

# The Nurse Administrator in Long-Term Care

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## LEARNING OBJECTIVES

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1. To understand the role and responsibility of the nurse administrator in long-term care (LTC)
2. To differentiate between the concepts of culture and climate in healthcare organizations
3. To analyze the competencies expected of the nurse administrator in long-term care
4. To evaluate one's own nurse administrator competencies using the AONE "self-assessment" checklist
5. To recognize the role that technology plays in long-term care administration

## KEY TERMS

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**Lead:** To direct on a course or direction

**Manager:** The person who handles or directs with a degree of skill

**Culture:** The set of shared attitudes, values, goals, and practices that characterize the institution or organization

**Climate:** The prevailing influence or environmental conditions characterizing a group

**Competencies:** Having requisite or adequate ability or qualities

**Informatics:** The collection, classification, storage, retrieval, and dissemination of recorded knowledge treated as a pure science and as an applied science

## INTRODUCTION

Older adults consume 50% of all hospital care, both as consumers of health-care services and as recipients of nursing care. Older adults also use more than 80% of home-care services and occupy 90% of all nursing home beds in the United States (National Center for Health Statistics [NCHS], 2004). Because of this, nurses and nurse executives in long-term care are integral to the delivery of quality care to geriatric patients. The executive role of nurse administrators in long-term care places them in a unique and challenging position to manage, coordinate, and facilitate decision making in collaboration with allied healthcare professionals in providing long-term care.

## THE NURSE LEADER IN LONG-TERM CARE

### The Role of Nursing as a Profession

The authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities, as well as measures for public accountability. In almost all countries, nursing practice is defined and governed by law on entrance into the profession and is regulated at the national or state level.

The aim of the nursing community worldwide is for its professionals to ensure quality care for all, while maintaining their credentials, code of ethics, standards, and competencies, and continuing their educations (Leader, 2011).

Nurses care for individuals of all ages and cultural backgrounds who are healthy or ill in a way based on the person's physical, social, psychological, emotional, and spiritual needs. The professional role combines physical science, social science, nursing theory, and technology in order to care for individuals.

### The Role of the Assistant Director of Nursing

In many long-term care settings, an assistant director of nursing (ADON) is in place to back up the director of nursing (DON) and assist with administrative duties. The ADON may have specific responsibilities separate from, but complementary to, the DON. These may include the management of

clinical operations, staff education or scheduling liaison among other faculty disciplines (i.e., nutrition, pharmacy), customer service, recruitment and retention, and quality assurance. The ADON is expected to work closely with the DON to determine his or her essential duties and responsibilities.

### **Additional Nursing Roles in Long-Term Care**

Many long-term care facilities employ nurses who are certified in wound care and/or infectious diseases. Wound care nurses—sometimes referred to as wound, ostomy, and continence nurses (WOC)—specialize in wound management and the monitoring and treatment of wounds due to injury, disease, or medical treatment. WOC nurses work with patients' family and staff to educate them on wound care and prevention. For example, in long-term care, nurses' aids would be taught the proper way to avoid bed sores in the older adult population.

Infectious disease nurses are clinical nurse specialists who focus on infectious disease control work, primarily in major healthcare facilities such as hospitals and nursing homes. Their main goal is to monitor and prevent the spread of infections. These nurses may be referred to as “infectious disease nurses” or “infection control nurses;” however, there is a difference. An infectious disease nurse works primarily in an environment where physicians treat patients suffering from an infectious disease. The infection control nurse may be the administrative nurse who deals with policy making, surveillance of healthcare-acquired infections, and so on. In many facilities, the terms might be used interchangeably (Short, 2007).

### **Role and Scope**

Nurse executives in long-term care lead with integrity, knowledge, and compassion in order to enhance an environment of quality care. They establish department directions and strategies, plan programs, and administer budgets to overall meet their institutions' or agencies' goals.

Nurse administrators are reliable human resources and facility resource managers. By setting and interpreting policy and developing structures for operating units, they assume a broad organizational perspective and represent the organization for their constituents, including the community.

