

Unit One

Genesis and Development of Professional Nursing as a Leadership Role

Chapter 1

Experiential Drivers of Leadership

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OUTLINE

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PURPOSE

The purposes of this chapter are fourfold:

- to understand the leadership role in nursing
- to understand the management role in nursing
- to analyze the nursing leadership role in implementing mission, vision, and strategic planning
- to identify components of an organizational assessment

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The Leadership Role

Leadership in nursing is a goal, vision, and expectation for all professional nurses in any form of practice. Leadership has numerous definitions, but the key inherent components of all definitions are vision, communication, ability to encourage and develop people, and ability to bring about innovative change. Bringing about change in healthcare institutions that is lasting and measurable and that results in improved practices and outcomes is daunting and exciting.

A goal of this book is to help the reader grasp opportunities for leadership. Companions to this awareness are an understanding of the characteristics and skills of a nurse leader and a better understanding of the environment in which nursing leadership most often occurs. The leadership role is often tied to and inclusive of the management role. Although there are some similarities, there are also considerable differences in the practices of leader and manager. Some views on these differences are addressed in this chapter.

It is most common to think of nursing leaders with such titles as *vice president*, *director*, *president*, *chair*, *administrator*, or *dean*. Other titles such as *manager*, *nurse practitioner*, *educator*, *clinical specialist*, and *doctor* (of nursing practice, of nursing science, of education, of philosophy) also imply leadership or managerial responsibilities and authority. In all cases, with the preceding titles, a significant educational background goes along with the roles. The educational components of nursing leadership are presented later.

In the final analysis, all forms of nursing leadership must result in excellent patient care and patient outcomes. All forms of nursing leadership must also result in an environment that

supports and encourages evidence-based nursing practice, essential for the practice of nursing at the cutting edge of recognized standards. To achieve these two outcomes the nurse leader must also provide for and support the growth of the scarce resource of the “bedside nurse.”

The clinically practicing nurse fully implements and represents to the public and professional colleagues nursing as a practice profession. The nurse leader in the institution is the force behind clinical practice in the nursing role. Nurse leaders bring the vision for growth and the power to create the environment needed to preserve and develop the profession. The nurse leader is the visionary and the catalyst who brings power to nursing practice and creates an environment in which innovation and ideas about nursing practice can flourish. The nurse leader must create and orchestrate an environment that supports and encourages excellence in nursing and scholarly, caring practice. The nurse leader has the interesting challenge of creating and maintaining openness in a multidimensional, complex healthcare delivery system and enriching the practice field of nursing for the benefit of the institution.

There is a bridge between leadership and patient care outcomes: the nurse clinicians who are at the bedside and who do not necessarily hold any of the titles listed earlier or, indeed, any title other than *nurse*. That said, it is essential that organizational structures in which nurse-patient encounters occur and where nurses practice are supportive and encouraging of nurses’ professional roles. When the environment allows nursing practice to flourish, excellent patient outcomes (in particular) and other nurse-driven outcomes (in general) can be achieved. Nurses, a scarce resource, can stay at the same institution because it is professionally supportive, and they

can continue their work while meeting and exceeding standards of practice.

The institutions in which nursing is practiced are generally organizationally and structurally complex and always evolving. For the nurse leader at the highest level to influence all aspects of such an organization—not just the nursing sector—so that nursing can flourish is a role, responsibility, and challenge of enormous magnitude and opportunity.

Nursing leadership at the highest level occurs primarily in healthcare delivery systems and in educational institutions. The nursing roles in these environments, although related, are significantly different. However, both must operate to support the growth and development of nursing, as well as its other constituencies. The nursing leaders in both environments essentially have the same challenges and opportunities to move the profession forward and, indeed, move nursing as it is expressed in their institutions to exceed expectations and be so situated and energized to move standards of practice to the cutting edge.

Shaping and energizing the nursing component of any complex, dynamic system involve extraordinary knowledge and capabilities of nursing and the ways it is practiced in the environment. Accordingly, nursing is based on its underpinning theory and research that directs evidence-based practice. Such recognized behaviors move nursing to be a recognized partner in delivery of care.

The nursing leader also energizes the dynamics of the other personnel groupings and the vision, mission, structure, and resources of the broader institution. Doing so creates an open, more fluid system throughout the healthcare organization where individuals' resources and roles can work together with greater under-

standing and cooperation. When this level of communication is reached, sharing between roles, growth, and innovation occur in all sectors so that seamless care can be achieved.

