

THIRD EDITION

Leadership in Nursing Practice

Changing the Landscape of Health Care



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The Andragogy

Leadership in Nursing Practice: Changing the Landscape of Health Care, Third Edition

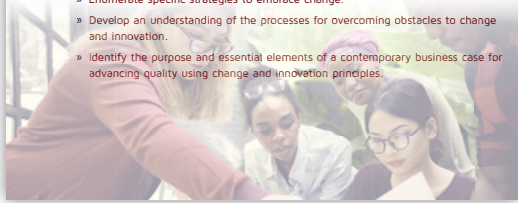
drives comprehension through various strategies that meet the learning needs of students while also generating enthusiasm about the topic. This interactive approach addresses different learning styles, making this the ideal text to ensure mastery of key concepts. The andragogical aids that appear in most chapters include the following:

I have an almost complete disregard of precedent, and a faith in the possibility of something better. It irritates me to be told how things have always been done. I defy the tyranny of precedent. I go for anything new that might improve the past. —Clara Barton

CHAPTER OBJECTIVES

Upon completion of this chapter, the reader will be able to do the following:

- » Describe the nature of change and innovation in a complex environment.
- » Compare and contrast principles of innovation and performance improvement.
- » List techniques to assist in the development of change and innovation competence.
- » Define the essential competencies and behaviors for effective change and innovation.
- » Enumerate specific strategies to embrace change.
- » Develop an understanding of the processes for overcoming obstacles to change and innovation.
- » Identify the purpose and essential elements of a contemporary business case for advancing quality using change and innovation principles.



Reflective Questions

Reflective questions, found throughout the text, prompt students to stop and reflect on what they have learned.

Chapter Objectives

Chapter objectives provide instructors and students with a snapshot of the key information they will encounter in each chapter. They serve as a checklist to help guide and focus study.

CHAPTER 2 *Becoming a Professional Nurse*



REFLECTIVE QUESTION

What are six ways in which a professional (knowledge) worker is different from any other employee work group?

in progress at the individual and the national levels. This chapter emphasizes the conditions and characteristics of a profession and the personal behavior that reflects the action of a profession and demonstrates membership in the professional body. Furthermore, the social mandate (licensure) and characteristics of professionals are outlined, along with the tools and insights necessary to embed professionalism into the role of each professional person.

The Elements of a Profession

Several components define the unique character of a profession. Throughout history, special honor has been bestowed upon individuals who possess wisdom or great knowledge. The notion of collective knowledge associated with a particular group has been a consistent theme throughout human history. The idea of a group with specialized knowledge becoming a profession emerged from the association of a particular arena of knowledge with a specific kind of practice (Bennet & Bennet, 2004). Professions were identified not only for having great knowledge but also for doing something important with that knowledge that made a difference in the world. The practice or the use of particular specialized knowledge is generally associated with the emergence of professions.

Professional Work Is Knowledge Work

The central role of knowledge is critical to the existence of professions. In fact, knowledge is one of the characteristics that is an identifier or distinguishing feature that separates professions from other work groups. A central assumption of any profession is that learning within a unique body of knowledge must take place before a person becomes a member of the profession. This body of knowledge is specific and unique to the profession and is sanctioned by the formal profession as the foundation of the expression of its work in the world. All members of the

Critical Thoughts

Critical thought boxes, found throughout the text, summarize and expand upon what students have read.



SCENARIO

Jane Thorton, RN, BSN, had worked on the neurology unit at Angel Hospital for a year. She was generally satisfied with her experience and had grown a great deal in terms of her clinical expertise and practice. Jane had established good relations with her colleagues and with the management of the organization and was very well liked by both. While her patients were complex, Jane had learned a great deal about care of patients with neurological concerns; she had recently successfully taken her neurological specialty examination and was certified as a neurological nurse.

Jane had taken on a number of responsibilities related to planning and improving nursing care and had agreed to participate in activities that would strengthen the evidence-based practice approach to policy and protocol development on the nursing unit. She and some of her colleagues were having a difficult time in getting general participation from other staff in these clinical activities on the unit, even though the activities were designed to improve and advance patient care. Jane had approached the manager a few times asking for support in getting more participation in clinical nursing leadership activities, but the response remained minimal on the unit.

While reviewing articles in one of her nursing journals, Jane came across an article on implementing nursing shared governance in a hospital similar to hers. The article outlined some of the challenges and processes associated with successfully implementing shared governance approaches in the hospital. Jane was especially intrigued with how empowering the staff by allocating accountability for decisions and actions had improved staff satisfaction, quality of care, and patient outcomes. The hospital that implemented this shared governance model had subsequently received Magnet recognition and presented itself as a hospital of excellence because of the exemplary work of the nursing staff.

