Cultivating Nursing Leadership for Our Envisioned Future

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Nurses have been called upon to lead and partner in the transformation of health care. Leadership is a component of the scope of nursing practice; however, the optimal approach to development of leadership competency has not been established. A metasynthesis of qualitative studies on leadership development was conducted to enhance an understanding of conditions that nurses reported to support or hinder their development as leaders. Noblit and Hare's approach was used for the metasynthesis process. Three overarching themes emerged. Opportunity structure, the relationship factor, and organizational culture are essential factors contributing to the successful cultivation of leadership competencies in nurses.

Key words: context, development, leadership, metasynthesis, praxis, transformation

The 2010 Institute of Medicine Report, Future of Nursing: Leading Change, Advancing Health,1 beckons all nurses to participate in the current transformation of the health care system. To fulfill the promise we hold as a profession, nurses at every level must be able to lead as well as partner. Leadership is a fundamental component of the scope of nursing practice. Nurses in every position are expected to demonstrate leadership competencies. The competencies are not role-specific. They include oversight for high-quality care, systems improvement, collaboration, communication, teamwork, conflict resolution, advocacy, and policy influence. They are required in every practice setting as well as in the policy arena. However, for various reasons, the development of nursing leadership competencies has not been systematic, reliable, or lifelong. As a result, not all nurses are prepared for the transformational leadership roles essential to fundamentally changing the health care system.

Our challenge is to ensure that nurses from the bedside to the boardroom are skilled, knowledgeable, and prepared to fulfill their assigned and desired leadership roles. It is time to reexamine how leadership competencies are most effectively cultivated in nurses. Much has been written about the preparation of nurses for formal leadership roles such as charge nurse, nurse manager, advanced practice nurse leader, or nurse executive. As we consider how to develop this knowledge and skill in nurses at every level, it is important that we ask what has worked for nurses to date. The aim of this study was to report the results of a metasynthesis of qualitative studies on nursing leadership development and to enhance an understanding of both those conditions nurses have reported to be effective and supportive, as well as those that have hindered their development as leaders in nursing.

METHODS

The metasynthesis was conducted using the 7-phase approach described by Noblit and Hare. A metasynthesis of qualitative studies is a method for "interpretive integration of..."
qualitative findings that are themselves interpretive syntheses of data. A metasynthesis is more than a summary of findings from all the studies but a way of translating the findings into a new integrated whole.

**Phase 1**

Identification of a research interest that would be informed by qualitative studies is the first step or phase in conducting a meta-synthesis, according to Noblit and Hare. The experience of nurses with effective leadership development strategies was the research interest identified.

**Phase 2**

The second phase of a metasynthesis is to locate studies that are relevant to the research interest. A review of the literature was conducted for qualitative studies related to the development of leadership competencies in nurses. Online databases, including the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and PubMed, were searched from the years 2000 to 2011. The search was limited to English language articles. Key terms such as leadership, development, nursing, qualitative, research, and clinical leadership were used alone and in multiple combinations to identify relevant published qualitative or mixed-methods studies. For example, leadership and nursing and qualitative were used in combination, as were leadership, development, and nursing.

The criteria for inclusion in the metasynthesis were that the focus of the study was on the development of leadership competencies in nurses in any role or setting, and that the research design was qualitative or that there was a qualitative component to the study. There were no limitations on the type of qualitative design. This process yielded approximately 165 abstracts. When the study met the inclusion criteria, the full study was reviewed. Reference lists from included studies were explored for other potentially relevant qualitative studies. This process generated another 22 abstracts for review.

The full review and retrieval process yielded 40 studies, either qualitative or mixed method, that included findings related to leadership development in nurses. Some of these studies had a primary focus on preparation for a particular leadership role in nursing, specific skill development, specific courses or programs, or aspects of a program. Those describing courses or programs designed to teach leadership skills were well-represented in the literature. The voices of participants in roles of staff nurse, charge nurse, nurse manager, and others have been sought as part of the course evaluation process, through interview, survey, or focus groups. Ten studies provided evidence for the development of formal educational opportunities that nurses will find meaningful and effective in facilitating their development.

