

## Cultivating Nursing Leadership in B.C.

### ARNBC Position:

- All nurses can and should be leaders at every stage of their career (Canadian Nurses Association [CNA], 2009).
- Nurses make up the largest portion of the healthcare workforce. They understand the issues that impact patients/clients, their practice and the healthcare system. Because of this, they must be represented at all levels of decision making, in order to inform and influence policy and practice.
- Nursing leadership at the system, organizational and individual level is vital in achieving the triple aim of improving the patient experience, improving the health of populations and reducing the per capita cost of healthcare.
- Nursing leadership can be both formal and informal and is essential in all domains of nursing: clinical practice, education, research, policy, and administration.
- Nursing leadership is essential in creating safe and healthy work environments, improving recruitment and retention and improving job satisfaction (Registered Nurses Association of Ontario [RNAO], 2013).
- Strong nursing leadership involves demonstrating and promoting respect, effective communication, collaboration, critical thinking, continuous quality improvement, innovation, advocacy and political action (CNA, 2009; RNAO, 2013).
- The development of nursing leadership will continue to be crucial as healthcare systems and organizations become more complex with limited resources (Doran et al., 2012).

### In Order to Ensure a Strong Future of Nursing Leaders in B.C., ARNBC believes:

- Nursing leadership must be cultivated at the beginning of basic nursing education and be supported throughout a nurse's career.
- Strong commitment and investment must be in place to support leadership development among clinical nurses, managers and executives (O'Neil, Morjikian, Cherner, Hirschhorn, & West, 2008).
- Nursing leaders must ensure that the unique knowing, doing and practice of nursing is supported in all environments, even while supporting the interprofessional collaboration that is critical in providing high quality patient care (Ferguson-Pare, Mitchell, Perkin, & Stevenson, 2002).
- Succession planning must shift beyond "one-off replacement planning" to a "process of identifying and nurturing a pool of potential candidates for leadership positions" (CNA, 2003).
- Shared leadership is essential, wherein nurses providing direct care have content expertise and are supported by those in management roles who have context expertise (Ferguson-Pare et al., 2002).
- Nursing leadership must remain at the forefront of discussions among clinical nurses, managers, administrators and government in order to sustain a strong nursing leadership voice across B.C.



# Position Statement

## Background

B.C. nurses care for British Columbians across their lifespan, in settings where they work, live and play. They understand the challenges at the individual level that British Columbians face, the organizational challenges within their workplace, and the systemic issues that exist within society. While nursing is well positioned to inform and influence both policy and practice to address these issues, it cannot be done without the presence of strong nursing leadership. Although this has long been recognized, several systemic and organizational issues such as restructuring, fiscal constraints, new models of care and retirement of seasoned nursing leaders (Simpson, Skelton-Green, Scott, & O'Brien-Pallas, 2002; Wong, Cummings & Ducharme, 2013) have led to the loss of nursing leadership across the province.

Since the 1990s, restructuring and downsizing within hospitals, organizations and the healthcare system have led to a decline in nursing leadership positions at all levels across Canada. In addition to layoffs of direct care nurses, downsizing and budget cuts have also led to many secondary effects including the loss of senior leadership (i.e.: Chief Nursing Officers are no longer part of the health authority Executive Teams in most of B.C.) and the growing inaccessibility and unavailability of nursing supervisors, head nurses and advanced practice nursing supports for clinical nurses (Canadian Nursing Advisory Committee, 2002). As the effects of eliminating these leadership positions were often less tangible, the issue of nursing leadership erosion received far less attention compared to the layoffs of direct care nurses (Canadian Nursing Advisory Committee, 2002). Consequently, this has led to the elimination of nursing at decision making tables at all levels, creating many contemporary issues in funding and budgeting, workload, patient safety and quality improvement (O'Neil et al., 2008) that are far more noticeable today. In B.C., the erosion of nursing leadership has been gradual, with changes and challenges at the systems, organizational and individual level.

