



# **NEW LEADER STUDY**

Discovering the Next Generation

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**Funded By:**

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# What is Leadership?

- ***“Leadership is a process whereby an individual influences a group of individuals to achieve a common goal.”*** (Northouse, 2007, p.3.)
- ***“for nurses to have a voice in the future of health care, nurses need to develop leadership skills and assume leadership positions”*** (Mahoney, 2001)
- ***“Emergence as a leader is a developmental process in which capabilities, insight and skills gained through one experience or at one level serves as the basis for further growth...one learns to be a leader by serving as a leader. Observing others in that role does not make one a leader.”***  
(Grossman & Valiga, 2000)



# *Current State of Leadership*

- Average age of nurse managers across Canada is 52 years (Laschinger & Wong, 2007)
- Based on:
  - projected shortage of 60,000 nurses by 2022 (CNA, 2009)
  - approximately 7% of nursing workforce holds nursing management roles (CIHI, 2010)
  - possible outcome: nursing profession could be short 4200 nurse managers within the next decade
- In Canada between 1994 and 2002 - loss of 6,733 managerial positions → reflecting a 29% reduction (CIHI, 2001; CNAC, 2002)
- Recent study found that 83% of nurses (397/478) indicated they were **'not at all interested'** in taking on a first line nurse manager role in their careers (Laschinger & Finegan, 2008)



# *What was the project about?*

## ○ Asking the Question:

- What are the personal and situational factors that influence direct care nurses' interests in assuming nursing management roles within their careers?

## ○ Understanding:

- What influences staff nurses' interest in management roles?
- What learning needs are essential in preparing staff nurses for leadership roles?
- Why factors deter nurses from assuming management roles?



# STUDY FRAMEWORK

## PERSONAL: DEMOGRAPHIC

Age/Years  
Experience

Education

Family/Children at  
Home

Primary  
Profession

## PERSONAL: DISPOSITIONAL

Core Self  
Evaluation

Work Motivation:  
Intrinsic/Extrinsic

Leadership Role  
Self-Efficacy

Professional  
identity

Organizational  
Commitment

## SITUATIONAL VARIABLES

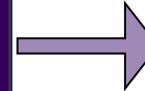
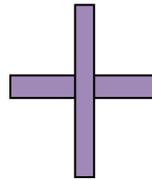
Organizational  
Structure

Leadership  
Development  
Opportunities

Perceptions of  
Manager Role

Current Work  
Experiences

**NURSES'  
ASPIRATIONS  
TO  
MANAGEMENT  
ROLES**



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# *What does the project involve?*

## **Phase I: Focus Groups Completed May-August 2009**

- **With the following 4 regions (Atlantic, Quebec, Ontario, & West)**
  - **Staff Nurses from Professional Practice Council**
  - **Staff Nurses from Urban Hospitals**
  - **Staff Nurses from Rural Hospitals**
  - **Unit Leaders (charge nurses, resource nurses, clinical educators, team leads, etc.)**
  - **Nurse Managers**

## **Phase I: Interviews Completed May-August 2009**

- **5 per region (Atlantic, Quebec, Ontario, and West) with New Nurse Leaders**

## **Phase II: Surveys September – December 2010**

- **400 staff nurses from each Canadian province**



# *Who were the participants in this project?*

- **Staff Nurses (rural, urban and prof. practice council staff nurse reps.)**
- **Unit Leaders (team leaders, resources nurses, charge nurses, and nurse educators)**
- **Nurse Managers**
- **New Nurse Managers (with less than 2 years of experience in the role)**

