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Developing a leadership pathway for early career nurses: A rapid review

Abstract

While effective nursing leadership has been shown to improve patient care, little work has been done to draw together the evidence on those factors that influence the development of leadership pathways for early career nurses. This paper presents a rapid review of the evidence on these factors, integrating data from twenty-four papers that met the review criteria. Findings suggest that improving leadership confidence and self-efficacy, particularly in relation to system leadership, can motivate a desire for leadership roles. A supportive organisational environment, that values and provides opportunities to enact leadership, is also key to enabling early career nurses to both develop and maximise their skills. Such an environment provides workplace leadership learning opportunities alongside formal mentoring and appraisal processes, which link nursing leadership development to organisational goals that place person-centred care at their core.

Background

Effective leadership in healthcare is known to underpin clinical practice that promotes high-quality and effective patient care (Barr & Dowding, 2022) and, in the United Kingdom (UK), is recognised as one of the pillars of advanced practice (Health Education England, 2023). While understanding what constitutes leadership has spawned many definitions and theoretical models, leadership is generally recognised as the ability to influence people to strive enthusiastically towards a common goal or organisational objective (Weihrich & Koontz, 2005). As nurses represent the largest profession in health care, their role in leadership is clearly pivotal and there is strong evidence that effective nursing leadership contributes to improved patient outcomes (Cummings et al., 2021; Wong et al., 2013).

The skills required for nursing leadership are complex (Lartey et al., 2023) and extend beyond those needed for management, where the emphasis is often on initiating, administering, maintaining, and controlling both clinical and personnel processes in the short term (Curtis et al., 2011). This is particularly the case for system level leadership which refers to the attributes, qualities, and collaborative actions that generate system wide impact (Kaehne et al., 2022). System leaders generate ideas, inspire, innovate new approaches, and anticipate future changes (Doody & Doody, 2012; Fischer, 2016). The skills required to achieve such a level of leadership are not easily acquired.

Scott and Mills (2013) highlight that while new nurse graduates are often enthusiastic about clinical career development, few make the transition into practice with the intention of becoming nurse leaders. This is possibly because, historically, leadership has not been an integral part of pre-registration nursing courses, or because the opportunities to practice and develop leadership skills during training are often limited (Bright, 2019). For early career nurses, there may be an expectation of becoming clinical leaders – where there is a focus on influencing, integrating and coordinating patient care to achieve positive outcomes (Patrick et al., 2011) - but less understanding, experience and confidence in becoming system level leaders. This is confirmed in research by Casey et al. (2011) who found that leadership development needs among nurses were highest in relation to the "developing the profession" subscale yet lower in regard to the "managing patient care" subscale.

Despite such expressed leadership development needs, little work has been done to draw together the evidence on those factors that influence the development of leadership pathways for early career nurses.

Aim

To identify and understand what the elements are that facilitate (or constrain) early career nurses to develop a leadership career pathway.

Method

A rapid review, using systematic review methods streamlined to accelerate the review process, was undertaken (Booth et al., 2016). We based our approach on an amended six-step framework developed by Arksey and O'Malley (2005), and refined by Daudt et al. (2013): identifying a question, identifying relevant studies, selecting studies, charting the data, summarising and reporting the findings, consulting on findings. Our streamlining consisted of omitting the grey literature and citation searching that often form part of step two of this framework, and omitting the formal quality assessment (critical appraisal) that would form part of step three.

The review question addressed was: What facilitates or restricts the movement of early career nurses into and along a leadership pathway?

The databases searched from January 2009 to September 2022 were: Medline (via OvidSP), Scopus, CINAHL (via EBSCO), and Kings Fund Library. Following preliminary searches, the search terms and associated search strategy in Table 1. were applied. The search date started from 2009 as this was when nurse training became an all-graduate profession in the United Kingdom (UK)(RCN, 2017).