## Systems Level Changes and Challenges

Several changes within government have had significant implications for the nursing profession in B.C., and this has created difficulties in rebuilding a strong nursing voice in the economic and organizational climate of the 21st century (Duncan, Thorne & Rodney, 2012). In 2005, registered nurses were recognized under the *Health Professions Act* and the Registered Nurses Association of British Columbia (RNABC) became the College of Nurses of British Columbia (CRNBC) which is solely focused on professional regulation to protect the public. The elimination of the advocacy arm of the RNABC had significant impacts on the profession as it was one of the most important platforms where nursing leadership could advance the profession and influence health and social policy.

Around this time, the Ministry of Health's Nursing Directorate was eliminated along with the Chief Nurse Executive title within the Ministry. This further weakened the professional voice of nursing within the provincial government leadership and significantly impacted nursing leadership at the systems level during a time of significant healthcare restructuring (Association of Registered Nurses of British Columbia, 2012; Duncan et al., 2012). Many B.C. nurses felt that in the absence of a professional association and mechanism to engage with government to address these issues, the profession had lost traction and respect with the public. Subsequently, through a grassroots approach, the creation of a professional nursing association, the Association of Registered Nurses of British Columbia (ARNBC) representing registered nurses and nurse practitioners, was formed in 2010. The Association has been working to rebuild a strong professional nursing voice in B.C. since its inception.



# Position Statement

## Organizational Level Changes and Challenges

On an organizational level, literature continuously illustrates that nursing leadership impacts the organizational work culture and climate, which in turn has significant implications on job satisfaction, level of empowerment, nurses' ability to advocate for patient safety and working conditions and the ability to recruit and retain nurses (Aiken, Clarke, Sloane, Lake & Cheney, 2008; Aiken et al., 2001; Cummings & McLennan, 2005; Gullo & Gerstle, 2004; Sellgren, Ekvall, & Tomson, 2008). Further, research demonstrates a positive relationship between the presence of nursing leadership and optimal patient, provider and organizational outcomes (CNA, 2009). Specifically, there is a strong association between relational nursing leadership and increased patient satisfaction, reduced patient mortality and adverse events (Wong et al., 2013). Through the 2015 and 2016 BC Coalition of Nursing Associations (BCCNA) Policy Forums, strong nursing leadership was identified as a key contributor to current successes in nursing. There was consensus among B.C. nurses that organizations and institutions where nursing has a strong leadership role are generally more successful, supportive and conducive to patient-centred care (BC Coalition of Nursing Associations, 2015).

It is also well documented that organizations that invest in leadership training and development experience significant financial payoffs (Collins & Holton, 2004). In particular, the reduced number of clinical nurses in administrator and management roles has been shown to significantly impact the ability to connect a hospital's mission with direct care providers and diminishes the ability for administration to respond to the concerns of clinical nurses (Aiken et al., 2001). Despite the evidence, incremental changes at the organizational level have slowly weakened nursing leadership within senior and middle management, replacing traditional nursing systems with new business models (CNA, 2005; Ferguson-Pare et al., 2002).

In the absence of Chief Nurses within hospitals, along with the changes in nursing leadership titles among senior and middle management (e.g.: removing 'nurse' from the title), it has become more difficult to ensure the unique practice of nursing is maintained especially with the movement towards interprofessional collaboration. New management structures have also led to a large portion of nurses in clinical practice being managed by non-nurses (BC Nurses Union, 2015; Ferguson-Pare et al., 2002). As a result, without a nursing voice within these senior and middle management roles, it has become increasingly difficult to advocate for professional nursing practice issues such as increased workloads and reduced practice supports which ultimately impacts patient outcomes (Ferguson-Pare et al., 2002, CNA, 2005). Moreover, while there are nurses that remain within these leadership positions, they are increasingly spending most of their time completing reports and budgets, hindering their ability to communicate, mentor and build relationships with clinical nurses (CNA, 2009; Canadian Nursing Advisory Committee, 2002; Ferguson-Pare et al., 2002).