Jane was excited and wanted to bring shared governance to Angel Hospital. But where to start? Jane realized that shared governance was a structural model that led to empowerment of the staff, increased the staff authority and accountability for decisions that affected practice, raised the professional character and behavior of the nursing staff, and



CRITICAL THOUGHT

Leadership is about more than just changing things; it is about changing the world.

Although the political process within which transformation unfolds is noisy, messy, competitive, and challenging to work through, people of every political stripe recognize that the old system is no longer viable or relevant for the future. The design, structuring, funding, and operation of the transformed system will go through many iterations as we struggle to determine what works and what is sustainably effective. Along the way, the changes in the healthcare system will be clarified and validated through the process of experimentation, application, and evaluation.

Much of the effort to move toward a transformed generative healthcare model involves creating a system whose foundation is grounded in general access, service synthesis, critical health impact, resource and service value, impact on sustainable social health, and research-based evidence. Each of these small components of the broader dynamic shift in health care will transform the way in which the healthcare system is organized and structured and, ultimately, the way healthcare services are delivered. Although broad disagreement exists as to which strategies would best achieve this outcome, the effort to move toward that goal is clearly under way.

As the healthcare system works to recalibrate itself in a way that supports a more viable and relevant future, every clinical professional will play a role and has a stake in both the process and the outcome of this change. Changing service means adjusting the structure needed to support that service. Building access and equity into the service framework requires that every professional role incorporate equity, ownership, and engagement as an interdisciplinary design emerges. Indeed, interprofessional teamwork will serve as one of the nonnegotiable elements that underpins all efforts at building truly effective, value-based health care (Pauly, 2010) (Figure 9-1).

The structures that will best support this effort and the role characteristics of healthcare leadership that will guide its implementation focus on role clarity, autonomy with integration, professional team-based performance, shared decision making, and the means to ensure that the clinical work is resource effective, timely, value based, and works to advance the mission and vision of the healthcare system. Good clinical structure requires that leaders establish an expectation that evaluation will be ongoing, work will be continuously modified based

Scenarios

Scenarios in each chapter prompt students to critically apply their new knowledge to real-life situations.

CHAPTER TEST QUESTIONS

Licensure exam categories: Management of care; advocacy, evidence-based practice, professionalism, concepts of management, ethical practice

Nurse leader exam categories: Knowledge of the healthcare environment; governance; Professionalism: personal and professional accountability, ethics, advocacy

1. Nursing is a fully mature and adult profession now reflecting all of the particular characteristics of professional delineation. True or false?
2. Professionals act predominantly on principle, not simply based on their knowledge, reflecting a belief that principle drives knowledge. True or false?
3. Evidence-based practice is grounded in good policy and reflects inconsistent standardization and procedures. True or false?
4. The *Code of Ethics for Nurses* serves as a foundation for the exercise of nursing practice. True or false?
5. Shared governance is a voluntary process that invites staff to participate in decisions that affect patient care. True or false?
6. Very few professional decisions are made at the point of service or in the patient environment. Most decisions in nursing practice in shared governance should be made away from the patient care setting. True or false?
7. All staff must participate in shared governance activities. True or false?
8. For a professional, the identification of the profession becomes a part of personal identity such that it is impossible to separate the person from the profession. True or false?
9. Language is not nearly as important as action is. The way in which a nurse acts is the most important indicator of who the nurse is. True or false?

Chapter Tests

Review key concepts with these questions at the end of each chapter. Tests questions are linked to national licensure test categories and national leadership certification exam categories.

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14813-8

Production Credits

VP, Product Management: David D. Cella
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Production Services Manager: Colleen Lamy

Product Fulfillment Manager: Wendy Kilborn
Composition: S4Carlisle Publishing Services
Cover Design: Kristin E. Parker
Rights & Media Specialist: Wes DeShano
Media Development Editor: Troy Liston

Cover Image (Title Page, Part Opener, Chapter Opener): © Rawpixel.com/Shutterstock
Printing and Binding: LSC Communications
Cover Printing: LSC Communications

Library of Congress Cataloging-in-Publication Data

Names: Porter-O'Grady, Timothy, author. | Weberg, Daniel Robert, author. | Mangold, Kara, author. | Malloch, Kathy, author.

Title: Leadership in nursing practice : changing the landscape of health care / Daniel Weberg, Kara Mangold, Tim Porter-O'Grady, and Kathy Malloch.

Description: Third. | Burlington, Massachusetts : Jones & Bartlett Learning, [2019] | Tim Porter-O'Grady's name appears first in previous edition. | Includes bibliographical references and index.