Table 1. Search Terms and Strategy

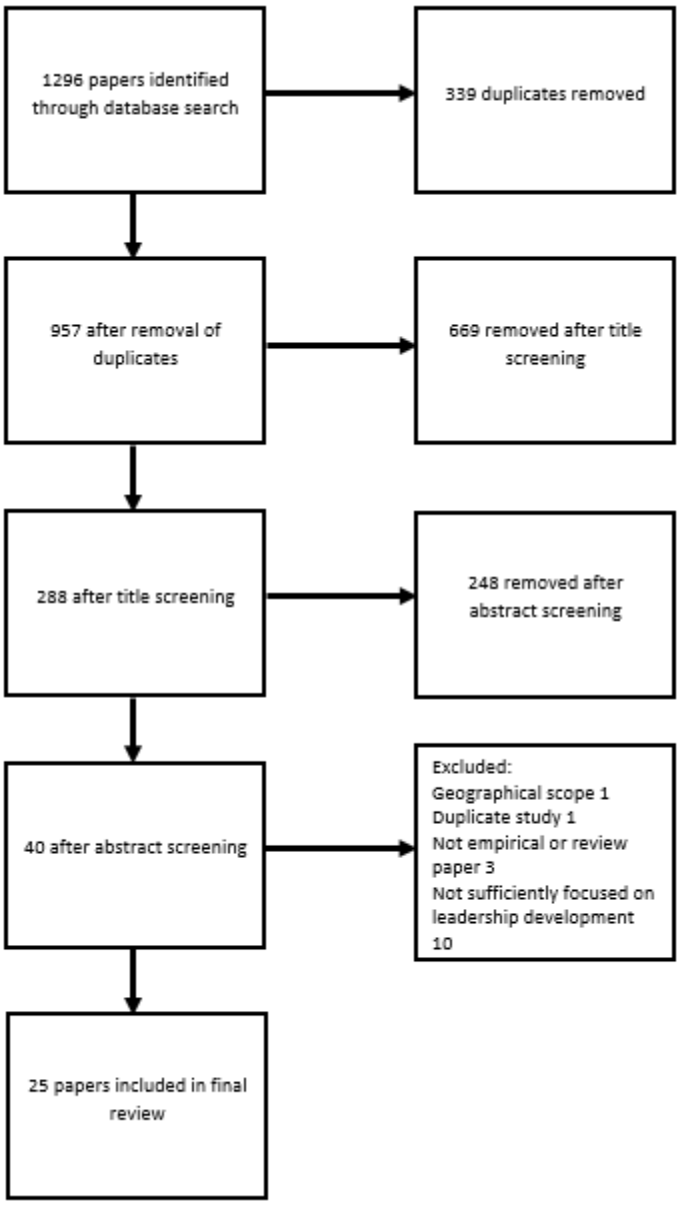
Key term#	
1	Nurs*
	AND
2	"Clinical leadership" OR "Frontline leadership" OR "ward leadership" OR "Leadership Pathway" OR "Leadership education" OR "Leadership self-efficacy" OR "Leadership motivation"
	AND
3	Program* OR Intervention OR Develop* OR Mentor* OR Training OR Strategy OR Career

During study selection, all empirical study designs were included, but opinion/discussion pieces or news articles were excluded. We initially concentrated on studies with nurse participants who had less than five years of post-registration experience. However, the number of papers returned, and the level of evidence, was limited. We therefore extended our criteria to include studies that had a generic sample where the years of experience of nurses in the study was unclear. Only countries where healthcare systems are broadly comparable to the United Kingdom (UK) were included, i.e. Europe, North America, Australasia. Only English language papers were included.

All titles and abstracts were screened for relevance by one reviewer [XX] and a sub-section was independently checked by a second reviewer [YY]. Full papers that met the inclusion criteria were

considered by two reviewers [XX, YY] and disagreement resolved by reaching consensus. Figure 1. shows the process of study selection.

Figure 1. Flow chart of the screening process



Data from the 25 papers included in the review was placed directly into a single, combined table (Table 2.) allowing for a more rapid synthesis of evidence (Booth et al., 2016). To facilitate the integration of the extracted data, we used a five-step process of Inductive Content Analysis (ICA) that aims to understand the meaning attached to data (Vears & Gillam, 2022). This involved initial coding of data then collapsing and collating codes into sub-categories and eventually into 'content categories'. This process was completed by one research team member [XX] and sense-checked at each stage by a second team member [YY].

On completion of a draft report from the review, 3 RCN staff members involved in leadership strategy development and programme delivery were consulted and minor changes were made following discussions.

Findings

Of the papers, 6 were international reviews, 5 were from the U.S., 4 from Ireland, 3 from Australia, 2 from England and 1 each from Finland, Sweden and The Netherlands. In terms of study design, 6 papers were reviews or meta-syntheses, 8 quantitative studies, 6 qualitative studies, 3 mixed methods studies and 2 were case studies. Some papers were from related studies completed by the same research teams.

The analysis produced 4 content categories each with sub-categories (Table 3.)

