

PERSPECTIVES ON LEADERSHIP IN NURSING

The Good, The Bad, and The Ugly

Context of Nursing Today

- Surviving the economic downturn
- Recent growth in healthcare jobs
- Public perceptions of nursing
- Growth of technology

Drivers of the Nursing Profession

- ***The Nursing Shortage***
 - _ effects of current increase
 - – shifting US population demographics
 - _ projected need for nurses
 - _ aging nurse workforce

Drivers of the Nursing Profession

- ***Retention of Nurses***
- Increased numbers of early-leavers from practice settings related to:
 - _ safe practice issues, such as, high nurse-patient ratios
 - _ non-competitive salaries

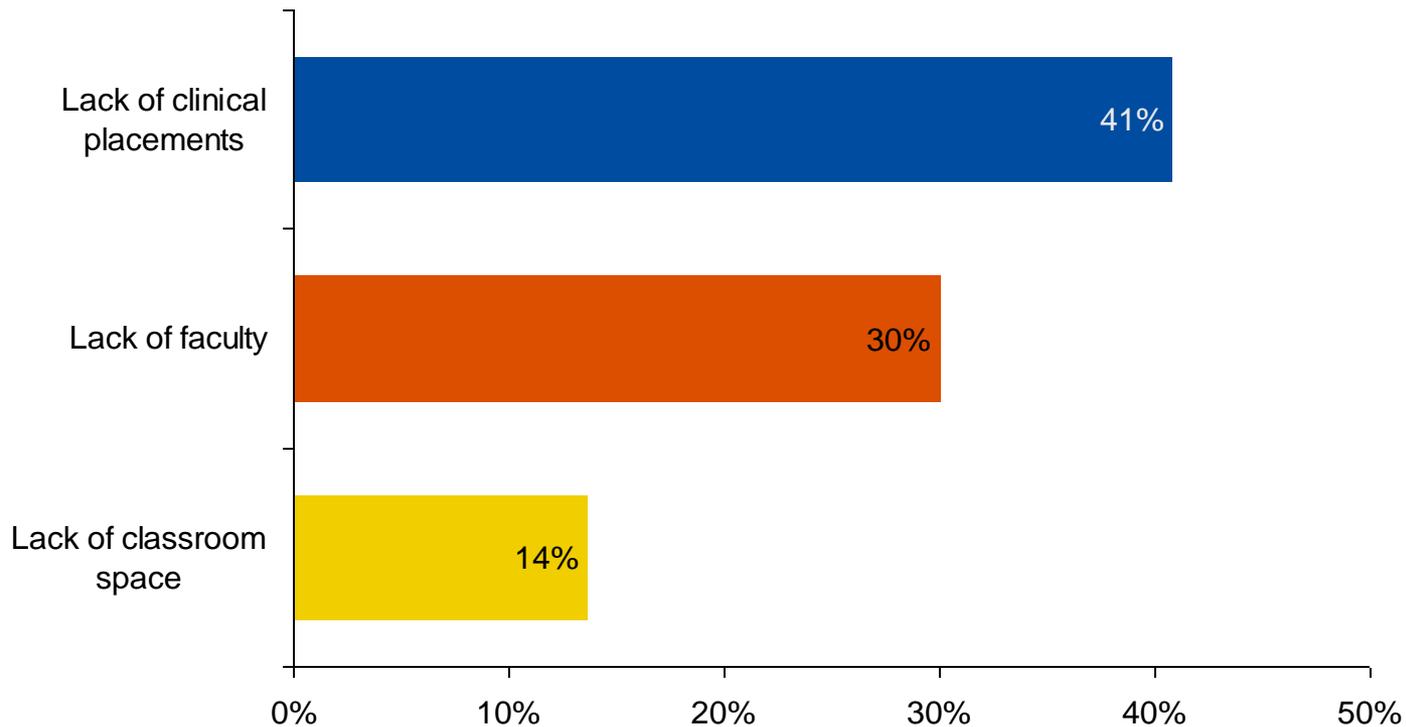
Nursing Profession Drivers

- ***Recruitment and Retention of Students***
- inability of programs to accommodate qualified applicants
- insufficient graduation rates
- lack of clinical resources

