

# Essential Components of Leadership for the Bedside Nurse

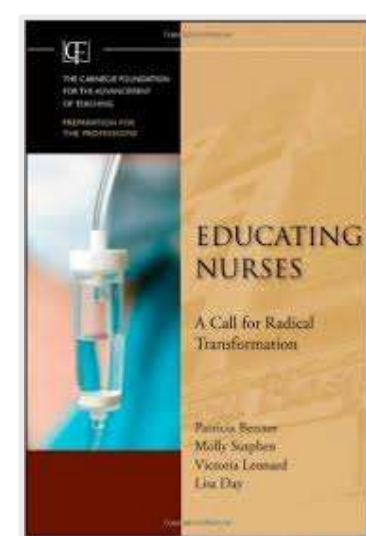
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## Introduction

“...the nursing profession must produce leaders throughout the system, from the bedside to the boardroom.” (IOM, 2011, p. 7)



There is a call to transform nursing education to meet today’s healthcare needs. (Benner et al, 2010)



A limited amount of nursing research was found that explicitly focused on leadership for the practice of bedside nursing.

Current practice trends include increased use of unlicensed assistive personnel, hospitalized acute care patients have more complex chronic diseases with decreased length of stay, rapid advancements in technology used in care.

## Purpose

To capture perceptions of leadership in the everyday practice for bedside nurses from nurses, nurse administrators, and academic nurse educators.

## Methodology

- Qualitative Interpretive phenomenology
- 15 participants recruited through purposeful and network sampling
- Primary research question:

*What are the components in leadership needed for the generalist nurse in acute care practice?*

- Audio-recorded individual interviews using semi-structured interview guide based on a literature review

## Data Analysis

Coding conducted using predetermined codes from literature review and inductive codes through use of NVivo11.

## Triangulation

- Multiple perspectives - 3 types of participants
- Member checking
- Peer review