Identifiers: LCCN 2017044948 | ISBN 9781284146530

Subjects: | MESH: Nurse Administrators | Leadership | Nursing--organization & administration | Professional Competence

Classification: LCC RT89 | NLM WY 105 | DDC 610.73068--dc23

LC record available at <https://lcn.loc.gov/2017044948>

6048

Printed in the United States of America

22 21 20 19 18 10 9 8 7 6 5 4 3 2 1

Contents

New To This Edition	xv
Contributors	xvii
Foreword	xix
Preface	xxi
Acknowledgments	xxv
Reviewers	xxvii

Chapter 1: Change and Innovation

Dynamics of Change and Innovation.	5
Who, Why, What, When, and How of Change	8
Strategies to Minimize Risk in Change and Innovation Scenarios.	26
Making Change and Innovation Happen.	30
Caveat: Measuring the Impact of Change and Innovation (What Problem Are You Fixing?)	32
Managing Resistance to Change	34
Course Correction	35
Leading and Managing	37
References	43
Appendix A: Change Considerations: Scanning, Reflecting, and Integrating	45

Chapter 2: Becoming a Professional Nurse

The Elements of a Profession.	48
The Ethical Foundations of a Profession.	55
Shared Governance and Creation of a Professional Infrastructure	58
The Use of Language Characterizing Professional Dialogue	65
Personal Presentation of the Professional Self	66

Interactions with Other Disciplines	68
The Public and Policy Role of the Nursing Profession	72
Nursing and Transdisciplinary Partnership	76
I Am the Profession	77
References	83
Appendix A: Extinguishing Childlike Behaviors in the Professional Nursing Staff	85
Appendix B: The Professional Is a Cocreator	87
Appendix C: The Enhanced Nurse Licensure Compact (eNLC): Important Information for Nurses	88

Chapter 3: The Person of the Leader: The Capacity to Lead

Self-Knowledge	92
The Continuous Journey of Becoming	93
The Leadership Mirror	95
Leaders Versus Managers	98
The Personal Attributes of Leaders	100
Courage and Leadership	103
Leaders Engage Stakeholders	107
The Leader Stays in the Question	109
Recognizing Personal Needs for Self-Development	111
Personal Transparency and Openness	116
References	124
Appendix A: Old Versus New Leadership Skills	127
Appendix B: Checking off Basic Leadership Attributes	127
Appendix C: More Leader Core Behaviors	128
Appendix D: What Staff Want from Their Leader	128
Appendix E: Leadership	129

Chapter 4: Conflict Skills for Clinical Leaders

The Early Engagement of Conflict	134
Looking for the Signs	135
Personal Comfort with Conflict	140
Trust: Creating a Safe Space for Positive Conflict	141
The Need for a Just Environment	141
Fully Sharing Information	142
Alienation Between Colleagues: What Happens When It Is Allowed to Flourish	143
Overcoming Personal Barriers to Engaging Conflict	144
Handling Conflict	147

The Norm of Conflict.	160
References	164
Appendix A: A Brief Conflict Skills Assessment.	167

Chapter 5: Staffing, Scheduling, and Patient Care Assignments: Models, Components, and Measures of Effectiveness

The Foundation: Patient Care Delivery Model	171
Identifying Patient Care Needs.	173
Measuring Human Work.	177
Patient Classification Systems: Limitations and Challenges	181
Core Schedule	184
Evaluation of Workforce Management.	194
Leading Versus Managing in Staffing and Scheduling: Concluding Thoughts	195
References	200
Appendix A: Selected Staffing Effectiveness Research Evidence.	204
Appendix B: Perfect Staffing	207

Chapter 6: Principles of Ethical Decision Making

The Basics	212
Ethical Issues and Challenges	217
Strategies to Address Ethical Issues	225
Concluding Thoughts	231
Ethics Discussion Scenarios.	231
References	242
Appendix A: Selected Healthcare Ethics Resources	244
Appendix B: Common Barriers to Effective Relationships	245

Chapter 7: Leadership: The Foundation of Practice Partnership

The Importance of Teams in Interdisciplinary Practice.	248
Team Construction.	251
Team Fables	259
Team Progress	265
When the Problem Is a Team Member	268
Collaboration	269
Decisions.	270
Creating Equity: Overcoming the Uneven Table.	271

Interdisciplinary Alignment	275
Focus on the Team Leader	276
Virtuality and Team Performance	278
Concluding Thoughts	280
References	284
Appendix A: Sample Techniques for Team Decision Making	287
Appendix B: Team-Based Decision-Making Process	288
Appendix C: Keeping the Team Focused	288
Appendix D: Some Dos and Don'ts of Team Leadership	289
Appendix E: Creating Team Infrastructure	290
Appendix F: Considerations for Team Effectiveness	290

Chapter 8: Resources for Healthcare Excellence

Basic Economics Are Not So Basic: Price, Demand, and Supply Complexities	294
Resource Categories: Human, Fiscal, Material, Technology, and Time	299
Value Measurement: Productivity, Quality, and Volume	306
Basics of Budgeting	311
Dashboards and Measures	313
Variance Management	317
Concluding Thoughts: The Role of the Clinical Nurse Leader in Resource Management	321
References	326
Appendix A: Common Financial Reports	329
Appendix B: Staffing Effectiveness: Scorecard	329
Appendix C: Evolving Metrics	330