# *What did the Focus Groups and Interviews involve?*

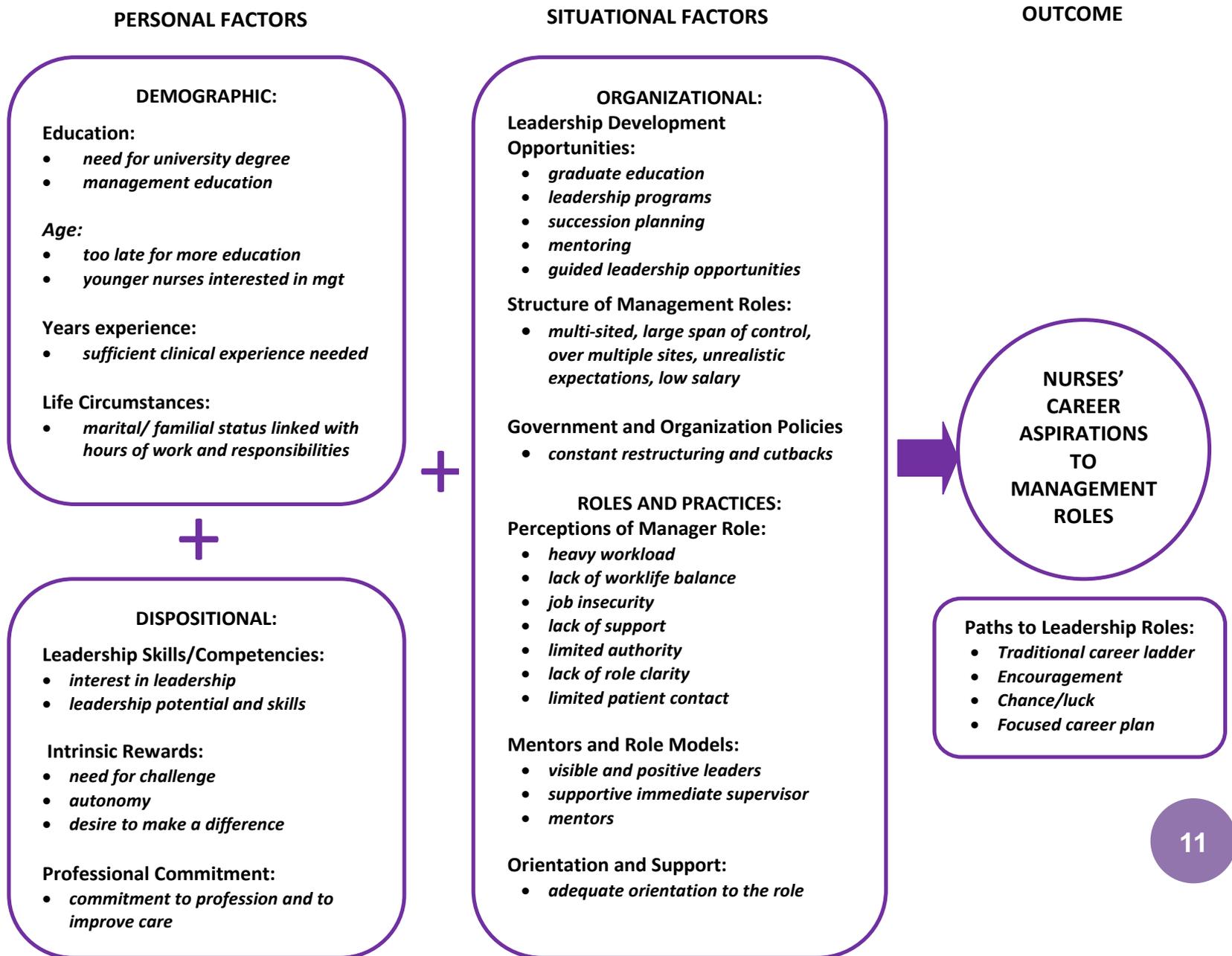
- **Approximately 45-60 minutes long**
- **Consisted of open-ended questions investigating:**
  - **Nurses' interests in formal nursing management roles**
  - **What factors are involved in increasing the likelihood of their career aspirations to management roles**
- **Knowledge gained from Phase I is being used to develop a national survey for Phase II of the study**



# Data Collection Completed

	STAFF NURSES			UNIT LEADERS	NURSE MANAGERS	NEW NURSE MANAGERS	TOTAL
	NPPC	URBAN	RURAL				
<b>ONTARIO</b>							
	9	9	9	5	13	4	<b>49</b>
<b>WEST</b>							
	4	3	1	0	7	4	<b>19</b>
<b>QUEBEC</b>							
	0	7	3	7	7	0	<b>24</b>
<b>ATLANTIC</b>							
	7	6	2	5	8	5	<b>33</b>
<b>ALL REGIONS</b>							
	<b>20</b>	<b>25</b>	<b>15</b>	<b>17</b>	<b>35</b>	<b>13</b>	<b>125</b>

Figure 1 - Focus Group Themes Framework



# PERSONAL FACTORS: DEMOGRAPHIC

## Education:

- *need for university degree*
- *management education*

## Age:

- *too late for more education*
- *younger nurses interested in mgt*

## Age:

*- too late for more education*

- ***“If I was much younger I would consider doing a management role, but I am too old at this point. Only have a diploma and was never able to go back to school because I am the main income in my family, childcare is an issue and I live in the country [rural area].”***

# Age:

## *younger nurses interested in mgt*

- *“It’s not a concern for a new grad (to lose a leadership position) because you are at the bottom of the totem pole anyway.”*
- *“I think it’s too early for me. I don’t rule anything out, but I can’t see myself doing it so early in my career. I could do it when I’m more `sure of myself. “*
- *“Whoever is into leadership needs to change the myth that some of our leaders are just put in there because, I have been here the longest I should get the job - that’s not right.”*

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## Education:

