

Nurse Executive Practice

Creating a New Vision for Leadership

Victoria L. Rich, PhD, RN, FAAN;
Tim Porter-O'Grady, DM, EdD, APRN, FAAN

Creating the future for practice calls for a new view of leadership and the evidence to support it. Gathering practice and research stakeholder to clarify the frame for research and the future of practice is critical to building a preferred future. Focusing on gathering leaders and providing a frame for their dialogue and interaction around executive practice for the future is important to creating the appropriate skills and role characteristics to lead the profession into it. **Key words:** *conference, dialogue, executive practice, future, nursing administrative research*

IT GOES WITHOUT SAYING that leadership practice is in a constant state of flux.¹ Consistent with contemporary understanding of complexity theory and quantum dynamics, it is appropriate to note that leadership capacity must match both the social cultural shifts in systems and organizations and the science, which underpin the management of effective human behavior.² As we become more familiar with new data and applications of leadership capacity and effective skill sets, it is important to reflect that evidence in the practices and behaviors of leaders.³

Periodically, recalibrating the understanding of executive leadership practice is critical to deepening our understanding of which of those current practices are still relevant and which emergent practices work to transform the role and content of the executive.⁴ This is no less critical for those executives leading clinical professionals in one of the most complex operating systems, health care services. Health services are one of the central social

requisites of organized and progressive societies providing one of the major centerpieces essential to the advancement of a culture and the health of its citizens. The importance of effective leadership in health systems and services cannot be understated. The need to ensure that health care executive leadership is current, relevant, and effective is foundational to advancing quality health care in a way that obtains real value and expedites sustainable health.⁵

CONTEXTUAL SHIFTS

Health services acts as a microcosm reflecting the larger contextual cross-cultural changes affecting every society on the globe. The burgeoning communication sciences, technologies, and tools now connect to the human species in ways previously only dreamed about.⁶ Now, on every continent of the globe, wireless and mobile communication technologies and devices make it possible for every human being to be linked to every other human being and all people to be connected to universally accessible information. Constrained only by political barriers, the information infrastructure now makes it possible for everyone to have access to the "cloud" of information resulting from the collective and interacting creative whole and through the "mind" of continuous and collateral human exchange.

Author Affiliations: *Pennsylvania School of Nursing Penn Medicine, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania (Dr Rich); and Tim Porter-O'Grady Associates, Inc, Atlanta, Georgia (Dr Porter-O'Grady).*

Correspondence: *Tim Porter-O'Grady Associates, Inc, 195 Fourteenth St NE, Suite PH501, Atlanta, GA 30309 (info@tpogassociates.com).*

DOI: 10.1097/NAQ.0b013e3181ff3821

Although his huge advancements in the communication and information infrastructure have occurred generally, relatively slow progress has hindered the full potential of this capacity in health service.⁷ Much attention has been paid to the development of the financial information infrastructure in health care for obvious reasons, but it is only in the last decade that much significant progress in the integration, linkage, and management of clinical information infrastructures across multiple service platforms has shown any effective progress. As information systems have become more mobile and portable, they begin to inform the dynamics of diagnosis, decision making, intervention, and clinical evaluation.

Evidentiary dynamics and related improvement sciences now call for a different frame for determining the effectiveness and critical choice-making with regard to clinical process and practice.⁸ Arising out of a stronger need for a "value" orientation in the delivery of an ever-increasing costly social service, the establishment of the evidence of value creates a need to retool the focus; function; and impact of clinical services, relationships, and intersections. Along with this shift in focus comes the requisite for nurses, physicians, and other clinical providers to change the script for their service and clinical actions in a way that more strongly demonstrates the relationship between process, outcome, impact, and value.⁹ This shift in consciousness calls for a strong modification of clinical activity and interaction in a way unfamiliar to practitioners whose clinical experience has been historically configured in hierarchical, silo-based, nonreferent organizational and service structures. The result of this ill-fitting business model is an inculcated pattern of entrenched behaviors difficult to unbundle.¹⁰

In the wake of this reality, executive leaders must now construct a different context for health service imbued with more collateral, relational, interacting, and horizontal constructs than have ever previously existed in health care. To do so, nurse executives and other C-suite leaders must rethink structure

and strategy and work with clinical stakeholders in a partnership represented by complementarity; shared decision making; and full engagement in design and implementation of clinical relationships, workspaces, models, service, and outcome configurations.