The nurse leader in long-term care models, advocates, communicates, and leads in the development of programs and practice within the focus of the mission and goal of the organization (American Health Care Association, 2012). To be an effective leader, the nurse administrator must also be a good manager. Bennis (2003) draws several distinctions between managers and

leaders. These differences essentially claim that managers are concerned with those issues focusing on system, short-term perspectives, maintenance, and watching the bottom line, for example. Leaders, on the other hand, are focused on people, inspiring trust, doing the right thing, looking at long-term perspective, and challenging the status quo (Bennis, 2003).

Siegel, Mueller, Anderson, and Dellefield (2010) discussed the pivotal role of the director of nursing in nursing homes. Their study found that a long history of inattention to the DON position, coupled with low expectation for the competencies and requisite educational preparation, has potentially compromised the capacity of DONs to promote and sustain high quality, cost-effective nursing home care.

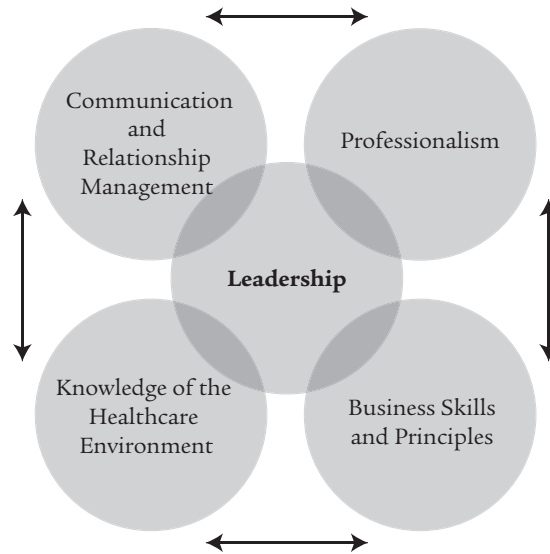
Kotter (1999), in his book *What Leaders Really Do*, supports Bennis and suggests that the differences between management and leadership are real. He purports that management is about coping with complexity, whereas leadership, by contrast, is about coping with change. Both would agree that to be a success at management or leadership, a certain degree of competence is needed.

## COMPETENCIES

What does it take for a nurse executive to be effective in long-term care? Is being considered a good leader or a good manager “enough”? What behaviors and competencies are necessary for the nurse executive in long-term care?

The “need to have” versus “nice to have” model can be applied to the competencies excellent nurse leaders should demonstrate. It is certainly not realistic to expect that a nurse leader would be equally competent in all areas. It is reasonable, however, to expect that the nurse executive would reach, at minimum, standard, if not above standard, competence in several areas, and be outstanding in others. These competencies include (but are not limited to): health communication promoter, quality performance overseer, developer of human resources, finance manager, compliance ensurer, and public relations cheerleader. **Figure 2.1** follows these interrelated roles of the nurse executive in long-term care.

The American Organization of Nurse Executives (AONE) published the AONE Nurse Executives Competencies in February 2005. In that document, skills common to nurses in executive practice in various organizations, regardless of their educational level or title, are described. These competencies



**Figure 2.1** Healthcare Leadership Alliance (HLA) Model

The competencies are captured in a model developed by the Healthcare Leadership Alliance (HLA) in 2004. HLA members include AONE, the American College of Healthcare Executives, American College of Physician Executives, Healthcare Financial Management Association, Healthcare Information and Management Systems Society, and the Medical Group Management Association. This graphic model was used in work to identify a common core set of competencies for leadership executives in health care.

*Source:* Used with permission from American Organization of Nurse Executives (AONE)/The Healthcare Leadership Alliance (HLA).

can be used as a self-assessment tool, useful for the identification of areas needing growth. Additionally, aspiring nurse leaders can use them in personal planning preparation for their careers (AONE, 2005). Organizations may see them as a guideline for job descriptions, expectations, and evaluation of nurse leaders.