Technology infrastructure, human resource development, operational definitions of quality, and measurements of achievement are key tools for the nurse leader to use to implement the organization's vision. What will be achieved is a cutting-edge standard of nursing practice that is a universal model. The nurse leader can use education, benchmarked practices, and analysis of data of outcomes from nursing practice as resources to achieve the vision and model for practice standards of excellence. The model must be flexible and sensitive enough to be responsive to evidence-based research, thus maintaining its positive energy forces and remaining strong enough to achieve the goals of the institution despite conflicting and competitive forces.

The Nursing Leader in a Senior Position

The potential for nursing leadership to serve at the highest level of responsibility in the healthcare delivery system, specifically the level of the chief executive officer, should be included in the vision of the nurse as leader. In the CEO position, the nurse transcends the traditional nursing role to one with multidimensional, multidisciplinary, and multisystem characteristics. The leader exercises effective power to achieve quality, cost efficiency, and access to services across all sectors and operational divisions.

Nursing leadership at the uppermost level can and must have the power and the ability to create an environment that stimulates the practice

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of nursing to the highest levels of evidence-based practice. Providing effective nursing leadership at this level to achieve evidence-based practice that exceeds expectation is arguably a most complex and challenging practice to which nursing can aspire and achieve. The educational pathways open to those aspiring to be nurses are quite varied. Chapter 3 reviews the educational pathways and concomitant experiential credentialing to achieve leadership abilities.

Ultimately, the top administrative position is the one with greatest opportunity to influence change and reinforce excellence in services across the entire system, whether it is a health-care delivery system or an education system. The top administrative position is also situated to be the catalyst for developing relationships with the system's customer organizations and populations, and inherently shapes and analyzes the resources so as to be fully responsive to customer needs.

Wherever the nurse leader is in the organizational structure, the power to generate change and influence should be as broad and multi-dimensional as possible. The education to support this power must provide a framework for vision, planning, and action to ultimately achieve an organization that is true to its mission and socially responsible to its constituents in all aspects of its operation. Yet the leader must also avoid creating a culture that is over-managed and underled.

Mission and Vision as Forces of Leadership

The components of practice that become the driver for the nurse leader at any level are strategic planning and strategic management. These components position the organization in an

infrastructure that is characteristically flexible and responsive to the demands of the customers of the system. Organizational infrastructure that consists of mission, vision, and values documents exhibits commitment and belief, which in turn are drivers for nurse leaders in all realms of practice as they evolve from a role at the bedside to a role in the boardroom.

The Mission Statement as It Relates to Nursing Leadership

Early on, nurse leaders must address their organization's mission statement, vision, and values. The ethical beliefs of the organization and its goals can provide direction and strategies to achieve these stated commitments. The mission statement states the institution's reason for being. It is usually a brief but enduring and broadly defined statement of the purposes of the institution. It is simple, despite the complexities encountered in carrying it out. Mission statements sometimes also state something about the scope and quality of the institution's services and the actions of the workforce to achieve those goals. In healthcare institutions, the mission states a goal of achieving a level and breadth of health care and the institution's way of achieving that goal, such as by employing educated, ethical, and committed healthcare professionals.

Mission statements can be refined as consumers and mergers change the structure and purpose of the organization (Swayne, Duncan, & Ginter, 2006). As the nurse leader begins to set his or her operational style and direction, the mission, vision, values, and codes of ethics are among the most important structural components that can be used to describe the distinctive nature of the organization.

Community is usually mentioned in the mission statement. If not in the mission statement, then elsewhere in the operating materials will be a description of the geographic and demographic profiles of the individuals, families, and groups to be served. The scope and breadth of the services further explain the goal statement. The phrases that address this could refer to the inpatient, outpatient, treatment approaches, and scope of services offered.

Mission statements are short and relatively simple statements of the working heart of the organization. An example of a written and succinct mission statement is “The mission of California Cardiac Care Center is to eliminate coronary artery disease in the state through research, prevention and education programs, and healthcare treatments.”

The nurse executive utilizes the stated mission of the organization and leads the processes of interpretation and implementation in his or her areas of responsibility. The diverse areas under the nursing leader’s responsibility and authority will respond and organize resources in a variety of ways to meet the expectations. Clearly stated, understood, and supported mission statements are the first step toward innovation in health care. The staff develops ways to carry out the mission through innovation, knowledge of their profession, and loyalty to the institution and its mission. The role of the senior leader is to generate creativity in carrying out the mission while respecting and enhancing the traditions and expectations of the institution.

