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Blueprint for Nursing Leadership

Creating a Culture of Accountability

Dianne A. M. Aroh, MS, RN, NEA-BC;
Denise Occhiuzzo, MS, RN,BC;
Claudia Douglas, MA, RN,CNN, APN,C

Our "Blueprint for Nursing Leadership" emerged from dialogue with our nurse leaders on the daily challenges that managers encounter with competing and compelling priorities in the increasingly complex health care environment. Recognizing this as a transformational opportunity, the reorganized nurse executive council members were invited to a leadership retreat to further explore this topic. From this dialogue, 3 key components, distributed responsibility, nonstop skill development, and accountability became the framework on which the "Blueprint for Nursing Leadership" was crated. The blueprint is to empower, engage, and sustain a culture of accountability. **Key words:** *accountability, blueprint for leadership, distributed responsibility, nonstop skill development*

THE increasing complexity of the health care environment and the variation in level of experience, competence, performance expectations, and accountability among the nurse leaders within our organization led to the creation of a "Blueprint for Nursing Leadership." Established as a foundational requisite on which to define nursing's leadership, core values, and principles, the 3 distinct components, distributed responsibility, nonstop skill development, and accountability were recognized as essential to sustaining a culture of nursing excellence. The intent of the blueprint is to convey to all nurses across the organization the expectations of effective nursing leadership. As an operational concept, the "Blueprint for Nursing Leadership" provides a framework for direction and creates a pathway for accountability and alignment with organizational strategies, while maintaining the distinctiveness of nursing. It is the process and language of transferring strategies into reality, the key to long-term sustained organizational goals and succession planning.

Author Affiliation: *Hackensack University Medical Center, Hackensack, New Jersey.*

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Correspondence: *Dianne A. M. Aroh, MS, RN, NEA-BC, Hackensack University Medical Center, 30 Prospect Ave, Hackensack, NJ 07601.*

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HISTORY OF OUR BLUEPRINT DEVELOPMENT

Hackensack University Medical Center first received the Magnet designation in 1995, the second hospital in the nation and the first hospital in New Jersey to receive this prestigious award for nursing excellence. Achieving the Magnet nursing designation is a valid marker of nursing excellence[1] and a framework of excellence in nursing management services.[2] It is an indicator of nursing's adherence to standards for improving the quality of patient care, quality of nurse executive leadership, nursing staff competence, exemplary professional practice, autonomy, and engagement, which are hallmarks of nursing excellence.[3]

By the 1990s, we were not immune to the challenges faced by health care organizations. Achievement of the Magnet designation was a new way of existence. However, the strategies to support innovative leadership, value-based decision making, agility, and sustainability made the daily journey to excellence a challenge. Higher patient acuity, declining reimbursement, the shift to consumerism in health care, Internet access to health information, and the economic downturn were some of the external factors propelling senior leaders to set higher expectations for nurse executives and frontline staff. By 2006, nursing at Hackensack University Medical Center was at a crossroads. The energy, momentum, and drive needed to maintain and sustain desired outcomes had diminished. Creating a focused leadership foundation to overcome the internal and external challenges became the impetus for creating the "Blueprint for Nursing Leadership."

Table 1. Physician Satisfaction Survey 2008

Criteria	Results
Overall rating of patient safety[a]	98th percentile
Quality of the nursing staff	97th percentile
Medical technology and equipment: operating rooms[a]	97th percentile
Nursing collaboration with medical staff (on units and in departments)[a]	96th percentile
Staff reliability in recognizing and reporting changes in patients' conditions	95th percentile
Timeliness of follow through on written orders	93rd percentile

SITUATIONS CREATED BY CHANGE ARE OPPORTUNITIES FOR LEADERSHIP[2]

Change and innovation have been well recognized at the heart of nursing, and change challenges nurses by requiring transitions from the familiar and reliable to situations with different demands.[4] Leaders are the catalysts of change by developing strategies and vision.[5] Transformational leaders champion capacity development to achieve higher levels of personal commitment among team members to organizational objectives.[6] Bass stated that "transformational leadership occurs when leaders broaden and elevate the interests of their employees, when they generate awareness and acceptance of the purposes and mission of the group, and when they stir employees to look beyond their own self-interest for the good of the group."[7(p21)] To lead an organization on a pathway to a change in ethos is at best a daunting task, because transformational change disrupts the status quo, forcing managers and leaders out of their comfort zones and established behavior patterns.[8] We had established routines, processes, and "a way of being"; we were a successful Magnet designated organization. By 2006, we had achieved Consumer Choice Awards, consecutive awards from HealthGrades for clinical excellence, and the recipient of 12 Gold Seals of approval for health care quality from the Joint Commission. The bar had been raised yet again.