Nine of the 40 studies explored nurses' experiences with guided experiential learning through the use of preceptors, mentors, coaches, and other specific mechanisms designed to reinforce and sustain classroom learning in the practice environment. These studies can inform our design of experiences that will support the development of leadership competencies in learning.

Twenty-one of the 40 studies captured factors in the practice environment that support the utilization of developing leadership skills and application of learning. These studies can help us ensure that the experiences of these nurses guide us in creating the supportive context that will fuel the passion of nurses for their leadership roles rather than extinguish it.

**Phase 3**

This phase involves repeated reading of the studies and their findings, with great attention to detail. After multiple readings of the original 40 studies, the focus of the metasynthesis was narrowed to the 21 studies with qualitative findings related to the context in which nurses must practice newly learned leadership competencies or apply new leadership knowledge. Although the other studies are...
important to the overall understanding of how nursing leadership competencies are developed, the studies that included a focus on the context provided rich data for an interpretive integration, and a deeper understanding of critical factors that contribute to the success or failure of leadership development efforts.

The final sample of 21 qualitative or mixed-method studies were published between 2002 and 2011. Located in Table 1, organized by author, are the demographic and methodological characteristics of the sample. The studies were conducted in various countries, including Australia, Canada, the United Kingdom, and the United States. Participants included 786 nurses in various roles ranging from newly licensed nurses and experienced staff nurses, to charge nurses, nurse managers, and nurse executives. Various qualitative research designs were used in the studies. The most frequently (n = 10) used design was descriptive, using interviews to obtain data. Focus groups (n = 6) were also frequently used alone or in combination with other data collection methods. There was one grounded theory study and 2 phenomenological studies. Two studies used surveys with qualitative components.

Phase 4

This phase includes deciding how the studies relate to one another and to the research question. Key metaphors are identified and juxtaposed with one another to determine how they are related or fit together. To aid in the process of determining relationships, a mind map of the key metaphors and concepts from each of the 21 studies was created, using Mindjet MindManager software. The use of a mind map allowed for creative placement of ideas and their relationships into an overall conceptualization of overarching themes. Key metaphors were moved or connected as the process of translation progressed. Mind mapping was used along with the traditional process using juxtaposition in a table format. In the case of this metasynthesis, the translation was reciprocal. That is, the studies were similar and had similar metaphors for translating into one another.

Phase 5

Conceptualizing how the studies relate to one another in phase 4 led to the next phase of translating the studies into one another. Translating is an interpretive process that preserves the integrity of the initial account of the phenomenon and the metaphors used to describe it but translates those metaphors into those identified in the other studies. Processes in phases 4 and 5 yielded 3 overarching themes or metaphors.

Phase 6

This phase involves synthesizing the translations into a larger narrative that is greater than what the individual studies would imply. This is an iterative and multilevel process. The synthesized findings can be used as a basis for improvement efforts and potentially for theory development.

Phase 7

Expression of the synthesis through the written word or other form is the final phase of the process. Effective expression involves decisions about the appropriate form for the audience and provides an opportunity to express limitations of the study and the process. Limitations to the metasynthesis process are described by Nobil and Hare. The synthesized translation is offered by the researcher who has a unique lens based on experiences, interests, and worldview. The findings are an interpretation of interpreted findings or metaphors. The adequacy of the synthesis may be judged by the criteria of economy, cogency, range, apparency, and credibility.

RESULTS

The themes emerging from the studies described 3 essentials for creating a supportive context for leadership development in nurses including opportunity structure, the relationship factor (with 3 subthemes), and
Table 1. Participant Demographics and Methodological Characteristics of the Individual Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Participant Role</th>
<th>Country</th>
<th>Qualitative Design</th>
<th>Data Analysis</th>
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</thead>
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<tr>
<td>Carr and Clark13</td>
<td>36</td>
<td>Managers, coordinators, and field staff (health action zone)</td>
<td>UK</td>
<td>Descriptive/interview</td>
<td>Thematic analysis</td>
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<td>Clinical nurse leaders</td>
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<td>George et al22</td>
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<td>Graham and Partlow54</td>
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<tr>
<td>Lee et al33</td>
<td>179</td>
<td>Nurse managers (13 individual interviews, 18 focus groups)</td>
<td>Canada</td>
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<tr>
<td>Sherman55</td>
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<td>Focus groups</td>
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<tr>
<td>Sherman et al32</td>
<td>120</td>
<td>98 experienced nurse managers, 22 inexperienced nurse managers</td>
<td>US</td>
<td>Interviews</td>
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<tr>
<td>Shirey16</td>
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<td>Thematic analysis</td>
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<tr>
<td>Spiers et al6</td>
<td>179</td>
<td>Nurse managers (13 individual interviews, 18 focus groups), same sample as above</td>
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<td>Sullivan et al7</td>
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<td>Williamson20</td>
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<td>Nurse council members</td>
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<td>Action research, participant observations, and interviews</td>
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<td>Wojciechowski et al26</td>
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<td>Young et al28</td>
<td>21</td>
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<td>US</td>
<td>Interpretive phenomenology</td>
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</tr>
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</table>
organizational culture for growth. All of the components synergistically influence the development of leadership competencies in nurses and are described later.

