This Position Statement was approved by ARNNL Council in 2009.
The ARNNL believes that all Registered Nurses are leaders and that leaders occupy both formal and informal positions within the health care system. “Nursing requires strong, consistent and knowledgeable leaders who are visible, inspire others and support professional nursing practice” (Canadian Nurses Association, 2002). Effective nursing leadership at all levels and in all nursing domains (i.e., administration, education, research, and practice) is vital in the current complex health care environment (CNA, 2002; CNA/Canadian Federation of Nurses Unions, 2006). Strong leadership inspires and mentors future leaders, contributes to excellence in nursing and ensures quality client outcomes (RNAO, 2006).

Nursing leadership is a responsibility that all Registered Nurses must maximize in their practice. This responsibility is shared among nurses, employers, government, educators, researchers, regulatory bodies and professional associations (ARNNL, 2007a; CNA, 2002). Leadership exists as a continuum, evolving and strengthening learned and innate skills. The development of nursing leadership capacity is enhanced through use of a leadership development model encompassing education, self-development and support (ARNNL, 2007a).

Collaboration among all stakeholders is essential to developing strategies that address the leadership issues inherent in the practice environment. The ARNNL is committed to working with all stakeholders to promote, develop, and maximize the leadership capacity of all nurses.

Strong, effective nursing leadership from the executive level (formal) through to the frontline level (informal) is essential to build relationships and trust, lead and sustain change, balance competing priorities, create environments that are empowering and supportive of knowledge development and integration and promote quality outcomes.

**In order to have effective leaders the ARNNL believes:**

- A comprehensive succession plan is required to ensure an adequate number of nursing leaders for the future. Government and health organizations must work together to forecast health human resource requirements and establish an integrated health human resource plan that includes nurse leaders.

- Health organizations, government and the ARNNL must implement strategies to develop and support nurse leaders and to recognize and develop potential nurse leaders.

- A Chief Nursing Officer (CNO) and a nursing leadership structure (such as a nursing council and a model for developing and sustaining leadership) are required in all health organizations to provide a voice, vision and support for nursing.

- Registered Nurse leaders advocate, communicate, mentor, role model, and are visionary (ARNNL, 2006). To effectively carry out these roles within the context of the health care environment nurses must possess more diverse competencies than those traditionally held. The ARNNL supports development of competencies congruent with transformational leadership as proposed by the Registered Nurses Association of Ontario (RNAO) Healthy Work Environments Best Practice Guidelines (2006). A transformational leader is one who has vision and can motivate and empower others (Burns, 1978). These transformational leadership competencies include, but are not limited to shared visioning for nursing; effective communication and interpersonal skills; empowering behaviours; continuing education; and integration of best evidence into nursing practice. To develop and expand these competencies Registered Nurses require the opportunity for professional development, appropriate workloads and available and empowering role models. In addition, Registered Nurses in management positions require appropriate and manageable spans of control (number of subordinate staff).
As leaders, Registered Nurses play a key role in the creation and maintenance of positive practice environments (CNA/CFNU, 2006) where the individual health goals of the client are met along with the needs and goals of the individual nurse (O’Brien-Pallas, Baumann, Villeneuve, 1994). Organizational supports, along with nurses’ personal resources, such as coping skills, resilience, educational preparation and experience, are required to create and sustain positive work environments (RNAO, 2006). Required organizational supports include:

- time and opportunity to participate in quality of work life programs
- time and opportunity for professional and self development
- time and opportunity to mentor potential nurse leaders

Nurses in formal leadership positions require a span of control that is appropriate and manageable from professional and work life balance perspectives. Appropriate workloads will allow time for formal nurse leaders to be visible to clinical practice nurses and to act as role model and mentor to others.

Nurses in leadership roles, such as clinical nurse specialists, clinical nurse educators, ARNNL workplace representatives and special interest groups are needed to support both formal and informal nurse leaders.

Background

Nursing leadership has been identified as a key attribute of a healthy professional practice environment (CNA/CFNU, 2006; Leiter & Spence Laschinger, 2006; RNAO, 2006). Professional practice environments in turn, are linked to quality client, nurse, organizational and societal outcomes (RNAO, 2006). Nursing leadership has a positive influence on integration of evidence into nursing practice (Gifford, Davies, Edwards, Griffin, & Lybanon, 2007) and retention of nurses (Acee, 2006). Findings from surveys of nurses in Newfoundland and Labrador suggest a need for improved leadership development (ARNNL, 2007b; ARNNL, 2008). These findings have been supported both provincially and nationally (ARNNL, 2007c; Ferguson-Pare, Mitchell, Perkin & Stevenson, 2002; Health Canada, 2003; Romanow, 2002). Despite this, nurses in Newfoundland and Labrador believe that lack of support at the organizational level, low morale and lack of relief staff have been major obstacles in availing of leadership development opportunities (ARNNL, 2006).

