

Caregiver Leadership: *The Pathway to Achieving and Sustaining National Initiatives*

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In 2010, the Institute of Medicine recognized the challenges facing nurses meeting the healthcare needs of the nation and issued the report *The Future of Nursing: Leading Change, Advancing Health*.¹ The report acknowledged nurses as the largest segment of the health care delivery workforce and recommended that nurses should play a fundamental role in leading change and advancing the health of our population in the ever-changing health care reform environment. In

section 7 of the report, the authors recommend that nursing education programs integrate leadership theories across the nursing education curriculum continuum and in practice settings.¹ In addition, the Institute for Healthcare Improvement and the American Nurses Association has also called for greater involvement of nurses in achieving national initiatives and specifically identifying and facilitating change to improve quality (*Table 1*).

THE CALL FOR ACTION

There are several pathways to realize the goal of advancing health care initiatives through nurse leadership. These pathways include first, clearly defining leadership; second, mediating the different levels of entry into practice; and third, enhancing leadership behaviors and competencies in pre-licensure curricula and in professional work environment models, and imposing professional accountability for engagement in national initiatives. Nurse leaders can then extend the reach of critical health care quality initiatives to include greater participation of nurses thus linking patient care services with larger national goals. The purpose of this article is to explore opportunities to advance nursing curriculum and practice infrastructures to better recognize and integrate leadership behaviors that focus on achieving national health care initiatives and ultimately quality outcomes.

Many nurses do not see themselves as leaders, but in fact, they are engaged in leading every day. Despite leading patient care and practice, studies of nursing students completing programs identify strengths in clinical competencies, but weaknesses in leadership competencies.^{2,3} Recognition of all nurses as leaders is not a new concept; however, few nurses recognize their leadership role in the health care delivery framework.⁴ There is an opportunity to embed leadership competencies and theories more explicitly throughout all nursing curricula to shift this perception.

RECOGNITION OF POINT-OF-CARE LEADERSHIP ROLE POSSIBILITIES

Nurses represent the largest segment of the professional health care workforce and have long been the most trusted profession. Nurses are positioned to lead, advance, and influence health care, given their regular presence with patients. Nurses at the point of care are in a unique position of trust, advocacy, and influence with patients, families, health care teams, and communities to lead our communities to a healthier nation. Organizations expect nurses to be leaders in the health care setting, beginning at the point of care. National initiatives call for leadership to improve the quality and value of patient care and professional practice environments (Table 1).

An opportunity exists to increase the recognition of the leadership role of nurses in both education and practice settings as early as possible to link leadership behaviors to achievement of national initiatives. Necessarily, these leadership behaviors are a basic role accountability of the professional role of both students and point of care nurses. Leadership behaviors that all nurses can engage in along with clinical interventions include:

- Engaging patients in dialogue about their health and illness
- Interdisciplinary care coordination
- Promotion of health through education and dialogue
- Creating networks of community and family support
- Addressor mediating conflicts among key individuals

These behaviors support the pursuit of the Institute for Health Improvement Triple Aim framework focused on 3 dimensions of health: improving the health of populations,

Figure 1. Leadership description.

Leadership

Occurs as a complex adaptive system process, emerges in the interactions between people and ideas, is the product of interactions, tensions, and exchanges in a specific context to facilitate new behaviors resulting in insights and desired outcomes.

Adapted from Uhl-Bein⁴

improving the patient experience of care, and reducing the per capita cost of health care.⁵

DEFINING LEADERSHIP

One obstacle to greater emphasis on early leadership education in nursing curricula may be the multiple theories and definitions of leadership. Nearly 300 definitions of leadership are present in the literature, and there are more than 1000 constructs related to leadership.⁶

Given that traditional, hierarchal views of leadership reflecting linear actions are less and less useful, given the complexities of our modern world, the following definition of leadership, based in complexity science, is recommended to support the dialogue: *Leadership, which occurs as a complex adaptive system process, emerges in the interactions between people and ideas, is the product of interactions, tensions and exchanges in a specific context to facilitate new behaviors resulting in insights and desired outcomes* (Figure 1).⁴ Using this conceptualization of leadership, most nurse–patient interactions and interventions require leadership behaviors to support patient integration into the larger system and sustainable outcomes. This definition of leadership is reflective of most nurse–patient interactions and is not limited to formal leadership positions; leadership is an accountability of all individuals engaging patients in their health and illness processes.

MEDIATING MULTIPLE ENTRY-INTO-PRACTICE MODELS

Variation in models for entry into nursing practice can confuse or minimize the recognition of leadership behaviors across all nursing programs. Pre-licensure programs include associate degree and baccalaureate degree levels. Criteria for the quality of education to the nursing workforce vary by degree and accreditation body. The American Association of Colleges of Nursing (AACN) represents colleges and universities with baccalaureate, master's and doctoral level nursing programs. The Commission on Collegiate Nursing Education, affiliated with AACN, only accredits baccalaureate, masters and doctoral level nursing programs. The Accreditation Commission for Education in Nursing (ACEN) accredits associate-, baccalaureate-, masters-, and doctoral-level nursing programs.

