Lifelong Leadership: Revitalizing Your Role in the Clinical Setting

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On Leadership

• What is our needful thing? To have high principles at the bottom of all. Without this, without having laid our foundation, there is small use in building up our details. This is as if you were to try to nurse without eyes or hands...If your foundation is laid in shifting sand, you may build your house, but it will tumble down.

• Florence Nightingale, 1875
Objectives

• Reassess and define your personal leadership development.

• Identify a plan to make a positive impact within your professional sphere of influence.
Purpose/Target Audience

- Provide nurses who practice in a clinical setting with the techniques to improve their leadership and motivate and challenge nurses to expand their impact.
Description/Overview

• This session will provide nurses who practice in a clinical setting with the techniques to improve their professional leadership and to motivate and challenge them to expand their impact.
Professionalization of Nursing

Remarkable progress in just over 125 years

• 19th Century
  – Thankless work, provided by tough, socially marginal women (Kalisch & Kalisch, 1978)
  – Considered menial, badly paid occupation that required no training (Cook, 1942)
- 1854
  - Florence Nightingale in the Crimea (Shaw, 1993)

- 1873
  - First Nightingale inspired schools
  - Disease prevention
  - Beginning of professional nursing (Cook, 1942)

- 1893
  - The Florence Nightingale Pledge is written (Calhoun, 1993)
• End of the 19th century
  – Proliferation in nursing schools
    • Hospitals staffed with “nurses in training” (Reverby, 1987)

• 1920 – 1930
  – Increasing self assessment
    • Focus on education as opposed to providing student labor for the hospital (Kalisch & Kalisch, 1978)

• WW II
  – Significant changes
    • Army nurses, flight nurses, public health (Kalisch & Kalisch, 1978)
• **1950 – 1960**
  – Formal separation of nursing from medicine
    • Developing emphasis on nurse patient relationship
    • Development of nursing theory (Shaw, 1993)
    • Scholarly development (AJN - Nursing Research 1951) (Wuest, 1994)

• **1960 – 1980**
  – Second major wave of feminist advocacy raised social consciousness by further exposing the sexism in policies and practices that discriminated on the basis of sex (Bem, 1993)
  – Increasing autonomy
• 1980 – 2000
  – Exploding opportunities
  – Challenges of increasing technology

• 2000’s
  – “Knowledge workers”
  – Increasing understanding of the positive effect of registered nurses on patient care
  – Internships/residency programs
  – Differentiated practice
Nursing’s Scope of Practice

• Dynamic and continually evolving
• Flexible boundary that is responsive to the changing needs of society
• Reflective of the expanding knowledge base both in theoretical and scientific domains
• Defines the professional responsibilities of all registered nurses, regardless of the setting
Nursing Practice Arenas

• Mid-19th Century – Untrained “domestic” and “community” nurses
  – Wartime nursing
  – Public health

• Late 19th Century – beginning of professional nursing with Nightingale inspired schools of nursing
  – Public health
  – Nurses in hospitals
• Early to mid-20th Century
  – Hospital nursing
  – Public health nursing
  – War zone nursing
  – Nurse education
• **Mid to late 20th Century**
  – Nursing research
  – Nursing education
    • Faculty
    • Clinical
  – Nursing leadership
    • All levels
      – Clinical
      – Administrative/operational
      – Executive
  – Outpatient nursing
  – Home health nursing
  – Autonomous practice
    • Increasing scope
    • Burgeoning specialization
Nursing specialization

- Education
  - ADN, BSN, MSN (multiple specialties including education, information technology, administration, leadership, advanced practice), PhD (research), DNP (practice)

- Practice
  - Practice arenas have grown exponentially, as evidenced by the number of specialty-specific professional nursing organizations
  - ARIN, AANN, ARRN, AACN, AORN, AWHON, ONS, AMSN, AONE, ENA…
Characteristics of a Profession

• Education and training
• Skill based on theoretical knowledge
• Professional organizations
• Service to society
• A code of ethics (Miller, et al, 1993)
Education and Training

• Diploma
• Associates degree
• Baccalaureate preparation
• Graduate preparation
• Doctoral nursing
The knowledge base for nursing includes:

- **Nursing science, philosophy and ethics**
  - Nightingale, Benner, Leininger, Watson
  - Ethical principles
  - The ethic of care

- **Physical, economic, biomedical, behavioral and social sciences**
  - Bandura, Erikson, de Beauvoir, Freud

(American Nurses Association, 2010)
Professional Organizations

State and National Organizations
• Texas Nurses Association
• American Nurses Association
• There are as many professional nursing organizations as there are nursing specialties
  – ARIN, AANN, ARRN, AACN, AORN, AWHONN, ONS, AMSN…
Service to Society

Legislative

- Nurses Day at the Texas Legislature
  - Support for Children’s Health Insurance
  - Increased funding to deal with nursing shortage