Chapter 9: Navigating the Care Network: Creating the Context for Professional Practice

Complex Adaptive Systems	336
Placing Power Where the Action Is	339
Understanding How Clinical Work Changes	340
Transforming the Nature of Clinical Work	341
From a Medical Model to a Health Model	344
Ending Medical Separatism	345
Value-Driven Health Care	345
Elements of a New Kind of Structure	348
The Premises of Professional Governance in Health Care	354
The Individual and the Organization	357
References	364

Appendix A: Shared Decision-Making Requisites	369
Appendix B: Shared Governance Staff Assessment Instrument	375
Appendix C: Survey of Shared Leadership Practices	378

Chapter 10: Managing Your Career: A Lifetime of Opportunities and Obligations

Transition to Practice.	390
Career Trajectories.	393
Interviewing for New Roles.	398
Continuing Competence.	401
Course Correction: Life After Discipline	409
Excellence Versus Perfection	409
Personal Balance and Health.	410
Exercise, Nutrition, and Role Modeling.	411
Contributing to the Profession.	412
Additional Thoughts	420
References	424
Appendix A: Writing for Publication	427
Appendix B: Giving a Podium Presentation.	427

Chapter 11: Policy, Legislation, Licensing, and Professional Nurse Roles

Key Concepts	437
The Policy Continuum: Local to National.	438
Contemporary Healthcare Policy Issues and Initiatives	439
Final Thoughts on Policy	447
References	451
Appendix A: Selected Resources for Healthcare Policy	452
Appendix B: Shaping Public Policy: The Nurse Leader's Role	453

Chapter 12: Delegation and Supervision: Essential Foundations for Practice

Delegation: Definitions and Key Concepts	465
Steps of the Delegation Process: Roles of the Delegator and the Delegate.	467
Protecting Your License: Nursing Liability for Delegation.	471
The Challenges of Delegation.	472
Strategies to Support Effective Delegation.	474
Final Thoughts.	476
References	481

Appendix A: Joint Statement on Delegation: American Nurses Association and National Council of State Boards of Nursing . . .	482
Appendix B: Delegation Assessment: Why Don't I Willingly Delegate or Accept Delegated Tasks?	483
Appendix C: Process of Delegation	483

Chapter 13: Overcoming the Uneven Table: Negotiating the White Waters of the Profession

Principles and Basic Skills of Negotiating	486
Give and Take: The Principles of Exchange	488
Stages of Negotiation	489
The Clinical Leader and the Unique Characteristics of Collective Bargaining	504
Negotiating in the Profession of Nursing	510
References	516
Appendix A: Negotiation Skills Assessment	517

Chapter 14: Accountability and Ownership: The Centerpiece of Professional Practice

The Professionalization of Nursing in the 20th Century: The Path to Accountability	522
Maturing the Profession: The Age of Accountability	524
Accountability and Ownership	526
The Cycle of Personal Accountability	531
Accountability in Action	532
Individual Role Accountability and Team Performance	534
Delineating Professional Work and Accountability	536
From Process to Outcome Focus	539
Accountability and the Engagement of Risk	549
Accountability and Performance	553
References	559
Appendix A: Individual Role Accountability and Team Performance	562
Appendix B: Fitting Individual and Team Goals Together	563
Appendix C: Creating a Culture of Accountability	563
Appendix D: Revisiting Invitation and Expectation	564
Appendix E: Responsibility Versus Accountability	565
Appendix F: Accountability and Impact	565
Appendix G: Role Clarity and Accountability Model	566
Appendix H: Accountability and Locus of Control	567

Appendix I: Ownership: The Center of Accountability	568
Appendix J: Volume Versus Value	569
Appendix K: Some Risk-Dealing Rules of Engagement	570
Appendix L: Path of Professionalism Engagement Through Your Career.	570
Chapter 15: Integrating Learning: Applying the Practices of Leadership	
<hr/>	
In the Era of Health Transformation	574
The Context of Healthcare Policy.	574
The Management of Conflict	577
The Centrality of Accountability.	579
Structure, Organizations, and Professionals: Creating the Context for Practice.	581
Resource Management in Health Care	584
Ethical Behaviors	584
Staffing Effectiveness	585
Change and Innovation.	586
Policymaking	587
Delegation.	587
Career Management	587
Concluding Thoughts	588
References	588
Appendix A: Exercise in Leadership: Advancing Evidence-Based Practice	589
Appendix B: Exercise in Leadership: Increasing Capacity	591
Appendix C: Exercise in Leadership: Clinical Technology Management	592
Glossary	595
<hr/>	
Index	603
<hr/>	

New To This Edition

Leadership in Nursing Practice: Changing the Landscape of Health Care, Third Edition drives comprehension through various strategies that meet the needs of adult learners while also generating enthusiasm about the topic. This interactive approach addresses different learning styles, making this the ideal text to ensure mastery of key concepts. The pedagogical aids in this text are relevant to practice, experiential in nature, and engage problem-solving tactics. The organization of this text provides learners with content that is immediately relevant and applicable. New to this edition, we have linked the content within the chapters to exam categories for both initial licensure examinations and leadership certification.