Newfoundland and Labrador nurses reported that effective and desirable attributes of formal nursing leaders include having a vision, being visible, acting as an advocate for nurses and nursing, being a mentor and role model, demonstrating fairness, being open minded, empowering others, and possessing effective interpersonal and communication skills (ARNNL, 2006). Findings from the same study suggested that leadership attributes and roles of all Registered Nurses included advocacy, communication skills, organizational and coordination skills, peer support, community development, and ability to implement evidence informed practice. The CNA (2005) identified a leadership competency model, relevant to all nursing domains, which comprises leadership competencies related to visioning, changing, caring, leading self and others, policy, politics, managing, teambuilding, project management, and communication.

The most comprehensive compilation of nursing leadership competencies have been outlined in the leadership best practice guidelines developed by the Registered Nurses Association of Ontario (RNAO) (2006). The guidelines are intended to be used in the development of healthy practice environments. Based on data from magnet hospitals (hospitals that are reputed to be able to successfully recruit and retain nurses), the RNAO proposes five transformational leadership practices which outline key competencies related to: (1) building relationships and trust, (2) creating an empowering work environment, (3) creating an environment that supports knowledge development and integration, (4) leading and sustaining change, and (5) balancing competing values and practices. The ability to carry out those practices is contingent on available organizational supports and the individual personal resources nurses bring to the leadership role. Recommendations related to the role of government, accrediting bodies, researchers and educators are also proposed.
Health care restructuring over past decades has had a major impact on nursing leadership in Newfoundland and Labrador through loss of management positions (ARNNL, 2006; ARNNL, 2007a; 2007b; 2007c; DHCS, 2003). For those remaining, increased workload and increased span of control have been identified as challenges to being an effective leader (ARNNL, 2006; ARNNL, 2007b). Contributing to the problem is the expectant retirement of many senior nursing leaders and managers (ARNNL, 2008) requiring immediate leadership development and succession planning. The majority of formal nursing leaders in Newfoundland and Labrador perceive that efforts to support leadership development for succession planning have been ineffective (ARNNL, 2008). Lack of development opportunity among potential managers has been cited as a reason for lack of leadership preparation (CNA, 2003). Many nurses in Newfoundland and Labrador have expressed little interest in formal nursing management positions (ARNNL, 2006) related to inadequate compensation and job security concerns. Reported nursing vacancies within health organizations has challenged government and employers to develop health human resource planning models and establish means to ensure an appropriate supply of Registered Nurses for the future. Predicted changes in the workforce due to attrition will impact the nursing supply and ultimately, nursing leadership.

Registered Nurses have taken on expanded roles in a changing, complex and challenging practice environment at a time when needed supports have disappeared (ARNNL, 2006; ARNNL, 2007b; 2007c; CNA, 2002). Nurses in Newfoundland and Labrador have reported that the role change for frontline managers during restructuring has led to a loss of clinical nursing leadership and confusion over the role of the manager in clinical decision making (ARNNL, 2006; 2007c). The “invisibility” of nurse managers has resulted in a lack of role models and mentors essential to building leadership capacity in current and future nurse leaders. Nurses in Newfoundland and Labrador have reported concerns over the lack of respect for their work and a perception of feeling undervalued, resulting in low morale and an impediment to engaging in active leadership roles (ARNNL, 2006). Overwhelming workloads, inadequate resources, and a negative work environment have been identified by nurses in Newfoundland and Labrador as major factors impacting their ability to develop leadership capacity (ARNNL, 2006).

Literature related to nursing leadership in Newfoundland and Labrador suggests there is work to be done in an effort to meet nursing leadership needs, both current and future. The ability to develop and sustain nursing leadership will depend on a commitment from all stakeholders who are willing to put resources into succession planning, continuing leadership education and leadership support.
References


ARNNL (2007b). *Nursing Leadership Literature Review.* St. John’s: Author

ARNNL (2007c). *Nursing Leadership Environmental Scan.* St. John’s: Author


