Determining Leadership Readiness in Certified Registered Nurse Anesthetists (CRNAs)

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Background

- Nurses are often placed in leadership positions without consideration of the individual's readiness to become a leader, (Hader, 2013).

- The extent to which a nurse is formally prepared for leadership roles varies, based on their level of education – ranging from "introduction" in the baccalaureate curriculum to preparation for "the highest level of leadership in practice" in the doctoral curriculums (AACN, 2008; AACN 2006)

- There have been limited studies attempting to identify a state of leadership readiness among CRNAs

Purpose

The purpose of the study was to answer the following questions:

1. What is the general state of leadership readiness among CRNA members of the Illinois Association of Nurse Anesthetists (IANA)?

2. What are the differences among various demographic sets and CRNA leadership readiness, as determined by ALSA scores?

Theoretical Framework

- Proposed by Avolio and Hanna in Developmental Readiness: Accelerating Leader Development (2008)

- Define leader developmental readiness as "positive ability, orientation, and openness to develop"; positivity stemming from the individual's ability to create a positive, self-fulfilling vision for their own development

- Contributing factors: Goal Orientation, Developmental Efficacy, Self-Concept Clarity, Leader Complexity, and Metacognitive Ability
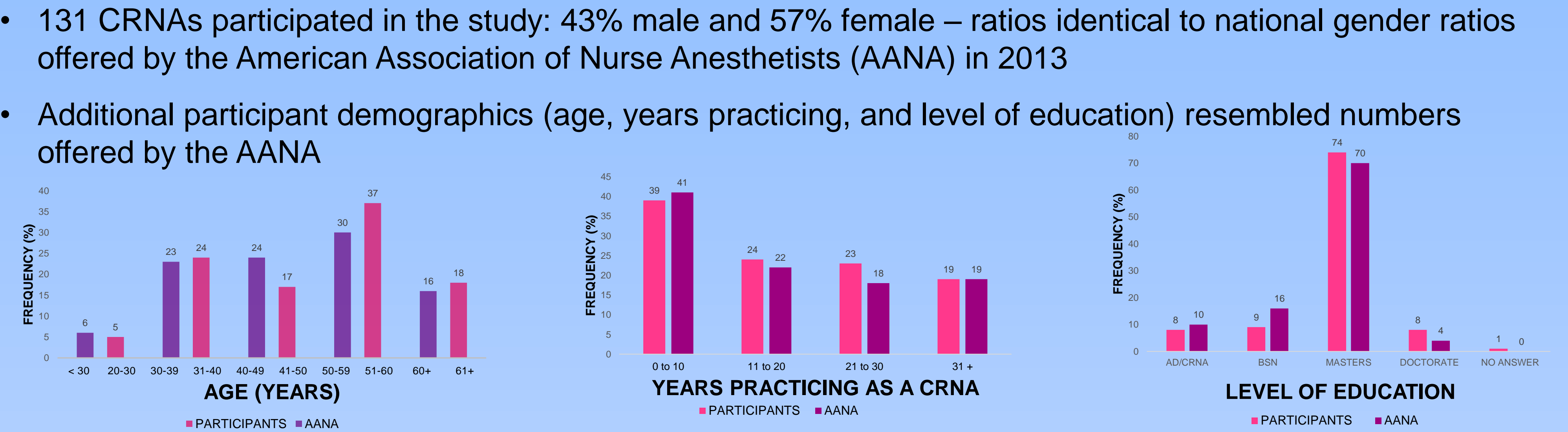
Methods

Research Design: The study was a descriptive, correlational study

Sample: The sample was made up from a convenience sampling of CRNA members of the IANA, recruited through email

Instrument: A survey questionnaire was developed, consisting of demographic and leadership experience questions and an Authentic Leadership Self-Assessment (ALSA).

- The ALSA was made up of sixteen statements, measuring four components of authentic leadership: self-awareness, internalized moral perspective, balanced processing, and relational transparency

- Each component is scored separately with scores of 4-15 indicating a low score and scores of 16-20 indicating a high score

**Data Analysis:** Data analyzed with analysis of variance and independent-samples, median tests.

Results

Description of Sample

- 131 CRNAs participated in the study: 43% male and 57% female – ratios identical to national gender ratios offered by the American Association of Nurse Anesthetists (AANA) in 2013

- Additional participant demographics (age, years practicing, and level of education) resembled numbers offered by the AANA

Goal Orientation and Self-Concept Clarity

Authentic Leadership Self Assessment (ALSA) Scores

Component Score	Self Awareness	Internalized Moral Perspective	Balanced Processing	Relational Transparency
Mean	15.84	16.59	14.64	15.18
Median	16	17	15	15
Mode	16	16	14	16
SD	1.73	2.14	2.09	2.20

