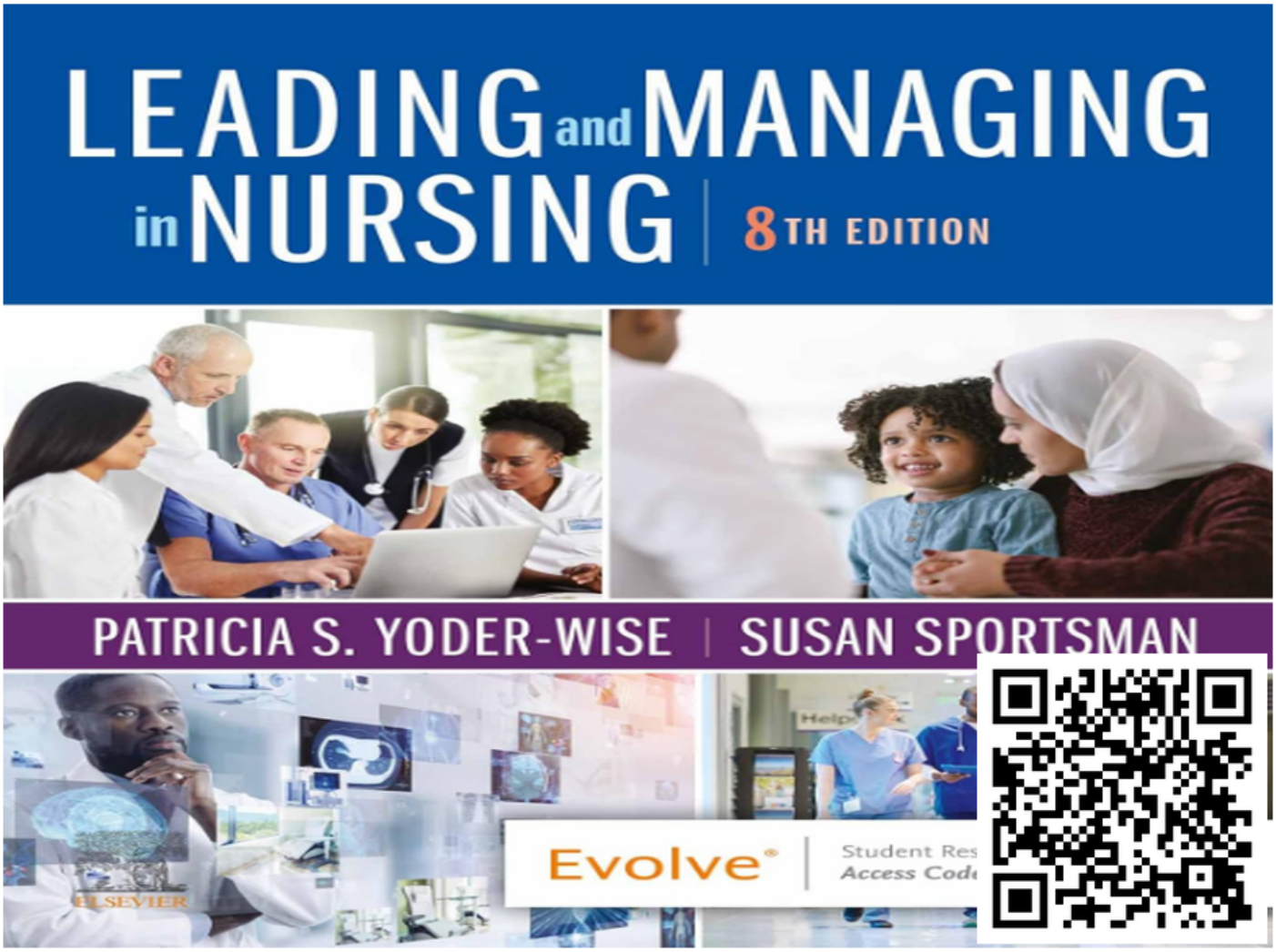

LEADING and MANAGING in NURSING

8TH EDITION

PATRICIA S. YODER-WISE | SUSAN SPORTSMAN

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LEADING AND MANAGING IN NURSING

EIGHTH EDITION

PATRICIA S. YODER-WISE, **RN, EdD, NEA-BC, ANEF, FAONL, FAAN**
Professor and Dean Emerita
Texas Tech University Health Sciences Center
School of Nursing
Lubbock, Texas

SUSAN SPORTSMAN, **PhD, RN, ANEF, FAAN**
Managing Director
Collaborative Momentum Consulting
St. Louis, Missouri

ELSEVIER

Elsevier
3251 Riverport Lane
St. Louis, Missouri 63043

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Senior Content Strategist: Yvonne Alexopoulos
Senior Content Development Manager: Luke E. Held
Senior Content Development Specialist: Joshua S. Rapplean
Publishing Services Manager: Deepthi Unni
Project Manager: Sindhuraj Thulasingam
Design Direction: Brian Salisbury

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This book is dedicated to all the nurses who have carried the world through the pandemic from 2020. Some lost their lives; some experienced severe cases of COVID-19; some have what we now term long COVID; all suffered mental and physical exhaustion—at least at times, as did many others. Many were in direct care roles—often substituting for physicians and family–; some were in leadership roles trying to keep up with ever-changing policies; some were in educator roles moving from classrooms to online instruction or from clinical to simulation environments; some were students who are now our practitioners. No matter what role you served in during this time, we thank you for your continued commitment and leadership!

