The Continuum of Care

- Nursing leader
- Nurse Practitioner
- Unit staff
- Patients
Theory: Nursing Leadership Knowing

- **Empiric Leadership Knowing**
  - Based on the science of nursing
  - Uses data collection, analysis, and evaluation of evidence based practices

- **Aesthetic Leadership Knowing**
  - Based in the art of nursing
  - Empathetic, subjective, visionary, perceptive

- **Personal Leadership Knowing**
  - Attentive listening, information sharing, release of control
Theory: Nursing Leadership Knowing

- **Ethical Leadership Knowing**
  - Guided by ANA code of ethics
  - Strong leadership produces and sustains an ethical environment.

- **Social-Political Leadership Knowing**
  - Understanding of internal culture and politics that govern it.
  - Sociopolitical issues: Gender, diversity and power
Theory: Nursing Leadership

- Unknowing Leadership
  - Humility, awareness, flexibility
  - Open-minded, adaptable leadership

- Emancipatory Leadership Knowing
  - Actively changing the workplace environment in order to impact outcomes for the patients as well as the nurses.
Theory: Nursing Leadership Knowing

- All seven patterns of knowing must be used synergistically in order to be effective.
- Current literature emphasizes evidence-based management/leadership/practice: the focus is on the empirical pattern only.
- Using all seven patterns in unison prevents nursing leadership theory from becoming wooden, insensitive and ineffective.
Nursing Leadership Knowing Model
Evidence-based Practice/Leadership

- Institute of Medicine report “Keeping Patient’s Safe: Transforming the Work Environment of Nurses” (2004)
  - Discussed the decline of nurse leaders
  - Recommended transformational leadership
  - Evidence-based Management
- The Future of Nursing: A Public Briefing by the IOM of the National Academy (2010)
  - Where we have been, where we are, and where we are going.
Evidence-based Practice/Leadership

- Nursing leadership begins with a change in education
  - Nurse leaders in academic institutions need to become creative and innovative to a rapidly changing student population.
  - Develop, improve and maintain the skill set of the nursing workforce
  - Nurses and nurse leaders must be marketable in today’s changing healthcare environment.
Effective Leadership Qualities

- Set direction: be intellectually flexible, politically astute, drive for results
- Deliver services: leading change through people, hold people accountable, empower others, effective/strategic influencing, working collaboratively
- Personal qualities: self-belief, self-awareness, self-management, drive for improvement, personal integrity

Bennett 2010
Quality Improvement

- Implementation of health informatics: increase quality of care, patient safety, system delivery.
- Nurse leaders must participate in the development of information technologies.
- Bridge the gap between the clinical world and the technological world.
Clinical Referents: Education

- **Intellectually Flexible**
  - Trained to utilize multiple complex information resources, to data mine for evidence, as well as produce new evidence

- **Politically Astute**
  - Realization that we must be knowledgeable willing, and actively involved in the politics of profession

- **Drive for Results**
  - Design, implement and actively participate in leadership roles
Clinical Referents: Informatics

- Utilization of collected data to predict, create, and implement patient care based information gleaned from statistical analysis.
- Improve health information technology skills in order to deliver high quality care.
- Create patient/diagnosis specific templates in order to provide individualized care.
Clinical Referents: Leadership

- Designing, implementing and leading a research study
- Mentoring masters student
- Engage community resources
- Lead interdisciplinary patient care
Role of the DNP

- **Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking**
  - 1. Develop/evaluate care delivery approaches that meet current/future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
  - 2. Ensure accountability for quality of health care and patient safety.
Role of the DNP

- a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives.
- b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
Role of the DNP

- c. Develop and/or monitor budgets for practice initiatives.
- d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
- e. Demonstrate sensitivity to diverse organizational cultures and populations.

3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.
Summary

- Nursing education must be transformed
- DNP's have been educated to step into the leadership role
- DNP's must be active in creating the policies that govern our profession
References