Leadership Developmental Efficacy
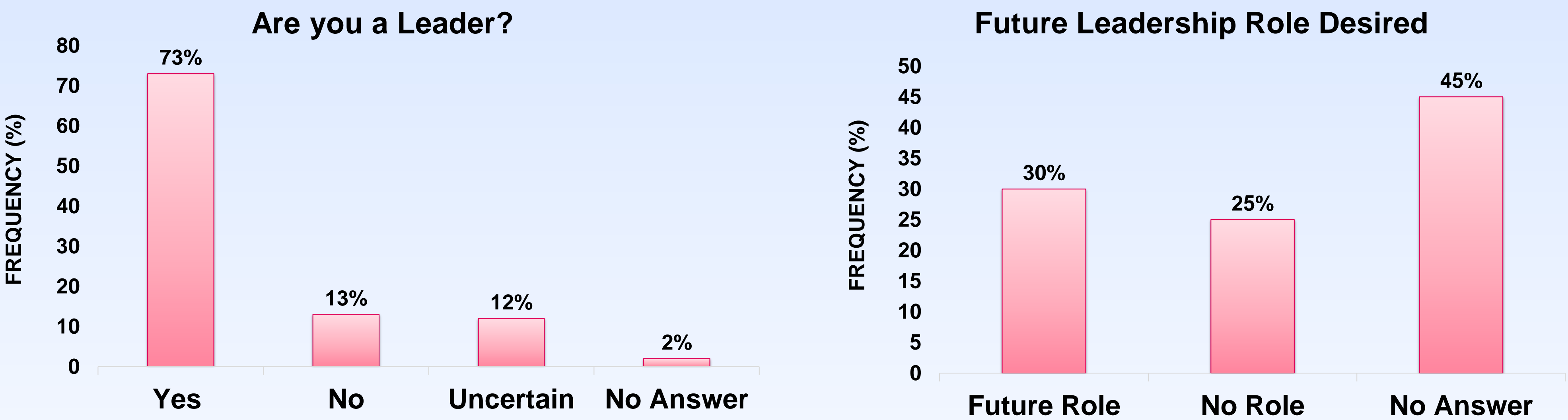
Leader Complexity

- 72% of all participants identified past and/or current management and leadership positions held

- 61% of participants who provided a written explanation to the question "Are you a leader?" (n=83), revealed a degree of leader complexity by self-evaluating what qualified them as leaders

Examining Differences

One statically significant finding was found for differences among sets of years practicing and the component of internalized moral perspective,

Conclusion

The results of this study suggest Illinois CRNAs well-poised for leadership roles, but with areas noted in need of development

ALSA was applied to evaluate goal orientation and self-concept clarity.

- High ALSA scores indicated strengths in self awareness and internalized moral perspective. Borderline low scores were noted in relational transparency, and more notably in balanced processing.

The majority of participants demonstrated leadership efficacy, however leadership developmental efficacy was not as clear with 45% of participants not answering the question.

Leader complexity was strongly represented in the group as evidenced by the participants self-assessments of leadership roles and qualities.

Future Implications

While the results of this study suggest that Illinois CRNAs are ready for leadership roles, care must be taken when assuming or delegating leadership roles, as areas in need of further development have been identified.

It is essential for leaders to know and understand their strengths and weaknesses. Realizing there is a weakness in the area of balanced processing, CRNAs should prepare themselves to be able to listen to, hear, and consider differing viewpoints, before making final decisions.

CRNA leaders, both future and present, should continue to seek leadership opportunities and to reflect on their experiences; focusing on and imprinting the factual outcomes (omitting emotion) into their self-construct for future use.

References

American Association of Colleges of Nursing (AACN). (2006). The Essentials of Doctor of Nursing Practice. Essential Series. Online, www.AACN.edu. Retrieved from: http://www.aacn.nche.edu/education-resources/essential-series

American Association of Colleges of Nursing (AACN). (2008). The Essentials of Baccalaureate Education for Professional Nursing Practice. Essential Series. Online, www.AACN.edu. Retrieved from: http://www.aacn.nche.edu/education-resources/essential-series

Avolio, B.J. & Hannah, S.T. (2008). Developmental Readiness: Accelerating Leader Development. Consulting Psychology Journal: Practice and Research, Vol. 60 (4), pp.331-347. DOI: 10.1037/1065-9293.60.4.331

Hader, R. (2013). How Did I Get Here? Nursing Management, Vol.44 (2), p.6. DOI: 10.1097/01.NUMA.0000426144.14151.24