To tomorrow's leaders—we can't wait to see what you will do to continue transforming the nursing profession!
Lead on! ¡Adelente!

EDITORS' MESSAGE TO OUR READERS

Thank you for being a part of *Leading and Managing in Nursing*. We did our best in these hectic times to secure great thinkers and writers to prepare information for you. They have provided general concepts, solid advice, insights based on years of experience and their current best thinking. We all also know that we might alter our thinking on some points, for example, how best to organize the services we provide, based on new data, new technologies, and new thinking. These changes might happen quickly—which is why we consider the top two skills of an effective leader to be listening (with intentionality) and flexibility. If you are someone who likes "to be in charge and plan ahead," you need to rethink how you will thrive in the future. Being in charge in the future is more about clearing the way for great things to happen based on what your team believes is necessary to achieve the mission. And, if you're in an organization that has a 5-year strategic plan, you had best have your own unit or divisional plan that is based on 1 year and that takes into account what you know about the internal and external factors that are likely to be true for the coming year. In other words, thinking long-range has become shorter in terms of the actual plan. The mission should be strong enough to carry the organization for at least 5 years. However, society, the economy, and technology, to name a few factors, change rather rapidly and can dramatically influence what is possible in terms of the actual plan, and those changes can lead to dramatic adjustments in less than 2 or 3 years.

We want you to know the amount of thought we gave some sections and points as we assembled this eighth edition of *Leading and Managing in Nursing*. Here are some examples. In the seventh edition, we titled a chapter *Cultural Diversity and Inclusion in Health Care*. That title now seems inadequate in addressing the issue. We shouldn't simply care about diversity and inclusion, we need to be concerned with the bigger concept of moving toward being a more just organization, thinking more justly about the people with whom we work and those for whom we provide services. Thus, that chapter was renamed *Toward Justice*.

We spent some time discussing whether to adopt the newer word "Latinx" to represent a gender-neutral view of people from a Latino/Latina background. However, we knew from more than one source that many people representative of this group did not like this term. Therefore, you will see Latina/Latino used in the text unless a specific gender is referenced. Similarly, the LGBTQ population has had additional letters added over the years and rather than risk omitting one of the latest, we have chosen to use the LGBTQ+ term to be inclusive of all. These printed words are static. They have to be chosen. In real life, we encourage you to ask people how they might want to be addressed. Just as we see people designate their pronouns below their names in their email signatures as "he/him," "they/their," or "she/her," someone might prefer to be known as a Latinx rather than a Latino—and we won't know unless we ask or validate.

Every chapter mentions a relevant competency, if there is one, from the new Essentials from the American Association of Colleges of Nursing. While these new Competencies are not about leadership per se, they do focus on what a professional nurse is expected to demonstrate as basic competencies to practice in today's world. Five chapters have examples of the new Next-Generation NCLEX® case studies. For students in prelicensure programs, this is an opportunity to practice with some examples of these new testing items on the NGN exam. For the rest of us, this is an opportunity to consider our understanding of the chapter's content and to recall our own experiences of waiting to learn if we had passed the examination or not!

Nursing, as is true of many other fields, has continued to become more complex; and the future suggests that we should anticipate a continued expectation or need for greater learning. We encourage you to do what we do: scour the literature every year to determine what some of the best new practices are in leadership so that you remain current.

The profession's challenges are great and every one of us needs to be part of the solution. Those of us already in the profession eagerly await the answers those of you who will join us soon will bring to help move us ahead as we try to meet the increasing demands of health care for the world's population. We used to talk about the country's population—that is such a narrow view anymore because we truly are a global profession. We cannot continue to "trade" nurses around the world. We are not a commodity. We need to produce more of us. We need to find new ways to organize the services we provide so that we are most efficient in the way we provide care. We need to continue to advocate for our patients and we must advocate for ourselves so that we can be effective in advocating for patients.

Accountability, communication, concern for others, having a purpose—all of these are critical factors to consider as we launch ourselves into our own personal leadership journey, wherever it may lead us.

Lead on! ¡Adelente!

