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LEADERSHIP **IN NURSING**

The Nurses Association of New Brunswick recently published the revised *Standards of Practice for Registered Nurses*¹. In ‘Standard 4: Professional Relationships and Leadership’, it is written that a registered nurse (RN) “establishes professional relationships and demonstrates leadership to deliver quality nursing and health care services” (NANB, 2019, p.11). Even though basic leadership skills are learned from watching others in formal roles and nursing programs address the concept of professional leadership with nursing students, leadership skills should continue to evolve once graduated and employed as an RN. This article addresses the concept of leadership in the profession of nursing as both an informal leader working in a clinical role and as a formal nurse leader (FNL).

Leadership is defined in the glossary of *the standards* as relational process in which an individual seeks to influence others towards a mutually desirable goal and it is not limited to formal leadership roles. A leader is valued enough to influence others in how they act or in what they think. The opinions and actions of a leader are considered by others and often influence attitudes, beliefs and behaviours in those around them (Pullen, 2016).

Informal Nurse Leaders in a Clinical Role

If you reflect upon your current workplace, both FNLs and informal nurse leaders can most likely be identified. In the clinical setting, an informal nurse leader is a member of the healthcare team who has professional knowledge and insight, offering opinions and giving assistance in a manner to positively impact the clinical work environment, thus improving nursing care. Examples of informal nurse leadership include: knowledge sharing; supportive actions to strengthen the team (mentoring); showing initiative in helping others complete their nursing

workload; advocating for changes as required; communicating effectively; emulating professionalism in both appearance and presence; and being civil, even in the heat of a tense moment (Pullen, 2016). Please see Table 1 for ways to enhance leadership competency.

Mentoring: Leaders Developing Leaders

Many RNs have experienced the phenomena of needing to prove oneself worthy of acceptance into a healthcare team, whether as a new RN or as an experienced RN working in a new area of practice. Mentoring is the opposite of the old cliché ‘nurses eat their young’ and is described as a process in which a person who is experienced and trusted, guides and provides direction to someone with less experience or less knowledge in a particular area.

Both the mentor and the person being mentored (mentee) need to trust and respect each other, working towards a common goal while showing patience and knowledge. Mentoring has been identified as a tool to attract and retain new nurse leaders; and has been associated with increased job satisfaction and retention. Mentoring empowers, motivates and creates a culture of leadership, (Hodgson, A. & Scanlan, J., 2013). For more information on being a mentor, please review the *Guidelines for Supporting Learners in the Workplace* (NANB, 2016).

Formal Nurse Leaders (FNLs)

The Canadian Nurses Association describes nurse administrators as “leaders who understand and hold themselves accountable for creating a vibrant, exciting practice setting in which nurses can deliver safe, accessible, timely and high-quality care” (2009, p. 1). Formal leadership is more than administrative duties—it is about relationship building to facilitate management while fulfilling administrative requirements.

RNs in Alberta reported that the characteristics they valued in their FNLs could be described in three words: supportive, visible and responsive (Schick-Makaroff, Sorch, Pauly & Newton, 2014). RNs reported the need for competent and supportive FNLs who are visible in the workplace on a regular basis; who listen to staff; and who respond as needed to address identified concerns.

The time FNLs spend with those whom they are leading has a direct impact on recruitment and retention of staff and the quality of nursing services being provided. When the FNL gives feedback and shows leadership in ‘real time’, staff are engaged, trust is fostered and problem resolution increases (Lockhart, 2017). The team including their FNL, can identify what is working well, what needs improvement and possible solutions to address existing barriers. When actively involved in the team, the FNL can give recognition of accomplishments and address undesirable behaviour in a timely manner. Nursing teams need to know they can count on their FNL to facilitate their work—helping them to achieve their highest potential (Pullen, 2016).

In summation, leadership is expected to be a part of every

Table 1: Ways to Enhance Leadership Competency

- Show initiative and work towards excellence.
- Increase knowledge on communication skills.
- Take a leadership course online or in-person.
- Shadow with someone in a formal nursing leadership role.
- Participate in a nursing or health related committee.
- Be actively involved with your professional regulatory body (i.e. be an observer at a board meeting or take part in committees).
- Attend a nursing conference.
- Become involved in a professional association or interest group.

¹ This document shall be referred to as ‘the standards’ throughout this article.



Nurses are no “ordinary leaders”. By taking initiative, stepping-up to get involved in professional organizations and committees or mentoring novice nurses, you accept one of many diverse leadership roles.

RN role, across all domains of practice. Although many RNs and NPs will work in non-FNL positions, leadership is essential for a vibrant healthcare system and it is a shared responsibility. RNs need to continue to assume formal leadership positions, ensuring that the profession continues to meet the needs of the clients at an individual, community and systems level.

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