**Theme 1: Opportunity structure**

In order for nurses to grow as leaders, they must be allowed the opportunity to experience situations that require leadership skills and foster their development. Eight of the studies in this metasynthesis described the importance of this kind of opportunity and its impact on leadership practice. Upenieks’s study of successful leaders supported Kanter’s proposition that opportunity structure is one form of work empowerment structures critical to the development of leadership effectiveness. When individuals are exposed to opportunities for growth and mobility within the work environment and are challenged in such a way as to enhance knowledge and skills, they develop as leaders. As they grow as leaders and advance in their organizations, they, in turn, support the development of other nurse leaders by providing them with growth-producing opportunities. One study participant captured the importance of opportunity structure stating, “... I’ve been given various leadership and advancement opportunities. It makes me feel good. If someone believes you can do a great job and they say ‘here, try this’, and you do a great job, then you feel acknowledged and validated. They believed in me.” This participant also shared the importance of reward and recognition for successful growth as a result of opportunities. Recognition reinforces the learning and increases commitment to ongoing leadership development. This was a theme identified by Greenwood and Parsons as they evaluated a program to develop unit leaders. The theme “I am important, aren’t I?” reflected the significance of being recognized as having leadership potential and being selected for a leadership role and development program. Successfully completing a rigorous process enhanced their self-concept and increased their commitment to the leadership role.

The key role that opportunities play in the development of nurses as leaders is described by several other qualitative studies in the sample. Carr and Clarke, in their evaluation of the effects of involvement in a Health Action Zone in the United Kingdom, found that participants developed new individual leadership competencies, including skills in interviewing and effective relationship building across organizational boundaries. The value of networking opportunities provided through this initiative was significant in leadership development and confidence. Shared governance is another opportunity structure that engages nurses and promotes leadership development. As nurses take on lead roles in shared governance councils, they quickly develop skills in meeting management, organization of improvement efforts, and recruitment of volunteers. Nurses who become involved in their local professional organizations or volunteer in the community also grow as leaders through these opportunities. Villarruel and Peragallo found that this was an important influence described by Hispanic nurses in the acquisition of their leadership skills. There is opportunity for skill development as well as exposure to significant community role models.

The lack of opportunity structure is a barrier to leadership development. A study of clinical nurse leaders described a lack of opportunities for leadership development and preparation for leadership roles. The authors contend that the study supports the notion that phronesis or practical wisdom is gained through exposure to opportunities and immersion in experiences that will deepen understanding and knowledge that is important for leadership practice. Nurses who are not provided opportunities for stimulating work or who have a lack of assigned responsibilities are less likely to develop important leadership competencies.

**Theme 2: The relationship factor**

There are several key relationships in the work lives of nurses that factor significantly

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in the development of leadership skills. These relationships may have the effect of cultivating and nurturing the budding development of leadership abilities. They may also have the opposite effect of blocking or undermining the nurse’s attempt to learn and practice leadership skills. Six of the qualitative studies in this metasynthesis described the role that the nurse manager or other supervisor plays in the nurse’s leadership development. Seven studies found that the role of colleagues was significant in the successful development and application of leadership skills. The important role of mentors in guiding the growth of the developing nurse leader was a finding in 9 of the qualitative studies. The impact of these key 3 relationships is described in the subthemes below.

