

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 the need for a formal position of leadership^{1,2}
- Bedside leadership has a more overt association with, and significant influence on, patients' safety and quality of care³⁻⁷
- Drivers to meet positive patient-centred care outcomes include an investment in leadership of the newly qualified graduate registered nurse (GRN) workforce
- The supernumerary 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, CNEs and Clinical Nurse Managers (CNM)
- Mixed methods were used to explore the clinical leadership of the supernumerary CNE
- The GRN Questionnaire incorporated qualities and characteristics associated with clinical leadership from The Perceptions of Clinical Leadership Questionnaire^{1,12}
- Interviews with CNMs (n=9), CNEs (n=11) and GRNs (n=10) provided a wider perspective on the supernumerary 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



The nurse educator is a leader

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.

| Table 1 | | | | Table 2 | | | |
|---------|--|--------------------|-------|---------|---|--------------------|-------|
| Rank | Quality or characteristic strongly associated with clinical leadership | Participant (n=40) | % | Rank | Quality or characteristic least associated with clinical leadership | Participant (n=40) | % |
| 1 | Is approachable | 29 | 72.5% | 1 | Is controlling | 22 | 55.0% |
| 2 | Is supportive | 28 | 70.0% | 2 | Works alone | 19 | 47.5% |
| 3 | Is clinically competent | 26 | 65.0% | 3 | Takes calculated risks | 15 | 37.5% |
| 4 | Sets direction | 25 | 62.5% | 4 | Is an administrator | 12 | 30.0% |
| 4 | Sets goals and targets | 25 | 62.5% | 4 | Is artistic/imaginative | 12 | 30.0% |
| 4 | Is a mentor | 25 | 62.5% | 4 | Deals with reward/punishment | 12 | 30.0% |
| 4 | Is caring/compassionate | 25 | 62.5% | 5 | Must have relevant postgraduate training | 10 | 25.0% |
| 5 | Has integrity and honesty | 24 | 60.0% | 5 | Is conservative | 10 | 25.0% |

The GRNs profile of the CNEs clinical leadership top characteristics and qualities from the questionnaire are listed in Table 3. These attributes were compared across previous congruent clinical leadership studies.⁸⁻¹¹

| Attribute | Overall Ranking of Stanley's Studies | | | | | | |
|--|--------------------------------------|------------------------|---------|---------|---------|---------|----------------------------|
| | UK 2005 | WA 2010 | WA 2012 | WA 2013 | WA 2015 | WA 2016 | Graduate Registered Nurses |
| Is approachable | 1 | =1 | =1 | 5 | =4 | 1 | |
| Is supportive | 4 | =3 | 5 | =1 | 8 | 2 | |
| Is clinically competent | 2 | 2 | =1 | 1 | 3 | 3 | |
| Sets direction | 7 | 7 | | 7 | 2 | =4 | |
| Sets goals and targets | | | 6 | | 9 | =4 | |
| Is a mentor | | | | | | | |
| Is caring/compassionate | | | | | | | |
| Has integrity and honesty | 3 | 9 | 3 | =1 | 6 | =4 | |
| Is an advocate | | | | | | | |
| Is an effective communicator | 5 | Not used in this study | 7 | =1 | 3 | 1 | |
| Copes well with change | 8 | 6 | | =1 | 7 | =11 | |
| Is a role model for others in practice | 9 | | =3 | | 2 | 6 | |
| Inspires confidence | 6 | 5 | 9 | =1 | 4 | | |

CNE Clinical Leadership Practices

The GRNs indicated the degree to which they believed the CNE had a leadership influence in the ward and wider hospital (Figure 1). The CNEs leadership practices were associated with a clinical leader who was visible, expert and cognisant of contemporary nursing challenges¹² and provided the GRNs in their first year of nursing with the confidence, support and encouragement to develop as professionals and deliver quality and safe patient care (Figure 2).



Figure 1



Figure 2

Qualitative Results



The new graduate nurse is a success when she has lots of support from the nurse educator

Influential Presence

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... so 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 then 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'
- CNM '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

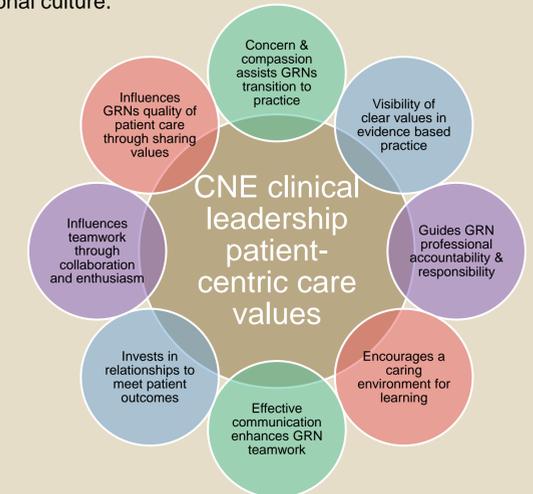
CNE clinical leadership was identified as reduced in value by CNE absence such as nurse supply and workload issues and financial deficits.

- 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 tasks'
- 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'
- CNM 'When we're trying to cut back on hours, they're the first ones to go, so it's like, are they really ... seen as important?'

Qualitative Results cont...

Congruent Leadership Values

The CNEs congruent leadership values that are patient care focused are depicted in Figure 3.¹³ The participants indicated the clinical leadership of the CNE role modelled affirmative behaviours in the clinical setting and organisational culture.



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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