CONTRIBUTORS

Nina Almasy, DNP, RN, CNE
Dean
Health Sciences Division
Austin Community College
Austin, Texas

Joan Benson, MSN, RN-BC, CPN
Director
Clinical Informatics and Practice
Children's Mercy
Kansas City, Missouri

Kristin Katherine Benton, BS (Psychology), BSN, MSN, DNP
Director of Nursing
Texas Board of Nursing
Austin, Texas

Richard G. Booth, RN, PhD
Associate Professor
Arthur Labatt Family School of Nursing
Western University
London, Ontario, Canada

Amy Boothe, DNP, RN, CHSE
Assistant Professor
Traditional Undergraduate Program
Texas Tech University Health Science Center
Lubbock, Texas

Arica Brandford, PhD, JD, MSN
Leadership Operations
Thrive-U Consulting
Lexington, Kentucky

M. Margaret Calacci, MS, CNE, CHSE
Director
Grace Center for Innovation in Nursing Education
Edson College of Nursing and Health Innovation
Arizona State University College of Nursing and Health Innovation
Phoenix, Arizona

Mary Ellen Clyne, PhD
President and Chief Executive Officer
Administration, Clara Maass Medical Center
Belleville, New Jersey

Jeannette Theresa Crenshaw, DNP, RN, LCCE, IBCLC, NEA-BC, FACCE, FAAN
Professor
School of Nursing
Texas Tech University Health Sciences Center
Lubbock, Texas

Mary Ann Donohue-Ryan, PhD, RN, APN, PMH-CNS, NEA-BC, CPHQ
Executive Leadership Consultant
Department of Nursing Administration
Chilton Medical Center
Atlantic Health System
Pompton Plains, New Jersey

Karen A. Esquibel, PhD, APRN, CPNP-PC
Director of Pediatric Nurse Practitioner Studies
Graduate Program
Texas Tech University Health Sciences Center School of Nursing
Lubbock, Texas

Victoria N. Folse, PhD, APRN, PMHCNS-BC, LCPC
Director and Professor
Caroline F. Rupert Endowed Chair of Nursing
School of Nursing
Illinois Wesleyan University
Bloomington, Illinois

Jacqueline Lytle Gonzalez, DNP, APRN, MSN, MBA, NEA-BC, FAAN
Former Senior Vice President/System Chief Nursing Officer
Administration
Nicklaus Children's Health System
Miami, Florida
Adjunct Professor
School of Nursing & Health Studies
University of Miami
Coral Gables, Florida

Debra A. Hagler, PhD, RN, ACNS-BC, CNE, CHSE, ANEF, FAAN
Clinical Professor
Edson College of Nursing and Health Innovation
Arizona State University
Phoenix, Arizona

Jenny Horn, DNP, MHA, RN-BC
Senior Director
Clinical Applications & Informatics
Clinical Informatics
Keck Medicine of USC
Kansas City, Missouri

Karren Kowalski, PhD, RN, NEA-BC, ANEF, FAAN
President & CEO
Kowalski & Associates
Larkspur, Colorado

Maureen Murphy-Ruocco, APNC, MSN, CSN, EdM, EdD, DPNAP, SFNAP
Professor Emeritus and Former Associate Dean
Nursing and Education
Felician University
Lodi and Rutherford, New Jersey
Nurse Consultant/Nurse Practitioner
Associate Dean and Professor
School of Nursing and Health Education
Felician University
Lodi, New Jersey

Sylvain Trepanier, DNP, MSN, BSN, RN, CENP, FAONL, FAAN
Chief Nursing Officer
Executive Offices
Providence
Renton, California

Diane Margaret Twedell, DNP, MS, CENP
Nurse Administrator
Provider Relations
Mayo Clinic
Rochester, Minnesota

James Jeffery Watson, DNP, RN, NEA-BC, CNE
Associate Professor
School of Nursing
Texas Tech University Health Sciences Center
Lubbock, Texas

Coleen Wilson, DNP, RN, NEA-BC
Director, Adult Inpatient Nursing
UCLA Health
Santa Monica Medical Center
Santa Monica, California

Margarete L. Zalon, PhD, RN, ACNS-BC, FAAN
Professor, Nursing
University of Scranton
Scranton, Pennsylvania
Director, Health Informatics Program
University of Scranton
Scranton, Pennsylvania

REVIEWERS

Shelley Austin, DNP, MNSc, BSN, ADN, RN
Henderson State University
Arkadelphia, Arkansas

Emerald Bilbrew DNP, MSN, BSN, RN, CMSRN
ADN Nursing Instructor
Fayetteville Technical Community College
Fayetteville, North Carolina

Deborah Birk, PhD, RN, MSN, MHA, NEA-BC
Director of Health Systems and Population Health Leadership DNP Program & Assistant Professor
Goldfarb School of Nursing at Barnes College of Nursing
St. Louis, Missouri

Joseph Boney, MSN, RN, NEA-BC
Nursing Lecturer
Rutgers University, School of Nursing
Entry into Practice–Second Degree BS in Nursing Program
Newark, New Jersey

Stephanie A. Gustman, DNP, RN
Associate Professor and DNP Program Coordinator
Ferris State University
Big Rapids, Michigan

