

**The Past, Present and Future of Nursing Leadership**  
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*“It is incumbent upon every nurse to have a role in maintaining, supporting, and leading the profession”<sup>1</sup>*

## Overview

Leadership is a fascinating field of study, and a number of scholars have devoted countless hours to developing a systematic understanding of who leaders are, how they lead, and what makes them successful at inspiring, mobilizing; leading people. Broadly defined, organizational leadership is a dynamic process whereby a person influences or leads others towards achieving common goals. A number of models and theories of leadership exist (transformational, functional, behavioural, situational, emotional, etc.) but this paper will discuss the notion of leadership in a broader sense, as well as how it relates specifically to nursing.

Nursing leadership has often been conceptualized as a shared responsibility,<sup>2</sup> not exclusive to management, but in every level of practice and every area of care.<sup>3</sup> Nurse leaders are educators, clinical experts, researchers, and union activists to name a few. Some describe nurses who embody leadership as: advocates for quality care; mentors who are dedicated to the continuous professional development of nurses; role models who are respectful, knowledgeable, skilled, credible, visible and available; collaborators who develop working relationships that create an atmosphere of mutual trust and respect; skilled communicators; risk takers with the courage, commitment, creativity and initiative to challenge the system and to effectively facilitate change; and visionaries who connect with what people value about care, energizing and motivating them to experience personal growth and professional learning along the way to realizing a shared vision.<sup>4</sup>

This paper will, first, review the impact of nursing leadership on healthcare systems and organizations, second, highlight some positive practices that exist in Canada that support strong nursing leadership, and, finally, suggest future directions that may be taken to optimize nursing leadership.

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<sup>1</sup> Broughton, H. 2001. *Nursing leadership: Unleashing the power*. Ottawa: Canadian Nurses Association.

<sup>2</sup> Canadian Nurses Association. 2002. *Position statement: Nursing leadership*. Ottawa: Canadian Nurses Association.

<sup>3</sup> Priest, A. 2006. *What's ailing our nurses? A discussion of the major issues affecting nursing human resources in Canada*. Ottawa: Canadian Health Services Research Foundation.

<sup>4</sup> Registered Nurses Association of British Columbia. 2001. *Policy statement: Nursing leadership and quality care*. Vancouver: Registered Nurses Association of British Columbia.

## Impact of nursing leadership

This section will briefly review the impact of nursing leadership on the creation and maintenance of quality and safe practice environments that promote retention of the current workforce and recruitment of new nurses.

### *History*

In the 1990s, widespread budget cuts and health system reform profoundly affected the state of health human resources in Canada – especially nursing, the most populous of all health care professions. The cuts resulted in dramatic reductions in nurse manager positions despite the critical role they play in empowering nurses for professional practice.<sup>5</sup> As concerns grew about the looming nursing shortage, the Canadian Nursing Advisory Committee (CNAC) was created to conduct a comprehensive study, commissioned by the Advisory Committee on Health Human Resources. The importance of leadership was stressed repeatedly throughout the study. Although the concept of nursing leadership is not exclusive to those in managerial or supervisory positions, the CNAC acknowledged the importance of having senior nurses in administrative positions to influence policy, planning, and goal setting.<sup>6</sup> They also cited numerous problems resulting from severe cuts to nursing positions and restructuring that occurred in Canada over a decade ago:

*As the participation of nurses in organizational decision making was reduced, their own sense of autonomy declined. Nurses began to feel they had lost their place; self confidence was sometimes replaced with a feeling of powerlessness. The loss of the chief nurses and head nurses left nurses with few natural allies within the system; there was nobody within the realm of management who understood the bigger picture that included the nature of their work, the issues and problems and could put forward their case. As their jobs became more and more difficult, nurses had less and less support. Not surprisingly, nurses lost respect for the system as they felt themselves increasingly under-appreciated. Added responsibility without concomitant increases in authority is rarely an effective strategy (p.19)*

Other research identifies issues present in restructured nursing workplaces supervised by non-nurses. It has been observed that sometimes poor practice goes unreported or unheeded by managers who do not appreciate its significance.<sup>7</sup>

The CNAC recommendations<sup>8</sup> for remedying the damage caused by this destabilization of the nursing leadership structure include:

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<sup>5</sup> Lucas, V., Laschinger, H.K.S., & Wong, C.A. 2008. The impact of emotional intelligent leadership on staff nurse empowerment: The moderating effect of span of control. *Journal of nursing management*, 16(8): 964-973.