There is a disparity in the amount of leadership education to students between the ADN and BSN programs. The AACN Essential provides a framework for nursing curricula and speaks to leadership in the baccalaureate nursing programs. The bac-

Table 1. Healthcare Initiative Goals

Healthcare Initiatives	IHI Triple Aim	2010 IOM Report	Campaign for Action
Essential Elements	Framework to improve health, patient experience and reduce cost.	Prepare and enable nurses to lead change to advance health	Support IOM report with actions to improve America's health through nursing.
Purpose	<p>The IHI Triple Aim developed in 2007, is a framework developed by the Institute for Healthcare Improvement to optimizing health system performance in three dimensions.</p> <ul style="list-style-type: none"> • Improving the patient experience of care (including quality and satisfaction); • Improving the health of populations; and • Reducing the per capita cost of health care. <p>http://www.ihl.org/engage/initiatives/TripleAim/Pages/default.aspx</p>	<p>As the largest component of the healthcare workforce, nurses are uniquely positioned to lead the charge to ensure that accessible, high quality care is available to the nation's diverse patient population.</p> <p>A number of barriers prevent nurses from being able to respond effectively to rapidly changing health care settings and an evolving health care system. These barriers need to be overcome to ensure that nurses are well-positioned to lead change and advance health.</p> <ul style="list-style-type: none"> • Improving access to care • Fostering inter-professional collaboration • Promoting nursing leadership • Transforming nursing education • Increasing diversity in nursing • Collecting workforce data <p>http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx</p>	<p>The Future of Nursing: <i>Campaign for Action</i> was developed to improve America's health through nursing. The <i>Campaign's</i> actions are based on the Institute of Medicine's, <i>The Future of Nursing: Leading Change, Advancing Health</i>, a report that provides recommendations in six categories:</p> <ul style="list-style-type: none"> • Improving access to care • Fostering inter-professional collaboration • Promoting nursing leadership • Transforming nursing education • Increasing diversity in nursing • Collecting workforce data <p>https://campaignforaction.org/about/our-story/</p>

Highlighted areas indicate leadership behaviors

calauareate nurse graduate receives education in organizational and systems leadership, quality improvement, and safety to promote and facilitate the delivery of high quality patient care.⁷ For the associate degree nursing programs, the ACEN standards 4.2 and 4.9 speak to end-of-program outcomes, and clinical experiences and practice learning environments being evidence based to reflect contemporary practices.⁸ The ACEN standards do not specifically speak to leadership education for practice and theory. This makes it challenging to determine the level of leadership practice and theory education that may be offered in ADN programs.

The American Nurses Association position statement published over 40 years ago called for the baccalaureate degree as the entry level into professional nursing practice, and the Institute of Medicine's report on the Future of Nursing recommends advancing towards 80% BSN workforce by 2020.¹ Although progress has been made towards increasing the BSN workforce, AND-prepared nurses still meet a critical health care need in the current health care delivery model. The AACN stated ADN programs are important to meeting the nation's health care needs.⁹ The associate degree nurse graduate is a critical entry level into professional

Table 2. Relationship of 6 leadership behaviors, nursing goals and nursing accountabilities

Nursing Student and Nursing Leadership Behaviors	Nursing Student and Nursing Leadership Goals	Nursing Student and Nursing Leadership Accountabilities & Documentation
Promotion of access to care based on an interprofessional needs assessment	Care assessment and plan identifies service needs and nurse links patient to appropriate professionals and services	All patients report knowledge and access to essential services.
Interprofessional collaboration with all disciplines and the patient to achieve and sustain treatment plans	Interdisciplinary coordination of care across disciplines to achieve goals.	All patients report effective communication and services from disciplines
Assessment of capability to understand and continue care interventions	Education of patient and family specific to disease condition and anticipated trajectory of future needs	All patients have knowledge of disease condition and ongoing care requirements.
Health education to support treatment plan and health promotion	Provide information and resources for specific disease conditions and disease prevention	Feedback from patient and families specific to knowledge of disease conditions for patients cared for.
Assessment of satisfaction with the experience of care	Achieve appropriate level of satisfaction with patients cared for.	Nurse specific levels of patient/ family satisfaction with experience of care for all patients cared for.
Awareness of the costs of care	Discussion with patient/family regarding their knowledge of care costs and referral to financial staff to validate knowledge and understanding of costs.	All patients report knowledge of costs of care and available reimbursement for services.

nursing practice, where the least emphasis on leadership practice and theory education is placed.