As a profession, nursing can, should, and must have a greater say in how professional nursing practice in an organization reflects the organization’s mission. Formal standards of practice, including expected outcomes as related to various nursing areas, will provide the evidence that demonstrates how nurses creatively

and professionally innovate nursing practice to carry out the institutional mission.

The Vision Statement as It Relates to Nursing Leadership

As the nursing practice of the institution clearly demonstrates how the mission is brought alive to all constituents and the nurse leader generates the energy to carry it out, the vision of the organization must then be considered. The vision is a picture of what the future of excellence in healthcare delivery will look like in the arenas in which the institution competes. It is a statement of commitment and hope of what is to be achieved; it is a “will be” statement. For example, the hospital “will be the leading trauma center” and “We will deliver innovative technologies.” Some visions suggest continuous actions, such as customizing care according to patient needs and values.

Vision statements should have the effects of empowering employees and being inspirational; they should be a basis on which decisions about the future directions of the organization are made. Although the vision looks to the future, the statements also honor and acknowledge past achievements, because the vision comes from the organization’s history. Vision statements guide the organization in a direction where staff can reach their potential.

Strategic Planning as a Function of Nursing Leadership

The governing board sets mission and vision statements, and changes to them are relatively infrequent. However, in a dynamic environment some shifts may occur that require a reevaluation

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and reconsideration of the focus of both statements. Such a reevaluation would also focus on the strategies in place to achieve organizational goals. Examples of such shifts would be institutional mergers or additions and deletions of services.

Current strategies and possible alternatives are identified not only by the mission and by goals, but also by the performance of the institution regarding finances, operations, customer satisfaction and growth of the customer base, innovations and learning that occurred compared to a prior year, recognized benchmarks, and any changes in the environment. Operationally, healthcare institutions also strive for and measure success at meeting the standards of care using guidelines that are safe, effective, patient centered, timely, efficient, and equitable (Institute of Medicine, 2004).

When such an analysis translates to action goals and is prioritized, an improvement agenda and eventual strategic plan to achieve the new goals are established. Strategic planning is a process conducted at the level of the board and senior leadership. It is a decision-making and documentation process that results in a plan of action based on three components: situational analysis, strategy formulation, and strategy implementation. In some cases, a SWOT (strengths, weaknesses, opportunities, threats) analysis enhances the information used in the planning process (Swayne, Duncan, & Ginter, 2006). Any institutional strategic planning is of all services across the enterprise.

Characteristics of strategic planning in healthcare systems include the following:

- Guides members of the organization to see its future in terms of operations, relationships, and innovation
- Develops procedures and operations to optimize future outcomes, thereby establishing organizational focus
- Decreases costs and expands resources to serve community needs and interests
- Adds efficient and effective services and programs in such areas as primary care, rehabilitation, hospice care, and home care
- Establishes fruitful relationships with patients, intermediaries, other stakeholders, and potential competitors

The strategic plan is a planning and marketing document that defines the institution's responses to its internal and external environments in the present and in the near future. It involves resource allocation and is proactive and market oriented. Environmental assessments are a key aspect of the plan.

The internal and external environment assessments should be factual and quantitative. They should address changes in such topics as attitudes toward the organization and the services it provides, and beliefs about its ethics, values, commitment, quality of care, and the use of technology to achieve its goals.

Demographic information about the communities served, including health trends and economic and diversity profiles, supports planning. Patient surveys, complaint analyses, and direct interviews with consumers of care, insurers, and payers provide insight into what is expected and future trends that can affect the organization. Data about trends in clinical practice including attitudes of patients and clinicians about new services and modes of delivery; trends in physician and nurse availability; trends in attitudes of current employees, physicians, and volunteers; and roles of other provider organizations must be collected.

Once the strategic assessments and planning are completed, managers must manage the strategic momentum and the changes that will occur. Those in leadership roles set the direction and mobilize the energy for the changes. Managers have the key role of evaluating the organization's success and learning more about what works. New information received by the managers may result in adjustments in the plan and the process of implementation.

Leadership Strategies

The mission, vision, and strategic planning statements play a key role in producing change by helping the leadership direct, align, and inspire action. For example, without a clear vision statement, any transformational efforts can easily weaken, be confusing, and be incompatible with efforts to change current practices that do not address these principal documents of operation.