- Health Care Reform

- Nurse Practice Act, whistle blower protection, safe harbor, needle safety, ergonomics
• Volunteerism
  – Health fairs (blood glucose, cholesterol levels, blood pressure)
  – Participation in humanitarian and charitable programs (e.g.: Habitat for Humanity, American Red Cross, Doctors Without Borders)
A Code of Ethics

• First code of ethics (the Florence Nightingale Pledge) written in 1893

• Since then the code has undergone 9 revisions, most recently the 2001 Code of Ethics for Nurses with Interpretive Statements
Nursing Culture in the U.S.
Foundations of Practice
Foundational Documents

• Created by nurses for nurses to better understand and inform about the social context of nursing’s contribution in health care
• Frame nurses’ understanding of their:
  – Ethical obligations and duties
  – Obligation to the recipients of nursing care
  – Relationship with society
Code of Ethics for Nurses with Interpretive Statements (2001)
Purpose of the Code

• It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession
• It is the profession’s nonnegotiable ethical standard
• It is an expression of nursing’s own understanding of its commitment to society
Constant Characterizations

- Professional duty of nurses
- Principles of beneficence and nonmaleficence
- Ongoing development of nursing and the profession
- Confidentiality
- Commitment to other health-care providers and to patients
Nursing Scope and Standards of Practice (2010)
Standards of Nursing Practice

Practice

- Assessment, diagnosis, outcomes identification, planning, implementation, and evaluation

Professional Performance

- Includes quality of practice, practice evaluation, education, collegiality, collaboration, ethics, research, resource utilization, and leadership
Nursing’s Social Policy Statement (2010)
What Is It?

• A fundamental document that describes the articulation of nursing and its social framework and obligations

• The expression of the social contract between society and the nursing profession in the United States of America
Key Concepts

Knowledge Base for Nursing Practice

• Scope of Nursing Practice
• Specialization in Nursing
• Advanced Practice Registered Nurses
• Additional Advanced Roles

Regulation of Nursing Practice

• Self
• Professional
• Legal
IOM Report: Future of Nursing

• Nurses should practice to the full extent of their education and training
• Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
• Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States
• Effective workforce planning and policy making require better data collection and an improved information infrastructure

On Leadership

Common Core of Meaning

• “To lead”
  – Old English “leden” or “loedan”
    • To make go
    • To guide
    • To show the way
  – Latin “ducere”
    • To draw, drag, pull, guide or conduct

(Rost, 1991)
Transformational Leadership

• Demonstrated by idealized influence and charisma (Nielsen, et al, 2008)
• Inspires autonomy and desired behavior
• Motivates employees to engage in problem solving, shared decision-making, and their own professional development through coaching, mentoring, and being present
• Communicates organizational mission, vision, and goals and incorporate shared values in their actions and institutional policies (Leach, 2005)
Authentic Leadership

• Authentic leaders are committed to:
  – Personal core values
  – Self-discipline
  – Leading with compassion
  – Forming lasting relationships, and
  – Understanding their own sense of purpose

• Authentic leaders are perceived as real, trustworthy, sincere, dependable, and possessing integrity

(Shirey, 2006)
Servant Leadership

• Attributes include:
  – Listening
  – Awareness
  – Persuasion
  – Stewardship
  – Commitment to developing others, and
  – Building community

• Think in terms of team success and recognition as opposed to their own

• Vision is to enable team members to complete their work and become stronger individually and collectively in the process

• Advocates a group-oriented approach to analysis and decision-making as a means of strengthening institutions and improving society  
  (Thorne, 2006)
Evidence-Based Leadership

• Replaces compartmentalization and fragmentation with new ways of collaborating and reaching consensus

• Builds infrastructure and embraces behavior that supports implementation of goals to advance clinical care and professional practice

• Characteristics include:
  – Innovation thinking
  – Planning, and
  – Implementation

(Porter-O’Grady & Malloch, 2008)
Ethical Environments

Key Concepts
• Structural Empowerment
• Positive Practice Milieus
  – Mission, vision, values and philosophy
  – Model of care
  – Shared governance
• Professional Competence
  – Nursing
  – Cultural
• Effective Communication
  – Assertiveness
  – Chain of command
  – Just culture
  – Moral courage
• Four structural factors within organizations that lead to empowerment:
  – Access to information
  – Support from organizational leadership, subordinates, and peers
  – Adequate resources to do the work, and
  – Opportunities for personal and professional development

• Formal and informal power facilitates access to structural factors that promote empowerment

(Kanter, 1993)
Positive Practice Milieus

Mission, vision, values and philosophy

• Sets the tone for the work of nursing in the organization
• Creates a future state that implies a commitment to organizational improvement, and
• Suggests the types of activities that will ensure that the organization reaches those goals
• Allows the organization to define itself to its internal and external community
Model of care

“The driving force of nursing care; a schematic description of a theory, phenomenon or system that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest quality of care for those served by the organization.”