<sup>6</sup> Canadian Nursing Advisory Committee. 2002. *Our health, our future: Creating quality workplaces for Canadian nurses - final report of the Canadian nursing advisory committee*. Ottawa: Advisory Committee on Health Human Resources.

<sup>7</sup> Wilson, B. & Laschinger, H.K.S. 1994. Staff nurse perception of job empowerment and organizational commitment: A test of Kanter's theory of structural power in organizations. *Journal of Nursing Administration*, 24(4): 39-47.

- Creating work environments that maximize patient, nurse and system outcomes by strengthening nursing leadership and management at all levels of health organizations.
- Ensuring sufficient levels of front-line managers who are experienced nurses with strong leadership abilities.
- Building succession planning to move nurses through management experiences and into formal leadership positions.

### *Safety*

Industrial research has acknowledged for years that leadership is important for effective safety management.<sup>9</sup> Although not as widely acknowledged, research exists to support the link between leadership and safety in medical settings as well.<sup>10,11</sup> Strong leadership is not only associated with higher quality of care and safety for patients<sup>12</sup>, but also for nurses. Nurses in workplaces with stronger leadership have lower chances of experiencing violence.<sup>13</sup> This is thought to be because leaders encourage others to subscribe to shared goals and teamwork which is strongly linked with successful safety climates.<sup>14</sup> Some research suggests that leadership principles go hand in hand with quality and safety and should be introduced to nursing students before they are immersed in practice settings to enhance understanding and uptake.<sup>15</sup>

Although the examples show the impact of nursing leadership on safety in a broad sense, it is important to appreciate that the absence or presence of nursing leadership has acute impacts as well – it can, at times, be a matter of life and death. A 2006 paper by the Canadian Health Services Research Foundation cites the Manitoba Pediatric Cardiac Surgery Inquest as a chilling example that illustrates the need to include nurses in leadership positions with power to influence decision making.<sup>16</sup> During 1994, 12 children died while undergoing, or shortly after having undergone, cardiac surgery at the Winnipeg Health Sciences Centre. The inquest revealed that nurses' serious and

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<sup>8</sup> Canadian Nursing Advisory Committee. 2002. *Our health, our future: Creating quality workplaces for Canadian nurses - final report of the Canadian nursing advisory committee*. Ottawa: Advisory Committee on Health Human Resources.

<sup>9</sup> Flin, R. & Yule, S. 2004. Leadership for safety: Industrial experience. *Quality and Safety in Health Care*, 13(II): ii45.

<sup>10</sup> *Ibid.*

<sup>11</sup> MacPhee, M., Espezel, H., Clauson, M., & Gustavson, K. 2009. A collaborative model to introduce quality and safety content into the undergraduate nursing leadership curriculum. *Journal of nursing care quality*, 24(1): 83-89.

<sup>12</sup> Laschinger, H.K.S. & Wong, C. 2007. *A profile of the structure and impact of nursing management in Canadian hospitals*. Ottawa: Canadian Health Services Research Foundation.

<sup>13</sup> The Nursing Sector Study Corporation. 2006. *Building the future: An integrated strategy for nursing human resources in Canada*. Ottawa: The Nursing Sector Study Corporation.

<sup>14</sup> Flin, R. & Yule, S. 2004. Leadership for safety: Industrial experience. *Quality and Safety in Health Care*, 13(II): ii45.

<sup>15</sup> MacPhee, M., Espezel, H., Clauson, M., & Gustavson, K. 2009. A collaborative model to introduce quality and safety content into the undergraduate nursing leadership curriculum. *Journal of nursing care quality*, 24(1): 83-89.