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Foreword

I have taught courses in professional issues and leadership to prelicensure students in schools of nursing in both the United States and Canada for more than a decade. The content in these courses tends to be broad. Normally, around a dozen topics are tackled, touching on a few major themes related to the idea of nurses being citizens of their work groups, organizations, professions, and societies. It is a bit of a flyover, because whole courses could be devoted to nearly every topic. Many students start off the semester a little apathetic or even suspicious of the material; by the end, nearly everyone is clear that the course content is essential to their career success. And with good reason: On the surface, many of the topics are “high level” abstractions, but scratch beneath that surface and it becomes obvious that the themes in such courses permeate day-to-day life in healthcare settings and that an understanding of them is critical to making the most of jobs and careers in nursing, whether a titled manager or not.

Healthcare systems around the world are facing financial constraints, demographic upheavals, rising public expectations and fears, and overwhelming evidence in terms of population health measures and assessments of quality and safety of services that the status quo in health care is both unsustainable and unacceptable. Today’s nurses, nursing students, and nurse educators are working in an environment that is changing much faster and in so many ways that few could have imagined even a mere decade ago—and those changes keep coming. Never has there been a greater need for nurses who have clear professional identities and the necessary habits of mind to work with colleagues and leaders in steering and reinventing health care in their communities.

What tends to help senior students make the leap to becoming well-informed, accountable professionals is a text written with a clear vision and voice that serves as a guide to new terminology and approaches to thinking about nursing work and its organizational contexts. For the diverse student body coming

into nursing these days, the approach must be straightforward but challenging, clear but not oversimplified. Fantastic articles are written every year in many disciplines that touch on the core ideas in these courses, new ways of thinking about them, and current developments in the practice. Some appear in the nursing literature, while others are written in related fields. Few, however, are targeted at upper-level nursing students, and selecting and assembling them into a coherent package—let alone an up-to-date one—is a task beyond most instructors' time and resources. Moreover, while many textbooks introduce leadership and management concepts for a variety of other purposes or attempt to ease the transition of students from apprentice to professional on a very concrete plane, no texts have been written at a consistently high level, without condescension, and geared toward helping students adopt a mature professional outlook. The authors have prepared exactly such a resource.

This text will challenge and provoke. It asserts nursing's rightful legacies of social justice and service, but does not airbrush some of the past failures of nurses to assume accountability as individuals, as leaders, or as a profession. Nevertheless, the approach is forward looking and the tone is heartening and hopeful. It will help nurses, especially ones who are early in their careers, realize that leadership is their business no matter where they work now or will work in the future, and that taking social and historical context into account is critical to understanding the present and building the future of nursing. Equally vitally, it clearly shows new nurses how they are partners in the settings where they practice who need to take charge of their professional lives and engage in the improvement of their organizations as a matter of duty, rather than expecting personalized invitations to do so.

An introduction to some of the freshest and best ideas in nursing and health-care management and leadership, prepared by some of the leading minds in our field, is in your hands. Whether you are reading it as a newcomer to the profession, picking it up later in your career, or reviewing it to prepare for guiding others into their roles as nurses, you are in for a treat. Anchored in a sense of nursing as a professional practice discipline, the authors are about to guide you through clear discussions of teamwork, leadership, staffing, and a host of other core topics. You are sure to walk away with many new ways of talking and thinking about nursing and for contributing to the future of health care.

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Preface

We are excited to offer our nursing professional leadership colleagues this newly revised *Third Edition*. We've considered this important work done on behalf of our colleagues who are leading nursing practice in the wide variety of settings where nurses work. We have worked diligently to focus this text on the vast majority of clinical nurses who do not seek to travel a management pathway yet provide leadership in any number of ways within the context of their practice. In a time of great change in health care, the critical role of the nurse leader in the practice setting is becoming increasingly clear. New models of service delivery and a growing and strengthening relationship exemplified in transdisciplinary clinical teams and the accelerating engagement of the consumer of health care in healthcare decision-making and action serve as evidence of this significant change. As a result, every professional nurse needs to be exposed to the basic concepts of leadership as applied to team-based clinical practice and to be able to provide feedback on the potential quality and effectiveness of new ideas. If such practice is to be successful and nurses are to continue to coordinate, integrate, and facilitate the continuum of health services, leadership competence is a must, and it is to those nurses that this text is directed.

