QUESTION
How do we grow our next generation of nurse leaders?

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A plus sign can mean many things depending on the context—math for a school-aged child, a positive balance for an accountant, or, for us (the authors), new beginnings and new additions to our families. We were thrilled with the news that we were both expecting at the same time and that our children would be growing up together. As reality set in, however, we realized that this timing would have an incredible impact on our clinical oncology care teams because the two of us would be on leave at the same time.

We knew that simply having another manager cover for each of us was not going to meet the needs of the teams or allow for continued growth and high performance. After brainstorming, we proposed a plan to our oncology nursing director that would allow normal operations to continue during our leave. To start, we would train and mentor one of the night-shift clinical managers to assume the role of interim patient care director. Then, two frontline nurses would be identified who could step into the role of clinical manager. These individuals were already operating in unit leadership roles (e.g., charge RN, unit council chair) and had expressed an interest in pursuing formal leadership roles after demonstrating strong communication skills and successfully leading a unit-based project.

We would onboard the frontline nurses through a combination of mentorship and classroom training. The plan was to stagger their start dates and orientation based on when we would be out on leave.

A timeline was mapped out that detailed our leave periods, necessary coverage, and time needed for training. We recruited travel nurses with an oncology background to help backfill the frontline nurses’ positions. In addition, a training program inclusive of classroom sessions, mentorship, and role-play scenarios was created. A phased approach allowed each novice leader to gain experience in the role while their predecessor (one of the authors) was available on the sidelines for support, as needed. Drawing from Benner’s (1982) conceptual model, the novice leaders received ongoing coaching sessions and group meetings with the service line leaders as they assumed their roles.

To measure the effectiveness and opportunities of our plan, we collected qualitative data with an electronic survey, posing open-ended and multiple-choice questions. Prior to program implementation, the candidates expressed concerns about making a mistake, managing and prioritizing competing demands, and handling peer-to-peer conflicts. Novice leaders perceived mentorship and support from other leaders as beneficial prior to assuming the role. The novice leaders then completed surveys at the three-month mark after assuming the role. Although survey results were similar, the novice leaders who perceived having a strong mentor also felt more prepared and comfortable with the new role. The strong mentor was characterized as having a genuine interest in the novice leader’s development, as well as challenging the leader to step out of her own comfort zone.

Upon returning from our leaves of absence, we were thrilled to find that high engagement and patient satisfaction goals were being met and continued efforts were being made toward our quality improvement projects. Preparing a succession plan helped to minimize disruptions to operations while sustaining engagement and creating opportunities for growth. With the proper support and guidance, novice leaders can make the transition into a formal leadership role. In addition, creating this plan gave us the peace of mind to let go and enjoy precious time with our new babies.

REFERENCE

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mentorship; succession planning; engagement; nurse leaders

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