AN IN-DEPTH LOOK AT THE COMPONENTS OF OUR BLUEPRINT

We define our "Blueprint for Nursing Leadership" (Figure 1) as a framework designed to inspire our nurse leaders to attain higher levels of performance, outcomes, and actionable sequences for sustainable leadership. The blueprint links and leverages resources, incorporating leadership, partnership, and collective action to the organizational mission, vision, and values. It emphasizes corporate vision, commitment, and continuous monitoring to ensure success. The blueprint reinforces individual and distributed responsibility, nonstop skill development, and accountability.

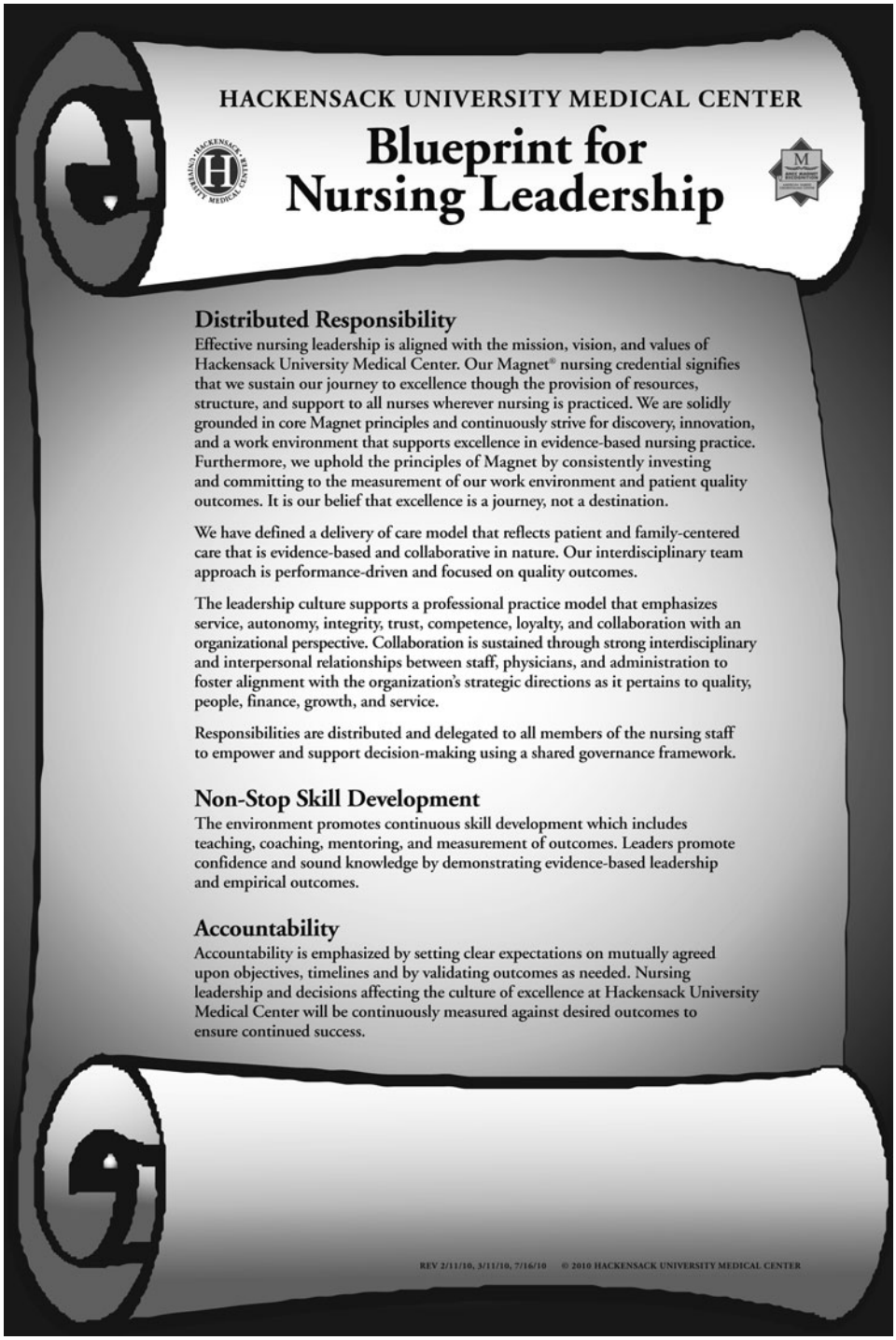

Figure 1. Blueprint for Nursing Leadership.

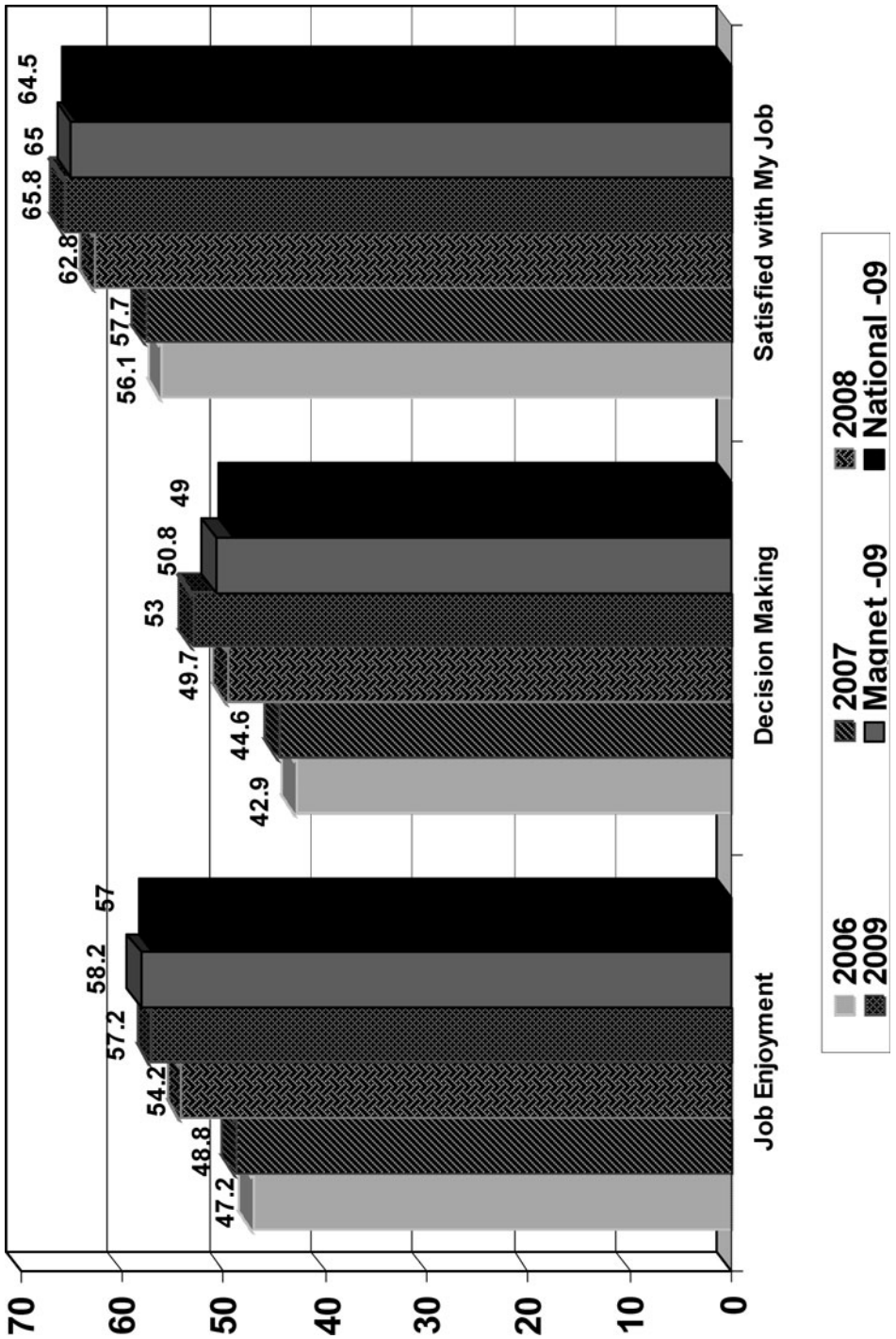

Figure 2. NDNQI results 2006–2009.