<sup>16</sup> Priest, A. 2006. *What's ailing our nurses? A discussion of the major issues affecting nursing human resources in Canada*. Ottawa: Canadian Health Services Research Foundation.

legitimate concerns were ignored and that they were never treated as equal members of the surgical team.<sup>17</sup>

### *Retention and Recruitment*

Literature supports the understanding that the quality and accessibility of nurse leadership directly relates to job satisfaction and retention of the nursing workforce.<sup>18</sup> Studies have revealed links between successful leadership and: positive practice environments that support RN staffing adequacy, nurse autonomy and empowerment, participation in policy decisions, control over spans of practice, support for innovative ideas and supervisor support in managing conflict.<sup>19,20,21</sup> We also know that positive leadership qualities (caring about people, effective change management, etc.) demonstrated by management personnel significantly impact work climate.<sup>22</sup> Together, these factors combine to increase job satisfaction, which is associated with higher rates of retention and recruitment of nursing staff. Studies show that good nursing leaders can increase group cohesion and ameliorate job stress, which supports and empowers nurses, and reduces turnover.<sup>23</sup>

It is evident that effective nursing leadership has many benefits that cannot be easily teased apart from one another. What is important, however, is the recognition that leadership is essential to the creation and maintenance of safe, effective, even innovative and economically efficient,<sup>24</sup> health care environments.

The following section will highlight some initiatives that support the growth and development of nursing leadership in Canada.

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<sup>17</sup> *Ibid.*

<sup>18</sup> Torgerson, R. 2007. *Not there yet: Improving the working conditions of Canadian nurses*. Ottawa: Canadian Policy Research Networks.

<sup>19</sup> Cummings, G.G., Olson, K., Hayduk, L., Bakker, D., Fitch, M., Green, E., Butler, L., & Conlon, M. 2008. The relationship between nursing leadership and nurses' job satisfaction in Canadian oncology work environments. *Journal of nursing management*, 16(5): 508-518.

<sup>20</sup> Duffield, C., Roche, M., O'Brien-Pallas, L., Catling-Paul, C., & King, M. 2009. Staff satisfaction and retention and the role of the nursing unit manager. *Collegian*, 16(1): 11-17.

<sup>21</sup> Laschinger, H.K.S. & Wong, C. 2007. *A profile of the structure and impact of nursing management in Canadian hospitals*. Ottawa: Canadian Health Services Research Foundation.

<sup>22</sup> Sellgren, S.F., Ekvall, G., & Tomson, G. 2008. Leadership behaviour of nurse managers in relation to job satisfaction and work climate. *Journal of nursing management*, 16(5): 578-587.

<sup>23</sup> Leveck, M.L., & Jones, C.B. 1996. The nursing practice environment, staff retention and quality of care. *Research in Nursing and Health*, 19(4): 331.

<sup>24</sup> Stanley, Gannon, J., Gabuat, J., Hartranft, S., Adams, N., Mayes, C., Shouse, G.M., Edwards, B.A., & Burch, D. 2008. The clinical nurse leader: A catalyst for improving quality and patient safety. *Journal of nursing management*, 16(5): 614-622.

## Towards a better workplace

*...leaders are followed not for their vision or creativity (even if they demonstrate these) but because they translate their values and beliefs about care into action.*<sup>25</sup>

Research on leadership development programs for clinical leaders suggests that leadership is an ongoing and interactive process that can lead to increased self-awareness, communication skills, performance, and vision – ultimately contributing positively to patient-centered care.<sup>26</sup>

In 2006, the Canadian Health Services Research Foundation recommended<sup>27</sup> that in order to address the nursing shortage, it would be necessary to support leadership and professional development through mentoring, continuing education, and opportunities for career advancement. Specifically, the report encouraged employers to:

- reinstate head nurses and chief nursing officers;
- allow nursing practice committees to address nursing concerns;
- provide resources for educational and professional development;
- provide working nurses with replacement staff so they can take advantage of continuing education sessions;
- offer career options in both clinical and bureaucratic settings; and
- re-establish performance evaluation and mentoring in nursing teams.