## Individual Level Challenges

The organizational changes over the past decade have resulted in a significant loss of clinical practice leaders (CNA, 2005), influencing the level of support available to aid nurses in developing individual leadership skills. Nurses in clinical practice have expertise in improving the delivery of care and are often referred to as a "vast source of untapped leadership potential" (Doran et al., 2012). Many clinical nurses have the potential to become leaders, but lack the skills, experience and knowledge not due to an unwillingness to learn, rather as a result of a lack of mentorship. Nursing students also understand the need for nursing leadership, as indicated in the Canadian Nursing Students' Association's (2015) position statement on nursing leadership, which supports the need for mentorship programs and initiatives to help foster leadership skills. ARNBC's on-going engagement with students and new graduate nurses similarly illustrate the need for greater support in fostering leadership skills during the transition from student to new graduate nurse.



# Position Statement

The constant restructuring, downsizing and fiscal constraints at the system and organizational level have placed limitations on funding and support for individual leadership development through continuing education and professional development (Canadian Nursing Advisory Committee, 2002). While nursing students and clinical nurses must have the willingness to seek out opportunities for leadership development, there is a greater need for organizations and employers to ensure these opportunities (formal and informal) exist for nurses across the spectrum from clinical practice nurses to those in senior management (Canadian Nursing Advisory Committee, 2002). With the challenges that currently exist, there must be a shift in organizational culture that enables nursing leadership and behaviour (RNAO, 2013). Identifying future leaders is an essential first step, alongside providing education and supports to mitigate the current nurse leader shortage (MacPhee & Suryaprakash, 2011). In order to do this, organizational supports, as well as a mix of personal resources which includes the “attributes and resources that individuals bring to their leadership roles”, must be fostered (RNAO, 2013, p.18).

## Recommendations

As the professional association representing Registered Nurses (RNs) and Nurse Practitioners (NPs) across B.C., ARNBC is well positioned to address the gaps in nursing leadership at the systems, organizational and individual level.

### Systems Level

1. In collaboration with the BC Coalition of Nursing Associations (BCCNA), ARNBC will continue to work with government to support and advance the new Nursing Policy Secretariat and B.C.'s Chief Nurse Executive in order to ensure that the voices of all nurses of every designation across B.C. are represented.
2. ARNBC will continue to establish working relationships with government to enable stronger nursing leadership in areas of primary and community care, surgical services, rural health services, health human resources and information management and information technology in order to reshape our healthcare system.

### Organizational Level

1. ARNBC will develop a nursing leadership excellence recognition program to identify organizations that demonstrate a high level of commitment to supporting nursing leadership in order to identify current best practices.
2. ARNBC will work with the Chief Nurse Executive and Chief Nursing Officers across all health authorities to explore areas in which the Association can support and sustain nursing leadership at the organizational level.

### Individual Level

1. ARNBC will develop and sustain both formal and informal leadership development programs through:
  - The Dorothy Wylie Health Leaders Institute in partnership with the BC Coalition of Nursing Associations and the Canadian Nurses Association.
  - The BC Coalition of Nursing Associations Regional Chapter Program.
  - The development of ARNBC's IGNITE Student and New Graduate Program.



# Position Statement

## Conclusion

Healthcare restructuring and changes within nursing systems in B.C. have significantly eroded nursing leadership. There is a strong need to rebuild and nurture nursing leadership at all levels of decision making and in all domains of practice. Greater nursing leadership at the system, organizational and individual levels across the province will elevate nurses' and nursing's capacity to bring forward solutions to advance the profession, and improve their work environments and patient outcomes. ARNBC's mandate is to be the professional voice for nursing leadership, policy and practice. The Association is committed to furthering nursing leadership across all levels and domains of nursing to ensure that every single registered nurse and nurse practitioner has the support they need to become strong capable nurse leaders.

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