

Transitioning from peer to leader

Manage former peers with diplomacy.

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN, and Tanya M. Cohn, PhD, MEd, RN

KAYLA was excited about her recent promotion to nurse manager on a pediatric unit. She joined the team 4 years ago as a new graduate. When the nurse manager resigned, her peers encouraged her to apply. Now she wonders if she made the right decision. Some of her former peers are close friends, and she already sees the relationships changing. One of these friends just defriended her on Facebook and told her that she was “no longer one of them.” Kayla knew the transition would be tricky, but she didn’t expect to receive pushback this early in her tenure.

the unit or staff culture. On the negative side, managing former peers when you’ve been a coworker can be difficult even when they support your selection.

No matter how you arrive, when you take that first leadership role, you quickly learn that being a nurse leader requires a different skill set than that of a clinical staff position. Your work habits and former opinions about how the unit functions are well known to your coworkers. However, in your new leadership role, you need to support and implement decisions made by the organization. You also need to master many new competencies that can make you feel like a novice nurse all over again.

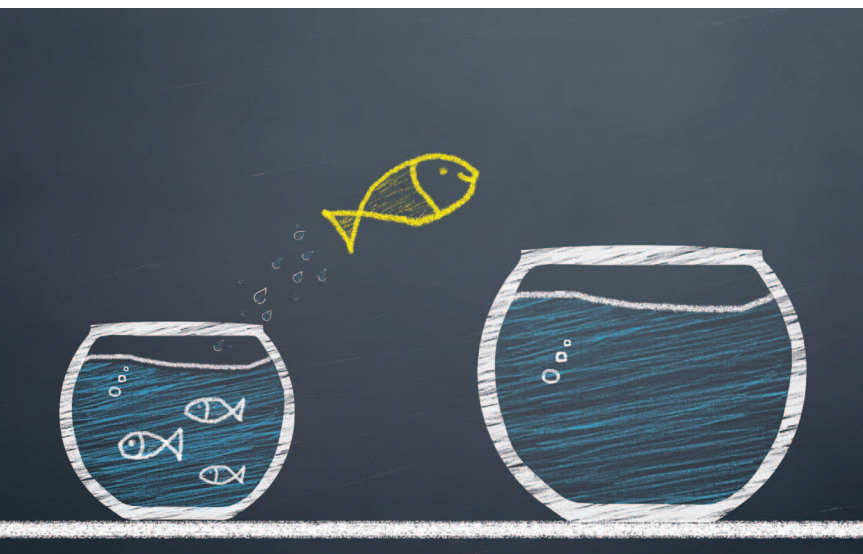
New nurse leaders usually achieve promotions because of their excellent clinical and problem-solving skills and want to continue to add value in this way. Providing some clinical backup to former peers is supportive, but your new function is to lead. Take time to orient yourself to your new job and its expectations. You may find it hard to get your administrative work done if you’re too available to help solve problems or jump into the staffing vortex. Over time, this can lead to leadership burnout.

Navigating changes in relationships with former peers requires intention. Nurses rarely understand the demands of being a leader unless they’ve been one.

Changing relationships with former peers

Kayla’s relationship with her coworkers will inevitably change as she moves from friend and confidant to manager and coach. These changes can lead to awkwardness as she seeks a balance in a new and different relationship. The unit staff will closely watch how she relates to her former peers, watching for any signs of favoritism.

Former peers and friends may become critical of Kayla’s leadership, and some staff may test her. She might receive pushback on her de-



Getting promoted from within an organization has always been challenging. You may find yourself leading nurses with more experience than you have, and they’ll question your readiness. Not all your peers will be thrilled with your promotion. Having experience in an organization when you accept a leadership role can be an advantage, but it also can present unique challenges. On the positive side, you won’t have a steep learning curve about

cisions when she begins the position. Kayla shouldn't feel threatened if this occurs. Initially, she may not have the trust and respect of the whole group, but that will build over time. Leaders have to earn trust. (See *New leader best practices*.)

Transition strategies

Kayla's role as nurse manager will require her to make unit decisions about nurse competencies, performance reviews, and supervising nursing care. These decisions may make her former peers feel as if she's "no longer one of them." Although her role and responsibilities have changed, Kayla is still part of the unit's team and can send this message with her behaviors. She should focus on being inclusive and avoid creating barriers that look like she's separating herself from the team. Kayla can achieve this by incorporating team decision-making for unit priorities, implementing self and peer evaluations, and maintaining visibility on the unit with patient rounding and huddle participation.

By taking a hands-on and team approach, Kayla's transition will be less about a change in hierarchy and more about her former peers having a present and engaged leader. Kayla can demonstrate her relatability by maintaining a sense of compassion and empathy for patients, families, and staff. These strategies will help Kayla redefine and refine her relationships with the nurses on the unit.