## Results

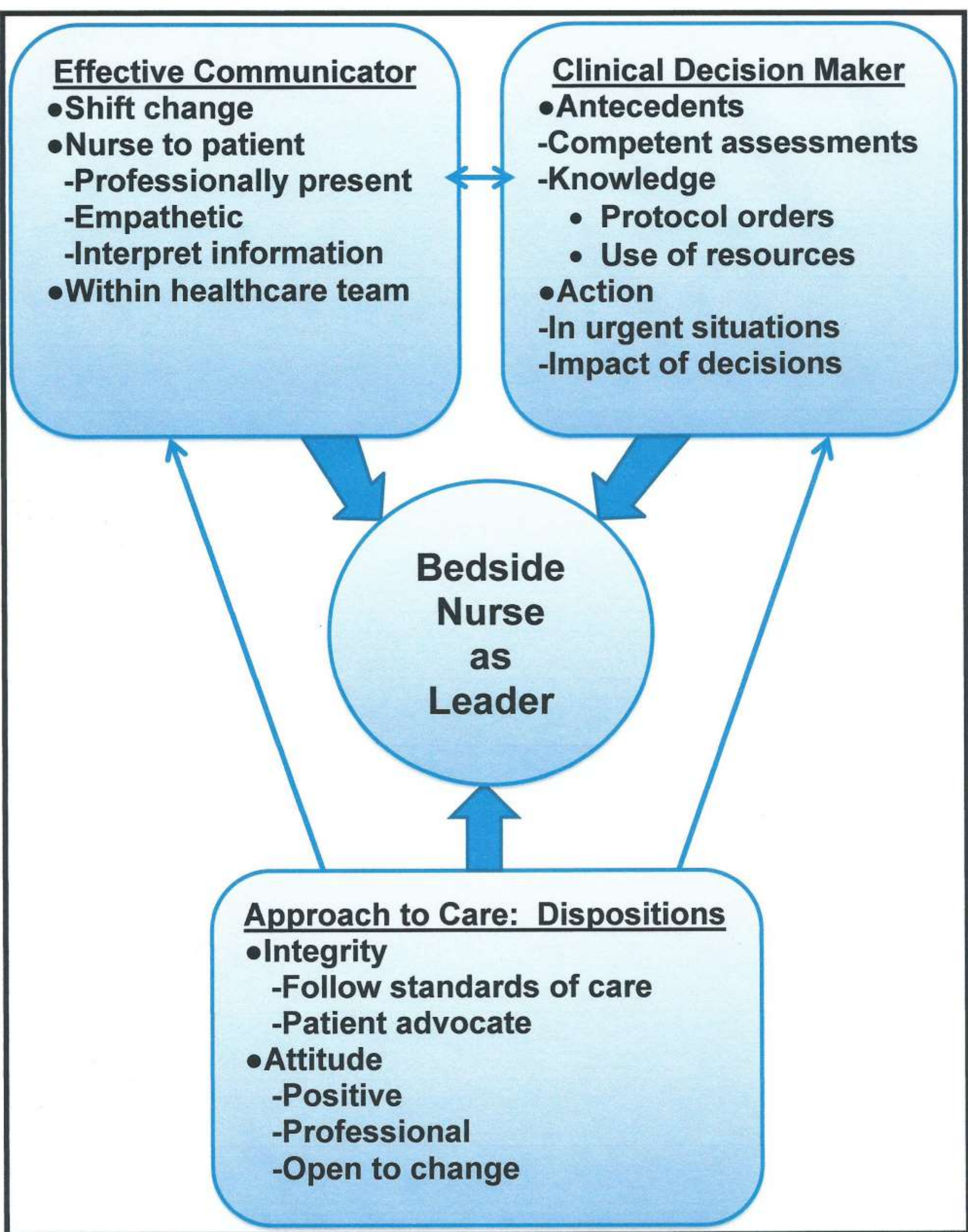
### Effective Communicator

“There are nurses that stand out, that are committed to whatever **evidence-based practice** is best and are leaders because their patient care is better” (Gloria, bedside nurse).

“I view bedside nurses as the foundation of hospital care. They are the **hands-on leader of patient care**” (Alice, nurse administrator).

“We **delegate** work to patient techs and each other-covering lunches or when there is a very acute patient. I delegate to patients to hold them accountable for getting better which I think falls to the nurse as **being a good leader**” (Gloria, bedside nurse).

### Leadership Components of the Generalist Nurse in Acute Care Bedside Practice Model



### Clinical Decision Maker

Participants recognize importance of **competent assessment skills** to identify changes in a patient’s condition in order to make **appropriate safe clinical decisions**.

“In acute situations it’s all reliant on **your knowledge as a nurse**. Do you know what you can do with what’s going on? You always want to be competent for whatever situation you’re in” (George, bedside nurse).

Participants voiced an increase in physician-ordered protocols and reliance on nurse assessments for order changes. “Sometimes, especially for newer nurses, knowing what your **practice limits** are becomes very hard” (Alice, nurse administrator).

### Approach to Care: Dispositions

According to participants, bedside nurses’ demonstrate leadership when they correctly exhibit behaviors that follow standards of nursing practice, and institutional policies.

“Nurses who are leaders **do not take short cuts** even when everybody does” (Gloria, bedside nurse).

“Nurses with the **right attitude** are the ones I try to grow into administrative leadership roles.” (Ava, nurse administrator)

This type of nurse is also “a **role model** for students and others on the unit” (Frances, academic nurse educator)

“[Bedside nurse leaders ] have more initiative. They’re more **receptive to change**. They’ll buy in and be a part of a change movement instead of resisting.” (Ava, nurse administrator)

## Participants

	Generalist Nurses	Nurse Administrators	Nurse Faculty
Hospital A	2	3	
Hospital B	2	1	
Hospital C	1	1	
Community College			5

	Study Participants N=15	US Nursing Workforce (HRSA, 2013)		
	%	Rural areas (%)	Urban areas (%)	All areas (%)
Race - white	100	91.2	72.4	75.5
Male	7	7.8	9.4	9.1
Education ASN	60	51.6	35.5	37.9
BSN	13	33.9	46	44.6

## Limitations

- Lack of diversity
- Only representative of rural community hospitals
- 80% ( $n=4$ ) bedside nurses had less than 5 years of experience
- 100% academic nurse educators work in a community college

## Findings

- Nurses do not view themselves as leaders
- Nurses lack support to develop leadership for bedside practice after licensure
- Nursing education lacks consistent educational experiences and theory to develop leadership for entry into practice

## Implications

- Transformation of nursing education is needed to better prepare nurses to become leaders at the bedside.
  - Simulation to develop communication skills, clinical decision making, and dispositions (Ashcroft et al., 2013; Dillard et al., 2009; Lasater, 2007)
- Support after licensure is needed to further develop leadership and change the mindset of nurses to view themselves as a leader in the context of their role.
  - Year long transition into practice programs (Duchscher, 2008)
- Further research is needed to determine specific leadership development actions for academia and at healthcare institutions.

## References

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This poster represents a dissertation completed by Thelma M. Warner to partially fulfill the requirements for the Doctor of Education degree in Leadership for the Advancement of Learning and Service in Higher Education from the College of Education and Leadership at Cardinal Stritch University, Milwaukee, WI.

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