Table 3 Content categories and sub-categories

Content Category	**Sub-categories**
Motivation for leadership	Factors that motivate
	Motivation, temporality and burnout
Leadership and power dynamics	Leadership and intersubjective dynamics
	Leadership and organisational dynamics
System/organisational leadership	The challenges of system leadership
	Establishing system leadership
Leadership needs, development and training	Confidence in leadership
	Requirement for leadership development
	Examples of leadership development approaches

Content category one: Motivation for leadership:

Leadership aspiration among nurses is not high. One study (Bulmer, 2013) showed that only 14.2% of participants indicated they wished to attain leadership status in their career. A national study of Canadian nurses (Laschinger et al., 2013) also noted that 24% expressed interest in leadership roles, but that 50% of participants expressed interest in pursuing charge nurse, clinically focused, management roles suggesting a motivation for clinical leadership but not for system level leadership.

Nurses who self-identified as leaders (Peltzer et al., 2015), those with high leadership self-efficacy and confidence (Bulmer, 2013; Laschinger et al., 2013), and those who are career motivated (Cziraki et al., 2017; Laschinger et al., 2013), are all more likely to be inspired toward leadership roles. Higher educational level, and exposure to relevant training and development opportunities, were also associated with stronger career leadership aspirations (Cziraki et al., 2017; Laschinger et al., 2013). Importantly, the desire to improve high-quality, person-centred care was shown to drive a commitment to pursue leadership roles (Casey et al., 2011; Dwyer, 2011; Ebrahim, 2018; Enghiad et al., 2022).

Evidence also indicates that time and stage of career influence motivation to lead. While learning to lead was recognised as developing over time (Ekstrom & Idvall 2015), some studies noted that leadership aspiration was highest among those earlier in their career suggesting the importance of identifying and capitalising on early career nurses' interest in such roles (Bulmer, 2013; Cziraki et al., 2017; Laschinger et al., 2013). As careers progress, Laschinger et al. (2013) identified a steady decline in leadership aspiration and roles with increasing age and years of experience and Bulmer

(2013) suggested that this is likely to be related to a greater exposure to stress and greater understanding of role expectations.

Even when motivation and aspiration are high, the ability to engage in effective leadership development can be limited by the organisational context.

Content category two: Leadership and power dynamics:

Effective leadership is not simply a case of an individual nurses skills and abilities. As Fealy et al. (2011) demonstrated, nursing leadership development is concerned with the interactions that occur between nurses, their colleagues, and the organisational context in which they practice.

Casey et al. (2011) highlighted how nurses, particularly early career nurses, are committed to leadership but often feel powerless to effect change. Similarly, in their research on newly qualified nurse's experience of leadership, Ekstrom & Idvall (2015) noted that participants felt their position as team leaders was questioned: they experienced a lack of a leadership mandate and support to affect change. Dwyer (2011) and Fealy et al's (2011) studies both suggested that these feelings of disempowerment can stem from limited support and collaboration from both team colleagues and from those health professionals external to the immediate team, acting as a barrier to developing and enacting effective leadership.

Casey et al. (2011), also suggested that the scope of leadership is influenced by a participant's position and status within an organisational context. Research by Martin & Waring (2013) supports this and showed that when nurses working in operating theatres were given designated 'team leader' status they were still not able to garner the influence needed to make things happen, but were able to perform their new leadership role with subordinate and peer team members.

Alongside difficulties in influencing the local clinical context, Terkamo-Moisio et al. (2022) highlighted how nurse leaders often lack the status and power required to make impact at an organisational level and suggest that such influence and empowerment relies on being granted access to necessary resources. Several studies demonstrated how organisational obstacles, such as staff and time shortage, and pulling staff out of specific leadership roles to meet clinical needs, could restrict the implementation of change, leave nurses disheartened, and thereby act as barriers to developing and enacting leadership (Bender et al., 2016; Dwyer, 2011; Galuska, 2014; Peltzer et al., 2015; Stanley & Stanley, 2018).

Research exploring interventions to facilitate nurses clinical leadership (Dwyer, 2011; Guibert-Lacasa & Vazquez-Calatayud, 2022), demonstrated that effective nursing leadership is optimised when it is supported by organisations and senior management that value and facilitate the development of leadership roles; nurses experience a shift from 'doing' to 'leading' in positive organisational contexts. Higgins et al. (2014) provide practical examples of positive organisational support showing how professional frameworks for developing leadership roles, opportunities to act as leaders, and implementing mechanisms for sustaining leadership, all helped influence and enhance the ability to develop and enact leadership.

Dealing efficiently with interpersonal relationships is obviously key to successful leadership. However, this creates particular challenges for developing leadership at a system level and these are discussed in the following section.