Accomplishing a successful transition requires self-work for Kayla. The nurse manager has a complex role that takes time to master. Kayla needs to recognize her transition as a journey and that she may experience some missteps. Transparent communication with her team will be crucial. An excellent first step is to have a unit meeting using a town hall format to introduce herself as the new nurse manager and allow nurses to share goals and unit needs. This action will help reduce perceptions of a "them vs. us" mentality and promote more effective teamwork.

A successful transition also includes building a mentorship network and participating in leadership education. Kayla can share what she's learning with staff to promote shared growth. She also can begin to assume a coaching role. A commitment to coaching will help Kayla develop the staff and signal that the unit's work is a team effort.

New leader best practices

Consider these best practices as you move into a leadership role:

- Find a leader mentor to help you in the transition, serve as a sounding board, review your progress, and discuss challenges objectively.
- Meet individually with each staff member regardless of how well you know them. Inquire about their goals and expectations in the same way you would with new staff.
- Tackle any awkwardness head-on by letting staff know that it can be challenging for you and them to switch from peer to nurse leader.
- Ask for the support of each staff member. Let them know that they're valued and you need their assistance to be effective in your new role.
- Talk with staff members who are close friends about how your relationship may need to change.
- Don't play favorites with former friends. Work to be consistently fair to everyone.
- Be cautious about socializing with former peers. Maintain a distance, especially in the initial stages of your transition.
- Consider the relationships you have with former peers on social media. You may want to have a professional social networking site vs. a personal social media page.
- Manage performance issues in the same way with all staff. Don't avoid challenging performance discussions with former peers.

Source: Sherman 2021

Accelerating role acceptance

Leadership expert John Maxwell reminds us that all a leadership title buys you is time. Ultimately, leadership is the ability to influence others. For staff to follow Kayla as a leader, they will need to trust her, which won't happen overnight. Her former peers will watch to see whether her actions match the commitments she makes to the team. Some of the seasoned staff may question her competency, especially at the beginning.

Kayla needs to take actions that will support the acceleration of role acceptance, optimizing both her human and social capital. *Human capital* includes the unique knowledge, skills, and nursing experiences Kayla brings to the role. This human capital is why she was selected, and she should tap into it to bridge unit nurses' acceptance. She can create some early wins by correcting problems that challenge the unit.

Kayla's *social capital* includes relationships that she's built on the unit and in the organization. They'll help her navigate her new role and achieve some early wins. Team collaboration will be especially essential for accelerating her role acceptance. Using her social capital,

she can create project teams led by seasoned and engaged nurses on her unit. Having experienced nurse champions for unit projects will help build a strong team of competent, supportive, and action-oriented nurses.

Well-managed transitions

Leadership transitions are always challenging but especially when you manage former peers. They require diplomacy and emotional intelligence and the ability to be friendly without being a friend. Trust and respect aren't automatic, so new leaders need to be intentional in navigating their leadership journey, especially at the beginning. Former peers will want to know that you value their work and expertise, and you'll need to work hard to build an inclusive team and become a nurse leader coach. When transitions are well managed, a time will come when people forget that you were a peer and see you only as their leader. **AN**

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provider of culturally sensitive healthcare to the community. All of our leaders are being required to undertake a diversity, equity, and inclusion learning journey to ensure that we are providing equitable care to all. — **Gordin**



Sylvain Trepanier

Our initial efforts are twofold. First, we're increasing awareness and sensitivity to under-represented groups within the employee ranks (along with increased efforts to drive equitable employment opportunity for under-represented groups), and second, we're working on improving access to healthcare for under-represented communities. — **Murphy**



Sonia Valdez

The Joint Commission's new *Quick Safety* advisory, "Understanding the needs of diverse populations in your community," provides four strategies and actions to help hospitals and medical centers support their communities and offers lessons learned about how COVID-19 shed light on healthcare disparities during the pandemic and prior. We and other health professionals have an economic and moral responsibility to address the health and well-be-

ing of their diverse and vulnerable populations. Together, we can make strides to decrease healthcare disparities. In addition, The Joint Commission is working with a technical advisory panel to potentially develop standards that would address healthcare disparities. This project is scheduled for later in 2021. — **Pelletier**

We witnessed the impact of the COVID-19 virus on diverse communities, resulting in moral distress for many nurses and other staff. MGH quickly established a new and expanded department dedicated to diversity, inclusion, and equity with a 10-point plan with goals and strategies to advance the organizational vision and mission. Raising awareness about the virus, mask wearing, and the vaccine was important to limit spread of the virus, hospitalizations, and deaths in these communities. Prevention kits also were distributed in areas greatly impacted. The work to enhance the vision and mission for equity in care is a priority that will continue.

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