Subtheme 1: The enabling or blocking role of the manager

Nurses in a supervisory or managerial relationship to other nurses have an opportunity to strongly influence the “subordinate” nurses’ success in developing the leadership skills they need for professional practice and potential advancement into formal leadership roles. The role of the manager is pivotal to the developmental process. The study themes related to the role of the manager reflect recognition of this powerful role and characterize it either as being positive or supportive or as being inhibitory or blocking. The nurse manager is seen as someone who is in a position to understand the political and social systems and be able to work within them to set the nurse up for success or failure. In fact, the findings reported by Carr and Clarke13 indicate that the manager actually creates the conditions for learning and “sets the markers for success allowing for fruition of different types of innovation and practice development.”13(p336) Their findings led them to conclude that the nurse manager was part of 4 interrelated dimensions (person, position, policy implications, and processes) that created the context for successful transition of a new clinical leader into the role. They described a spectrum of nurse manager behaviors ranging from encouraging and supportive to obstructive, nonreceptive, or disinterested. They were seen as gatekeepers who could make or break the ability of the new practitioner to fulfill a leadership role in practice development.

In attempting to explain the behaviors of nurse managers, some of the participants noted that the educational level of the manager seemed to influence whether they felt insecure and threatened by the new learner or practitioner. The range of responses of nurse managers seemed to be related to “confidence from knowledge.”15(p590) Nurse managers who were secure in their own knowledge from having achieved a higher level of education were able to be more encouraging and supportive of the development of leadership in others.

The impact of the role of the nurse in a supervisory or managerial position on the development of leadership skills and professional growth was reported in studies around the world. Regardless of the formal title, the influence of the manager role was described in studies conducted in Australia, the United Kingdom, the United States, and Iran. The role can be motivating and encouraging, or inhibiting as described by Rahimaghaee et al.23 The inhibiting behaviors included intimidation and discouragement. Participants clearly described their experiences, stating, “My manager slowed down my growth”; “Some managers never give you any opportunity”; and “I think my managers are the main obstacles in the way of my professional growth.”23(p474) These illustrative comments are in direct contrast to those describing supportive behaviors of managers.

My manager is very strong and competent in management and nursing. She is not only a manager, but also a role model. By her actions, she teaches
me how I should behave. She is very influential in my professional growth.

**Subtheme 2: The bolstering or undermining role of colleagues**

Just as managers play a pivotal role in developing leadership capacity in nursing, so do nurse peers. Fellow nurses may have the effect of encouraging the use of newly learned leadership skills, therefore bolstering the self-confidence of the aspiring leader. They may also have the effect of undermining a peer’s attempts to apply these skills and serve to block further application of acquired leadership knowledge. George et al. described the experience of study participants attempting to integrate newly learned leadership principles into practice. Nurses reported that the reaction of their peers to those attempts was a significant factor in their success and continued refinement of their competencies. Some nurses experienced a lack of collegiality in the practice environment after attending a leadership course. This was influenced by how many peers had also been through the course, whether peers were also trying to apply their learning, and how peers viewed their professional accountability. When a sufficient number of peers received the same leadership training and were able to apply that learning, many positive outcomes were reported for patients and staff.

Several other studies found that the support of peers was critical to the successful use of leadership knowledge and skills. Hancock and Campbell reported that study participants who had attended a leadership development program identified that relationships with colleagues supported their efforts to implement what they had learned. Greenwood and Parsons, in their discussion of the theme research receptivity, reported that peer response significantly affected the developing leader’s ability to promote changes in nursing practice based on research. Depending on the educational background of the nurses, the prospect of practicing these higher-level skills was threatening and they resisted the leader’s attempts.

Studies of nurses in specific roles who are trying to utilize leadership skills or apply new learning related to leadership have described some of the challenges those nurses have encountered. Dyess and Sherman identified several themes based on focus groups with novice nurses who attended a leadership institute. Some of these themes were (a) perception of professional isolation, (b) contradictory information, and (c) experiencing horizontal violence. All of these themes were reflective of peer behaviors that affected the ability of these new nurses to transition to the practice setting, using newly learned leadership skills. The study participants perceived that nonsupportive behaviors were tolerated by nurse leaders. As young nurses become established in their practice and consider pursuing a leadership role, they note that the support of fellow nursing staff would be an important factor in that decision.

