The Influence of Clinical Nurse Educator Leadership on Graduate Registered Nurses First Year of Nursing

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Introduction

Background to Research

- Acute care hospital clinical environments have increasing patient acuity, chronicity, nurse shortage, workload issues and accountability and financial constraints
- Congruent leadership style demonstrates a match (congruence) between the leaders’ values, beliefs and actions without need for a formal position of leadership
- Bedside leadership has a more overt association with, and significant influence on, patient safety and quality of care
- Drivers to meet positive patient-centred care outcomes include an investigation in leadership of the newly qualified registered nurse (GRN) workforce
- The supervisory clinical nurse educator (CNE) actively engages with GRNs to promote patient safety and quality of care

Aim and Research Method

- To articulate the extent the CNE is perceived as a clinical leader by GRNs
- Mixed methods were used to explore the clinical leadership of the supervisory CNE
- The GRN Questionnaire incorporated qualities and characteristics associated with clinical leadership from The Perceptions of Clinical Leadership Questionnaire and interviews with CNMs (n=9), CNEs (n=11) and GRNs (n=10) provided a wider perspective on the supervisory CNE as a clinical leader
- GRNs were the lens through which the CNE clinical leadership was evaluated in the context of their quality patient care and positive outcomes

Quantitative Results

CNE Attributes of Clinical Leadership

The results offer a clear view of what attributes influence the GRNs quality patient care and successful completion of the graduate programme. CNE qualities and characteristics strongly associated and least associated with clinical leadership are listed in Table 1 and 2

The GRNs profile of the CNE clinical leadership top characteristics and qualities from the questionnaire are listed in Table 3. These attributes were compared across previous congruent clinical leadership studies.

Qualitative Results

Influential Presence

The CNE clinical leadership was identified as essential to the GRNs transition and integration to the clinical environment and significant to the safe and quality care of GRNs’ patients.

- GRN ‘As a grad it’s nice to have someone dedicated to your assistance… as you don’t feel as though you are being a nuisance when asking questions or figuring things out’
- CNE ‘Because there’s nothing more I want than to keep our staff safe because if they’re safe within their practice than the patient is going to get good care and they’re going to be safe… I’m not directly responsible for patient care but I am indirectly’
- CNE ‘They’re seen as a role model for those grads… and they’ve got to display the certain set of behaviours and skills that are expected of somebody of that level… it’s raising the bar… and showing the grads what the expected level is’

In Absentia

CNE clinical leadership was identified as reduced in value by CNE absence such as nurse supply and workload issues and financial deficits.

- GRN ‘I was unable to perform tasks for example: IDC (indwelling catheter) insertion as I needed supervision for my first attempt and the ward was too busy for the shift coordinator to supervise me. Instead a colleague had to do it whilst I assisted with her task’
- CNE ‘Because I was doing set days… I could go without seeing one of my grads for a week. It was awful. I hated it, and I felt like I wasn’t achieving my goal, and my role, by not supporting them’
- CNE ‘When we’re trying to cut back on hours, they’re the first ones to go, so it’s like, are they really… seem as important?’

Conclusion

The CNE clinical leadership is associated with the congruent leadership style and is valued by nurses at the point of care. The congruent leadership attributes and patient-centric values underpin the ongoing clinical support which is effective and valuable in advancing the safe practice and positive patient outcomes of the GRNs.

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