

Reaction Paper

Nursing Leadership and the New Nurse

This paper is lifted from the site <http://www.juns.nursing.arizona.edu> . The title of the paper “Nursing Leadership and the New Nurse” was authored by Susan O. Valentine from University of North Carolina, Charlotte. It primarily tells about the needs to inculcate leadership theories into the young minds of novice nurses since it is high time to introduce them to the world of professional nursing. It is also sited in this paper that there is an obvious need to follow up the status of nursing leaders and their length of time to lead and administer nursing principles. Since most of the nurse leaders belong to the generation of baby boomers, the rising rates of retirement depletes potential experienced nurse leaders to promulgate professional nursing practice at its best. There is a visible gap between the baby boomer generation and the present one. This gap is addressed in this paper, it is like stating how to pass the baton to the future leaders in nursing. The paper presents three leadership styles: quantum leadership, transformational leadership and the dynamic leader-follower relationship model and explains why each style can be integrated into the practice of entry-level nurses. We need nursing leadership to exert that influence and by nurturing both leadership as well as clinical skills, we can. The nursing profession trains new nurses on operating the latest technology and complex medical equipment. In contrast, once at the bedside they rarely get the opportunity to apply even basic leadership principles. Nursing as a profession does a disservice to new nurses by not developing their leadership capabilities.

Analysis:

While a fall in the number of nursing leaders may be attributed to the current nursing shortage, studies have noted that there is also a significant deficiency in the number of nursing leaders. In 2002, nurses are in a distinct position to influence healthcare policy and legislation.

The current nursing shortage is a serious problem at all levels of nursing. Even at major research and teaching hospitals, chief financial officers are lamenting the scarcity of nursing staff. Unfortunately an overlooked aspect of this nursing shortage is the dearth of leaders among nurses. Now more than ever nursing needs vibrant and dedicated leaders. We are at a distinct advantage to influence healthcare legislation and policy and yet our supply of leaders to pave the way has diminished. The reason is two-fold: smaller numbers are entering the profession, and we are not developing leadership characteristics as we develop clinical nursing practice. There are two distinct factors influencing the nursing shortage—baby boomer retirement and fewer candidates entering the nursing field. For some, that is not surprising. However, it is not just the sheer number of nurses at the bedside affecting our leadership problems. According to Horton-Deutsch and Mohr (2001) wrote an opinion article based on BSN student clinical observations and evaluations. They found an "absence of nursing leadership" that directly contributed to student's unfavorable opinions on their profession. They assert that nursing leadership now faces a challenge. The answer is to "develop one's own leadership skills as well as those of one's staff". At nearly every level of nursing we train nurses on the job to operate complex medical equipment and adhere to administrative procedures. Our own

governing bodies dictate that we stay current with continuing education courses. We can also extend this attitude toward learning by training nurses at every level to be highly competent leaders. Leadership does not rest merely with administrators and high-level managers, but also can be developed and implemented at the bedside. Nursing has a responsibility to encourage and support new members of the profession, as they become competent clinicians. Nursing must also make them competent leaders.

While there are several theories of nursing leadership, it's important to review those most applicable to the new nurse. The three theories that can be best practiced as a new nurse are quantum leadership, transformational leadership and the dynamic leader-follower relationship model. These three theories are appealing specifically for their embrace of leadership at all levels.

The quantum leadership was coined from the observation of Porter-O'Grady wherein he observes that leaders issue from a number of places in the system and play as divergent a role as their places in the system require. Porter-O'Grady opened up a new process of thinking about leadership by noting how the changing healthcare system required new leadership characteristics and roles. He observed that knowledge of technology has changed the traditional hierarchy of leadership. Traditionally, worker knowledge rose vertically as the worker moved up the chain of command. Typically, knowledge bases increase as position increases. Now leadership and the knowledge associated with it has shifted.