Debra A. Hunt, PhD, FNP-BC, GNP-BC, CNE
Associate Professor
Frontier Nursing University
Versailles, Kentucky

Brian K. Jefferson, DNP, ACNP-BC, FCCM
Acute Care Nurse Practitioner
Hepatobiliary and Pancreatic Surgery
Atrium Health Cabarrus Medical Center
Concord, North Carolina

Alicia Jones, BSN, MSN, RN, FNP-C
Duke University School of Nursing
Marathon Health, LLC
Durham, North Carolina

Wendy Lenon, DNP, MSN, BSN, RN
Associate Professor
Chair, School of Nursing
Ferris State University
Big Rapids, Michigan

Velesha Lera, DNP, FNP-BC, RN-BC
CUNY School of Professional Studies
New York, New York

Donnamarie Lovestrand, RN, MSN, CPAN
Assistant Professor, Nursing Programs
Pennsylvania College of Technology
Williamsport, Pennsylvania

Milena Mardahay, RN, BSN, CGRN
Registered Nurse
University of California, San Francisco
San Francisco, California

Jennifer M. Pierle, MSN, FNP-C, CGRA
Nurse Practitioner
Hendricks Regional Health
Danville, Indiana

Patricia D. Sanders, RN BSN

Rydell L. Todicheeney, PhD, MBA/HCM, APRN, PHN, PCCN, ACNS-BC
Clinical Nurse Specialist
Natividad
Salinas, California

Kathleen A. Ziomek, RN, BSN, MSN, FNP
Daemen University
Amherst, New York

Alyssa Giselle Zwiefelhofer, RN, BSN
Registered Nurse, BSN
Grand Canyon University
Phoenix, Arizona

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Oh that we could say that this book was just the effort of the authors and editors! We thank each of the authors for the work that they did in providing readers with current thinking on complex topics. You, the reader, will find their names and affiliations associated with the chapters they wrote in the Table of Contents. Imagine the amount of effort they exerted in putting that material together for you!

There were almost as many people behind the scenes who made this book possible:

Shelley Burson: Assistant to the Editors and left-brain specialist. Until you have a Shelley in your lives, you don't know what you are missing! Shelley, you know we couldn't do this without you—as we told you many times. THANK YOU!

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Pat and Susy

PREFACE

The first edition of *Leading and Managing in Nursing* began in a hotel room in New Orleans, Louisiana in January 1990. Darlene Como, the founding publisher of *Leading and Managing*, and I conceptualized a new way of presenting content about leadership and management—one that might engage learners in valuing the importance of roles that support clinical practice. This new approach included personal stories (The Challenge and The Solution), Literature Perspectives, Research Perspectives, synopses, exercises, and boxes of key information. If you had a copy of that first edition and could compare the number of words in it with the number of words in this edition, you would know the field has grown and become far more complex. Nursing has also grown the field of leadership and management research, and so we have many more citations we can share to make this content both theoretical and practical.

We continue to include everything today's nurses need to know about the basics of leading and managing. The changes with each revision of *Leading and Managing* reflect the intensity with which we know how leading and managing influence nurses in direct and indirect caregiving roles, as well as in other aspects of being a professional nurse in a complex, ever-changing, dynamic healthcare environment.

Nurses throughout the profession serve in various leadership roles. Leading and managing are two essential expectations of all professional nurses and become increasingly important throughout one's career. To lead, manage, and follow successfully, nurses must possess not only knowledge and skills but also a caring and compassionate attitude.

This book results from our continued strong belief in the need for a text that focuses in a distinctive way on nursing leadership and management issues—both today and in the future. We continue to find that we are not alone in this belief. This edition incorporates reviewers from both service and education to ensure that the text conveys important and timely information to users as they focus on the critical roles of leading, managing, and following. In addition, we took seriously the various comments offered by both educators and learners.

CONCEPT AND PRACTICE COMBINED

Innovative in both content and presentation, *Leading and Managing in Nursing* merges theory, research, and practical application in key leadership and management areas from direct care situations to clinical team applications to nurse manager issues on a clinical unit. Our overriding concern in this edition remains to create a text that, while well grounded in theory and concept, presents the content in a way that is real. Wherever possible, we use real-world examples from the continuum of today's healthcare settings to illustrate the concepts. Because each chapter contributor synthesizes the designated focus, you will find no lengthy quotations in these chapters. We have made every effort to make the content as engaging, inviting, and interesting as possible. Reflecting our view of the real world of nursing leadership and management today, the following themes pervade the text:

- Every role within nursing has the basic concern for safe, effective care for the people for whom we exist—our clients and patients.
- The focus of healthcare continues to shift from the hospital to the community at a rapid rate.
- People who use health care and the people who comprise the healthcare workforce are increasingly culturally diverse.
- Today, virtually every professional nurse leads, manages, and follows, regardless of title or position.
- Patient, or person, relationships play a central role in the delivery of nursing and healthcare.
- Communication, collaboration, team-building, and other interpersonal skills form the foundation of effective nursing leadership and management.
- Change continues at a rapid pace in healthcare and society in general.