The emphasis in nursing education on leadership is most often a class or series of courses in the baccalaureate nursing curriculum. Few schools have identified leadership as a core competency that is included in all program coursework. One strategy to improve nursing leadership education has been individual states' Campaign for Action coalitions that focused promoting nursing leadership and transforming nursing education. The Future of Nursing: Campaign for Action in different states have assessed for congruence of undergraduate leadership curricular content and additionally developed programs to develop or enhance leadership competencies.¹⁰ The Wisconsin Center for Nursing published a review of nursing curricula and objectives from 6 undergraduate (BSN and ADN) programs, and identified strategies to better integrate leadership practice and theory content into undergraduate programs in Wisconsin.¹¹

At this point in time, recognizing similar leadership behaviors specific to patient care interventions is necessary across all nursing pre-licensure programs and into the practice settings. These *leadership behaviors* must be present and recognized when patient care is delivered:

- Promotion of access to care based on an interprofessional needs assessment
- Interprofessional collaboration with all disciplines and the patient to achieve and sustain treatment plans

- Assessment of capability to understand and continue care interventions
- Health education to support treatment plan and health promotion
- Assessment of satisfaction with the experience of care
- Awareness of the costs of care

Progressively complex case studies and scenarios threaded through all courses to include these leadership behaviors can be developed to identify basic and sophisticated leadership across the learning trajectory in nursing programs and across the continuum of care in practice.

In the complexity of the current health care delivery model, all point-of-care nurses must necessarily have leadership competencies to coordinate care, make decisions, and change care delivery. Unfortunately, not all nurses are prepared for leadership practice upon graduating nursing programs.^{3,12} Focusing on specific behaviors of leadership serves to recognize the significance of leadership in completing clinical interventions and elevating the value of the work of the nurse.

An opportunity exists to clarify nursing leadership concepts and behaviors to prepare nurses at ADN and BSN education levels for the critical leadership needed at the point of care in current and future nursing practice. The goal is then to establish and communicate a clear vision that inspires others to achieve change. Nurses at the point of care apply this concept daily as they educate and promote health, healthier lifestyles, and choices

to patients and families for better new or chronic disease management. Integrating nursing leadership concepts early in all nursing programs and continued in practice settings in professional governance models is essential to engage nurses and ultimately gain critical mass to address national healthcare initiatives.

Integrating a shared definition of leadership into all nursing programs and courses from the initial entry into the nursing program and recognizing the importance of these behaviors as linkages to achieve both patient and national goals is a critical step in this process. Recognizing the far-reaching impact of nursing actions at the point of care as pathways to achieving national initiatives increases the potential for high quality care and outcomes.

Integration of the goals of national initiatives into exciting pre-licensure curricula can further clarify clinical needs. Based on the premise that all nurses are leaders, leadership concepts could be interwoven throughout nursing curricula to better position the nursing profession for attainment of national health care initiatives and to lead change and advance health.

Leadership is a critical competency to guide nursing actions, influence patient outcomes, health workers, professional practice/work environment, and health systems overall.

THE NEED FOR LEADERSHIP ACCOUNTABILITY

Consistent to the variation for entry into nursing practice, nursing education program accreditations, and the variation in level of leadership practice and theory education is the absence of a framework to measure the type or quantity of leadership curriculum presented or program outcomes metrics for leadership content. Implementing accountability metrics for leadership behaviors that reflect national initiatives is an important step (Table 2). In Table 2, broad-range accountability measures are identified that can be specific to both the individual nurse and the interprofessional team providing care.

THE IMPORTANCE OF INFRASTRUCTURE

Nurses, especially the newest nurses entering the profession, provide direct care to patients and lead patient care teams. Additionally, nurses lead from the bedside to help patients and families resolve health care challenges and develop healthy lifestyles or management of chronic illness. Consider the time a nurse spends with a family and patient who is newly diagnosed with diabetes: the nurse leads the patient and family through explaining the disease, teaches how to manage the symptoms, and more importantly, teaches healthier lifestyle and behavior changes that may improve the patient's health. Similarly, nurses in practice must use the described leadership behaviors when delivering care (Table 2).

An opportunity exists to continue the journey from nursing education programs to practice settings. Although there has been a movement in recent years for some facilities to hire only baccalaureate-prepared or higher nurse graduates, the importance of including and requiring all nurse to engage in leadership behaviors is critical. With increased expectations for nurses to lead at the point of care, the leadership work of each must be skillfully identified in the professional work environment model such a shared or professional governance models. Role clarity,

professional accountability, and reflective quality measures support this work.

Although some nurse entry-into-practice-level job descriptions do not explicitly utilize the terms *lead* or *leadership*, they do include related terms that exist in some leadership constructs such as: manage resources, manage care, delegate tasks, supervise unlicensed staff, direct health care team, assess databases for evidence and resources to support nursing practice, recommend change, and evaluate effectiveness of care given by self and others. These constructs reflect leadership in general; the specific behaviors of leadership in Table 2 reflect the selected behaviors that can be practiced by all nurses to support national initiatives.

NEXT STEPS

In many ways, this may seem to be a simplistic approach to a very complex solution. Our call to action is to begin a dialogue about nursing leadership at the point of care and recognize and employ the enormous potential for the largest and most trusted profession to use their critical mass to influence national health care outcomes. Recognizing leadership behaviors early and often reinforces the importance of an integrated continuum of care and the far-reaching impact of all nursing interventions. NL

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