Developing New Nursing Leaders

Coaching—and a unit culture that supports it—promotes leadership potential.

This is the fourth article in a series on leadership, coordinated by the American Organization of Nurse Executives (AONE), highlighting topics of interest to nurse managers and emerging nurse leaders. The AONE provides leadership, professional development, advocacy, and research to advance nursing practice and patient care, promote nursing leadership excellence, and shape public policy for health care.

In our complex health care system—with its limited financial and human resources, new technology, high patient acuity, and changes brought about by health care reform—there is a need for well-qualified nurse leaders.[1, 2] Working directly with patients gives nurses a unique perspective that must be voiced at every level to help shape policy and ensure the highest quality patient care.

Many business and health care organizations are implementing leadership development and succession-planning programs to engage employees who demonstrate the potential to lead and to prepare them for formal leadership roles. These programs typically include staff that show an interest in managerial roles and have already demonstrated leadership—perhaps through their clinical skills, effective communication, or ability to delegate. Such employees receive education and mentoring to prepare them to take on formal leadership roles.

But all nurses have the potential to be leaders. Nurse managers can help to nurture their ability by providing individualized coaching and by supporting a unit structure and culture that encourages shared responsibility and collaboration. In this setting, nurse managers can often engage nurses in the professional development process before they even identify their own leadership potential.

OBSTACLES TO LEADERSHIP

Many managers report having difficulty finding staff nurses willing to consider formal leadership roles. According to a recent Canadian study, only 19% of surveyed staff nurses expressed interest in management roles, citing concerns such as the need for additional clinical experience and education, less time spent with patients, a potentially heavier work load, and work–life imbalance.[3]

Charge nurses cite several barriers to their pursuit of nurse manager roles, according to Sherman, including concerns about role qualification, such as a lack of education and leadership experience, and the self-confidence needed to lead.[4] New nurse leaders who've attended the American Organization of Nurse Executives (AONE) Foundation's Emerging Nurse Leader Institute—where I'm one of two faculty members—frequently express their concerns and fears of failure.

In a discussion about self-efficacy, Bandura defines an efficacy expectation as "the conviction that one can successfully execute the behavior required to produce the outcomes."[5] Many staff nurses don't believe they have the ability to be effective leaders, and this lack of self-efficacy can contribute to a lack of interest in leadership roles.

The journey to formal leadership often begins when someone else recognizes a staff member's potential.

The journey to formal leadership often begins when someone else recognizes a staff member's potential, someone who has confidence in this person's ability. Thirty nurse managers gathered in San Diego last July as part of AONE's Nurse Manager Fellowship professional development program, during which I conducted a session focusing on the nurse manager as coach. I invited attendees to complete a written survey about their journey to their management position. Seventy-five percent reported that they'd had no interest in such a job when they started out in nursing. Ninety-six percent indicated that their interest in management was prompted when someone else—frequently a manager or director—told them they

During an ICU huddle at Cedars-Sinai Medical Center in Los Angeles, nurses celebrate paperless charts and full implementation of electronic medical records—a process that required collaborative leadership from staff nurses and nurse managers. Photo by Lisa Hollis.

had leadership potential and encouraged and supported them in their pursuit of this opportunity.

COACHING

Nurse managers can have a powerful impact on staff nurses who are unaware of or skeptical about their potential as leaders. Through the use of coaching—a leadership style in which managers provide individualized feedback and assistance to improve an employee's performance and development—nurse managers support staff nurses as they "identify their unique strengths and weaknesses and tie them to their personal and career aspirations."[6] Goleman describes coaching as a positive style of leadership in which managers promote empathy and self-awareness, helping employees to develop long-term goals and plans.[6]

After a review of the literature, Heslin and colleagues identified the fundamental elements of coaching behavior, grouping these into three categories: guidance, facilitation, and inspiration.[7]

Guidance is used by managers to help analyze a staff member's performance, clarify expectations, provide constructive feedback, and offer suggestions for improvement.[7] It's often provided formally during a performance review, but nurse managers also provide less formal guidance when they clarify expectations to staff members or recognize leadership behaviors during staff meetings.

To provide guidance effectively, the nurse manager must avoid a tendency to micromanage and be attuned to the needs of the staff. For example, if a staff member who volunteers to spearhead a group project demonstrates the enthusiasm to lead but not the skills, the nurse manager needs to recognize this and assist in developing the nurse's ability to effectively conduct meetings. This can be done by providing guidance about establishing goals, creating agendas, and writing minutes of the meeting, as well as by clarifying the expectations of the group work.

