

## CHAPTER 3 - DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

### Strategy 13

Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team

**Strategy 13.2** Employers of nurses should:

- Appoint nurses to top organizational leadership positions that affect organization-wide policy, including institutional boards.
- Create organizational leadership roles that allow nurses to remain working in clinical practice in a part-time capacity if that is their preference.
- Ensure that diverse candidates are prepared to step into these roles by increasing leadership development, education, and opportunities for nurses throughout their careers.

#### Desired Result

Nurses will be meaningfully represented at all levels of leadership within health care organizations and preparation for those roles will be built into career pathways for nurses interested in organizational leadership.

#### Why does the task force recommend this strategy?

Nurse representation in all levels of organizational leadership within health care settings is not just beneficial—it's essential for the advancement of health care quality, patient satisfaction, and the nursing profession itself. Nurses, by virtue of their frontline role in patient care, possess a unique blend of clinical expertise, patient experience insights, and operational knowledge that is invaluable for effective health care leadership.

Integrating nurses into leadership roles ensures that decision-making processes are informed by comprehensive, on-the-ground perspectives, leading to more effective, patient-centered care strategies. Effective nurse leaders can also advocate for important practice and organizational culture improvements that can benefit the recruitment and retention of nurses.

#### Context

Nurse representation across all levels of leadership is critical for a variety of reasons, including:

- Enhanced Patient Care Quality** - Nurses are directly involved in day-to-day patient care, giving them valuable insight into patient needs, care processes, and potential areas for improvement. When nurses are represented in leadership, they bring these insights to the strategic level, ensuring that organizational policies and practices are aligned with the goal of enhancing patient care quality.
- Promotion of Patient-Centered Care** - Nurses are staunch advocates for patient-centered care, given their close interaction with patients and understanding of their experiences. Nurse leadership ensures that organizational values and decisions prioritize patient needs, preferences, and values.
- Improved Health Care Team Collaboration** - Nurses in leadership positions serve as bridges between the administrative and clinical sides of health care operations. They can effectively communicate the needs and perspectives of clinical staff to the higher echelons of management and translate organizational goals back to frontline workers.
- Leadership Diversity** - Including nurses in leadership roles contributes to diversity in leadership, which is essential for a holistic and inclusive approach to health care management. Diversity in

leadership brings a range of perspectives, experiences, and problem-solving strategies, which can enhance the organization's ability to address complex challenges and meet the needs of diverse patient populations.

- Informed Decision-Making** - Nurse leaders bring a practical, hands-on perspective to organizational decision-making that is grounded in their clinical experience and interaction with patients. This perspective ensures that decisions regarding health care services, resource allocation, and care models are realistic, feasible, and aligned with the core mission of providing high-quality patient care. Their input can help prevent the implementation of policies that look good on paper but are impractical, ineffective in real-world settings, or have unintended consequences for patients or care team members.
- Facilitation of Innovation and Change** - Nurses' firsthand experience with the challenges and opportunities in patient care delivery positions them to lead efforts in implementing new technologies, care models, and processes that improve patient care and operational efficiency.
- Strengthened Advocacy for Nursing Profession** - Nurse leaders are well-positioned to highlight the contributions of nurses to patient care, advocate for resources and support for nursing services, and push for policies that address workforce challenges such as staffing shortages, burnout, and professional development needs.

#### DEVELOPING DIVERSE LEADERS

Developing nurse leaders who represent a variety of experiences and backgrounds (i.e., cultural, racial, geographic, economic, gender, and disability status) is essential for creating health care environments that are inclusive, equitable, and reflective of the communities they serve. To cultivate such leadership, health care organizations should prioritize mentorship programs, offer leadership training and professional development opportunities tailored to nurses from diverse backgrounds, and implement policies that actively promote diversity in leadership roles. This can include scholarships for advanced education, support for participation in professional organizations, and recognition of diverse cultural backgrounds as a leadership asset. Leadership that is representative of the diversity of the community being served can help to strengthen the capacity of an organization to address health disparities, improve patient outcomes, and prioritize cultural humility in the care provided.



Health care organizations will need to take intentional steps to successfully develop diversity in leadership and achieve an organizational culture that is supportive and welcoming. This may require addressing historical and current experiences of bias and discrimination in the workplace. Examples of these types of experiences were shared by many nurses of color through listening sessions conducted by the National Commission to Address Racism in Nursing. The final report from that effort states:

***“The impacts of racist thoughts on the individual nurse transcend into acts of discrimination and oppression that result in disparities in advancement, lack of inclusion in decision-making processes, and inequities in compensation. Nurses shared experiences of outright denial of opportunities and roles for advancement. The implicit and unconscious biases transcend into the use of privilege and power to modify roles to advance those who are favored and hinder those viewed through a biased lens. ‘My professional work has been overlooked and given to a White nurse to move forward.’ It was agreed that ‘the denial of promotion has been a problem historically’ as one nurse stated, while another agreed: ‘We don’t get the opportunities, or we are not heard.’”***<sup>9</sup>

***“Even when nurse leaders hold similar positions, salary disparities are seen among racial and ethnic groups. Among nurse leaders with the highest salaries (ranging from clinical staff to C-suite executives), only 11% are Black, compared with 27% who are Asian American, 25% who are Hispanic, and 21% who are White. Not only are few Black nurses in positions of leadership at all, but even fewer advance to careers as nurse executives.”***

- National Academies of Sciences, Engineering, and Medicine 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25982>