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Transforming bedside nurses into leaders: A successful succession model

Megan Heslink & Heather Hetrick
UPMC Hamot, USA

Statement of the Problem: There is an urgent need for proper succession planning for nursing leaders. Over the next 5 years there will be more than 67,000 leadership vacancies as a result of more than 75% of current nurse leaders leaving the workforce.

Purpose statement: Develop a formal residency program for nurses who possess leadership aspirations. Allowing for immersion of the bedside nurse alongside nursing executives to participate in organizational leadership activities and experiences. Growing the bedside nurse through social capital.

Background: The program takes place in a 433-bed tertiary care hospital in the United States. In 2008 the organization experienced high turnover and lengthy nurse leader vacancies (up to one year) that served as a call to action for nursing executives. An idea for bringing bedside nurses with leadership aspirations off of their units to the boardroom evolved. Through this process, the bedside nurse would be afforded the opportunity to leave their assigned unit to fully integrate with the nursing executive process, allowing them participation, observation, and imitation of various leadership styles. The application guidelines and process for panel interviews with nursing executives were established. Precursors for bedside registered nurses to be considered for residency selection include; two years clinical experience, a Bachelor of Science in Nursing (BSN) and a good work record. In addition, active membership within the organization's five shared governance councils was integral to narrowing candidate selection.

Methodology: A three-month full-time intensive program relocating the bedside nurse to the executive wing allowing for full immersion. The Nurse Leader Resident (NLR) will develop successful behaviors through shadowing of key leaders. The immersive experience is what makes this program successful. Social capital is created allowing for sharing, trust, relationships, personal bonds and connections to be established. Throughout the three-month program the NLR completes assigned readings, attends meetings, journals their experiences, participates in weekly debriefings, actively contributes in discussions and serves as a project manager to assigned by the Chief Nursing Officer (CNO).

Findings: Since program inception in 2008, 45 bedside nurses have completed the NLR program, with 84% hired into a leadership role within the organization. The program has become a powerful tool for succession planning and retention within the organization. There are now numerous applicants for the residency and multiple candidates for any leadership vacancies. Those choosing not to elect into a leadership role remain at the organization as influential informal leaders supporting the shared governance structure.

Conclusion: The programs structure, strategy, goals, and outcomes allow the participant to replicate this program within their own health care organization.

Biography

Megan Heslink is a Senior Professional Staff Nurse at UPMC Hamot. She has been a nurse for 19 years and held various roles in acute and post-acute settings. Megan is certified as a hospice and palliative nurse and has her BSN. She is also a recent graduate of the Nurse Leader Residency Program in 2018.

Heather Hetrick is a Senior Professional Staff Nurse II at UPMC Hamot. She has been a nurse for 10 years and has her MSN. Heather holds a certification in Medical Surgical Nursing and has experience working in a variety of acute care settings at UPMC Hamot and recently was named a DAISY award recipient. She also graduated from the Nurse Leader Residency Program in 2018.

heslinkm@upmc.edu
diluziohs@upmc.edu