

The Road to Magnet: Encouraging Transformational Leadership

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Being an effective leader is more than just convincing personnel to follow rules. A true leader needs the skill to encourage communication, teamwork, and professional collaboration to help personnel deal with the health care industry's daily challenges and its future changes and uncertainties. This leadership style is known as transformational leadership. For facilities pursuing Magnet® designation, transformational leadership encompasses two of the American Nurses Credentialing Center's (ANCC's) Forces of Magnetism:

- Force #1: Quality of Nursing Leadership and
- Force #3: Management Style.¹

The basic idea of transformational leadership is that nurse leaders, especially the chief nursing officer, must lead the facility toward meeting current and future demands.¹ The transformational nurse leader must motivate and inspire his or her personnel to “buy in” to the facility's values, mission, and goals. To do this, he or she must be knowledgeable about and fully support the facility's philosophy, communicate its expectations, and be able to help develop quality leaders. This leader must be visible and willing to advocate for personnel and patients.¹ This sounds like an endeavor for which all leaders should strive, but how do leaders put this information into action in the real world? That is what the leaders at Eisenhower

Medical Center, Rancho Mirage, California, are working to accomplish.

GAP ANALYSIS

During our Magnet gap analysis, performed by an outside agency last spring, the analysts evaluated the ANCC Magnet Recognition Program® Model components and made many recommendations. In reference to transformational leadership, five recommendations emerged:

- Enhance leadership development, including transformational leadership, and help mature shared governance functions by improving communication among council members and instituting problem-solving methods within the council structure.
- Improve human resources (HR) support of nursing managers.
- Provide mentoring for new nurse leaders.
- Develop succession planning.
- Demonstrate how nurse leaders value, encourage, recognize and reward, and implement innovation.

OUR RESPONSE

Our facility's shared governance model includes a leadership council, which includes our senior administrators as well as other nursing leaders throughout the main hospital and clinical areas.

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One topic that is addressed in these council meetings is the use of various training exercises to help encourage the growth of transformational leadership. These topics vary per session and are assessed by the members for appropriateness and value through a survey completed at the meeting. To address the subset recommendation to help mature our shared governance functions, all

of our councils have representatives from as many units as possible who then return to their individual units and report back on the discussions. In addition, the materials presented and the meeting minutes are posted on our facility's intranet for council members and personnel to review. This helps us all increase communication among the multiple councils.

An example of some of the topics presented in past sessions is the five practices of exemplary leadership from the book *The Leadership Challenge*²:

- Model the way—Leaders must match their actions with their values.
- Inspire a shared vision—Help personnel share the vision of change.
- Challenge the process—Leaders must think outside the box and look for ways to improve.
- Enable others to act—Leaders must foster teamwork and collaboration.
- Encourage the heart—Leaders must recognize and celebrate others' success.²

These practices are right on target with what is needed from a transformational leader. The training sessions help our leaders meet the first recommendation of our gap analysis (ie, enhance leadership development).

The second recommendation, to improve HR support of nurse managers, is a work in progress. This is a complicated issue involving the creation

of new positions, the timely hiring of new personnel and processing of promotions, and a lack of collaboration between HR and nursing educators to properly track the competencies and advanced

education of nursing personnel. The main issue blocking quick resolution of these issues is one many facilities have: a lack of adequate personnel in our HR department. With the

increased communication between our nurse leaders and HR personnel, we hope to resolve these issues in time.

The next two gap analysis recommendations—mentoring new nurse leaders and succession planning—really support each other. Current nurse leaders now take a training class on mentoring and receive valuable information, such as the goals of mentoring and the traits, roles, and qualities of a successful mentor. Because many of our experienced nurses and nurse leaders do not feel they have the time to mentor new nurses, the hospital now provides incentives through our clinical ladder program for them to become mentors. These incentives encourage nurses to “find the time” to become mentors rather than using lack of time as a reason not to mentor or to attend the leadership training classes. Nurses who attend the eight-hour training do so on their day off and are paid to attend. Many nurses in the facility want the extra 10% pay increase that comes with moving up the clinical ladder. Nurse managers and directors are expected to attend as part of their jobs and, because they are salaried, they are not paid extra to attend. In addition, new nurse leaders are expected to attend our leadership academy, created by our senior nurse leaders and nursing educators, to help create the transformational leadership qualities we value in our facility.

As part of the requirements for their doctor of nursing practice program, two of our RNs have

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started a research project on how our leadership program is affecting nursing leaders' behaviors and styles, thereby addressing the last recommendation of our gap analysis (ie, to determine our nurse leaders' feeling about innovation). This study, which is primarily being conducted through a survey, is still in process, and the researchers will share the results with our facility's personnel as well as the outside nursing community when it is finished.

CONCLUSION

Many industries provide leadership training resources, and health care is no different. Companies are realizing that workers cannot be treated as blind followers and then expected to deliver quality products. This is true for nurses as well. Patients have many choices for health care today. The hospitals that will succeed in the unpredictable world of lower reimbursements and health care reform are those facilities that provide the best care to their clients. In turn, companies that provide an environment of collaboration and recognition and a positive atmosphere will be able to acquire and retain the best employees. Having transformational nurse leaders who can guide personnel to

work as a team with the same vision is a necessity for all hospitals, not just those pursuing Magnet designation. This type of teamwork will allow nurses to deal effectively with future changes in the health care industry and still provide quality evidence-based care to patients. **AORN**

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References

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