The mission and especially the vision set the stage for nursing leadership agendas for innovative change, especially because they guide decision making. Leaders and managers need to focus on communication skills and dissemination of information approaches and must create short-term wins, performance improvement goals, and rewards and recognition systems.

With mission and vision shared by staff and senior leadership, changes produce improved quality performance, increased customer satisfaction, ease of communication between employees to reduce extra work and time spent on notifications, financial savings, increased customer base, and reinforcement of promotion criteria.

Nursing leaders work with broad institutional teams and more local nursing teams to

process changes for the diverse nursing staff to meet and exceed the goals of carrying out the mission and implementing the vision. They do so by establishing strategic direction and motivating and inspiring nurses to create energy and reduce barriers, and they produce extremely useful change. An effective leader invites a variety of individuals with different backgrounds and perspectives to provide input to the process.

The leadership must recognize that the arenas of change will be technological and educational, and some restructuring and increased quality monitoring and management must take place. Accordingly, any changes that occur will have upheaval and disruption as counterforces, and the management staff needs to be prepared for and skilled in maintaining order and predictability while monitoring implementation and overseeing delegation of responsibility.

Complacency can be a negative force against change. Leadership actions that create a sense of urgency, set higher standards for practice and day-to-day interactions, and increase the amount of internal performance feedback enhance energy and commitment to change. The leaders and managers can encourage, reward honest feedback in meetings, and develop an environment in which staff is able and willing to confront problems.

The complexities of healthcare institutions and the diversity of backgrounds and positions of nursing staff may move the nursing leader to embrace bolder approaches to change. For example, after examining work goals of divisions and departments and comparing them to benchmarks of like areas, the leader communicates that he or she expects the staff to improve their output so that they are first or second when compared with others within 24 months. With that expectation, the leader must provide support for the training necessary and the help of

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the managers to simplify some activities so that staff can reach higher response rates to patient outcomes that support the stated mission and vision.

Setting productivity expectations at higher levels for qualitative outcomes is a further expression of a bolder approach to implementing change. Creating expectations of improved customer satisfaction and setting and enforcing high standards for quality evidence-based patient care set an expected achievement level that supports the mission and the placement of the organization at the forefront of the healthcare industry of choice.

To maintain and improve the perception of the institution as a desirable place to work, such goals as higher staff retention ratios, less absenteeism, and staff education and practice achievements balanced by rewards and recognition must be set. Throughout the change process, leaders must stress the importance of communication and continuously roll out information on current and future growth opportunities and the rewards and benefits that are tied to them.

Management Strategies

Managers are key players in the change process. The overall role of the manager is to direct, coordinate, and reinforce expectations of the work of others. Implementation of the goals and visions as set by leadership become the focus at the managerial level. It is managers' responsibility to facilitate achieving the goals in a stable and rational environment. Managers focus on short-term goals that include cost effectiveness and staff retention and satisfaction.

Managers are empowered to hold staff and others accountable for meeting objectives and

commitments. Accordingly, managers are prepared to manage by their education, their experience, and the arrangement by the leadership that there is sufficient time to work with the staff. Managers frequently come from the ranks of clinical staff and possibly may confuse their previous clinical, patient care-oriented roles with managing and overseeing staff clinicians. In positions where nurse managers also hold clinical responsibilities, the potential for role confusion and lack of job satisfaction is high. Nurse managers who spend an inordinate amount of time on staffing are not able to perform the management functions as well as should be expected.

Managing through supervision, guiding the staff to high achievement, helping staff feel a sense of satisfaction from their work effort, and encouraging advanced education and certification to facilitate delivery of quality care should be prominent in the nurse manager role. The goal of the supervision role is to bring about nursing practice, consistent with evidence-based standards, and carried out with as little variation as possible.

Management Roles and Behaviors

Successful managers use specific skills to facilitate the implementation of change. Changes in the healthcare environment are always fluid and occur in an environment that is diverse, chaotic or almost so, complex, and demanding. Managers can grow into great managers that create success—individually, in their teams, and for their organizations. Box 1–1 gives one nurse leader's perspective on how to be an effective manager.

Box 1–1 Being a Contemporary Nurse Leader

Jeanette Ives Erickson

Who I am as a nurse leader was defined early in my life. I grew up in Portland, Maine, surrounded by an extended family of first-generation Italian immigrants. We lived over a grocery store owned and operated by my great-grandparents. I was blessed with a strong family system where the values of hard work and putting people first were well known and engrained into us.