- *need for university degree*
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## Age:

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## Years experience:

- *sufficient clinical experience needed*

## Life Circumstances:

- *marital/family status linked with hours of work and responsibilities*

## Life Circumstances:

*- marital/family status linked with hours of work and responsibilities*

- *“I have a college diploma but no degree and have been a nurse for 22 years, and somewhere along the line your experience has to work for you”. But to be a manager you have to have a degree and I am the sole income earner, I can’t afford to go back to school for a degree to take on these roles.”*

# PERSONAL FACTORS: DISPOSITIONAL

## Leadership Skills/Competencies:

- *interest in leadership*
- *leadership potential and skills*

# Leadership Skills/Competencies:

## *- leadership potential and skills*

- ***“I’m confident in my clinical abilities, so I felt that I had no concerns about being able to effectively do the duties of the unit, I felt very good about that in leadership capacity.”***

*What skills and competencies do you think you need to have or develop in order to prepare yourself for a managerial role?*

- **Interpersonal skills (eg, conflict management, giving feedback)**
- **Intergenerational understanding**
- **Mentoring skills**
- **Leadership skills such as the ability to empower staff**
- **Technical skills such as dealing with budgets and technology**

# PERSONAL FACTORS: DISPOSITIONAL

## Leadership Skills/Competencies:

- *interest in leadership*
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## Intrinsic Rewards:

- *need for challenge*
- *autonomy*
- *make a difference*

# Intrinsic Rewards:

*- make a difference*

- *“Something I’ve always been interested in doing, I just knew I wanted to be in a role that allowed me to have what I would hope to be a positive influence on how things were evolving, how the patients were cared for and how the staff worked”*
- *“Being in a leadership role where you help make a change in others, it’s great seeing that in the end, trying to get frontline staff involved and engaging them and seeing the results of that is rewarding.”*

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## Professional Commitment:

- *to profession and and to improve patient care*

# Professional Commitment:

*- to profession and to improve patient care*

- *“Front line nurses get frustrated when they have no voice. This gives me a voice.” “I feel like a spokesperson...I am an enabler to ensure that safe care is delivered.”*
- *“I always had a vision of improving the quality of nursing.”*

# SITUATIONAL FACTORS: ORGANIZATIONAL

## Leadership Development Opportunities:

- *graduate education*
- *leadership programs*
- *succession planning*
- *mentoring programs*
- *guided leadership opportunities*

# Leadership Development Opportunities:

## *- succession planning*

- ***“Well, seriously, I am always recruiting all the time. I talk to people about leadership in positive terms and encourage nurses to take chances. Huge amount of networking and I keep my ear to the ground. I also offer to meet people for coffee to talk about leadership. I think of it like a chess board and am always working two to three moves ahead.”***

# Leadership Development Opportunities:

- *guided leadership opportunities*

- *“I might be interested - “The structure of management doesn’t allow for nurses to get a taste for what the role might be like; so don’t get any exposure so to make the leap immediately to coordinator position is a lot more threatening and then if cutbacks yours might be the first position to go and you have no security”*

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## Structure of Management Roles:

- *multi-sited, large span of control over multiple sites, unrealistic expectations, low salary*

# Structure of Management Role:

*- multi-sited, large span of control over multiple sites, unrealistic expectations, low salary*

- ***“If you want to build a relationship of trust with your staff, we need you to be present. When you are subdivided into 2-3 departments and one is more demanding, forget it, the other is lost ... Lay the foundations, build a beautiful department, knowing the staff who need training.”***

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## Leadership Development Opportunities:

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## Structure of Management Roles:

- *multi-sited, large span of control over multiple sites, unrealistic expectations, low salary*

## Government and Organizational Policies:

- *constant restructuring, and cutbacks*

# SITUATIONAL FACTORS: ROLES & PRACTICES

## Perceptions of Manager Role:

- *heavy workload*
- *lack of worklife balance*
- *job insecurity*
- *lack of support*
- *limited authority*
- *lack of role clarity*
- *reduced patient contact*

# Perceptions of Manager Role:

## - *heavy workload*

- *“I’ve said no [to taking on manager role] based on the way it is right now ..... But to actually get into a management role, I’ve just seen how many pressures she [my manager] has. She has all of us going to her about all our problems and then she tries to do whatever she can to help us and then she has all these pressures from up top and all she is dealing with there and I just feel she does not have has any real support in the middle there and I don’t know if I could not just leave that at the door?”*

# Perceptions of Manager Role:

## *- limited authority*

- ***“First-line manage position is squished between ideals of senior team and the realities of delivering care. If you can survive that and move up a step then that’s alright, but you lose that[staff and patient] contact.”***

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## Mentors and Role Models:

- *visible and positive role models*
- *supportive immediate supervisor*
- *mentors*