Another role-specific study explored charge nurses’ experiences in the role and their learning needs for this leadership role. As participants in the study described barriers to their functioning in the charge nurse role, the theme of staff engagement emerged. Fellow staff could be resistant and make the charge nurse feel disempowered or disrespected. They identified a need for more learning related to managing staff behaviors.

Relationships with other colleagues on the health care team also have an effect on the ongoing development of leadership competency. For example, nurses in one study described that their ability to exercise newly learned leadership skills was negatively affected by the behavior of members of other disciplines pursuing their own agendas. When these nurses were able to use their leadership skills, they were able to positively influence the work environment through improved communication, collaboration, and teamwork. Dyess and Sherman also described a theme of “less than ideal communication” emerging from the reports of novice nurses related to their
interactions with physicians and other disciplines. One nurse described a negative interaction with a physician when she was attempting to advocate for a patient, "...The response was so rude. You would think I did something wrong." Novice nurses also described difficulty practicing leadership through delegation to unlicensed assistive personnel. The accepted cultural responses served to extinguish attempts to use developing leadership skills.

Subtheme 3: Role of the mentor in guiding the growth

In 9 of the qualitative studies, the guidance of a mentor emerged as an important factor in the developmental process for nurse leadership. Although not described in depth in these study findings, the identification of mentor relationships as a success factor was frequent. This was true regardless of the role or leadership level of nurses in the studies. Staff nurses who attended a shared leadership concepts program reported that "mentoring by strong unit-based leaders" was important for their ongoing leadership development. In another study, new clinical nurse leaders described how important the mentor was in providing feedback and guidance in the application of theoretical concepts into practice. One participant shared, "It was very helpful to do it with her there and... give us feedback straight away." In another study, new nursing faculty leaders recommended that aspiring faculty leaders seek strong mentors who can provide the necessary support and guidance for them as they learn how to lead in the role. This includes mentorship for risk taking, speaking up at the appropriate time, challenging the status quo, and marshaling resources and advocacy. A study of leadership development in Hispanic nurses leaders reported on the positive experience of these participants with mentors. Mentors were identified as informal sources of learning and could be found in various places in the personal and professional lives of the nurses.

The influence was a powerful factor in their success.

Successful mentorship, however, requires a skill set, as identified in at least 3 studies in the metasynthesis. The mentor must be experienced and familiar with best practices. According to Young et al, they should be carefully selected not only for their knowledge about leadership but also for their ability to cultivate leadership in others. McCloughen et al identified imagination as a key characteristic of the nurse leader-mentor contributing to the outcomes of the relationship. Participants in the Greenwood and Parsons study of unit leaders shared that a lack of mentoring skill could be "deleterious to novice mentee's grasp of mentoring purposes" and their continued development. They also reported that it contributed to a lack of trust in the mentor.

Mentorship as a strategy to enhance continued development of leadership in nurses must be well planned. It should be a systematic process. The timing of mentorship is important and for nurses assuming a new leadership role, it should begin early in the transition to the role. For staff nurses considering a nursing leadership role and the support they would need, mentorship was identified as the most important factor.

Theme 3: Organizational culture for growth

The importance of a positive organizational culture and supportive work environment was reported in 15 of the 21 qualitative studies in this metasynthesis. The organizational culture creates the context that will either support the growth of the nurse in her leadership role or cause it to wither and die. It is either a supportive growth medium or one devoid of nutrients. Shirey reports that positive organizational cultures are characterized by support and empowerment from nurse leaders and engendered a sense of pride and engagement. Participants described how the culture supported the development of authentic leaders who then were able to create...
healthy work environments for the delivery of care. One participant put it this way,

That is what makes me proud to work here (referring to the empowerment) that I have an opportunity and failure would not be an option. That's a daily thing for me. They trust me and I can't let them down.16(p195)

When aspiring nurse leaders feel both connected to the organization and that they have a place to contribute to overall success, it reinforces the use of learned leadership skills. Participants in one study described how an environment that fostered networking with other leaders in a positive culture contributed to a sense of belonging within the whole system.13 This sense of belonging energized them, fueled their development, and increased their confidence. In another study, nurses who felt connected and saw themselves as a “trusted part of the leadership of the organization”22(p51) found that it enhanced their ongoing leadership development. Pride in being part of an organization’s success and being recognized for that contribution reinforce nurse leader development.32