My first mentors were family members who shared invaluable lessons that have carried me throughout my nursing career. My mother taught me how to solve problems, my uncle taught me the value of participatory management long before there was a name for it, and my aunts taught me a lot about business. My father, who traveled extensively, helped me understand that work needed to be balanced with family. And all of them taught me that you can create your own destiny, and that success takes vision, courage, perseverance, and hard work.

Despite our humble socioeconomic status, my parents instilled in me a belief that I could do anything I put my mind to. Going to college was important, but money was not readily available; I knew I would have to work hard both to secure scholarships and funds for the remaining costs. So, at age 16 I started my first job, working in a grocery store. I have worked ever since and working has become an integral part of who I am.

During my senior year in high school, I decided I wanted to go to nursing school, and our next door neighbor, Mrs. Alice Haskell—

a nurse—took an active interest and helped me with my applications. She also introduced me to Sr. Mary E. Consuela White, RN, head of the Mercy Hospital School of Nursing and director of Nursing at Mercy Hospital in Portland, Maine. From my initial interview, Sr. Consuela became a role model, and because of her, I decided to attend Mercy Hospital School of Nursing. The format of the program was unique for the time. Designed to prepare nurses with a diploma, we took many liberal arts courses that helped to provide a solid foundation for entry into a BSN program.

While a student nurse, I worked summers as a nursing assistant. There I met my mentor and friend, Barbara Sheehan, RN, the night shift nursing supervisor. Barbara took me under her wing and let me do things only nurses were allowed to do. Her mentorship has always been important to me and truly shaped my career. Barbara embodied what it means to be a nurse. She placed patients and families above all else, and her teachings later drove my decision to become a nurse executive.

I successfully graduated from nursing school, and as I embarked on my career as a critical care nurse, the times were tumultuous with the Vietnam War raging. Several nursing colleagues had husbands fighting in the war, and from them I learned activism. I joined the POW/MIA movement helping to batch bracelets honoring men lost at war. These nurse activists also served as mentors for the next phase of my career and life.

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Being an excellent nurse was always important to me, and I loved working in critical care. And during these early clinical years, I realized that the continuous improvement of clinical practice and the environment of care needed to remain my highest priority.

It was Sr. Consuela who convinced me to go back to school and to obtain my BSN from Westbrook College (now the University of New England) and later my master's degree. She also encouraged me to take my first management position, and I became a head nurse and later nursing director, remaining at Mercy Hospital for 16 years.

I obtained my master's degree from Boston University (BU). While in graduate school, I met another strong, influential woman, Muriel Poulin, RN, one of the pioneer nurse researchers of the hallmark Magnet Hospital study. She was highly competitive and advised me that if I were going to be the nurse executive in an organization, I would need to put my ideas forward and be very clear about my objectives. She taught me that I needed to share the same business skills as the rest of the executive team. She, too, was very connected to the values of the nursing profession, always keeping her eye on the integrity of the nurse-patient relationship. She underscored the importance of the executive's role in creating an environment in which nurses' practice could flourish.

Upon graduating from BU, I took a job at Massachusetts General Hospital (MGH) as a staff specialist focused on leadership development. After nine months, I was asked to interview for a director position. As the director for Nursing Support Services, I became responsible for process improvement initia-

tives and had line management responsibility for staff support (unit secretaries and unit assistants). My major contribution was to redesign the unit-based support staff roles to ensure that the staff were more connected to care delivery. I felt it was important to move the central resources to the patient care unit, with the support staff reporting to the nurse managers instead of to me. Unity of purpose was the approach, and it was successful. The support staff loved working with the nurses, and this resulted in a common goal for care delivery. So, in just 16 months as a director, I had successfully worked myself out of a job!

But MGH was planning a new inpatient facility, and Chief Nurse Yvonne L. Munn, RN, asked me to lead the initiative for the Nursing Service. When Yvonne retired, Gail Kuhn Weissman, RN, became chief nurse. With new leadership there always comes change, and I was asked to serve as a deputy chief nurse with responsibility for multiple clinical services. In 1996, the chief nurse position became vacant, and the newly appointed CEO of the hospital, James Mongan, MD, asked me to take on this important role.

I assumed the position of senior vice president for Patient Care and chief nurse at a time when the organization was undergoing massive change. Dr. Mongan and I forged a wonderful partnership, working collaboratively to create an environment in which the workforce felt valued and recognized.