- Change must derive from evidence-based practices wherever possible and from thoughtful innovation when no or limited evidence exists.
- Healthcare delivery is highly dependent on the effectiveness of nurses across roles and settings.

DIVERSITY OF PERSPECTIVES

Contributors are recruited from diverse settings, roles, and geographic areas, enabling us to offer a broad perspective on the critical elements of nursing leadership and management roles. To help bridge the gap often found between nursing education and nursing practice, some contributors were recruited from academia and others from practice settings. This blend not only contributes to the richness of this text but also conveys a sense of oneness in nursing. The historical "gap" between education and service must become a sense of a continuum, not a chasm.

THE READERS

This book is designed for undergraduate learners in nursing leadership and management courses, including those in BSN-completion courses and second-degree programs. In addition, we know that practicing nurses—who had not anticipated formal leadership and management roles in their careers—use this text to capitalize on their own real-life experiences as a way to develop greater understanding about leading and managing and the important role of following. Numerous examples and The Challenge/The Solution in each chapter provide relevance to the real world of nursing.

ORGANIZATION

We have organized this text around issues that are key to the success of professional nurses in today's constantly changing healthcare environment. The content flows from the core concepts (leading, managing, and following; clinical safety; legal considerations; and culture), to knowing yourself (being an effective follower, self-management, conflicts, and power), to knowing the organization (care delivery strategies, staffing), to using your personal and professional skills (technology, delegation, change, and quality), to preparing for the future (personal role transition, self- and career management, and strategic planning).

Because repetition plays a crucial role in how well learners learn and retain new content, some topics appear in more than one chapter and in more than one section. For example, because *problem* behavior is so disruptive, it is addressed in several chapters that focus on conflict, personal/personnel problems, incivility, and self-management. Rather than referring learners to another portion of the text, the key information is provided within the specific chapter.

We also made an effort to express a variety of different views on some topics, as is true in the real world of nursing. This diversity of views in the real world presents a constant challenge to leaders, managers, and followers, who address the critical tasks of creating positive workplaces so that those who provide direct care thrive and continuously improve the patient experience.

DESIGN

The functional full-color design, still distinctive to this text, is used to emphasize and identify the text's many learning strategies, which are featured to enhance learning. Full-color photographs not only add visual interest but also provide visual reinforcement of concepts, such as body language and the changes occurring in contemporary healthcare settings. Figures graphically expand and clarify concepts and activities described in the text.

LEARNING STRATEGIES

The numerous strategies featured in this text are designed both to stimulate learners' interest and to provide constant reinforcement throughout the learning process. Color is used consistently throughout the text to help the reader identify the various chapter elements described in the following sections.

CHAPTER OPENER ELEMENTS

- Objectives articulate the chapter's learning intent, typically at the application level or higher.
- Terms to know are listed and appear in color type in each chapter.
- The Challenge presents a contemporary nurse's real-world concern related to the chapter's focus. It is designed to allow us to "hear" a real-life situation. The Challenge, at the end of the chapter, ends with a question about what you might do in such a situation.

ELEMENTS WITHIN THE CHAPTERS

- Exercises stimulate learners to reason critically about how to apply concepts to the workplace and other real-world situations. They provide experiential reinforcement of key leading, managing, and following skills. Exercises are highlighted within a full-color box and are numbered sequentially within each chapter to facilitate their use as assignments or activities. Each chapter is numbered separately so that learners can focus on the concepts inherent in a specific area and educators can readily use chapters to fit their own sequence of presenting information.
- Research Perspectives and Literature Perspectives illustrate the relevance and applicability of current scholarship to practice. Theory Boxes provide a brief description of relevant theory and key concepts.
- Numbered boxes contain lists, tools such as forms and worksheets, and other information relevant to the chapter.
- The vivid full-color chapter opener photographs and other photographs throughout the text help convey each chapter's key message. Figures and tables also expand concepts presented to facilitate a greater grasp of important materials.

END-OF-CHAPTER ELEMENTS

- The Solution provides an effective method to handle the real-life situations set forth in The Challenge. It contains the response of The Challenge author and ends with a question about how that solution would fit for you.
- Reflections provide learners with the opportunity to reflect on something they've encountered in practice.
- Best Practices identifies a few key ideas that we can carry forward into our practice to be sure we are doing the best we can in relation to the content area discussed in the chapter.
- Tips offer practical guidelines for learners to follow in applying some aspect of the information presented in each chapter.
- References provide the learner with a list of key sources for further reading on topics found in the chapter.
- Next-Generation NCLEX® case studies are included in select chapters to familiarize students with these new testing items for the NGN exam.