As staff take on leadership roles—acting as preceptors, becoming members of unit committees, chairing

small project groups—feedback about performance is particularly important, and a lack of it can be interpreted as a lack of support. The amount of feedback needed will vary depending on the person, her or his level of experience, and the type of leadership role. A new charge nurse who has no experience in leadership, for instance, may need feedback on her or his performance several times per shift during the first week, whereas a second-career nurse with a background in management may be fairly independent by the second week.

Inspiration is provided by coaches when they express confidence that staff members can develop and improve, and then encourage and support them to take on new challenges. Heslin notes that inspiration begins with the mindset that a person's abilities can be modified.[14] Managers who have this "growth mindset" see the potential in staff to assume greater leadership responsibilities, whereas those with a fixed mindset doubt if these abilities can be easily developed and may not offer opportunities to staff who haven't already identified themselves as potential leaders.[14]

Staff report feeling more satisfied and inclined to stay at their jobs when they receive both positive and negative feedback regularly.

Gallup's research about performance and management shows that productivity and employee retention are affected when workers don't receive recognition or positive feedback at least every seven days.[8] Nursing research corroborates this—staff report feeling more satisfied and inclined to stay at their jobs when they receive both positive and negative feedback regularly and perceive that their managers are supportive and available.[9] Zastocki and Holly note that nurse managers, like staff nurses, are more likely to leave their jobs if they don't believe their work is recognized and supported.[10]

Facilitation. When nurse managers act as a sounding board for staff, helping them to develop ideas and creatively solve problems, they are demonstrating facilitation.[7] This may include modeling and teaching appreciative inquiry, an approach that promotes positive change in an organization by emphasizing reliance on existing strengths (ideas and practices, for instance) to improve a situation.[11] Challenges are thus viewed as possibilities rather than as problems. Managers can also help nurses to develop critical thinking skills, such as finding creative solutions to problems and exploring alternatives, which are important for any leader to possess.[12]

A foundational component of effective coaching is having a relationship in which the manager is visible and accessible to the staff, so that staff feel encouraged to share their ideas. Wiseman describes how managers can "deliberately carve out space for others to make a contribution."[13] To do so, the nurse manager may refrain from dominating meetings, instead making sure that all staff talk and share their opinions. This creates an environment in which everyone feels safe expressing ideas.

Encouragement and support help to boost employee engagement and confidence, contributing to the development of leadership self-efficacy—the self-confidence and belief in one's ability to lead that is an important component of leadership engagement and effectiveness.[15, 16] Believing in their leadership potential allows staff to begin envisioning themselves in formal leadership roles.[17]

All of these coaching behaviors provide the staff with greater exposure to the manager's role and responsibilities, owing to the increased interaction between the nurse and the manager. The role of leader thus becomes more familiar, and one that staff can understand and aspire to. A recent study on the next generation of leadership by Odgers Berndtson and the Cass Business School of City University London concludes that the transfer of knowledge between leaders and potential leaders is essential to success, and this can only occur when current leaders and the next generation work closely, taking the time to listen to and learn from each other.[18]

A CULTURE OF DEVELOPMENT

While providing staff with individual feedback and coaching, the manager can also create a culture of development on the unit, in which guidance, facilitation, and inspiration become more than just the responsibilities of the manager. By modeling positive leadership behaviors, the manager is signaling that the staff should adopt these too, which leads to an environment in which all staff are expected to look for the potential in others, encourage involvement in leadership activities, and inspire others based on the belief that everyone has the potential to learn and grow. On units with such a culture, there's generally a belief that growth and development are

expected of everyone, and that the time and resources needed for development should be made available to all, not just to those in leadership positions.[19]

Shared governance. Unlike a more traditional hierarchal structure, the shared governance professional practice model emphasizes a collective responsibility, and as such it is conducive to the development of a coaching culture. At organizations with this type of structure, nurses have responsibility and accountability for nursing practice. Leaders and staff members work together to jointly create expectations, and feedback is provided through formal and informal peer review, much as the coach provides guidance when working with a staff nurse to further leadership development.

Shared governance structures that bring together novice and expert nurses allow for the facilitation associated with coaching, enabling new nurses to learn to think through problems, develop innovative alternatives, and share in decision making. The inspiration that is a hallmark of coaching is evident when staff members are encouraged by managers and peers to accept the new challenges made available through this practice model, such as opportunities to serve on committees or as chairs.