NEW CONFIGURATIONS

In the wake of the emerging realities outlined here, nursing executive leadership is challenged to address the state of leadership of professional practice in ways completely differentiated from past models of both leadership and practice. This value continues to drive both structure and dialogue. The historic language articulating the frames for practice and the roles of practitioners will now need a radical overhaul. The challenge for nurse leaders are the questions related to the capacity of executive leadership to reconfigure its own roles and to create a different culture and service model for undertaking essential questions of design, service, and value.

The new language of high reliability now calls professionals to look carefully at the content of their work within the context of a larger lens. The value of the work is not so much in having done it as it is in aligning the effectiveness relationship with the action of the practitioner. The essential question for the leader is now not so much about how much good work has been done but, instead, whether the work made any difference. Notions of accountability are embedded in the goodness of fit between the work and its effectiveness. For practicing nurses whose notion of work is embedded in the volume of time, the script now calls for nurses to become more fully invested in work that represents the value of time. Historic precedents representing a trajectory of oppressed group behavior and only a passive relationship between action and impact now challenge the very foundations of the nurse's relationship to work and work place as the profession enters into its adulthood on the cusp of the 21st century.¹¹ Here again, nurse executives must now reflect in their own leadership

capacity and in the role of the staff, organizational models, and professional practice designs that represent a more mature calibration of professional ownership, engagement, and value.

TRANSFORMING CARE

The most important work of health professionals, of course, is the delivery of high-quality clinical services. Furthermore, it is important that the quality of the services have an impact on the overall net quality of the health of society. For too long, there is but little evidence of the relationship between clinical practice and the net aggregate health status of people. The overwhelming emphasis on tertiary intervention has resulted in a high-intensity, high-intervention, high-cost health service has little evidence of producing a higher quality of social health.

Today, there is a renewed political and social emphasis on advancing the aggregated health status at a social and community level calling nurse executives and other leaders to reconceptualize health service design; create new models of clinical practice; and ensure the integration of primary and tertiary care services, therapeutics, safe practices, community outcomes, and sustainable measures of wellness.¹² Here again, the competency of nurse executive's roles and the leadership that they provide in a complex array of transformational activities is central to the profession's ability to fulfill its obligation to coordinate, integrate, and facilitate the relationships and activities necessary to sustainably transform health care in a 21st-century context. The complexities associated with sustainable transformation requires a whole new mental model and mindset shift in executive leadership practices and competencies if the current commitment and energy to construct an effective health care infrastructure and clinical practice environment is to ever be fully achieved. Nurse executives must be willing to commit their own energies to examination of the contemporary role of nursing executive leadership and of the competencies and skills necessary to both sustain it

and to advance the profession and the health care system in its transformative work as it attempts to better meet the health needs of citizens.

AN INVITATIONAL SUMMIT GROUNDING NEW NURSE EXECUTIVE PRACTICE

It is important to undertake a deeper dialogue in an effort to broaden the foundation of nursing executive leadership and to explore these many implications of digital-age health care realities as well as the requisites of health reform. Clearly, the inferences for challenging traditional leadership practices are apparent as nurse executives create an appropriate context for contemporary nursing practice.

The authors affirm that now is the time for this critical next step in the consideration of the transformation of nurse executive leadership practice. There is now a need to assemble a "Vienna circle" of global nurse executive thought leaders and doctoral students who represent all venues of the health care delivery system. To make this potential gathering purposeful and real, an invitational summit process is now under way titled *State of the Science in Nurse Executive Practice: Creating the Vision for the Future*. The summit is planned for June 2011 and is sponsored by the University of Pennsylvania School of Nursing, Biobehavioral Division, and Nursing Administration concentration in Philadelphia.

In 2007, the University of Pennsylvania Nursing Administration conducted a Think Tank symposium in which nurse executive leaders discussed the changing horizons in leadership and the connection between curriculum and essential competencies for nurse leaders. This 2011 summit will extend those proceedings and will explore innovative approaches to the research needed to advance the science of clinical leadership in the digital age. The intended proceedings will focus on creating a directional compass that guides an agenda for research involving evidence-based principles for succession planning and mentorship for future nurse executives leading patient care delivery systems across the entire care continuum.

This North Star Invitational Summit's proposed framework consists of 3 leadership practice domains: (1) professional and personal organizational leadership, (2) high reliability in nursing practice, and (3) transitions in care accountabilities. As issues in each domain are identified and discussed, the moderator will continually navigate the attendees to stay the course to search for a research agenda that will relate evidence based nurse executive leadership acumen to the achievement of a higher quality of health service design and improved quality of social health for humanity.