Table 2. Physician Satisfaction Report 2009

	Chief Nursing Officer	Administrative Director of Nursing Medicine	Nurse Manager Medicine	Measurement
Service	Improve hospital consumer assessment of health care providers and systems Nurse communication Responsiveness of staff Discharge information	Improve hospital consumer assessment of health care providers and systems medical inpatient units Nurse communication Responsiveness of staff Discharge information	Improve hospital consumer assessment of health care providers and systems medical unit Nurse communication Responsiveness of staff Discharge information	Measured by the quarterly dashboard and unit based scores
Quality	Reduce the number of falls annually by 20% on the inpatient units	Reduce the number of falls annually by 20% on the medical inpatient units	Reduce the number of falls annually by 20% on the medical unit	Measured quarterly by falls data
Finance	Maintain my expense budget within stated parameters	Maintain my expense budget within stated parameters on medical inpatient units	Maintain my expense budget within stated parameters for medical unit	Review monthly at patient care directors meeting
People	Increase RN satisfaction scores	Increase RN satisfaction scores for medical inpatient units	Increase RN satisfaction scores for medical unit	Measured by National Database of Nursing Quality Indicators annual survey data

DISTRIBUTED RESPONSIBILITY

Distributed responsibility asserts that effective leadership aligns itself with the mission, vision, and values of the organization. It refers to the activities that are tied to the core values that are designed to influence the motivation, knowledge, and effect of leaders.[9] Distributed responsibility operates on the premise that leadership should be dispersed throughout the organization, thus developing leadership potential, an imperative for all leaders. It is a social influence process aimed at achieving a collective or organizational end.[7,10] and avoids organized irresponsibility. Leaders create new organizational routines, structures to transform culture, contributing in turn to greater satisfaction, higher expectations, and improved outcomes.[9] This solid foundation, along with leadership's commitment to shared governance, empowers staff to continuously strive for discovery, innovation, and a work environment that supports excellence in nursing leadership and practice.

In the "Blueprint for Nursing Leadership," distributed responsibility emphasizes service, autonomy, integrity, trust, competence, loyalty, and effectiveness with a global perspective. Inherent in our blueprint is an accountability loop that starts at the top, with leadership owning their own accountability and evaluating their self-effectiveness. Individual ownership and accountability enhance and multiplies the potential to achieve key

organizational foals and outcomes. Through distributed responsibility, the perspective on leadership is not prescriptive but rather a lens through which we can examine leadership. It enables the development of a broader foundational base, thus forming a solid structure and framework for success. Measurement of our work environment and quality patient outcomes is paramount to our culture, as evidenced by the investment of time and resources. The pulse of our work environment is assessed through a variety of methods: chief nursing officer town hall meetings; chief executive officer forums; human resources round tables; employee and physician satisfaction surveys (Table 1); National Database of Nursing Quality Indicators Survey (Figure 2); and daily, interdepartmental, and senior leader rounding. Examining, reviewing, and monitoring data and trends against both internal, external, and national benchmarks and predetermined goals support the concept of collaboration and jointly preparing action plans for continued growth toward performance-driven outcomes.

NONSTOP SKILL DEVELOPMENT—ACHIEVING STRATEGIC ALIGNMENT

According to Cheese et al, "talent is the engine of the modern organization, and engagement is the mystery ingredient that can transform an organization's output."[11(p1)] Engagement is the quality that persuades people to align their own interests with their organization.[11] Talent and engagement are fundamental to our philosophy of nonstop skill development and on-going learning. It is essential to ensure the agility needed to respond to the rapidly changing health care sector. It is our belief that there is a direct link between talent management and stellar quality outcomes, another being our recognition as one of America's 50 best hospitals.