COMPLETE TEACHING AND LEARNING PACKAGE

Student Resources

Learning Resources can also be found online through Evolve (http://evolve.elsevier.com/Yoder-Wise/). These resources provide learners with additional tools for learning and include the following assets:

- NCLEX Review Questions
- Sample Résumés

In addition to the text *Leading and Managing in Nursing*, educator resources are provided online through Evolve (http://evolve.elsevier.com/Yoder-Wise/). These resources are designed to help educators present the material in this text and include the following assets:

- NEW! Additional Next-Generation NCLEX® leadership case studies.
- Updated **PowerPoint Slides,** with lecture notes where applicable, are provided for each chapter.
- An updated **ExamView Test Bank** includes answers and a rationale.
- An updated **TEACH for Nurses** ties together the chapter resources for the most effective class presentations, with sections dedicated to objectives, instructor and student chapter resources, teaching strategies, application activities and answers, an in-class case study discussion, and answers to the text Exercise boxes.

CONTENTS

PART 1 Overview

1

Leading, Managing, and Following

Susan Sportsman and Patricia S. Yoder-Wise

ANTICIPATED LEARNING OUTCOMES

- Demonstrate beginning competence in applying theories tor leadership and management.
- Evaluate leadership and management theories for appropriateness in healthcare today.
- Demonstrate beginning competence in applying concepts of complexity science to healthcare delivery.
- Evaluate the similarities and differences associated with leading, managing, and following.

KEY TERMS

advanced practice registered nurse (APRN)
complexity science
Complex Adaptive Science
followership
leadership
leadership theory
management theory
managing
motivation
process of care
quintuple aims
values
vision

THE CHALLENGE

Nursing leaders in long-term care (LTC) facilities face huge challenges in providing safe, compassionate care to their residents. Medically fragile residents, difficulty in maintaining adequate, well-trained staff, and inadequate reimbursement to cover residents' needs all make the lives of the leader—and managers and followers—difficult. As if those problems were not enough, consider the challenge that a newly hired Director of Nursing (DON) in a specific LTC facility faced in the early days of his tenure as Director.

The daughter of a resident who had recently been transferred to the local hospital emergency room because of an untoward change in her condition made an appointment to see the new DON to discuss the negative results of this transfer. As the daughter said, "My poor mother spent 5 hours in the ER and came back here with no change in her condition, except she caught a cold from being in the ER with other sick patients! All the ER doctors did for her was add 3 new drugs to the list of medications she was taking!"

The DON promised to look into the situation and get back to the daughter. As he explored the circumstances of this transfer, he found several systems problems that affected not only this resident but many others in the LTC. Consider the following. The minimum requirement for a physician visit to an LTC facility is a 10- to 30-minute visit

(Continued)

THE CHALLENGE—cont'd

every other month. As a result, the nurse (often an LPN) must evaluate a change in the resident's condition. Out of caution, the decision generally is to transfer the patient to either an ER or a hospital admission—thus the mantra, "when in doubt, send them out." The DON found that transferring patients under these circumstances was common. Even worse, no system was in place to deal with these transfers. In addition:

- The clinical skills of nursing staff were limited.
- Management spent their time "putting out fires" rather than developing preventive care plans or having conversations with residents and families. More importantly, management did not make regular rounds on the residents.
- No one was initiating open, honest conversations with residents and families about goals for their care, particularly regarding end-of-life issues.
- No ongoing, active staff education beyond new-employee education and mandatory in-service classes were offered.

What would you do if you were this nurse (the DON)?

JoAnn Franklin, DNP, RN, GNP-BC, FNP-BC, MHNP, FAANP
APRN at National Health Care Desloge, Desloge, MO
Missouri Quality Initiative (MOQI), University of Missouri-Columbia, Columbia, MO

Angelita Pritchett, MSW, LMSW
MOQI Care Transitions Coach, University of Missouri–Columbia, Columbia, MO

INTRODUCTION

Leadership in nursing has been one of the expectations for new graduates and practicing professionals for decades. It is also one of the recommendations of reports, such as the original *Future of Nursing* report for the Institute of Medicine (now the National Academy of Medicine) (2010). In addition, developing the capacity for leadership is one of the competencies (10-3) identified in the new AACN *Baccalaureate Essentials* (2021).

Why is leadership so important and so expected for all nurses? In part, it is because healthcare is so complex and in part because many people function in illness care, not healthcare. This means that they seek care only when ill and, thus, often have great needs when they interact with healthcare professionals. No matter what we learn (or learned) in school about nursing or leadership, we quickly learn that it isn't enough because nursing and healthcare are complex and change occurs rapidly. The intensity of change between December 2019 and the beginning of 2022 was dramatic and, in some ways, revolutionized the way in which care was delivered and in which every discipline practiced.