At the same time, Patient Care Services was being formed. It was important to align the coming together of nurses and numerous health professions with the hospital's new strategic direction. Throughout this transformational change, I drew upon my experi-

ence and the key leadership qualities I learned from my teachers, colleagues, and mentors, and I initiated several high-leverage strategies that I refer to as the *seeds for change*. It took years for these seeds to grow—they required ongoing care and cultivation—but today the hospital and our patients and their families are reaping the benefits. As you prepare for your own career in the finest of professions—nursing—I hope these seeds will also serve you well in the years to come.

Seeds for Change for Nurse Leaders

- *Driven by values.* I believe that all nurses are leaders and as leaders we need to be very clear about what we stand for—our actions need to be connected to our values. When I make decisions, I always focus on the impact they will have on patients and families, and of course, the nurses caring for them. Keeping my eyes on the patients and their families remains the best navigational system.
- *Communicate, communicate, and communicate.* Communication is essential to success. I seize every moment to connect with patients and families, nurses, and other colleagues to hear what's working and what's not. Being visible, accessible, and open to dialogue guides my leadership practice.
- *Exquisite listening skills.* Nurse leaders must be exquisite listeners. You have to open yourself up to hearing what patients, families, staff nurses, and colleagues are telling you. And, more important, you must hear what they aren't telling you. Becoming a good listener isn't easy—it takes practice and keen attention.
- *Importance of a strategic plan.* I have always put an emphasis on the importance of strategic planning. It is important to “know where you are headed” and to engage those with whom you work to articulate a shared strategic direction. In addition, it's just as important for a leader to be a tactical planner—to be able to identify each step the team needs to take to realize a shared vision.
- *Strike a healthy work–life balance.* As a leader in health care, it's not surprising that the more you do, the more you see there is to do. For all of us involved in health care, one of the dangers lies in not taking the time to reflect and, more important, to rejuvenate ourselves. It's key that you strike the right balance between work and your personal life. I make a conscious effort to take time off and spend time with family and friends.
- *Find a mentor and be a mentor.* I have always been surrounded by strong, determined, hardworking women. For example, my mother encouraged me to either walk past obstacles or to push through them, and to this day I call her for advice. Find a mentor who believes in you and will push you to your greatest potential. And, in the future, be certain you serve in a mentor role to pass the torch of nursing excellence to the next generation of nurses.
- *Embrace diversity.* One of the top priorities for nurse leaders is to hire and develop a workforce that mirrors its patient population and possesses the knowledge and skill to deliver culturally competent care. This requires that nurse leaders possess an enhanced understanding of diversity issues,

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and that they champion healthcare and nursing diversity awareness initiatives to address them. I view a diversity program as being successful when it creates a work environment that focuses on maximizing the potential of each individual.

- *It takes a village.* I often borrow the African proverb, “It takes a village” and apply it to

the work of health care. It truly takes a village to care for our patients, families, and staff. As a nurse leader, it is my responsibility to create a practice environment in which collaboration across the healthcare team is fostered and the members of that team have the skills, knowledge, and resources to do what they do best—care.

The tasks of management include championing change as set forth by the leaders, fostering teamwork in and across organizations, and focusing on customer needs and quality. Respected managers are extraordinary planners and organizers. Great managers take the time to develop themselves. There are minimally five basic steps a new manager can employ to be effective:

- As they learn the organization, they focus on priorities and identify critical issues and goals.
- They implement something every day, because this helps them stretch their comfort zone.
- They reflect on what happens and take maximum learning from all their experiences.
- They seek feedback and support from clinical staff and from leadership; they learn from others’ ideas.
- They transfer learning into a plan for continued learning and assessment.

Management skill sets build on these entry-level behaviors and set the stage for development of superior managers who embrace the mission and goals of the organization and the changing environment and share the leadership vision. Managers must have administrative

skills. Key skills in this area include the ability to develop long- and short-term goals, manage systems in a cost efficient manner, and recruit and hire the right individuals to build strong teams.

Because of the need for standardization and streamlining operations for work efficiency, managers develop systems and processes to get the work done, empower others, remove obstacles, and monitor progress. To facilitate work processing, managers’ communication skills must be effective and strong. Components of communication are effective speaking abilities, open communication, active and focused listening, and clear, accurate, and consistent written communications.

Interpersonally, effective managers build open, friendly, and accepting relationships; display organizational shrewdness and respect; and build and use networks for advantage within and outside the organization. Managers sincerely value, foster, respect, and appreciate diversity and use differences to leverage learning. Because of these interpersonal strengths, managers are capable of handling disagreements and building consensus.

