

Too young to be a nurse leader?

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN

MARLA JOHNSON began her career on an oncology unit after graduating from a BSN program 4 years ago. She achieved certification and regularly takes charge on the night shift. She recently started a master's program in nursing administration. Marla is age 27 on a unit where the average age is 49. She's a bright, shining star with an outgoing personality.

Recently, Marla applied for the vacant nurse manager position on her unit—one of only a few applicants. As part of the selection process, she has three panel interviews—one with the executive team, the second with the other nurse managers, and the third with the unit staff. Both the executive team and nurse manager team interviews go well. Marla handles the competency-based scenarios presented to her in a professional way and impresses panel members with her willingness to listen and learn. But the interview with the unit staff doesn't go as well. Comments on panelists' feedback forms focus on the same theme: "Marla is a great nurse and very smart, but she's just too young to be our manager. There are too many things she can't possibly understand about our needs because she's at a very different place in her life."

During this decade, many seasoned nurse leaders will retire. The best candidates to fill their roles may be nurses like Marla, who are considerably younger than their staff colleagues. Although Marla may lack experience, she has shown leadership potential and is sharpening her skills by continuing her education.

Being a nurse leader is challenging, and we should encourage our best and brightest to pursue this path. Unfortunately, many young leaders encounter resistance from seasoned staff because of they lack extensive clinical experience.

The biggest challenge for some young nurse leaders may be to fully develop the leader within.

It's true that clinical experience is important for leadership credibility in a practice discipline such as nursing, but it shouldn't be viewed in isolation without considering the individual's ability and temperament.

Paying your dues: An old leadership paradigm

Historically, clinical experience has been an important criterion in nurse-leader selection and career progression. Many current nurse leaders were chosen because of their technical expertise. Experience generally has been measured in terms of years of experience. While it might seem logical to presume a nurse with 10 years' experience is a better candidate for a leadership position than one with just 4 years' experience, this isn't always the case; what a nurse does in a given time frame can be much more important. Besides doing clinical work, a younger nurse such as Marla may have returned to school and started graduate coursework, achieved certification, or perhaps joined a key nursing committee. In contrast, the nurse with 10 years' experience may just be "doing her job" with no professional enhancement or leadership development. Nonetheless, if you're Marla's age and are chosen for leadership, you'll need to earn your staff's respect and trust by working hard to build your leadership competencies.

Leadership aptitude, interest, and competency: The new paradigm

Transitioning to the nurse-leader role involves a steep learning curve no matter how much clinical experience you have. In our sce-



nario, Marla has shown a willingness to be a lifelong learner. Understanding the competencies expected of a nurse leader in today's healthcare environment is important, too. Leadership is both an art and a science. Karlene Kerfoot, a nurse-leader consultant, observes that novice leaders sometimes may get caught up in the tasks of managing and leadership while forgetting to focus on patients and staff.

A competency model now widely used for nursing-leadership development at the unit level is the Nurse Manager Leadership Partnership's (NMLP) Learning Domain Framework. It was developed collaboratively by the American Organization of Nurse Executives (AONE), Association of peri-Operative Nurses (AORN), and American Association of Critical-Care Nurses (AACN). The model's key domains include:

- the science of leadership—managing the business
- the art of leadership—leading people
- the leader within—creating the leader in yourself.

AONE's Nurse Manager Inventory outlines key skills in each competency domain area that nurse managers should have. The inventory allows new leaders to rate themselves on various key leadership skills. It also can be used to help to track development progress.

Both formal and informal leadership development are important. Young nurse leaders can learn much from other successful leaders in their organization and should seek constructive feedback about ways to improve their leadership. For some young leaders, the biggest challenge may involve working on the leader within, especially in the area of emotional intelligence and self-awareness.

Making the journey easier

The advice below can smooth your transition to nurse manager.

Expect some push-back

Some unit nurses—even those with no interest in being leaders themselves—are likely to feel threatened by a younger nurse manager. So expect to be tested. You also might get push-back on your decisions when you start your leadership position. If this occurs, try not to feel threatened or take it personally. You may not have the group's trust and respect at first; these things build over time and you'll need to earn them. In the meantime, consider adopting a "servant leader" philosophy. A servant leader looks to the staff's needs and asks

how she or he can help them solve problems and aid their personal development.

Respect everyone's skills and abilities

For the first time, four different generations of nurses are coexisting in the workforce. This situation demands exceptional intergenerational team-building and cultural bridging. In research conducted for the book *The 2020 Workplace: How Innovative Companies Attract, Develop, and Keep Tomorrow's Employees Today*, the authors found older employees highly value managers who understand generational differences. So younger nurse managers can be more successful if they educate themselves about the values, attitudes, and work beliefs of the various generations they're leading.

Every employee has certain skills and abilities. Research shows that regardless of their generation, staff members want respect and recognition for what they know and what they contribute to the team. They also want autonomy in their work, as well as a sense of purpose. So be sure to let your seasoned staff know

you value their clinical and organizational knowledge and intend to seek advice from them. Be humble about what you know and don't know. Make shared decision-making a model of practice for your unit.

Be inclusive

It's natural to feel more connected to some staff members than to others, but managers need to work hard to make everyone feel like a valued team member. I always advise new managers to schedule a one-to-one conversation with every staff member. This is especially important for younger managers. Find out each one's concerns and professional goals. Take time to learn about their families and what's important to them outside the work setting. Let them know you're counting on their support as you transition into the manager role. Seek their advice and collaboration when making decisions.

Also, determine strategies for communicating effectively with all your staff. As a younger manager, you may prefer texting to phone calls or e-mail, but keep in mind that older staff members may not be comfortable or familiar with text messages.

Keep the focus on the patient

Younger managers may find some staff members attempting to sabotage unit changes and stir up conflict. To avert this, establish and verbalize common goals to gain consensus when you try to introduce a change. Remember to explain the "why" of the change and listen

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to your staff's concerns. Keep the focus of your goals on your patients and on achieving high-quality outcomes.

Don't tolerate bullying

Bullying and horizontal abuse and violence are common in the healthcare workplace, and as a younger manager, you may sometimes be the target. These behaviors, which can be verbal or nonverbal, include:

- talking behind your back instead of resolving a conflict with you directly
- making belittling comments or criticizing you in front of others
- not sharing important information with you about the unit
- making snide or abrupt remarks or giving snide or abrupt answers to your questions
- performing acts of sabotage to set you up for a negative situation
- raising eyebrows or making faces in response to your comments
- breaking confidences.

To help prevent such behavior, maintain a culture of zero tolerance. If you observe it, let the offending staff member know immediately and make it clear you won't tolerate it.

Every leadership change brings a cultural transition.

Almost inevitably, when a change occurs, some staff member will be unhappy about it. Younger managers may have unique challenges. So try to find a good mentor who can help you work through difficult situations in your new leadership role. And remember—eventually, your staff will look past your age and see you for the great leader you are. ★

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