Basically, AONE believes that nurse leaders must be competent in:

- Communication and relationship management
- Knowledge of the healthcare environment
- Leadership
- Professionalism
- Business skills and principles

**Table 2.1** AONE Competencies and Specific Behaviors (2005)

While all nursing leaders share these competency domains, the emphasis on particular competencies will be different depending on the leader's specific position in the organization.

**Communication and relationship management** competencies include:

1. Effective communication
2. Relationship management
3. Influence of behaviors
4. Ability to work with diversity
5. Shared decision making
6. Community involvement
7. Medical staff relationships
8. Academic relationships

**Knowledge of the healthcare environment** includes:

1. Clinical practice knowledge
2. Patient care-delivery models and work-design knowledge
3. Healthcare economics knowledge
4. Healthcare policy knowledge
5. Understanding of governance
6. Understanding of evidence-based practice
7. Outcome measurement
8. Knowledge of and dedication to patient safety
9. Understanding/utilization of case management
10. Knowledge of quality improvement and metrics
11. Knowledge of risk management

**Leadership** includes:

1. Foundational thinking skills
2. Personal journey disciplines
3. The ability to use systems thinking
4. Succession planning
5. Change management

**Professionalism** includes:

1. Personal and professional accountability
2. Career planning
3. Ethics
4. Evidence-based clinical and management practice
5. Advocacy for the clinical enterprise and for nursing practice
6. Active membership in a professional organization

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**Business skills and principles** include:

1. Understanding of healthcare financing
2. Human resources management and development
3. Strategic management
4. Marketing
5. Information management and technology

This assessment tool is designed to assist you in assessing your level of preparation on each of the competencies.

For each competency, use a 5-point scale to rate your level of competency from novice (1) to expert (5).

Identify the strategy(ies) you plan on implementing to raise your competency level.

This will give you a good picture of how much preparation you will need to become a well rounded nurse executive.

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*Source:* Used with permission from American Organization of Nurse Executives (AONE).

Recognizing that different types of organizations may emphasize particular competencies, all nurse leaders share the competency domains. **Table 2.1** depicts these competencies and the specific nursing leadership skills within each one.

The following discussion provides an in-depth description of the skills needed for competency in the five AONE leadership domains.<sup>1</sup>

## **Communication and Relationship Management**

### ***Effective Communication***

- Make oral presentations to diverse audiences on nursing, health care, and organizational issues.
- Produce cogent and persuasive written materials to address nursing, health care, and organizational issues appropriate to the audience.
- Resolve and manage conflict.

### ***Relationship Management***

- Build trusting, collaborative relationships with:
  - Staff
  - Peers
  - Other disciplines and ancillary services

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1. This section is printed with permission from American Organization of Nurse Executives (AONE).

- Physicians
- Vendors
- Community leaders
- Legislators
- Nursing and other educational programs
- Deliver “bad news” in such a way to maintain credibility.
- Follow through on promises and concerns.
- Provide service recovery to dissatisfied customers.
- Care about people as individuals and demonstrate empathy and concern while ensuring that organizational goals and objectives are met.
- Accomplish objectives through persuasion, celebrate successes and accomplishments, and communicate a shared vision.
- Assert views in nonthreatening, nonjudgmental ways.

### ***Influencing Behaviors***

- Create and communicate a shared vision.
- Reward appropriate behaviors and confront and manage inappropriate behaviors.
- Develop, communicate, and monitor behavior expectations.

### ***Diversity***

- Create an environment that recognizes and values differences in staff, physicians, patients, and communities.
- Assess current environment and establish indicators of progress toward cultural competency.
- Define diversity in terms of gender, race, religion, ethnicity, sexual orientation, age, etc.
- Analyze population data to identify cultural clusters.
- Define cultural competency and permeate principles throughout the organization.
- Confront inappropriate behaviors and attitudes toward diverse groups.
- Develop processes to incorporate cultural beliefs into care.

### ***Shared Decision Making***

- Engage staff and others in decision making.
- Promote decisions that are patient centered.
- Provide an environment conducive to opinion sharing.