Staff nurses becomes the first level of decision-makers. By permitting some autonomy in their decision-making however slight, we lay the foundation of leadership. New nurses

decide appropriate times to call a physician, choose applicable care plans and pertinent interventions. These early autonomous steps form the building blocks of leadership. We can effectively train nurses in this manner by evaluating their decisions with corresponding patient outcomes. To motivate leadership from the bottom up, managers can develop staff self-direction rather than giving direction. Again, these simple steps facilitate new nurses' enhancement of their own leadership skills.

According to Sullivan and Decker transformational leadership merges ideals of leaders and followers. Its focus is to unite both manager and employee to pursue a greater good and encourages others to exercise leadership. Transformational leadership can readily pertain to situations common among new nurses. Transformational leadership is empowering promotes change and suits the extremely dynamic health care system. Its focus on change can be directly applicable to nursing. New nurses are in a unique position of evaluating end results of both new and old policies and procedures. Using transformational leadership, managers can motivate new nurses to submit feedback on how well unit specific procedures are carried out and implemented. The key is to actively listen and institute pertinent suggestions that not only promote client outcomes, but also again help to build a base of leadership with the new nurse. Not everyone can take direct action on issues directly affecting patient care by sitting in on an advisory meeting or voting on proposed legislation. It provides new nurses with a method of taking an active and participatory role in policy within a new nurse's jurisdiction and power.

A third nursing leadership theory that can be readily used by new nurses is modeled after Ida J. Orlando's nursing model. Orlando's middle-range theory concentrates on the

process nurses' use to identify a patient's distress and immediate needs. It specifically draws on cues in the interpersonal process to reach those objectives.. This type of interaction between manager and new nurse can instill motivation and commitment. At the time new nurses are finding their niche, they can simultaneously develop basic leadership principles facilitated by interaction with established nursing leaders.

Central to the theme of new nurses as leaders is the fact that effective leaders are also proficient clinically. New nurses can incorporate leadership fundamentals while developing competency in their profession. However, not all authors subscribe to the notion that clinical proficiency and leadership are congruous. In exploring the Synergy model Kerfoot (2001) contends, "A leader cannot provide direct care. The leaders obligation is to create the environment in which good people can provide good care".

Naturally, some will relinquish the title of leader and would rather follow. That is necessary for the system to operate. Leaders in the lower rungs have less responsibility, but still can act as a leader. This is leadership in training. Leadership within the confines of their position or authority. The fact is that while new nurses provide the majority of care and spend the majority of time with a patient, they are clearly not at the same power-level/structure as physicians or administrators. Few new nurses have input on major decisions affecting an organization. What new nurses can do is propose improvements to the existing status quo. They can submit new scheduling options, take the lead in presenting in service training or consult on retention and recruitment issues.

Reaction

As a novice nurse, I certainly found this paper an interesting topic to delve upon in the past days. Life after college and having the first taste of being called a registered nurse can be overwhelming at times. It is at this time that expectations of being competent and self directed in the career is obvious however as young as I am I could really say that directions and appropriate guidelines must be acquired in order to possess an impressive career map and it all starts with how one leads her own life as a nurse. It is on this part of leading one's self that leadership theories are needed. Nursing as a profession primarily involves human interaction, from bedside care to the nurse's station unto the physician's deck, there is a distinct process of decision making that must be done by nurses. The leadership theory a nurse chooses should reflect her ideals and be one she can most effectively use. No one rates the theories as to most enlightened or best received. Once aware of the existing theories, a nurse can subscribe to whichever fits her personality best. Nurses are often encouraged to take leadership roles. At most nursing schools, there is some type of leadership and management course or lesson in the curriculum. The problem develops that once in the clinical area, there is no follow up. Yet when nursing leaders picked the top trends for 2000, their first topic noted how nurses will have an opportunity to become active leaders in the future healthcare delivery systems. This leadership can come from all levels. With an end to the nursing shortage nowhere in site, nursing does an injustice to itself by not training more leaders. In the new millennium nursing must make a dedicated effort to nurture its young to grow into effective, motivating leaders.

