Preparing Clinical Nurse Leaders in a Regional Australian Teaching Hospital

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Abstract

The need to develop nurses as managers and leaders is crucial to the retention of registered nurses at a time of work force shortages and an increasingly aging work force in most Western industrialized countries. This article describes a creative and collaborative educational initiative developed at a large regional teaching hospital in New South Wales, Australia, designed to address this need. Based on a competency assessment process designed around face-to-face education, resource materials, and individualized mentoring from nurse unit managers, the aim of this multifaceted educational program is to develop effective team leaders in the clinical setting as well as a new generation of nursing leaders.


BACKGROUND

The health care industry faces many challenges, but as Redman (2006) argued, few are “more pressing than the need for well-prepared leaders able to deal with the challenging practice environment” (p. 292). There are two key related issues: (1) the lack of clinical leaders, with the potential for this situation to become more pronounced over the next decade; and (2) the lack of education and support for neophyte and aspiring clinical leaders. An Australian study undertaken by Paliadelis, Cruikshank, and Sheridan (2007) reported that the literature indicates that Australian nursing unit managers (NUMs) are “poorly prepared for, and unsupported in, their expansive role” (p. 832). These findings were supported by the findings of a project sponsored by the New South Wales Health Department in 2008 involving 564 NUMs across the state. This study reported that 46% of respondents had less than 6 years of experience in the role and 21% had a hospital certificate as their highest qualification. Only 13% of NUMs in this study had a master’s degree, and none had completed a doctorate (New South Wales Health Nursing and Midwifery Office, 2008). Although formal education is required to boost skills, such education must be augmented by ward- and unit-based programs that recognize the contextual challenges of personal development, mentoring, and action learning. This is the focus of the Team Leader Program described in this article.

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Leadership and the Role of the Advanced Registered Nurse in Australia

In parallel with the continuing evolution of the NUM role, there has been an increasing need for support for staff undertaking the role of team leader capable of acting as the NUM’s delegate. As the Australian Nursing Federation (2009) stated:

Advanced registered nurses are the experienced, knowledgeable and competent nurses in all these settings taking responsibility for complex situations, showing leadership in clinical and professional settings, contributing to effective teamwork, and focusing on improving the health of individuals and groups.

Both Thyer (2003) and Paliadelis et al. (2007) discussed the issue of leadership within the wider context of nursing work force retention. Thyer specifically contrasted transactional leadership styles with emergent transformational leadership styles that are relevant to nursing in the 21st century. Consequently, a formalized, structured Team Leader Program has been offered annually since 2005.

This article discusses the evolution of the Team Leader Program over 4 years from a basic in-service program to a highly creative educational initiative. It also discusses subsequent evaluations of the program over several years and describes how these evaluations have influenced the evolution of the program.

Defining the Team Leader Role

The term “team leader” has been used in various ways and is understood to mean different things across nursing settings and nursing cultures. The closest and most relevant definition of a team leader to the Team Leader Program discussed in this article is that developed by Barter (2002), who stated that “patient care team leaders generally aren’t managers” and that “team leaders are competent, experienced registered nurses (RNs) who report to managers” (p. 55). Further, Barter identified the multiple roles of a team leader, including coach, trainer, communicator, technical advisor, facilitator, supporter, and supervisor. The role of team leader has clear parallels to the concepts of both leadership and management. The key elements of the program are leadership, management, competency development, mentoring, and role modeling.

Leadership and Management

Leadership is increasingly seen as an essential skill (Jasper & Jumaa, 2005, cited in Armstrong, 2007). Further, “while theorists continue to debate the relationship between leadership and management, an examination of the literature provides evidence that both concepts have a symbiotic or synergistic relationship with each other” (Courtney, Nash, & Thornton, cited in Daly, Speedy, & Jackson, 2004, p. 4). Participants in the Team Leader Program are advanced registered nurses, and the presenters of the program are NUMs, the “first line of nursing management in Australia” (Paliadelis et al., 2007, p. 830) and members of the nurse education team.

Although there was a degree of misunderstanding on the part of participants in the Team Leader Program, many of whom believed that they were being prepared to undertake an acting NUM role, the aim of the program was to develop clinical leaders who, while proficient in the role of team leader, could fill the role of NUM where necessary. In essence, graduates of the Team Leader Program develop some, but not all, skills required of a manager. While recognizing the relationship between leadership and management, the philosophical underpinning of the program, and part of its conceptual framework, is based on an assumption that leadership is an essential skill in the development of advanced registered nurses.