***Community Involvement***

- Represent the organization to non-healthcare constituents within the community.
- Provide consultation to community and business leaders regarding nursing and health care.
- Be an effective board member for community and/or professional organizations.

***Medical Staff Relationships***

- Build credibility with physicians as a champion for patient care, quality, and nursing professionalism.
- Confront and address inappropriate behavior toward patients and staff.
- Represent nursing at the medical executive committee and other medical staff committees.
- Collaborate with medical staff leaders in determining needed patient-care services.
- Collaborate with physicians to develop patient-care protocols, policies, and procedures.
- Collaborate with physicians to determine patient-care equipment and facility needs.
- Utilize medical staff mechanisms to address physician clinical performance issues.
- Facilitate disputes involving physicians and nurses or other disciplines.

***Academic Relationships***

- Determine current and future supply and demand for nursing.
- Identify educational needs of existing and potential nursing staff.
- Collaborate with nursing programs to provide required resources.
- Collaborate with nursing programs in evaluating quality of graduating clinicians and develop mechanisms to enhance this quality.
- Serve on academic advisory councils.
- Collaborate with nursing faculty in nursing research and incorporate nursing research into practice nurse executive competencies.

**Knowledge of the Healthcare Environment*****Clinical Practice Knowledge***

- Maintain knowledge of current nursing practice and the roles and functions of patient-care team members.

- Articulate patient-care standard as published by the Joint Commission, the Centers for Medicare & Medicaid Services, and professional nursing literature.
- Understand, articulate, and ensure compliance with the State Nurse Practice Act, State Board of Nursing regulations, regulatory agency standards, and policies of the organization.
- Ensure that written organization clinical policies and procedures are reviewed and updated in accordance with evidence-based practice.
- Role model lifelong learning, including clinical subjects such as disease processes, pharmaceuticals, and clinical technology.

### ***Delivery Models/Work Design***

- Maintain current knowledge of patient-care delivery systems and innovations.
- Articulate various delivery systems and patient-care models and the advantages/disadvantages of each.
- Serve as change agent when patient-care work/workflow is redesigned.
- Determine when new delivery systems are appropriate, and then envision and develop them.

### ***Healthcare Economics***

- Articulate federal and state payment systems and regulations, as well as private insurance issues, which affect organization's finances.
- Understand and articulate an individual organization's payer mix, case mix index (CMI), and benchmark database.

### ***Healthcare Policy***

- Provision of patient care (e.g., tort reform, malpractice/negligence, reimbursement).
- Participate in the legislative process concerning health care through membership in professional organizations and personal contact with public officials.
- Educate patient-care team members on the legislative and regulatory processes and methods for influencing both.
- Interpret impact of state and federal legislation on nursing and healthcare organizations.

### ***Governance***

- Articulate the role of the governing body of the organization in the following areas:

- Fiduciary responsibilities
- Credentialing
- Performance management
- Represent patient-care issues to the governing body.
- Participate in strategic planning and quality initiatives with the governing body.
- Interact with and educate the organization's board members regarding health care and the value of nursing care.
- Represent nursing at the organization's board meetings.

#### ***Evidence-Based Practice/Outcome Measurement***

- Interpret information from research.
- Utilize research findings for the establishment of standards, practices, and patient-care models in the organization.
- Disseminate research findings to patient-care team members.
- Participate in studies that provide outcome measurements.
- Allocate nursing resources based on measurement of patient acuity/ care needed.

#### ***Patient Safety***

- Support the development and implementation of an organization-wide patient safety program.
- Design safe clinical systems, processes, policies, and procedures.
- Monitor clinical activities to identify both expected and unexpected risks.
- Support a nonpunitive reporting environment and a reward system for reporting unsafe practices.
- Support safety surveys, responding to and acting on safety recommendations.
- Ensure staff members are clinically competent and trained on their role in patient safety.
- Articulate and take action to support the Joint Commission National Patient Safety Goals.