Developing organizational knowledge, such as understanding and using financial and quantitative data to enhance clinical practice outcomes, enhancing technical and functional expertise that

is business oriented rather than clinically focused, and understanding the business of healthcare delivery in the organization, including broad organizational and business issues, is a new, yet critical component of the managerial role. Some of this capability is learned in graduate programs and some from immersion in a new world of the business of health care, which has clinical care as its core but focuses on the broader institutional structures and process to achieve excellence. Managers must have opportunities and support in building this new knowledge base, because it is the framework for a new and critically necessary practice within nursing.

The core abilities and skills of managers are primarily organizational. With the mission and vision as determined by leadership shaping practice and outcomes, such skills as managing profitability by making decisions with staff input become important. Managers commit to providing quality services, products, and managing standards. They focus on customer needs. Managers model quality behaviors by defining standards and develop opportunities to evaluate products, processes, and services against recognized standards.

Managers must be prepared to foster wise use of scarce resources, including nursing staff. Under the direction of the leadership, managers work to build and support additional resources and relationships. To do so effectively, managers must develop an understanding of the issues and trends in a diverse and multicultural professional and geographic community. The recognized strengths of diversity can facilitate the evolution of the organization to one that is knowledge-based and socially responsible.

Managers are role models in all their practices. Attention must be paid to how the behavior of the manager brings about trust, stability,

and change. The professional principles of the managerial role include the following:

- *Act with integrity.* Managers act with integrity when they use ethical principles in practice, build trust, demonstrate consistency in business practices, and follow through on commitments.
- *Demonstrate adaptability.* Managers demonstrate adaptability and flexibility in handling day-to-day work challenges, adjusting to multiple demands, and showing resilience in the face of constraints and frustrations.
- *Develop oneself.* Managers demonstrate learning from experience and actively pursue self-development and feedback. The feedback results in modifying behavior as necessary.

Understanding the Healthcare Delivery Organization from an Open Systems Perspective

It is clear that leaders and managers in the healthcare delivery system work from the principles of systems functioning in that the many subsystems of the whole carry out their own processes by their own standards. To be fully functional, the healthcare organization must have ways of communicating and sharing information to support its mission and goals and ensure that accurate communications penetrate all levels and silos of the agency. Whereas some subsystems may be parallel, even opposing in their goals, all work for the common expectation of success of the organization. For example, limits on staffing numbers may be a financial goal but may be a constraint for staff to advance their certifications and education.

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Understanding and enhancing individual and subgroup efforts while expanding and broadening intergroup efforts becomes the mantra of the leader, with the management team reinforcing managed change to reach broad goals as fully and quickly as possible. Even the health-care organization is part of a larger system, that is, the healthcare industry or the system of higher education. Systems and organizations within systems operate through the principles of open systems. Understanding and using the principles of open systems are keys to being a successful leader and supporting manager.

Assessments of the Organization

Knowing and utilizing the principles of open systems to enhance the functioning of the health-care organization are tools of leadership and management alike. The ability of the leadership to assess the organization and identify areas of function and dysfunction (seen as positive and negative energy) is essential to the success of the organization to function as a cooperative and communicating whole.

Such an assessment should include the relationships of the subsystems within the organization and the organization's relationships with other systems with which it interacts. Assessing, understanding, and utilizing the energy within the system, and facilitating the generation of additional energy to achieve organization goals are overarching roles and functions of the leader, whether a leader in the nursing subsystems of the organization or in more diverse multi-department subsystems of the organization.

Where there is dysfunctional behavior within and among the subsystems, where there is extreme subspecialization, and/or where there is need for adaptation to changing or unstable environments, the leader can assess the situation

and set vision and action accordingly (Levinson, 2006).

Components of an Organizational Assessment

Ascertaining as much as possible about the origins and background of the healthcare institution is key to strategic analysis and planning. The organization's roots always point to what is sacrosanct and identify the profile of services offered to the community and the employees. The major infrastructure components of the institution are the plant and equipment, the financial structure, human resources, and the product service history.

An alignment of energy exchange, communications, and balance of resources and productivity are the ideal outcomes of assessment of these components. Where there is imbalance or lack of shared information and resources, the leader and manager can develop a resolution initiative.

As the assessment proceeds, determining chief complaints and perceived problems of the organization is key. Views on key growth efforts, major changes, and organizational self-image can also help create the identity of the organization. Beyond direct and quantitative data collection, tapping into the qualitative impressions of the staff is essential.