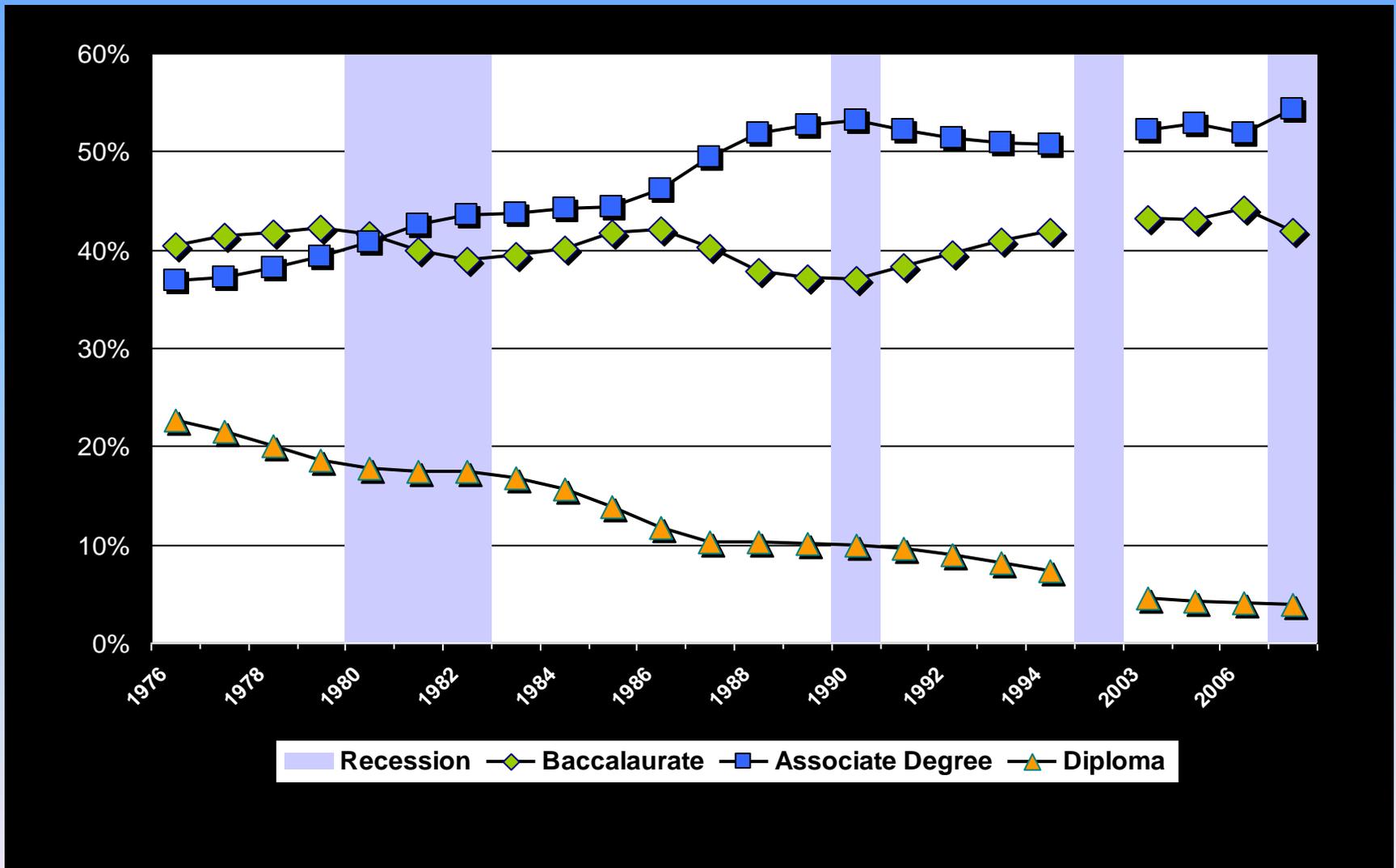
Nursing Profession Drivers

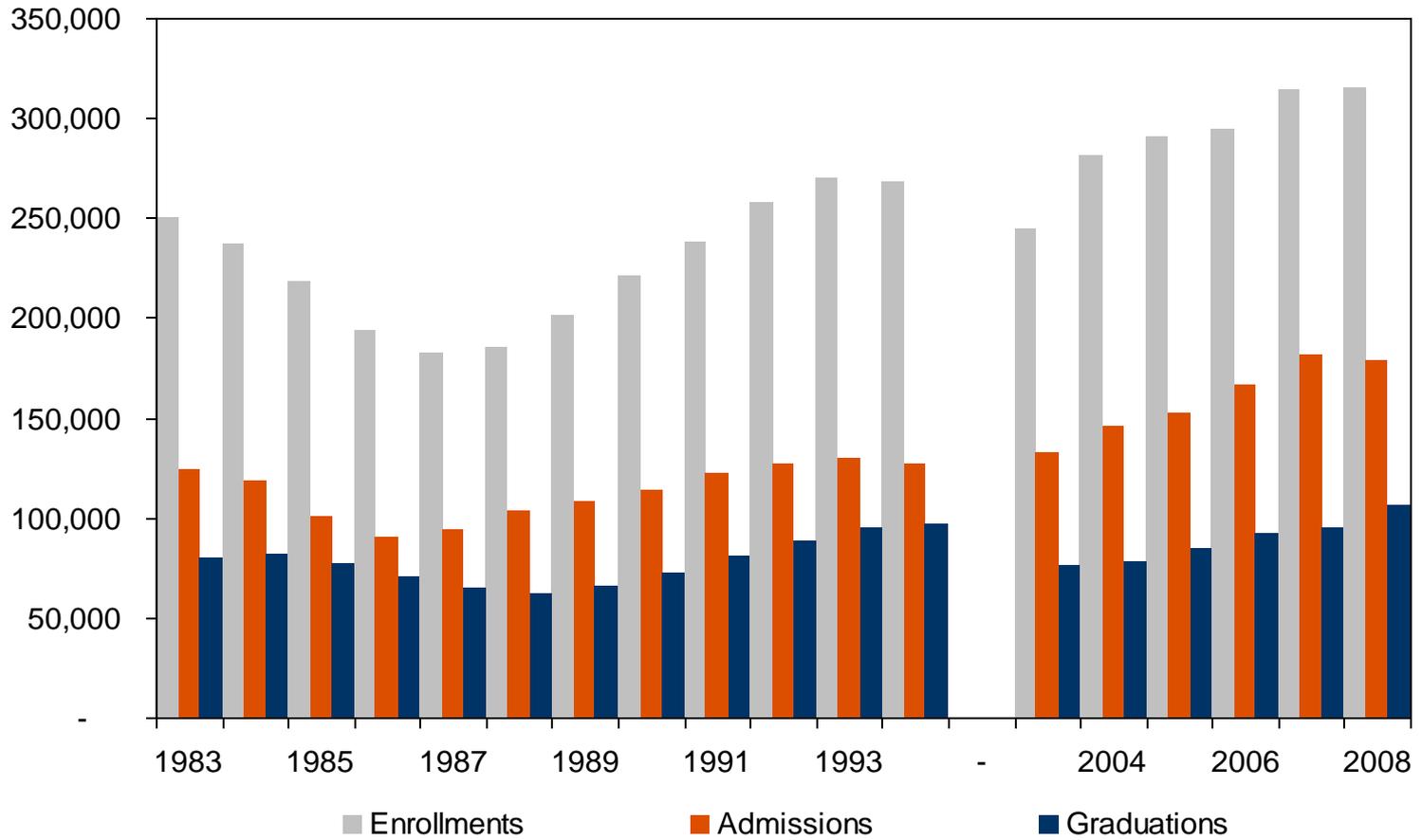
- ***Nursing Education***
- - insufficient numbers of faculty
- - budgetary constraints
- - slowing of enrollment growth

Main Obstacle to Expanding Admissions to Basic RN Programs, Fall 2008



US Recessions and Percentage of Enrollments in Basic RN Programs by Program Type: 1976 to 1994 and 2003 to 2008





Challenges or 'Boxes'

- *In summary they are:*
- Too few students admitted into nursing. Broader demographic trends will further reduce college admissions by 2017
- Too few nurses retained in practice and in education settings
- Normal attrition losses are not replaced
- The need for nurses will continue to increase

Socio-Political Context of Nursing Leadership

- Societal thinking and policies
- Extant methods and protocols
- Questionable rewards systems
- Regulatory shrines
- Sacred cows

Leadership that Transforms

- We need new “maps...to promote excellence in nursing education and to build a strong and diverse workforce.”
- Cathy Schultz, President
- National League for Nursing