#### ***Utilization/Case Management***

- Articulate organization decision making for the criteria model adopted by the organization.
- Communicate key points of the model to a variety of audiences (nursing, financial, medical staff).
- Involve physicians in ongoing utilization management practices.

- Design continuum-of-care options for managing patient throughput (long-term care units, urgent-care centers, admission/discharge units, etc.).

### ***Quality Improvement/Metrics***

- Articulate the organization's quality improvement program and goals.
- Determine patient-care quality improvement goals and objectives.
- Define metrics as related to process improvement.
- Explain and utilize metrics as a unit of measure for any process.
- Articulate the link between metrics and goals.
- Articulate the link between organization metrics and national quality initiative/metrics.
- Target outcomes that are evidence based (comparison data benchmarking).
- Define quality metrics by:
  - Identifying the problem/process
  - Measuring success at improving specific areas of patient care
  - Analyzing the root causes or variation from quality standards
  - Improving the process with the evidence
  - Controlling solutions and sustaining success

### ***Risk Management***

- Identify areas of risk/liability.
- Ensure staff is educated on risk management and compliance issues.
- Develop systems that encourage/require prompt reporting of potential liability by staff at all levels.
- Envision and take action to correct identified areas of potential liability.

## **Leadership**

### ***Foundational Thinking Skills***

- Address ideas, beliefs, or viewpoints that should be given serious consideration.
- Recognize one's own method of decision making and the role or beliefs, values, and inferences.
- Critically analyze organizational issues after a review of the evidence.
- Maintain curiosity and an eagerness to explore new knowledge and ideas.
- Promote nursing leadership as both a science and an art.

- Demonstrate reflective leadership and an understanding that all leadership begins from within.
- Provide visionary thinking on issues that impact the healthcare organization.

### ***Personal Journey Disciplines***

- Value and act on feedback that is provided about one's own strengths and weaknesses.
- Demonstrate the value of lifelong learning through one's own example.
- Learn from setbacks and failures as well as successes.
- Assess one's personal, professional, and career goals and undertake career planning.
- Seek mentorship from respected colleagues.

### ***Systems Thinking***

- Promote systems thinking as a value in the nursing organization.
- Consider the impact of nursing decisions on the healthcare organization as a whole.
- Provide leadership in building loyalty and commitment throughout the organization.
- Synthesize and integrate divergent viewpoints for the good of the organization.

### ***Success Planning***

- Promote nursing management as a desirable specialty.
- Conduct periodic organizational assessments to identify succession planning issues and establish action plans.
- Serve as a professional role model and mentor to future nursing leaders.
- Establish mechanisms that provide for early identification and mentoring of staff with leadership potential.
- Develop a succession plan for one's own position.

### ***Change Management***

- Utilize change theory to plan for the implementation of organizational changes.
- Serve as a change agent, assisting others in understanding the importance, necessity, impact, and process of change.
- Support staff during times of difficult transitions.

- Recognize one's own reaction to change and strive to remain open to new ideas and approaches.
- Adapt leadership style to situational needs.

## **Professionalism**

### ***Personal and Professional Accountability***

- Create an environment that facilitates the team to initiate actions that produce results.
- Hold self and others accountable for actions and outcomes.
- Create an environment in which others are setting expectations and holding each other accountable.
- Answer for the results of one's own behaviors and actions.

### ***Career Planning***

- Develop own career plan and measure progress according to that plan.
- Coach others in developing their own career plans.
- Create an environment in which professional and personal growth is an expectation.

### ***Ethics***

- Articulate the application of the ethical principles to operations.
- Integrate high ethical standards and core values into everyday work activities.
- Create an environment that has a reputation for high ethical standards.

### ***Evidence-Based Clinical and Management Practices***

- Advocate use of documented best practices.
- Teach and mentor others to routinely utilize evidence-based data and research.

### ***Advocacy***

- Role model the perspective that patient care is the core of the organization's work.
- Assure that the clinical perspective is included in organizational decisions.
- Ensure that nurses are actively involved in decisions that affect their practice.