Consider the profession of nursing in the context of **leadership** as a spider web. Every strand is important by itself. It is holding something up or connecting one element to the next. This is similar to the key concepts that underpin leadership. Each is important by itself and connects one element to another. Without each of the elements, some part of the web is insufficient. Yes, we can get by as leaders without certain elements. The questions are why would we want to limit ourselves and what damage are we doing by not having a full array of what is needed? Just as a spider repeats a pattern in areas where greater strength is needed, so too does nursing leadership. We are repetitive—and deliberately so. That repetitive process is designed to reinforce the leadership process where the greatest challenges occur. Additionally, when a spider web is touched in one spot, the whole web responds. The resilience of the web, unless it is forcefully attacked and damaged, allows it to withstand wind and remain intact to accomplish its mission. Fig. 1.1 illustrates how to consider the interaction of the various concepts affecting nursing leadership.

Nursing is a complex profession in a complex system of healthcare. Nursing roles vary based on setting type and legal expectations from the state board of nursing

Fig. 1.1 Spider web. (Copyright © jamsi/iStock/Thinkstock.)

and related entities, such as the state department that regulates various aspects of care delivery. Add to those factors professional standards, expected competencies, and future predictions about the potential impact of changes in healthcare delivery on the role of nurses. Being a nurse is an ever-changing, highly challenging responsibility. Why, then, would we want to add specific roles such as leader or manager to such a complex condition? The answer is quite simple—because we work in teams. Whenever that occurs, someone is designated, or emerges, as the leader of the group. Every group has some management functions that must be well executed to be meaningful. If people are not willing to follow in an accountable manner, the team effort is for naught.

In times of chaos, as well as in less hectic environments, nurses often fulfill the roles of leader, manager, and follower on a daily basis. Sometimes, the change occurs without thinking about what role is being enacted at a given time. Leading, **managing**, and following are not institutionally role-bound concepts. The nurse must lead, manage, and follow within any nursing role, from direct care nurse to chief executive nurse, and do so with fluidity among those roles.

This chapter begins the framing of your professional journey in leading, managing, and following. The chapters that follow add to your development as a professional nurse. Various perspectives on the concepts of leadership, management, and **followership** are presented. In the end, nurses with leadership, management, and followership abilities will make good clinical decisions; consider the organizational and societal context in decisions; and act as advocates for individuals, families, and groups receiving care.

THE CONTEXT OF LEADING, MANAGING, AND FOLLOWING IN HEALTHCARE

Healthcare occurs almost everywhere. Obviously, it occurs in hospitals, clinics, private practice offices, LTC facilities, schools, and public health services. Less obvious, but equally important, we find businesses that have in-house health services available and large companies (such as CVS and Walmart) offering health services to the public. In part, many of these services first existed to protect the public's health and to address major illnesses—both chronic and acute. Additionally, over the last 30-plus years, the concern about the cost of healthcare at a national level has escalated, resulting in various non-healthcare companies providing ambulatory healthcare services.

In 2008, Berwick and his colleagues developed the Triple Aim as a framework for delivering high-value healthcare in the United States. The Triple Aim was based on three overarching goals: (1) improving the individual experience of care, (2) improving the health of populations, and (3) reducing the per capita cost of healthcare. Achieving the second and third goals contributed to the achievement of the first (Institute for Healthcare Improvement [IHI], 2022). Unfortunately, despite the goals of the Triple Aim initiative, healthcare providers in all disciplines continued to experience significant burnout while dealing with complexity, which reduced the quality of care they provided. Caregiver burnout also led to a shortage of caregivers as experienced providers left their professions.

To address these negative issues, a fourth dimension was added to the Aims (Fig. 1.2) to improve the work life of healthcare providers in all disciplines (Arnetz et al., 2020). As important as the fourth Aim has been, if we think about the work around the Magnet Recognition Program™, we can readily see that the concern about the workplace has been a point for decades (https://www.nursingworld.org/organizational-programs/magnet/magnet-model/).

Since 2009, the healthcare environment has become even more complex. Although the **quintuple aims** and other quality initiatives have provided leaders with tools

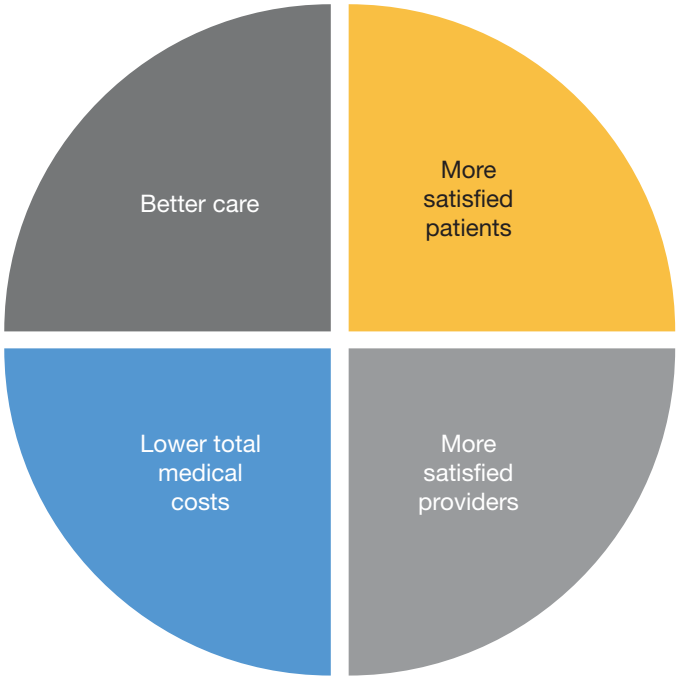

Fig. 1.2 Quadruple Aim.