Kram's[12] seminal work on mentoring theory states that relationship is the hallmark of mentoring, and mentoring helps protégés develop a sense of professional identity and personal competence.[12] Mentoring encompasses a supportive relationship and a teaching process. It involves coaching, role modeling, assessing, sponsoring, and enhancing professional socialization. Sound knowledge, continual learning, training, and maintaining a highly skilled workforce are vital factors for building leadership confidence, trust, long-term success, and the organization's profitability.[13]

Embedded in the "Blueprint for Nursing Leadership" is the flexibility that allows the creation of a culture of learning; nonstop skill development goes beyond learning and development. In addition to alignment with the organization's vision, the benefits of continuous learning include the sharing of new ideas, expertise, confidence, and sound knowledge by demonstrating evidence-based leadership.

ACCOUNTABILITY

Accountability has an ethical component as well as an answerable component. The first step to accountability is setting clear expectations of mutually agreed upon outcomes/goals, objectives, and related time lines. Nursing leadership and the decisions, which affect our organization, are continuously measured against desired outcomes. Evaluation and revision of action plans with continuous validation of outcomes ensures alignment with our operating bottom line. In the current economic climate of unexpected change, organizations must be sensitive to becoming preoccupied with quality goals such as customer satisfaction and employee satisfaction without consideration to financial consequences. A failure to link operational improvements to economics results in poor business performance; ultimately, all measures on a scorecard should be linked to financial objectives, and so, accountability, which is integral to our organization's success, is a key element of our "Blueprint for Nursing Leadership."

The first step to creating a culture of accountability is to set the expectation for

holding one's self as well as our colleagues and employees accountable for outcomes and consequences of our actions or lack thereof. Our chief nursing officer has mentored leaders in the practice of accountability by providing first-hand formal education and presentations and using real-life, real-time situations to role model and give feedback. This type of education is also shared during quarterly town hall meetings and monthly nursing leadership meetings, which include frontline staff. Miller in his book, "Keeping Employees Accountable for Results,"[14(p1)] describes accountability as a process that consists of 6 principles. Each principle is a prerequisite to the next. They are as follows:

- Set expectations
- Invite commitment
- Measure results
- Provide feedback
- Link to consequences
- Evaluate effectiveness

Preoccupation with quality goals, customer satisfaction, and employee empowerment for their own sake is a formula for failure. A strategy to incorporate a balanced scorecard approach was incorporated as a tactic to maintain a balance between quality outcomes and finances. In our organization, the leadership evaluation manager (LEM) allows us to focus leaders on what matters most and set clear objectives, measurable goals, and hardwire processes to hold leaders accountable for results. Through LEM, leaders establish goals and action plans that are linked and aligned with the strategic direction, vision, and mission of the organization. Leaders are accountable, empowered, and maintain ownership toward achieving customer-driven priorities, growth, continuous process improvement, and financial performance measures (Table 2). A benefit of LEM is that it provides an absolute line of sight for leaders to see how their actions are aligned with the strategic directions pertaining to quality, people, finance, and service.[15]

SUMMARY

Our "Blueprint for Nursing Leadership" offers a framework for success for leaders at all levels. It describes our core principles and values. Concurrently, it lends itself to as it guides the mentoring process for both new and experienced nurse leaders. It upholds interdisciplinary collaboration and partnership.

It is our belief that excellence is a journey, not a destination.[16] How we position ourselves, by strengthening our operations and by our ability to remain agile, are the key determinants of how we will fare in the new era of health care reform.[17] Health care is in some ways a microcosm of the turbulence and uncertainty facing the entire economy. An executive team on its own cannot find the best solutions, and Heifetz et al assert that "leadership can generate more leadership deep in the organization."[18(p68)] This is the essence of succession planning. Distributed responsibility generates solutions by increasing information flow that allows people across the organization to make independent decisions and share the lessons that they learn from innovative efforts.[18] Our experience with the effectiveness of the "Blueprint for Nursing Leadership" has implication for future nursing research surrounding the gap that exists between nursing's values, competing priorities, and the strategic directions of the organization.

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