Competency Standards

In 2005, the Team Leader Program was further developed from a basic in-service program to a formalized, structured educational program with competency assessments as the conceptual framework. A competency has been defined as actions or behaviors expected from a person occupying a certain role, in this case, that of clinical leader (Barker, Sullivan, & Emery, 2006). Competencies for clinical and organizational leadership have been identified by a number of organizations, including the American Organization of Nurse Executives, the International Council of Nurses, and the Center for Health Professions (Redman, 2006).

Although there has been some debate in the nursing literature about the usefulness of competencies (Elliott, cited in Manley & Garbett, 2000) as well as confusion regarding competencies (Manley & Garbett; Pearson, Fitzgerald, & Walsh, 2002), others, such as Barker et al. (2006), believe that competencies provide a wonderful framework for the education and practice of clinical leaders. Furthermore, Thyer (2003) argued that the competency standards for registered nurses in New South Wales capture the essence of transformational leadership defined by Burns, cited in Barker et al., as “arising when both the leader and follower find meaning and purpose
in their work, and grow and develop as a result of their relationship” (p. 16).

Competency standards for the advanced registered nurse in Australia were initially developed for the National Nursing Organizations in 1997 after acknowledgment of the need to develop generic standards that reflected the practice of nurses beyond entry level and the emerging national standards framework (Australian Nursing Federation, 1997, cited in Australian Nursing Federation, 2005). The competency standards framework adopted by the nursing profession in Australia “was premised on a broad notion of competence as a combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in the nursing role” (Cheek, Dawson, Mott, Beilby, Wilkinson, & Wilkinson, 2002, cited in Australian Nursing Federation, 2005, p. 5). They build on the Australian Nursing and Midwifery Council’s core domains of registered nurse practice and include domains, standards, and cues (Australian Nursing and Midwifery Council, 2004). They include a description of advanced registered nurse practice that highlights the characteristics underpinning the level of competence.

The format for assessment of participants in the Team Leader Program included the Competency Standards for the Advanced Nurse (Australian Nursing Federation, 1997) and the Competency Standards for the Registered Nurse (Australian Nursing and Midwifery Council, 2004). These documents formed the basis from which to identify 11 competencies for program format, structure, and assessment, starting in 2005 (the date of the first formalized program). The competencies were adapted using Tollefson’s (2001) work as a template. Sidebar 1 shows the 11 competencies. Successful completion of the Team Leader Program required achievement of competency in each of the 11 identified competencies. Sidebar 2 shows examples of behaviors assessed within the competencies. NUMs presented individual competencies as part of the educational program and were responsible for signing off on the achievement of competencies for participants who worked on their ward or unit.

**MENTORING AND ROLE MODELING**

A further important aspect of the program was the engagement of NUMs as both teachers and mentors, a role identified by Redman (2006) as an essential component of the preparation of future leaders. As Redman argued, “mentors serve a variety of important functions in the preparation of future leaders, ranging from facilitating new learning experiences, guiding career decisions, and introducing protégées to new networks both within the organization and the profession” (p. 295).

An Australian study undertaken by Waters, Clarke, Ingall, and Dean-Jones (2003) of a pilot mentoring program for nurse managers found that, although mentoring is clearly recognized and practiced in New South Wales, there were differing views on mentoring. According to one view, mentoring should be structured and facilitated; according to the other, mentoring could (and should) happen only when the time and place were right.

The Team Leader Program encouraged mentoring, both in a structured way within the program and in a more informal way in the clinical areas in which NUMs and participants worked as members of a team. NUMs established a mentoring relationship with program participants on their wards that involved providing support and guidance on a daily basis as well as scheduled action learning sessions.

The benefit of participation by NUMs in the Team Leader Program was seen as threefold. (1) It brought together NUMs across the hospital for the purpose of developing the program, validating the competencies and delivery of the program content. (2) It enabled participants to experience the various styles of leadership role modeled by NUMs across different contextual settings.