Specifically, this invitational conference's potential topical issues will address the following:

- I. *Domain of professional and personal organizational leadership* including creating a learning culture of nursing, competencies of nurse executive as a knowledge worker, and developmental needs of the nurse as a knowledge worker.
- II. *Domain of high reliability in nursing practice* concerns the creation of nursing cultures that are fit and accountable for patient/family outcomes, evidence-based outcomes related to family presence, exploratory research on interdisciplinary team-based cohorts that impact patient outcomes and the efficacy of technology and simulation learning on both the clinical providers and the patient/family outcomes.
- III. *Domain of transitions in care accountabilities* considers the nurse executive leadership role and impact on research and development with vendors for the design and impact on patient education related to medication management and other health outcomes, nurse executive role in partnerships with physicians and other ad-

vanced practice providers in health home evolution, and accountable care organizations and community/population-based outcomes and wellness measures.

Finally, this effort at creating a new vision for nurse executive practice requires nurse leaders to recognize that if they do things the same way—they will get the same results. As this new century progresses, along with nurses, physicians and other health clinicians are awakening to the realization that a well-coordinated and integrated clinical team will be central to positively advancing health service and clinical outcomes. The nurse executive will play a key role in advancing this reality and creating the conditions for interdisciplinary practice.

This effort to advance health care and ensure the most effective clinical practices has been nursing's heuristic since Florence Nightingale. Through this invitational conference, the dialogue it generates, and the foundations it will lay provide a significant opportunity to ground nurse executive practice with an evidence-based research foundation for nurse leaders. Competent and assured nurse executive leadership practice provides the critical frame within which the appropriate context is constructed that assures strong alignment between health care demand and the technology, economic, policy, regulatory, and evidentiary elements which inform it. This invitational conference provides an opportunity for the best and brightest of nursing and health care leadership to explore emerging realities affecting contemporary practice and to provide new and firm foundation upon which to articulate new realities with relevant nursing practice. Stay tuned, the intent of this international nursing leadership conference is to challenge past leadership practice and lay the foundation for the future of nursing leadership and clinical practice.

REFERENCES

1. Malloch K. Creating the organizational context for innovation. In: Porter-O'Grady T, & Malloch K. eds.

Innovation Leadership: Creating the Landscape of Healthcare. Boston, MA: Jones & Bartlett; 2010.

2. Rouse W. Healthcare is a complex adaptive system: implications for design and management. *The Bridge*. 2008;38(1):1-2. <http://www.nae.edu/nae/bridgecom.nsf/weblinks/MKEZ-7CLKRV?OpenDocument>. Accessed July 21, 2010.
3. Hazy J, Goldstein J, Lichtenstein B. *Complex Systems Leadership Theory: New Perspectives from Complexity Science on Social and Organizational Effectiveness*. New York, NY: Vintage Press; 2007.
4. Porter-O'Grady T. Leadership for innovation: from knowledge creation to transforming healthcare. In: Porter-O'Grady T, & Malloch K. eds. *Innovation Leadership: Creating the Landscape of Healthcare*. Boston, MA: Jones & Bartlett; 2010.
5. Hesselbein F. *Hesselbein on Leadership*. 1st ed. San Francisco, CA: Jossey-Bass; 2002.
6. Friedman T. *The World is Flat*. New York, NY: Farrar, Straus and Giroux; 2006.
7. Brooks R, Grotz C. Implementation of electronic medical records: how health care providers are managing the challenges of going digital. *J Business Econ Res*. 2010;8(6):73-85.
8. Anderson J, Willson P. Clinical decision support systems in nursing: synthesis of the science for evidence-based practice. *CIN: Comput, Inf, Nurs*. 2008;26(3):151-158.
9. Ridenour J. Evidence-based regulation: Emerging knowledge management to inform policy. In: Malloch K, ed. *Introduction to Evidenced-Based Practice in Nursing and Healthcare*. Boston, MA: Jones & Bartlett; 2010;2:275-299.
10. Porter-O'Grady T. Leading the profession. In: Gullatte M, ed. *Nursing Management: Principles and Practices*. 2nd ed. Pittsburg, PA: Oncology Nurses Society; 2010b:23-44.
11. Ashley JA. *Hospitals, Paternalism, and the Role of the Nurse*. New York, PA: Teachers College Press; 1976.
12. Butterfoss F. *Coalitions and Partnerships in Community Health*. Chicago, IL: John Wiley & Sons; 2007.