Leadership Basics

- - leadership is a *journey* -it is important not to lose your way
- - being a leader means taking people on a *co-created* journey which no one understands as well as you
- - therefore, leaders must have a *vision*
- - leaders are *made*, not born and the learning never ceases
- - leaders have a high tolerance for failure
- Leaders learn from failure – and from success

Leadership vs. Management

- There are important differences such as:
- *Leaders master the context, managers surrender to it.*
- *The manager asks when and how; the leader asks what and why.*
- *The manager administers; the leader innovates.*
- *The manager has her/his eye on the bottom line; the leader's eye is on the horizon.*

Transformative Leaders

- *“Tomorrow’s leaders will be those with a taste for paradox,*
- *a talent for organizational ambiguity,*
- *and the capacity to hold new and dissimilar*
- *ideas comfortably in their minds.*
- *They will lead by conviction, not by power.”*

Harlan Cleveland

Organizations Supporting the Advancement of Nursing

- Pew Health Professionals Committee
- Johnson & Johnson
- Carnegie Foundation
- The Institute of Medicine
- Robert Wood Johnson Foundation

The IOM/RWJ Report

- Broadest health care legislation change since Medicare and Medicaid in 1965
- Result of two years of study
- Correlates with the Affordable Care Act of 2009

The IOM/RWJ Report

Recommendations of 2010

- 1. Ensure that nurses can practice to the full extent of their education and training.
- 2. Improve nursing education
- 3. Provide opportunities for nurses to assume leadership positions and to serve as full partners in healthcare re-design and improvement.
- 4. Improve data collection for workforce planning and policy making.

Recommendation One

- *Ensure that nurses can practice to the full extent of their education and training*
- *Moving towards transformation* by eliminating historical, regulatory, and policy barriers

NP Regulatory Inconsistencies

- Differences include:
 - **Independent practice** without physician oversight (11 states)
 - **Restrictive scopes of practice** such as prescribing of controlled substances, and physician supervision. especially in Alabama, Florida, Georgia, North Carolina, Oklahoma, and Pennsylvania.
 - **Wide variation in written practice agreements** with physicians (required by 21 states).
 - **Explicit permission to order tests** – permitted by 20 states.
 - Seven states distinguish between ‘**medical**’ and ‘**nursing**’ **diagnoses**, the former not in the NP scope of practice.
 - NPs in all states have some degree of prescriptive authority.

Recommendation Two

- *Improve nursing education*
- *Moving towards transformation* by increasing baccalaureate, masters, and doctoral graduates; updating nursing curricula; masters for example in genetics, informatics, education, forensics; doctoral programs.

Considering Nursing Curricula

- Comparison of **PBL and Conventional Curricula**. Data collected with a self-report questionnaire. Some outcomes include:
 - Higher satisfaction with the PBL curriculum
 - No difference in NCLEX outcomes
 - No difference in perceived clinical functioning
 - Higher functioning in communication and self-directed learning among PBL students
 - PBL students scored higher on perceptions of their nursing knowledge

- Source: Rideout, England-Oxford, Brown, Fothergill-Bourbonnais, Ingram, et.al, 2002

Educating the Future Nurse

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- **Trans-disciplinary education promotes trans-disciplinary practice**
- **Residency programs for new graduates**

Recommendation Three

- Provide opportunities for nurses to assume leadership positions and to serve as full partners in healthcare re-design and improvement.
- *Moving towards transformation* by re-conceptualizing the leadership role of the nurse starting in the pre-licensure program; creating a culture of leadership; shaping policy and taking responsibility.

Recommendation Four

- Improve data collection for workforce planning and policy making.
- **Moving towards transformation** by creating an information infrastructure able to provide timely, useful, standardized, and accessible data.