**SIDEBAR 1**

**COMPETENCIES OF THE TEAM LEADER PROGRAM**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency 1</td>
<td>Practices within the scope of professional standards, boundaries, and expectations.</td>
</tr>
<tr>
<td>Competency 2</td>
<td>Engages in effective collaborative practice.</td>
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<tr>
<td>Competency 3</td>
<td>Provides a supportive environment for colleagues.</td>
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<tr>
<td>Competency 4</td>
<td>Manages equipment and resources.</td>
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<tr>
<td>Competency 5</td>
<td>Maintains a safe working environment.</td>
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<tr>
<td>Competency 6</td>
<td>Manages own workload and priorities.</td>
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<tr>
<td>Competency 7</td>
<td>Manages staffing levels and workload.</td>
</tr>
<tr>
<td>Competency 8</td>
<td>Coordinates patient flow in the ward or unit.</td>
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<tr>
<td>Competency 9</td>
<td>Engages in complex decision-making within a rapidly changing environment.</td>
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<tr>
<td>Competency 10</td>
<td>Interprets and disseminates organizational knowledge.</td>
</tr>
<tr>
<td>Competency 11</td>
<td>Engages in professional development.</td>
</tr>
</tbody>
</table>
(3) It provided support and ongoing learning for NUMs as they researched and critically analyzed their practice in preparation for sharing their expertise with program participants.

The role of health professionals and the culture in which they work are constantly changing (Waters et al., 2003), and the mentor role must recognize these changes to respond to the climate and challenges of the workplace (Waters et al.). The members of the team involved in the development and initiation of the Team Leader Program believe that these factors are supported by the role modeling provided by the NUMs as presenters in the program and as managers in the clinical setting.

IMPLEMENTATION OF THE PROGRAM

Implementation of the program involved three key phases. In phase 1, planning and preparation involved stakeholder discussions and the development of time lines. During this phase, NUMs participated in discussions about the support they required to enable them to develop their presentations and mentor program participants successfully. All NUMs participated in development practice sessions during which they delivered their presentations to each other and to the education and management teams. Each presentation was followed by a group feedback session during which the participants were given suggestions for improvement. Phase 2, which occurred over 26 weeks, involved educational and reflection sessions held every other week, with ongoing mentoring and competency development. Phase 3 included completion of competency assessments over the next 12 weeks and evaluation of the program.

EVALUATION OF THE TEAM LEADER PROGRAM

Since its inception, this program has been evaluated positively by all stakeholders. Evaluation has included a mixed-method approach incorporating questionnaires and focus groups. Participants’ evaluation of the 2007 program showed a range of perceptions that indicated a belief that the roles of manager and leader were synonymous and interchangeable. Further, some participants reported a lack of clear understanding of the aim of the program, which was to provide the skills necessary to act as a clinical leader in addition to fulfilling the role of acting NUM. Some participants believed that the program would equip them with the necessary knowledge

SIDEBAR 2
EXAMPLE OF COMPETENCY ASSESSMENT

Competency 1
Nursing practices adhere to the scope of professional standards, boundaries, and expectations.

DEMONSTRATES:
The ability to critically review own and individual team members’ clinical skills in the context of the profession’s Code of Conduct, Code of Professional Practice and Ethics, and legislation affecting nursing practice.

CRITERIA:
C = Competent S = Requires Supervision D = Requires Development

Provides examples of how the self’s and the team’s practice is consistent with the profession’s Code of Professional Conduct, Professional Boundaries, and Standards of Practice (10.1, 10.2, 10.3).

Able to articulate the scope of professional nursing practice for various members of the team and identify those staff members who do not meet or are working outside their scope of practice.

Provides examples of how the self’s and the team’s practice complies with legislation/policy (12.1, 12.2, 12.3, 12.4, 12.5, 12.6).

Examples:
• Administration of drugs
• Consent
• Occupational Health and Safety legislation
• Privacy Act

Identifying appropriate strategies for implementation to reduce the incidence of unsafe practice (12.1, 12.2, 12.3, 12.4, 12.5, 12.6).

Nurse:
Assessor:
Date:
Review date:
and skills to become an acting NUM in an ongoing capacity.

In the initial conceptualization of the Team Leader Program, there was an implicit assumption that leadership was one of the many functions of management. However, as the program has developed over the last 4 years, it has come to reflect more clearly the view articulated by Gardner (1985, cited by Courtney, Nash, & Thornton, 2004, in Daly et al., 2002) that leadership requires an extended range of complex skills and that management is simply one aspect of leadership.

The participants most valued the opportunity for networking, action learning, and mentoring. The aspect of the program that the participants found most problematic was the assessment process, which required observation of behaviors and application of knowledge to practice in context, because of scheduling and other logistical issues. Participants reported that the need to assess competencies to achieve course completion was not a priority for all NUMs, but NUMs believed that the team leaders were able to perform without needing to achieve competencies. All graduates who participated in informal focus groups indicated that they would recommend the program to their colleagues and that they would like to participate as a mentor to others.

