

NURSING LEADERSHIP

CNA POSITION

Nursing requires strong, consistent and knowledgeable leaders who are visible, inspire others and support professional nursing practice. Leadership plays a pivotal role in the lives of nurses.¹ It is an essential element for quality professional practice environments where nurses can provide quality nursing care.² Key attributes of a nurse leader³ include being a(n): advocate for quality care, collaborator, articulate communicator, mentor, risk taker, role model and visionary.⁴

The chief executive nurse provides visionary leadership to his/her organization, as well as the profession of nursing, and must have the authority and resources necessary to ensure nursing standards are met.⁵ This linkage between professional practice and the operational activity of the organization leads to a greater involvement in decision-making and fosters collaboration within nursing and interdisciplinary teams.⁶ A collaborative approach contributes to quality client-centred care. It involves nurses participating in a common vision for their workplaces and being recognized for their unique contribution.

Leadership is a shared responsibility. Nurses in all domains of practice and at all levels must maximize their leadership potential.⁷ With the collective energy of shared leadership, nurses form strong networks and relationships that ultimately result in excellence in nursing practice. To support excellence in professional practice, humanism must be restored to the work environment to help nurses feel safe, respected and valued.⁸

Nurses have the obligation to their clients to demand practice environments that have the organizational and human support allocations necessary for safe, competent and ethical nursing care. Developing and supporting quality professional practice environments is a responsibility shared by practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions and the public.⁹ The following principles apply wherever nursing is practised and are considered the framework for supporting quality, efficient and effective nursing services in the interest of the public.

¹ Nurse refers to registered nurse throughout this document.

² Quality nursing care is theory based and directed toward attaining client outcomes that can be measured. Clients are individuals, families, groups, populations or entire communities.

³ Leaders are central to guiding others towards a common goal or vision. They have influence and/or power through their knowledge, experience or position. Leaders work with people to enhance their growth, potential and accomplishments (RNABC, 2001).

⁴ (RNABC, 2001).

⁵ (CNA, 2001).

⁶ (ACEN, 2002).

⁷ (Broughton, 2001).

⁸ (ACEN, 2002).

⁹ (CNA, 2001).



A quality professional practice environment is supported by:

- A chief nursing officer who provides valued leadership for the discipline;
- Middle managers who are regulated nursing personnel;
- Nurses involved in decision-making at the board and executive levels;
- Nurses involved in organizational strategic planning activities;
- Nurses responsible and accountable for nursing care standards;
- Nurses collaborating with other health care professionals in determining standards of client care;
- Nurses who participate in organization-wide decisions to assess and select supplies, equipment and information systems and technology;
- Nurses who have a strong voice in determining resource utilization;
- The involvement of nurses in quality improvement activities that are integral to the organization's functioning;
- Nurses with clinical practice expertise who are in leadership positions;
- A formal mentorship program for nurses that fosters sharing of expertise;
- A work design in nursing allowing time for reflection and decision-making about one's own practice;
- Organizational decisions analysed with respect to their effect on client outcomes and nursing worklife;
- Appropriate staff development and professional education that support nurses in maintaining continuing competence;
- Additional management education that is accessible to nurse leaders and potential leaders; and
- Formal links that enhance evidence-based practice, such as cross-appointments with educational institutions, to facilitate access to research and education expertise.

BACKGROUND

It has been widely published that the notion of "magnet hospitals" is associated with a quality professional practice environment for nursing. Although published in the 1980s, the characteristics have passed the test of time and are still relevant in today's health care environment. They continue to support strong leadership qualities. One of the significant characteristics associated with magnet hospitals is strong, supportive and visible nurse leadership.¹⁰

Health care restructuring has diminished hospital-bed capacity, reduced nurse-staffing levels and flattened organizational structures. Nurses have experienced a dramatic loss of leadership, management positions and clinical support. This in turn has given nurses an overwhelming sense that their contributions to quality, efficient and cost-effective health care are neither valued nor recognized.¹¹

In 2001, CNA consulted the registered nursing community regarding the attributes of a healthy workplace. The synthesis resulting from this ranking of attributes by 13 national and provincial nursing organizations was significant. Nursing leadership is second only to control over workload. It is clear that strong nursing leadership, from the executive level to the unit level, complimented by maximizing the leadership potential of every nurse, is an essential element to achieve quality care and quality professional practice environments.

June 2002

¹⁰ (Clarke et al., 2001).

¹¹ (Clarke et al., 2001).

**References:**

- Academy of Canadian Executive Nurses. (2002). *Nursing executive leadership background paper*. Ottawa: Author.
- Broughton, H. (2001). *Nursing leadership: Unleashing the power*. Ottawa: Canadian Nurses Association.
- Canadian Nurses Association. (1997). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- Canadian Nurses Association. (2001). *Position statement: Quality professional practice environments for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (2002). *Advanced nursing practice: A national framework*. Ottawa: Author.
- Clarke, H., Spence Laschinger, H., Giovannetti, P., Shamian, J., Thomson, D., & Tourangeau, A. (2001). Nursing shortages: Workplace environments are essential to the solution. *Hospital Quarterly*, 4(4), 50-56.
- Hemman, E. A. (2000). Leadership profiles of senior nurse executives. *Canadian Journal of Nursing Leadership*, 13(1), 21-30.
- King, T. (2000). Paradigms of Canadian nurse managers: Lenses for viewing leadership and management. *Canadian Journal of Nursing Leadership*, 13(1), 15-20.
- National Nursing Competency Project. (1997). *National nursing competency project: Final report*. Ottawa: Canadian Nurses Association.
- Nunn, K. (2001). *What about nursing leadership? A discussion paper for the nursing leadership conference*. Ottawa: Canadian Nurses Association.
- Registered Nurses Association of British Columbia. (2001). *Policy statement: Nursing leadership and quality care*. Vancouver: Author.

Replaces:

- Nursing Leadership* (1995)
- Chief Executive Nurse* (1993)

Also see:

- Quality Professional Practice Environments for Registered Nurses* (2001)
- Evidence-based Decision-making and Nursing Practice* (1998)
- Nursing Professional Regulatory Framework* (2001)
- Advanced Nursing Practice: A National Framework* (2002)