Content category three: System leadership:

Evidence shows that distinctions can be made between clinical and system aspects of leadership. Elliott et al. (2013) and Enghiad (2022) both demonstrated that while clinical and system leadership share many features (communication skills, decision-making skills, empowering others and role modelling) other features (inspiring shared vision, driving change, influencing conflict management) are mainly elements of system leadership. Elliott et al's (2013) research highlighted how professional (system) nursing leadership operates at a higher level, being more externally focused and crossing boundaries into national and international arenas. Specific confidence and skills are required to function effectively at such a level and evidence here suggests that these system leadership attributes are often not as developed among nurses, particularly early career nurses, as clinical leadership skills (Casey et al., 2011; Elliott et al., 2013). This issue is compounded when nurses experience a tension between values that focus directly on patient care and those centred on system leadership that takes them away from direct patient contact (Stanley & Stanley, 2018). However, Galuska (2014) demonstrated that formal leadership development opportunities can mitigate this disconnect and help increase the alignment of values, vision and goals between nurses and their organisational contexts.

Studies suggest that supporting nurses to engage in system level leadership should start early in their careers and then be sustained through formal mentoring relationships. In exploring new graduate's experiences and preparation for nursing leadership, Mbewe & Jones (2015) noted that pre-registration involvement in learning, where students act as leaders, helps nurses become familiar and confident in interacting with a variety of nursing organisations at different levels. It also starts to build the necessary networks and communication skills required for system level leadership. Building on this, McCloughen et al's (2009), and Elliott et al's (2013), research both showed how mentors can champion mentees' leadership careers by lending their name to activities in which their mentees are involved, thus facilitating and establishing their entrée into important professional networks.

This evidence implies that progressing leadership, especially system leadership for early career nurses, is something that happens best when it is planned for as a specific aspect of continuing professional development (CPD).

Content category four: Leadership needs, development and training:

The need for developing nursing leadership competency was recognised in several studies (Casey et al., 2011; Fealy et al., 2011; Galuska, 2014) and was particularly notable in relation to the need for system leadership development opportunities (Galuska, 2014; Peltzer et al., 2015). Confidence in leadership is not high among early career nurses with Mbewe & Jones (2015) demonstrating that twenty-one of their twenty-five participants (84%) were not comfortable, confident or prepared in regards to their leadership skills. While Casey et al. (2011) also showed that early career nurses expressed low self-confidence in clinical leadership, Elliott et al. (2013) demonstrated that those nurses new to advanced practice roles can also find this overwhelming. This is particularly evident in relation to system leadership, suggesting that confidence in leading remains a concern even as nursing careers progress. Improving confidence in leadership is important as greater self-confidence promotes trust in one's own judgments and provides the courage to defend decisions when leading (Ekstrom & Idvall, 2015).

Enabling early career nurses to improve leadership confidence requires a supportive organisational context that provides practical opportunities to lead and options to gain formal qualifications to augment existing knowledge and skills (Laschinger et al., 2013; Ekstrom & Idvall, 2015). Several studies (Dwyer, 2011; Fealy et al., 2011; Bender et al., 2016) noted that formal educational

pathways, including certification and training, are required to improve recognition of ability in leadership. Such leadership programmes have been shown to improve listening skills, patient-centred communication, conflict management and confidence in influencing change (Galuska, 2014). Two studies looking at the influence of formal leadership programmes for new nursing graduates (Al-Dossery et al., 2014; Drake et al., 2022) have also suggested they can help improve job satisfaction and staff retention.

Alongside formal training opportunities, preceptorship programmes have been shown to be useful in improving leadership skills (Al-Dossary et al., 2014). Studies also demonstrated that nursing initiatives that incorporate peer-to-peer shadowing, modelling, and mentorship may result in better integration of leadership confidence, skills and roles (Bender et al., 2016; Galuska, 2014; Lalleman et al., 2017). McCloughen et al. (2009) demonstrated how mentors can champion careers, often using themselves as a conduit by which mentees were given opportunities to be acknowledged by others and try new things, while also encouraging mentees to become independent. However, some studies suggested a difference between formal mentorship programmes and informal mentoring. Cziraki et al. (2017) noted that informal mentoring positively influenced the development of leadership self-efficacy, but had a low correlation to career progression. Similarly, Laschinger et al. (2013), noted that while 75% of their participants had access to a mentor, most felt informal mentoring had only moderate impact on their career progression.

Discussion

The studies presented in this review provide a breadth of evidence on factors that facilitate and restrict the development of leadership for early career nurses. This is important as inadequate leadership is frequently cited as a concern in inquiries relating to failures of care within the UK (Thusini & Mingay, 2019) while high-quality leadership is linked to positive healthcare transformation and outcomes (Manley & Jackson, 2020).