Professional responsibility. Nurses have a professional responsibility to grow and exercise leadership skills, according to Porter-O'Grady.[2] Creating an environment in which growth is encouraged and nurtured, and staff are assisted in their efforts to recognize their own potential, is therefore important.

However, nurses' success in professional development is ultimately dependent on their commitment to their continued education and their advancement as leaders. Staff nurses must look for opportunities that expose them to leadership roles and be informed about and express interest in the activities of the unit as well as developments and policies at their organization and nationally. Becoming a member of a professional organization and exploring opportunities for involvement is another avenue for professional development. It's important to remember that it's not necessary to be certain that one has the skills or desire to have a formal leadership role in order to begin engaging in leadership development.

'A POWERFUL TOOL'

In discussing research about different leadership styles, Goleman notes that coaching is used least frequently, perhaps because it's perceived as too time consuming.[6] He argues, however, that the initial coaching session is the biggest time commitment and that "leaders who ignore this style are passing up a powerful tool: its impact on climate and performance are markedly positive."[6]

They are also potentially passing up the opportunity to engage a staff nurse who doesn't yet realize her or his potential or isn't likely to develop this without support and guidance. As Jack Welch, former chairman and chief executive officer of General Electric once said, "Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others." ▼

Beverly Hancock is the director of educational programs at the American Organization of Nurse Executives in Chicago. Contact author: bhancock@aha.org. The author has disclosed no potential conflicts of interest, financial or otherwise.

REFERENCES

1. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. *The future of nursing: leading change, advancing health.* Washington, DC: National Academies Press; 2011.
2. Porter-O'Grady T. Leadership at all levels. *Nurs Manage* 2011;42(5):32-7.
3. Wong CA, et al. Part 2: Nurses' career aspirations to management roles: qualitative findings from a national study of Canadian nurses. *J Nurs Manag* 2013;21(2):231-41.
4. Sherman RO, et al. What we learned from our charge nurses. *Nurse Leader* 2013;11(1):34-9.
5. Bandura A. Self-efficacy: toward a unifying theory of behavioral change. *Psychol Rev* 1977;84(2):191-215.
6. Goleman D. Leadership that gets results. *Harv Bus Rev* 2000; 78(2):79-90.
7. Heslin PA, et al. Keen to help? Managers' implicit person theories and their subsequent employee coaching. *Pers Psychol* 2006;59(4):871-902.
8. Wagner R, Harter J. The fourth element of great managing. *Gallup Business Journal* 2007. http://businessjournal.gallup.com/content/28270/Fourth-Element-Great-Managing.aspx.
9. Schmalenberg C, Kramer M. Nurse manager support: how do staff nurses define it? *Crit Care Nurse* 2009;29(4):61-9.
10. Zastocki D, Holly C. Retaining nurse managers. *Am Nurse Today* 2010;5(12). http://www.americannursetoday.com/article.aspx?id=7322&fid=6856.
11. Havens DS, et al. Improving nursing practice and patient care: building capacity with appreciative inquiry. *J Nurs Adm* 2006;36(10):463-70.
12. Zori S, et al. Critical thinking of nurse managers related to staff RNs' perceptions of the practice environment. *J Nurs Scholarsh* 2010;42(3):305-13.
13. Wiseman L, McKeown G. *Multipliers: how the best leaders make everyone smarter.* New York: HarperCollins Publishers; 2010.
14. Heslin PA. Boost engagement: cultivate a growth mindset. *Leadership Excellence* 2010 Feb: p.20.
15. Manojlovich M. Promoting nurses' self-efficacy: a leadership strategy to improve practice. *J Nurs Adm* 2005;35(5):271-8.
16. Scott ES, Miles J. Advancing leadership capacity in nursing. *Nurs Adm Q* 2013;37(1):77-82.
17. Dyess S, Sherman RO. Developing a leadership mindset in new graduates. *Nurse Leader* 2010;8(1):29-33.
18. Odgers Berndtson. *After the baby boomers: the next generation of leadership.* London: Odgers Berndtson; Cass Business School, City University London; 2013. http://www.odgersberndtson.com/fileadmin/uploads/global/Documents/Baby_Boomers.pdf.
19. Sobel MR, et al. *Linkage Inc.'s best practices for succession planning: case studies, research, models, tools.* San Francisco: Pfeiffer; 2007.