# Mentors and Role Models:

## *- visible and positive role models*

- *“I do think nurses do see the negative of the job like seeing me work long hours sometimes until 10pm, but letting them know I can make a difference in what I do is important. I tell them about the positive part of my role and have individual conversations with them.”*
- *“Managers have to make the work they do more visible, to show the positive aspects of management, they[ staff] don’t need to see all managers completely burned out, it’s about being ok to balance your work and it shouldn’t be frowned upon.”*

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## Orientation and Support:

- *adequate orientation to the role*

# NURSES' CAREER ASPIRATIONS TO MANAGEMENT ROLES: PATHS TO LEADERSHIP

Traditional career ladder

Encouragement

Chance/Luck

Focused career plan

# Focused Career Plan

- *“Aside from wanting to develop skills, I have future ambitions as well and want to be in a position where I can be strategic, so I think realistically I wanted a position where I could develop skill sets to lead to something in the future.”*

# Summary

- Validation of framework re: key personal and situational variables
- Staff nurses:
  - Few (19%) indicated interest in manager roles
  - Identified some positive factors in mgr roles but negative factors predominated
  - Key role concerns: need for more education, budget and HR competencies required, job insecurity, worklife demands/imbalance and reduced patient contact
- Managers: validated role rewards and stressors and identified key strategies for organizations
- Need for organizational strategies: support and development opportunities, positive role models and role messaging, redesign of mgr roles



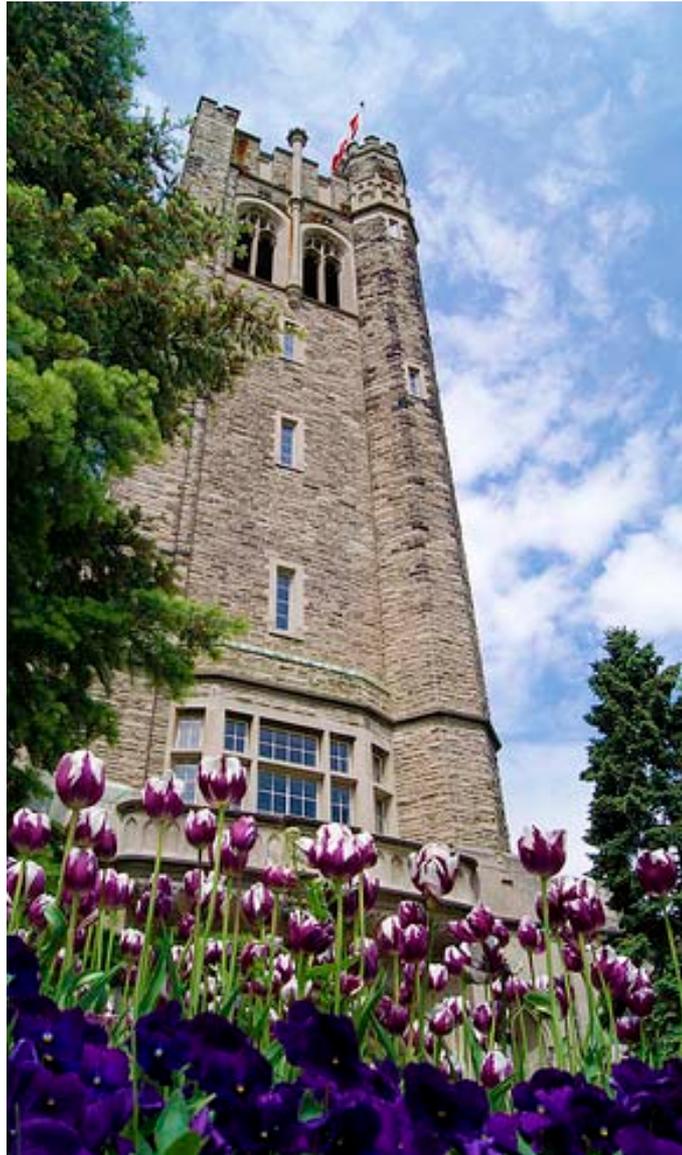
# *Project Status & Next Steps*

- Focus group and interviews analysis completed
- National questionnaire developed based on Phase I data
- Sampling procedures for each province completed
- Survey distributed September – December 2010 – approx. 1300 responses so far – completion by March 31/11
- Survey data being entered and analyzed currently
- KT Event in April 2012 – overall findings to be shared

## ***End Note***

***“Leadership encompasses mentoring, coaching, supporting, rewarding and attracting other leaders at all levels...Nurses in all domains of practice must help put mechanisms in place to attract youth, vigour, and new ideas and new energy into nursing leadership.”***

(CNA, 2009)



*Questions or Comments??*

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