An organizational culture that celebrates successes and expresses appreciation conveys that leadership development and achievement are valued. The recognition makes nurses feel valued for using their leadership competencies to make a difference in the organization. Upenieks17 described this as a component of the organizational power structure, where support from the executive team and nursing administration, along with increased participatory management, enables nurses at all levels to exercise leadership. One nurse participant explained, “Nurses need the opportunity to participate—it helps them feel as though they are part of the larger system, part of the solution. In return, they feel empowered.”17(p628)

While positive organizational cultures and healthy work environments supported development of leadership competencies in nurses, studies also reported that some organizational cultural factors hindered development. These factors include culturally accepted negative behaviors, limited financial and human resources, and insufficient time for education and reflection.

Certain behaviors within the culture of nursing in an organization negatively affect leadership development. Culturally accepted behaviors that interfered with leadership growth include experiences with discrimination,21 tensions related to the use of leadership titles,32 perceived legitimacy of leadership roles,15 and professional isolation.21 The studies provide evidence that negative cultures continue to persist in some nursing organizations, and as Shirey16 has described, they are less likely to support the development of authentic leadership in nursing and healthy work environments for the delivery of care.

An additional factor in the organizational climate that was described in several studies was the effect of tight financial resources and staffing limitations. Carr and Clarke13 reported that staff movement due to funding issues placed constraints on organizational learning. When investment in learning is limited to a small number of individuals, the learning can be lost, reducing the dissemination of learning more broadly. George et al22 reported barriers to application of leadership skills, including high staff turnover and heavy workload demands. Hancock and Campbell5 identified staffing as a significant difficulty for participants attempting to develop as leaders. The lack of staff also limited their ability to delegate to others and to focus on leadership activities. Developing charge nurses reported staffing and patient acuity as serious challenges to effectively practicing leadership competencies. Greater access to financial and human resources emerged as a theme for this group.26

Participants in 7 of the qualitative studies discussed the importance of having sufficient time allocated for focused attention on leadership development as well as time to apply new learning. When provided with an opportunity to attend a workshop or course and have some time away from clinical or operational responsibilities, nurses expressed
appreciation. It contributed to a feeling that their development as leaders is important enough that the organization would invest the time in developing them. A nurse manager shared, "...If you invest in the people then they become stronger and resilient as managers and also empowered to do their role...."33(p1035)

Two studies described the importance of time for reflection as the last factor. As one leader stated, “being 'given time and space' within the working day to reflect on past experiences”34(p163) was a benefit of participation in the leadership development program. Lack of sufficient time for reflection was a barrier to learning from experiences and “what didn’t go so well.”13(p335) Novice nurses in complex work environments were challenged to apply their newly learned leadership knowledge and skills. They reported too few opportunities to reflect on their practice.24

Not only is it important for learners to have the time allocated for specific leadership programs or courses, it is also important in their role performance to have time within their daily work to practice and apply new learning. Participants in several studies described increasingly heavy workloads with very little time to incorporate new learning. Charge nurses identified a lack of resources, including time, as a barrier to their effective functioning in the role.36 Frontline leaders in another study described the challenges of workload and how the lack of time interfered with work-life balance and the ability to accomplish their work as leaders.35

DISCUSSION AND IMPLICATIONS

In summary, the synthesis of findings from the studies provides us with an understanding of the key elements of a supportive context for development of leadership competencies in nurses at all levels. Opportunity structure, supportive relationships, and a positive, healthy organizational culture are essential for the cultivation of nurses as leaders. The 3 elements are interconnected as part of the complex adaptive systems in which nurses practice and grow. If we are to truly develop the leadership capacity of nurses at all levels as proposed by the Institute of Medicine report on the Future of Nursing,1 we must engage in praxis related to the environments in which we are trying to grow nurse leaders. There is something wrong with the picture in many organizations. There are power dynamics, structural, political, and economic conditions that are inhibiting nurses from practicing and developing to their fullest capacity as leaders. The studies in this metasynthesis indicate that nurses are engaged in critically reflecting on these conditions, envisioning a better way, and taking action to change the status quo. In organizations where there is a context that is supportive and nurturing, budding nurse leaders are flourishing. By critically reflecting and acting on these conditions in concert with other concerned nurse leaders, we can collectively build the emancipatory knowledge needed for shaping a healthier future.