Standardized Data

- **The lack of standardized health care data is an impediment to quality care.**
- The presence of accurate data does not in itself guarantee the identification of health care needs or actions to modify or eliminate disparities, but its absence surely guarantees that none of these actions will occur.
- IOM (2009) *Race, ethnicity, and language data: Standardization for health care quality improvement.*

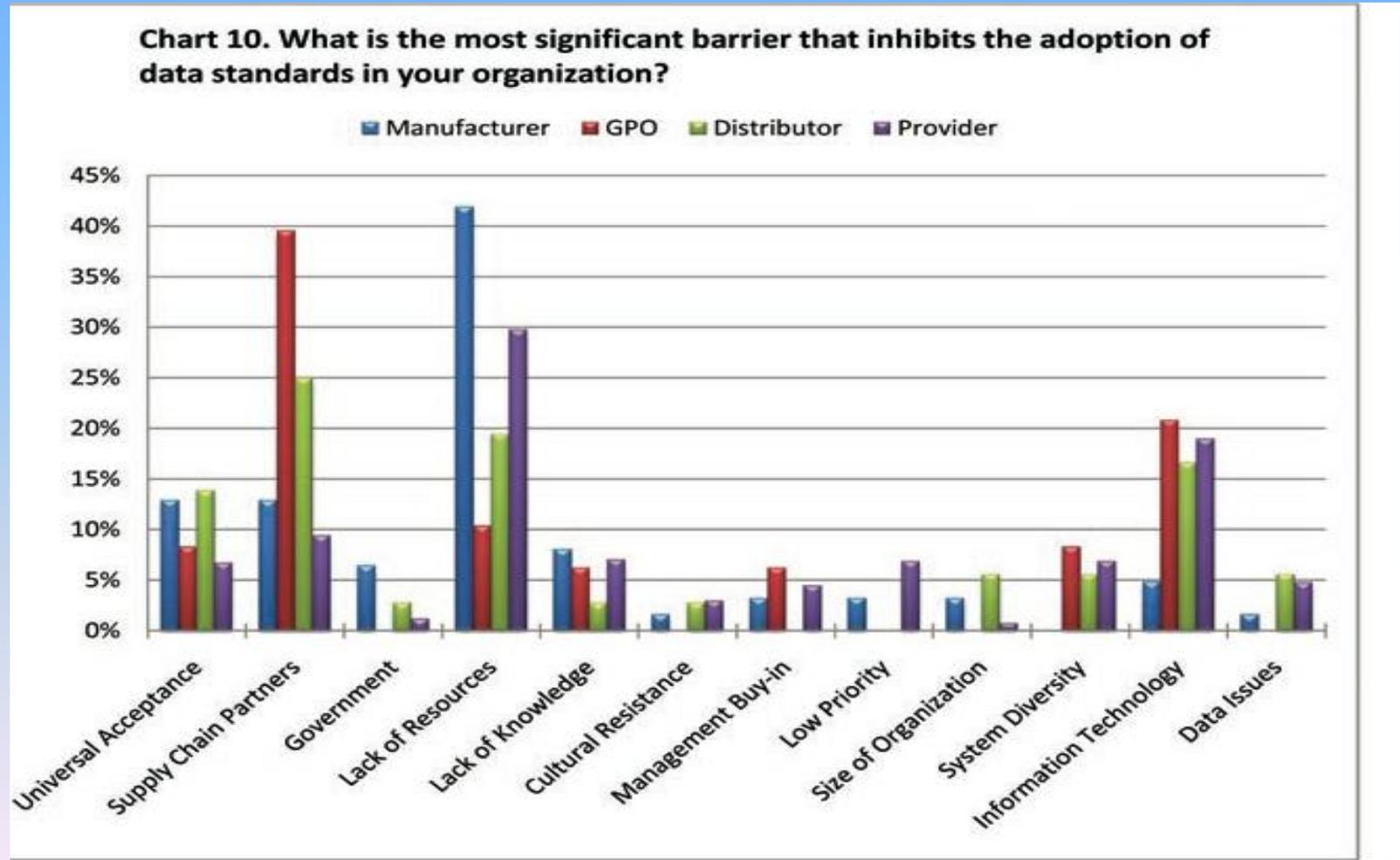
Standardized Data

- The **quality** of available data is often questionable because validating sources are not usually available.
- The growing role of the **internet** compounds the issue because of its ease in use, wide availability, and lack of scrutiny.

Data Collection and Nursing

- The Electronic Medical Record
- State Centers for Nursing
- Nursing Informatics

Health Care Industry and Data Standards



Sample size = 1268, Source: 2009, Nachtmann and Pohl

CONCLUSIONS

- **The paradigm in nursing education and nursing practice, is shifting and suggests:**
- new educational partnerships
- development of innovative pre-licensure curricula
- technology-infused education
- recruitment of more high performing students
- trans-disciplinary approaches to care
- effective transition into practice strategies
- expanded leadership roles