### ***Active Membership in Professional Organizations***

- Participate in at least one professional organization.
- Support and encourage others to participate in a professional organization.

## **Business Skills and Principles**

### ***Financial Management***

- Articulate business models for healthcare organizations and fundamental concepts of economics.
- Describe general accounting principles and define basic accounting terms.
- Analyze financial statements.
- Manage financial resources by developing business plans.
- Establish procedures to assure accurate charging mechanisms.
- Educate patient-care team members on financial implications of patient-care decisions.

### ***Human Resource Management***

- Participate in workforce planning and employment decisions.
- Champion a diverse workforce.
- Use corrective discipline to mitigate workplace behavior problems.
- Interpret and evaluate employee satisfaction/quality of work surveys.
- Create opportunities for employees to be involved in decision making.
- Reward and recognize exemplary performance.
- Formulate programs to enhance work-life balance.
- Interpret legal and regulatory guidelines.
- Manage collective bargaining environments or implement programs to avoid the need.
- Identify and eliminate sexual harassment, workplace violence, and verbal and physical abuse.
- Implement ergonomically sound work environments to prevent worker injury and fatigue.
- Develop and implement bioterrorism-, biohazard-, and disaster-readiness plans.
- Identify clinical and leadership skills necessary for performing job-related tasks.
- Select top talent, matching organizational needs with appropriate skill sets (assess job candidate skill sets).

- Manage performance through rewards, recognition, counseling, and disciplinary action.
- Provide mentorship and career counseling to aspiring clinicians and leaders so they may develop required skill sets (succession planning).
- Identify future skill sets needed to remain competitive.
- Analyze market data in relation to supply and demand and manage resources to ensure appropriate compensation.
- Develop and implement recruitment and retention strategies.

### ***Strategic Management***

- Analyze the situation and identify strategic direction.
- Conduct SWOT (strengths, weaknesses, opportunities, and threats) and gap analyses.
- Formulate objectives, goals, and specific strategies related to mission and vision.
- Understand what organizations should measure in order to “balance” the financial perspective.
- Measure and analyze performance from the learning and growth, business process, customer, and financial perspectives.

### ***Marketing***

- Analyze marketing opportunities.
- Develop marketing strategies.
- Integrate marketing and communications strategies.
- Use public relations and media outlets to promote your organization.

### ***Information Management and Technology***

- Demonstrate basic competency in email and common word processing, spreadsheet, and Internet programs.
- Recognize the relevance of nursing data for improving practice.
- Recognize limitations of computer applications.
- Use telecommunication devices.
- Utilize hospital database management, decision support, and expert system programs to access information and analyze data from disparate sources for use in planning for patient-care processes and systems.
- Participate in system change processes and utility analysis.
- Participate in the evaluation of information systems in practice settings.
- Evaluate and revise patient-care processes and utility analysis.



- Participate in the evaluation of information systems in practice settings.
- Evaluate and revise patient-care processes and systems.
- Use computerized management systems to record administrative data (billing data, quality assurance data, workload data, etc.).
- Use applications for structured data entry (classification systems, acuity level, etc.).
- Recognize the utility of nursing involvement in the planning, design, choice, and implementation of information systems in the practice environment.
- Demonstrate awareness of societal and technological trends, issues, and new developments as they apply to nursing.
- Demonstrate proficient awareness of legal and ethical issues related to client data, information, and confidentiality.
- Read and interpret benchmarking, financial, and occupancy data.

This is not intended to be an exhaustive list of all areas of expertise for individual nurses in executive practice. It does, however, illustrate how complex and important their roles have become. Nursing leadership/management is as much a specialty as any other clinical nursing specialty. As such, it requires proficiency and competent practice specific to the executive role. The AONE Nurse Executive Competencies sets the standard for that practice.

## ORGANIZATIONAL CULTURE AND CLIMATE

Nurse executives in long-term care can be found in a variety of settings. These include assisted living, skilled nursing, rehabilitation, home care, and of more recent development, continuous care retirement communities (CCRC).