(American Nurses Credentialing Center, 2008)
Shared Governance

- Participatory management encourages shared decision-making, shared responsibility, and taking ownership of one’s practice at the point of care (LaSala, 2010)
- Promotes more control over the practice environment, autonomy in practice, and positive relationships (Laschinger, et al, 2003)
- Increased nurse satisfaction, increased nursing recruitment and retention, and a more motivated, engaged nursing staff (Bretschneider, et al, 2010)
Professional Competence

Nursing Competence

• Goals of nursing as articulated by Nightingale, including autonomous nursing practice, a framework for preparation, and standards for ethical conduct and character (Maraldo, 1992)

• Nurses create care environments through collaboration, education, and high moral standards.

• Ongoing values support human compassion, knowledge base, reasoning, and understanding
Cultural Competence

• Understanding and appreciating inherent differences and similarities not only locally, but regionally, nationally, and worldwide as well (Leininger, 1991)
• Valuing, incorporating, and examining personal health-related values and beliefs, as well as those of health care organizations – for it is only then that nurses can support the principle of respect for persons and the ideal of transcultural care (Bjarnason, et al, 2009)
Effective Communication

Assertiveness

• Inadequate communication responsible for nearly 70 percent of reported sentinel events, surpassing other issues such as:
  – Staff orientation and training
  – Patient assessment
  – Staffing (Robert Wood Johnson, n.d.)

• Assertive communication is the act of stating a position with assurance, and is an honest, direct and appropriate means of communicating that focuses on solving a problem (The Joint Commission, 2009)

• Critical element of patient safety and quality care
Chain of Command

- Engaging the chain of command ensures that the appropriate people know what is occurring and is respectful in that communication starts at the level closest to the event and moves up as the situation warrants.

- Using the chain of command is critical when a problem has escalated beyond the problem-solving ability and/or scope of those involved.
Just Culture

• Seeks to create environments that incentivize rather than punish error reporting.
• Individuals are not held accountable for system problems over which they have no control
• Recognizes that patient care safety and quality is based on teamwork, communication, and a collaborative work environment (ANA, 2010)
Moral Courage

• Moral Foundation
  – Having the necessary knowledge and skills
  – Knowing the appropriate action(s) to take
  – Possessing a willingness to act
  – Taking the right actions (Packard & Ferrara, 1988)

• Courage
  – People think courage is a lack of fear, however, I have come to understand that courage is action in spite of fear…that is courage (P. Waters, personal communication, April 14, 2010).
Nursing Process

• Assess
• Plan
• Implement
• Evaluate
Assess: Leadership Development Needs

• Knowledge

• Skills
  – Interventions
    • Formal education
    • Continuing education
    • Role models
    • Mentors
Plan: Achieving Leadership Aspirations

• Set a goal
• Seek employment opportunities that support it
• Seek educational opportunities that support it
• Be serendipitous - leave yourself open to happenstance
Implement: Leadership Strategic Development

• Embark upon a lifelong career
• Commit and nurture it - a career in nursing can take you to places you could never imagine today
• More career niches and more opportunities than ever before
Evaluate: Leadership Development Outcomes

• Continuously evaluate
  – Where are you going?
  – How will you know when you are there?
  – What will keep you renewed?
Embrace Ideals

• Commit to excellence,
• Care deeply about what you are doing,
• Hold high expectations,
• Maintain balance, and
• Bring passion to your professional life.
Leadership and Management

• Leaders have followers
  – Managers have subordinates
• Leaders are transformational
  – Managers are transactional
• Leaders lead people
  – Managers manage work
• Leaders have vision
  – Managers have objectives
• Leaders like passion
  – Managers like control
Moral Leaders in Nursing

• In order for the moral activity of nursing to occur, all nurses – from the board room to the patient room – must embrace the ideal of moral leadership

“…nursing is the moral center of healthcare and provides the true image and inspiration of ethical care and compassion.” (Edmonson, C., 2010, adapted from A. Jameton, 1984.)
Leadership

• Understanding the qualities that create positive practice milieus and therefore produce an ethical environment where safe, high quality and effective care occurs is a duty and responsibility regardless of the nurses’ role

• Therefore, educators, administrators, clinicians and scholars – all must join together to address opportunities for improvement in all healthcare settings
One Last Thought

• Imagine a world without nurses. Think of a world without persons who know what nurses know; who believe as nurses believe; who do what nurses do; who have the effect that nurses have on the health of individuals, families, and the nation; who enjoy the trust that nurses enjoy from the American people. Imagine a world like that, a world without nurses.

• Margretta Madden Styles, 2006
References


