THE DEMAND FOR NURSING LEADERSHIP: FROM THE BEDSIDE TO THE BOARDROOM

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Overview of Presentation

• The 21st-century nurse
• Confronting dated distinctions
• The call for nurse leadership
• Shifting paradigms
• Angela’s “top ten” list of opportunities for nurses looking forward
The 21\textsuperscript{st}-Century Nurse

• Doesn’t have to talk about the “promise” of nursing; can produce evidence in support of nurses making a difference
• Doesn’t just support primary-care provider, but is primary-care provider
• Doesn’t do one thing for entire work life, but assumes different responsibilities over time
• Nurse=Leader
Confronting Dated Distinctions

- Leadership = administration
- Some roles in nursing focus on providing services, while others necessarily focus on managing the environment
- Constructive feedback is less necessary as one becomes expert
- Mentoring is only necessary during school, orientation, or tenure-probationary years
- The effective administrator largely operates from a command-and-control framework
Leadership

...a process whereby the leader inspires and catalyzes others to achieve shared values and institutional mission in an environment where the context (e.g., economic situation) and meanings (e.g., of health and aging) are evolving, thus the need to design new ways of doing things...
The Call for Nurse Leadership

IOM’s *Keeping Patients Safe. Transforming the Work Environment of Nurses (2004)* urged nurses to exert transformative leadership, take responsibility for the design of work and workspace to prevent and mitigate error, and serve as prime movers in developing organizational cultures of safety.
IOM’s *The Future of Nursing (2010)* emphasized nurses practicing to the full extent of their education, more educated nurses, nurses as full partners with physicians and other health professionals in redesigning and leading healthcare change (including serving on boards), improved data collection to guide decision making, and lifelong learning.
Two years ago, the RWJF commissioned Gallup to survey opinion leaders about the roles nurses are playing. About half said nurses already have a great deal of influence in preventing medical errors and providing quality care, but ≥80% said that they would like nurses to have even more influence than they now do in preventing errors, ensuring quality, promoting wellness, increasing efficiency, coordinating patients, and addressing the needs of an aging population.
Shifting Paradigms: Health Care

20th-Century

- Care episodic
- Fee for service
- Process-oriented (what professional does)
- Focus of care shaped largely by expertise of providers

21st-Century

- Integrated delivery systems/managed transitions
- Capitated payment; bundled services
- Outcomes oriented (value of what is done)
- Focus of care shaped increasingly by evidence-based protocols
20th-Century

- Workarounds/variation the norm
- Care time and place bound
- Organized into hierarchical professional silos
- Emphasis on provider-patient relationship

21st-Century

- Wring out unnecessary variation
- No time/place limitations
- Team-based care
- Emphasis on improving context so provider-patient relationships can thrive
Shifting Paradigms: Academia

20th-Century
- Faculty: sage on stage
- Faculty knowledgeable
- Ever-escalating costs
- Process-oriented
- Time and place bound
- Career counseling focuses on entry into nursing
- Research shaped by personal preference
- Disciplinary silos

21st-Century
- Faculty: guide by side
- Faculty expert
- Bend cost curve
- Outcomes oriented
- No time/place limitations
- Career counseling over professional lifetime
- Research shaped by clinical need and funding
- Multidisciplinary learning and research
Opportunities Ahead

#1. An opportunity to take the lead in orchestrating system-level change

- Build cultures of safety
- Design work, workplace, and facilitative structures/processes
- Seek solutions for common population-based problems
Complex System Failure: Prevention Is So Much More than The Behavior of the Individual Health Provider
#2. An opportunity to participate in, build, lead, and study 21st-century teams

- Intra-professional
- Inter-professional
- Team work linked to greater emphasis on wisdom of the whole and value of multi-site scholarship
#3. An opportunity to take the lead in delivering outcomes that affect the bottom line

- Familiar with standardized measurement tools and focused on realizing “the values proposition,” e.g., HCAHPS scores, core clinical measures, mortality index
#4. An opportunity to take lead in comparative effectiveness research to test usefulness of

- Assistive devices and technologies
- Behavior change strategies
- Alterations in organization

Focus will be on what is ready for widespread implementation across settings
#5. An opportunity to develop information systems that facilitate patients, professionals, and other stakeholders

- Clinical decision support
- Just-in-time learning
- Self-care materials
#6. An opportunity to take lead in facilitating various “transitions” as clinical facilities strive to become accountable care organizations managing the care continuum

- Developmental
- Health-Illness
- Self-care
#7. An opportunity to become the lead wellness promoter and coach for an aging population

- Facilitating activities of daily living
- Managing chronic conditions
- Enabling family caregivers
#8. An opportunity to develop new connections and partnerships between schools of nursing and clinical agencies

- Quality/safety initiatives
- Identification of research projects that address real-life problems and use institutional data
#9. An opportunity to promote the notion that all healthcare policy boards, particularly of clinical agencies, should include at least one nurse

- RWJF initiative
- Quality and safety becoming as important as fiscal solvency
#10. An opportunity to promote notion of 21st-Century Nurse

- Publicize work of nurses in meeting system changes demanded by IOM reports and American public
Are we prepared to seize these opportunities?
What other opportunities do you see?