Nurse leaders play an essential role in shaping health policy and sustaining a high quality of patient care delivery. Hence, several healthcare organizations have called to increase the number of nurse leaders across all levels and in every practice setting. Engaging more nurses in leadership positions is becoming strategically important due to an aging nursing workforce and projected retirements of experienced nurse leaders. Based on the projected shortage of 4,842 registered nurses by 2027 in Oman and the fact that only 8% of the nursing workforce holds formal leadership positions, the profession will have a shortfall of an approximated 1,480 nurse leaders in the next decade (Ministry of Health, 2014). There is a regional (Al-Riyami, Fischer, & Lopez, 2015) and global (Sherman, Saltman, Schwartz, & Schwartz, 2015) concern that as more existing nurse leaders leave their positions, recruiting nurses to hold future leadership positions will be challenging. Several studies reported lack of interest among nurses to assume future leadership roles (Cziraki, Read, Laschinger, & Wong, 2018; Laschinger et al., 2013; Wong, Cummings, & Ducharme, 2013). Identification of factors influencing nurses’ willingness to lead can inform healthcare leaders and policy makers to design potentially illuminating strategies for establishing favorable work environments that motivate nurses to engage in leadership roles. The quality of the nurse-physician relationship is one of the work environment factors that have been repeatedly found to improve patient outcomes and reduce healthcare cost (Matthys, Remmen, & Van Bogaert, 2017). Engaging both professions in collaborative practices can create a culture of respect and subsequently enhance their work attitude. Furthermore, the nurse-physician relationship contributes to nurses’ overall work engagement (Havens, Gittell, & Vasey, 2018), but less is known about its impact on the nurses’ engagement in leadership roles specifically. The aim of this cross-sectional study was to investigate the impact of nurses’ perceived interprofessional relationship with physicians on nurses’ willingness to engage in future leadership roles. The study was conducted at a public hospital in Sultanate of Oman over a four-month period between August and November 2016. A total of 171 registered nurses participated. The interprofessional relationship was measured with the 3-item nurse-physician relations’ subscale of the Practice Environment Scale of the Nursing Work Index- (PES-NWI). Nurses’ willingness to lead was measured by asking the participants to rate their willingness to seek out opportunities to engage in leadership roles. A multilevel modeling was used. Findings revealed that 70% of nurses were likely to seek out opportunities to engage in leadership roles. Nurses reported a moderate level of interprofessional relationship (mean = 2.7, SD± 0.8). The quality of the nurse-physician collegial relationships was a significant predictor of nurses’ willingness to engage in leadership roles (β = 0.29±0.13; p = 0.02). Findings from this study advance nurse leaders’ knowledge in how to motivate and engage nurses in leadership roles. Previous evidence has focused primarily on the nurse demographic characteristics and traits in the selection and recruitment of potential nurse leaders. The findings of the current study indicated that work-related characteristics may have a greater impact on nurses’ willingness to lead than demographic and personal characteristics. Establishing a work environment culture having positive nurse-physician relationships is critical to enhance nurses’ work attitude and engage them in leadership roles. One example of the strategies that can strengthen the nurse-physician relationship is to engage both professions in inter-professional collaborative activities that aim to create a culture of respect.
Keywords:
Interprofessional relations, Leadership and Work Environment

References:


Abstract Summary:
This is a cross-sectional study that investigated the impact of work-related factors, specifically the nurse-physician inter-professional relationship, on direct-care nurses willingness to engage in leadership roles.

Content Outline:

1. Introduction
   - Nursing leadership is as an important driver in sustaining high-quality patient care.
   - Nurse leaders contribute to positive outcomes for nurses, patients, and healthcare system.
   - Recruitment of future nurse leaders has become a critical public issue:
     - Global shortages of nurses
     - Projected retirements of experienced nurse leaders
     - A significant number of nurse leaders are beginning to retire because three million baby boomers are turning 65 each year (American Hospital
Association, 2014) with an estimated 80,000 leaving the workforce by 2020 (Auerbach, Buerhaus, & Staiger, 2015).