The Nursing Sector Study<sup>28</sup> identified a need to continually develop nurse leadership skills and engage in succession planning for nursing management. The report acknowledged leadership development programs that are currently working toward this goal: the Dorothy Wylie Institute, the Saskatchewan Institute of Health Leadership, and other ongoing continuing professional development programs. The following section will provide a more detailed description of a program at the University of British Columbia which is aiming to create better workplaces for nurses by maximizing their leadership potential.

### *Positive practice profile: British Columbia*

Researchers from the University of British Columbia (UBC) have been working to foster nursing leadership through: The British Columbia Nursing Administrative Leadership Institute For First Line Managers (NLI).<sup>29</sup> Led by Drs. France Bouthillette and Maura MacPhee, the Institute has trained over 400 novice front-line nurse leaders since 2005.

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<sup>25</sup> Stanley, D. 2008. Congruent leadership: Values in action. *Journal of Nursing Management*, 16(5): 519-524.

<sup>26</sup> Dierckx de Casterle, B., Willemse, A., Verschuere, M., & Milisen, K. 2008. Impact of clinical leadership development on the clinical leader, nursing team and care-giving process: A case study. *Journal of Nursing Management*, 16 (6): 753-763.

<sup>27</sup> Priest, A. 2006. *What's ailing our nurses? A discussion of the major issues affecting nursing human resources in Canada*. Ottawa: Canadian Health Services Research Foundation.

<sup>28</sup> The Nursing Sector Study Corporation. 2006. *Building the future: An integrated strategy for nursing human resources in Canada*. Ottawa: The Nursing Sector Study Corporation.

<sup>29</sup> Nursing Leadership Institute. <http://www.nursing.ubc.ca/Scholarship/NLI/>.

They have also created a resource centre and online Knowledge Network with over 200 nurse members to facilitate the sharing of knowledge and experience through online discussions – often with subject matter experts.

The NLI is a collaborative initiative administered through UBC and funded by the provincial government in British Columbia. The NLI offers a four day workshop away from the work environment to introduce and facilitate core leadership competencies, networking and discussion, project planning with mentors, and goal/objective development. Perhaps the most innovative part of the program is the mentorship assignment that participants receive:

*... participants are assigned a mentor from the middle or executive levels of their organization's leadership. Mentors volunteer their time and expertise to facilitate their mentees' leadership development over the course of a year. A designated project of utility to the organization serves as a learning focus for NLI mentor-mentee dyads.<sup>30</sup>*

Positive feedback from program participants has been noted:

*"I'm excited that someone would make the time to be a mentor as I don't have senior nurses in my area. For me, it's about respecting leadership and getting the guidance to not make as many mistakes."*

The NLI program appears to address many of the concerns put forth by aforementioned nursing studies. It takes a particular aim at addressing the importance of mentorship, providing nurses with support in their practice environments, and supports their ongoing education and development through involvement in knowledge networks. It also seems that this program would be successful at mending what some refer to as "the shattered covenant" referring to the impacts of organizational downsizing that have left many nurses feeling little trust in their leaders, or hope that anything can be done to improve their worklives.<sup>31</sup> It appears that the NLI may be able to restore lost trust and hope by providing the tools and networks to enact change. One NLI participant noted:

*"There has been a lot of information given and we have acquired a lot of tools. That makes me accountable for putting my project and skills into practice - this is a good thing. Great things have come out of this Institute and it will be exciting to put them into practice with the skills we've gained."*

By bringing together future nurse leaders with current leaders, we can begin to build institutional and interprofessional cultures that value, and develop the competencies that are needed to promote safe, patient-centered care.

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<sup>30</sup> *Ibid.*

<sup>31</sup> Broughton, H. 2001. *Nursing leadership: Unleashing the power*. Ottawa: Canadian Nurses Association.