**LIMITATIONS**

The timing and sequencing of the face-to-face sessions presented a limitation and a challenge because some participants were regularly scheduled for an afternoon shift that started while the program was in session. Furthermore, some participants believed that the course was too long at 23 weeks’ duration, and this affected their motivation and ability to attend all of the sessions. The 2006 program had been designed as 1 week on and 1 week off across 23 weeks. Each face-to-face session was to be preceded by a 30-minute reflection on the previous presentation. Obvious concerns included the time between the presentation and the reflection session and the fact that, at some reflection sessions, none of the participants had attended the session on which they were required to reflect. On at least one occasion, no one present at the reflection session had attended the related competency presentation.

In recognition of the timing and sequencing issues, the 2008 course was conducted over 4 intensive weeks, without formalized reflection sessions. Twenty-one nurses graduated from the Team Leader Program that was offered in 2007/2008. Some participants identified a lack of cohesion among the group because some wards or units had greater numbers of participants than others and these participants tended not to network with others. In an attempt to encourage greater cross-disciplinary interaction and collaboration, future sessions will include only one participant from each of the 14 wards and units in one division of the hospital.

Inter-rater reliability in evaluating competencies is acknowledged as a limitation of the program. As Barker et al. (2006) noted, although competencies provide a set of agreed-on attributes that allow description of specific behaviors, actions, or accountabilities that clinical leaders must demonstrate, the fact that 10 different NUMs signed off on competencies for 21 participants in the 2007/2008 program raised the question of inter-rater reliability. A further limitation of the program is that there was no formalized recognition of previous learning in signing off on competencies. However, this issue has been addressed for future planning. Recognition of previous learning is congruent with the principles of adult learning and also with the principles of practice development, which advocate consultation, inclusivity, and participation (McCormack, Manley, & Garbett, 2004). The fact that some of the NUMs who presented were not only novice educators but also novices in the NUM role could be seen as a limitation; conversely, it was a strength in that they could identify with and demonstrate an understanding of the participants in their development toward a leadership role.

A creative strength of the program is that it is multi-layered in that it aims not only to educate advanced registered nurses but also to develop NUMs in their role as educators and leaders. It was believed that by presenting competencies to participants the NUMs would also reflect on their role as managers and develop the ability to articulate the role, thus enhancing their own career development.

**STRENGTHS**

Since its inception in 2001, the Team Leader Program evolved from a basic series of in-service programs designed to address a specific management problem to a more formalized, competency-based, collaborative, supportive program that began in 2005. The more formalized program has since raised awareness among colleagues and managers of the importance of the role of team leader.

As stated by Borbasi, Jones, and Gaston (2004), nursing has been transformed, with a different set of expectations from that of even 5 years ago, with pressure to move registered nurses to the role of advanced practitioners, largely as a result of an increasing skill mix and the increased skill among what was traditionally seen as a more junior work force. Further, the influence of generational change on the traditional notions of bureaucratic hierarchies cannot be underestimated. The Team Leader Program has evolved as a result of these changes.

One of the strengths of the program is that it has
encouraged registered nurse participants to envision a career path to a clinical nurse specialist or management role and provided a greater understanding of the complex nature and demands of the NUM role. Hence, it has promoted greater respect between NUMs and team leaders as well as between team leaders and other nursing colleagues. The success of the Team Leader Program is illustrated by the career progression of seven graduates of the first formal program offered in 2005. These career paths include acting in the role of NUM, developing in the role of NUM, being appointed to a permanent NUM role, being promoted to higher duties in a service-led managerial role, being appointed as nurse manager, and being appointed as director of nursing. Participating in the Team Leader Program provided these nurses with the necessary leadership skills, knowledge, values, and confidence to pursue career advancement.

CHALLENGES FOR THE FUTURE

Given the incongruence of participants’ expectations and the aims of the Team Leader Program, education staff and management have identified the need to design future Team Leader Programs underpinned by a practice development framework (McCormack et al., 2004). Finally, a discussion of the difference between management and leadership will provide a basis for introduction of the competencies. With this multi-layered educational approach, all of these activities are equally relevant to the NUM presenters and educators as well as to the advanced registered nurse participants.

CONCLUSION

The challenge for future Team Leader Programs is to promote a paradigm shift from what Burns (1978) described as a view of leadership that focuses on tasks and systems of control to one that builds organizational cultures epitomized by successful people and positive organizational outcomes and is congruent with the philosophy of practice development. The authors believe that the Team Leader Program will continue to prepare nursing leaders.

REFERENCES

Thyer, G. L. (2003). Dare to be different: Transformational leadership may hold the key to reducing the nursing shortage. Journal of Nursing Management, 11, 73-79.