

ACEN Update: Canadian Nursing Leadership Study

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As a current member of ACEN, I am pleased to have an opportunity in this column to profile briefly an upcoming CHSRF-funded study of Canadian nursing leadership. The study is officially entitled “A Profile of the Structure and Impact of Nursing Management in Canadian Hospitals,” and was approved for funding by the Canadian Health Services Research Foundation (Project Identifier: RC1-0964-06) in September 2003.

I am co-principal investigator with Dr. Heather Laschinger, Professor, University of Western Ontario. The overall goal of this three-year study is to profile current nursing leadership and management structures in Canadian hospitals by examining the organizational and structural characteristics of nursing management roles (at senior, middle and unit levels) in teaching and community hospitals. This study will also examine how nursing leadership

roles in hospital settings across Canada have changed and the factors that are important in enabling nurse leaders to perform their roles. A number of co-investigators from various disciplines, in addition to nursing and decision-maker partners and consultants (see below), form a strong team to conduct this research.

Background

Nursing leadership roles have changed dramatically over the past decade; however, little empirical research exists to document how these role configurations differ across the country or their impact on the management of professional nursing services. Recent reports, including a CHSRF policy synthesis on workplace factors influencing nurses' health, have emphasized the importance of strong nursing leadership in hospital settings so that effective structures are in place to ensure nursing input into

patient care process issues (Baumann et al. 2001; CNAC 2002; RNAO 2000). All warn of a developing “leadership gap” in nursing and the need to understand and address the forces that contribute to this situation.

New organizational models and systems of care organization, such as program management, have radically changed disciplinary leadership structures, particularly in nursing (Baumann et al. 2001; Clifford 1998; Grinspun 2000). Within program management structures, distinct professional departments have been eliminated and care is organized around populations of patients tended by a multidisciplinary team. Some claim that these changes provide opportunities for nurse leaders to demonstrate their leadership skills and play a greater role in decision-making within the new multidisciplinary program structures. Others argue that these changes may diminish communication links between senior nurse leaders and other nursing personnel at lower levels of the organization and deprive nurses of disciplinary leadership representation at the policy-making level in the organization (CNAC 2002; Clifford 1998; Grinspun 2000).

In addition to structural changes, the number of managerial positions has been greatly reduced, significantly expanding the responsibilities and spans of control for those remaining and reducing their visibility and availability for mentoring and support within their units. With the dilution or elimination of nursing leadership roles, ties between clinical staff and administrators are potentially weakened, threatening both

nurses’ job satisfaction and the quality of patient care.

Study Objectives

The objectives for this study are as follows:

1. To provide a descriptive analysis of nursing leadership/management structures at senior, middle and unit levels of nursing management.
2. To examine relationships between structural characteristics of senior nurse leader roles and senior leader outcomes.
3. To determine the extent to which senior nurse leader structural and individual characteristics lead to integrative structures that support effective communication and coordination among middle- and unit-level managers.
4. To examine the effect of senior nurse leader structural and individual characteristics and integrative mechanisms on work-related attitudes of middle- and unit-level managers.

Approach

This project has two components: (1) a descriptive analysis of nursing leadership/management structures in Canada and (2) a test of a model linking senior nurse leader characteristics to both senior nurse leader and lower-level nurse manager outcomes. Primary data will be collected at each site through a survey of senior nurse leaders, middle and unit managers and chief executive officers. A purposively selected subset of senior nurse leaders will also be interviewed.

Importance to Decision-Makers

This study will provide

- information that can inform decision-making for the design of effective nursing leadership role configurations and organizational structures in hospitals
- knowledge that can be incorporated into future preparation of nurse leaders
- important empirical evidence for external policy- and decision-makers to determine what organizational structures, supports and strategies may be instrumental in recruiting and retaining individuals in nursing leadership roles, as well as the essential factors that influence nursing leadership role articulation and effectiveness to achieve optimal staff and patient care outcomes

Progress to Date

This study has received significant support, and to date we have 85 sites (including teaching and community hospitals) that have agreed to participate across all provinces. It has taken several months to complete the additional ethics reviews required in 41 sites, but these are now completed. A project advisory group has been formed and its first meeting occurred in February 2004. Study questionnaires have been finalized and were distributed to most sites by the end of April 2004. We look forward to a high participation rate. A website for the study has been created and can be found at www.publish.uwo.ca/~hkl/national_leadership_study/index.htm. We hope that study participants and others will visit the website for informa-

tion and regular updates on our progress. The target date for the final report will be September 15, 2006.

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Study Co-Sponsors:

CHSRF Nursing Research Fund
Ontario Ministry of Health and Long-Term Care,
London Health Sciences Centre,
Vancouver Coastal Health Authority,
Mount Sinai Hospital,
University of Western Ontario
Office of Nursing Policy, Health Canada
Registered Nurses Association of Ontario

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References

Baumann, A., L. O'Brien-Pallas, M. Armstrong-Stassen, J. Blythe, R. Bourbonnais, S. Cameron, D. Irvine Doran, M. Kerr, L. McGillis Hall, M. Zina, M. Butt and L. Ryan. 2001. *Commitment and*

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Care: The Benefits of a Healthy Workplace for Nurses, Their Patients and the System. Report submitted to the Canadian Health Services Research Foundation, Ottawa, ON.

Canadian Nursing Advisory Committee (CNAC). 2002. *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses.* Ottawa: Advisory Committee on Health Human Resources.

Clifford, J.C. 1998. *Restructuring: The Impact of Hospital Organization on Nursing Leadership.* San Francisco: Jossey-Bass.

Grinspun, D. 2000. "Taking Care of the Bottom Line: Shifting Paradigms in Hospital Management." In D.L. Gustafson, ed., *Care and Consequences.* Halifax: Fernwood.

Registered Nurses Association of Ontario (RNAO) and Registered Practical Nurses Association of Ontario (RPNAO). 2000. *Ensuring the Care Will Be There: Report on Nursing Recruitment and Retention in Ontario.* Report prepared for the Ministry of Health and Long-Term Care.