We need nurses as point-of-care leaders to engage in not only the work of patient care but also the evaluation of current practices and creation of improved practices that better meet the needs of the future. New approaches to on-the-job training, new rationale for promotion for clinical competence, and digitally sound leadership development resources are essential for progress and to avoid setting health care back in its ability to adapt quickly to change. The third edition of this text is meant to provide the foundations for academia and professional organizations to facilitate the development of nurses as leaders to quickly and effectively meet the needs for the future.

The passion for this text is driven by our desire for nurses to be the best they can be and from our observations of the impact of dysfunctional or uninformed leadership behaviors. We have seen the turnover, the stress, and the care impacts that occur when leading without a foundation in the evidence. This text is an attempt to provide the critical information to better lead health care differently at the bedside and in leadership positions. This text is focused on you! As a learner, as a leader, and as a nurse.

No text can cover the vastness that is leadership, so we focused on providing you with the most impactful and relevant concepts on the topic with an eye toward application. We feel very strongly that the reader should be able to approach any chapter of this book and instantly apply what is learned to his or her work. Applying these concepts to nurses' work will enhance the ability to be a clinical leader.

Management is the application of known solutions to known problems. This is not a management text. This textbook and associated resources are meant to provide frameworks, concepts, critical thoughts, and evidence to support the behaviors of leading. Leading is the ability to create solutions to unknown and unpredictable situations. This is a leadership text.

While our work is necessarily incomplete, in this *Third Edition* we have provided the essential and foundational leadership skills necessary to thrive in a complex clinical environment. Some of the concepts covered here are simple and straightforward; others are as complex as the systems within which nurses will practice and lead. Both levels of understanding will be necessary for clinical leaders to thrive. Learning leadership content has no value if it cannot be successfully incorporated into patterns of behavior that have a meaningful impact on everyday practice. At the same time, leadership learning must challenge current thinking and confront leadership notions, practices, and behaviors that do not reflect the science and lead to expressions that may not be appropriate or effective. As leadership knowledge changes, so must leadership practices.

The chapters in this text purposely focus on foundational concepts, elements, and practices of contemporary leadership. In particular, principles of complexity leadership have guided the development of much of the content of this text. Both teachers and learners must grapple with an emerging knowledge base related to the leadership of complex systems if the expression of leadership practices is to be viable and relevant. In this text, contemporary understanding of the complexity of organizational cultures is used as a contextual framework for the discussion of leadership in each chapter. The emerging "complexity leader" must recognize that the leadership of organizations, systems, and the ways in which people work in networks and communities of practice is different from our previous understanding of the leader's role. With these newer concepts influencing complex organizational clinical and work networks, the leader applies a new framework to the

expression of the leadership role. This understanding forms the backdrop of the content of each of the chapters in this text.

At the same time, it is important to integrate the obligations of the profession with the actions of the professional. Professions are a social mandate and address a significant social need. There is no greater social trust than that of nurses for the communities they serve and the health they advance. It is within this context of a social mandate that the professional nurse serves the health needs of the community. This understanding of nursing's social mandate provides the framework for meaning for each chapter. From discussion of the professional role to the incorporation of change and innovation and its application, focus remains firmly on the unique character of the professional nurse in the clinical setting. Chapters that explore foundational issues representing resource obligations provide an essential understanding of the operational mechanics of the systems within which the professional nurse will practice. Social issues related to the professional's obligation for ethical behavior and participation in policy and legislation affecting social health have also been addressed. Functional skills related to conflict, team-based leadership, negotiation, collective action, and personal relations all emphasize the individual's responsibility for effective professional behavior and relations. Given that professional practice is a lifelong pursuit, issues related to role accountability, career management, and the personal leadership learning journey have been particularly highlighted. The final chapter attempts to collate and synthesize the leadership information covered in each of the preceding chapters in a way that provides linkage and integration of leadership learning.

The content of the chapters and the learning associated with this text includes contemporary notions of development and learning practices. Relevant questions, scenarios, and online resources have all been developed in support of the learning activities associated with the leadership concepts of this text. The student of leadership is encouraged to use the full multimodal learning applications associated with this text as an opportunity to facilitate personal development and to translate concepts into leadership practices. Each of these tools reinforces learning and provides opportunities for leadership practice and personal expression of leadership skills.

Finally, this edition serves as an exemplar of the activities associated with transitioning and handing off professional work. Kathy Malloch and Tim Porter-O'Grady, the originators of this text, are in the midst of personal transition and life changes. At this point in their careers, timing and opportunity for career change, personal transition, and handing off converge. It is in this spirit of succession that Kara Mangold and Dan Weberg now become the lead authors of this text, representing that next generation of scholars and leaders continuing the tradition of strong and effective leadership and pushing the boundaries leading to new concepts and applications of leadership. This work is in good hands.