The synthesized wisdom of the nurse participants from these qualitative studies can guide us in an appreciative process for the cultivation of nursing leadership. If we want nurses to develop as leaders, we must provide them not only with education to increase their knowledge and skills but also with opportunities to apply leadership knowledge and skill. We must plant them in situations where they will have the opportunity to establish roots and thrive. From the studies, we have learned that those opportunities may include stimulating practice environments, shared governance participation and leadership, formal and informal roles that will exercise their budding leadership abilities, volunteer opportunities, professional organization activities, and more. Formal leaders in nursing must make every effort to bring along an aspiring nurse leader to every developmental opportunity that arises. Each leader must be the person who “sees something” in each nurse and provides the chance to allow the leader within to emerge.
If we want nurses to develop as leaders, we must pay close attention to the leaders to whom they report. The relationship factor, particularly the role of the manager, is a critical component in enabling the budding leader to grow. We must assure that the manager’s leadership competencies have been developed. Nurses in formal leadership roles must have the educational preparation to allow them to foster the growth of aspiring nurses without feeling threatened and insecure. Based on a study of nurse manager competencies and educational preparation, Kleinman recommended that “given the importance of the role and the competencies required for success, nursing and healthcare administrators must support the possession or eventual acquisition of a graduate degree as an essential requirement for nurse managers.”\textsuperscript{36(p455)} In 2010, the American Organization of Nurse Executives adopted the position that the educational preparation for nurse managers with responsibility for nursing units or departments is at the graduate level. This educational preparation provides the nurse manager with the foundation for creation of a supportive context for nursing leadership development. Formal leaders and managers in nursing must be skilled mentors with ability to provide constructive feedback that will enhance growth and development, promote trust, and encourage risk-taking for developing nurses.

The creation of practice environments with healthy peer and interdisciplinary relationships and teamwork is another critical contextual factor for developing nurse leaders. A systematic review of evidence conducted by Pearson et al generated several synthesized findings including that “leaders need to have an understanding of the key factors associated with producing a positive organizational climate in order to have an impact on producing positive staff outcomes.”\textsuperscript{37(p223)} The mandate is clear and compelling. If we want to enhance the leadership behaviors of nurses, we must work to create healthy practice environments that allow them to try their newly developed skills, with support and encouragement from all members of the team. Blocking and undermining behaviors from colleagues halt the growth of the developing nurse leader and must not be tolerated. We must address the underlying conditions that inhibit healthy development.

Mentor relationships are widely recognized as essential to optimal development of the professional nurse. Much has been written about this important role. Key learnings from this metasynthesis are that mentors must be developed for their role. They must be skilled at listening, facilitating reflection, and providing constructive feedback for growth. Mentor preparation and careful selection are essential to their effectiveness.

Leadership takes time to develop. The findings of the studies in this metasynthesis illuminate the importance of allowing time for formal courses or programs, time for nurses to be involved in activities where they can practice developing leadership skills, time for reflection, and refinement of skills. Nurse leaders in healthy, supportive practice environments encourage professional growth and development and allocate the time required for various learning activities. Many of the activities that lead to the acquisition of leadership skills are experiential and happen through immersion in growth-promoting opportunities in the practice environment. They do not necessarily require additional time. However, conscious and deliberate efforts at making time for reflection and discussion in a supportive environment allow for the novice leader to better integrate new learning into practice.

**CONCLUSION**

The findings from this metasynthesis can be used as a basis for action and for further study. Creation of healthy environments for the cultivation of nursing leadership competencies will help ensure that nurses at all levels are prepared for the transformational leadership roles they are expected to fulfill. Further study of the elements essential to the creation of those environments will enhance
the understanding of specific improvement strategies, how strategies relate to one another, and how to optimize the system to unleash the full leadership capacity in nursing.

REFERENCES

30. Sullivan JCCRN, Bretschneider J, McCausland MP J. Designing a leadership development program