- Aging workforce
- Lack of interest to assume leadership roles
  - Laschinger et al. (2013): Large scale (N=1241) study across 9 Canadian hospitals. Result: 86% of nurses were not interested in formal leadership roles.
  - ORION study (2014): State of Oregon in the USA, (N= 3513). Results: 78% felt well prepared to assume leadership positions. Of those 78%, only half were likely to advance into formal and a little more than half were likely to engage in informal.
  - Dyess et al., 2016 and Sherman et al., 2015: qualitative studies suggest that nurses are not eager to take on leadership roles

- Oman:
  - Projected leadership shortages
    - Ministry of Health 2016: Total RN is 19,760
    - 8% leadership positions = 1,480 needed in next decade
  - Employing expatriate nurses
    - 51% of the workforce
  - Omanization plan
    - Due to global shortages of nurses and the rapid growth in healthcare services, the states of the Gulf Cooperative Council are heavily reliant on an expatriate workforce from highly qualified professionals to manual labourers. Over the last 20 years, a majority of nurse leadership positions were held by non-Omani nurses, mainly from India and the Philippines.
    - The non-Omani nurses have short-term employment agreements with a subsequent high rate of staff turnover leading to more shortages of nurse leaders.
    - Anecdotal reports have shown a reluctance/unwillingness to lead
    - MOH called for studies that aim to improve nursing leadership and explore how the government can create a better environment to attract nurses to leadership roles.

2. **Gaps in Knowledge**
   - Studies that have examined factors influencing nurses’ willingness to lead are limited
   - Studies focusing on the role of situational factors are limited.
     - Historically focused on the effects of demographic and personal characteristics (personality traits, demographics) in identification of potential leaders.
     - Current literature highlights the importance of work-related factors in the recruitment and retention of nurse leaders.
   - Evidence showed that nurse-physician relationship is one of the situational factors that contributes to nurses’ overall work engagement, but less is known about its impact on the nurses’ engagement in leadership roles specifically.

3. **Study Purpose**
   1. Assess the level of nurses’ willingness to lead
   2. Investigate the impact of nurses’ perceived interprofessional relationship with physicians on nurses’ willingness to lead

4. **Methodology**
   - Design: A cross-sectional descriptive design
   - Setting:
     - A public Hospital at the Sultanate of Oman
     - A medical institution that provides tertiary medical care
   - Sample:
     - 171 staff nurses using convenience sampling method
     - Inclusion criteria: (1) willing and able to provide written informed consent and (2) providing direct patient care.
- Exclusion criteria: less than one year of experience at the time of survey.
  - Procedure: Online survey using hospital’s secure web-page
  - Variables and Measurements:
    - Dep variable: Willingness to lead. Was measured using two questions: “How likely are you to want to advance in traditional leadership roles within your organization?” and “How likely are you to seek out opportunities to engage in leadership?”
    - Independent Variable: Interprofession relationship. Was measured using the 3-item nurse-physician relations’ subscale of the Practice Environment Scale of the Nursing Work Index- (PES-NWI).
    - Covariates: demographics (age, gender, years of experience, and place of work) and work-related (other elements of PES-NWI, and leadership preparation).
  - Analysis: Descriptive statistics and a multilevel modeling that account for nested effect within working units.

5. Results
  - Willingness to lead: 70%
  - Inter-professional relationship: mean = 2.7, SD± 0.8
  - Multilevel: greater perception of IP relationship associated with greater willingness to lead ($\beta = 0.29\pm0.13; p = 0.02$).

6. Discussion
  - The large proportion of willingness to lead is promising
  - Nurse-Physician Relationships
    - Mechanism: According to Herzberg’s motivation theory, employees’ relation with others can influence willingness to lead by enhancing their job satisfaction and positive work attitude. In another word, nurse-physician relationships can create a satisfying work role.
    - Interpersonal relations can enhance job satisfaction and work attitude
    - Inter-professional collaborative activities for both professions that aim to create a culture of respect.

7. Research Implications
  - The first to examine nurses’ willingness to lead in Sultanate of Oman.
  - The first to account for the nesting effect
  - Provide a greater understanding of the significant predictors of nurses’ willingness to lead.

8. Clinical Implications
  - Advance knowledge in how to identify, recruit, and retain emerging nurse leaders in leadership roles
  - Recruitment and Retention
    - It sheds the light on the importance of modifiable work environment characteristics to enhance nurse leaders’ retention
    - Nursing unit teams

9. Conclusion
  - Recruitment of future leaders should not be based solely on nurse demographics. Rather, recruiters should focus on creating more favorable work environments to lead.

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