As always, the authors acknowledge that this text is a work in progress. Learning material and support associated with this *Third Edition* will be continually refined and developed, as will the content of each of the chapters during future additions, refinements, and revisions. In addition, we encourage the reader to use a wide variety of leadership learning resources to supplement the foundations laid in this text. As we are all part of the leadership learning journey, the authors likewise expect to grow and develop, with their evolution being influenced by students of leadership and other readers who challenge our own thinking and writing and participate in the improvement and advancement of leadership learning. In the final analysis, it is our hope that through this work, we will contribute in a small way to the development of future leaders in a way that provides a growing assurance of the maturation of nursing as a profession and its impact in making a difference in the health and lives of the people we serve.

Dan Weberg
Kara Mangold
Tim Porter-O'Grady
Kathy Malloch

Acknowledgments

My life and career would have never happened without the mentorship of Tim and Kathy. They have been gracious leaders, tough teachers, and amazing mentors in my journey through nursing and health care. Thank you for the opportunities. To my wife Kim and son Parker, who put up with my writing on weekends and my shenanigans in between. And to my parents for their continual support and love.

This book is also dedicated to the disruptors. Those who dare to ask “why” and are willing to challenge the status quo. These Chief Disruption Officers are the ones who create the future and build the better. Stay focused and change the world.

Dan Weberg

The foundation of servant leadership has been ever-present in my life. Starting with my grandparents and parents (Mary and Wayne), values of learning, faith, hospitality, respect, and service have been pervasive. My three brothers (Matt, Tim, and Colin) have provided a legacy of commitment and spirit of consensus, compassion, and understanding. Coupled with my supportive extended family and friends (inclusive of my canine companion Shannon), a young girl who had the support to become anything she wanted to be chose to become a nurse.

As I traversed through my nursing career, I have had the guidance of mentors at the most pivotal times. To name a few: Sandy Hart, Ruth Hamilton, Kathy Zarling, Cindy Crockett, Kathy Kenny, Dorothy Bell, Bridget Tippins, and of course Kathy Malloch and Tim Porter-O’Grady. These individuals have lived leadership through example in their varying nursing practices and along with my nursing peers and patients have influenced me daily to promote the profession of nursing. I dedicate this book to those who integrate the art and science of nursing with innovation, authenticity, and vulnerability to advance health.

Kara Mangold

As always, I am thankful for the scholarship, collegueship, and friendship of my coauthor Kathy Malloch. She continues to challenge my own leadership learning and role with her practical wisdom and applications and serves as a role model for the caring component of the good leader for me and the profession.

My thanks to my life partner and best friend of 38 years, Mark Ponder, RN, for his lifelong support of my own learning journey, the leadership of our practice, his tolerance for my times away in the work of the profession across the globe, and his personal modeling to me of living the experience of caring for self and others.

Finally, I want to express my appreciation to the many colleagues, mentors, learners, and partners who have advanced my own learning and growth as a person, professional nurse, and leader. They have made my lifelong journey an endless joy, challenge, and exploration that has enriched me in ways both understood and reflective of the mystery that drives learning. I am in deep debt for the many gifts they have given me.

Tim Porter-O'Grady

Working with Tim Porter-O'Grady is an incredible gift that life has given to me. Tim's dedication to nursing, excellence, and advancement of the profession continues to provide me with a beacon that never dims. Most of all, I am thankful for Tim's friendship as a kindred soul in this very complex world.

I am especially grateful to my husband Bryan for his unqualified support of me and the work I have chosen to do. As we celebrate our 25 years of marriage this year, I can only hope the next 25 years are equally special and rewarding.

Finally, leadership never occurs in isolation. This work would not have been possible without all of the very special friends and colleagues who have contributed to my journey of lifelong learning. I continue to be inspired by your accomplishments, your dedication to excellence in patient care, and your never-ending challenges.

Kathy Malloch

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I have an almost complete disregard of precedent, and a faith in the possibility of something better. It irritates me to be told how things have always been done. I defy the tyranny of precedent. I go for anything new that might improve the past. —Clara Barton

CHAPTER OBJECTIVES

Upon completion of this chapter, the reader will be able to do the following:

- » Describe the nature of change and innovation in a complex environment.
- » Compare and contrast principles of innovation and performance improvement.
- » List techniques to assist in the development of change and innovation competence.
- » Define the essential competencies and behaviors for effective change and innovation.
- » Enumerate specific strategies to embrace change.
- » Develop an understanding of the processes for overcoming obstacles to change and innovation.
- » Identify the purpose and essential elements of a contemporary business case for advancing quality using change and innovation principles.



Change and Innovation

Chapter

1

For this third edition of *Leadership in Nursing Practice*, the authors improved the focus on the leadership of innovation and added a discussion on the differences in leading innovation versus performance improvement in health systems. The ever-present demands and expectations for all healthcare workers to be fast, flexible, and effective now require knowledge of change and innovation as a core competency. Succeeding and making progress can occur only with an evidence-driven and passionate approach to improving the quality of the healthcare experience.