The emotional atmosphere of the institution, for example attitudes and relationships, feelings of respect and of being valued, must be assessed. The masculine-feminine orientation, which focuses on the roles and expected behaviors of male and female members and opportunities for advancement, must be assessed. Who are the key people, and why? In addition, where and with whom do the authority, power, and responsibility lie?

An organizational assessment performed by leadership or perhaps consultants should reflect the conflicts that the institution contends with and the various strengths and weaknesses that will enhance or interfere with problem resolution. Are there latent capacities for diversification and specialization? Are there undeveloped potentials for creativity and innovation? An assessment of this nature yields enormous strength and insight for strategic planning and reinforcement of the mission and vision. It is a strong tool and reference source for leadership and management at all levels.

Once an accurate and full organizational assessment has been developed, it becomes a template for developing leadership strategies as related to areas of need and growth. All aspects and components of the organization that are affected by or under the leadership of the nurse leader are energized and supported to work as a whole and produce results greater than the sum of the individual parts. Key broad areas of the design and infrastructure of the organization include the Information Technology systems (both clinical and back office) and financial systems. The status and needs of these areas as determined from the organizational assessment, can begin to be addressed by nursing leadership to eventually enhance their performance.

To function at peak performance levels, the healthcare delivery system must have a robust, customized, fully functional and operational computerized information system. Although nurse leaders may not always be experts in the technology, they must value and use this electronic nerve center to analyze, collect, aggregate, and store data and activate data mining activities for the benefit of planning and assessing institutional functions. Information systems (IS), once planned, are developed according to

plan that both justifies cost and results in added, useful information. (Griffith & White, 2002). Some projects that can be supported by the leadership in customizing and implementing the IS can and should include creating and improving evidence-based protocols through analysis of financial and clinical information and outcomes. Such timely and cutting-edge guidelines for care are and can be hard-wired into the IS so that errors and accidents are reduced, which not only reflects higher quality care but also cost efficiency. Opportunities to automate care and the capability of comparing national data sets with current results continually enhance the value of the IS.

Wise nurse leaders stimulate and direct institutional energy toward the creation of IS standards and capabilities and provide and nurture the necessary technological expertise and information sharing abilities (i.e., reducing silos) throughout the multiprovider organization (Wolper, 2004). The expectation and necessity of developing a full-blown customized and robust IS to support the organization holds true for both clinical as well as educational organizations.

The enhancement of quality processes throughout the organization and at all levels of care is a broad-based strategy necessary for the success of the institution at all levels of operation.

Summary

Overall, the nurse leader employs strategic management principles that effectively integrate and develop all parts of the organization. Through such integration efforts, the leaders and managers are in the position to provide out-of-the-box thinking and guide shifts in courses of action so that goals are achieved. Basic to this approach

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is accountability and continuous learning: accountability commensurate with responsibility and continuous learning by studying prior years' outcomes and developing recognition planning are keys to the success of the leader.

The key steps in strategic management, following the establishment of organizational mission, vision, and values statements, include

analysis of strengths, weaknesses, opportunities, and threats that are relevant to the organization. The roles, responsibilities, resources, and information that shape the persona of the nurse leader and the nurse manager can transport the nurse from bedside to boardroom easily, accurately, and with support and enthusiasm from the staff and leadership alike.

QUESTIONS

1. To accomplish the work that needs to be done, the nurse manager will
 - a. develop systems and processes to get the work done
 - b. empower others
 - c. remove obstacles and monitor progress
 - d. All of the above
2. To facilitate how well and quickly work is accomplished, nurse managers know that
 - a. communication skills need to be clear and accurate
 - b. they must do the work themselves
 - c. the work must be supervised very closely at all times
 - d. the environment must be quiet
3. Interpersonal strengths of an effective nurse manager include
 - a. being able to oversee each step of a project
 - b. open, friendly relationships with workers and peers
 - c. avoiding diversity, because it detracts from learning
 - d. the ability to set boundaries on a display of caring
4. It is clear that leaders and managers in the healthcare delivery system work from the principles of
 - a. systems functioning, because many subsystems of the whole carry out their own processes
 - b. accurate communication and leadership
 - c. subsystems setting their own standards but working for common success
 - d. All of the above
5. The nurse manager knows that when attempting to meet a financial goal
 - a. staffing numbers must be taken into account
 - b. consideration of the needs of a unit cannot come first
 - c. budgets are budgets!
 - d. staffing must be cut

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