to improve the patient–provider experience, the healthcare system continues to change from the traditional industrial models of the previous century. The culture in most healthcare organizations today is more ethnically diverse, has an expansive educational chasm (from non–high school graduates to doctorally prepared clinicians), includes multiple generations of workers with varying **values** and expectations of the workplace, involves extensive use of technology to support all aspects of the organization, and challenges workers and patients with antibiotic-resistant microorganisms and emerging diseases. Certainly, the COVID-19 pandemic beginning in early 2020 has stressed the healthcare system in ways unseen in the last 100 years.

The framework was modified again in 2022 to emphasize the importance of health equity in the overall approach to health care improvement. The authors of the fifth element (Mundy, Cooper, & Mate, 2022) suggest that quality improvement without addressing health equity might not be very satisfactory because disparities remain. As with many other efforts making explicit some aspect of care helps us focus on that aspect in a way that was not present before and may even potentiate other elements in a model. The interaction of these five elements forms a model for improving care that is sustainable.

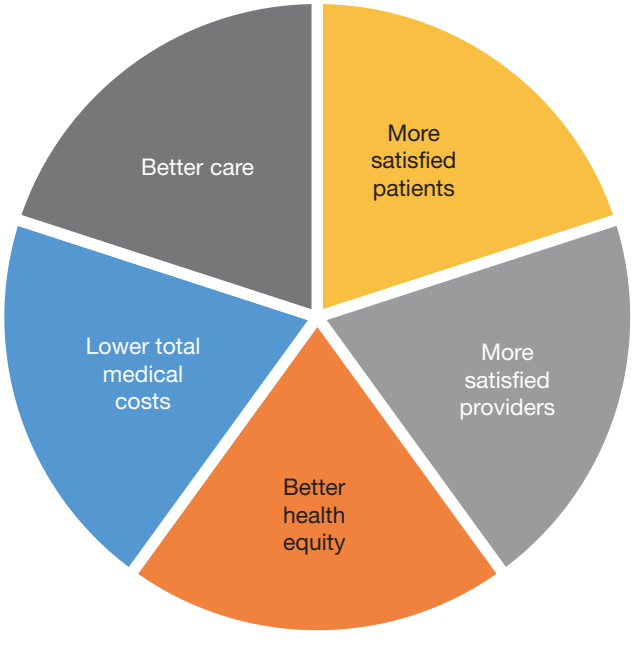

Fig. 1.3 Quintuple Aim.

TABLE 1.1 Definitions and Interrelatedness of VUCA

Element	Definition
Volatility	Speed of change and fluctuation
Uncertainty	Environment doesn't allow prediction, even through statistics
Complexity	Increased number and variety of interrelated factors
Ambiguity	Difficulty in interpreting situations or inability to draw clear conclusions

Adapted from Kraaijenbrink, J. (2019). Is the world really more VUCA than ever? *Forbes*. January 4, 2019. Retrieved from https://www.forbes.com/sites/jeroenkraaijenbrink/2019/01/04/is-the-world-really-more-vuca-than-ever/?sh=1d159ebb1a64.

Using Complex Adaptive Science to Understand Health Care Today

We have all said, "Wow! I had a CRAZY day!" Often, this frustration comes from dealing with multiple interrelated factors—some seen and some unseen—and dealing with multiple people with multiple perspectives who all have a part to play in resolving the issue. Today, the business industry calls this type of environment or experience *VUCA*—Volatile, Unexpected (or, more commonly, Uncertainty), Complex, and Ambiguous, which implies that there is nothing that we can do to respond to this type of situation (Kraaijenbrink, 2019). Table 1.1 depicts the definitions and interrelatedness of these four concepts:

Although VUCA environments are intimidating, **Complex Adaptive Science** or Complexity theory, an approach to understanding complex systems, can help us to develop strategies to thrive in VUCA environments. Complex Adaptive Science helps us to understand how complex systems such as healthcare adapt depending on multiple factors within the organization and in the broader environment. The term *complexity* does not refer to the complexity of the decision to be made or to the work environment specifically. Rather, it refers to the way systems adapt and function—where co-creation of ideas and actions unfold in a nonprescriptive manner. Complex Adaptive Science promotes the idea that the world is full of patterns that interact and adapt through relationships. These interactive patterns may be missed when one focuses solely on a single part of a situation. For example, focusing on problems associated with quality care cannot be solved unless staffing patterns, expertise of staff, and the processes of care are also considered.

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