At some point in time, every nurse realizes that there are better ways to provide patient care, better policies to drive patient care, and better ways to organize and lead a patient care area. These new ideas are essential to improving quality and require changes to occur frequently—and often at warp speed. Not surprisingly, the result is sometimes chaos, including both positive and negative events. Improving the processes of patient care to improve outcomes is fundamental to quality patient care and requires skills in change management. What is also important for the clinical leader is to understand the rationale for and intended impact of change proposals and processes. Changes undertaken without a supporting rationale for improvement should be seriously questioned prior to their implementation.

This chapter focuses on the nature of change and innovation, along with strategies to embrace new ideas and overcome obstacles. The role of the clinical leader in understanding the dynamics of change and innovation,

as well as developing skills to challenge assumptions of practice, use innovation techniques, and communicate recommendations for improvements are discussed.

Change and innovation are widely used concepts in all sorts of industries, and these terms are often used interchangeably. Numerous descriptions and definitions of both change and innovation exist and further confound the process of gaining clarity between the two concepts. The term **innovation**, rather than *change*, is often used to gain attention and imply that something new and special is happening. One of the reasons there are significant variations in the descriptions of change and innovation can be attributed to the various underlying assumptions about the nature of change (Weberg, 2009).

Many individuals fear change and are reluctant to challenge assumptions and try something different, particularly in the work setting. A smaller number of individuals embrace change as normative and as an opportunity for new and better ways of being. What is important to remember, regardless of one's comfort with change, is that change is ever present and an inevitable attribute of being alive. There is no escaping change—except for death! Thus it makes good and prudent sense to learn as much as one can about the nature of change, including how to embrace it and how to maximize positive changes.

Most individuals and organizations see change and/or innovation as a linear process that can be managed and controlled. This perspective—that is, the view of change as a linear phenomenon—guides the processes and decisions of traditional organizations. With this perspective, it is believed that a change in one area will result in a predictable change in another specific area. It is this linear cause-and-effect assumption that most of our change processes and expectations are built upon.

Project management processes are an example of linear change that focus on predictability, equilibrium, and linear evolution while limiting flexibility, variation, and creativity so as to accomplish the goals of the change project. With this approach, deviations from the plan are viewed negatively, and the next steps focus on elimination of variances. While a linear process is helpful in providing order and structure for change processes, it also places limits on these processes.



REFLECTIVE QUESTION

Change can be considered either as a predictable linear process or as a complex, highly interrelated process. Are there advantages inherent in each view? Are there times when one approach is more or less useful? Consider a recent change in which a new policy, process, or protocol was implemented. Was the process linear or complex? Describe the areas of success and the areas identified for improvement.

Linear change does not recognize the multiple, unanticipated human actions and communications that occur and the dynamic context in which the change is occurring. As a consequence, the linear perspective often becomes rigid, control-driven, frustrating, and unsuccessful. While a project may be brought to completion, new issues and challenges emerge quickly. These unanticipated events are often viewed negatively and categorized as project shortcomings when, in fact, such events are normative and are the evolving results of complex human dynamics.

Another perspective from which to view change and innovation relies on complexity science (Fonseca, 2002). Complexity science understands the world as a dynamic phenomenon in which movement is continual and unpredictable. The world is in continual motion, and movement occurs in more than linear ways. A change in one area can result in numerous, unanticipated changes in areas not considered. As one individual or a group of individuals interacts with others, numerous actions occur spontaneously as ideas are shared and information is considered. The movement does not cease with the one interaction; instead, it continues to spread from one individual to another and so on. Interactions in a complexity perspective are characterized by creativity, interdependence, unpredictability, and collective knowledge. Change in the healthcare environment is better understood from a complexity paradigm rather than a linear paradigm, because the nature of change in this setting is seldom linear and controllable and involves and affects many individuals at many times in numerous ways. See **Box 1-1** for some common myths about change.

Dynamics of Change and Innovation

The linear and complexity perspectives of change and innovation reflect two differing dynamics underlying change processes: One is linear, while the other is highly interrelated and unpredictable. Descriptions of change and innovation are presented in **Box 1-2**.

Change has been described as an alteration of the current state. Innovation is defined as a unique type of change in which there is a novel and dramatic change that fundamentally restructures the deep social and economic value of an organization (Davidson, Weberg, Porter-O'Grady, & Malloch, 2017). Change is considered normative in a complex system, whereas it is something to be managed, controlled, and minimized in a linear system.

Innovation Versus Performance Improvement

As discussed, change processes take many forms. In health care, there is a strong attraction to the use of two methodologies, innovation and **performance improvement**. Clinical leaders should understand the difference between the two to best use the correct tool for the correct change outcome. Innovation and