## Moving Forward

The question we must ask ourselves as we move forward now, is, are we doing enough to develop and support nursing leadership? It is clear that some actions are being taken to address this issue, but there is still a sense throughout the literature reviewed that nursing leadership knowledge has not been disseminated as widely as it could be, and that leadership development has not been consistent.<sup>32</sup>

Acknowledging current the demographics of the profession, it is critical to ensure that leadership development is a priority in the nursing community. Statistics show that the average age of nurses in Canada trend towards an overall ageing of the nursing population. In 2007, 20.8% of nurses were over the age of 55, 8% were over the age of 60 and 1.9% were over the age of 65.<sup>33</sup> In 2007, the Baby Boomer generation dominated the nursing profession: 54% of the RN workforce, 58% of the LPN workforce and 64% of the RPN workforce.<sup>34</sup> By far, the Baby Boomer generation is the largest cohort (54%) in the nursing workforce. Research demonstrates that this generation is largely responsible for mentoring younger generations, providing leadership, offering professional nurturing,<sup>35</sup> coaching, and guidance to novice nurses.<sup>36</sup> As significant numbers of this cohort approach retirement we are left with the threat that a significant proportion of nursing leadership will be lost along with them.

However, we must not assume that leadership ability necessarily emerges with seniority, as this is not always the case in practice,<sup>37</sup> and there are many examples in Canadian nursing to support this. Organizations such as the Canadian Nursing Students' Association<sup>38</sup> and Nursing the Future<sup>39</sup> demonstrate that leadership can exist and can be developed early on in nurses' professional careers. Using the strong foundation and traditions that have been laid by generations of nurses before them, the next generation will solidify nurses as leaders on the global health stage.

The need for nurses to be recognized as leaders within the healthcare industry is essential, as they possessing the knowledge, skills and attitudes relevant for effective leadership at administrative levels.<sup>40</sup> Some assert that, in order to actualize this goal of positioning nursing as an equal partner in health care leadership, it will require movement beyond

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<sup>32</sup> Swearingen, S. 2009. A journey to leadership: Designing nursing a leadership development program. *Journal of continuing education in nursing*, 40(3): 107-112.

<sup>33</sup> Canadian Institute for Health Information. 2008. *Regulated nurses: Trends, 2003 to 2007*. Ottawa, ON: CIHI.

<sup>34</sup> *Ibid.*

<sup>35</sup> Duchscher, J. & Cowin, L. 2004. Multigenerational nurses in the workplace. *Journal of Nursing Administration*, 34(11): 493-501.

<sup>36</sup> Canadian Nursing Advisory Committee. 2002. *Our health, our future: Creating quality workplaces for Canadian nurses*. Ottawa: Advisory Committee on Health Human Resources.

<sup>37</sup> Flin, R. & Yule, S. 2004. Leadership for safety: Industrial experience. *Quality and Safety in Health Care*, 13(II): ii45.

<sup>38</sup> Nursing: Change, Challenge, Choice. <http://www.cnsa.ca/>.

<sup>39</sup> Leadership in NTF. <http://www.nursingthefuture.ca/ntf-leadership-team>.

<sup>40</sup> Jumaa, M.O. 2008. The 'F.E.E.L.' good factors in nursing leadership at board level through work-based learning. *Journal of Nursing Management*, 16(8): 992-999.

clinical cadres and into enhanced professional advocacy where nursing knowledge and standards are operationalized within multidisciplinary teams.<sup>41</sup>

Beyond leadership development, we must also ensure that nurses are able to utilize leadership skills by creating positive practice environments with manageable spans of control. Some research has shown first-line managers average in some areas, 71 direct reports – many having more than 100.<sup>42</sup> This is not manageable and will not provide them with the time necessary to mentor and support other nurses, while juggling administrative and clinical responsibilities.

Ensuring that optimal practice conditions are achieved to help maximize leadership potential in nursing is a shared responsibility among all healthcare stakeholders: employers, unions, professional associations and governments. Together we must develop strong nurse leadership in all healthcare settings – whether they be at the bedside or from a boardroom. This is the only way we can create working environments that will increase the retention and recruitment of nurses. Why? Because our health depends on it.

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<sup>41</sup> Sorensen, R., Idema, R., & Severinsson, E. 2008. Beyond profession: Nursing leadership in contemporary healthcare. *Journal of Nursing Management*, 16 (5): 535-544.

<sup>42</sup> Wilson, B. & Laschinger, H.K.S. 1994. Staff nurse perception of job empowerment and organizational commitment: A test of Kanter's theory of structural power in organizations. *Journal of Nursing Administration*, 24(4): 39-47.