Wherever nurse executives are found in long-term care, there is one constant; the culture and climate of an organization leave an imprint on that organization. Nurse leaders must recognize the difference, especially in situations of change.

Culture is divided into five components: values, beliefs, myths, tradition, and norms. Although these components are different (yet impossible) to measure and even harder to articulate, they are real and have to be acknowledged by nurse administrators as part of their role and responsibilities (The Kennedy Group, 2007).

Climate is the label used to describe the dimension of the work environment, and can be measured with relative precision. Factors that can determine the climate of any organization include: leadership, organizational

structure, historical forces, accountability standards, behavior standards, communication, rewards, trust, commitment, vision, and organizational connectedness (The Kennedy Group).

In 1990, Schneider edited a book that attempted to distinguish culture from climate. None of the contributors came to any clear conclusions (Ashkanasy, Wilderom, & Peterson, 2000). Regardless of the inability to find consensus among experts, the fact remains, nurse leaders in long-term care must recognize the impact that culture and climate have on their organizations.

## NURSING INFORMATICS IN LONG-TERM CARE

Nursing informatics, as defined by the American Nurses Association (2001), is a specialty that integrates nursing science to manage and communicate data, information, and knowledge in nursing practice. All nurse leaders in long-term care can use information management concepts to help them identify, collect, and record data pertinent to nursing care. Technology should be used to support the organization's direct and indirect care services.

Nurse executives can manage department finances by using software that provides for budgeting and cost accounting. Staffing, scheduling, and resources can be managed with computer programs. Office automation that incorporates word processing, email, spreadsheets, presentation graphics, and data makes the work easier for the nurse executive.

Effective nursing leadership in long-term care demands knowledge of the field of healthcare informatics. These are the processes that help to smooth the interface between clinical and administrative systems to improve diagnoses and treatments and ultimately quality of life for the elderly individual.

## SUMMARY

The impact that the “graying of America” has and will have on the current and future state of long-term care is unprecedented. Nursing executives will play a critical role in meeting the multiple healthcare needs of this burgeoning population. Nurse executives must have the distinct ability to merge nursing and management skills.

As the healthcare arena changes, due to bureaucratic and/or economic demands, the nurse leader is challenged to keep pace with this dramatically changing healthcare environment.

As the nursing leader in long-term care, it is solely up to you to ensure that the organization's mission becomes a reality and to be keenly aware of the current political, social, legal, economic, ethical, and spiritual developments that impact your organization.

So how do you do this? How do you ensure that your knowledge base is sound and that you are carrying out your role as nurse executive with all of the current information at hand? One way is to partner with graduate education programs at colleges and universities to work together to design graduate nursing administration programs and continuing education offerings to accommodate nurse executives. Additionally, it will be good practice to seek out Magnet long-term care nursing facilities (LTCNF) in order to identify excellent preceptors who can guide you and work with you to promote quality care for the aging population.

The complex role of nurses in administrative and executive practice in long-term care has certainly evolved over time. The focus on nursing services has moved to a much broader one of responsibility and accountability for patient services. This has, without a doubt, changed forever the perception of the nurse executive. Nurse leaders are now seen as integral members of senior management teams.

The complex role of the nurse leader in long-term care is demonstrated in her ability to possess strong management and leadership skills; to be a confident decision maker, utilizing critical thinking skills; to possess a strong knowledge base in accounting, finance, business, and computer technology; and to have solid communication, human relations, and organizational skills. When nurse executives in long-term care utilize these skills effectively, only positive organizational outcomes will emerge.

### *Discussion Questions*

1. How does the Health Care Reform Act impact strategic planning by nurse executives in long-term care?
2. What actions by the nurse executive will contribute to the professional growth of the patient-care staff (nurses, certified nurse aides)?
3. Since the nurse executive is constantly involved in the decision-making process, the ability for her to make good decisions is an extremely important part of leadership. Discuss several decision-making models and explain their usefulness in making decisions in long-term care.
4. How can nurse leaders in long-term care deal with unplanned change?

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