safe, quality care and nearly well supported to do so
- New managers feel supported
- Nurse managers have the necessary supports in place to do their jobs
- Increase opportunities for part time mgmt positions
- If leaders/managers of nursing areas were nurses
- If there is retention of nurses as a result of strong, resonant leadership
- Organizational structure that reflected role clarity and accountability
- Retaining staff

Perceptions of Management:

- There is an increased knowledge base of lack of fear to move into manager role
- What does it mean to be a leader and how will this change in the future
- Nurses are in key leadership roles in the system and contributing intelligently and meaningfully
- There is a significant increase in interest in nursing management roles
- Nurses report interest in management roles in increasing numbers at all ages
- Better utilization of skills of our employees
- High level of engagement by front line nurses is evident
- Communication/transparency is improved between nurse and management thereby increasing interest in empowering leadership roles
- Remove myths of "Nursing Managers/Leaders"
- Ensure present leaders are thoughtful and passing the "torch"

Succession planning:

- Intentional succession planning proved to be effective
- There were nurses interested in moving into leadership positions (succession planning)
- We have formal succession planning in place
- Nurse managers report effective positive initiatives underway to support succession planning and building interest among staff nurses at all ages
- Succession planning is recognized by frontline staff, opportunities given, mentoring available, etc.

Perceptions of Reasonable Manager Workload and Balance:

- Nurse managers have reasonable spans of control (<50)
- There is an increased desire to move into management roles: work/life balance; educational opportunities; adequate support for new managers; reasonable workloads; pay/workload equity

Professional Organization (CARNA), Union Support

- Collaboration and cooperation between unions, management, professional organization, i.e CARNA, flow of nurses between unions and mgt, without loss or penalty (perceived?)
- In scope for leadership roles

Knowledge Transfer

- Leaders to a great job of knowledge transfer
- More staff using research findings to guide work