Several key issues stand out as being important in assisting leadership development at the early career stage. It is encouraging that early career nurses are often those most inspired and enthusiastic about developing their leadership abilities. However, it is less promising that this is focused primarily on leading at the clinical level, with there being less motivation for developing professional and system leadership roles. Finding ways to harness this enthusiasm, and to carry this through into professional and system leadership development, are therefore clearly important. It is also apparent that, as this early enthusiasm often recedes, ways are found to help maintain a motivation for nurses to lead in their mid-career in order to sustain nursing leadership career pathways.

Confidence seems key here and our evidence shows this is often lacking for early career nurses. Increasing leadership self-efficacy improves job performance and nurses desire to take on formal leadership roles (Lartey et al., 2023). Findings ways to improve leadership confidence and self-efficacy, particularly in relation to professional and system leadership, could therefore form an integral part of CPD processes for early career nurses. In addition, specifically identifying those nurses with high leadership self-efficacy early in their careers, and encouraging them to seek out opportunities to prepare themselves for these roles, could be key to developing future nurse leaders.

Yet individual motivation and confidence alone are not sufficient. Organisational context has also been shown to play an important role in developing and influencing leadership practices (Cummings

et al., 2021). Our evidence confirms this, and further suggests this is particularly the case for early career nurses where their position in the hierarchy limits their legitimacy to enact aspects of leadership. However, organisations can act in ways that help mitigate these difficulties. As recognised in other research (Manley & Jackson, 2020; King et al., 2021), offering workplace-based learning opportunities, focused on person-centred care, can help align organisational and individual nurse values and goals in ways that optimise the impact of CPD. Our work shows that this is also the case for early career nurses developing leadership pathways. Preceptorship and formal mentoring programmes that have a person-centred leadership focus can not only motivate but can also provide the links and networks necessary for early career nurses to engage in professional and system level leadership. As noted by others (Lartey et al., 2023), combining such initiatives with formal leadership qualifications, and organisational support for early career nurses to have opportunities to act as leaders, can enhance leadership self-efficacy, motivation to lead, and leadership career aspirations.

Limitations:

As with many rapid reviews, there are limitations to this study. Potentially helpful grey literature and studies from outside of Europe, North America and Australasia were excluded from this review meaning that important evidence might have been overlooked. No critical appraisal of the included studies was undertaken meaning that during the analysis and integration process all evidence was treated equally. This could lead to some poor-quality studies being given greater prominence than might be the case if appraisal had been undertaken. A degree of caution should therefore be taken when considering whether the findings and recommendations presented are applicable to any given clinical context. This said, we worked hard to distil key points from the review findings that are most likely to have relevance for developing early nursing leadership practices across a range of clinical settings.

Conclusion

With increased workforce demands, inspirational and effective leadership in healthcare has never been more important. Furthermore, nurses should hold a central place in such leadership. Evidence in this review shows that while confidence and enthusiasm for developing clinical aspects of leadership development are high, motivation and conviction in their ability to be system leaders remains low among many nurses, particularly for those early in their careers. However, supportive organisations can help. Encouraging and nurturing early career nurses interest in developing system leadership by providing workplace learning opportunities are identified here as a mitigating factor. Demonstrating the links between system leadership and high-quality patient care can align organisational goals with the person-centred values that motivate nurses, especially in the early career phase. Organisations can do this by providing opportunities for early career nurses to act as leaders, ensuring system leadership forms a core aspect of appraisal and CPD processes, and encouraging staff to complete formal leadership training. In doing so, organisations can improve leadership self-efficacy and thereby assist in creating the transformational nursing leaders required both now and in the future.

Implications for practice (3-6 bullet points)

- Early career nurses are keen to acquire leadership skills. However, they are more easily motivated toward clinical leadership development so the development of system leadership skills ought to be emphasised in appraisal and related CPD processes.
- Organisational preceptorship programmes should incorporate mechanisms that focus on developing system leadership skills and opportunities for early career nurses that run alongside the development of their clinical leadership skills. This could include providing opportunities to shadow charge nurses and even senior managers to help develop important network links within the organisation. It could also include the supported leading of quality initiatives or performance improvement projects within the organisation.
- Aligning the leadership focus in preceptorship, mentoring and appraisal processes to person-centred care and organisational values could help ensure that the importance of leadership to high quality care is recognised. This can help bridge a possible perceived disconnect between system leadership and direct care.
- Practical opportunities to engage in leadership practices in the workplace should be provided through formal mechanisms as these are effective in building confidence, leadership self-efficacy, trust in one's own judgments, and in improving and maintaining motivation to lead. One example might be a structured programme that provides opportunities to act as team lead on a set number of shifts or a requirement, agreed through the appraisal process, to develop and co-lead a change initiative in the clinical area.

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